



**CINACALCET (SENSIPAR®) INITIAL APPLICATION FORM**  
Please direct to BCPRA: email [bcpra@bcpra.ca](mailto:bcpra@bcpra.ca) or fax 604 875-7366

**Note: the following information will be reviewed by an adjudication committee made up of nephrologists & renal clinical pharmacists. The patient's name will only be known to one pharmacist (Pharmanet review). The identity of the patient's nephrologist will not be revealed to any committee member.**

Date of Request:	Health Authority
Patient Name:	PHN:
Duration of dialysis:	

**All of the following criteria have to be met for funding consideration (indicate below)**

<input type="checkbox"/> This patient has severe symptoms (e.g. itching, myalgia, profound neuropathy, bone pain) deemed to be related to PTH with significant and sustained elevation (typically above 88 pmol/L). Please describe symptoms for BCPRA database: _____ severity (circle) 1 2 3 4 5 6 7 8 9 10 _____ severity (circle) 1 2 3 4 5 6 7 8 9 10 _____ severity (circle) 1 2 3 4 5 6 7 8 9 10
<input type="checkbox"/> This patient has been reviewed by a surgeon/anesthetist or nephrologist and has been deemed to not be a candidate for parathyroidectomy due to 1) surgical high risk, 2) poor wound healing, 3) anesthetic risk, or 4) other ( please circle one), based on validated peri-operative risk scores (e.g. ASA or SRS ) in conjunction with clinical judgment (such as poor wound healing), or <input type="checkbox"/> This patient has been wait-listed for parathyroidectomy (i.e. cinacalcet for “bridge” therapy until surgery), or <input type="checkbox"/> This patient has a renal transplant pending imminently (either a living donor transplant within 3-6 months or top of the waitlist for cadaveric donor transplant) and the patient's transplant nephrologist indicates preference for pre-transplant cinacalcet instead of parathyroidectomy.
<input type="checkbox"/> Maximal standard therapy (i.e. diet, vitamin D analogues, phosphate binders) has been ineffective despite good adherence (please physically review medication containers to assess adherence on clinic or dialysis visit)

Lab data to support application	Value/date	Value/date
At least two consecutive intact PTH results, at least 1 month apart		
At least two consecutive Calcium levels, at least 1 month apart		
At least two consecutive Phos. levels, at least 1 month apart		
PRU and/or kt/V		

Please list medications and doses employed for bone – mineral metabolism control in past year.
Additional circumstances to be considered:
Pharmacy currently providing medications to patient

Please indicate the best method of contacting the MD who has requested medication (**email/ pager /office phone number/ fax number**)

a) For clarification, if required: please provide contact info
b) For sending the Approval notification: please provide fax numbers

Nephrologist's Name: please print \_\_\_\_\_

Nephrologist's Signature: \_\_\_\_\_