Arden&GEM

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

Excerpt from Meeting Notes – 3rd May 2018

Therapeutics Advisory Group

Norfolk & Waveney Therapeutics Advisory Group (TAG)

Agenda item

9.	**East of England Priorities Advisory Committee (PAC) -** http://www.prescqipp.info/headline-areas/priorities-advisory-committee-pac
9.4	**Draft PAC Commissioning Recommendations:** **Liothyronine (all indications)** (***if*** *confirmed as having been supported by the PAC on Monday 30th April 2018*) – for consideration by the TAG and related review of current traffic light classification of **Double Red (Not recommended for routine use)** **Currently commissioned in Norfolk and Waveney as:**

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

Confirmation had been received from PAC Lead Pharmacist, Jo Lowe that the final version of the PAC document will not differ from the draft version circulated.

The PAC's recommendations are 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. **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 members considered the PAC's document and were happy to accept the recommendations within it. The TAG was advised that a meeting is being arranged with the consultants from the three local Trusts and the Chief Pharmacists to see how this can be taken forward for existing patients and also how a decision could be made around who should and should not have the treatment based on the PAC policy. Consideration will also be given as to whether the policy can be applied retrospectively. The recommendation is that no new patients, apart from those clinical groups mentioned, be prescribed the treatment. Recommendations should then be made as to how the de-prescribing of existing patients can take place. The TAG agreed to endorse the PAC guidance and to apply Red (Hospital / Specialist use only) only to the recommended criteria for use as listed above. FP then reported for the record that she had been sent an email from a local patient thyroid action group on the morning of the TAG meeting, containing their comments on the PAC's recommendations. It was not clear how the group had obtained a copy of the PAC document which had been circulated to the TAG's membership ahead of the meeting. The patient group were requesting that their comments should be considered by the TAG. However given that the email was received only 3 hours before the meeting started it was not possible for the TAG members to consider any of the information submitted. It was noted that the TAG generally does not accept appeals or challenges against the locally agreed decision-making process if they are satisfied with the quality of the evidence being considered.

Action		**Deadline**	**Owner**
9.4	**<u>Draft PAC Commissioning Recommendations</u>:** **Liothyronine (all indications)** (*confirmed as having been supported by the PAC on Monday 30th April 2018*) The TAG's recommendation to support the PAC's guidance and to apply a classification of Red (Hospital / Specialist use only) only to the recommended criteria for use of liothyronine to be referred for consideration by the Norfolk	17th May 2018	FM

	and Waveney CCGs' Drugs & Therapeutics Committee (D&TC).		