This policy proposition recommends rituximab to be available as a routine commissioning as the primary immunosuppressive therapy for adult patients with idiopathic membranous nephropathy who are intolerant or have contraindications to cytotoxic therapy. Membranous nephropathy is a leading cause of nephrotic syndrome in adults. If an underlying aetiology is not identified, the disorder is termed idiopathic membranous nephropathy (IMN).

Clinical Panel were presented with the evidence base which was an evidence review consisting of three papers. All three were open-labelled randomised controlled trials (RCTs) in adults, each comparative. The evidence was largely moderate in certainty according to GRADE methodology. A statistically significant increase in partial or complete remission at 18 months and 24 months was found when comparing rituximab with ciclosporin. No conclusions could be drawn regarding any difference in quality of life.

Panel members noted that the studies included different definitions of IMN and doses of rituximab used.

It was raised that the proposition did not include much consideration relating to infection and these patients are at risk. This needs to be included as shared decisions making needs to cover this.

Panel members discussed a few amendments required to the proposition but considered it to be well written otherwise.

Patient Impact Report – no additional comments received.
EHIA – no additional comments received.

**Recommendation**

Clinical Panel recommended that this proposition progresses as routine commissioning subject to further revisions and sign off by the Clinical Panel Chair and Clinical Director of Internal Medicine.

**Why the panel made these recommendations**

Clinical Panel members considered that the proposition was written reflective of the evidence base, and concluded that there is sufficient evidence to support a recommendation for the routine commissioning of this treatment for the indication.

**Documentation amendments required**

Policy Proposition:

- Include more narrative regarding infection as these patients are at risk.
- Stopping criteria – should state stop treatment if benefit is not established
- Pathway diagram - needs enlarging so can be more easily read
- Definitions table – the definition of Progressive multifocal leukoencephalopathy (PML) is included incorrectly and needs correcting to that of IMN.

Declarations of Interest of Panel Members: None

Panel Chair: James Palmer, National Director, Specialised Services

**Post Panel Note**

Documentation amendments identified above have been addressed in policy proposition. Requirement to complete a Bluteq form before prescribing has been considered, but this will not add value to the patient pathway.