

APPLICATION FOR PRIOR APPROVAL FOR FUNDING

N-SC037 IVF/ICSI

<p>Female Partner A (Undergoing treatment)</p> <p><small>*NB If only one patient is registered with a Defence Medical Centre and the female partner undergoing treatment is registered with a civilian GP then this information should be supplied in the supplementary information.</small></p>		<p>Partner B Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Is B the spouse or civil partner of A Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Or; Please confirm that A and B are cohabiting as partners in a substantial and exclusive relationship and Is one partner is financially dependent on the other Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Or; Please confirm that A and B are cohabiting as partners in a substantial and exclusive relationship and A & B are financially interdependent Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
Name		Name	
Date of Birth		Date of Birth	
NHS Number		NHS Number	
Height/Weight		Height/Weight	
BMI		BMI	
Serving Personnel YES / NO		Serving Personnel YES / NO	
Partner A Home Address:-			
Post Code			
Do both patients understand spoken and written English? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If No, what is the chosen method of communication?</i>			
Have the patients agreed to receive communication regarding this application by letter? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Referrer's Details/Designation (GP/Consultant/Clinician):			
Name			
Designation			
Organisation Name			
Address			
Post Code			
Telephone		Email	
Preferred / Planned place of treatment			

DMS GP Details (if not referrer):			
GP Name		Practice Name and Practice ID (A91xxx)	
Practice Address			

To access treatment for NHS-funded IVF/Assisted Conception treatment, the referring clinician should complete the checklist below and send it with a **referral letter and relevant test results**. **All sections must be completed.**

ELIGIBILITY CRITERIA

Age of woman at time of fertility cycle starting (Treatment Requested based on NICE CG 156)

Women aged under 40 years

If the woman is aged under 40, they should be offered three (3) full cycles of IVF (as defined within assisted conception policy ref N-SC/037 pages 9 and 24) if the following applies;

- they have been trying to get pregnant through regular unprotected sexual intercourse for a total of two (2) years **or**;
- they are using artificial insemination to conceive and have not become pregnant after 12 cycles – at least six (6) of these cycles should have been using intrauterine insemination.

However, if tests show that there appears to be no chance of the woman conceiving naturally, and that IVF is the only treatment that is likely to help, they should be referred straightaway for IVF.

Any previous cycles of IVF a woman has had (including cycles paid for by the woman themselves) will count towards the three (3) cycles the woman should be offered by the NHS.

This is because the chances of having a baby fall with the number of unsuccessful cycles of IVF.

The woman's doctor should also take into account how the woman has responded to any previous IVF treatment and what the outcome was when deciding how effective and safe further IVF would be for that individual.

If a woman turns 40 during a cycle of IVF, they can finish the current full cycle but should not be offered further cycles. They will still be able to have any frozen embryos transferred from their most recent episode of ovarian stimulation since these count as part of the same full cycle.

Women aged 40–42 years

If the woman is aged 40–42 years, they should be offered one (1) full cycle of IVF if **all** of the following apply:

- they have been trying to get pregnant through regular unprotected sexual intercourse for a total of two(2)years **or** have not become pregnant after 12 cycles of artificial insemination (at least six (6) of these cycles should have been through intrauterine insemination);
- they have never had IVF treatment before;
- their fertility tests show that their ovaries would respond normally to fertility drugs;
- the woman and their doctor have discussed the risks of fertility treatment and pregnancy in women aged 40 years or older.

If a woman's tests show that there appears to be no chance of them conceiving naturally, and that IVF is the only treatment that is likely to help, they should be referred straightaway for IVF.

No	Criterion	Yes / No
1	<p>Has the couple gone through the primary and secondary care sub-fertility pathways appropriate to them before IVF is considered? All the following investigations must have been completed prior to referral for assisted conception: rubella, FSH/AMH, Chlamydia, hepatitis B, hepatitis C, HIV and results sent with referral form to the Provider once approval received.</p>	
2a	<p>Duration of infertility Does the couple have infertility of at least two (2) years duration:</p> <ul style="list-style-type: none"> • they have been trying to get pregnant through regular unprotected sexual intercourse for a total of two (2) years or; • they are using artificial insemination to conceive and have not become pregnant after 12 cycles – at least six (6) of these cycles should have been using intrauterine insemination. <p>If 2a) = no then please consider 2b)</p>	
2b	<p>b) Does the couple have a diagnosed cause of absolute permanent infertility (which precludes any possibility of natural conception)? If so, specific details must be provided as part of the referral letter and supply details below.</p>	
2b	<p>Details of permanent infertility</p>	
3	<p>Previous infertility treatment Has the patient received previous cycles of IVF or ICSI (irrespective of whether State or privately funded)?</p> <p>Any previous cycles of IVF a woman has had (including cycles paid for by the woman themselves) will count towards the three (3) cycles the woman should be offered by the NHS. This is because the chances of having a baby fall with the number of unsuccessful cycles of IVF. If any previous cycles, please state below in 3a</p>	
3a	<p>Number of previous self or State funded cycles</p>	
4	<p>Intracytoplasmic sperm injection ICSI (Treatment Requested based on NICE CG 156)</p> <p>For some men, their sperm are not capable of fertilising eggs in the usual way. If this is the case, they and their partner may be offered a procedure called intracytoplasmic sperm injection (ICSI), in which a single sperm is injected directly into an egg.</p> <p>A couple should only be offered ICSI if:</p> <ul style="list-style-type: none"> • There are few sperm in their semen or they are of poor quality, or; • There are no sperm in their semen (either because of a blockage or another cause) but there are sperm in their testes which can be recovered surgically, or; • They have already tried IVF but there was poor or no fertilisation of the eggs. <p>Does the man meet the criteria?</p>	
5	<p>Sterilisation Has either partner been sterilised?</p>	
6	<p>BMI Has the female to undergo IVF had a BMI between 19 and 29.9 for at least the last six months?</p>	
7	<p>Smoking Have both partners been recorded as non-smokers for at least the last six months?</p>	

Welfare of the Child

The welfare of any resulting children is paramount. In order to take into account the welfare of the child, the clinician should consider factors which are likely to cause serious physical, psychological or medical harm, either to the child to be born or to any existing children of the family.

This is a requirement of the licencing body, Human Fertilisation and Embryology Authority (HFEA).

Are there any living children from this relationship including adopted children but excluding fostered children Yes No

Does either partner have any children from any previous relationship Yes No

If YES is answered to either of the above questions, patients are not eligible for funding through NHS England

Is there an explicit and recorded assessment that the social circumstances of the family unit have been considered within the context of the assessment of the welfare of the child Yes No

STATEMENT TO BE SIGNED BY THE COUPLE

I confirm that I have read and understood the questions above and that the information I have given is correct. I understand that if I knowingly give false information I may be liable to prosecution. I am giving consent for disclosure of information relevant to my case from professionals involved and to the Panel.

Partner A's signature:

Date:

Partner B's signature:

Date:

STATEMENT CONFIRMING ELIGIBILITY

I confirm that this Prior Approval Request has been discussed in full with the patient(s). The patient(s) are aware that they are consenting for NHS England to access confidential clinical information held by clinical staff involved with their care about them as a patient to enable full consideration of this funding request. The NHS England Area Team is under obligation to let the patient know the outcome of all prior approval applications. The patient and parent / guardian or carer and their GP will therefore be copied into correspondence between the clinician and the NHS England Area Team unless it is clinically not appropriate to do so. Please indicate as follows:

Referrer please confirm:

- I have discussed all alternatives to this intervention with the patients.
- I have discussed about the most significant benefits and risks of this intervention with the patients.
- I have informed the patient(s) that this intervention is only funded where criteria are met
- I have informed the GP of this application for funding (if not GP requested)

TO BE INCLUDED WITH THE APPLICATION FORM	INCLUDED?
<ul style="list-style-type: none"> • RELEVANT TEST RESULTS FOR BOTH PARTNERS 	

• *CONSULTANT COVERING LETTER
DETAILING REQUEST FOR IVF/ICSI*

Signed Referrer: Date:

PLEASE SEND THIS FORM TO THE RELEVANT AREA TEAM THIS INFORMATION CAN BE FOUND ON: www.england.nhs.uk/commissioning/armed-forces/contacts/

In order to comply with information governance standards, emails containing identifiable patient data should only be sent securely, to an nhs.net account.