I.1 Adalimumab – EML and EMLc

Reviewer summary	☒ Supportive of the proposal ☐ Not supportive of the proposal Justification (based on considerations of the dimensions described below): Adalimumab is an off-patent biological that has a proven place in therapy of patients with moderate-to-severe plaque psoriasis. It is widely recommended in guidelines for this specific indication and there is not currently an equi-effective alternative on the EML for this indication. The drug is already listed on the EML for psoriatic arthritis (as well as 2 other inflammatory arthritides, and 2 inflammatory bowel diseases) in a square box with other TNF inhibitors. The impact on patients with moderate-severe plaque psoriasis of the availability of this drug over existing EML-listed therapies is similar in magnitude to the incremental benefits observed for the indications already on the EML. Based on the clinical trial proof of efficacy, its widespread use for this condition in high income countries and the availability of biosimilars that should further reduce the cost of acquisition, this application is supported, both for the EML and EMLc. It will bring this debilitating inflammatory disease in line with EML-listed therapies for other such diseases. Based on the evidence from the Cochrane review and given the precedent for applicability of a square box for TNF inhibitors similar to adalimumab for other inflammatory conditions, the applicant's request for the listing to include a square box is also supported.
Does the EML and/or EMLc currently recommend alternative medicines for the proposed indication that can be considered therapeutic alternatives? (**https://list.essentialmeds.org/**) The EML recommends a range of topical and systemic therapies for psoriasis, but for the indication of moderate-severe psoriasis, adalimumab has proven superiority over such types of therapies.	☒ Yes ☐ No ☐ Not applicable
Does adequate evidence exist for the efficacy/effectiveness of the medicine for the proposed indication? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) The application summarises a wealth of clinical trial data with adequate follow up, meta-analyses and real-world data attesting to the major incremental benefits of use of adalimumab for this condition.	☒ Yes ☐ No ☐ Not applicable
Does adequate evidence exist for the safety/harms associated with the proposed medicine? (e.g., evidence originating from multiple high-quality studies with sufficient follow up. This may be evidence included in the application, and/or additional evidence identified during the review process;) There are no additional risks of the use of this medicine for this condition over those experienced by patients receiving this drug on the EML for other conditions.	☒ Yes ☐ No ☐ Not applicable
Overall, does the proposed medicine have a favourable and meaningful balance of benefits to harms? As stated above there is a large body of evidence proving efficacy, real world-effectiveness, improved quality of life and a well-established safety profile. Collectively	☒ Yes ☐ No ☐ Not applicable

these add up to major health benefits for patients with moderate-to-severe plaque psoriasis.	
Are there any special requirements for the safe, effective and appropriate use of the medicines? (e.g. laboratory diagnostic and/or monitoring tests, specialized training for health providers, etc) The drug is well tolerated in the elderly, in children and there is an established safety profile in pregnant patients. As for all TNF inhibitors, clinicians need to be aware of the increased risk of tuberculosis reactivation and also viral hepatitis.	☒ Yes ☐ No ☐ Not applicable
Are there any issues regarding price, cost-effectiveness and budget implications in different settings? It is desirable to use the most affordable version of this drug, be it either the originator or a biosimilar.	☒ Yes ☐ No ☐ Not applicable
Is the medicine available and accessible across countries? (e.g. shortages, generics and biosimilars, pooled procurement programmes, access programmes)	☒ Yes ☐ No ☐ Not applicable
Does the medicine have wide regulatory approval?	☒ Yes, for the proposed indication ☐ Yes, but only for other indications (off-label for proposed indication) ☐ No ☐ Not applicable