**PRIOR APPROVAL FOR LIOTHYRONINE TREATMENT**

***CHECK LIST FOR ELIGIBILITY***

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| *North Hampshire CCG**South East Hampshire CCG**Portsmouth City CCG* | *Fareham and Gosport CCG**Southampton City CCG**West Hampshire CCG* |

To access NHS treatment with Liothyronine, please complete and send this checklist via secure email to: scwcsu.ship.ifrrequests@nhs.net

Patients must not be started on treatment until eligibility and funding has been confirmed by the Commissioning Support Unit on behalf of the CCGs.

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| --- | --- |
| **Name of NHS Endocrinologist\*** **(please print):** | **Patient’s GP:** |
| **Referring Hospital:** | **Address:** |
| **Address/Tel:** |  |
|  | **Tel No:**  |
| **Post Code:** | **Post Code:** |
|  |  |

**\* All patients must have had a consultation with an NHS Endocrinologist.**

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| **Patient.Dob:****Name:****CCG:** **NHS No:****Patient Reference:** |
| **Home Address:** |
|  |
|  |
| **Post Code:** |
| **Tel/Mobile No:** |

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| --- | --- | --- |
| **Criterion** | **Yes / No** | **Eligibility** |
| The named patient has been appropriately prescribed levothyroxine as first line therapy for hypothyroidism and the dose has been optimised. |  | No = excluded |
| The patient’s symptoms remain despite optimal doses of levothyroxine treatment for a minimum of 3 months. |  | No = excluded |
| Other potential causes of symptoms have been investigated and ruled out. |  | No = excluded |

The patient will receive the first 3 months of treatment under the care of the NHS Endocrinology team who will be responsible for monitoring and stabilisation of the dose. If the patient does not improve with liothyronine the treatment will be stopped. Thereafter treatment **may** be transferred to primary care after agreement with the GP. For patients living in Southampton, North Hampshire or West Hampshire please follow the [shared care guideline.](https://westhampshireccg.nhs.uk/download.cfm?doc=docm93jijm4n4336.pdf&ver=8694)

Signed

Consultant GMC Number