Interventions for hair loss (alopecia)

Interventions for hair loss WILL NOT be routinely funded.

[Note: interventions include, but are not limited to wigs, hairpieces, hair replacement systems (e.g. Interlace), hair transplant, tattooing, drug treatments including topical minoxidil or oral finasteride, etc. Hair loss includes, but is not limited to, male and female pattern baldness, alopecia areata, alopecia totalis. Wigs for patients with chemotherapy induced hair loss, provided within cancer care pathways, are excluded from this policy.]

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<tr>
<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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<td>Inadequate</td>
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Comments

There is a lack of evidence for the impact of any interventions for hair loss on quality of life and psychosocial function.

There is no published evidence of cost-effectiveness.

Interventions to improve cosmetic appearance cannot be regarded as a priority for DHSC funding.

Summary of evidence


A MedLine search did not identify any studies addressing clinical or cost-effectiveness of wigs, hairpieces, hair replacement systems, hair transplant or tattooing for hair loss.

Evidence for clinical effectiveness of topical minoxidil for male pattern baldness is included within the MHRA marketing authorisation:
http://www.mhra.gov.uk/home/groups/par/documents/websiteresources/con102790.pdf


Minoxidil and finasteride are not available on NHS prescription for the treatment of hair loss in the UK
http://www.nhs.uk/conditions/hair-loss/Pages/Introduction.aspx
https://cks.nice.org.uk/alopecia-androgenetic-male#!scenario
Reason for Requesting a policy recommendation:

A significant spend on wigs through the Appliances Department was identified. Most of the referrals came direct from primary care.

There was no policy in place or eligibility criteria leading to an effectively demand led service with potential for wide variation in referral/access practice.

No clinical data on patients referred or the outcomes obtained was available.

This policy was developed through the Effective Use of Resources project.

Where a patient is considered to have exceptional need for and capacity to benefit from a treatment that is not routinely funded, a request for individual funding may be made to the Individual Funding Requests Panel. The patient must be made aware that the Panel may not support the request and must not be given any expectation that they will be able to have the treatment until a decision to fund has been received in writing from the Panel.

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