

## Supplementary Appendix

### Cinacalcet prescribing pathway following local Share Care Guideline <sup>11</sup>

Cinacalcet will be funded by local commissioners for the treatment of pHPT in patients who are not deemed suitable for parathyroid surgery with serum calcium:

- a)  $>2.9\text{mmol/L}$  with symptoms related to hypercalcaemia
- b)  $>3.0\text{mmol/L}$  regardless of symptoms



Cinacalcet will be commenced by the endocrinologists in the pHPT clinic at a dose of 30mg, taken orally, once daily.



If calcium has not fallen to  $<2.7\text{mmol/L}$ , or by a minimum of  $0.25\text{mmol/L}$ , in the first eight weeks the dose of cinacalcet should be increased by endocrinologists in the pHPT clinic to 30mg, taken orally, twice daily.



The dose should be further adjusted by endocrinologists in the pHPT clinic to achieve target calcium  $<2.7\text{mmol/L}$ .



Once calcium is in the target range on a stable dose of cinacalcet prescribing responsibility will transfer to the general practitioner.



The GP should monitor calcium every three months and seek advice from the endocrinologists in the pHPT clinic if calcium falls  $<2.4\text{mmol/L}$  or rises  $>2.7\text{mmol/L}$ .