

## CINACALCET

### Introduction

<b>General Statements</b>	<ul style="list-style-type: none"> <li>This shared care guideline (SCG) covers the use of cinacalcet (<i>Mimpara</i>) for the indications set out in this document. The purpose of this document is to facilitate initiation and administration of the first dose(s) by a specialist team in secondary care and continuation thereafter in primary care</li> <li>The patient will receive supplies of the drug from the hospital until the transfer of shared care is agreed between the Consultant and GP.</li> <li>The agreement to consider shared care will only be considered when the patient's clinical condition is stable</li> <li>The GP must reply in writing to the request for shared care within two weeks if <b>unwilling</b> to participate</li> <li>The responsibility for prescribing and monitoring must be clearly documented in the patient's hospital and GP notes.</li> </ul>
<b>Indication</b>	<ul style="list-style-type: none"> <li>Hypercalcaemia of primary hyperparathyroidism or parathyroid carcinoma</li> </ul>

### Individuals Responsibilities

<b>Hospital Specialist's Responsibilities</b>	<ul style="list-style-type: none"> <li>➤ Baseline monitoring and initial prescribing until the patient is established on treatment.</li> <li>➤ Monitoring condition and response to treatment</li> <li>➤ Provide GP with diagnosis, relevant clinical information and baseline results, treatment to date and treatment plan, duration of treatment before consultant review.</li> <li>➤ Ensure that the patient has an adequate supply of medication until GP supply can be arranged.</li> <li>➤ Continue to monitor and supervise the patient according to this protocol, while the patient remains on this drug, and agree to review the patient promptly if contacted by the GP.</li> <li>➤ Patients will be reviewed in the endocrine clinic as per the Hospital Specialist's instructions</li> </ul>
<b>General Practitioner's Responsibilities</b>	<ul style="list-style-type: none"> <li>➤ Ensure hospital is notified if <b>unwilling</b> to undertake prescribing and monitoring when requested</li> <li>➤ Prescribing following written request from specialist.</li> <li>➤ Ensure monitoring is undertaken according to shared care guideline and only continue prescription if compliance with monitoring and results satisfactory.</li> <li>➤ Follow guidance in the event of reaction or abnormality, record it and report back to the specialist</li> <li>➤ Ensure no drug interactions with concomitant medicines</li> <li>➤ To inform the endocrine team if patient repeatedly does not attend routine blood monitoring.</li> <li>➤ Contact Hospital Specialist if treatment discontinued due to hypocalcaemia or if patient experiences any suspected related adverse drug reaction</li> </ul>

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<b>Monitoring Required</b>	<p><b>Initial Monitoring (undertaken by Hospital Specialist):</b></p> <ul style="list-style-type: none"> <li>• Bone profile, PTH, U/E, creatinine, LFT.</li> </ul> <p><b>Titration Monitoring(undertaken by Hospital Specialist)</b></p> <ul style="list-style-type: none"> <li>• Adjusted calcium levels between 2.1 – 2.8 mmols/l on an uncuffed sample.</li> <li>• PTH levels between 15.9 and 31.8 pmol/litre in renal patients.</li> </ul> <p>Once the dose has been titrated to achieve stable monitoring parameters as above, prescribing and monitoring will be transferred to the GP.</p> <p>The Hospital Specialist must inform the GP what dose to prescribe, and detail any further monitoring requirements (including frequency) not described below</p> <p><b>Maintenance monitoring (undertaken by GP):</b></p> <ul style="list-style-type: none"> <li>• Calcium levels to be monitored <u>3 monthly</u> by GP for calcium abnormality (adjusted calcium of &lt;2.1 nmol/l or &gt;2.8nmol/l)</li> <li>• If adjusted calcium levels &lt;2.1 nmol/l stop treatment and contact specialist team urgently</li> <li>• If adjusted calcium levels &gt;2.8 nmol/l continue treatment and contact specialist team for dose titration</li> </ul>
<b>When and How to Discontinue Treatment</b>	<ul style="list-style-type: none"> <li>• See above</li> <li>• Otherwise treatment should be discontinued by Hospital Specialist only.</li> <li>• Please note the frequency of Hospital Specialist reviews is decided on an individual patient basis</li> </ul>
<b>Information given to the patient</b>	<p>Advice given to patients regarding symptoms of hypocalcaemia (paraesthesias, myalgias, cramping, tetany and convulsions) and to report them to their GP without delay.</p> <p>PIL for cinacalcet.</p>
<b>Contact Details</b>	<p>Documented in letter from specialist to GP.</p>

## Product Information

**The information in this Shared Care Guideline should be used in conjunction with the latest edition of the BNF and Summary of Product Characteristics**

<b>Dosage</b>	<p><i>Initial Regime:</i></p> <ul style="list-style-type: none"> <li>• 30mg OD with incremental doses according to response to treatment, In primary hyperparathyroidism, the starting dose is 30mg BD, adjusted every 2-4 weeks according to response up to a maximum of 90mg four times a day</li> </ul> <p>G.P. will be advised on dose adjustments by the Hospital Specialist</p>
<b>Adverse Effects</b>	<p>Refer to the BNF and SPC (<a href="http://www.medicines.org.uk">www.medicines.org.uk</a>).</p> <p>Hypocalcaemia: Stop drug and inform specialist immediately.</p> <p>5% of patients may experience nausea and vomiting and will require symptomatic relief with an oral anti emetic. Please note these side effects can happen at any time, not just on initiation of treatment.</p>

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<b>Precautions and Contra-indications</b>	Refer to the BNF and SPC ( <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> ) Use with caution in patients with moderate to severe hepatic impairment: <ul style="list-style-type: none"><li>• Closer monitoring will be required especially when increasing dose.</li></ul> Avoid use in patients who are breast feeding. Only use in pregnancy if potential benefits outweigh risks (no information available).
<b>Clinically relevant Drug Interactions and their management</b>	Refer to the BNF and SPC ( <a href="http://www.medicines.org.uk">www.medicines.org.uk</a> ) Avoid concomitant use with tamoxifen.