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.

PRESCRI	BER PATIENT:					
Name:						
Ward:						
Cinacalcet						
Re-assess Prerequis	IN – 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. The patient has been diagnosed with a parathyroid carcinoma (see Note) 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 has been diagnosed with calciphylaxis (calcific uraemic arteriolopathy) 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					
Prerequis	ATION – 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. O The patient's serum calcium level has fallen to < 3mmol/L					
and	O The patient has experienced clinically significant symptom improvement					
Note: Thi	s does not include parathyroid adenomas unless these have become malignant.					
INITIATION – primary hyperparathyroidism Prerequisites (tick boxes where appropriate)						
and	O 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					
	O Patient has other comorbidities, severe bone pain, or calciphylaxis					

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER				PATIENT:				
Name:				Name:				
Ward:				NHI:				
Cina	calc	et -	- continued					
			secondary or tertiary hyperparathyroidism nt required after 6 months					
	Prerequisites (tick boxes where appropriate)							
	elevated parathyroid hormone (PTH) with hypercalcaemia							
			O Patient has symptomatic secondary hyperparathyroidism and elevated PTH					
	and and	0	Patient is on renal replacement therapy					
		or	O Residual parathyroid tissue has not been localised des	pite repeat unsuccessful parathyroid explorations				
		or	O Parathyroid tissue is surgically inaccessible					
		O,	O Parathyroid surgery is not feasible					
Re-a	CONTINUATION – secondary or tertiary hyperparathyroidism Re-assessment required after 12 months							
Prer	equis	nes	(tick boxes where appropriate)					
	or (0	The patient has had a kidney transplant, and following a treat hormone (PTH) level to support ongoing cessation of treatments	ment free interval of at least 12 weeks a clinically acceptable parathyroid ent has not been reached				
	OI	\circ	The patient has not received a kidney transplant and trial of w	vithdrawal of cinacalcet is clinically inappropriate				

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Signed.	Date:	
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