

Liothyronine – Information for Patients

NHS guidance states that some medicines should not routinely be prescribed. This is because the medicines are:

- Not as safe as other medicines OR
- Not as good (effective) as other medicines OR
- More expensive than other medicines that do the same thing.

One of these medicines is liothyronine (including Armour®/ERFA Thyroid and liothyronine combination products).

This document will explain why the changes are happening and where you can get more information and support.

What is liothyronine?

Liothyronine (sometimes known as T3) is used to treat an underactive thyroid gland. “Underactive” means that the thyroid gland does not work as well as it should.

However, the recommended treatment for an underactive thyroid gland is a medicine called levothyroxine. Levothyroxine is changed to liothyronine in the body.

Why does the NHS want to reduce prescribing of liothyronine?

There is not enough evidence to routinely use liothyronine in the treatment of an underactive thyroid gland, whereas there is a lot of evidence for the use of levothyroxine.

Levothyroxine is usually taken once daily, but *liothyronine* is shorter acting than **levothyroxine**, and therefore needs to be taken more than once a day to replace the missing thyroid hormone. As it is more difficult to select, monitor and adjust the dose of *liothyronine*-containing preparations, there are potential higher risks associated with too much *liothyronine* circulating in the body.

The British Thyroid Association (BTA) and Society for Endocrinology (SfE) do not recommend routinely using liothyronine instead of levothyroxine in most patients with an underactive thyroid. However, they do say that a small number of patients treated with levothyroxine continue to suffer with symptoms and in these cases liothyronine may be considered.

In addition, liothyronine is extremely expensive, so it is not good value for money for most people with an underactive thyroid.

What options are available instead of liothyronine?

People who are currently prescribed liothyronine will be reviewed by a consultant NHS endocrinologist to consider a switch to levothyroxine.

In exceptional cases, where levothyroxine has not worked and in line with the BTA and SfE guidance, a consultant endocrinologist may recommend liothyronine for individual patients after a six-month trial of treatment.

[Items which should not routinely be prescribed in primary care – Liothyronine](#)

Where can I find more information and support?

- You can speak to your local pharmacist, GP practice team or the person who prescribed the medication to you
- British Thyroid Association (BTA) Patient leaflet about use of liothyronine (T3) in hypothyroidism: <https://www.btf-thyroid.org/patient-leaflet-about-use-of-liothyronine-t3-in-hypothyroidism>
- The Patients Association can also offer support and advice: <https://www.patients-association.org.uk/> or call 0800 345 7115
- Healthwatch: www.healthwatch.co.uk

Find out more about the medicines that are being stopped or reduced:

<https://www.england.nhs.uk/publication/items-which-should-not-routinely-be-prescribed-in-primary-care-policy-guidance/>