

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:

Cinacalct

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 Health New Zealand, 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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