

Shared care guidelines

Drug

Cinacalcet

Speciality

Endocrinology

Indication

Primary hyperparathyroidism when parathyroidectomy is not clinically appropriate, parathyroid carcinoma, parathyroid hyperplasia when parathyroidectomy is not clinically appropriate

Overview

Cinacalcet is a calcimimetic which inhibits PTH secretion by modulating the calcium sensing receptor of the parathyroid. This reduction in PTH levels leads to a reduction in serum calcium levels. It should be considered a second line therapy only. Cinacalcet is an effective treatment for symptomatic hypercalcaemia but it does not improve bone density in primary hyperparathyroidism.

Hospital specialist's Responsibilities

Initial investigations: Bone profile, PTH, urea, electrolytes and creatinine, LFT's

Initial regimen: 30mg twice-daily

Clinical monitoring: bone profile
Frequency: weekly until dose established

Safety monitoring: Bone profile (ensure hypocalcaemia does not ensue).
Monitor for side effects (non-specific).
Frequency: Fortnightly

Prescribing arrangements: Hospital specialist until dose titration performed

Documentation: Clinic letters

GP's responsibilities

Maintenance prescription: On direct instruction from hospital practitioner when dose established. Dose range from 30mg b.d. to 90mg q.d.s.

Clinical monitoring: bone profile
Frequency: 3 monthly

Safety monitoring: Ensure no hypocalcaemia
Frequency: 3 monthly

Duration of treatment: Usually life-long

Documentation: Practice records

Adverse events	Action
Hypocalcaemia - Calcium level <2.2 mmol/l	Stop drug. Contact specialist immediately
Nausea and vomiting (5%)	Symptomatic relief. Contact specialist for advice

Other information

Use with caution in hepatic impairment as plasma levels of cinacalcet are elevated 2-4 fold. Cinacalcet should only be used in pregnancy if potential benefit justifies potential risk to the foetus.

It is not known whether cinacalcet is excreted in human milk and if breast feeding careful benefit risk assessment should be performed.

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