

2019-2020 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
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Funding Request Forms	Funding Approval Category	Approval Required	Notes
<a href="#">GM EUR Generic Funding Request Form</a> <b>NOTE: GM policies have specific funding request forms, please see the end column on the blue coloured rows below.</b>	Individual Funding Request (Exceptional Case) Approval (IFR)	Yes	A decision has been taken not to commission a specific treatment. Funding will only be approved if there is evidence of clinical exceptional circumstances.
	Individual Prior Approval (IPA)	Yes	The Commissioner has specifically requested that funding is sought for a particular treatment. The treatment must not be undertaken without funding approval from commissioners. Exceptional circumstances do not always have to be demonstrated.
<b>PbR Excluded Lists</b> <a href="#">PbR Excluded Devices List</a> <a href="#">PbR Excluded Drugs List</a>	Monitored Approval (MA) <b>NOTE: Only applies if the patient meets the policy criteria.</b>	No	The specific treatment may be undertaken in line with agreed EUR policy criteria/routine commissioning arrangements provided the policy criteria is met, clinicians can refer patients without seeking approval. If the patient does <u>not</u> meet the policy criteria clinicians should apply for Individual Funding Request (Exceptional Case) Approval. Audits may be undertaken to ensure adherence with agreed commissioning arrangements.

Procedure / Treatment / Drug <small>NOTE: Drugs are highlighted in purple  GM policies are highlighted in blue  NHSE EBI are highlighted in yellow</small>	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Aesthetic Surgery (Other)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Aesthetic Surgery (Other)</a>	<a href="#">Aesthetic Surgery (Other)</a>	<a href="#">Aesthetic Surgery (Other)</a>
Arthroscopic shoulder decompression for subacromial shoulder pain - NHS England Evidence Based Intervention		GM EUR policy for Shoulder Impingement (Arthroscopic subacromial decompression for) applies - please see policy below.		
Artificial urinary sphincter	Monitored Approval	Commissioned for severe urinary incontinence in males where all other treatments have failed or would be ineffective.		
Assisted Conception (Includes IVF and Sperm Washing)	Monitored Approval	<a href="#">Stockport Assisted Conception Policy</a>  <b>NOTE:</b> If the patient does not meet the criteria for treatment within the policy, please submit an individual funding request for consideration under exceptionality.		
Baby Milk	Monitored Approval	Baby milk should <b>not</b> be supplied in the NHS for lactose intolerance.  Baby Milk should <b>only</b> be supplied on the NHS for the following conditions: <ul style="list-style-type: none"> <li>• Cow's milk protein intolerance</li> <li>• extreme sensitivity to cow's milk allergen</li> <li>• multiple food allergy</li> <li>• proven food allergy</li> <li>• faltering growth as evidenced on a growth chart</li> <li>• extreme prematurity</li> </ul>		

<b>Procedure / Treatment / Drug</b> NOTE: Drugs are highlighted in purple GM policies are highlighted in blue NHSE EBI are highlighted in yellow	<b>Funding Approval Category</b>	<b>Commissioning Policy</b>	<b>Summary of Policy</b> (GM Policies only)	<b>Funding Request Form</b> (GM Policies only)
<b>Back Pain</b> (Treatment of low back pain with or without sciatica)	Within contract for NICE NG59 approved procedures <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval (For the following - please see individual GM policies: <b>Facet Joint Injections; Out of Contract Spinal Procedures</b> )	<a href="#">Back Pain (Treatment for low back pain with or without sciatica)</a>	<a href="#">Back Pain (Treatment for low back pain with or without sciatica)</a>	<a href="#">Back Pain (Treatment for low back pain with or without sciatica)</a>
<b>Bariatric Surgery</b>	Monitored Approval	<b>NOTE:</b> Until a Greater Manchester Bariatric Surgery Policy has been developed and then adopted by the CCG, the CCG will continue to use NHS England's policy criteria for bariatric surgery. • Patient's should be referred to the local weight management pathways in the first instance. • Once they have complied with this they will be offered surgery if they meet the criteria.  <a href="#">NHSE complex and specialised obesity surgery policy April 2013</a>  <a href="#">NHSE Revision Obesity Surgery Aug 2014</a>		
<b>Bobath therapy</b>	Individual Funding Request (Exceptional Case) Approval	Services at The Bobath Centre for either new patients or patients that have previously been assessed and treated at the Centre are not commissioned. The service has not been commissioned for new patients for a number of years as there is lack of evidence of the superiority of the Bobath Centre over local services.		
<b>Body Contouring</b> Includes: Panniculectomy (Apronectomy)	Monitored Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>
<b>Botulinum for Urinary Incontinence</b>	Individual Prior Approval	This treatment is commissioned on an individual basis, for adults and children, where urinary incontinence results from idiopathic or neurogenic detrusor over activity, which is refractory to treatment with anticholinergics. This treatment is commissioned on an individual basis, for adults and children, with spinal cord disease and with urodynamic investigations showing impaired bladder storage and in whom antimuscarinic drugs have proved to be ineffective or poorly tolerated.		
<b>Botulinum toxin for chronic migraine</b>	Monitored Approval	Commissioned in line with NICE TA260		
<b>Botulinum toxin injections for sialorrhoea (excessive salivation) secondary to upper motor neurone lesions in adults</b>	Individual Prior Approval	Commissioned for sialorrhoea (excessive salivation) secondary to upper motor neuron lesions in adults on a named patient basis where other methods have failed to control the condition and where there is a high risk of aspiration.		

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<b>Breast Surgery (Aesthetic)</b> Includes: Breast Augmentation; Revision of Breast Augmentation; Breast Reduction; Gynaecomastia; Breast Lifts (Mastopexy); Breast Asymmetry; Nipple Inversion; PIP Implants	Individual Funding Request (Exceptional Case) Approval	<a href="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Asymmetry</a> <a href="#">Breast Augmentation</a> <a href="#">Breast Lift (Mastopexy)</a> <a href="#">Breast Reduction</a> <a href="#">Gynaecomastia (Adolescent)</a> <a href="#">Gynaecomastia (Adult)</a> <a href="#">Inverted Nipple Correction</a> <a href="#">Revision of Breast Augmentation</a>
<b>Breast Reduction (includes) gynaecomastia - NHS England Evidence Based Intervention</b>		GM EUR policy for Breast Surgery (Aesthetic) applies - please see above policy.		
<b>Bunion (Hallux Valgus) Surgery</b>	Monitored Approval	<a href="#">Bunion (Hallux Valgus) Surgery</a>	<a href="#">Bunion (Hallux Valgus) Surgery</a>	<a href="#">Bunion (Hallux Valgus) Surgery</a>
<b>Caesarean Section</b>	Monitored Approval	<a href="#">Caesarean Section</a>	<a href="#">Caesarean Section</a>	<a href="#">Caesarean Section</a>
<b>Capsaicin patch</b>	Monitored Approval	Commissioned where the following criteria are met: the patient has severe, non-diabetic neuropathic pain unresponsive to multimodal neuropathic analgesics; the patient's pain significantly impairs activities of daily living as demonstrated on the Brief Pain Inventory; and the patient is under the care of a specialist pain clinic.		
<b>Carpal Tunnel Syndrome (Surgical Interventions for)</b>	Individual Prior Approval	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>
<b>Carpal Tunnel Syndrome - NHS England Evidence Based Intervention</b>		GM EUR policy for Carpal Tunnel Syndrome (surgical intervention for) applies - please see above policy.		
<b>Cataract Surgery</b>	Monitored Approval	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>
<b>Chalazia removal - NHS England Evidence Based Intervention</b>		GM EUR policy for Eyelid Lesions (Removal of Common Benign) applies - please see policy below		
<b>Circumcision (Surgical procedures on the prepuce)</b>	Monitored Approval	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>
<b>Complementary and Alternative Therapies</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Complementary and Alternative Therapies</a>	<a href="#">Complementary and Alternative Therapies</a>	<a href="#">Complementary and Alternative Therapies</a>
<b>Continuous Glucose Monitoring (Real-Time)</b>	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Continuous Glucose Monitoring (Real-Time)</a>	<a href="#">Continuous Glucose Monitoring (Real-Time)</a>	<a href="#">Continuous Glucose Monitoring (Adult)</a>  <a href="#">Continuous Glucose Monitoring (Child)</a>
<b>Dermatochalasis (Correction of)</b>	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Dermatochalasis (Correction of)</a>	<a href="#">Dermatochalasis (Correction of)</a>	<a href="#">Dermatochalasis (Correction of)</a>
<b>Dilatation and Curettage (D&amp;C) and Hysterectomy for Heavy Menstrual Bleeding (HMB)</b>	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">D&amp;C and Hysterectomy for heavy menstrual bleeding</a>	<a href="#">D&amp;C and Hysterectomy for heavy menstrual bleeding</a>	<a href="#">D&amp;C and Hysterectomy for heavy menstrual bleeding</a>

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<b>Dilatation and Curettage (D&amp;C) for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention</b>	Individual Funding Request (Exceptional Case) Approval	GM EUR Policy for Dilatation and Curettage (D&C) and Hysterectomy for Heavy Menstrual Bleeding (HMB) applies - please see above		
<b>Drainage of the middle ear, Surgical</b> (with or without the insertion of grommets)	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>
<b>Dupuytren's Contracture</b>	Monitored Approval	<a href="#">Dupuytren's Contracture</a>	<a href="#">Dupuytren's Contracture</a>	<a href="#">Dupuytren's Contracture</a>
<b>Dupuytren's contracture release with in adults - NHS England Evidence Based Intervention</b>		GM EUR policy for Dupuytren's Contracture applies - please see above policy.		
<b>Ear Irrigation/syringing</b>	Monitored Approval	Ear irrigation commissioned for: Removal of a foreign body from the ear canal or removal of excess wax where 3 weeks of conservative measures (e.g. wax softening with olive oil) have failed and where the excess wax is impairing hearing or the wax needs removing prior to the fitting of a hearing aid.		
<b>Electrolysis and Laser Hair Removal for Hirsutism</b>	Individual Prior Approval	<b>NOTE:</b> Hair removal for patients going through gender realignment is commissioned by NHS England.  <a href="#">Electrolysis and Laser Hair Removal For Hirsutism</a>	<a href="#">Electrolysis and Laser Hair Removal For Hirsutism</a>	<a href="#">Electrolysis and Laser Hair Removal for Hirsutism</a>
<b>Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing</a>	<a href="#">Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing</a>	<a href="#">Endoscopic Thoracic Sympathectomy (ETS) for facial blushing</a>
<b>Erectile dysfunction (Surgery)</b>	Individual Prior Approval	Penile prosthesis are commissioned as part of reconstructive treatment following surgery of the treatment of malignant or other diseases as part of reconstructive surgery following trauma and all non-surgical methods of treatment must previously have been exhausted. Penile Prostheses are not commissioned for cosmetic reasons. Patients with erectile dysfunction may make use of any NHS psychological and psychosexual counseling services that are available within the portfolio of service agreements.		
<b>Experimental and Unproven Treatments</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Experimental and Unproven Treatments</a>	<a href="#">Experimental and Unproven Treatments</a>	<a href="#">Experimental and Unproven Treatments</a>
<b>Extracorporeal Shockwave Therapy for Musculoskeletal and Soft Tissue Indications (ESWT)</b>	Individual Funding Request (Exceptional Case) Approval	Is not commissioned. Please use the <a href="#">Experimental and Unproven Treatments policy</a>	<a href="#">Experimental and Unproven Treatments</a>	<a href="#">Experimental and Unproven Treatments</a>

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Eyelid Lesions (Removal of Common Benign)	Monitored Approval and Individual Prior Approval	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>
Facet Joint Injections	Monitored Approval and Individual Prior Approval	<a href="#">Facet Joint Injections</a>	<a href="#">Facet Joint Injections</a>	<a href="#">Facet Joint Injections</a>
Fluconazole for thrush in breastfeeding	Individual Funding Request (Exceptional Case) Approval	This is <b>not</b> commissioned as there is little published evidence to support the use of fluconazole in the management of ductal candidiasis in breastfeeding women.		
Functional Electronic Stimulation (FES) for Foot Drop	Individual Prior Approval	<a href="#">Functional Electronic Stimulation (FES) for Foot Drop</a>	<a href="#">Functional Electronic Stimulation (FES) for Foot Drop</a>	<a href="#">Functional Electrical Stimulation (FES) for Foot Drop</a>
Gallstones (Asymptomatic)	Monitored Approval	<a href="#">Gallstones (Asymptomatic)</a>	<a href="#">Gallstones (Asymptomatic)</a>	<a href="#">Gallstones (Asymptomatic)</a>
Ganglion Cyst Removal	Monitored Approval	<a href="#">Ganglion Cyst Removal</a>	<a href="#">Ganglion Cyst Removal</a>	<a href="#">Ganglion Cyst Removal</a>
Ganglion excision - NHS England Evidence Based Intervention		GM EUR policy for Ganglion Cyst Removal applies - please see above policy.		
Gender realignment (procedures outside of commissioned service)	Individual Funding Request (Exceptional Case) Approval	<b>NOTE: Gender Realignment is commissioned by NHS England.</b> However, the following procedures fall outside of the nationally commissioned arrangements and require consideration by the patient's CCG: <ul style="list-style-type: none"> <li>• Breast Augmentation</li> <li>• Facial Feminisation Surgery (Thyroid Chondroplasty/tracheal shave, Rhinoplasty, Facial Bone Reduction, Blepharoplasty/Facelift)</li> <li>• Lipoplasty/Contouring (liposuction and/or body sculpture)</li> </ul>		
Gluten free foods for gluten enteropathy	Monitored Approval	NHS supply of gluten free foods should <b>only</b> be for patients with established gluten enteropathy.  <u>Only</u> the following gluten free foods may be prescribed: <ul style="list-style-type: none"> <li>• bread (6-8 loaves every 2 months)*</li> <li>• bread mix</li> <li>• flour mix</li> <li>• part baked rolls</li> <li>• pasta</li> </ul>		
Grommets for glue ear in Children - NHS England Evidence Based Intervention		*As an alternative to standard bread, patients are entitled to one prescription for 6-8 loaves of fresh bread (to be GM EUR policy for Drainage of the middle ear, surgical (with or without the insertion of grommets) applies - please see above policy.		

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<b>Haemorrhoids and anal skin tags</b> (Surgical management (including banding) of)	Monitored Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and Anal Skin Tags</a>
<b>Haemorrhoid Surgery - NHS England Evidence Based Intervention</b>		GM EUR policy for Haemorrhoids and anal skin tags (Surgical management (including banding) of) applies - please see above policy.		
<b>Hair Replacement Technologies</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hair Replacement Technologies</a>	<a href="#">Hair Replacement Technologies</a>	<a href="#">Hair Replacement Technologies</a>
<b>Headache Disorders</b>	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>
<b>Hernia</b> (Surgical Repair of Hernias)	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Hernia Repair</a>	<a href="#">Hernia Repair</a>	<a href="#">Hernia Repair</a>
<b>Hip Replacement</b>	Monitored Approval <u>and</u> Individual Prior Approval	<a href="#">Hip Replacement</a>	<a href="#">Hip Replacement</a>	<a href="#">Hip Replacement</a>
<b>Hyaluronic Acid Injections for Osteoarthritis</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>
<b>Hyperhidrosis</b>	Monitored Approval	<a href="#">Hyperhidrosis</a>	<a href="#">Hyperhidrosis</a>	<a href="#">Hyperhidrosis</a>

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<b>Hysterectomy for Heavy Menstrual Bleeding - NHS England Evidence Based Intervention</b>		GM EUR Policy for Dilatation and Curettage (D&C) and Hysterectomy for Heavy Menstrual Bleeding (HMB) applies - please see above		
<b>Idebenone</b>	Individual Funding Request (Exceptional Case) Approval	<b>Not</b> commissioned for optic neuropathy, where both eyes have poor vision, owing to inadequate evidence of efficacy.		
<b>Ingrown toenails in secondary care (Surgery)</b>	Monitored Approval	Surgery for ingrown toenails is <b>not</b> routinely commissioned in a secondary care setting.  Surgery for ingrowing toenails <b>may</b> be performed in secondary care when future orthopaedic surgery would be compromised. For example, a recurrently infected ingrowing toe nail requiring treatment prior to joint replacement surgery.		
<b>Injections for non-specific low back pain - NHS England Evidence Based Intervention</b>		GM EUR policies for Back Pain (Treatment for low back pain with or without sciatica) & Facet Joint Injections apply - please see above policies.		
<b>Insertion and Removal of Inter Uterine Contraceptive Device</b>	Monitored Approval	As a stand-alone procedure IUCD insertions/ changes and removals for contraception and dysfunctional menstrual bleeding should be done out of hospital by a GP or the tier 2 service.  A patient may be referred to secondary care if: • insertion/ removal is difficult. • Insertion / change of an IUCD at the time of another procedure e.g. hysteroscopy or as part of heavy menstrual bleeding management in secondary care, is permitted in secondary care.		
<b>Ketones testing in blood for patients at risk of diabetic ketoacidosis</b>	Individual Prior Approval	The CCG support ketone testing in at risk individuals using strips designed to test for ketones alone.  Strips testing jointly for glucose and ketones are <b>not</b> commissioned.  Commissioned only for patients who are under the care of a the diabetes specialist service and who have received advice on appropriate testing.		
<b>Knee Arthroscopy</b>	Individual Prior Approval <b>and</b> Individual Funding Request (Exceptional Case) Approval	<a href="#">Knee Arthroscopy</a>	<a href="#">Knee Arthroscopy</a>	<a href="#">Knee Arthroscopy</a>
<b>Knee Arthroscopy for patients with osteoarthritis - NHS England Evidence Based Intervention</b>		GM EUR policy for Knee Arthroscopy applies - please see above policy.		
<b>Knee Replacement</b>	Monitored Approval <b>and</b> Individual Prior Approval	<a href="#">Knee Replacement</a>	<a href="#">Knee Replacement</a>	<a href="#">Knee Replacement</a>

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Labiaplasty	Individual Funding Request (Exceptional Case) Approval	<a href="#">Labiaplasty</a>	<a href="#">Labiaplasty</a>	<a href="#">Labiaplasty</a>
<b>Local risk sharing schemes between a hospital, Stockport CCG and the manufacturer of the drug to give patients access to a drug that would otherwise not be commissioned on cost-effectiveness grounds.</b>	Monitored Approval	Risk sharing schemes are a way of reducing the overall cost of a drug for a specific disease, through a special agreement with the manufacturer. On a national scale, risk sharing schemes (also known as patient access schemes) exist between the Department of Health and pharmaceutical manufacturers for NICE approved technologies (TAs). A local risk sharing scheme is an agreement between a hospital, its CCG and the manufacturer of the drug, used to give patients access to a drug that would otherwise not be commissioned on cost-effectiveness grounds. Stockport CCG will only enter into local risk sharing schemes which are GMMMG approved or have clinical and financial approval from the appropriate CCG boards.		
Lycra Body Suits	Individual Funding Request (Exceptional Case) Approval	<a href="#">Lycra Body Suits</a>	<a href="#">Lycra Body Suits</a>	<a href="#">Lycra Body Suits</a>
MRI scanning (Wide bore, open and open upright)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">MRI scanning (Wide bore, open and open upright)</a>	<a href="#">MRI scanning (Wide bore, open and open upright)</a>	<a href="#">MRI scanning (Wide bore, open and open upright)</a>
Orthoses, bespoke orthoses & 24-hour posture management	Monitored Approval and Individual Prior Approval	<a href="#">Orthoses, bespoke orthoses &amp; 24-hour posture management</a>	<a href="#">Orthoses, bespoke orthoses &amp; 24-hour posture management</a>	<a href="#">Orthoses, bespoke orthoses &amp; 24-hour posture management</a>
PDE5 Inhibitors	Monitored Approval	<p><b>Erectile Dysfunction</b></p> <ul style="list-style-type: none"> <li>• Patients affected by erectile dysfunction who meet the selected list scheme (SLS) criteria can be prescribed medication at NHS expense.</li> <li>• First line therapy is always sildenafil, up to 8 tabs /month as standard, this can be increased to 12 tablets a month at the clinicians discretion.</li> <li>• Other medications for ED can be prescribed but only up to a quantity of 4 tablets /month.</li> <li>• SLS criteria limits use to patients who: have a chronic disease associated with erectile dysfunction e.g. diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, prostate cancer, severe pelvic injury, spina bifida or spinal cord injury; <b>AND/OR</b> are receiving dialysis for renal failure; <b>AND/OR</b> have had radical pelvic surgery, prostatectomy or kidney transplant; <b>OR</b> who were previously receiving Caverject®, Erecnos®, MUSE®, Viagra®, or Viridal® for erectile dysfunction at the expense of the NHS on the 14th September 1998.</li> <li>• Patients meeting the SLS criteria will also be eligible for vacuum pumps and constrictor rings for the treatment of erectile dysfunction.</li> <li>• Patients who have ED but do not meet the criteria can <b>ONLY</b> be prescribed sildenafil with the same quantity limits. Daily tadalafil should not be prescribed at NHS expense.</li> </ul> <p><b>Post Radical Prostatectomy</b></p> <ul style="list-style-type: none"> <li>• Patients who have undergone radical prostatectomy should be provided with a 2 month course of daily PDE5</li> </ul>		

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<b>Pelvic Vein Embolisation in the management of varicose veins</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>
<b>Pinnaplasty</b>	Monitored Approval	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>
<b>Prosthetic testicle post-orchidectomy</b>	Individual Prior Approval	The provision of a prosthetic testicle post-orchidectomy either at the time of the orchidectomy or at a later date is commissioned.		
<b>Removal of benign skin lesions - NHS England Evidence Based Intervention</b>		GM EUR policy for Skin Lesions (Common Benign) applies - please see policy below.		
<b>Replacement equipment</b>	Individual Funding Request (Exceptional Case) Approval	Funding is not available for replacement equipment, including but not limited to BAHAs and cochlear implant speech processors, which has been lost or damaged .  <b>NOTE: BAHA's and Cochlear Implants are commissioned by NHS England.</b>		
<b>Rhinoplasty / Septoplasty / Septorhinoplasty</b>	Monitored Approval and Individual Prior Approval	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>
<b>Rhinosinusitis / Rhinitis / Sinusitis</b>	Monitored Approval	<a href="#">Rhinosinusitis / Rhinitis / Sinusitis</a>	<a href="#">Rhinosinusitis / Rhinitis / Sinusitis</a>	<a href="#">Rhinosinusitis / Rhinitis / Sinusitis</a>
<b>Rituximab for AIHA (Autoimmune haemolytic anaemia)</b>	Individual Prior Approval	This is commissioned for patients with refractory autoimmune haemolytic anaemia at the lowest clinically effective dose. For appropriate patients, rituximab should be considered before treatment with IVIg.		
<b>Rituximab for chronic ITP in adults</b>	Individual Prior Approval	Rituximab for chronic idiopathic thrombocytopenic purpura is commissioned for adult patients with a platelet count <10,000 per µL of blood who have failed to respond to standard treatment.		
<b>Rituximab for MAR (melanoma associated retinopathy)</b>	Individual Prior Approval	This treatment is commissioned. There is no published evidence as to whether this treatment is clinically effective or not. The Effective Use of Resources policy allows requests to be approved when there is 'biological plausibility that an uncommon condition (in this case MAR) would respond to treatment in a similar way to the common condition' e.g. other auto immune conditions.		
<b>Sacrneuromodulation for Urinary Retention and Constipation</b>	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>
<b>Scarring (Surgical revision of)</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>

<b>Procedure / Treatment / Drug</b> NOTE: Drugs are highlighted in purple GM policies are highlighted in blue NHSE EBI are highlighted in yellow	<b>Funding Approval Category</b>	<b>Commissioning Policy</b>	<b>Summary of Policy</b> (GM Policies only)	<b>Funding Request Form</b> (GM Policies only)
<b>Shoulder Impingement</b> (arthroscopic subacromial decompression for)	Individual Prior Approval	<a href="#">Shoulder Impingement</a>	<a href="#">Shoulder Impingement</a>	<a href="#">Shoulder Impingement</a>
<b>Skin Lesions</b> (Common Benign)	Monitored Approval	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>
<b>Skin Resurfacing Techniques</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>
<b>Snoring</b> (Invasive treatments for)	Individual Funding Request (Exceptional Case) Approval	<a href="#">Snoring (Invasive treatments for)</a>	<a href="#">Snoring (Invasive treatments for)</a>	<a href="#">Snoring (Invasive treatments for)</a>
<b>Snoring surgery (in the absence of sleep apnoea) - NHS England Evidence Based Intervention</b>		GM EUR policy for Invasive Snoring (invasive treatments for) applies - please see above policy.		
<b>Spinal procedures</b> (Out of contract)	Individual Prior Approval <b>and</b> Individual Funding Request (Exceptional Case) Approval	<a href="#">Spinal procedures (Out of contract)</a>	<a href="#">Spinal procedures (Out of contract)</a>	<a href="#">Spinal procedures (Out of contract)</a>
<b>Split / Torn Ear Lobes</b> (Repair of)	Monitored Approval	<a href="#">Split / Torn Ear Lobes (Repair of)</a>	<a href="#">Split / Torn Ear Lobes (Repair of)</a>	<a href="#">Split / Torn Ear Lobes (Repair of)</a>
<b>Squint Surgery</b> (Surgical Correction of adult Strabismus)	Monitored Approval <b>and</b> Individual Prior Approval <b>and</b> Individual Funding Request (Exceptional Case) Approval	<a href="#">Strabismus (squint surgery)</a>	<a href="#">Strabismus (squint surgery)</a>	<a href="#">Strabismus (squint surgery)</a>
<b>Sunscreen preparations</b>	Individual Funding Request (Exceptional Case) Approval	Sunscreen preparations are not available on the NHS except where there is abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis.		
<b>Tattoo Removal</b>	Individual Prior Approval	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>

Procedure / Treatment / Drug NOTE: Drugs are highlighted in purple GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
<b>Tongue Tie</b> (Surgical management of ankyloglossia)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Tongue Tie</a>	<a href="#">Tongue Tie</a>	<a href="#">Tongue Tie</a>
<b>Tonsillectomy</b>	Monitored Approval	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>
<b>Tonsillectomy for recurrent tonsillitis - NHS England Evidence Based Intervention</b>		GM EUR policy for Tonsillectomy applies - please see above policy.		
<b>Trigger Finger</b> (Surgical Correction of)	Individual Prior Approval	<a href="#">Trigger Finger (Surgical Correction of)</a>	<a href="#">Trigger Finger (Surgical Correction of)</a>	<a href="#">Trigger Finger (Surgical Correction of)</a>
<b>Trigger Finger release in adults - NHS England Evidence Based Intervention</b>		GM EUR policy for Trigger Finger (surgical correction of) applies - please see above policy.		
<b>Trophic Electrical Stimulation (TES) for Facial Palsy</b>	Individual Prior Approval	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>
<b>Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</b>	Monitored Approval and Individual Prior Approval	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>
<b>Vaginal ring pessaries in secondary care</b>	Monitored Approval	Replacement of vaginal ring pessaries should be undertaken out of hospital by a GP or the tier 2 service. A patient may be referred to secondary care if replacement is difficult.		
<b>Varicose Veins</b>	Monitored Approval and Individual Prior Approval	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>
<b>Varicose Veins interventions - NHS England Evidence Based Intervention</b>		GM EUR policy for Varicose Veins applies - please see above policy.		
<b>Vasectomy in secondary care setting</b>	Individual Prior Approval	Provision of vasectomy should <b>only</b> be undertaken in a primary care setting, it is <b>not</b> commissioned as a secondary care service. However it is noted that referral to secondary care may be required in some circumstances e.g. GA for needle phobics.		
<b>Vitamin D</b>	Monitored Approval	Testing for symptomatic individuals is available for patients with: rickets, osteomalacia or symptomatic hypocalcaemia or high risk patient group with suggestive symptoms such as proximal muscle weakness or musculoskeletal aches and pains. Patients with levels below 25nmol/l ( $\leq 10 \mu\text{g/L}$ ) require treatment with		