

# Cinacalcet Initial Application



**PLEASE MAKE SURE THIS FORM IS SIGNED BEFORE FAXING TO MACDONALD'S PHARMACY**

<b>Date of Request:</b>	<b>Patient Name:</b>
<b>Date of Birth:</b>	<b>PHN:</b>
<input type="checkbox"/> This patient has sustained PTH elevation at least two consecutive blood work results at least 6 weeks apart (above 100 pmol/L) AND	
<input type="checkbox"/> This patient has been on maximal standard therapy (i.e. diet, vitamin D analogues, phosphate binders) which has been ineffective despite good adherence AND	
<input type="checkbox"/> This patient has been deemed not to be a candidate for parathyroidectomy or is waitlisted for parathyroidectomy	

- Initial dose of Cinacalcet 30 mg (1 tablet) po daily with supper (30 tablets)
- Ca, PO4 levels at 2 and 4 weeks after initiation of cinacalcet

## Initial Prescription:

**Cinacalcet 30 mg po daily**

**Mitte: New prescription for 30 days, then three refills of 90 days each allowed**

DATE (DD/MM/YYYY)	PRESCRIBER NAME (PRINTED)	PRESCRIBER SIGNATURE	COLLEGE ID	HEALTH AUTHORITY