

**EXCEPTION STATUS DRUG REQUEST FOR SENSIPAR®
(CINACALCET HCl) FOR SHPT (SECONDARY HYPERPARATHYROIDISM)**

<input type="checkbox"/> Initial Request <input type="checkbox"/> Renewal request				
PATIENT INFORMATION				
PATIENT'S SURNAME	PATIENT'S SURNAME	HEALTH CARD NUMBER	DATE OF BIRTH	
DOSE REQUESTED				
<input type="checkbox"/> 30 mg daily <input type="checkbox"/> 60 mg daily <input type="checkbox"/> 90 mg daily <input type="checkbox"/> 120 mg daily <input type="checkbox"/> 180 mg daily				
ELIGIBILITY CRITERIA				
For the treatment of patients with chronic kidney disease on dialysis with secondary hyperparathyroidism with iPTH >88pmol/L on more than one occasion 6 weeks apart who are:				
<input type="checkbox"/> Are not responding to optimal doses of Vitamin D analogues or phosphate binders (calcium or non-calcium based) AND				
<input type="checkbox"/> Are either not a surgical candidate due to surgical or anesthetic risk OR				
<input type="checkbox"/> Awaiting kidney transplant				
Initial serum calcium level: _____ mmol/L (Serum Calcium greater than or equal to 2.2 mmol/L)				
DIAGNOSTIC INFORMATION AND MEDICATION HISTORY				
PTH levels (must be >88pmol/L)	Date of Labs (must be @ least 6 weeks apart)	Drug Therapy	Product and Dose	Response to Therapy (Intolerance/contraindication/non-response)
		Phosphate Binder		
		Vitamin D Analogue		
Clinical symptoms suggesting impairment in quality of life: 				
RENEWAL CRITERIA				
Coverage for cinacalcet will be renewed if there is a greater than 30% decrease in iPTH after at least 3 months with escalating dose, indicating the patient is responding.				
Current PTH level: _____ pmol/L Date of screening : _____				
CLINICAL NOTES				
PRESCRIBER NAME & ADDRESS 		 		
LICENSE # _____	_____ PRESCRIBER SIGNATURE	_____ DATE		

12/2020

Please Return Form To: Nova Scotia Pharmacare Department, P.O. Box 500, Halifax, NS B3J 2S1 FAX: (902) 496-4440