### Policy exclusions

*Alternative commissioning arrangements apply*

- **Hirsutism**: Hair removal for clinical reasons, e.g. for a skin graft from a ‘hairy area’ to an area that should not be hairy, or as part of a gender realignment pathway will be commissioned as part of that pathway and are not covered by this policy.

- **Hypertrichosis**: Hair removal for Hypertrichosis is excluded from this policy and treatment should be considered as part of the hypertrichosis care pathway, as clinically indicated.

- **Recurrent Folliculitis**: Hair removal to prevent recurrent folliculitis where that folliculitis occurs as a direct result of a prosthesis or similar essential device causing pressure on the hirsute area is excluded from this policy.

- **Gender Realignment**: This is commissioned by NHS England as part of the care pathway. NOTE For those individuals who have completed the NHSE gender reassignment pathway applications for further treatment will be considered under this policy as for all individuals of their preferred gender.

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).

### Policy inclusion criteria

**Prior to referral for hair removal for hirsutism (in women over the age of 18 only)**

Refer for a specialist opinion to exclude a serious underlying condition causing the hirsutism if:

- hair growth is of recent onset and rapid progression.
- the serum testosterone concentration is more than twice the upper limit of normal.

**NOTE**: Referral for a specialist opinion would be for investigation and to treat the underlying condition only and not approval for electrolysis or laser hair removal. If the individual does require electrolysis or laser hair removal then a subsequent IFR application will be required.

### Funding Mechanism

- **Specialist opinion**: Individual prior approval provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence.

- **If individual requires electrolysis or laser hair removal following specialist opinion**: Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence.

### All Patients

**Referral for hair removal for functional reasons**

Electrolysis and laser hair removal for hirsutism is commissioned for functional reasons only where there is a history of recurrent pilonidal sinus, with:

- a history of one or more surgical treatments in the area.
- a documented history of recurrent folliculitis.

**Funding Mechanism** Individual prior approval provided the patient meets the above criteria. Requests must be submitted with all relevant supporting evidence.
Referral for hair removal for cosmetic reasons

Cosmetic requests are not funded unless exceptional.

| Funding Mechanism | Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence. |

All other treatment requests and requests for patients under 18

All other treatment requests, and requests for patients under 18 must be made via the IFR route.

| Funding Mechanism | Individual funding request (exceptional case) approval: Requests must be submitted with all relevant supporting evidence. |

Clinical Exceptionality:

Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester (GM) Effective Use of Resources (EUR) Operational Policy. Link to GM EUR Operational Policy.

Best Practice Guidelines:

All providers are expected to follow best practice guidelines (where available) in the management of these conditions.

Funding request form: **Electrolysis and Laser Hair Removal for Hirsutism**