NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: February 2022

Intervention: Rituximab

Indication: idiopathic membranous nephropathy (adults)

URN: 2012

Gateway: 2, Round 1

Programme: Internal Medicine

CRG: Renal Services

Information provided to the Panel

Policy Proposition

Evidence Review completed by NICE

Blueteq™ Form

Evidence to Decision Making Summary

Patient Impact Report

Equality and Health Inequalities Assessment (EHIA) Report

Clinical Priorities Advisory Group (CPAG) Summary report

Policy Working Group Appendix

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 Blueteq form before prescribing has been considered, but this will not add value to the patient pathway.