

## [Rituximab](#)

Statut de médicament essentiel

Section:

[8. Immunomodulators and antineoplastics](#) [8.2. Antineoplastics and supportive medicines](#) [8.2.2. Targeted therapies](#)

Codes ATC: [L01FA01](#)

Indication

Chronic lymphocytic leukaemia or small lymphocytic lymphoma Code ICD11: [2A82.0](#)

INN

Rituximab

Type de médicament

Biological agent

Type de liste

Liste complémentaire

Additional notes

Including quality-assured biosimilars

Formulations

**Parenteral > General injections > IV:** 100 mg per 10 mL in 10 mL vial ; 500 mg per 50 mL in 50 mL vial

Historique des statuts LME

Ajouté pour la première fois en 2015 ([TRS 994](#))

Modifié en 2019 ([TRS 1021](#))

Sexe

Tous

Âge

Adolescents et adultes

Équivalence thérapeutique

La recommandation concerne ce médicament spécifique

Renseignements sur le brevet

Main patents have expired but secondary patents might remain active in some jurisdictions. For more information on specific patents and license status for developing countries visit [www.MedsPal.org](http://www.MedsPal.org)

Lire la suite [sur les brevets](#).

Balises

Cancer Biological

Wikipédia

[Rituximab](#)

[DrugBank](#)

[Rituximab](#)

Résumé des preuves et recommandation du comité d'experts



The Committee noted the correspondence from the European Society for Medical Oncology (ESMO) requesting recognition of biosimilars of rituximab and trastuzumab on the EML. The Committee agreed that quality-assured biosimilars of these monoclonal antibodies represent an opportunity for expanding affordable access to cancer medicines for health systems. To help improve access, the Committee recommended the current listing for intravenous rituximab on the EML should indicate that quality-assured biosimilars of rituximab should also be considered as essential medicines. In addition, the Expert Committee recommended that WHO continue to facilitate access to biosimilars through the Prequalification programme and WHO Collaborative Registration Procedure.