Mid Essex Clinical Commissioning Group

PBR excluded – Funding Application for the use of Botulinum Toxin for Axillary, Palmar or Craniofacial Hyperhidrosis – (form updated February 2016)

Patient NHS No.		**Trust:**		**GP Name:**	
Patient Hospital Number:		**Consultant Making Request:**		**GP code / Practice code:**	
Patient initials & DoB:		**Consultant Contact Details:**		**GP Post code:**	

	Please tick		
1. Patient has localised hyperhidrosis	☐ Yes	☐ No	Please ensure this form is countersigned by Trust Chief Pharmacist (or deputy) before onward transmission to CCG via MECCG.HCD@nhs.net Only fully completed forms will be accepted by Mid-Essex CCG for consideration. If the answer to any of these questions is **NO, a full exceptional circumstances form will need to be completed**. This may be obtained from the named contact at the relevant PCT/Trust.
2. Please state which area or areas treatment is being requested for: axillary, palmar or craniofacial	☐ Axillary ☐ Palmar ☐ Craniofacial		
3. Patient has severe hyperhidrosis and meets the following criteria: • Hyperhidrosis Disease Severity Scale (HDSS) > 2 State score: Date:	☐ Yes	☐ No	Consultant Signature: Approved by Pharmacist/Manager Name: Signature: Date of Application:
4. Patient has tried a strong antiperspirant for at least one month and has not responded to, is intolerant of, or has a contraindication to therapy. Name of antiperspirant: Date started: Date stopped:	☐ Yes	☐ No	

5. Patient has tried an oral anticholinergic for at least one month and has not responded to, is intolerant of or has a contraindication to therapy. Name of anticholinergic: Date started: Date stopped:	☐ Yes	☐ No	
6. Patient has tried iontophoresis for at least six months and has not responded to, is intolerant of or has a contraindication to therapy. Date started: Date stopped:	☐ Yes	☐ No	

FOR CCG USE ONLY
Funding approvals will be provided for 12 months but injections cannot be given more frequently than once every 6 months i.e. each funding approval will be for 2 injections only, however notification of each injection must be provided in writing.

<u>In all cases repeat injections will not be funded more frequently than every 6 months – please send notification of repeat injections.</u>

<u>Failure to report subsequent injections will result in automatic withdrawal of funding.</u>

Hyperhidrosis Disease Severity Scale (HDSS)

Subjective Score	Clinical interpretation
My sweating is never noticeable and never interferes with my daily activities	1 mild
My sweating is tolerable but sometimes interferes with my daily activities	2 moderate
My sweating is barely tolerable and frequently interferes with my daily activities	3 Severe
My sweating is intolerable and always interferes with my daily activities	4 Severe

From:
Solish N, Benohanian A, Kowalski JW, Canadian Dermatology Study Group on Health-Related Quality of Life in Primary Axillary Hyperhidrosis. Prospective open-label study of botulinum toxin type A in patients with axillary hyperhidrosis: effects on functional impairment and quality of life. Dermatol Surg 2005; 31: 405-13.