



T: 0300 244 4000
E: scottish.ministers@gov.scot

Distribution: NHS Board Directors of Pharmacy
NHS Board ADTC Chairs
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Your ref:
Our ref:

13th February 2019

Dear colleague

I am writing to you regarding the role of liothyronine (T3) and levothyroxine (T4), in the treatment of patients with primary hypothyroidism, in your health board.

The Scottish Government is fully committed to person centred clinical care throughout NHS Scotland. In 2015, the British Thyroid Association issued guidance on the role of T3 and T4 in the treatment of primary hypothyroidism. I have been reassured that the Scottish endocrine clinical community are fully supportive of the guidance which is that:

1. T4 monotherapy should be considered first line in the treatment of primary hypothyroidism as it remains the safest and most effective treatment for most patients.
2. the use of combination T4 and T3 is a contentious issue and should only be initiated by an endocrinologist.
3. combination therapy should be used on an individualised 'trial' basis in compliant T4-treated hypothyroid patients who have persistent complaints despite reference range serum TSH values, provided they have received adequate chronic disease support and associated autoimmune diseases have been ruled out.

The British Thyroid Association guidance is predicated on the use of combination T3/T4 therapy for primary hypothyroidism although it is recognised that some patients are being prescribed T3 as monotherapy.

The guidance also highlights that *'Clinicians have an ethical responsibility to adhere to the highest professional standards of good medical practice rooted in sound evidence. This includes not prescribing potentially harmful therapies without proven advantages over existing treatments'*.

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In November 2017, the NHS Boards and Scottish Government Effective Prescribing Programme sent a letter to you asking you to consider the role of T3 in formularies and for prescribing to patients. The letter emphasized that any review of a patient prescribed T3 should be carried out in a holistic and safe manner as this is a clinical decision to be taken by the healthcare professional based on the needs of the individual patient. Patients have reported that review of T3 has not been done in this manner and have written to raise this issue with Scottish Ministers and officials.

As you may know, the Scottish Parliament Public Petitions Committee last debated the subject of T3 and its place in treatment on the 4th December 2018. I restated there that it is the Scottish Government's position that an endocrinologist can recommend prescribing T3 to the referring GP if it is considered to be the safest and most effective course of treatment for an individual, or recommend prescribing T3 for an individual patient if their symptoms are not adequately controlled with T4. In writing to you today, I am emphasizing that this is still the government's position.

I appreciate that the issue of T3 prescribing in NHS Scotland is a complex issue but would reiterate that the Scottish Government wants patients to access safe treatment options. During the debate, I urged patients to discuss treatment options with their healthcare professional. Patient safety is paramount and I have asked individuals to write to me with their experiences.

I would therefore be grateful if you confirm in writing by Wednesday 27th February 2019 that your Health Board is committed to:

- 1. a holistic and safe review of patients prescribed T3 which is undertaken by a healthcare professional based on the needs of the individual patient.**
- 2. clinicians initiating and continuing T3 where it is safe and clinically appropriate to do so, as agreed with a consultant who specialises in endocrinology.**

We will continue to work together across the Government and health and social care services to make the difference that we all want for people who are impacted by thyroid conditions.

Yours sincerely,



Joe FitzPatrick