



3<sup>rd</sup> April 2025

WHO Expert Committee on the Selection and Use of Essential Medicines  
World Health Organization  
Geneva  
Switzerland

**Subject: Public Comment in Support of Ustekinumab and Adalimumab for Inclusion in the WHO Essential Medicines List**

Dear Members of the WHO Expert Committee,

On behalf of the Psoriasis Association, we strongly support the inclusion of **Ustekinumab and Adalimumab** on the **WHO Essential Medicines List (EML)** as treatments for **moderate-to-severe psoriasis** in both adults and children. These medicines are essential for improving the quality of life, preventing disability, and reducing the global burden of psoriatic disease.

**Psoriasis and the Need for Biologic Therapies**

Psoriasis is a serious, chronic, immune-mediated disease that affects over 125 million people worldwide, with significant physical, psychological, and economic burdens. In many cases, psoriasis is more than a skin condition – it is a systemic inflammatory disease linked to cardiovascular disease, diabetes and depression. Without effective treatment, many patients experience social stigma, and reduced life expectancy.

For moderate-to-severe psoriasis, traditional treatments such as topical therapies and systemic drugs (e.g. methotrexate, ciclosporin) are often ineffective, poorly tolerated, unsuitable for people wishing to have children or unable to be used long-term owing to their side effects. Biologic therapies like Ustekinumab and Adalimumab have revolutionised the treatment landscape by targeting specific inflammatory pathways, offering greater efficacy and long-term safety.

**Why Ustekinumab and Adalimumab Should Be Included in the WHO EML**

**1. Proven Efficacy and Safety**

- **Ustekinumab (IL-12/23 inhibitor) and Adalimumab (TNF inhibitor)** have robust clinical evidence supporting their effectiveness in achieving clear or almost clear skin, reducing symptoms, and improving patients' overall well-being.
- Both drugs have been extensively studied in large-scale randomised controlled trials and real-world settings, showing long-term safety and sustained benefits.

**2. Improved Patient Outcomes and Quality of Life**

- These biologics reduce inflammation, and skin lesions, leading to better physical and mental health.
- Effective treatment helps patients return to work and engage in social life, reducing the socioeconomic burden of the disease.

### 3. Cost-Effectiveness and Long-Term Benefits

- Whilst biologics are initially costly, they lead to fewer hospitalisations, reduced comorbidities, and lower long-term health costs.
- Biosimilars of Adalimumab and Ustekinumab are now available, significantly reducing costs and improving accessibility.

### 4. Addressing Global Health Inequities

- Many low-and middle-income countries (LMICs) lack access to effective psoriasis treatments, leaving millions without relief.
- The inclusion of Ustekinumab and Adalimumab in the WHO EML will encourage broader access, price negotiations, and policy prioritisation, ensuring that patients worldwide receive the treatment they need.

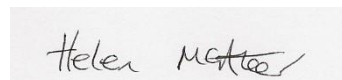
### Conclusion

By adding **Ustekinumab and Adalimumab** to the **WHO Essential Medicines List**, the WHO can play a critical role in improving access to life-changing treatments for people living with psoriasis worldwide. These medicines align with the WHO's commitment to universal health coverage and reducing noncommunicable disease burden.

We urge the Committee to recognise the medical necessity, effectiveness and global need for these therapies and include them in the 2025 WHO Essential Medicines List.

Thank you for your consideration. We welcome the opportunity to provide further information or collaborate to ensure better care for people with psoriasis globally.

Yours sincerely,

A handwritten signature in black ink that reads "Helen McAteer".

Helen McAteer  
Chief Executive  
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