

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:	
.....		
.....		

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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
.....	Address:	
.....		
.....		

Cinacalcet - continued

Initial application — secondary or tertiary hyperparathyroidism

Applications from any relevant practitioner. Approvals valid for 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

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)

- ☐ 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 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