



... our commissioning policy for liothyronine

The thyroid gland is situated in the neck and is an important hormone gland in the body. It has a significant role in metabolism (the process of converting food into the energy for our bodies to function), growth and development. It helps to regulate several body functions by releasing thyroid hormones into the bloodstream.

The thyroid gland takes iodine from food and converts it into two thyroid hormones - **triiodothyronine** and **thyroxine**. People with an underactive thyroid gland do not produce enough of these thyroid hormones so their bodies are unable to function as they should. This condition, called hypothyroidism, can be treated with a drug called **levothyroxine** which replaces the thyroid hormone **thyroxine**.

It is estimated that around 15% of patients with hypothyroidism are unable to process **levothyroxine** and convert it to the thyroid hormone **thyroxine**. These patients can be treated with a different and extremely expensive drug called **liothyronine** which replaces the other thyroid hormone, **triiodothyronine**.

Between January 2009 and July 2017, the price paid by the NHS for **liothyronine** tablets increased significantly and the Competition and Markets Authority (CMA) is investigating this excessive pricing. In an [update](#) published on 30 January 2019, the CMA states that between January 2009 and July 2017, the price paid by the NHS for **liothyronine** tablets rose from £15.15 to £258.19, a rise of 1,605% even though production costs remained broadly stable.

It is for this reason that a new commissioning policy around the prescribing of **liothyronine** has been developed for the whole of West Yorkshire and Harrogate. On 5 March 2019, the Joint Committee of the nine local Clinical Commissioning Groups (CCGs) approved the prescribing of **liothyronine** for the treatment of hypothyroidism but only when other treatment options, including the use of **levothyroxine**, have proven to be ineffective for that patient. You can view the commissioning policy [here](#).

Any new patients with hypothyroidism would start their treatment with **levothyroxine**. Patients who are currently taking **liothyronine** will be assessed by an endocrinologist. These are specialist doctors that treat diseases related to problems with hormones. If it is clinically safe and appropriate, an endocrinologist may recommend that a patient's medication is switched from **liothyronine** to the more cost effective **levothyroxine**. All patients will continue to be monitored and assessed regularly to make sure that the medication they are prescribed is the most appropriate course of treatment for their particular circumstances.

Dr James Thomas, Clinical Chair of Airedale Wharfedale Craven CCG and Clinical Lead for the Partnership's Improving Planned Care Programme said: "The Partnership is committed to getting the best possible value from the West Yorkshire and Harrogate prescribing budget. When considering two medicines that offer the same outcomes and the same benefits, it would make no sense to opt for the most expensive medicine, particularly if the cost is significantly higher as it is with **liothyronine**. There won't be a blanket ban on **liothyronine**, where it is clinically necessary it will be available for those patients who need it."