## HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRES	SCRIE	BER PATIENT:	PATIENT:			
Name	e:		Name:			
Ward	:	NHI:	NHI:			
Cina	calc	cet				
Re-a	ssess <b>equis</b>	ON – parathyroid carcinoma or calciphylaxis sment required after 6 months sites (tick boxes where appropriate)  Prescribed by, or recommended by a nephrologist or endocrinologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.	, ,			
	or	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  The patient is symptomatic				
	OI .	The patient has been diagnosed with calciphylaxis (calcific uraemic arteriolopathy)  The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to 3 mmol/L)  The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate				
	equis	JATION – parathyroid carcinoma or calciphylaxis sites (tick boxes where appropriate)  Prescribed by, or recommended by a nephrologist or endocrinologist, or in accordance with a protocol or guideline that has been endorsed by the Health NZ Hospital.				
Note	and : This	The patient's serum calcium level has fallen to < 3mmol/L  The patient has experienced clinically significant symptom improvement s does not include parathyroid adenomas unless these have become malignant.				
		ON – primary hyperparathyroidism sites (tick boxes where appropriate)	_			
	and	Patient has primary hyperparathyroidism  O Patient has hypercalcaemia of more than 3 mmol/L with or without symptoms O Patient has hypercalcaemia of more than 2.85 mmol/L with symptoms				
	and	O Surgery is not feasible or has failed				
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I confirm that the above details are correct:

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Signeg	 Date	

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July 2024

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PRES	CRIE	BER		P/	PATIENT:		
Name:					ame:		
Ward	:			NI	<del>-</del> 11:		
Cina	calc	et -	conti	inued			
				ndary or tertiary hyperparathyroidism uired after 6 months			
				poxes where appropriate)			
			0	Patient has tertiary hyperparathyroidism and markedly elev-	ated parathyroid hormone (PTH) with hypercalcaemia		
	and	or	0	Patient has symptomatic secondary hyperparathyroidism and	nd elevated PTH		
		O Patient is on renal replacement therapy					
		or	0	Residual parathyroid tissue has not been localised despite	repeat unsuccessful parathyroid explorations		
		or	0	Parathyroid tissue is surgically inaccessible			
		OI OI	0	Parathyroid surgery is not feasible			
Re-a	ssess	smen	t requ	secondary or tertiary hyperparathyroidism uired after 12 months poxes where appropriate)			
	or	0	The I	patient has had a kidney transplant, and following a treatmer none (PTH) level to support ongoing cessation of treatment h	It free interval of at least 12 weeks a clinically acceptable parathyroid as not been reached		
		0	The	patient has not received a kidney transplant and trial of withd	rawal of cinacalcet is clinically inappropriate		

I confirm that the above details are correct:

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Signed.	Date:	
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