

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

Name:

Ward:

PATIENT:

Name:

NHI:

Cinacalcet

INITIATION – parathyroid carcinoma or calciphylaxis

Re-assessment required after 6 months

Prerequisites (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.

and

- ☐ 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

CONTINUATION – parathyroid carcinoma or calciphylaxis

Prerequisites (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.

and

- ☐ 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.

INITIATION – primary hyperparathyroidism

Prerequisites (tick boxes where appropriate)

- ☐ Patient has primary hyperparathyroidism
- and
- ☐ Patient has hypercalcaemia of more than 3 mmol/L with or without symptoms
- or
- ☐ Patient has hypercalcaemia of more than 2.85 mmol/L with symptoms
- and
- ☐ Surgery is not feasible or has failed
- and
- ☐ Patient has other comorbidities, severe bone pain, or calciphylaxis

I confirm that the above details are correct:

Signed: Date:

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PRESCRIBER

Name:

Ward:

PATIENT:

Name:

NHI:

Cinacalcet - *continued*

INITIATION – secondary or tertiary hyperparathyroidism

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

- ☐ Patient has tertiary hyperparathyroidism and markedly elevated parathyroid hormone (PTH) with hypercalcaemia
or
☐ Patient has symptomatic secondary hyperparathyroidism and elevated PTH

and

- ☐ Patient is on renal replacement therapy

and

- ☐ Residual parathyroid tissue has not been localised despite repeat unsuccessful parathyroid explorations
or
☐ Parathyroid tissue is surgically inaccessible
or
☐ Parathyroid surgery is not feasible

CONTINUATION – secondary or tertiary hyperparathyroidism

Re-assessment required after 12 months

Prerequisites (tick boxes where appropriate)

- ☐ The patient has had a kidney transplant, and following a treatment free interval of at least 12 weeks a clinically acceptable parathyroid hormone (PTH) level to support ongoing cessation of treatment has not been reached
or
☐ The patient has not received a kidney transplant and trial of withdrawal of cinacalcet is clinically inappropriate

I confirm that the above details are correct:

Signed: Date: