

CINACALCET (SENSIPAR®) INITIAL APPLICATION FORM
Please direct to BCPRA by email 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: _____