

Kent and Medway Joint Prescribing Committee Position Statement

Liothyronine prescribing

The Kent and Medway Joint Prescribing Group position statement is:

Combination levothyroxine and liothyronine should not be used *routinely* in the management of hypothyroidism as there is insufficient population based clinical evidence to show that combination therapy is superior to levothyroxine monotherapy. It may be initiated by an NHS Consultant Endocrinologist **ONLY** in circumstances where all other treatment options have been exhausted:

1. Where symptoms of hypothyroidism persist despite optimal dosage with levothyroxine. (TSH 0.4-1.5mU/L)
2. Where alternative causes of symptoms have been excluded.

Hypothyroidism should be treated first line with Levothyroxine.

Liothyronine monotherapy is not recommended in hypothyroidism and should only be prescribed in exceptional circumstances, in line with RMOG/JPC guidance.

- Prescriptions for individuals currently receiving liothyronine must continue until that review has taken place.
- The withdrawal or adjustment of liothyronine treatment should only be undertaken by, or with the oversight of, an NHS consultant endocrinologist.
- Liothyronine should not be initiated in primary care.
- Where liothyronine prescribing is short term as part of the management of thyroid cancer, this will be addressed in the specialist hospital environment only. However, where thyroid cancer patients have completed their treatment and need to take levothyroxine for life, they should be managed in the same way as patients with hypothyroidism.
- Liothyronine injection will be prescribed in the specialist hospital environment only.

- **Where liothyronine is used off-label for resistant severe depression, this must be initiated by a consultant NHS psychiatrist. All patients currently receiving liothyronine should be reviewed by a consultant NHS psychiatrist. A psychiatrist recommending ongoing treatment with liothyronine for depression should justify why an alternative treatment is not appropriate. All patients receiving ongoing liothyronine for this indication should be overseen by a consultant NHS psychiatrist. Prescribing should remain with the consultant NHS psychiatrist. Consultant NHS endocrinology advice is also recommended for such patients.**

- **This position statement should be read in conjunction with The RMOC Guidance – Prescribing of Liothyronine June 2019¹, K&M JPC Shared Care Guideline for Prescribing Oral Liothyronine², K&M JPC Position Statement – ARMOUR THYROID and other desiccated thyroid extract products³**

References:

1. Regional Medicines Optimisation Committee. Guidance-Prescribing of Liothyronine. June 2019. <https://www.sps.nhs.uk/wp-content/uploads/2019/07/RMOC-Liothyronine-guidance-V2.6-final-1.pdf> . Accessed 03.06.2020.
2. Kent and Medway Joint Prescribing Committee. Shared Care Guideline for Prescribing Oral Liothyronine. 2020.
3. Kent and Medway Joint Prescribing Committee Position Statement. ARMOUR THYROID and other desiccated thyroid extract products. 2020
4. Kent and Medway Joint Prescribing Committee, Liothyronine prescribing recommendations- Review of Existing Therapy for hypothyroidism