

- To avoid driving, other hazardous activities until stabilized on this medication; drowsiness or dizziness may occur
- To avoid OTC preparations: aspirin; cough, cold preparations; condition may worsen; OTC therapy is used for short term (2 wk)
- Not to smoke because smoking decreases effectiveness of product
- That product must be taken exactly as prescribed and continued for prescribed time to be effective; not to double dose; if taking OTC, not to take maximum dose >2 wk unless directed by prescriber
- **To report diarrhea, black tarry stools, sore throat, rash, dizziness, confusion, delirium to prescriber**
- To use increased fluids, bulk in diet to decrease constipation
- **Pregnancy/breastfeeding:** to report if pregnancy is planned or suspected or if breastfeeding, avoid breastfeeding

cinacalcet (Rx)

(sin-a-kal'set)

Sensipar*Func. class.:* Calcium receptor agonist*Chem. class.:* Polypeptide hormone

ACTION: Directly lowers PTH levels by increasing sensitivity of calcium-sensing receptors to extracellular calcium

USES: Hypercalcemia with parathyroid carcinoma, secondary hyperparathyroidism with chronic kidney disease for patient on dialysis, primary hyperparathyroidism

CONTRAINDICATIONS: Hypersensitivity, hypocalcemia

Precautions: Pregnancy, breastfeeding, children, seizure disorders, hepatic disease

DOSAGE AND ROUTES**Parathyroid carcinoma**

• **Adult: PO** 30 mg bid, titrate q2-4wk, with sequential doses of 30 mg bid, 60 mg bid, 90 mg bid, 90 mg tid-qid to normalize calcium levels

Secondary hyperparathyroidism

• **Adult: PO** 30 mg/day, titrate no more frequently than q2-4wk with sequential doses of 30, 60, 90, 120, 180 mg/day

Available forms: Tabs 30, 60, 90 mg

Administer:

- Swallow tabs whole; do not break, crush, or chew; use with food or right after a meal
- Can be used alone or in combination with vit D sterols, phosphate binders
- Storage at <77° F (25° C)

Chronic kidney disease: Titrate q2-4wk to target iPTH consistent with National Kidney Foundation–Kidney Disease Outcomes Quality Initiative (NKF-K/DOQI) for chronic kidney disease patient on dialysis of 150-300 pg/mL; if iPTH <150-300 pg/mL, reduce dose of cinacalcet and/or vit D sterols or discontinue treatment

SIDE EFFECTS

CNS: Dizziness, asthenia, **seizures**, paresthesia, fatigue, headache

CV: Dysrhythmia hypotension

GI: Nausea, diarrhea, vomiting, anorexia, constipation

MISC: Infection, dehydration, hypercalcemia, anemia, hypocalcemia

MS: Myalgia, bone fractures binding

PHARMACOKINETICS

93%-97% plasma; proteins metabolized by CYP3A4, 2D6, 1A2; half-life 30-40 hr; renal excretion of metabolites (80% renal, 15% in feces)

INTERACTIONS

Increase: cinacalcet levels—CYP3A4 inhibitors (ketoconazole, erythromycin, itraconazole), dose may need to be reduced

Increase: levels of CYP2D6 inhibitors (flecainide, vinBLASTine, thioridazine, tricyclics)

Drug/Food

Increase: action by high-fat meal

NURSING CONSIDERATIONS**Assess:**

• **Hypocalcemia:** cramping, seizures, tetany, myalgia, paresthesia; calcium, phosphorous within 1 wk and iPTH 1-4 wk after initiation or dosage adjustment