

Meeting Notes – 10th January 2019 – excerpt regarding liothyronine



Norfolk & Waveney Therapeutics Advisory Group (TAG)

Date and time: Thursday 10th January, 2.00pm to 4.30 pm or end of business

Agenda items

8.	Regional Medicines Optimisation Committees (RMOCs) - https://www.sps.nhs.uk/home/networks/
8.1	<p><u>South RMOC: Guidance</u> Prescribing of Liothyronine (v2 November 2018)</p> <p>For noting and comparing against the previously classified indications for use with reference EoE PAC Guidance Statement (May 2018):</p> <p>The CCGs' D&TC had requested that the TAG to have sight of a document which had been submitted by the Thyroid Support Group (Norfolk) (TSG). A copy of that document was circulated at the meeting. The document states that the TSG and other patient groups are unhappy with RMOC guidance on liothyronine and are actively discussing this with NHS England.</p> <p>Background:</p> <p>The TSG's paper had been passed to the CSU by Healthwatch just before the last CCGs' D&TC with a request for it to be reviewed urgently by the D&TC members as the RMOC document was on the agenda for that meeting. The CSU had discussed this with the CCGs and agreement was reached that the document could be presented to the D&TC. The D&TC were of the opinion that the document should be sent to the TAG for their information.</p> <p>The TSG have taken a dossier to the House of Lords and as a result, meetings have taken place with NHS England. The TSG are seeking a reversion to the NHS England text which allows for exceptions from policy for existing patients. Those discussions are ongoing. The advice from the Regional Chief Pharmacist, who is part of those discussions, is that the CCGs should wait until discussions are complete and continue with the RMOC statement until such time as NHS England decides to change its view.</p> <p>The TAG members were of the opinion that the TSG paper circulated contained no clinical evidence to determine that the RMOC document should not be adopted.</p> <p>The TAG's remit is to consider evidence and make recommendations in line with NICE and other peer-reviewed, evidence-based guidance which in this instance would be from the RMOC and PAC. The paper from the TSG is challenging the RMOC guidance. The TAG considered that it would not be appropriate to evaluate the TSG's document as it is challenging national guidance, and also that it is necessary to wait until the conversations</p>

NHS England have finished before any decision is made to review local commissioning decision. There is a requirement to follow the national guidance evaluated by a committee of experts and it would be wrong to place that committee of experts below the views of the local patient lobby group.

The TAG members noted the D&TC's request for the committee to consider the information presented. However, the remit of the committee, based on the terms of reference, is that the group review clinical evidence requests from clinicians and should the TSG wish to raise their concerns then they would need to do this via the CCGs complaints process. The local commissioning decisions can only be based on clinical evidence. The letter received from the TSG was noted but there was nothing in substance that would lead the TAG members to clinically revise the current commissioning decision.

The question then considered by the TAG is whether the existing local recommendations, which are in line with PAC guidance, should remain or whether the RMOC guidance should be adopted. The RMOC guidance says that the first 3 months of prescribing for new patients should be within hospital by a consultant endocrinologist and then transfer into primary care. The RMOC guidance contained no significant differences to the PAC guidance other than it also covers resistant depression. It was noted that if the recommendation of 3 months within the hospital setting and then transfer to Primary Care is adopted then this would mean a change to some of the previous local commissioning decisions.

The TAG considered the RMOC guidance in more detail. The RMOC guidance is generally coherent with present policy, the main difference being prescribing responsibility. The TAG agreed that it would be acceptable to recommend commissioning in line with the RMOC guidance on a practical level as PAC and RMOC have reviewed the same evidence, and made revised recommendations as follows:

Indications for liothyronine agreed in Norfolk and Waveney	Traffic Light currently in place	Traffic light recommended by the TAG - January 2019
ROUTINE use for long term for treatment of Hypothyroidism	Double Red	Double Red
RESTRICTED use for long term treatment in rare cases of levothyroxine-induced liver injury	Red	Green – for <i>new</i> patients, Consultant to prescribe for 3 months then GP. For <i>existing</i> patients, consultant to review, then, if appropriate, to the GP.
RESTRICTED use for patients on levothyroxine for hypothyroidism who continue to suffer with symptoms despite adequate biochemical correction	Red	Green – for new patients, Consultant to prescribe for 3 months then GP. For existing patients, consultant to review, then, if appropriate, to the GP.
Niche, short-term use for up to three months in patients awaiting surgery pre-cancer therapy	Red	Red

	Patients with thyroid cancer following thyroid surgery, pre- and post- radio iodine ablation	Red	Red
	Armour thyroid and other unlicensed thyroid extract products, plus compounded thyroid hormones, iodine containing preparations, dietary supplementation: Not commissioned for any indication	Double Red	Additional text from RMOG guidance also supported by the TAG. Double Red
	Resistant depression	Not previously listed – added from RMOG guidance	Double Red pending an evidence-based business and costed application for use.
Action		Deadline	Owner
8.1	<p>South RMOG: Guidance Prescribing of Liothyronine (v2 November 2018)</p> <p>The TAG's recommendations to commission in line with the RMOG guidance (as listed above) to be referred for consideration by the Norfolk and Waveney CCGs' Drugs & Therapeutics Committee.</p>	24/01/18	FM

TAG Recommendations, Guidance & Shared Care Documents: [Link](#)