Recommendations of the Norfolk & Waveney Therapeutics Advisory Group (TAG) and the Norfolk & Waveney CCGs' Drugs & Therapeutics Committee (D&TC) - May 2018

Recommending Body	Drug / Product	Indication for Use	TAG Clinical Recommendation	*N&W CCGs' D&TC Commissioning Recommendation to the CCGs*
East of England Priorities Advisory Committee (PAC): **PAC Recommendations:** **Liothyronine for all indications** *(supported by the PAC on Monday 30th April 2018)* CCG-commissioning responsibility Currently commissioned in Norfolk and Waveney as follows: Liothyronine / L-tri-iodothyronine sodium (T3) — Long term for treatment of Hypothyroidism — 6.2.2 — Anti-thyroid drugs — Double Red — Not recommended for routine use / Not commissioned Liothyronine / L-tri-iodothyronine sodium (T3) — Niche, short-term use for up to three months in patients awaiting surgery pre-cancer therapy — 6.2.2 — Antithyroid drugs — Red — Hospital / Specialist only Liothyronine/L-tri-iodothyronine sodium (T3) — Patients with thyroid cancer following thyroid surgery, pre- and post radio iodine ablation — 6.2.2 — Antithyroid drugs — Red — Hospital / Specialist only		**The TAG considered the PAC's recommendations which were as follows:** **1.** Levothyroxine monotherapy is the treatment of choice for hypothyroidism. There is no consistent evidence to support the routine use of liothyronine in the management of hypothyroidism, either alone or in combination with levothyroxine. **2.** Liothyronine for treatment of hypothyroidism is not recommended for routine funding unless one of the following criteria applies: **a.** Post thyroidectomy thyroid cancer patients. Patients who need to receive radioactive iodine treatment (Radioiodine Remnant Ablation RRA) after their surgery will initially be started on liothyronine due to its shorter half-life and therefore faster onset of action than levothyroxine. These patients will remain on liothyronine until the oncologist is confident that they will not need any more radioactive iodine at which point they are switched over to levothyroxine. Prescribing in these circumstances must remain with the secondary care specialist and GPs should not accept prescribing responsibility for these patients. **b.** In rare cases of levothyroxine induced liver injury, long term liothyronine prescribing may be supported but only after initiation and stabilisation by a secondary care specialist. Arrangements for **individual prior approval**, prescribing and supply should be agreed locally, ensuring that appropriate patient monitoring is in place. **3.** Initiation and prescribing of liothyronine for patients on levothyroxine who continue to suffer with symptoms despite adequate biochemical correction should remain in secondary care under the supervision of an accredited endocrinologist. **4.** Funding of unlicensed medicines e.g. Armour Thyroid for the treatment of hypothyroidism is not supported.	*The D&TC noted and supported the PAC and the TAG's related recommendations regarding criteria for use of liothyronine.* *The D&TC was notified that a patient action group is currently lobbying CCGs on this matter. Facilitated by Health Watch Norfolk they had also requested that their comments on the PAC recommendations be considered by the TAG. Due to being submitted on the day of the meeting the TAG was unable to consider the information.* *The D&TC noted and agreed to support the PAC's and the TAG's*

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		5. Prescribers in primary care should not initiate or accept clinical responsibility for on-going prescribing of liothyronine for any new patient, including patients who are currently self-funding and obtaining supplies via private prescription or previously prescribed by a secondary care consultant, unless the criteria stated above are met and they have agreed to accept clinical responsibility for prescribing. **6.** CCGs should give consideration to providing guidance for GPs to switch existing patients to levothyroxine where clinically appropriate, with support from a consultant NHS endocrinologist where necessary or agree arrangements for appropriate review by a consultant NHS endocrinologist These recommendations will be reviewed (by the PAC) in the light of new evidence of clinical and cost effectiveness. The TAG supported the PAC's recommendations which were broadly in line with previous local commissioning decisions – additional recommendations are highlighted above which were recommended to be classified as **Red (Hospital/Specialist use only)**.	*related recommendations.* *The JSCC will also be requested to decide whether the patient action group's comments on the PAC's guidance should be considered by the TAG.*