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# Information on the status of adoption of national guidance on liothyronine prescribing by CCGs in England

#### Contents

Purpose of the paper and background information	2
CCG Prescribing status review and basis of the preparation of this data	3
Summary of findings	3
Recommendations	5
Appendix 1/ List of the problematic CCGs, categorised by issue, A-H	6
Category A	6
Category B	7
Category C	8
Category D	10
Category E	10
Category F	10
Category G	11
Category H	12
Appendix 2/ CCGs policy review summary - all CCGs in England	13
Appendix 3/ List of CCGs where The Thyroid Trust have received reports of difficulties, directly from individual patients.	53
References	56

#### Purpose of the paper and background information

The purpose of this paper is to highlight the ongoing issues with unfair and inconsistent prescribing policies in a majority of areas across England, for the thyroid hormone treatment, liothyronine and to push for urgent remedial action at a national level, to end the harm which is still being done to patients, due to treatment still being unreasonably withheld in at least 52% of CCGs.

Previous reports published in 2018 and 2020 (references A and B) have highlighted this issue, which appears to have been caused solely by the high price of this old generic medicine to the NHS, which pays very much more than healthcare providers in other countries, for reasons which remain unclear. The original sole licence holder is still under investigation by the CMA and have been found provisionally guilty of abusing their dominant market position. Prices have very slowly dropped by around half since 2016, but in March 2021 the Drug Tariff price for liothyronine remains inexplicably around five times more expensive than in comparable countries such as France and Germany.

#### The following pages set out:

- The status of adoption into CCG policy of the NHSE Regional Medicines
   Optimisation Committee (RMOC) liothyronine prescribing guidance, published
   June 2019. (2)
- The extent current local CCG policies meet the national guidelines for liothyronine, referencing: NHS England Medicines Value Programme recommendations, November 2017, RMOC liothyronine prescribing guidance, June 2019, NICE NG145 Guideline Thyroid Disease: Assessment and Management published November 2019 (3) and Lord Bethell's statement regarding further NHS England guidance, February 2020 (4).
- 3. A comprehensive review of all CCGs in England, which we have undertaken.
- 4. The trends in liothyronine prescribing from the start of the NHS England Medicines Value Programme till August 2020.
- 5. A list of CCGs (in Appendix 3) where patients have directly reported to The Thyroid Trust that they are experiencing issues with accessing liothyronine, when they believe they are entitled to it under national guidelines.

## CCG Prescribing status review and basis of the preparation of this data

The liothyronine policy status was obtained by a volunteer searching on websites for the formulary and policies of each CCG. The prescribing status of the CCGs have not been confirmed in writing with the CCGs. There are limitations in the collation of data. The data may not be fully up to date because not all formularies were easily identifiable or available to public access. Status may have changed since the policy was last reviewed in February 2021.

The number of CCG websites that were reviewed were 186.

The names of the CCGs were obtained from the NHS Clinical Commissioners' webpage in March 2020.

The CCG data for the prescribing of liothyronine was obtained from the Open Prescribing website. This website provided prescribing information for 136 CCGs.

This data is for England only.

The list of CCGs in Appendix 3 is taken from patient reports submitted directly to The Thyroid Trust, where patients submitted the first part of their postcode and volunteers matched this information with the relevant CCG. This data includes health authorities in Scotland.

#### Summary of findings

The majority (52%) of CCGs have explicitly not adopted RMOC guidance, or can be shown to not be consistently following national guidance and good practice on the prescribing of liothyronine.

- Only 24 of 186 (13%) CCG policies found and reviewed had adopted the Regional Medicines Optimisation Committee prescribing guidance for liothyronine, in full.
- Only 55 of the 186 (30%) CCG policies found and reviewed, including the above, had policies that seem to be in line with national guidance.
- A majority, 97 (52%) of CCG policies reviewed were not in line with national guidance.

- The remaining 34 (31%) CCG websites or formularies did not include sufficient information on the prescribing, or information was not found.
- Where CCG policy is not in line with national guidance, the main reasons are:
  - 16 (9%) of CCGs have a 'do not prescribe' or not on formulary policy on liothyronine.
  - 20 (11%) of CCGs have a policy that only permits prescribing in extreme circumstances, such as in the event of the patient going into a coma, or in hospital only.
  - 46 (25%) of CCGs' prescribing is only in secondary care and the patient will not be treated locally by their Primary Care GP but is expected to continue to get their ongoing prescriptions from Secondary Care. This is a costly approach to prescribing and dispensing and is clearly impractical for a medicine likely to be needed for life and for this reason this is explicitly against national guidance).
- There was a decrease in prescribing from the start of the NHS England consultation in July 2017 until December 2019 when the NICE guidance was released. The decrease was 28% or 1,596 fewer items prescribed (period on period comparison).
- There has been an increase of 4% in items prescribed per month between December 2019 and August 2020. This is mainly due to an increase of 169 items in those CCGs that have adopted RMOC or implemented a guideline that is in line with national guidance.
- Only one CCG, Norfolk and Waveney, has published an approved pathway for prescribing liothyronine. (5)

#### Recommendations

The RMOC liothyronine prescribing guidance is adopted by all CCGs who have not yet brought their local policy in line with the national guidance.

The Norfolk and Waveney pathway (4) which has been approved by the appropriate CCG policy governance and correctly adopts NICE, NHS England and RMOC guidance, is adopted by all CCGs who do not have policies that are consistent with national guidance.

These recommendations offer a cost effective and expedient way to ensure national guidance is adopted by all CCGs and that patients who require liothyronine are treated fairly and consistently across the country and will no longer have to resort to sourcing their medicine through other means or to being made unwell if they are unable to get it at all.

Additionally we recommend that the Health Service Medical Supplies (Costs) Act 2017 is enacted to address the cost issue, so that the NHS can start to pay a price for liothyronine which is more in line with what other health services in other countries are paying. It is clear to us that if the price issue were resolved the issues of CCGs withholding treatment would disappear and many more thyroid patients, who do not thrive on levothyroxine, would be able to access the treatment they need to be well, without having to go through tortuous battles with their healthcare providers.

## Appendix 1/ List of the problematic CCGs, categorised by issue, A-H

[replace the multiple lists below - inserting table showing the below data in one list, with columns for each category]

#### Category A

The issue with CCGs we have classified Category A is that published information on their position states that liothyronine is either not on their formulary at all, or is listed as "do not prescribe"



Thurrock CCG

West Suffolk

Waltham Forest CCG

#### Category B

The issue with CCGs we have classified as Category B is that published information on their position is that liothyronine can only be prescribed in hospital and/ or in unreasonably limited circumstances, which do do not include treatment for hypothyroidism where levothyroxine is not suitable, such as the patient falling into a coma.

Bedfordshire CCG \*

Blackburn with Darwen CCG

Buckinghamshire CCG

City and Hackney CCG

Coastal West Sussex CCG

East Lancashire CCG

Fylde and Wyre CCG

Gloucestershire CCG

**Greater Preston CCG** 

High Weald Lewes Havens CCG

Mansfield and Ashfield CCG

Morecambe Bay CCG \*

Newark and Sherwood CCG

Nottingham City CCG

Nottingham North and East CCG

Nottingham West CCG

Rushcliffe CCG

Tameside and Glossop CCG

Warwickshire North CCG

Wolverhampton CCG

#### Category C

The issue with CCGs we have classified as Category C is that published information on their position is that liothyronine can only ever be prescribed in secondary care which is unreasonable for a medicine many patients will be on for life and national guidance says should be prescribed in primary care after initiation and supervision by a specialist. Secondary care practitioners are a scarce resource in the NHS and it makes no sense for them to have to physically prescribe medicine on an ongoing basis, likewise it is very inconvenient for patients to have to go to secondary care for their ongoing prescriptions, as opposed to their GP, once they are stable and well.

**Barnsley CCG** Birmingham and Solihull CCG **Bolton CCG Bury CCG** Cambridgeshire And Peterborough CCG Coventry and Rugby CCG **Dorset CCG Dudley CCG** East and North Hertfordshire CCG East Berkshire CCG East Surrey CCG \* Halton CCG Hambleton, Richmondshire and Whitby CCG Herefordshire CCG Herts Valleys CCG Heywood, Middleton and Rochdale CCG Ipswich And East Suffolk CCG Kingston CCG **Knowsley CCG** 

Liverpool CCG

Luton CCG Manchester CCG North East Hampshire and Farnham CCG North East Lincolnshire CCG North Hampshire CCG North Lincolnshire CCG \* Oldham CCG Redditch and Bromsgrove CCG Richmond CCG Salford CCG Sandwell and West Birmingham CCG South Lincolnshire CCG South Sefton CCG \* South Warwickshire CCG South West Lincolnshire CCG Southport and Formby CCG \* St Helens CCG Stockport CCG Sutton CCG Trafford CCG Vale Royal CCG

Warrington CCG

Wirral CCG

West Lancashire CCG

Wigan Borough CCG

Wyre Forest CCG

#### Category D

The issue with CCGs we have classified as Category D is that their published information on their position diverges from national guidance because it states that patients should be switched from treatment with liothyronine, regardless of clinical appropriateness.

**Bexley CCG** 

**Bromley CCG** 

Greenwich CCG liothyronine, regardless of clinical appropriateness

Lambeth CCG

Lewisham CCG

Merton CCG

Southwark CCG

Wandsworth CCG

#### Category E

The issue with CCGs we have classified as Category E is that their published information on their position diverges from national guidance because it states that liothyronine can only be prescribed following an IFR process - which NHS England have told us is not suitable for treatment known to be required by a cohort of patients.

Derby and Derbyshire CCG

Southampton City CCG

West Hampshire CCG

#### Category F

The issue with the CCG we have classified as Category F is that this CCG states that a trial off of liothyronine is required in order to confirm clinical need (the British Thyroid Association guidance is clear that if a patient is stable and well on liothyronine their treatment should not be disrupted as this can cause harm and take a long time to be put right). In addition this CCG puts a limit on the maximum dose that can be prescribed, which is entirely

unreasonable as different patients will need different amounts and clinicians should not be dictated to on the dose they can prescribe.

Devon CCG

#### Category G

The issue with the CCGs we have classified as category G is that their positions in relation to liothyronine are unclear, from what we could glean from published information.

**Brent CCG** 

Cannock Chase CCG

Dartford Gravesham and Swanley CCG

**Doncaster CCG** 

Ealing CCG

East Riding of Yorkshire CCG

East Staffordshire CCG

Eastern Cheshire CCG

Fareham and Gosport CCG

Hammersmith and Fulham CCG

Harrow CCG

Hillingdon CCG

**Hounslow CCG** 

Kernow CCG

Lincolnshire East CCG

Lincolnshire West CCG

Rotherham CCG

Somerset CCG \*

South East Staffordshire and Seisdon Peninsular CCG

South Eastern Hampshire CCG

South Worcestershire CCG

Stafford And Surrounds CCG

Stoke on Trent CCG

West Essex

West Kent CCG

West London CCG

#### Category H

The issue with the CCGs we have classified as Category H is that their positions in relation to liothyronine could not be found.

Barking and Dagenham CCG

Croydon CCG

**Havering CCG** 

Horsham And Mid Sussex CCG

Nene CCG

Redbridge CCG

South Kent Coast CCG

South Tyneside CCG

**Thanet CCG** 

West Cheshire CCG

### Appendix 2/ CCGs policy review summary - all CCGs in England

The table includes links to each document reviewed and the comments field includes some aspects that were highlighted by our volunteer researcher.

CCG	Prescribing Status Mar 20	Date	Comments	Source
Airedale, Wharfdale and Craven CCG	RMOC			https://www.wyhpartnership.co.uk/application/file s/4615/5120/1588/20 19 WYHJC Planned Car e - Liothyronine 1.2 FINAL.pdf
Ashford CCG	AMBER	2017	Out of date - refers to the 2017 consultation	http://bswformulary.nhs.uk/chaptersSubDetails.a sp?FormularySectionID=6&SubSectionRef=06.0 2.01&SubSectionID=A100&drugmatch=446#446
Barking and Dagenham CCG	NOT FOUND			
Barnet CCG	Do not prescribe		Do not initiate in both primary and secondary. Secondary care patients to be switched where clinically approprite	https://www.ncl-mon.nhs.uk/wp-content/uploads/ Guidelines/6_Liothyronine_position_statement.p df
Barnsley CCG	RED		The RMOC Prescribing of Liothyronine Guidance was received and noted. It was agreed that liothyronine would remain classified red in Barnsley	https://www.barnsleyccg.nhs.uk/CCG%20Downloads/Members/Medicines%20management/Area%20prescribing%20committee/201908%20-%20APC%20Minutes%20Ratified%20-%20August%202019.pdf

Basildon and Brentwood CCG	Non formulary	2016	Just mentions levothryoxine. RCP 2011 referenced	https://basildonandbrentwoodccg.nhs.uk/about-us/publications/key-documents/medicines-management/formulary-guidelines-and-shared-care-pathways/06-endocrine-system/1876-chapter-6-endocrine-system/file  https://www.thurrockccg.nhs.uk/about-us/docum
				ent-library/medicines-management/position-state ments/4103-liothyronine-or-unlicensed-dried-thyr oid-hormone-extracts/file
Bassetlaw CCG	Non formulary	Feb-16	No mention liothyronine other than injection	https://oesn11hpbml2xaq003wx02ib-wpengine.n etdna-ssl.com/wp-content/uploads/2018/05/Secti on-6.2.pdf
Bath and North East Somerset CCG	AMBER		Liothyronine is non formulary for monotherapy Please note this is a high cost medicine The British Thyroid Association (BTA) advise that a small proportion of patients treated with levothyroxine continue to suffer with symptoms despite adequate biochemical correction. In these circumstances, where levothyroxine has failed and in line with BTA guidance,	http://bswformulary.nhs.uk/chaptersSubDetails.a sp?FormularySectionID=6&SubSectionRef=06.0 2.01&SubSectionID=A100&drugmatch=446#446

			endocrinologists providing NHS services may recommend liothyronine for individual patients after a carefully audited trial of at least 3 months duration of liothyronine.  Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. In these situations it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care	
			obtained from primary care prescribers.	
Bedfordshire CCG *	Restricted	Jun-18		http://www.bedsformulary.nhs.uk/searchresults.a sp?SearchVar=liothyronine&Submit2=Search
Berkshire West CCG	Restricted	May-1 9	Own guidelines / shared care	http://westberks.formulary.co.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.02.01&SubSectionID=A100&drugmatch=446#446

Bexley CCG	GREY		Put T3 patients on T4 No new	https://www.lambethccg.nhs.uk/news-and-public
			patients	ations/meeting-papers/south-east-london-area-pr
				escribing-committee/Documents/New%20Medici
				ne%20Recommendations/APC%20Position%20
				Statement%20PS-021%20Liothyronine%20FINA
				L%20Grey%20Feb%202020.pdf#search=Liothyr
				<u>onine</u>
Birmingham and Solihull CCG	RED			http://www.birminghamandsurroundsformulary.nh
				s.uk/chaptersSubDetails.asp?FormularySectionI
				D=6&SubSectionRef=06.02.01&SubSectionID=A
				100&drugmatch=446#446
Blackburn with Darwen CCG	BLACK			http://www.elmmb.nhs.uk/specialist-formulary/bla
				ck-traffic-light-drugs-not-recommended-for-use/
Blackpool CCG	RED			https://www.fyldecoastccgs.nhs.uk/?wpfb_dl=117
				0&no_preview=1
Bolton CCG	GREY			http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fme
				sg/FMESG-Feb-2019-minutes-FINAL.pdf
Bradford City CCG	RMOC	May-1		https://www.swyapc.org/wp-content/uploads/201
		9		9/06/FINAL-liothyronine-SCG-May-19.pdf
Bradford Districts CCG	RMOC	May-1		https://www.swyapc.org/wp-content/uploads/201
		9		9/06/FINAL-liothyronine-SCG-May-19.pdf
Brent CCG	RMOC			https://www.hounslowccg.nhs.uk/media/137944/
				Formulary-Master-V34.pdf
Brighton & Hove CCG	Do not		Statement that they differ from	https://www.gp.brightonandhoveccg.nhs.uk/joint-f
	prescribe		NHSE	<u>ormulary</u>

Bristol, North Somerset and	AMBER		http://bswformulary.nhs.uk/chaptersSubDetails.a
South Gloucestershire CCG			sp?FormularySectionID=6&SubSectionRef=06.0
			2.01&SubSectionID=A100&drugmatch=446#446
Bromley CCG	GREY	Put T3 patients on T4 No new	https://www.lambethccg.nhs.uk/news-and-public
		patients	ations/meeting-papers/south-east-london-area-pr
			escribing-committee/Documents/New%20Medici
			ne%20Recommendations/APC%20Position%20
			Statement%20PS-021%20Liothyronine%20FINA
			L%20Grey%20Feb%202020.pdf#search=Liothyr
			<u>onine</u>
Buckinghamshire CCG	Restricted	Only if levo intolerance	http://www.bucksformulary.nhs.uk/chaptersSubD
			etails.asp?FormularySectionID=6&SubSectionR
			ef=06.02.01&SubSectionID=A100&drugmatch=4
			852#4852
Bury CCG	Green		http://gmmmg.nhs.uk/docs/formulary/ch/Ch6-co
			mplete.pdf
Calderdale CCG	RMOC		https://www.wyhpartnership.co.uk/application/file
			s/4615/5120/1588/20 19 WYHJC Planned Car
			eLiothyronine_1.2_FINAL.pdf
Cambridgeshire And	Restricted		http://www.cambridgeshireandpeterboroughform
Peterborough CCG			ulary.nhs.uk/searchresults.asp?SearchVar=Lioth
_			<u>yronine+&amp;Submit2=Search</u>
Camden CCG	Restricted	https://www.ncl-mon.nhs.uk/	http://www.ncl-jointformulary.nhs.uk/chaptersSub
		wp-content/uploads/Guidelin	Details.asp?FormularySectionID=6&SubSection
		es/6_Liothyronine_position_s	Ref=06.02.01&SubSectionID=A100&drugmatch=
		tatement.pdf?UNLID=336361	446#446
		778202036183110	

Cannock Chase CCG	AMBER	http://www.southstaffordshirejointformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID= 6&SubSectionRef=06.02.01&SubSectionID=A10 0&drugmatch=446#446
Canterbury and Coastal CCG	RMOC	http://www.ekhuftformulary.nhs.uk/chaptersSubD etails.asp?FormularySectionID=6&SubSectionR ef=06.02.01&SubSectionID=A100&drugmatch=4 46#446
Castle Point and Rochford CCG	Do not prescribe	https://southendccg.nhs.uk/your-health-services/healthcare-professionals/medicines-management/bnf-chapter-6-endocrine/3283-1-endocrine-formulary/file
Central London (Westminster) CCG	RMOC	https://www.hounslowccg.nhs.uk/media/137944/ Formulary-Master-V34.pdf
Chorley and South Ribble CCG	RMOC	https://www.lancsmmg.nhs.uk/media/1273/rmoc-liothyronine-guidance-v26-final-1.pdf

City and Hackney CCG	AMBER	Liothyronine prescribing	https://www.formularycomplete.com/report/public
		Use restricted to:	/CHCCG%20&%20HUHFT%20Joint%20Formul
			<u>ary/95154</u>
		1. Levothyroxine failure	
		2. Thyroid cancer, in	
		preparation for radioiodine	
		ablation, iodine scanning, or	
		stimulated thyroglobulin test	
		Only to be initiated in	
		secondary/ tertiary care	
		Refer patient to endocrinology	
		team for review. If the patient is	
		to continue with treatment	
		after review or treatment is	
		initiated by an endocrinologist	
		for restricted indications then	
		the rationale for this should be	
		clearly documented in the clinic	
		letter. Prescribing can be	
		continued in primary care	
		provided that there is a clear	
		rationale for prescribing (i.e. as	
		per the list of restricted	
		indications). The rationale is	

		should be clearly documented in the patient's EMIS record.	
Coastal West Sussex CCG	BLUE	Specialist only	http://www.coastalwestsussexformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.02.01&SubSectionID=A100&drugmatch=446#446
Corby CCG	Do not prescribe	R R non formulary	http://www.northamptonformulary.nhs.uk/chapter sSubDetails.asp?FormularySectionID=6&SubSe ctionRef=06.02.01&SubSectionID=A100&drugm atch=446#446
Coventry and Rugby CCG	SO		http://www.covwarkformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.02.01&SubSectionID=A100&drugmatch=4804#4804

Crawley CCG	RED	Following thyroidectomy where http://www.chmsformulary.nhs.uk/chaptersSubD
		a patient requires liothyronine <u>etails.asp?FormularySectionID=6&amp;SubSectionF</u>
		until radioactive iodine is no <u>ef=06.02.01&amp;SubSectionID=A100&amp;drugmatch=</u>
		longer indicated (PCN 317#5317
		186-2016)
		Treatment of coma of
		myxoedema (APC 408-2019)
		Severe chronic thyroid
		deficiency and hypothyroid
		states occurring in the
		treatment of thyrotoxicosis
		(APC 409-2019)
		Treatment of resistant
		depression (APC 410-2019)
		Liothyronine monotherapy in
		oncology - thyroid and
		parathyroid disease (APC
		421-2019)
		Liothyronine sodium
		(monotherapy) -
		Hypothyroidism in adults with
		an intolerance to levothyroxine.
		Please note the Crawley,
		Horsham and Mid-Sussex CCG
		decision is RED and differs from

		the Surrey APC decision of AMBER. (APC 412-2019) Liothyronine sodium (combination) - Hypothyroidism in adults with an inadequate response to levothyroxine. Please note the Crawley, Horsham and Mid-Sussex CCG decision is RED and differs from the Surrey APC decision of AMBER. (APC 411-2019)	
Croydon CCG			
Darlington CCG	RMOC		https://medicines.necsu.nhs.uk/guidelines/durha m-darlington/
Dartford Gravesham and Swanley CCG	AMBER		http://www.dgsdvhformulary.nhs.uk/therapeutic-s ections/6-endocrine-system/62-thyroid-and-antith yroid-drugs/621-thyroid-hormones/
Derby and Derbyshire CCG *	BLACK		http://www.derbyshiremedicinesmanagement.nh s.uk/medicines-management/search?search=liot hyronine
Devon CCG *	AMBER	Liothyronine may be suitable for a small number of patients whose symptoms have not resolved despite optimal treatment with levothyroxine. Liothyronine is restricted to a	https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/6endocrine/6.2-thyroid-and-antithyroid-drugs/6-2-1-thyroid-hormones-1

		maximum dose of 10 micrograms daily as dual therapy with levothyroxine initiated by an endocrinologist. Liothyronine monotherapy is not supported	
Doncaster CCG	AMBER		http://medicinesmanagement.doncasterccg.nhs.uk/tls/liothyronine-sodium-tabs/\(\)
Dorset CCG	Restricted	Shared care	http://www.dorsetformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.02.01&SubSectionID=A100&drugmatch=446#446
Dudley CCG	Shared Care Only		https://www.dudleyformulary.nhs.uk/formulary/20 1/621-thyroid-hormones
Durham Dales, Easington and Sedgefield CCG	RMOC		https://medicines.necsu.nhs.uk/guidelines/durha m-darlington/
Ealing CCG	RMOC		https://www.hounslowccg.nhs.uk/media/137944/ Formulary-Master-V34.pdf
East and North Hertfordshire CCG	AMBER	Patients who are already receiving liothyronine on prescription from their GP, prescribing to remain in primary care, providing a trial of T4 for 6 months or longer has been undertaken in the past	http://www.westhertsformulary.nhs.uk/chaptersS ubDetails.asp?FormularySectionID=6&SubSecti onRef=06.02.01&SubSectionID=A100&drugmatc h=446#446

RED		http://www.frimleyhealthformulary.nhs.uk/chapter
		sSubDetails.asp?FormularySectionID=6&SubSe
		ctionRef=06.02.01&SubSectionID=A100&drugm
		atch=446#446
BLACK		http://www.elmmb.nhs.uk/elmmb-formulary/joint-
		medicines-formulary/6/
Restricted		http://leicestershire.formulary.co.uk/chaptersSub
		Details.asp?FormularySectionID=6&SubSection
		Ref=06.02.01&SubSectionID=A100&drugmatch=
		<u>2803#2803</u>
RED		https://www.hey.nhs.uk/wp/wp-content/uploads/2
		016/11/liothyronine.pdf
AMBER		http://www.southstaffordshirejointformulary.nhs.u
		k/chaptersSubDetails.asp?FormularySectionID=
		6&SubSectionRef=06.02.01&SubSectionID=A10
		0&drugmatch=446#446
RED		http://www.frimleyhealthformulary.nhs.uk/chapter
		sSubDetails.asp?FormularySectionID=6&SubSe
		ctionRef=06.02.01&SubSectionID=A100&drugm
		atch=446#446
AMBER	Shared care	http://www.eastsussexformulary.co.uk/therapeuti
		c-sections/6-endocrine-system/62-thyroid-and-an
		tithyroid-drugs/621-thyroid-hormones/
Do not		http://www.centralandeasterncheshiremmt.nhs.u
prescribe		k/formulary/chapters/191
restricted	Individuals currently	http://www.ncl-jointformulary.nhs.uk/chaptersSub
	prescribed liothyronine should	Details.asp?FormularySectionID=6&SubSection
	BLACK  Restricted  RED  AMBER  AMBER  Do not prescribe	BLACK Restricted  RED  AMBER  RED  AMBER  Shared care  Do not prescribe restricted  Individuals currently

		be reviewed by a consultant	Ref=06.02.01&SubSectionID=A100&drugmatch=
		NHS endocrinologist with	446#446
		consideration given to	
		switching to levothyroxine	
		where clinically appropriate.	
Fareham and Gosport CCG	restricted	To be initiated by NHS	http://www.portsmouthareaformulary.nhs.uk/chap
		secondary care only for	tersSubDetails.asp?FormularySectionID=6⋐
		approved indications	SectionRef=06.02.01&SubSectionID=A100&drug
			match=446#446
Fylde and Wyre CCG	RED		https://www.fyldecoastccgs.nhs.uk/?wpfb_dl=117
			0&no_preview=1
Gloucestershire CCG	restricted	Liothyronine	https://www.gloshospitals.nhs.uk/gps/gloucesters
		Injection: Hypothyroid coma /	hire-joint-formulary/endocrine-system/
		rapid response desired (Seek	
		specialist advice)	
Great Yarmouth and Waveney	Green	Liothyronine (T3) for	https://www.knowledgeanglia.nhs.uk/LinkClick.as
CCG		RESTRICTED use for patients on	px?fileticket=rdPU5BVn8J0%3d&portalid=1
		levothyroxine for	
		hypothyroidism who continue	
		to suffer with symptoms	
		despite adequate biochemical	
		correction:	
		- for new patients, NHS	
		Consultant to prescribe for 3	
		months, then to the GP.	

			- for existing patients, NHS Consultant to review, then, if appropriate, to the GP.	
Greater Huddersfield CCG	RED			https://www.swyapc.org/search-by-drug-classific ation/
Greater Preston CCG	RMOC			https://www.lancsmmg.nhs.uk/media/1273/rmoc-liothyronine-guidance-v26-final-1.pdf
Greenwich CCG	GREY	Jan-20	Put T3 patients on T4 No new patients	https://www.lambethccg.nhs.uk/news-and-public ations/meeting-papers/south-east-london-area-prescribing-committee/Documents/New%20Medicine%20Recommendations/APC%20Position%20Statement%20PS-021%20Liothyronine%20FINAL%20Grey%20Feb%202020.pdf#search=Liothyronine
Guildford and Waverley CCG	restricted		Hypothyroidism for patients with an intolerant to levothyroxine (T4) or Amber Rare patients who remain symptomatic despite optimal biochemical replacement with levothyroxine. This treatment must be initiated and monitored by an NHS Endocrinologist. (APC411-2019)	http://www.guildfordandwaverleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6 &SubSectionRef=06.02.01&SubSectionID=A100 &drugmatch=4804#4804
Halton CCG	RED			http://formulary.panmerseyapc.nhs.uk/chaptersS ubDetails.asp?FormularySectionID=6&SubSecti

			onRef=06.02.01&SubSectionID=A100&drugmatc h=446#446
Hambleton, Richmondshire and Whitby CCG	GREY		http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fmesg/FMESG-Feb-2019-minutes-FINAL.pdf
Hammersmith and Fulham CCG	RMOC		https://www.hounslowccg.nhs.uk/media/137944/ Formulary-Master-V34.pdf
Haringey CCG	AmBER	Liothyronine prescribing Use restricted to:  1. Levothyroxine failure	https://www.formularycomplete.com/report/public/CHCCG%20&%20HUHFT%20Joint%20Formulary/95154
		2. Thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test	
Harrogate and Rural District CCG	Restricted		http://www.harrogateformulary.nhs.uk/chaptersS ubDetails.asp?FormularySectionID=6&SubSecti onRef=06.02.01&SubSectionID=A100&drugmatc h=447#447
Harrow CCG	RMOC		https://www.hounslowccg.nhs.uk/media/137944/ Formulary-Master-V34.pdf
Hartlepool and Stockton on tees	RMOC		https://medicines.necsu.nhs.uk/guidelines/durha m-darlington/
Hastings and Rother CCG	AMBER	Shared care	http://www.eastsussexformulary.co.uk/therapeutic-sections/6-endocrine-system/62-thyroid-and-antithyroid-drugs/621-thyroid-hormones/
Havering CCG	Not found		

Herefordshire CCG	RMOC			https://www.herefordshireccg.nhs.uk/search?q=L
				iothyronine+&submit=
Herts Valleys CCG	RED		Hospital clinicians only	https://hertsvalleysccg.nhs.uk/application/files/15
				15/3633/4214/Liothyronine_for_hypothyroidism_
				decision_document_032018_HMMC.pdf
Heywood, Middleton and	GREY	Feb-19		http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fme
Rochdale CCG				sg/FMESG-Feb-2019-minutes-FINAL.pdf
High Weald Lewes Havens CCG	Do not		Statement that they do not	https://www.gp.brightonandhoveccg.nhs.uk/joint-f
	prescribe		apply NHSE guidance	ormulary
Hillingdon CCG	RMOC			https://www.hounslowccg.nhs.uk/media/137944/
				Formulary-Master-V34.pdf\
Horsham And Mid Sussex CCG	RED			http://www.chmsformulary.nhs.uk/chaptersSubD
				etails.asp?FormularySectionID=6&SubSectionR
				ef=06.02.01&SubSectionID=A100&drugmatch=5
				317#5317
Hounslow CCG	RMOC			https://www.hounslowccg.nhs.uk/media/137944/
				Formulary-Master-V34.pdf
Hull CCG	RED			https://www.hey.nhs.uk/wp/wp-content/uploads/2
				016/11/liothyronine.pdf
Ipswich And East Suffolk CCG	Restricted			http://www.ipswichandeastsuffolkformulary.nhs.u
				k/chaptersSubDetails.asp?FormularySectionID=
				6&SubSectionRef=06.02.01&SubSectionID=A10
				0&drugmatch=4804#4804
Isle of Wight CCG	YELLOW		Drugs that may be continued in	http://www.iowformulary.nhs.uk/chaptersSubDeta
			primary care following initiation	ils.asp?FormularySectionID=6&SubSectionRef=
			and stabilisation in	06.02.01&SubSectionID=A100&drugmatch=480
			secondary/tertiary care	4#4804

Islington CCG	Do not		https://www.ncl-mon.nhs.uk/wp-content/uploads/
	prescribe		Guidelines/6 Liothyronine position statement.p
			<u>df</u>
Kernow CCG	AMBER		https://www.eclipsesolutions.org/cornwall/?run=y
			es&search=Liothyronine%20&bnf=False&notes=
		Specialist Initiated Drugs	<u>False</u>
Kingston CCG	Restricted	Endo only	https://www.kingstonformulary.nhs.uk/formulary/2
			01/621-thyroid-hormones
Knowsley CCG	RED		http://formulary.panmerseyapc.nhs.uk/chaptersS
			ubDetails.asp?FormularySectionID=6&SubSecti
			onRef=06.02.01&SubSectionID=A100&drugmatc
			<u>h=446#446</u>
Lambeth CCG	GREY	Put T3 patients on T4 No new	https://www.lambethccg.nhs.uk/news-and-public
		patients	ations/meeting-papers/south-east-london-area-pr
		·	escribing-committee/Documents/New%20Medici
			ne%20Recommendations/APC%20Position%20
			Statement%20PS-021%20Liothyronine%20FINA
			L%20Grey%20Feb%202020.pdf#search=Liothyr
			<u>onine</u>
Leeds CCG	Restricted		http://www.leedsformulary.nhs.uk/chaptersSubD
			etails.asp?FormularySectionID=6&SubSectionR
			ef=06.02.01&SubSectionID=A100&drugmatch=4
			47#447
Leicester City CCG	RMOC		http://leicestershire.formulary.co.uk/chaptersSub
			Details.asp?FormularySectionID=6&SubSection
			Ref=06.02.01&SubSectionID=A100&drugmatch=
			2803#2803

Lewisham CCG	GREY		Put T3 patients on T4 No new	https://www.lambethccg.nhs.uk/news-and-public
			patients	ations/meeting-papers/south-east-london-area-pr
				escribing-committee/Documents/New%20Medici
				ne%20Recommendations/APC%20Position%20
				Statement%20PS-021%20Liothyronine%20FINA
				L%20Grey%20Feb%202020.pdf#search=Liothyr
				<u>onine</u>
Lincolnshire East CCG	Amber			http://www.lincolnshirejointformulary.nhs.uk/chap
				tersSubDetails.asp?FormularySectionID=6⋐
				SectionRef=06.02.01&SubSectionID=A100&drug
				match=447#447
Lincolnshire West CCG	Amber			http://www.lincolnshirejointformulary.nhs.uk/chap
				tersSubDetails.asp?FormularySectionID=6⋐
				SectionRef=06.02.01&SubSectionID=A100&drug
				match=447#448
Liverpool CCG	RED			http://formulary.panmerseyapc.nhs.uk/chaptersS
				ubDetails.asp?FormularySectionID=6&SubSecti
				onRef=06.02.01&SubSectionID=A100&drugmatc
				<u>h=446#446</u>
Luton CCG	Restricted			http://www.bedsformulary.nhs.uk/searchresults.a
				sp?SearchVar=liothyronine&Submit2=Search
Manchester CCG	GREY	Feb-19		http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fme
				sg/FMESG-Feb-2019-minutes-FINAL.pdf
Mansfield and Ashfield CCG	Restricted			http://www.nottinghamshireformulary.nhs.uk/sear
				chresults.asp?SearchVar=liothyronine&Submit2=
				<u>Search</u>

Medway CCG	RED		cancer patients only	http://www.medwayswaleformulary.co.uk/therape
				utic-sections/6-endocrine-system/69-thyroid-diso
				rders/692-hypothyroidism/
Merton CCG	RED	Mar-1	Temporary thyroid replacement	http://www.selondonjointmedicinesformulary.nhs.
		9	therapy after thyroidectomy	uk/chaptersSubDetails.asp?FormularySectionID
			and prior to radioiodine	=6&SubSectionRef=06.02.01&SubSectionID=A1
			therapy.	00#6090
			Hospital only prescribing	
Mid Essex CCG	Do not		Levothyroxine alone is the	https://midessexccg.nhs.uk/search?q=Liothyroni
	prescribe		treatment of choice for	ne+
			hypothyroidism.	
Milton Keynes CCG				
Morecambe Bay CCG *	BLACK		Black new patients. On the	http://www.morecambebayformulary.nhs.uk/chap
			recommendation of a	tersSubDetails.asp?FormularySectionID=6⋐
			Consultant Endocrinologist for	SectionRef=06.02.01&SubSectionID=A100
			patients who have already been	
			initiated on it and cannot be	
			switched due to adverse	
			reactions. After such a review	
			by a consultant endocrinologist	
			liothyronine may be continued	
			as AMBER in primary care	
Nene CCG				

Newark and Sherwood CCG	Restricted			http://www.nottinghamshireformulary.nhs.uk/sear
				chresults.asp?SearchVar=liothyronine&Submit2=
				Search
Newcastle and Gateshead CCG	GREEN			http://northoftyneandgatesheadformulary.nhs.uk/
				chaptersSubDetails.asp?FormularySectionID=6
				&SubSectionRef=06.02.01&SubSectionID=A100
				<u>&amp;drugmatch=446#446</u>
Newham CCG	Do not	Jul-18	Prescribers in primary or	https://www.ncl-mon.nhs.uk/wp-content/uploads/
	prescribe		secondary care should not	Guidelines/6_Liothyronine_position_statement.p
			initiate liothyronine for any new	df?UNLID=510097285202037171018
			patient.	
North Cumbria CCG	GREEN			http://northoftyneandgatesheadformulary.nhs.uk/
				chaptersSubDetails.asp?FormularySectionID=6
				&SubSectionRef=06.02.01&SubSectionID=A100
				<u>&amp;drugmatch=446#446</u>
North Durham CCG	RMOC			https://medicines.necsu.nhs.uk/guidelines/durha
				m-darlington/
North East Essex CCG	Restricted			http://www.ipswichandeastsuffolkformulary.nhs.u
				k/chaptersSubDetails.asp?FormularySectionID=
				6&SubSectionRef=06.02.01&SubSectionID=A10
				0&drugmatch=4804#4804
North East Hampshire and	RED		Hospital clinicians only	http://www.frimleyhealthformulary.nhs.uk/chapter
Farnham CCG				sSubDetails.asp?FormularySectionID=6&SubSe
				ctionRef=06.02.01&SubSectionID=A100&drugm
				atch=446#446

North East Lincolnshire CCG	RED			http://www.apcnlgformulary.nhs.uk/chaptersSub
				Details.asp?FormularySectionID=6&SubSection
				Ref=06&SubSectionID=A100
North Hampshire CCG	RED			http://www.frimleyhealthformulary.nhs.uk/chapter
				sSubDetails.asp?FormularySectionID=6&SubSe
				ctionRef=06.02.01&SubSectionID=A100&drugm
				atch=446#446
North Kirklees CCG	RMOC	Apr-19	Out of date :Liothyronine (T3)	https://www.swyapc.org/wp-content/uploads/2019/
			has had a significant increase in	05/Commissioning-Statement-liothyronine-FINAL-v1-
			price over the last few years. It	Apr-19.pdf
			is only available from one	
			manufacturer, and has been	
			subject to interruptions in	
			supply availability in recent	
			years	
North Lincolnshire CCG *	RED			http://www.apcnlgformulary.nhs.uk/chaptersSub
				Details.asp?FormularySectionID=6&SubSection
				Ref=06&SubSectionID=A100
North Norfolk CCG				
North Staffordshire CCG	Amber			http://www.northstaffordshirejointformulary.nhs.u
				k/chaptersSubDetails.asp?FormularySectionID=
				6&SubSectionRef=06.02.01&SubSectionID=A10
				0&drugmatch=446#446
North Tyneside CCG	GREEN			http://northoftyneandgatesheadformulary.nhs.uk/
				chaptersSubDetails.asp?FormularySectionID=6
				&SubSectionRef=06.02.01&SubSectionID=A100
				<u>&amp;drugmatch=446#446</u>

North West Surrey CCG	AMBER	red thyroid cancer / mono	https://www.surreyandsussex.nhs.uk/trust-formul
Northumberland CCG	GREEN		ary/bnf-chapter-6/ http://northoftyneandgatesheadformulary.nhs.uk/
			chaptersSubDetails.asp?FormularySectionID=6
			&SubSectionRef=06.02.01&SubSectionID=A100
			<u>&amp;drugmatch=446#446</u>
Norwich CCG			
Nottingham City CCG	Restricted	Expensive (£376 per	http://www.nottinghamshireformulary.nhs.uk/sear
		20microgram dose). For	<pre>chresults.asp?SearchVar=liothyronine&amp;Submit2=</pre>
		hypothyroid crisis on request of	Search
		consultant endocrinologist.	
		Levothyroxine has very long half	
		life (~7 days) so temporary IV	
		replacement if NBM is not	
		needed.	
		SFH only: To be used request of	
		consultant endocrinologist, and	
		only on ICCU.	
		NUH only: For use for	
		temporary replacement of	
		levothyroxine, when scheduled	
		to have nuclear medicine scan	
		of the thyroid gland and it is not	
		possible to come off oral	
		levothyroxine.	

Nottingham North and East CCG	Restricted	Expensive (£376 per	http://www.nottinghamshireformulary.nhs.uk/search
		20microgram dose). For	results.asp?SearchVar=liothyronine&Submit2=Search
		hypothyroid crisis on request of	
		consultant endocrinologist.	
		Levothyroxine has very long half	
		life (~7 days) so temporary IV	
		replacement if NBM is not	
		needed.	
		SFH only: To be used request of	
		consultant endocrinologist, and	
		only on ICCU.	
		NUH only: For use for	
		temporary replacement of	
		levothyroxine, when scheduled	
		to have nuclear medicine scan	
		of the thyroid gland and it is not	
		possible to come off oral	
		levothyroxine.	
Nottingham West CCG	Restricted	Expensive (£376 per	http://www.nottinghamshireformulary.nhs.uk/search
		20microgram dose). For	results.asp?SearchVar=liothyronine&Submit2=Search
		hypothyroid crisis on request of	
		consultant endocrinologist.	
		Levothyroxine has very long half	
		life (~7 days) so temporary IV	
		replacement if NBM is not	
		needed.	

		SFH only: To be used request of consultant endocrinologist, and only on ICCU.  NUH only: For use for temporary replacement of levothyroxine, when scheduled to have nuclear medicine scan of the thyroid gland and it is not possible to come off oral levothyroxine.	
Oldham CCG	GREY		http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fme sg/FMESG-Feb-2019-minutes-FINAL.pdf
Oxfordshire CCG	RMOC		http://www.oxfordshireformulary.nhs.uk/chapters SubDetails.asp?FormularySectionID=6&SubSect ionRef=06.02.01&SubSectionID=A100&drugmat ch=4804#4804
Portsmouth CCG	Restricted	Amber Initiated: first prescription from specialist, on going supplies from primary care (or when stabilised on therapy).	http://www.portsmouthareaformulary.nhs.uk/chap tersSubDetails.asp?FormularySectionID=6⋐ SectionRef=06.02.01&SubSectionID=A100&drug match=446#446
Redbridge CCG			
Redditch and Bromsgrove CCG	RED	Consultation	http://www.worcsformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.02.01&SubSectionID=A100&drugmatch=447#447

Richmond CCG	Restricted		https://www.kingstonformulary.nhs.uk/formulary/20
			1/621-thyroid-hormones
Rotherham CCG	GREEN		http://www.therotherhamftformulary.nhs.uk/chapte
			rsSubDetails.asp?FormularySectionID=6&SubSection
			Ref=06&SubSectionID=A100&FC=1
Rushcliffe CCG	Restricted		http://www.nottinghamshireformulary.nhs.uk/search
			results.asp?SearchVar=liothyronine&Submit2=Search
Salford CCG	GREY		http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fmesg/
			FMESG-Feb-2019-minutes-FINAL.pdf
Sandwell and West Birmingham	RED	Consultation	http://www.sandwellandwestbhamccgformulary.n
CCG			hs.uk/chaptersSubDetails.asp?FormularySection
			ID=6&SubSectionRef=06.02.01&SubSectionID=
			A100&drugmatch=446#446
Scarborough and Ryedale CCG	AMBER		http://www.yorkandscarboroughformulary.nhs.uk/ch
			aptersSubDetails.asp?FormularySectionID=6&SubSec
			tionRef=06.02.01&SubSectionID=A100&drugmatch=4
			028#4028
Sheffield CCG	BLACK		http://www.sheffieldteachinghospitalsformulary.nhs.
			uk/chaptersSubDetails.asp?FormularySectionID=6&S
			ubSectionRef=06.02.01&SubSectionID=A100&drugm
			atch=3308#3308
Shropshire CCG	BLACK		http://www.shropshireandtelfordformulary.nhs.uk/c
			haptersSubDetails.asp?FormularySectionID=6&SubSe
			ctionRef=06.02.01&SubSectionID=A100&drugmatch=
			446#446

Somerset CCG *	RED	Liothyronine (T3) is classified as	http://formulary.somersetccg.nhs.uk/?page_id=7
		not recommended for primary	<u>71</u>
		care initiation and considered	
		red when consultant requested	
South Cheshire CCG	Do not		http://www.centralandeasterncheshiremmt.nhs.uk/f
	prescribe		ormulary/chapters/191
South East Staffordshire and	AMBER		http://www.southstaffordshirejointformulary.nhs.uk/
Seisdon Peninsular CCG			chaptersSubDetails.asp?FormularySectionID=6&SubS
			ectionRef=06.02.01&SubSectionID=A100&drugmatch
			=446#446
South Eastern Hampshire CCG	Restricted	To be initiated by NHS	http://www.portsmouthareaformulary.nhs.uk/chap
		secondary care only for	tersSubDetails.asp?FormularySectionID=6⋐
		approved indications	SectionRef=06.02.01&SubSectionID=A100&drug
			match=446#446
South Kent Coast CCG			
South Lincolnshire CCG	RED		http://www.apcnlgformulary.nhs.uk/chaptersSub
			<u>Details.asp?FormularySectionID=6&amp;SubSection</u>
			Ref=06&SubSectionID=A100
South Norfolk CCG	RED		https://www.knowledgeanglia.nhs.uk/kms/LinkClick.
			aspx?fileticket=QaUeiUvL_pl%3d&portalid=1
South Sefton CCG *	RED		http://formulary.panmerseyapc.nhs.uk/chaptersSubD
			etails.asp?FormularySectionID=6&SubSectionRef=06.
			02.01&SubSectionID=A100&drugmatch=446#446
South Tees CCG	RMOC		http://joint-formulary.tees.nhs.uk/6-endocrine-syste
			m/?rand=637179707603042455#liothyronine-8063

South Tyneside CCG	NOT FOUND			
South Warwickshire CCG	SO			http://www.covwarkformulary.nhs.uk/chaptersSubD
				etails.asp?FormularySectionID=6&SubSectionRef=06.
				02.01&SubSectionID=A100&drugmatch=4804#4804
South West Lincolnshire CCG	RED			http://www.apcnlgformulary.nhs.uk/chaptersSub
				Details.asp?FormularySectionID=6&SubSection
				Ref=06&SubSectionID=A100
South Worcestershire CCG	Do not	2017	NHS 2017 consultatin -	http://www.worcsformulary.nhs.uk/chaptersSubD
	prescribe		Liothyronine has a similar	etails.asp?FormularySectionID=6&SubSectionR
			action to levothyroxine but is	ef=06.02.01&SubSectionID=A100&drugmatch=4
			more rapidly metabolised and	47#447
			has a more rapid effect; 20–25	
			micrograms is equivalent to 100	
			micrograms of levothyroxine. Its	
			effects develop after a few	
			hours and disappear within 24	
			to 48 hours of discontinuing	
			treatment. It may be used in	
			severe hypothyroid states when	
			a rapid response is desired.	
Southampton City CCG	RMOC			http://www.southamptonformulary.nhs.uk/chapter
·				sSubDetails.asp?FormularySectionID=6&SubSe
				ctionRef=06.02.01&SubSectionID=A100&drugm
				atch=4804#4804

Southend CCG	Do not	No mention of liothyronine as	https://southendccg.nhs.uk/your-health-services/
	prescribe	altrnative to levothyroxine	healthcare-professionals/medicines-managemen
			t/bnf-chapter-6-endocrine/3283-1-endocrine-form
			ulary/file
Southport and Formby CCG *	RED	Existing stable patients in	http://formulary.panmerseyapc.nhs.uk/chaptersS
		primary care may continue to	ubDetails.asp?FormularySectionID=6&SubSecti
		be prescribed liothyronine by	onRef=06.02.01&SubSectionID=A100&drugmatc
		the GP where they are satisfied	<u>h=446#446</u>
		the patient is benefiting	
		specifically from the use of	
		liothyronine.	
Southwark CCG	NICE - do	The SEL APC has considered	https://www.lambethccg.nhs.uk/news-and-public
	not	guidance from the national	ations/meeting-papers/south-east-london-area-pr
	prescribe	Regional Medicines	escribing-committee/Documents/New%20Medici
	p. 66666	Optimisation Committee	ne%20Recommendations/APC%20Position%20
		(RMOC) in developing this	Statement%20PS-021%20Liothyronine%20FINA
		position statement and NICE	L%20Grey%20Feb%202020.pdf#search=Liothyr
		guidance.	<u>onine</u>
		-	
		Routine prescribing of	
		liothyronine (monotherapy or in	
		combination with	
		levothyroxine) for	
		hypothyroidism is not	
		recommended in SEL.	
		NICE has published updated	
		guidance for the assessment	

			and management of thyroid disease [NG145]. In the guidance for managing primary hypothyroidism it is highlighted not to routinely offer liothyronine, either alone or in combination with levothyroxine. This is because there is not enough evidence that it offers benefits over levothyroxine monotherapy and its long-term adverse effects are uncertain.	
St Helens CCG	RED		Existing stable patients in primary care may continue to be prescribed liothyronine by the GP where they are satisfied the patient is benefiting specifically from the use of liothyronine.	http://formulary.panmerseyapc.nhs.uk/chaptersS ubDetails.asp?FormularySectionID=6&SubSecti onRef=06.02.01&SubSectionID=A100&drugmatc h=446#446
Stafford And Surrounds CCG	AMBER	2017	Only to be presribed for clinically appropriate patients after specialist initiation when Levothyroxine not clinically tolerated.	http://www.southstaffordshirejointformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.02.01&SubSectionID=A100&drugmatch=446#446

Stockport CCG	GREY		NHS England has identified this product as an item that should not be routinely prescribed in primary care (July 2017). Although this drug is clinically effective, there are more cost-effective products are available.	http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fmesg/ FMESG-Feb-2019-minutes-FINAL.pdf
Stoke on Trent CCG	Amber	2017	Only to be presribed for clinically appropriate patients after specialist initiation when Levothyroxine not clinically tolerated.  NHS England has identified this product as an item that should not be routinely prescribed in primary care (July 2017).  Although this drug is clinically effective, there are more cost-effective products are available.	http://www.northstaffordshirejointformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06.02.01&SubSectionID=A100&drugmatch=446#446
Sunderland CCG	GREEN			http://www.formulary.sunderlandccg.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6⋐

				SectionRef=06.02.01&SubSectionID=A100&drug match=446#446
Surrey Downs CCG *	AMBER		red thyroid cancer / mono	https://www.surreyandsussex.nhs.uk/trust-formulary/bnf-chapter-6/
Surrey Heath CCG	AMBER		red thyroid cancer / mono	https://www.surreyandsussex.nhs.uk/trust-formulary/bnf-chapter-6/
Sutton CCG	RED	Mar-1 9	Temporary thyroid replacement therapy after thyroidectomy and prior to radioiodine therapy.  Hospital only prescribing	http://www.selondonjointmedicinesformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID =6&SubSectionRef=06.02.01&SubSectionID=A1 00#6090
Swale CCG	RED		cancer patients only	http://www.medwayswaleformulary.co.uk/therapeut ic-sections/6-endocrine-system/69-thyroid-disorders/692-hypothyroidism/
Swindon CCG	AMBER			http://bswformulary.nhs.uk/chaptersSubDetails.asp? FormularySectionID=6&SubSectionRef=06.02.01&SubSectionID=A100&drugmatch=446#446
Tameside and Glossop CCG	Restricted			http://www.tamesideformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6&SubSectionRef=06&SubSectionID=A100&FC=1
Telford and Wrekin CCG	BLACK		Non formulary. Consultation 2017	http://www.shropshireandtelfordformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=6 &SubSectionRef=06.02.01&SubSectionID=A100 &drugmatch=446#446
Thanet CCG				

Thurrock CCG	Do not		Only levothyroxine	https://www.thurrockccg.nhs.uk/about-us/docum
	prescribe			ent-library/medicines-management/formulary-an
				d-prescribing-guidelines/1472-endocrine-system-
				formulary/file
Tower Hamlets CCG	Do not	Jul-18	Prescribers in primary or	https://www.ncl-mon.nhs.uk/wp-content/uploads/
	prescribe		secondary care should not	Guidelines/6_Liothyronine_position_statement.p
			initiate liothyronine for any new	df?UNLID=510097285202037171018
			patient.	
Trafford CCG	GREY			http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fme
				sg/FMESG-Feb-2019-minutes-FINAL.pdf
Vale of York CCG	AMBER		Requires initiation or	http://www.yorkandscarboroughformulary.nhs.uk/
			recommendation by a specified	chaptersSubDetails.asp?FormularySectionID=6
			member of the Hospital	&SubSectionRef=06.02.01&SubSectionID=A100
			Specialist Team. Suitable for	<u>&amp;drugmatch=4028#4028</u>
			continuation by a GP, with	
			appropriate supporting	
			documents. No written shared	
			care agreement necessary	
Vale Royal CCG	Do not	Mar-1	NHS England has identified this	http://www.centralandeasterncheshiremmt.nhs.u
	prescribe	8	product as an item that should	k/formulary/chapters/191
			not be routinely prescribed in	
			primary care. The treatment	
			should only be started /	
			continued in exceptional	
			circumstances where:	
			symptoms persist despite	

			biochemical correction of	
			thyroid function tests with	
			levothyroxine; and following a	
			trial of at least 3 months under	
			the supervision of an NHS	
			Endocrinologist; and where the	
			NHS Endocrinologist has agreed	
			there is an ongoing need for	
			liothyronine [Agreed at Area	
			Prescribing Group on 13 Mar	
			2018]	
Wakefield CCG	RED			https://www.swyapc.org/search-by-drug-classific
Wakeriela CCC				ation/
Walsall CCG	RMOC		Shared care	https://walsallccg.nhs.uk/wp-content/uploads/Liot
				hyronine-ESCA-Approved-Exp-Oct-2021.pdf
Waltham Forest CCG	SO		Dated 2016	https://www.walthamforestccg.nhs.uk/downloads/
				ourwork/Medicines-optimsation/Medicines-guidel
				ines/Endocrine/liothyronine.pdf
Wandsworth CCG	RED	Mar-1	Temporary thyroid replacement	http://www.selondonjointmedicinesformulary.nhs.
		9	therapy after thyroidectomy	uk/chaptersSubDetails.asp?FormularySectionID
			and prior to radioiodine	=6&SubSectionRef=06.02.01&SubSectionID=A1
			therapy.	00#6090
			Hospital only prescribing	
Warrington CCG	RED		Existing stable patients in	http://formulary.panmerseyapc.nhs.uk/chaptersS
			primary care may continue to	ubDetails.asp?FormularySectionID=6&SubSecti
			,	

	I		I	
			be prescribed liothyronine by	onRef=06.02.01&SubSectionID=A100&drugmatc
			the GP where they are satisfied	<u>h=446#446</u>
			the patient is benefiting	
			specifically from the use of	
			liothyronine.	
Warwickshire North CCG	SO	Jun-19	The Area Prescribing	http://www.covwarkformulary.nhs.uk/chaptersSu
			Committee recommends that	bDetails.asp?FormularySectionID=6&SubSectio
			liothyronine is prescribed only	nRef=06.02.01&SubSectionID=A100&drugmatch
			by the specialist. The	<u>=4804#4804</u>
			committee recognises that	
			some patients have been	
			established on the product for a	
			considerable time and this may	
			be difficult to change. Hence	
			there will be some legacy	
			prescribing in primary care.	
			However all those newly started	
			on liothyronine should be under	
			specialist supervision and	
			should be changed to	
			levothyroxine for routine	
			therapy when primary care	
			prescription is requested.	
West Cheshire CCG	NOT			
	FOUND			

West Essex	PRESQIPP	Feb-16	Review all patients taking	https://westessexccg.nhs.uk/your-health/medicin
			liothyronine (alone or in	es-optimisation-and-pharmacy/clinical-guidelines
			combination with	-and-prescribing-formularies/06-endocrine-syste
			levothyroxine) for suitability for	m/83-liothyronine/file
			switching to levothyroxine.	
			Switch all suitable patients to	
			levothyroxine. For patients	
			under the care of a relevant	
			specialist, involve them in the	
			decision to switch to	
			levothyroxine.	
West Hampshire CCG	RMOC			http://www.southamptonformulary.nhs.uk/chapter
				sSubDetails.asp?FormularySectionID=6&SubSe
				ctionRef=06.02.01&SubSectionID=A100&drugm
				atch=4804#4804
West Kent CCG	AMBER		DO NOT PRESCRIBE ROUTINELY	http://www.formularywkccgmtw.co.uk/therapeutic
			OR INITIATE IN PRIMARY CARE.	-sections/endocrine-system/thyroid-disorders/hy
			TOBE USED IN EXCEPTIONAL	pothyroidism/
			CIRCUMSTANCES ONLY ON	
			SPECIALIST ADVICE	

West Lancashire CCG	RED	May-1	Liothyronine is NOT	https://www.lancsmmg.nhs.uk/medicines-library/li
		6	recommended for use by the	othyronine-1/
			NHS in Lancashire in the	
			following setting:	
			• as an add-on treatment for	
			refractory hypothyroidism	
			despite adequate monotherapy	
			with levothyroxine.There is	
			insufficient evidence to	
			demonstrate efficacy in the	
			above setting, availability of the	
			drug is limited, adverse events	
			are more prevalent than for	
			levothyroxine monotherapy and	
			there would be a considerable	
			cost pressure to the health	
			economy if prescribed for all	
			patients with normal serum TSH	
			levels and have persistent	
			symptoms.	
West Leicestershire CCG	RMOC		For patients who have had	http://leicestershire.formulary.co.uk/chaptersSub
			an inadequate response to	Details.asp?FormularySectionID=6&SubSection
			thyroxine alone, in line with	Ref=06.02.01&SubSectionID=A100&drugmatch=
			RMOC guidance,	<u>2803#2803\</u>
			discontinuation if no	
			improvement after 12	
			months.	

West London CCG	RMOC	Sep-19	NHS England guidance	https://www.hounslowccg.nhs.uk/media/137944/
			https://www.england.nhs.uk/p	Formulary-Master-V34.pdf
			ublication/items-which-	
			should-not-be-routinely-prescri	
			bed-in-primary-care-guidance-f	
			or-ccgs/ Should not routinely be	
			prescribed in primary care.	
			Individuals prescribed	
			liothyronine should be	
			reviewed by a consultant NHS	
			endocrinologist with	
			consideration given to switching	
			to levothyroxine where clinically	
			appropriate.	
			Should only be used in line with	
			guidance from the Regional	
			Medicines Optimisation	
			Committee	
			https://www.sps.nhs.uk/wp-	
			content/uploads/2018/11/RMO	
			C-Liothyronine-Guidance-v2.0-fi	
			nal-1.pdf	
West Norfolk CCG	RED	Mar-1	Hospital only prescribing (Red)	https://www.knowledgeanglia.nhs.uk/kms/LinkCli
		8		ck.aspx?fileticket=QaUeiUvL_pl%3d&portalid=1

West Suffolk	Restricted	Feb-18	The West Suffolk Clinical	http://www.westsuffolkccg.nhs.uk/wp-content/upl
			Commissioning Group (WSCCG)	oads/2018/03/WSCCG-WSFT-Liothyronine-Pres
			does not support the	cribing-Policy-final-v2-Feb-2018.pdf
			prescribing of liothyronine	
			monotherapy or combination	
			therapy or Armour® Thyroid in	
			the long term treatment of	
			hypothyroidism. Levothyroxine	
			alone is the treatment of	
			choice, supported by	
			overwhelming evidence; it is a	
			well-tolerated and effective	
			treatment.	
Wigan Borough CCG	GREY	Feb-19	GREY listing statement for	http://gmmmg.nhs.uk/docs/subgroups/sbgrp-fme
			liothyronine to be updated as	sg/FMESG-Feb-2019-minutes-FINAL.pdf
			follows: 'where levothyroxine has	
			failed, endocrinologists treating	
			patients under the NHS may	
			recommend liothyronine in	
			exceptional circumstances for	
			individual patients and after a	
			carefully audited trial of at least 3	
			months duration, in line with BTA	
			guidance.	

Wiltshire CCG	AMBER	Jan-19	Shared care . The British	http://bswformulary.nhs.uk/chaptersSubDetails.a
			Thyroid Association (BTA) advise	sp?FormularySectionID=6&SubSectionRef=06.0
			that a small proportion of	2.01&SubSectionID=A100&drugmatch=446#446
			patients treated with	
			levothyroxine continue to suffer	
			with symptoms despite	
			adequate biochemical	
			correction.	
			In these circumstances, where	
			levothyroxine has failed and in	
			line with BTA guidance,	
			endocrinologists providing NHS	
			services may recommend	
			liothyronine for individual	
			patients after a carefully	
			audited trial of at least 3	
			months duration of	
			liothyronine.	
Wirral CCG	RED		Existing stable patients in	http://formulary.panmerseyapc.nhs.uk/chaptersS
			primary care may continue to	ubDetails.asp?FormularySectionID=6&SubSecti
			be prescribed liothyronine by	onRef=06.02.01&SubSectionID=A100
			the GP where they are satisfied	
			the patient is benefiting	
			specifically from the use of	
			liothyronine	

Wolverhampton CCG	Restricted		Severe hypothyroid state only.	http://www.wolverhamptonformulary.nhs.uk/form
			Prescribing initiated and	ulary/BNF/Section%206%20Endocrine/bnf6.asp
			regularly reviewed with regard	<u>#621</u>
			to on-going clinical need by	
			consultant NHS endocrinologist	
			may be continued in primary	
			care.	
Wyre Forest CCG	Do not	2019	Refers to items that should not	http://www.worcsformulary.nhs.uk/chaptersSubD
	prescribe		be routinely prescribed updated	etails.asp?FormularySectionID=6&SubSectionR
			2019	ef=06.02.01&SubSectionID=A100&drugmatch=4
				47#447

## Appendix 3/ List of CCGs where The Thyroid Trust have received reports of difficulties, directly from individual patients.

Reports were submitted by individual patients via a form on The Thyroid Trust website between January 2020 and March 2021 and continue to be received. The below list relates to all reports downloaded up to 4/3/2021.

Details of each issue reported for each CCG are available, redacted of personal data.

The List of CCGs in England that patients have reported to The Thyroid Trust as not following national guidance on liothyronine prescribing is as follows (duplicates show multiple reports received).

NB: This list includes CCGs in Wales and Several NHS Board Areas in Scotland who also need to be investigated further.

Bath and North East Somerset, Swindon and Wiltshire CCG

Birmingham and Solihull CCG

Brighton & Hove

Bristol, North Somerset And South Gloucestershire CCG

Bristol, North Somerset and South Gloucestershire CCG

Buckinghamshire CCG

Cambridgeshire & Peterborough CCG

Cambridgeshire & Peterborough CCG

Cambridgeshire and Peterborough CCG

Derby and Derbyshire CCG

**Devon CCG** 

Devon CCG

**Dorset CCG** 

Dumbarton, Scotland.

West Dunbartonshire Community Health and Care Partnership

East and North Hertfordshire CCG

East Lancashire CCG

East Riding of Yorkshire CCG

East Sussex CCG

Edinburgh

**Greater Preston CCG** 

Glasgow, Scotland

Havering CCG

Herefordshire & Worcestershire CCG

Herefordshire and Worcestershire CCG

Herts Valleys CCG

Herts Valleys CCG

Ipswich & East Suffolk CCG

Irvine, Ayrshire.

Mansfield & Ashfield CCG and Newark & Sherwood CCG

North Ayrshire Community Health Partnership

Jersey postcode

Kent & Medway CCG

Kent & Medway CCG

Kent & Medway CCG

Kernow CCG

Morecambe Bay CCG

NHS Bath and North East Somerset, Swindon and Wiltshire CCG

NHS Lothian

Norfolk and Waveney CCG

North Central London CCG

North Central London CCG

North Cumbria CCG

Northamptonshire CCG

Nottingham & Nottinghamshire CCG Portsmouth CCG Sheffield CCG Shropshire CCG Somerset CCG Somerset CCG Somerset CCG Somerset CCG Bath and North East Somerset, Swindon and Wiltshire CCG South East London CCG South East London CCG South East London CCG South Eastern Hampshire South Sefton South Sefton CCG Southport & formby CCG South Warwickshire CCG South West London CCG South West London CCG South West London CCG South West London CCG Stafford and Surrounds CCG Surrey Heartlands CCG Surrey Heartlands CCG Vale of York CCG Walsall CCG West Sussex West Sussex CCG

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- 4. Lord Bethell statement regarding further guidance from NHS England Parliament-Lords Written Question Liothyronine 12.2.2020
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With thanks to Helga Taylor, research volunteer, and all the thyroid patients and clinicians who have contributed information and worked hard to address this issue over the last several years.

The Thyroid Trust

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