In-vitro Fertilisation and Related Treatments

In-vitro fertilisation (IVF) and related treatments will be funded in line with the criteria set out below.

1. **DHSC funding will be available:** for up to one full cycle of IVF (+/- intracytoplasmic sperm injection, including fresh and associated frozen embryo transfers) for women aged under 40 provided ALL criteria included in this policy are met.

   Funding is dependent on demonstration of likely response to ovarian stimulation using one of the tests set out in NICE Clinical Guideline 156, recommendation 1.3.3.2.

2. **General eligibility criteria:**
   
   i. **Childlessness:** funding will not be available where either partner has a living child, including by adoption.
   
   ii. **Sterilisation:** funding will not be available where either partner has been sterilised or has had reversal of sterilisation.
   
   iii. **Body-mass index:** the BMI of the female partner must be in the range 19-30 before any DHSC funded assisted reproduction treatment (including IVF) commences.
   
   iv. **Tobacco smoking:** Funding for IVF will only be offered to couples where both partners are non-smokers. This must be confirmed in the referral letter and confirmed by the provider with appropriate CO tests. The woman and her partner must confirm smoking status and comply with testing; and the requirement for this must be included in the provider’s consent form. Failure to comply will result in withdrawal of DHSC funding.
   
   v. **Alcohol or drug misuse:** Funding will be conditional on couples giving an assurance that their alcohol intake is within Isle of Man guidelines and they do not have a current or recent history of substance misuse. This assurance should be included in the provider’s consent form. Any evidence to the contrary will result in withdrawal of DHSC funding.
   
   vi. **Residency:** at least one partner must have been resident on the island throughout the five years immediately prior to the date of referral for IVF.

3. **Timing of referral for IVF consideration:** women under 40 who have not conceived after two years of regular unprotected intercourse or 12 cycles of artificial insemination (where six or more are by intrauterine insemination) are eligible for consideration of DHSC funded IVF, provided all other criteria in this policy are met. Ovarian stimulation must be completed before the woman reaches her 40th birthday.

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1 The residency requirement is in line with that for eligibility for social care services and carer support as set out in the Social Services Act 2011, Section 6.
Women with a diagnosed cause of absolute infertility and who meet all other eligibility criteria should be referred immediately for consideration of IVF.

4. **Funding for intra-uterine insemination (including donor insemination for same sex couples and single women):**

   **Intra-uterine insemination:** will **NOT BE** funded for patients with unexplained infertility, mild endometriosis or mild male factor infertility. Eligible patients with these conditions should be offered IVF after two years of trying to conceive.

   **Funding for intra-uterine insemination:** will **NOT BE** routinely funded for individuals/couples who are unable or unwilling to have vaginal sexual intercourse.

   Women in same sex couples or single women may be offered DHSC funded IVF only if they have failed to conceive after a minimum of six cycles of donor intra-uterine insemination (DIUI). Funding for DIUI is the responsibility of the couple/individual.

5. **Age of male partner:** no age limit.

6. **Previous IVF treatment:** funding **WILL NOT** be offered to women who have had three or more previous IVF cycles (however funded).

7. **Egg donation:** provided all other criteria are met, **one cycle** of IVF with donor eggs for women up to age 40 will be funded in the following circumstances:
   
   i. Premature ovarian failure (in line with the WHO definition – before 40th birthday).
   
   ii. Gonadal dysgenesis (including Turner Syndrome)
   
   iii. Bilateral oophorectomy
   
   iv. Ovarian failure following chemo- or radiotherapy

   **Patients in categories iii and iv:** patients who have had DHSC funded embryo cryopreservation and implantation or oocyte cryopreservation and subsequent IVF (whether or not these treatments resulted in pregnancy) will **NOT** be eligible for DHSC funded IVF with donor eggs.

   IVF with donor eggs will **NOT BE** funded for women outside groups i-iv who have failed to respond to ovarian stimulation.

8. **Embryo transfer:** for women aged under 37, single embryo transfer should be used.

   For women aged 37-39, single embryo transfer should be used if there are one or more top quality embryos available. Two embryos may be transferred if there are no top quality embryos.

9. **In-vitro maturation of eggs:** will **NOT BE** funded.
10. **Assisted hatching**: will **NOT BE** funded.

11. **Natural cycle IVF (collection of eggs during a spontaneous menstrual cycle without the use of drugs)**: will **NOT BE** funded.

12. **Cryopreservation – males**: funding will be available for sperm cryopreservation for men and adolescent boys who are preparing for medical treatment that is likely to make them infertile.

   Storage will be funded for an initial period of 10 years, with an option to extend for a further 10 years in men with a confirmed risk of significant infertility.

   Funding for cryopreservation of sperm does not imply any offer of funding for subsequent use as part of assisted reproduction treatment. Funding for subsequent use will **DEPEND ON** compliance with eligibility criteria in force at the time.

   Testicular tissue cryopreservation will **NOT BE** funded.

13. **Cryopreservation – females**: oocyte or embryo cryopreservation will be funded for women of reproductive age (including adolescent girls) who are preparing for medical treatment that is likely to make them infertile.

   Storage will be funded for an initial period of 10 years, with an option to extend for a further 10 years in women with a confirmed risk of significant infertility.

   Funding for cryopreservation of oocytes or embryos does not imply any offer of funding for subsequent use as part of assisted reproduction treatment. Funding for subsequent use will depend on compliance with eligibility criteria in force at the time.

14. **Surrogacy**: will **NOT BE** funded.

15. **Blood borne viruses and sperm washing**: sperm washing as part of fertility treatment for men with hepatitis B will **NOT BE** funded.

   Men who are HIV positive do not require sperm washing if they are taking HAART, have had an undetectable viral load for six months, have no other infections and limit unprotected sexual intercourse to the time of the month when their partner is ovulating **DO NOT** require sperm washing.

   If these conditions are not met, sperm washing (followed by IUI and IVF) may be offered to HIV positive men who, with their partners, meet all other eligibility criteria.

16. **Surgical sperm retrieval will be funded where clinically appropriate for men who, with their partners, meet the eligibility criteria for IVF. Surgical sperm retrieval for men in whom it is required as a result of vasectomy will **NOT BE** funded.**
17. **Storage of frozen embryos from DHSC funded cycles:** storage of any frozen embryos remaining after a live birth will not be funded. Patients will be given the option to **SELF-FUND** continued storage.

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<tr>
<th>Strength of evidence</th>
<th>Clinical Effectiveness</th>
<th>Cost Effectiveness</th>
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<td>Good</td>
<td>Moderate</td>
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There is good evidence to support a success rate of around 30% per cycle of IVF in women with good response to ovarian stimulation. The success rate per cycle falls off gradually after three cycles. The strongest predictor of success is female age.

This policy sets out to balance evidence of effectiveness with affordability given that DHSC has a duty to provide and fund comprehensive health and social care services to meet the legitimate needs of all the population.

**Summary of evidence**

[https://www.nice.org.uk/guidance/cg156](https://www.nice.org.uk/guidance/cg156)


The affordability of this policy, and other policy options for IVF and fertility treatment, will be reviewed in April 2020.

**Reason for Requesting a Policy Recommendation:**

Replaces the CRC Recommendation 08/10: IOM Criteria for Access to IVF and Related Fertility Treatments (required review in light of more recent evidence).
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.

Further information contact:
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