## SA Health

## Streamline Non Formulary Request: Cinacalcet 30mg, 60mg, 90mg Tablets

**Cinacalcet 30mg, 60mg, 90mg tablets** are not listed on the South Australian Medicines Formulary however is available on request for calciphylaxis associated with severe secondary hyperparathyroidism in patients with chronic kidney disease (not on dialysis) on Renal advice.

The following information is required to be provided by the prescriber prior to dispensing.

## Patient details:

Name:				
UR #:	Date of birth:	Gender:		
Patient location (site/hospital):				
Patient eligibility for cinacalcet 30mg, 60mg, 90mg tablets:				
severe secondary hyperparathyroidism in patients with chronic kidney disease (not on dialysis) on Renal advice AND				
calciphylaxis lesions present				
Dose prescribed:				
30mg daily				
Other:				
Prescriber eligibility for cinacalcet 30mg, 60mg, 90mg tablets:				
1. Renal unit				
OR				
2. Advised by Renal physician – name of physician:				
Outcome assessment: fill out re	elevant section on	ly		
Initiating patients – this form has a 6-month expiry:			1	
Provide description of calciphylaxis skin lesions:  Baseline:				
Provide description of pain severity using a numerical rating scale: Baseline:				



OR

SA Health Streamline Non-Formulary Approval Request Cinacalcet 30mg, 60mg, 90mg Tablets – September 2023

First renewal for continuing patients – this form has a 12-month expiry: This section is to be filled out for follow up in 6 months from first use with

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	documentation of efficacy in medical notes. Provide description of improvement in calciphylaxis skin lesions: Baseline:				
	At 6 months:				
	Provide description of improvement in pain severity using a numerical rating scale:  Baseline:				
	At 6 months:				
	OR Subsequent renewals for continuing patients – this form has a 12-month expiry: Provide description of calciphylaxis skin lesions:				
	Provide description of pain severity using a numerical rating scale:				
	Prescriber details:				
	I certify that the above information is correct				
	Date:	Date:			
	Prescriber Name: Position:				
	Telephone No: Pager No:	Clinical unit, hospital:  Telephone No:  Pager No:			
	Forward this form to your clinical pharmacist or Pharmacy Department.				
	PHARMACY USE INFORMATION				
	Entered in iPharmacy Yes No Signature:				
	Entered in database Yes No Date:				
	Expiry				
Government of South Australia	SA Health Streamline Non-Formulary Approval Request Cinacalcet 3	Oma 60ma 90ma Tablata			

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SA Health Streamline Non-Formulary Approval Request Cinacalcet 30mg, 60mg, 90mg Tablets – September 2023