

6.05 CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE gel 50/500, 30g and 60g Daivobet[®], Leo Pharma Pty Ltd

1 Purpose of Application

- 1.1 The submission requested amendment of the PBS listing of calcipotriol + betamethasone 30g and 60g gel from psoriasis of the scalp to allow treatment of the scalp and body. The submission also requested changing the current PBS Authority requirement on calcipotriol + betamethasone 60g gel to a Restricted benefit.

2 Requested listing

Name, Restriction, Manner of administration and form	Max. Qty	Nº.of Rpts	Dispensed Price for Max. Qty	Proprietary Name and Manufacturer
CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE Gel, 50/500, 30g	1	1	\$ [REDACTED]	Daivobet [®] LEO Pharma 50/500 gel
Gel, 50/500, 60g	1	0	\$ [REDACTED]	

Episodicity:	Chronic
Severity:	Stable
Condition:	plaque type psoriasis vulgaris
Restriction:	Restricted benefit
Clinical criteria:	Chronic stable plaque type psoriasis vulgaris in a patient who is not adequately controlled with either a vitamin D analogue or potent topical corticosteroid monotherapy AND The patient must require more than 30 grams of product per month [60g strength only].
Administrative Advice	Note Continuing Therapy Only For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.

- 2.1 The ESC noted that the listing for calcipotriol + betamethasone 60g gel became an Authority (streamlined) listing on 1 October 2015, and noted that PSCR re-iterated the request for a restricted benefit for this pack size.
- 2.2 The ESC noted from the PSCR (p2) that the sponsor had no objection to the amendment to the currently listed items 5276Q (30g gel) and 9494Q (30g ointment) to state 'vitamin D analogue', instead of 'calcipotriol'. The ESC considered that the proposed restriction on the 60g gel pack could be amended to allow access after patients have initiated with a 30g gel pack as a way to reduce the potential wastage of potential preferential prescribing of the 60g gel pack. The pre-PBAC response clarified the Sponsor's proposed restrictions.
- 2.3 The submission sought listing on the basis of a cost minimisation analysis (CMA) to calcipotriol + betamethasone ointment.

For more details on PBAC's view, see section 7 "PBAC outcome"

3 Background

- 3.1 TGA status at time of PBAC consideration: Calcipotriol + betamethasone was TGA registered on 1 February 2013 for topical treatment of scalp psoriasis and mild to moderate plaque psoriasis on the body, the latter limited to 8 weeks.
- 3.2 On 1 October 2015, calcipotriol+ betamethasone 60g gel was listed on the PBS as an Authority Required (Streamlined) benefit for plaque psoriasis of the scalp, from the previous Authority Required listing. The 30g gel is listed as a Restricted benefit for plaque psoriasis of the scalp, while 30g ointment, is listed as a Restricted benefit for plaque psoriasis on the body. The 30g ointment formulation was originally recommended by the PBAC in July 2009 and the 30g gel formulation was recommended a cost-minimisation basis to the ointment in 2010 (between the July and November PBAC meetings). In March 2013 there were two minor submissions, one requesting listing for the 60g gel and the second requesting full body use. Both minor submissions were rejected and then in November 2013 PBAC recommended listing of the 60g gel for plaque psoriasis of the scalp.

4 Clinical place for the proposed therapy

- 4.1 Psoriasis is an inflammatory skin disease with symptoms such as red scaly plaques, itchiness and flaking of the skin. Calcipotriol + betamethasone gel is used in patients who are not adequately controlled with calcipotriol or topical corticosteroid monotherapy.
- 4.2 The submission stated that the requested amendments to the current listing of calcipotriol + betamethasone gel are not likely to change its clinical place in therapy. The ESC agreed with the clinical place of the proposed therapy in the submission.

5 Comparator

- 5.1 The submission nominated calcipotriol + betamethasone ointment as the main comparator. Given that calcipotriol+ betamethasone 30g ointment is listed on the PBS for treatment of body psoriasis, it is an appropriate comparator for this submission, and given that the 2010 PBAC recommendation was for use on the scalp, the nominated main comparator is appropriate.

For more details on PBAC's view, see section 7 "PBAC outcome"

6 PBAC consideration of the evidence

Sponsor hearing

- 6.1 There was no hearing for this item.

Consumer comments

6.2 The PBAC noted that no consumer comments were received for this item.

Clinical trials

6.3 The submission is based on one trial comparing calcipotriol + betamethasone gel to calcipotriol + betamethasone ointment (PLQ-001, n=24) and one observational study (PRO-long, n=156). Acknowledging the limitations of this evidence, the submission also presented a supportive indirect comparison based on 3 gel trials and 4 ointment trials.

6.4 Details of the trials presented in the submission are provided in the table below.

Table 1: Trials and associated reports presented in the submission

Trial ID	Protocol title/ Publication title	Publication citation
Direct randomised trials		
PLQ- 001	A phase 2 study comparing the marketed products Daivonex® ointment, Daivonex cream and Daivobet® ointment with the investigational products LEO 80185 gel, LEO 80190 ointment and the Daivobet ointment vehicle in the treatment of psoriasis vulgaris. Queille-Roussel C, Hoffmann V, Ganslandt C and Krog Hansen K. Comparison of the antipsoriatic effect and tolerability of calcipotriol- containing products in the treatment of psoriasis vulgaris using a modified psoriasis plaque test.	18 March 2009 <i>Clinical Drug Investigation</i> 2012; 32 (9):613-619
PRO-long	Multicentre, prospective, observational cohort study in patients prescribed fixed-combination calcipotriol and betamethasone gel or ointment for long-term psoriasis management. Lambert J, Hol CW, Vink J: Real-life effectiveness of once-daily calcipotriol and betamethasone dipropionate gel vs. ointment formulations in psoriasis vulgaris: 4- and 12-week interim results from the PRO-long study.	<i>JEADV</i> 2014; 28, 1723-1731
Supplementary randomised trials – indirect comparison		
LEO 80185-G23	Calcipotriol plus betamethasone dipropionate topical suspension compared to betamethasone dipropionate in the topical suspension vehicle, calcipotriol in the topical suspension vehicle and the topical suspension vehicle alone in psoriasis vulgaris. Menter A, Stein Gold L, Bukhalo M et al. Calcipotriene Plus Betamethasone Dipropionate Topical Suspension for the Treatment of Mild to Moderate Psoriasis Vulgaris on the Body: A Randomized, Double-Blind, Vehicle-Controlled Trial	11 October 2011 <i>JDD</i> 2013; 12 (1):92-98
LEO 80185-G21	Efficacy and safety of calcipotriol plus betamethasone dipropionate gel compared with tacalcitol ointment and the gel vehicle alone in patients with psoriasis vulgaris Langley RGB, Gupta A, Papp K et al. Calcipotriol plus Betamethasone Dipropionate Gel Compared with Tacalcitol Ointment and the Gel Vehicle Alone in Patients with Psoriasis Vulgaris: A Randomized, Controlled Clinical Trial	6 June 2009. <i>Dermatology</i> 2011; 222:148-156

MBL 0202 INT	Calcipotriol plus betamethasone dipropionate gel compared to betamethasone dipropionate in the gel vehicle, calcipotriol in the gel vehicle and the gel vehicle alone in psoriasis vulgaris. Fleming C, Ganslandt C, Guenther L et al. Calcipotriol plus betamethasone dipropionate gel compared with its active components in the same vehicle and the vehicle alone in the treatment of psoriasis vulgaris: a randomised, parallel group, double-blind, exploratory study	16 October 2008 <i>Eur J Dermatol</i> 2010; 20(4):465-71
MCB 9802 INT	A phase III study comparing a new ointment containing calcipotriol 50 µg/g plus betamethasone 0.5mg/g with calcipotriol 50 µg/g in new vehicle, betamethasone 0.5mg/g in new vehicle and the new vehicle in psoriasis vulgaris. Papp KA, Guenther L, Boyden B et al. Early onset of action and efficacy of a combination of calcipotriene and betamethasone dipropionate in the treatment of psoriasis	17 March 2000 <i>J Am Acad Dermatol</i> 2003; 48(1):48-54
MCB 0003 INT	A phase III study comparing a new ointment containing calcipotriol 50 µg/g plus betamethasone (as dipropionate) 0.5mg/g with calcipotriol 50 µg/g in new ointment vehicle, betamethasone (as dipropionate) 0.5mg/g in new vehicle and the new ointment vehicle, all used once daily, in psoriasis vulgaris. Kaufmans R, Bibby AJ, Bissonnetee F et al. A New Calcipotriol/Betamethasone Dipropionate Formulation (Daivobet™) Is an Effective Once Daily Treatment for Psoriasis vulgaris	8 October 2001 <i>Dermatology</i> 2002; 174:316-323
MCB 9905 INT	A phase III study comparing a new ointment containing calcipotriol 50 µg/g plus betamethasone dipropionate 0.5mg/g used once daily with the new ointment vehicle, calcipotriol ointment 50 µg/g used twice daily and the new ointment containing calcipotriol 50 µg/g plus betamethasone dipropionate 0.5mg/g used twice daily in psoriasis vulgaris. Guenther L, Gamhazard PCN, Van de Kerckhof et al. Efficacy and safety of a new combination of calcipotriol and betamethasone dipropionate (once or twice daily) compared to calcipotriol (twice daily) in the treatment of psoriasis vulgaris: a randomized, double-blind, vehicle-controlled clinical trial	29 January 2001. <i>Brit J of Dermatol</i> 2002; 174:316-323
LEO 90100-35	LEO 90100 compared with calcipotriol plus betamethasone dipropionate ointment, LEO 90100 vehicle and ointment vehicle in subjects with psoriasis vulgaris.	10 June 2013

Source: Table B-7, B-8, p54-55 of the submission

- 6.5 The key features of the evidence included in the direct comparison is summarised in Table 2 below and key features of the evidence included in the indirect comparison is summarised in Table 3.

Table 2: Key features of the included evidence – direct comparison

Trial	N	Design/ duration of direct comparison	Risk of bias	Patient population	Primary outcomes	Use in economic evaluation
Calc+beta gel vs calc+beta ointment						
PLQ-001	24	R, IB, RD, SC, Phase 2, 21 days	High	Adults ≥ 18 years, with stable psoriasis vulgaris	Absolute change in Total Clinical Score at the end of treatment, at three weeks compared to baseline.	Not used
PRO-	156	Prospective,	High	Adults ≥ 18	The difference proportion of patients	Not used

Long	ointment =67, gel=89	observational, MC Interim analysis at 4 and 12 weeks		years, with psoriasis vulgaris	with controlled disease (mild to very mild) according to the Patient's Assessment Global (PGA) score between gel and ointment formulations at week 12.	
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Abbreviations: calc+beta=calcipotriol + betamethasone; IB=investigator blinded; HRQoL=Health-related quality of life; R=Randomised; RD=repeated dose (within subject); SC=single centre
Source: compiled during the evaluation

Table 3: Summary of the trials included in the indirect comparison

Formulation	Trial ID	Trial design	Tx duration	Comparator	Used in economic analysis
Calc + beta gel	LEO80185-G23	R MC, DB	8 weeks	Gel vehicle control	Yes
	MBL 0202 INT	MC, prospective, R, DB	8 weeks		
	LEO 80185-G21	MC, R, prospective, IB	8 weeks		
Calc + beta ointment	MCB 9802 INT	MC, prospective, R, DB.	4 weeks	Ointment vehicle control	Yes
	MCB 0003 INT	MC, prospective, R, DB	4 weeks		
	MCB 9905 INT	MC, prospective, R, DB	4 weeks		
	LEO 90100-35	MC, R, prospective, IB Phase II	4 weeks		

Source: Table B-29, p81 of the submission.

Abbreviations: Calc + beta=calcipotriol + betamethasone; IB=investigator blind; DB=double blind; MC=multicentre; RCT=randomised controlled trial; R=randomised; Tx=treatment.

- 6.6 Neither the PLQ-001 trial nor the PRO-long study were designed or powered to definitively compare gel and ointment. Both were of a short duration and PLQ-001 had a small sample size (N=24). The PLQ-001 trial involved assessment of Total Clinical Score (TCS), although the validity of this scoring system is unclear.
- 6.7 The trials in the indirect comparison had limited exchangeability and outcomes were assessed at a short duration of 4 weeks, which is not reflective of clinical practice for prolonged use of calcipotriol + betamethasone gel or ointment. Although this does not address the prolonged use of gel or ointment, the ESC considered the submission's approach to be reasonable as it is in agreement with PI where the recommended treatment period of calcipotriol + betamethasone ointment is 4 weeks and under medical supervision, for up to 52 weeks.

Comparative effectiveness

- 6.8 The submission presented only mean Total Clinical Scores TCS from the PLQ-001 trial and did not provide any statistical comparisons of the results. This was done during the evaluation with results provided in the table below.

Table 4: Results of patient-relevant outcome in the direct PLQ-001 trial

Trial	Outcome	Gel N=24	Ointment N=24	Mean difference (95% CI)^
PLQ-001	TCS			
	Mean (SD) Range	-5.73 (1.29) -2.00 to -8.00	-6.19 (1.41) -2.50 to -7.50	-0.46 (-0.30, 1.22)

Source: Table B-21, p66 of the submission/ table 13, p79 of the clinical trial report.

Abbreviations: CI=Confidence Interval, SD=Standard Deviation, TCS=Total Clinical Score

^Source: calculated during the evaluation using StatsDirect Version 2.7.9.

- 6.9 There were no statistically significant differences observed between the gel and ointment for change in TCS, nor were there any differences in the three single components of the total score, (erythema, scaliness and infiltration).
- 6.10 Results of the PRO-long study demonstrated no significant differences between the gel and ointment in the proportion of patients with controlled disease at weeks 4 and 12. No significant differences were observed in patient adherence and health related quality of life (HRQoL). For treatment satisfaction the submission only presented results for the convenience and effectiveness domains of the Treatment Satisfaction Questionnaire for Medication (TSQM-9). While there was an overall statistically significant advantage for the gel compared to the ointment for the convenience domain (p=0.014), there was no statistically significant difference on the effectiveness domain (p=0.276). It should be noted that the PRO-long study was not designed as a comparative effectiveness study.
- 6.11 A brief summary of results from the indirect comparison are provided in Table 5.

Table 5: Summary of the results for the main outcomes from the indirect comparison

Outcome At 4 weeks	RR (95% CI)		Indirect estimate of effect RR (95% CI)
	Calc + beta gel	Calc + beta ointment	
IGA	8.10 (3.03, 21.66)	5.52 (3.62, 8.42)	1.467 (0.503, 4.279)
PASI 75	10.47 (3.94, 27.87)	4.16 (1.76, 9.79)	2.517 (0.685, 9.246)
PASI 50	3.00 (1.89, 4.76)	2.73 (1.73, 4.30)	1.099 (0.575, 2.102)
PGA	2.71 (1.83, 4.03)	3.59 (1.88, 6.87)	0.755 (0.353, 1.612)
^a IGA endpoint	5.99 (3.38, 10.60)	5.52 (3.62, 8.42)	1.085 (0.533, 2.208)

Source: Table B-27, p 76 of the submission.

Abbreviations: Calc + beta=calcipotriol + betamethasone; IGA= Investigator Global Assessment; PGA=Patients Global Assessment

^aIGA endpoint refers to results at 8 weeks

- 6.12 No statistically significant differences were observed between the gel and ointment formulations for all outcomes assessed.
- 6.13 The results of the indirect comparison should be interpreted with caution given the lack of exchangeability between the trials, the short duration of the trials (4 to 8 weeks). The ESC considered the submission's approach to be reasonable since the treatment is intermittent and episodic and limited to 8 weeks for the gel for a given episode. The ESC further made reference to the calcipotriol + betamethasone gel PI which says that 'if there is no response after 4 weeks, treatment should be ceased. Treatment of body should be ceased after 8 weeks'.

Comparative harms

- 6.14 The submission provided limited safety results from PLQ-001, stating only that 12 adverse events (AEs) were reported by 9 patients. No information was provided as to whether these AEs were observed in gel or ointment-treated patients.
- 6.15 No safety data were reported in the PRO-long study. Given the lack of safety data in the PLQ-001 trial and PRO-long study the submission provided additional safety data from the trials used in the supplementary indirect comparison. The submission provided a naïve comparison of AEs but did not provide any statistical comparisons of adverse event data. Indirect comparisons of AEs considered most relevant to psoriasis (infections and infestations, skin and subcutaneous tissue disorders and

administration site conditions) were conducted during the evaluation. The point estimates for calcipotriol + betamethasone gel are higher in skin and subcutaneous tissue disorders and administration site conditions compared to ointment, but were not statistically significantly different. The ESC considered that the likelihood of there being any difference in harms was likely to be negligible.

Clinical claim

6.16 The submission claimed calcipotriol + betamethasone gel has equivalent efficacy and similar safety compared to calcipotriol + betamethasone ointment. This claim was based on the evidence provided by the PLQ-001 trial and the PRO-long study, and supported by the results of the indirect comparison assessing 3 gel trials and 4 ointment trials. The ESC noted the issues raised in the evaluation:

- Direct evidence:
 - Efficacy: The trial and study presented by the submission were not designed to show non-inferiority. Trial PLQ-001 did not have separate treatment arms, as patients served as their own control. The trial had a small sample size of 24 patients and a short treatment duration of 22 days. The PRO-long study is an observational study which was not designed as comparative effectiveness study. Only interim analyses based on a short treatment duration of 12 weeks were provided and the study was not powered to show any statistically significant differences.
 - Safety: Very limited safety data was presented in the PLQ-001 trial and the PRO-long study did not report any safety data.
- Indirect comparison:
 - Efficacy and Safety: The trials included in the comparison have limited exchangeability and the trial populations had differences in baseline disease state. Patients in the gel trials may have had a milder disease state. Assessment points varied across the trials. The time point chosen by the submission for analysis, 4 weeks, is of limited relevance to prolonged use as would be required for psoriasis.

6.17 Overall, the PBAC agreed with ESC and considered that calcipotriol + betamethasone gel was most likely have similar efficacy and similar safety compared to calcipotriol + betamethasone ointment.

Economic analysis

6.18 The submission requested the same price as the current listed calcipotriol + betamethasone gel and ointment, as confirmed in the PSCR (p4). The ESC considered this proposal was reasonable, given the likely similar clinical outcomes between the gel and ointment. The assumed equi-effective dose in the situation would be 1 g gel to 1 g ointment.

6.19 The submission presented a cost minimisation to derive a 'supported' price of the gel. The submission stated that given the limitations of the direct evidence presented, the cost minimisation analysis would be based on the trials used in the indirect comparison.

- 6.20 The submission derived equi-effective doses based on the trials included in the indirect comparison, and based on the equi-effective dose of 130.6g for 4 weeks treatment with the ointment, the submission calculated a weighted average cost of treatment for 4 weeks (\$125.38). The submission used this to derive a 'supported' price of the gel. Details of this price are provided in the table below. The DPMQ has been adjusted during the evaluation to reflect the PBS access and sustainability changes effective 1 July 2015.

Table 6: Derivation of the 'supported' price for calcipotriol + betamethasone gel and the requested price

Derivation of 'supported' price			
Weighted average dose ointment	130.6g		
Cost 4 weeks treatment ointment	\$125.38		
Mean g of gel	119.2g		
Cost per gram of gel	\$1.05		
Price for gel	AEMP	PTP	DPMQ
'Supported' price gel			
30g	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
60g	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Current and requested price gel			
30g	\$28.80	\$30.97	\$41.39*
60g	\$57.60	\$61.93	\$72.35*

Source: Section D.2.4, p123 of the submission and the Section D workbook

* The prices have been adjusted to reflect the PBS access and sustainability prices changes effective 1 July 2015.

Abbreviations: AEMP=approved ex-manufacturer price; DPMQ=dispensed price of maximum quantity; PTP=price to pharmacist

- 6.21 A sensitivity analysis using a consistent approach of calculation of the total amount of product used in 4 weeks was presented in the evaluation. The PSCR (p4) stated that the sponsor accepted this simplified calculation method and estimated an updated equi-effective dose of 110.8g gel to 132.7g ointment.

Drug cost/patient/8 week course (maximum treatment duration for use on the body according to the TGA indication): \$ [REDACTED] for 30g gel, \$ [REDACTED] for 60g gel and \$ [REDACTED] for the 30g ointment.

- 6.22 The drug costs for 8 weeks of treatment were calculated using the weighted average doses used for 4 weeks treatment in the trials included in the indirect comparison.

Estimated PBS usage & financial implications

- 6.23 This submission was not considered by DUSC. The submission used a market share approach to estimate the extent of use and financial implications of listing calcipotriol + betamethasone 60g gel pack on the PBS for an extended listing to treat body psoriasis and to become a restricted benefit.

- 6.24 The submission stated that the requested amendments to the PBS listing for calcipotriol + betamethasone will:
- Result in a 15% to 25% decrease in usage of ointment 30g and a corresponding increase in the usage of gel 30g. The submission adds this will have no impact on net cost to the PBS/RPBS as the ointment 30g and the gel 30g have the same dispensed price.
 - Result in a 10% decrease in usage of the ointment 30g and a corresponding

- 10% increase in the usage of gel 60g services.
- Result in a 30% decrease in usage of the gel 30g and a corresponding 30% increase in the usage of the gel 60g.

6.25 The submission maintained that the latter two changes above will result in a small net saving to the PBS as per gram the DPMQ of the 60g gel pack size is less than the 30g gel pack size and there will be a decrease in the number of patient co-payments received as patients switch from 2 × 30g packs to 1 × 60g gel pack. Table 7 provides a summary of estimated net costs to the PBS/RPBS for the requested changes in listing.

Table 7: The estimated financial implications for the PBS/RPBS[^]

	Year 1	Year 2	Year 3	Year 4	Year 5
Net cost – no change to PBS listing	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Net cost to PBS/RPBS with expansion of the listing to include body and removal of Authority	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Overall net cost PBS/RPBS	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]	\$ [REDACTED]
Total net cost to PBS/RPBS over 5 years	\$ [REDACTED]				

Source: Table E-8, p 137 of the submission and Section E workbook, sheet E.4

[^] Net cost is adjusted according to the 1 July 2015 price changes.

6.26 The estimated financial implications are sensitive to market growth and changes in the switch rates. A market increase of 10% for the gel would increase the total net cost over 5 years to \$ [REDACTED] less than \$10 million per year. Doubling the switch rate would also increase the estimated net cost to \$ [REDACTED] less than \$10 million per year. Reducing the switch rates between 30g ointment and 30g gel (base case 15% to 25%) would decrease the net cost to just under \$ [REDACTED] and reducing the switch rate between 30g ointment and 60g gel to 5% (base case 10%) would decrease estimated net costs to just under \$ [REDACTED].

PBAC Outcome

6.27 The PBAC recommended the Restricted Benefit listing of calcipotriol + betamethasone gel (for the 30g strength), and the Authority Required (Streamlined) listing of calcipotriol + betamethasone gel (for the 60g strength) both for the treatment of chronic stable plaque type psoriasis vulgaris in a patient who is not adequately controlled with either a vitamin D analogue or potent topical corticosteroid monotherapy on a cost-minimisation basis against calcipotriol + betamethasone ointment. This recommendation extends the current listing for the treatment of the scalp to a listing for the treatment of the whole body.

6.28 The PBAC noted that calcipotriol + betamethasone 60g gel for the treatment of the scalp became an Authority (streamlined) listing on 1 October 2015 from Authority Required. The PBAC considered that the Authority (streamlined) listing remained appropriate for extension to treatment of the whole body, rather than a Restricted Benefit listing as proposed by the Sponsor.

6.29 The PBAC considered that the proposed comparator of 30g ointment listed on the

PBS for treatment of body psoriasis was reasonable. The PBAC considered that in practice it was likely that patients would derive clinical benefit from the gel and ointment at any stage of disease on the body.

- 6.30 The PBAC noted that the Sponsor proposed the same price as current listed calcipotriol + betamethasone gel and ointment, which assumed a dose of 1g gel to 1g ointment. The PBAC considered this approach was appropriate as the trial based equi-effective doses, as presented in the submission and the evaluation, were uncertain due to the limited exchangeability between the trials in the indirect comparison.
- 6.31 The PBAC noted that the magnitude of changes to the net cost of this listing was unknown as it depended on the market growth and changes in the switch rates between gel and ointment and between 30g and 60g packs.
- 6.32 The PBAC advised that calcipotriol + betamethasone gel for the treatment of the whole body is suitable for prescribing by nurse practitioners.
- 6.33 The PBAC recommended that the Safety Net 20 Day rule should not apply.
- 6.34 The submission is not eligible for an Independent Review, because the PBAC has made a positive recommendation.
- 6.35 The PBAC considered that the wording of the Restricted Benefit listing for calcipotriol + betamethasone ointment, 30 g should be the same as the gel, 30g, with the clinical criteria amended to 'The condition must be inadequately controlled with either a vitamin D analogue or potent topical corticosteroid as monotherapy'.

Outcome

Recommended

7 Recommended listing

7.1 Modify PBS item 5276Q and 10075G:

Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE	1	1	Daivobet® 50/500 LEO Pharma gel
CALCIPOTRIOL 0.005% + BETAMETHASONE (AS DIPROPIONATE) 0.05% GEL, 30 G			

Category / Program	GENERAL – General Schedule (Code GE)
Prescriber type:	<input type="checkbox"/> Dental <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners <input type="checkbox"/> Optometrists <input type="checkbox"/> Midwives
Episodicity:	Chronic
Severity:	Stable
Condition:	Plaque type psoriasis vulgaris

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PBS Indication:	Chronic stable plaque type psoriasis vulgaris
Treatment phase:	-
Restriction Level / Method:	<input checked="" type="checkbox"/> Restricted benefit
Clinical criteria:	<i>The condition must be inadequately controlled with either a vitamin D analogue or potent topical corticosteroid monotherapy</i>
Administrative Advice	<i>Note Continuing Therapy Only For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.</i>

Name, Restriction, Manner of administration and form	Max. Qty	No. of Rpts	Proprietary Name and Manufacturer
CALCIPOTRIOL + BETAMETHASONE DIPROPIONATE	1	1	Daivobet® 50/500 LEO Pharma gel
CALCIPOTRIOL 0.005% + BETAMETHASONE (AS DIPROPIONATE) 0.05% GEL, 60 G			

Category / Program	GENERAL – General Schedule (Code GE)
Prescriber type:	<input type="checkbox"/> Dental <input checked="" type="checkbox"/> Medical Practitioners <input checked="" type="checkbox"/> Nurse practitioners <input type="checkbox"/> Optometrists <input type="checkbox"/> Midwives
Episodicity:	Chronic
Severity:	Stable
Condition:	Plaque type psoriasis vulgaris
PBS Indication:	Chronic stable plaque type psoriasis vulgaris
Treatment phase:	-
Restriction Level / Method:	<input checked="" type="checkbox"/> Streamlined
Clinical criteria:	<i>The condition must be inadequately controlled with either a vitamin D analogue or potent topical corticosteroid monotherapy AND Patient must require more than 30 grams of the product per month</i>
Administrative Advice	<i>Note Continuing Therapy Only For prescribing by nurse practitioners as continuing therapy only, where the treatment of, and prescribing of medicine for, a patient has been initiated by a medical practitioner. Further information can be found in the Explanatory Notes for Nurse Practitioners.</i>

8 Context for Decision

The PBAC helps decide whether and, if so, how medicines should be subsidised in Australia. It considers submissions in this context. A PBAC decision not to recommend listing or not to recommend changing a listing does not represent a final PBAC view about the merits of the medicine. A company can resubmit to the PBAC or seek independent review of the PBAC decision.

9 Sponsor's Comment

LEO Pharma welcomes the PBAC decision to recommend extending the current PBS listing of Daivobet® gel for the treatment of the scalp to a listing for the treatment of the whole body.