Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Liothyronine and Armour Thyroid
Indication under review	Hypothyroidism
Policy No:	APC 117
Date of Issue:	November 2015
Review Date:	November 2018

Policy Statement: Liothyronine and Armour Thyroid are not recommended for the treatment of hypothyroidism.

Traffic Light Status	**Brown**

Key Points considered:

- There is no evidence to support the use of a combination of levothyroxine and liothyronine or of dried thyroid hormone extracts (Armour Thyroid)
- A combination of the two in both non-and physiological proportions has not consistently been shown to be more beneficial than levothyroxine alone with respect to cognitive function, social functioning and wellbeing in a number of patients.
- Use of Armour Thyroid is also not recommended due to lack of evidence. The variation in hormonal content and larger amounts of liothyronine may lead to increased concentration of T3 and subsequent thyrotoxic symptoms such as palpitations and tremor.
- Whilst it is possible that some patients might benefit from the use of combination treatment or Armour Thyroid, the parameters identifying such a patient group have yet to be clearly identified.
- Patients who have been seen privately should be referred back to the private service for private prescriptions of liothyronine or Armour Thyroid.
- This policy has been produced as a guide for GPs. Evidence and information was carefully considered and consulted upon by clinicians who concluded that this treatment is not a cost effective use of scarce NHS resources. There are situations where this policy may not apply to an individual patient due to their clinical exceptionality. This policy statement does not overrule an individual GPs clinical decision making and therefore each GP would be need to make the final decision on whether treatment is a cost-effective use of their CCG budget

References

1.Wiersinga WM et al. 2012 ETA Guidelines: The use of L-T4 + L-T3 in the treatment of hypothyroidism. Eur Thyroid J 2012;1:55-71
2. Royal College of physicians, 2011. The diagnosis and management of primary hypothyroidism
3. Panicker V *et al.* Common variation in the DI02 gene predicts baseline psychological well-being and response to combination thyroxine plus triiodothyronine therapy in hypothyroid patients. J Clin Endocrinol Metab, 2009; 94(5): 1623-1629.
4. An FDA enforcement removed more than half a million bottles of Armour Thyroid from US pharmacies in 2005 due to unstable concentrations of thyroid hormone in the preparation. [www.fda.gov/bbs/topics/enforce/2005/ENF00899.html]
5. Bunevicius R, Kazanavicius G, Zalinkevicius R, Prange AJ Jr. Effects of thyroxine as compared with thyroxine plus triiodothyronine in patients with hypothyroidism. N Engl J Med. 1999; 340: 424-9.
6. Escobar-Morreale HF, Botella-Carretero JI, Escobar del Rey F, Morreale de Escobar G. Review: Treatment of hypothyroidism with combinations of levothyroxine plus liothyronine. J Clin Endocrinol Metab. 2005; 90: 4946-54.
7. Grozinsky-Glasberg S, Fraser A, Nahshoni E, Weizman A, Leibovici L. Thyroxine-triiodothyronine combination therapy versus thyroxine monotherapy for clinical hypothyroidism: meta-analysis of randomized controlled trials. J Clin Endocrinol Metab 2006; 91: 2592-9

Date taken to APC:	4th November 2015
Date Ratified by MMC on Behalf of the Board:	17th November 2015

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	**Green**	**Amber**	**Red**
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only