



NORTHERN
REGION
FERTILITY
SERVICE

TE TARI RAUROPi O TE RAKI

DETAIL ON ELIGIBILITY FOR PUBLICLY FUNDED FERTILITY SERVICES

Contents

Referral criteria and process for first specialist appointment (FSA)	3
Indication for FSA referral	3
Referral process	3
Eligibility for FSA based on residency	4
Eligibility for FSA based on age	4
Eligibility for FSA based on BMI	5
Eligibility for FSA based on smoking	5
Eligibility for FSA based on duration of infertility	5
Tests required for FSA	5
Previous children and eligibility for FSA	5
 Criteria and process for publicly funded fertility treatment	 6
Eligibility based on NZ residency for fertility treatment	6
Eligibility for treatment based on age	6
Eligibility for treatment based on BMI	6
Eligibility for fertility based on smoking	7
Where couples not eligible for treatment at the time of FSA	7
Patients moving overseas after enrolment for fertility treatment	7
Wait time and expedited treatment	7
Patients not taking up treatment when offered	8
Co-payments for treatment	8
Using Embryos from a previous private cycle under publicly funded thawed embryo replacement (TER)	8
Thawed embryo replacement (TER) after a pregnancy	8
Transfer of frozen embryos to another clinic	8
Eligibility for second cycle of fertility treatment	8
Embryo transfer	9
Surrogacy	9
Single or lesbian women and gay men	9
Reversal of Sterilisation	9
 Fertility Preservation	 10
Eligibility criteria	10
Publicly funded fertility preservation treatment options	10
Storage	10
Expedited referrals	10
NRFS Position statement	10
 Pre-implantation Genetic Diagnosis (PGD)	 11
PGD eligibility criteria	11
 General enquiries and further information	 12
Definitions	13

The purpose of this document on publicly funded fertility services is to provide detail on two processes:

- Criteria and process for referral for first specialist appointment
- Eligibility and process for publicly funded fertility treatment.

- Purpose:** To clarify eligibility and process for receiving publicly funded fertility services in the Northern Region of New Zealand
- Scope:** General Practitioners, Doctors, Nurses, Administration staff, Counsellors, Geneticists, Embryologists, Patients

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 preimplantation genetic diagnosis
- Indication for fertility preservation (see below).

Referral process

- The preferred referral pathway is via e-referrals to NRFS as this enables timely electronic communication between General Practice, NRFS and the fertility clinics. 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
- NRFS will randomly allocate patients to a fertility provider
- If the patient has been scored as eligible for public treatment through a private FSA then 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. 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.

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), but 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) or 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 enabled 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.
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Eligibility for FSA based on age

- A woman needs to be referred for publicly funded FSA before she turns 40 years of age
 - The woman's age at the time of the referral is used when completing a CPAC score
 - There is currently no upper age limit for men (but this will be reviewed in 2015)
 - When a referral is made for male infertility, the man's female partner's age/DOB needs to be included. If the female partner is over 40 at the time of making the referral the couple will not be eligible for publicly funded fertility services.
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Eligibility for FSA based on BMI

- Height and weight information has to be included in the fertility referral
 - When a referral is made for male infertility, the man's female partner's weight and height need to be included
 - A woman with a BMI > 32 can be referred for a first specialist appointment but will not be accepted for publicly funded treatment until her BMI is ≤32.
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Eligibility for FSA based on smoking

- A woman who smokes is eligible for a publicly funded first specialist appointment but will not be accepted for publicly funded treatment until she is a non-smoker for at least three months.
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Eligibility for FSA based on duration of infertility

- A couple need to have had 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
 - The exception to this is if sterilisation reversal is required; in this situation couples can be referred to fertility services for an FSA immediately.
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Tests required for FSA

- Follicle stimulating hormone (FSH) levels should be obtained by the GP to provide an assessment of ovarian reserve and be completed within 12 months of the CPAC scoring
 - Semen analysis should be obtained by the GP and must be completed within 12 months of CPAC scoring.
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Previous children and eligibility for FSA

- A referral cannot be made for publicly funded fertility services if a couple have 2 or more children of any age to the same relationship
 - A couple cannot be eligible for publicly funded fertility services if they have two or more children under 12 years of age and living at home even if they are not to the same relationship
 - Definition of a child living at home is any child under the age of 12 who lives with the couple 50% of the time or more
 - Twins are considered as two children
 - Children adopted into the relationship are considered as the couple's children.
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Criteria and process for publicly funded fertility treatment

Eligibility based on NZ residency for fertility treatment

The following criteria must be met for a patient/couple to receive publicly funded fertility treatment:

- Both partners of the couple must meet the residency requirement
- Residency status must apply for the duration of the treatment and during the treatment the couple must provide a New Zealand contact address
- Proof of eligibility should be included with the referral and checked by Northern Region Fertility Service (NRFS), but the ultimate responsibility for checking residency eligibility is with the clinic providing the fertility services and should be confirmed before treatment commences
- Any of the following are sufficient to demonstrate residency eligibility:
 - New Zealand birth certificate plus photo ID (such as Driver's Licence) or 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 enabled 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 treatment based on age

- A woman can be eligible for treatment when she is >39 years of age as long as the referral was sent when she was <40 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.

Eligibility for fertility based on smoking

- A woman has to be a non-smoker for three months to be eligible for treatment. Non-smoker means no smoking at all in the last three months
 - The referring doctor can refer a woman to quitline for support with smoking cessation.
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Where 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, the couple need to see their GP and request another referral to Fertility services within 3 months of becoming eligible.
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Patients moving 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 they must 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 two months 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. The referrer (e.g. GP) should also be informed of this outcome
 - 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.
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Wait time and expedited treatment

- 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 patients will be prioritised for treatment if waiting will significantly reduce the chance of success of treatment (other than due to reduced ovarian reserve). An example could be swiftly 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 if possible, but only one deferment is allowed
- If a patient loses their enrolment due to repeat deferment a letter needs to 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 Preimplantation 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 private cycle under publicly funded thawed embryo replacement (TER)

- When a person has embryos stored from a previous private IVF cycle and then becomes eligible for publicly funded treatment, these embryos should be used in a publicly funded cycle, before a further IVF cycle is initiated (if required)
- Replacement (any number) of embryos from previous private treatment using public funding constitutes one package of 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, unless they have 2 children or more to the relationship.

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 for the transfer privately. They can then utilise the embryos through public 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
 - » CPAC score ≥ 65 points at the time of enrolment for a second cycle
 - » They still fulfil all other criteria (smoking, age, BMI, residency)
- A couple should not expect to wait for more than 12 months for their second cycle of treatment
- A couple have to use all frozen embryos from their first package of care before a second package of care can commence.

Embryo transfer

- Single Embryo Transfer: transfer of a single fresh or thawed embryo will be used in a public funded cycle, except in the following situation: transfer of two embryos may be considered where the woman has not become pregnant despite transfer of four or more embryos, and the risk of multiple pregnancy is low.
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Surrogacy

- The commissioning couple must score 65 points or more, and the surrogate must
 - » be <40 years
 - » have a BMI <=32
 - » be a non-smoker
 - » meet residency requirements
 - Couples must pay for the ECART application and any legal advice should that be required or needed
 - Medical risks and issues are reviewed through the ECART application.
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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 NNZS8181 certified clinic. All cycles must be performed on the same woman
 - Other eligibility criteria for treatment also applies for single or lesbian women (non-smoker, < 40 years, BMI <=32, residency, previous children)
 - A gay man with azoospermia can be eligible for a referral to publicly funded fertility services.
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Reversal of Sterilisation

- Couples are eligible for publicly funded reversal of sterilisation if they meet the other eligibility requirements (BMI, smoking, age, and residency).
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Fertility Preservation

Eligibility criteria

- Person is only eligible for publicly funded fertility preservation treatment if they have no biological children
- There is no upper age limit for a male patient requiring fertility preservation, but this will be reviewed in 2016
- 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

- Include:
 - » Sperm freezing
 - » Surgical sperm retrieval if sperm is not present in ejaculate (e.g. adolescent boys)
 - » Sperm storage, but the male patient must have their fertility status checked approximately one year after completion of the treatment to assess for natural fertility (unless the fertility preservation occurs in adolescents, in which case their fertility status will be checked after they turn 20 years of age). If the natural fertility of the patient has fully restored then storage will no longer be publicly funded
 - » IVF and embryo freezing
 - » Egg freezing and storage

Note – Ovarian tissue freezing is not currently publicly funded

Storage

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

Expedited referrals

- 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

NRFS position statement

- **Female pre-pubescent** fertility preservation – due to lack of evidence of effectiveness, ovarian tissue cryopreservation is not endorsed by the NRFS as a pre-pubescent fertility preservation technique
- **Pubescent** fertility preservation (12 to 17 years approximately): due to the specialist nature of this service 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.

Pre-implantation Genetic Diagnosis

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 (eg. haemophilia) and for conditions with adult onset (eg. Huntingtons disease)
 - » Nondisclosure 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 objective criteria and inclusions for IVF for fertility apply, namely:
 - » Woman aged < 40 at the time of acceptance
 - » BMI < =32
 - » Non-smoker for at least three months
- 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
- 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 http://acart.health.govt.nz/system/files/documents/publications/Final%20ACART%20PGD%20with%20HLA%20Guidelines.docx_0.pdf
 - » Feasibility testing
- PGD public funding covers: feasibility testing, IVF, ICSI, blastocyst culture, PGD testing, use of any thawed embryos plus courier costs. If blood tests are requested from family members who are living outside of the Northern region, then the associated costs will be covered by the patient. If an ECART application is required, then the associated costs will be covered by the patient.

General enquiries and further information

- » Patients requiring more general information on fertility issues can access information from the Fertility New Zealand website <http://www.fertilitynz.org.nz/>
- » If General Practitioners have questions they want answered without referring a patient they can contact the Gynaecology service at their local DHB for information, the details are:

Counties Manukau DHB

On Call Gynaecology SMO - 09 276 0000 and ask for On call Gynae SMO

Waitemata DHB

Peter Van de Weijer by e-mail: Clinical Director Gynaecology:
peter.vandeweijer@waitematadhb.govt.nz

Auckland DHB

Gynaecology SMO on-call for GP queries 021942708

Northland

Jay Sirisena Jay.Sirisena@northlanddhb.org.nz.

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.
Incomplete cycle	where egg collection occurs but there are no embryos to transfer or freeze

Definitions

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 hyperstimulation syndrome)

the complication of ovulation stimulation therapy, which involves 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.