



## THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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Laura Baker  
Therapeutics Group Manager  
Pharmac  
PO Box 10 254  
Wellington 6143

Dear Laura,

### **Re: Listing of a Commercial Preparation of Levothyroxine Oral Liquid**

The Therapeutic and Pharmacists SIG of the Paediatric Society NZ and paediatric endocrine consultants across New Zealand would like to recommend sourcing a commercial preparation of levothyroxine oral liquid. We have discussed this as a wider consultation with consultants and paediatric pharmacists across the country and would like Pharmac to consider sourcing and funding a 10 microgram/mL formulation which is available from the United Kingdom. The product has a shelf-life of 21 months from date of manufacturing and 8 weeks expiry after opening.

We currently have two concentrations of standardised New Zealand Oral Formulations for levothyroxine: 15microgram/mL and 25 microgram/mL with 7 days expiry at room temperature storage and 14 days if refrigerated.

We have had several medication errors in our paediatric patients across the different DHBs due to the availability of the two different concentrations. Often prescribers recommend one concentration and community pharmacies manufacture the other concentration. This has led to parents giving an incorrect volume (mL) when they have been trained during hospital admissions with the recommended concentration or when endocrine consultants have advised parents to increase the dose in volume (mL) using increments based on the original concentration they had prescribed. This error has also been encountered on some occasions when hospital pharmacists have contacted community pharmacies and advised on the specific concentration prior to discharge.

Having a single standardised concentration of 10 microgram/mL will be easier to adjust for measuring small doses based on weight, especially for younger infants. It would also help with adjusting or rounding of doses in mL compared with the 15microgram/mL and 25 microgram/mL strengths.

Parents often find it difficult to collect repeats from community pharmacies on a weekly or fortnightly basis. Therefore having a product with a longer shelf-life will help alleviate the difficulties some families face.

Although we support the national standardised formulas for oral liquids not available as proprietary products, in this case we have sourced an appropriate proprietary product.

We would be most appreciative if Pharmac would consider looking into the procurement and funding of a commercial preparation of levothyroxine oral liquid.

We look forward to your response.

Yours sincerely



Louise McDermott  
Chairperson  
Pharmacist and Therapeutics SIG  
Paediatric Society of NZ

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