

South East London Area Prescribing Committee
Prescribing of liothyronine monotherapy or combination therapy for
the treatment of resistant depression
Position Statement

Reference	PS-016
Intervention	Liothyronine monotherapy or combination therapy for the treatment of resistant depression
Date of Decision	March 2019
Date of Issue	April 2019
Recommendation	RED – suitable for prescribing and supply by hospital only (new patients)
Further Information	<ul style="list-style-type: none"> • Liothyronine (monotherapy or in combination) is supported for restricted use in SEL as a last line option for those with resistant depression, this being an off-label recommendation • It should be noted that the current (May 2018) draft NICE guideline ‘Depression in adults: treatment and management’ incorporates the augmentation of an antidepressant with thyroid hormones under ‘strategies that should not be used routinely as there is inconsistent evidence of effectiveness’. However, some select patients (as determined by NHS consultant psychiatrist) may receive benefit where no other options have worked. • Due to the very limited evidence for use of thyroid hormones in depression, a more holistic approach should be adopted when the initial treatment of depression is inadequate. Where thyroid hormones are considered necessary, treatment should be initiated with standard levothyroxine. • Where liothyronine is used off-label for resistant severe depression, this must be initiated by a consultant NHS psychiatrist. • Existing Patients: All patients currently receiving liothyronine for resistant depression in primary care should be reviewed by a consultant psychiatrist. A psychiatrist recommending ongoing treatment with liothyronine for depression should justify why an alternative treatment or levothyroxine is not appropriate. If liothyronine is to be continued in existing patients, then supply and prescribing can be continued in primary care. • It should be noted that liothyronine (20 mcg tablet) is not licensed for use in resistant depression. Informed consent should be gained from the patient before treatment is started. • All patients receiving ongoing liothyronine should be overseen by a consultant NHS psychiatrist.
Shared Care/Transfer of care document required	Not applicable
Cost Impact for agreed patient group	No change in current practice, therefore no additional cost impact is anticipated.
Usage Monitoring & Impact Assessment	Acute/Mental health Trusts: Monitor and audit use and report back to APC when required.

Usage Monitoring & Impact Assessment cont'd	CCGs: <ul style="list-style-type: none"> • Monitor ePACT data. • Monitor exception reports from GPs if inappropriate transfer of prescribing to primary care is requested.
Evidence Reviewed	<ul style="list-style-type: none"> • Regional Medicines Optimisation Committee Guidance: Prescribing of liothyronine (November 2018). Available via: https://www.sps.nhs.uk/articles/rmoc-guidance-prescribing-of-liothyronine/ last accessed 05/02/19 • Management of primary hypothyroidism: statement by the British Thyroid association Executive Committee. Available via: http://www.btf-thyroid.org/images/documents/BTA_Hypothyroidism_Statement.pdf last accessed on 05/02/19 • The diagnosis and management of primary hyperthyroidism. Royal College of Physicians. Available via: http://www.thyroiduk.org.uk/tuk/guidelines/RCP_statement_20111.pdf last accessed 16/05/2018 last accessed: 05/02/19 • PrescQIPP bulletin 121, February 2016: Switching liothyronine (L-T3) to levothyroxine (L-T4) in the management of primary hypothyroidism https://www.prescqipp.info/component/downloads/send/225-liothyronine/2359-b121-liothyronine-drop-list last accessed: 05/02/19 • Items which should not routinely be prescribed in primary care: Guidance for CCGs, NHS Clinical Commissioners and NHS England: https://www.england.nhs.uk/wp-content/uploads/2017/07/Items-not-routinely-prescribed-in-primary-care.pdf last accessed: 05/02/19

NOTES:

- a) Area Prescribing Committee recommendations, position statements and minutes are available publicly via the [APC webpages](#).
- b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**