# Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

## 1 Guideline

Fertility problems: assessment and treatment

## 2 List of modelling questions

| Review questions by scope area | What is the clinical and cost effectiveness of ovarian stimulation, intrauterine insemination (IUI) with or without ovarian stimulation, IVF and expectant management for people with unexplained health-related fertility problems, mild endometriosis, and people with a single abnormal semen parameter? |
|---|---|
| Population | People with unexplained health-related fertility problems, mild endometriosis, and people with a single abnormal semen parameter |
| Interventions and comparators considered for inclusion | <ul><li>IVF – EM (IVF \| EM)</li><li>IUI without OS - IVF – EM (IUI without OS \| IVF \| EM)</li><li>Clomifene citrate + IUI - IVF – EM (CC + IUI \| IVF \| EM)</li><li>Gonadotropins + IUI – IVF – EM (Gn + IUI \| IVF \| EM)</li><li>Letrozole/anastrozole + IUI – IVF – EM (nZole + IUI \| IVF \| EM)</li></ul> |
| Perspective | NHS and personal social services (PSS) |
| Outcomes | Quality-adjusted life year (QALY) |
| Type of analysis | Cost utility analysis (CUA) |
| Issues to note | Treatment effectiveness estimated from a network meta-analysis. Cumulative live birth rates following treatment estimated from a spontaneous conception prediction model |

| Review questions by scope area | What is the predictive performance of clinical prediction models for assessing the chances of live birth for people with health-related fertility problems using:<br>• expectant management,<br>• intrauterine insemination (IUI),<br>• IVF with or without intracytoplasmic sperm injection? |
|---|---|
| Population | People with a health-related fertility problem |
| Interventions and comparators considered for inclusion | <ul><li>Expectant management (EM) for the remainder of the woman's reproductive life without IVF (no IVF)</li><li>One cycle of IVF, followed by EM for the remainder of the woman's reproductive life if 1 full cycle of IVF was unsuccessful (IVF1)</li></ul> |

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| | • Up to 2 cycles of IVF, followed by EM for the remainder of the woman's reproductive life if the 2 cycles of IVF were unsuccessful (IVF2)<br>• Up to 3 cycles of IVF, followed by EM for the remainder of the woman's reproductive life if the 3 cycles of IVF were unsuccessful (IVF3).<br>• Up to 4 cycles of IVF, followed by EM for the remainder of the woman's reproductive life if the 4 cycles of IVF were unsuccessful (IVF4).<br>• Up to 5 cycles of IVF, followed by EM for the remainder of the woman's reproductive life if the 5 cycles of IVF were unsuccessful (IVF5).<br>• Up to 6 cycles of IVF, followed by EM for the remainder of the woman's reproductive life if the 6 cycles of IVF were unsuccessful (IVF6). |
| Perspective | NHS and personal social services (PSS) |
| Outcomes | Quality-adjusted life year (QALY) |
| Type of analysis | Cost utility analysis (CUA) |
| Issues to note | Treatment effectiveness estimated from prediction models of IVF and natural conception |