Enquiries to Ministry of Health 0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Page 1 **Form SA2170** November 2025

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:		
Cina	calc	et				
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 The patient is symptomatic				
	or	and The patient has symptomati	osed with calciphylaxis (calcific uraemic arteriolopathy c (e.g. painful skin ulcers) hypercalcaemia (serum ca not responded to previous first-line treatments includin	alcium greater than or equal to 3 mmol/L)		
Renewal — parathyroid carcinoma or calciphylaxis Current approval Number (if known):						
Prerequisites(tick boxes where appropriate)						
	and	The patient's serum calcium level				
		 · · ·	ally significant symptom improvement			
Note	: This	does not include parathyroid adenoma	s 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)						
	and	Patient has primary hyperparathyr	oidism			
		Patient has hypercalcaemia of more than 3 mmol/L with or without symptoms				
		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.

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Fax Number:		Fax Number:
Cinacalcet - continued		
or Patient has symptomatic sec	als valid for 6 months. athyroidism and markedly elevated parathyroid horm condary hyperparathyroidism and elevated PTH rapy has not been localised despite repeat unsuccessful purple ly inaccessible	
hormone (PTH) level to support on		, , , ,

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