

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Cinacalcet

Initial application

Applications only from a nephrologist or endocrinologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- The patient has been diagnosed with a parathyroid carcinoma (see Note)
- and**
- The patient has persistent hypercalcaemia (serum calcium greater than or equal to 3 mmol/L) despite previous first-line treatments including sodium thiosulfate (where appropriate) and bisphosphonates
- and**
- The patient is symptomatic

or

- The patient has been diagnosed with calciphylaxis (calcific uraemic arteriopathy)
- and**
- The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to 3 mmol/L)
- and**
- The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate

Renewal

Current approval Number (if known):.....

Applications only from a nephrologist or endocrinologist. Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

- The patient's serum calcium level has fallen to < 3mmol/L
- and**
- The patient has experienced clinically significant symptom improvement

Note: This does not include parathyroid adenomas unless these have become malignant.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz