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	CRIB	BER PATIENT:				
Name	e:					
Ward	:	NHI:				
Cinacalcet						
Re-a	ssess <b>equis</b> F	N – parathyroid carcinoma or calciphylaxis ment required after 6 months ites (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 he 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 symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium greater than or equal to 3 mmol/L)  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				
CONTINUATION – parathyroid carcinoma or calciphylaxis Prerequisites (tick boxes where appropriate)  O 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.						
	and	The patient's serum calcium level has fallen to < 3mmol/L				
	(	The patient has experienced clinically significant symptom improvement				
Note	: This	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 ( and	O Surgery is not feasible or has failed				
		Patient has other comorbidities, severe bone pain, or calciphylaxis				

I confirm that the above details are correct:

Signed: ...... Date: .....

## 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.

PRESCRIBER				PATIENT:		
Name:				Name:		
Ward:				NHI:		
Cinacalcet - continued						
			secondary or tertiary hyperparathyroidism nt required after 6 months			
	Prerequisites (tick boxes where appropriate)					
	and ( and	Or.	O Patient has tertiary hyperparathyroidism and markedly e	elevated parathyroid hormone (PTH) with hypercalcaemia		
		or	O Patient has symptomatic secondary hyperparathyroidism	m and elevated PTH		
		0	Patient is on renal replacement therapy			
		or	O Residual parathyroid tissue has not been localised desp	bite repeat unsuccessful parathyroid explorations		
			O Parathyroid tissue is surgically inaccessible			
		or	O Parathyroid surgery is not feasible			
CONTINUATION – secondary or tertiary hyperparathyroidism Re-assessment required after 12 months						
Prerequisites (tick boxes where appropriate)						
	or	0	The patient has had a kidney transplant, and following a treatment hormone (PTH) level to support ongoing cessation of treatment	ment free interval of at least 12 weeks a clinically acceptable parathyroid nt has not been reached		
		0	The patient has not received a kidney transplant and trial of w	ithdrawal of cinacalcet is clinically inappropriate		