

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Cinacalcet

Initial application — parathyroid carcinoma or calciphylaxis

Applications only from a nephrologist or endocrinologist. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

- 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

Renewal — parathyroid carcinoma or calciphylaxis

Current approval Number (if known):.....

Applications only from a nephrologist or endocrinologist. Approvals valid without further renewal unless notified.

Prerequisites(tick boxes where appropriate)

- 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.

Initial application — primary hyperparathyroidism

Applications from any relevant practitioner. Approvals valid without further renewal unless notified.

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 the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

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Cinacalcet - *continued*

Initial application — secondary or tertiary hyperparathyroidism

Applications from any relevant practitioner. Approvals valid for 6 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> Patient has tertiary hyperparathyroidism and markedly elevated parathyroid hormone (PTH) with hypercalcaemia or <input type="checkbox"/> Patient has symptomatic secondary hyperparathyroidism and elevated PTH
and
<input type="checkbox"/> Patient is on renal replacement therapy
and
<input type="checkbox"/> Residual parathyroid tissue has not been localised despite repeat unsuccessful parathyroid explorations or <input type="checkbox"/> Parathyroid tissue is surgically inaccessible or <input type="checkbox"/> Parathyroid surgery is not feasible

Renewal — secondary or tertiary hyperparathyroidism

Current approval Number (if known):.....

Applications from any relevant practitioner. Approvals valid for 12 months.

Prerequisites(tick boxes where appropriate)

<input type="checkbox"/> 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 <input type="checkbox"/> The patient has not received a kidney transplant and trial of withdrawal of cinacalcet is clinically inappropriate

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