

**South East London Area Prescribing Committee  
Formulary recommendation**

<b>Reference</b>	<b>035</b>
<b>Intervention:</b>	<b>Timolol maleate (Tiopex<sup>®</sup>) 0.1% eye gel (preservative free) in single dose containers for the reduction of elevated intraocular pressure</b> (Timolol is a non-cardioselective beta-blocker)
<b>Date of Decision</b>	<b>May 2015</b>
<b>Date of Issue:</b>	<b>June 2015</b>
<b>Recommendation:</b>	<b>Amber – specialist initiation in line with the criteria below. Treatment can be continued in primary care following specialist initiation.</b>
<b>Further Information</b>	<ul style="list-style-type: none"> <li>• Timolol maleate 0.1% preservative free eye gel (Tiopex<sup>®</sup>) is accepted for use in South East London within its licensed indication for the reduction of elevated intraocular pressure (IOP) in patients with: <ul style="list-style-type: none"> <li>– chronic open angle glaucoma (COAG)</li> <li>– ocular hypertension</li> </ul> </li> <li>• Latanoprost is the first line option for treating these patients.</li> <li>• Timolol maleate 0.1% eye gel is a preservative free, low strength, once daily eye preparation.</li> <li>• It may be considered in patients: <ul style="list-style-type: none"> <li>– Who require treatment with timolol in line with the NICE clinical guideline but have a proven sensitivity to preservative containing preparations of timolol. <b>Note:</b> This will be based on clinical opinion of the specialist.</li> <li>– 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)</li> <li>– Who have ocular surface disease</li> <li>– Prior to surgery for their glaucoma</li> </ul> </li> <li>• The initial prescription and supply will come from the specialist team. Prescribing can then be continued in primary care by the GP.</li> <li>• An algorithm for the treatment of glaucoma should be developed jointly in conjunction with other Trusts in South East London. 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 GPs to contact for advice. The algorithm should be submitted to the APC for consultation and approval within 6 months of the date of issue of this recommendation.</li> </ul>
<b>Shared Care/ Transfer of care required:</b>	Not considered necessary as other glaucoma treatments (including preservative containing timolol preparations) are already widely prescribed in primary care on the advice of a specialist.
<b>Cost Impact for agreed patient group</b>	<p>From evidence evaluation and submission form:</p> <ul style="list-style-type: none"> <li>• It is anticipated that 5% of patients who require timolol would be suitable for the Tiopex<sup>®</sup> 0.1% eye gel preparation ahead of other timolol products on the formulary.</li> <li>• Based on current Drug Tariff prices (June 2015) timolol 0.1% eye gel costs £7.49 for a month's treatment.</li> <li>• It is not possible to quantify exactly what the cost impact will be. However, if</li> </ul>

	<p>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 stopped. Usage will be monitored as per details below.</p>
<b>Usage Monitoring &amp; Impact Assessment</b>	<p>Acute Trusts:</p> <ul style="list-style-type: none"> <li>• Monitor usage on a 6-monthly basis and report back to APC.</li> <li>• Submission of glaucoma treatment algorithm for consultation and approval by the end of December 2015.</li> <li>• Audit usage in line with the criteria in this recommendation and treatment algorithm as required by the APC.</li> </ul>
	<p>CCGs:</p> <ul style="list-style-type: none"> <li>• Monitor impact data and exception reporting as needed of inappropriate use to Trust via formulary teams.</li> </ul>
<b>Evidence reviewed</b>	<p><b>References (from evidence evaluation)</b></p> <ol style="list-style-type: none"> <li>1. NICE. Glaucoma - Diagnosis and management of chronic open angle glaucoma and ocular hypertension. Published April 2009. Accessed via <a href="https://www.nice.org.uk/guidance/cg85/resources/guidance-glaucoma-pdf">https://www.nice.org.uk/guidance/cg85/resources/guidance-glaucoma-pdf</a></li> <li>2. Scottish Medicines Consortium. Guidance on timolol eye gel (Tiopex). Published Feb 2014. Accessed via <a href="http://www.scottishmedicines.org.uk/SMC_Advice/Advice/941_14_timolol_eye_gel_Tiopex/timolol_eye_gel_Tiopex">http://www.scottishmedicines.org.uk/SMC_Advice/Advice/941_14_timolol_eye_gel_Tiopex/timolol_eye_gel_Tiopex</a></li> <li>3. Rouland JF1 et al. Timolol 0.1% gel (Nyogel 0.1%) once daily versus conventional timolol 0.5% solution twice daily: a comparison of efficacy and safety. Ophthalmologica. 2002 Nov-Dec;216(6):449-54.</li> <li>4. Uusitalo H et al. Improved systemic safety and risk–benefit ratio of topical 0.1% timolol hydrogel compared with 0.5% timolol aqueous solution in the treatment of glaucoma. Graefe's Archive for Clinical and Experimental Ophthalmology. 2006, 244; 11: 1491-1496</li> <li>5. Metheetrairut A1. A comparison of 0.1% timolol eye gel and 0.5% timolol eye drop in patients with chronic angle-closure glaucoma. J Med Assoc Thai. 2012 Apr;95 Suppl 4:S116-22</li> </ol>

**NOTES:**

- a) Area Prescribing Committee recommendations and minutes are available publically on member CCG websites.
- b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS**