

# L-T3 Information

We have prepared this document in order that it may be quoted by patients and doctors experiencing difficulties around the prescribing of liothyronine (L-T3).

It contains an extract from the liothyronine dossier, a major report on L-T3 prepared for the Department of Health and Social Care in 2018 following debates in both the House of Commons and the House of Lords.

***Liothyronine, Case Details with Clear Evidence that NHS England Guidance on Prescription of Liothyronine is not Being Followed by CCGs. Evidence in Response to a Request from The Lord O'Shaughnessy Parliamentary Under-Secretary of State for Health and Social Care***, is available to read here: [bit.ly/LiothyronineDossier2018](https://bit.ly/LiothyronineDossier2018)

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**Extract:** The below extract is from page 7 and 8 of the dossier:

## **Parliamentary Scrutiny**

Lord O'Shaughnessy responded to a written question from Lord Hunt on 4th July 2018, stating:

*"the national guidelines advise clinical commissioning groups (CCGs) that local decisions should be made regarding arrangements for the on-going prescribing of liothyronine, taking into account both the local needs of the population and the best practice set out in the guidance."*

On 25th July, in response to another written question from Lord Hunt asking:

*"...whether Her Majesty's Government intend to review local and regional guidance by NHS bodies which do not follow current national guidance in relation to the prescribing of liothyronine (T3)"*

Lord O'Shaughnessy wrote:

*"...we are informed by NHS England that the joint clinical working group has agreed that NHS clinical commissioners will reiterate to clinical commissioning groups (CCGs) by the end of July 2018 that the intention of the guidance published last November was to end the routine prescription of liothyronine only where it was clinically appropriate to do so."*

*CCGs are accountable to NHS England, which has a key role to ensure that they, as statutory organisations, deliver the best possible services and outcomes for patients within their financial allocation. Where there are concerns about CCGs failing or at risk of failing to discharge its functions, NHS England has the ability to exercise formal powers to either provide enhanced support to a CCG, or in rare circumstances to intervene.”*

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## Update

Since publication of the dossier, the Regional Medicines Optimisation Committees have been working on clarifying the guidance they issued to CCGs on liothyronine in November 2018, as it has been recognised that it is unclear and not a fair reflection of national guidance.

<https://www.sps.nhs.uk/articles/regional-medicines-optimisation-committee-newsletter-issue-2-2019/>

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## Guidance

The British Thyroid Association guidance statements on liothyronine state clearly that a patient established and well on liothyronine should not have their treatment disrupted.

<https://www.british-thyroid-association.org/current-bta-guidelines->

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