



Northern Region Fertility Service

TeTari Rauropi o te Raki

Detail on Eligibility for Publicly Funded Fertility Services

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Waitemata
District Health Board
Best Care for Everyone



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Referral criteria and process for first specialist appointment (FSA)

Indication for FSA referral

- Not pregnant after 12 months of intercourse and trying for pregnancy.
- Anovulation or very irregular periods (<20 or >42 days).
- Severe sperm factor, such as azoospermia.
- Known tubal infertility.
- Genetic conditions amenable to pre-implantation genetic diagnosis.
- Indication for fertility preservation (see below).

Referral process

- The preferred referral pathway is via e-referral to NRFS. The exception is fertility preservation, which is usually urgent.
- Results (e.g. blood tests – see below for requirements) do not need to be attached to the referral as the fertility clinics can access results directly.
- If details need to be provided on the patient's partner, these will be provided either by the patient's GP or the partner's GP. Information must include the names, dates of birth, sex and NHI (if possible) of both people requesting fertility services in order to link the information as a single referral.
- NRFS will randomly allocate patients to a fertility provider.
- If the patient has been scored as eligible for public treatment through a private FSA, they will not have a repeat FSA. These patients will be randomly allocated to one of the three providers for treatment. The clinic providing the treatment will make contact with the patient.
- On receipt of referral, the fertility clinic will contact the patient regarding an appointment for FSA so the patient knows who their provider of fertility treatment will be. NRFS will not contact patients. Patients should either contact their GP or the fertility clinic providing their care if they have any questions or concerns.
- If a patient does not meet the CPAC or other eligibility criteria for fertility treatment they are referred back to the GP by the provider (in some cases, once secondary investigations are completed). The only exception being if the patient will become eligible for treatment within three months, then the patient can remain with the clinic and not be referred back to their GP.
- Patients are expected to attend the service they have been allocated to regardless of previous relationships with a service provider or providers. Any exception to this will be determined on a case by case basis as detailed later in this section.

Eligibility for FSA based on residency

- The following criteria must be met for a patient/couple to receive a publicly funded FSA:
 - Both partners of a couple must meet the residency requirement.
 - A photo-copy of proof of eligibility should be included with the referral and checked by Northern Region Fertility Service (NRFS). The ultimate responsibility for checking residency eligibility is with the clinic providing the fertility services.
 - Any of the following are sufficient to demonstrate residency eligibility:
 - New Zealand birth certificate plus photo ID (such as Driver's Licence)
 - New Zealand passport
 - Niue, Tokelau or Cook Island birth certificate plus photo ID
 - Certificate of Citizenship and photo ID page from passport
 - Passport photo with old Returning Resident's visa and Residence Permit or Indefinite Returning Resident's visa or new Residence visa and arrival NZ stamp or Permanent Resident's visa
 - Work visa, which enables holder a continuous stay in New Zealand of two years or more from arrival visa stamp, OR when added to a previous visa/s, allows a stay of 2 years — plus passport photo ID page
 - Student visas which enable holder to study in New Zealand for a period, which when added to a current work visa, allow for a continuous stay of two or more years. Photo ID page plus ALL prior student visas and work visas required to assess eligibility.
 - Australian citizens and residents who can prove their intention to stay in New Zealand for 2 years or more. Examples of how this can be demonstrated include; proof of marriage to a New Zealander, home purchase documents, shipping of personal effects.

Eligibility for FSA based on age

- In order to qualify for a publically funded FSA, a woman must be <40 years of age and a man must be <55 years of age at referral.
- Age at the time of the referral is used when completing a CPAC score.

Eligibility for FSA based on BMI

- Height and weight information must be included for both males and females in the fertility referral.
- Women must have a BMI <35 and men must have a BMI <40 to be accepted for a FSA, but it should be noted that a woman will not be eligible for publicly funded treatment until her BMI is <=32 and a man will not be eligible for publicly funded treatment until his BMI is <40.

Eligibility for FSA based on smoking, alcohol and drug abuse

- A woman or man who smokes tobacco is eligible for a publicly funded first specialist appointment, but will not be accepted for publicly funded treatment until both have been non-smokers for at least three months. Note, patients are not eligible for publicly funded treatment if there is documented evidence of illicit drug use or alcohol abuse in the last 12 months, therefore discretion should be used if referring.

Eligibility for FSA based on duration of infertility

- A couple need to have had at least a year of infertility (12 months of intercourse and trying for pregnancy) before they can be referred to fertility services, unless there is a known severe cause for the infertility (see indication for FSA referral above).

Tests required for FSA

- FSH level and E2 results done on day 2 of cycle within the last 12 months.
- Semen analysis (RSA) from Labtests or a fertility clinic also needs to be included in the referral.
- NRFS will then allocate the referred patient(s) to a clinic where the CPAC scoring will be done at an FSA.

Previous children and eligibility for FSA

- A referral for publicly funded fertility services (FSA or Treatment) will not be accepted if:
 - The couple have two or more children (including adopted children) of any age to the same relationship, or
 - Two or more children from a previous relationship/s living at home (at least half of the time).
- Twins are considered as two children; children adopted into the relationship are considered as the couple's children.

People in Correctional Facilities

- A referral cannot be made for publicly funded fertility services if the person is in a Correctional Facility. Corrections does not allow conjugal visits and does not support the facilitation of a prisoner's gametes to be transferred out of prison for the purposes of reproduction.
- If a woman has a partner in Corrections, but she is not in a correctional facility herself, and she has biological infertility and meets other eligibility criteria including duration of trying for a pregnancy, she may be eligible for an FSA provided she meets the referral criteria. She will not be able to use her partner's gametes, but may be eligible for donor sperm.

Requests for change of provider

- Changes of provider for FSA or for treatment will not be approved, except in exceptional circumstances.
- Grounds for transfer that will be considered include:
 - Patient/s are staff of the fertility provider they have been allocated to
 - Patient/s are close relatives of staff at the fertility clinic they have been allocated to
 - The allocated clinic cannot provide the publically funded service required, for example it does not have donor sperm available. This clause does not apply to privately funded additional (or add-on) services
 - Previous history with the allocated fertility clinic which has resulted in a substantiated complaint resulting in loss of trust in that provider.
- Grounds for transfer which will not be considered include:
 - Has had previous privately funded services with another provider
 - Other clinic offers different technologies/'add-on' options, which can be obtained alongside the publicly funded services.
 - Patient/s preference.
- If the patient requests a change of fertility provider, the request must be made through a Fertility Provider or the patient's GP. (Correspondence made directly to NRFS will be directed back to the Fertility Clinic.)
- The requestor (Fertility clinic or GP) must write to the NRFS giving a clear rationale for why a transfer should be approved.
- On receipt of letter requesting change of provider, the NRFS will forward the request to the DHB Fertility Funding Manager (WDHB). The Funding Manager will engage a sub-group of the Advisory group to consider the request. The sub-group will consist of the Funding Manager, the Chair of the Advisory Group, the affected clinic representative on the Advisory Group, and, if appropriate, the representative on the Advisory Group of the clinic being requested. All parties will obtain information as required from the NRFS and relevant patient information systems to inform the decision.
- Decisions will be unanimous. If agreement cannot be reached, the decision will be escalated to the full Advisory Group for a decision. This will be included on the next scheduled meeting. Should consensus not be reached by the Advisory Group, the Chair will have the final decision.
- The decision will be communicated to the NRFS administrator by the Funding Manager who will inform the requester (fertility clinic or GP). The Clinic or GP will be responsible for communicating the decision to the patient/s.

Criteria and process for publicly funded fertility treatment

Eligibility based on NZ residency for fertility treatment

- In addition to the criteria for eligibility for FSA, residency status must apply for the duration of the treatment (that is, have a minimum of 20 months guaranteed residency at the time of FSA) and during the treatment the couple must provide a New Zealand contact address.

Eligibility for treatment based on age

- A woman can be eligible for treatment when she is ≥ 40 years of age as long as the referral was sent when she was < 40 years of age.
- A man can be eligible for treatment when he is ≥ 55 years of age as long as the referral was sent when he was < 55 years of age.

Eligibility for treatment based on BMI

- A woman must have a BMI ≤ 32 to be eligible for publicly funded treatment. This is a healthy weight which increases her chance of having a successful pregnancy and healthy baby. She must also be clinically fit for fertility treatment and pregnancy.
- A man must have a BMI < 40 to be eligible for publicly funded treatment.

Eligibility for treatment based on FSH

- If FSH is > 15 , a couple may have one cycle using the woman's own egg. If this is not successful, they are only eligible for further treatment using a donor egg.

Eligibility for treatment based on smoking, alcohol and drug abuse

- A couple have to both be non-smokers for three months to be eligible for treatment. Non-smoker means no smoking at all in the last three months.
- A couple are not eligible for publicly funded treatment if there is documented evidence of illicit drug use or alcohol abuse in the last 12 months.

Couples not eligible for treatment at the time of FSA

- Couples with unexplained infertility alone (with no other contributing factors to their infertility) need to have a duration of infertility of 5 years before they will be eligible for treatment.
- If the time between FSA and being eligible for treatment is more than 3 months (for example in the case of unexplained infertility < 5 years), the couple will be discharged following FSA and will need to see their GP and request another referral to Fertility services at a later stage or if their circumstances change.

Patients moving districts or overseas after enrolment for fertility treatment

- Patients waiting for IVF should have a postal address and a contact phone number in New Zealand. Patients have a responsibility to update their address and contact details with the clinic that they are enrolled with.
- Patients must be living in New Zealand when their treatment commences and remain living in New Zealand throughout the duration of their treatment.
- If letters from a clinic to a patient are returned after two attempts, at least one month apart and two phone calls are not answered, the clinic can send a letter to the patient informing them that they are no longer on the waiting list for fertility treatment, with a copy to the referrer (e.g. GP).
- The clinic must inform the patient of their responsibilities with regard to providing up to date contact details and the consequences of failing to do so at the time of enrolment.
- If patients move regions within New Zealand they must notify the clinic they are enrolled with to request transfer to a local fertility clinic.

Expected wait times

- All clinics in the Northern region are expected to have comparable wait times for treatment. The actual wait time will be updated on Healthpoint.
- Occasionally usual wait times for patients may be shortened if waiting will significantly reduce the chance of success of treatment. For example, where there is rapidly progressive endometriosis.
- Couples referred for PGD will be offered treatment as soon as is practically possible, acknowledging there can be delays waiting for test results/investigations.

Patients not taking up treatment when offered

- If a couple asks to defer treatment their wishes should be accommodated but only one deferment of up to six months duration is allowed.
- If a patient loses their enrolment due to repeat deferment a letter will be written by the fertility clinic to the patient / couple informing them of this and a copy sent to the referring doctor and the NRFS.

Co-payments for treatment

- No co-payment can be sought from patients for any services covered in the Specialist Medical and Surgical Services – Assisted Reproductive Technology Services (ART) Tier Level Two Service Specifications.
- Patients who receive services for infertility and / or are receiving Pre-implantation Genetic Diagnosis (PGD) services are expected to pay for embryo storage after 18 months of first storage.
- Where an ECART application is required, the couple will be required to pay for the associated costs.

Using Embryos from a previous cycle

- When a person has stored embryos (from a previous public or private IVF cycle), these embryos must be used, before a further publicly funded IVF cycle is initiated (if required).
- Replacement of embryos from previous treatment covers as many embryos as are stored from a previous IVF cycle until a live birth is achieved, and constitutes one package of publicly funded care.

Thawed Embryo Replacement (TER) after a pregnancy

- Couples with frozen embryos created from a publicly funded treatment are eligible for publicly funded treatment for transfer of those embryos as part of the package of care, until they achieve a live birth. Further replacements of embryos from the same cycle, after a live birth, if the couple has two or more children (as described above for eligibility for FSA based on children) need to be funded privately, as the patient/couple are no longer eligible for public funding.

Transfer of frozen Embryos to another clinic

- If a couple move to another region in New Zealand or overseas they can transfer their frozen embryo(s) but they have to pay the cost of embryo transport privately. They can then utilise the embryos using a public cycle of funding if they are eligible.
- If couples have frozen embryos overseas they can pay to have them transferred to New Zealand and utilise them with publicly funded treatment, as long as they meet the eligibility criteria.

Eligibility for second cycle of fertility treatment

- A couple are eligible for a second cycle of treatment if:
 - They were unsuccessful in their first package of publicly funded treatment; and they are still eligible for treatment (following criteria as for first treatment).
 - They still fulfill all other criteria (eg. age, BMI, etc).
- A couple should not expect to wait for more than 12 months for their second cycle of treatment.
- A couple must use all frozen embryos from their first package of care before a second package of care can commence.

Number of Embryos transferred

- Transfer of only one single fresh or thawed embryo will be used in a publicly funded cycle, except transfer of two embryos may be considered where the woman has not become pregnant despite prior transfer of four or more single embryos, and the risk of multiple pregnancy is low.

Surrogacy

- The commissioning couple must meet all other eligibility criteria and the surrogate mother must:
 - be <40 years
 - have a BMI <=32
 - be a non-smoker
 - not have used illicit drugs in the last 12 months
 - not have documented evidence of alcohol abuse in the last 12 months
 - meet residency requirements.
- Medical risks and issues are reviewed through the ECART application.
- Couples must pay for the ECART application and any legal advice should that be required or needed.

Single or lesbian women and gay men

- Single or lesbian women can be eligible for a referral to publicly funded fertility services if they have clear biological causes of infertility. Examples of biological causes of infertility include:
 - Anovulation or very irregular periods (<20 or >42 days)
 - Known tubal infertility
 - Severe endometriosis.
- Publicly funded services may be provided if the woman is not pregnant after at least 12 cycles of donor insemination treatment, of which six must be in a NZS8181 certified clinic. All cycles must be performed on the same woman.
- Other eligibility criteria for treatment also applies for single or lesbian women (age, BMI, etc.)
- A gay man with azoospermia can be eligible for a referral to publicly funded fertility services.

Transgender peoples

- A couple, where either one or both persons are transgender and cannot achieve a pregnancy together, are eligible for a referral to publicly funded fertility services if they meet the other eligibility requirements (age, BMI, etc).

Reversal of sterilization

- Couples may be eligible for publicly funded reversal of sterilisation if they meet the other eligibility requirements (age, BMI, etc) and achieve adequate points on CPAC scoring.

Criteria and process for publicly funded fertility preservation

Fertility preservation eligibility criteria

- People are only eligible for publicly funded fertility preservation treatment if they meet all eligibility criteria and also have no biological children.
- The same age limits for eligibility to general fertility services apply for fertility preservation.
- A referral for fertility preservation only requires information on the patient requiring the consultation. The partner's details do not need to be included unless a couple are requesting embryo freezing, then details are required on both.

Publicly funded fertility preservation treatment options

- Publicly funded treatments for fertility preservation include:
 - Sperm freezing
 - Surgical sperm retrieval if sperm is not present in ejaculate (e.g. adolescent boys)
 - Sperm storage
 - IVF
 - Gamete or embryo freezing
 - Gamete or embryo storage
- Ovarian and testicular tissue freezing are not publicly funded.
- Female pre-pubescent fertility preservation - due to lack of evidence of effectiveness, ovarian tissue cryopreservation is not endorsed by the NRS as a pre-pubescent fertility preservation technique.

Storage

- Storage of sperm, gametes /embryos for fertility preservation can occur for up to 10 years (this includes any time stored overseas).
- Storage beyond 10 years can be requested of ECART and must be privately funded.

Expedited referrals and providers

- Adult oncology patients requiring fertility preservation require an expedited process for referral so do not need to be referred to NRFS. The referral can be sent straight to the clinic, depending on the patient's birth month:
 - January to August – Fertility Plus
 - September to October – Repromed
 - November to December – Fertility Associates
- For pubescent fertility preservation (age 12 to 17 years approximately), all young patients (male and female) being referred after diagnosis of a malignancy requiring fertility preservation will be referred to Fertility Associates and do not need to be referred to NRFS.

Criteria and process for Pre-implantation Genetic Diagnosis (PGD)

PGD eligibility criteria

- Objective of PGD criteria:
 - To give parent(s) with a major familial genetic disease a high chance of having an unaffected child without the trauma of termination.
 - A secondary objective for couples with an affected child may be to have an unaffected child who can be a donor for the affected child ('saviour sibling') when this is approved by ECART.
- Severity threshold for inclusion:
 - PGD may be offered where 'there is evidence that the future individual may be seriously impaired as a result of the disorder' (Order in Council, HART Act).
 - PGD may be offered for conditions that are evident from birth and affect children (e.g. haemophilia) and for conditions with adult onset (e.g. Huntington's disease).
 - Non-disclosure and exclusion testing is not offered in the Northern region.
- Chance of condition:
 - PGD may be offered where there is a 25% or greater risk of an affected pregnancy (Order in Council, HART Act).
- Chance of a child from PGD treatment:
 - The eligibility criteria (age, BMI, etc.) for IVF for fertility apply.
 - In addition, because the presence of a genetic disorder reduces the number of embryos likely to be available, ovarian reserve should be sufficient to expect ideally 6 oocytes or more where there is a dominant condition, and ideally 10 oocytes or more where there is a translocation or for saviour sibling treatment. The clinics use tests for ovarian reserve and ovarian response in any previous IVF cycle as a guide.
- Existing and previous children:
 - PGD is not offered if the parents have 2 or more unaffected children.
 - PGD may be offered outside the rule above on a case by case basis, with input from the genetics team and the NRFS Advisory Group.

Preparation for PGD

- All patients eligible for PGD treatment should be provided with the following preparation:
 - Consultation with a genetic counsellor and clinical geneticist
 - Implication counselling by a trained counsellor covering issues in ACART PGD guidelines.
- Feasibility testing (organized by the Fertility clinic).

Expedited referrals and providers

- Patients requiring PGD do not need to be referred to NRFS. The referral can be sent straight to the clinic, depending on the patient's birth month:
 - January to August – Fertility Plus
 - September to October – Repromed
 - November to December – Fertility Associates.

General enquiries and further information

General patient information

- Patients requiring general information on fertility issues can access information from the Fertility New Zealand website <http://www.fertilitynz.org.nz> or Healthpoint <https://www.healthpoint.co.nz/public/fertility/northern-region-fertility-service-nrfs> or the Human Fertility & Embryology Authority on <https://www.hfea.gov.uk/>

Health practitioner information

- General Practitioners wanting general fertility information can contact their local Gynaecology Department.

Definitions

ART (assisted reproductive technology)	in New Zealand, treatments or procedures that involve the handling or storage of human gametes (gametes or oocytes) or embryos outside the human body for the purposes of establishing a pregnancy. Internationally, the definition of ART is limited to the creation, handling and storage of human embryos for the purposes of establishing a pregnancy.
Autologous cycle	an ART treatment cycle in which a woman intends to use, or uses her own oocytes or embryos.
Cryopreservation	freezing embryos for potential future ART treatment.
DI (donor insemination) cycle	an artificial insemination cycle in which sperm not from the woman's partner (donor sperm) is used.
ECART	ethics committee on assisted reproductive technology.
Embryo	an egg that has been fertilised by a sperm and has undergone one or more divisions.
Embryo transfer	a procedure whereby embryo(s) are placed in the uterus or fallopian tube. The embryo(s) can be fresh or thawed following cryopreservation, and may include the transfer of cleavage stage embryos or blastocysts.
Fresh cycle	an ART treatment cycle that intends to use, or uses embryo(s) that have not been cryopreserved (frozen).
FSH	follicle stimulating hormone.
ICSI (intracytoplasmic sperm injection)	a procedure whereby a single sperm is injected directly into the oocyte to aid fertilisation. If an embryo transfer cycle involves the transfer of at least one embryo created using ICSI, it is counted as an ICSI cycle.
IVF (in vitro fertilisation)	an ART procedure that involves extracorporeal fertilisation.
IVF cancelled cycle	where gonadotrophins are started but the cycle is stopped before egg collection.
OHSS (ovarian	the complication of ovulation stimulation therapy, which involves

hyperstimulation syndrome)	the administration of follicle stimulating hormone (FSH). OHSS symptoms include abdominal pain and fluid retention.
Oocyte (egg)	a female reproductive cell.
OPU (oocyte pick-up)	the procedure to collect oocytes from ovaries, usually by ultrasound guided transvaginal aspiration and rarely by laparoscopic surgery.
PGD (preimplantation genetic diagnosis)	a procedure where embryonic cells are removed and screened for chromosomal disorders or genetic diseases before embryo transfer.
Recipient cycle	an ART treatment cycle in which a woman receives oocytes or embryos from another woman.
Surrogacy arrangement	an arrangement where a woman, known as the 'gestational carrier' agrees to carry a child for another person or couple, known as the 'intended parent(s)', with the intention that the child will be raised by the intended parent(s). The oocytes and/or sperm used to create the embryo(s) in the surrogacy cycle can be either from the intended parents or from a donor(s).
Thaw cycle	an ART treatment cycle in which cryopreserved embryos are thawed with the intention of performing embryo transfer.
Thawed embryo	an embryo thawed after cryopreservation. It is used in thaw cycles.
Vitrification	an ultra-rapid cryopreservation method that prevents ice formation within the suspension which is converted to a glass-like solid.