

Surrey (East Surrey CCG, Guildford & Waverley CCG, North West Surrey CCG, Surrey Downs CCG & Surrey Heath CCG), Crawley CCG and Horsham & Mid-Sussex CCG

Formulary Extension Briefing Paper for Surrey Collaborative Area Prescribing Committee

Medicine details					
Name, brand name	Timolol maleate 1mg/g preservative free eye gel (Tiopex®)				
and manufacturer	Spectrum Thea Pharmaceuticals Ltd				
Licensed indication, formulation and usual dosage	 Reduction of the elevated intraocular pressure in patients with: ocular hypertension, chronic open angle glaucoma. The recommended dosage regimen is 1 drop of TIOPEX 1 mg/g in the affected eye (or eyes), once a day, in the morning. 				
Disease and potential patient group					
Brief description of disease	Chronic open angle glaucoma (COAG) is a common and potentially blinding condition. It is usually asymptomatic until advanced and many people will be unaware there is a problem with their eyes until severe visual damage has				

	 Occurred. Occular hypertension (OHT) is a major risk factor for developing COAG, although COAG can occur with or without raised eye pressure. Approximately 10% of UK blindness registrations are attributed to glaucoma and it accounts for over one million hospital eye service visits each year. Once diagnosed people with COAG need lifelong monitoring so that any
	progression of visual damage can be detected. Once lost, sight cannot be restored, and controlling the condition together with prevention, or at least minimisation of ongoing damage, is crucial to maintaining a sighted lifetime.
	COAG, suspected COAG and OHT are common conditions which, if not diagnosed and managed correctly, can lead to partial sightedness (sight impairment) and blindness (severe sight impairment). ¹
Potential patient numbers per 100,000	About half a million people are currently affected by COAG in England and there are about 300,000 first outpatient attendances for glaucoma in the Hospital Eye Service every year. ¹ .

SUMMARY

Reason for formulary extension

Timolol maleate 0.1% eye gel is a preservative free, low strength, once daily eye preparation.

• Patients with this condition already use a number of drops to control their condition so it is important that chemical preservative load is kept to a safe minimum.

It may be considered in patients:

- Who require treatment with timolol in line with the NICE clinical guideline but have a proven sensitivity to preservative containing preparations of timolol.
 - Note: This will be based on clinical opinion of the specialist.
- Who require treatment with timolol in line with the NICE clinical guideline but have proven

sensitivity to higher concentrations of timolol (e.g. respiratory symptoms, bradycardia)

- Who have ocular surface disease
- Prior to surgery for their glaucoma

Latanoprost is the first line option for treating these patients.

The initial prescription and supply will come from the specialist team.

Prescribing can then be continued in primary care by the Primary Care Prescriber.

An algorithm for the treatment of glaucoma should be developed jointly in conjunction with other Trusts in Surrey Collaborative region.

- The algorithm should outline the place in therapy of the preparations listed in the formulary for treating raised IOP.
- The algorithm should also list contact details for the Trust ophthalmology teams for Primary Care Prescribers to contact for advice.
- The algorithm should be submitted to the PCN for consultation and approval within 6 months of the date of issue of this recommendation.

Tick one box

Addition to formulary Y

Replacement of originator product/s Name of product/s.....

Evidence as necessary

Cost implications

Cost: £7.49/month

Annual cost per patient: £89.88

Availability of PAS and details (if appropriate): no

Availability of homecare service (if appropriate): No

Alternative treatments and cost per patient per year

Timolol eye drops £1.13/month (£13.56 per annum)

Timolol preservative free eye drops £8.45/month (£101.40 per annum)

Impact to patients

Other glaucoma treatments (including other timolol products) are already in widespread use by patients. It is probable that this preparation might be easier to self-administer than eye drops and risk of cross-contamination should be very low.

Impact to primary care

Other glaucoma treatments (including other timolol products) are already widely prescribed in primary care on the advice of a specialist.

CCGs should monitor epact data and exception reporting as needed of inappropriate use to Trust via formulary teams.

Impact to secondary care

Trusts should monitor usage on a 6-monthly basis and report back to PCN Audit usage in line with the criteria in this recommendation and treatment algorithm as required by the PCN.

Impact to CCGs

It is anticipated that 5% of patients who require timolol would be suitable for the Tiopex® 0.1% eye gel preparation ahead of other timolol products on the formulary.

Based on current Drug Tariff prices (June 2016) timolol 0.1% eye gel costs £7.49 for a month's treatment.

It is not possible to quantify exactly what the cost impact will be.

However, if used instead of Timoptol® single dose eye drops for patients requiring preservative-free formulation this product could be cost saving.

If used instead of generic timolol eye drops then Tiopex® carries additional cost implications, however, the cost may be a substitution for other eye preparations that may be stopped³.

Implementation

A Shared Care agreement is not considered necessary as many other glaucoma treatments (including other products containing timolol) are already widely prescribed in primary care on the advice of a specialist.

Recommendation to APC

PbRe: Not exempt

Traffic light status: AMBER (specialist initiation in line with treatment pathway, treatment can be continued in primary care following specialist initiation)

Additional comments:

An algorithm for the treatment of glaucoma is in development jointly in conjunction with other Trusts in Surrey Collaborative region.

- The algorithm should outline the place in therapy of the preparations listed in the formulary for treating raised IOP.
- The algorithm should also list contact details for the Trust ophthalmology teams for Primary Care Prescribers to contact for advice.
- The algorithm should be submitted to the PCN for consultation and approval within 6 months of the date of issue of this recommendation.

Declaration of interest

Prepared by: Georgina Randall, Senior Commissioning Technician, Medicine Management (Hosted Service), Surrey Downs CCG **Declaration of interest:** none **Date:** 21st June 2016

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VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
1	27/06/16	Georgina Randall		
2	11/10/16	Carina Joanes		Peer review

References

- Glaucoma in adults, NICE quality standard [QS7] Published date: March 2011 <u>https://www.nice.org.uk/guidance/qs7</u>
- Summary of Product Characteristics for the product, accessed 20th June 2016 <u>https://www.medicines.org.uk/emc/medicine/25103</u>
- 3. South East London Area Prescribing Committee Formulary recommendation June 2015