**Rituximab**

**Section:** 8. Immunomodulators and antineoplastics

### 8.2. Antineoplastics and supportive medicines

#### 8.2.2. Targeted therapies

**Indication:** Follicular lymphoma  
**ICD11 code:** 2B50.Z

**INN:** Rituximab

**Medicine type:** Biological agent

**List type:** Complementary

**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

**EML status history:**
- First added in 2015 (TRS 994)
- Changed in 2019 (TRS 1021)

**Sex:** All

**Age:** Adolescents and adults

**Therapeutic alternatives:** The recommendation is for this specific medicine

**Patent information:** 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. Read more about patents.

**Tags:** Cancer, Biosimilar

**Wikipedia:** Rituximab

**DrugBank:** Rituximab

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**Summary of evidence and Expert Committee recommendations**

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.

**Expert Committee report**