

Cinacalcet

Traffic light classification- Amber 2 Information sheet for Primary Care Prescribers

Licensed Indications

Cinacalcet is indicated for primary hyperparathyroidism in adults

This information sheet applies only to adult patients > 18 years of age with primary hyperparathyroidism (PHPT) if surgery has been unsuccessful, is unsuitable or has been declined, and if their albumin adjusted calcium level is either

- 2.85mmol/litre or above with symptoms of hypercalcaemia or
- 3.00mmol/litre or above with or without symptoms of hypercalcaemia

Prescribing outside of licensed indication

No

Any exclusions

Cinacalcet is also licensed for

- Secondary hyperparathyroidism for adults and paediatric patients \geq 3years of age and
- Parathyroid carcinoma in adults

Both of these indications are excluded for the purpose of this information sheet.

Patients given cinacalcet in primary care must not be under 18 years of age.

Therapeutic Summary

Cinacalcet is a calcimimetic agent which directly lowers parathyroid hormone (PTH) levels by increasing the sensitivity of the calcium sensing receptor to extracellular calcium. The reduction in PTH is associated with a concomitant decrease in serum calcium levels.

Reductions in PTH levels correlate with cinacalcet concentration.

After steady state is reached, serum calcium concentrations remain constant over the dosing interval.

Medicines Initiation

Cinacalcet is to be initiated by specialist in secondary care. The patient must be on a stable dose for up to 3 months before prescribing can be passed on to primary care.

Products available

Product	Strength	Cost for 28 tablets*
Cinacalcet	30mg	£125.75
Cinacalcet	60mg	£231.97
Cinacalcet	90mg	£347.97

*prices correct from [Drug Tariff April-20](#)

Cinacalcet is also available as 1mg, 2.5mg and 5mg granules for opening; however this formulation should not be prescribed in primary care.

Dosages and route of administration

Cinacalcet tablets are for oral administration, to be taken with or shortly after food.

Doses of Cinacalcet can reach up to 90mg three to four times daily. However, it is anticipated that the majority of patients would be stabilised on no more than 30mg two to three times a day.

Reconstitution and storage

Cinacalcet does not require reconstitution and does not have any special storage conditions.

Duration of treatment

Life-long treatment with cinacalcet will be necessary, unless stopped by GP in the event calcium levels drop below 2.2mmol/l or if patient experiences a change in clinical symptoms which may be caused by the medication. This would trigger a referral back to secondary care.

Monitoring Requirements and Responsibilities

Responsibility	Calcium levels
Secondary care	One week before initiation of treatment and within a week of starting treatment or adjusting dosing.
Primary care	3 monthly, unless clinical reason to test sooner. Lifelong.

Explicit criteria for review and discontinuation of the medicine

If clinically relevant reductions in serum calcium are not maintained, discontinuation of cinacalcet should be considered.

Contraindications

Cinacalcet is contraindicated in patients with hypocalcaemia and those with sensitivities to the active substance or to any of the excipients.

Precautions

Precaution must be taken with patients who have a history of

- Seizures (fits or convulsions) – the risk of seizure will be higher in those patients who have had them before
- Liver problems

- Heart failure
- Congenital QT-Prolongations and/or ventricular arrhythmia

Clinically relevant medicine interactions and their management

Concurrent administration of other medicinal products known to reduce serum calcium (e.g. bisphosphonates, denosumab) along with cinacalcet may result in an increased risk of hypocalcaemia. Patients taking cinacalcet should not be given etelcalcetide.

Use with caution in patients already taking medications known to cause QT-prolongation e.g. citalopram, quetiapine, amisulpride.

Cinacalcet is metabolised in part by the enzyme CYP3A4. Therefore doses of cinacalcet may need adjusting if patient is initiated with strong inhibitor (e.g. ketoconazole, itraconazole, telithromycin, voriconazole, ritonavir) or inducer (e.g. rifampicin).

Cinacalcet is also metabolised in part by the enzyme CYP1A2. Smoking induces this enzyme, therefore dose adjustments may be necessary if a patient starts or stops smoking.

Information given to patient

Advice to patient/carers

- To take cinacalcet with or shortly after food. The tablets must be taken whole and not to be chewed, crushed or divided.
- To contact their doctor if they experience any spasms, twitches, muscles cramps, numbness or tingling in fingers, toes or around the mouth as this may indicate low calcium levels.
- To inform their doctor if they are stopping or starting to smoke as it may affect the way cinacalcet works.
- To counsel on the effects on driving and performance of skilled tasks as there is an increased risk of dizziness.

Further advice and support – this information is not inclusive of all prescribing information
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Summary of product characteristics via electronic Medicines Compendium (eMC) British National Formulary: https://bnf.nice.org.uk/

Consultant endocrinologist, Kings Mill Hospital
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Patient Pathway Coordinators: 01623622515 Ext: 3272

Specialist Contact Details (out of hours)
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For Medical Professionals – Ring: 01623 622 515 and ask to speak to On call Endocrinologist

For Patients – Ring 01623622515 and ask to speak to Endocrinology Patient Pathway Coordinators (PPC)
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