

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: Name:

Ward: 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 arteriolopathy)
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: NHI:

Cinacalcet - *continued*

INITIATION – secondary or tertiary hyperparathyroidism

Re-assessment required after 6 months

Prerequisites (tick boxes where appropriate)

or Patient has tertiary hyperparathyroidism and markedly elevated parathyroid hormone (PTH) with hypercalcaemia
 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)

or 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
 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: