

## Northwest Kidney Centers

Chronic Maintenance In-Center Standing Orders - Paricalcitol

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## Paricalcitol (ICD10 – N25.81)

- 1. Targets**     iPTH 150 – 600 pg/ml  
                         Calcium  $\leq$  10.2 mg/dl

### 2. Labs:

- Draw monthly calcium (in NKC Profile) unless otherwise indicated by tables below.
- Draw iPTH quarterly (Jan-Apr-Jul-Oct) unless otherwise indicated below.
- Draw labs with the routine monthly lab draws unless otherwise indicated by tables below.
- If monthly calcium  $>10.2$ , redraw calcium in 1 week (maximum 3 draws per month).
- If calcium  $>10.5$ , notify physician for guidance on management.

### 3. Dosing:

- a. Paricalcitol dosing is based on tiers that correspond to specific doses in mcg as indicated in Table 1:

Table 1: Tier Dosing

Tier	Dose, mcg	Tier	Dose, mcg
0	0	6	6
1	1	7	8
2	2	8	10
3	3	9	12
4	4	10	14
5	5	$>10$	Call physician

- Give paricalcitol doses IV, 3x/week with dialysis. If patient dialyzes  $>3x/week$ , ensure doses are spaced evenly 3x/week throughout the week. If patient runs only 1 or 2 times per week administer the dose with each dialysis i.e. qweek or 2x/week, respectively.
- Always use the most recent calcium and iPTH when applying the algorithms.
- If the algorithm indicates to decrease the paricalcitol dose to  $<1mcg$ , hold paricalcitol dose

### 4. Incident Patient Algorithm:

- Incident patient = patient new to dialysis or established patient who has not received any doxercalciferol or paricalcitol within past 6 months.
- Do not start paricalcitol if calcium  $>9.8$ , monitor calcium monthly
- If calcium is  $\leq 9.8$  give paricalcitol at the dose indicated in Table 2 and draw next iPTH in two months, or at next quarterly labs, whichever is sooner.

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iPTH (pg/ml)	Tier	Dose (mcg)
<300	0	0
300 – 450	1	1
>450 – 600	2	2
>600	4	4

- d. Once paricalcitol started and result on next iPTH draw known, proceed per Established Patient Algorithm below.

#### 5. Established Patient Algorithm

- a. If calcium  $\geq 10.2$  mg/dl, hold paricalcitol dose
- b. If calcium  $< 10.2$  mg/dl, determine paricalcitol dose using the iPTH brackets in Table 3 and the following algorithm.

iPTH (pg/ml)	Bracket
< 150	A
150 – 450	B
>450 – 600	C
>600	D

- c. Change current paricalcitol dose based on most recent PTH result compared to the prior PTH result:
- i. Hold dose if PTH is in bracket (A)
  - ii. 1-tier increase if patient switched from PTH bracket (B) to bracket (C) or from bracket (C) to bracket (D) or patient remains in bracket (D)
  - iii. 2-tier increase if patient had two or more PTH bracket increase
  - iv. 1-tier decrease if patient switched from PTH bracket (D) to bracket (C) or from bracket (C) to bracket (B)
  - v. 2-tier decrease if patient had two or more bracket decrease, unless patient switches to bracket (A), in which case hold dose
  - vi. In all other cases keep existing dose

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**6. Held Dose Algorithm** (for established patients)

- a. If paricalcitol dose on hold, and most recent calcium <10.0 mg/dl AND iPTH >300 pg/ml, then manage paricalcitol using the following algorithm:
  - i. Restart with 2-tier decrease if iPTH >300 pg/mL and in bracket (B) (i.e. iPTH >300 to 450)
  - ii. Restart with 1-tier decrease if in bracket (C). If previous dose was 1mcg, restart paricalcitol at 1mcg (Tier 1) if in bracket (C).
  - iii. Restart with the same dose if in bracket (D)
- b. If paricalcitol on hold, and most recent calcium is  $\geq$ 10.0mg/dl AND iPTH >600 pg/ml, contact nephrologist to suggest starting or increasing cinacalcet

Matthew Rivara, MD  
Physician Name (Please Print)

**Patient Name** \_\_\_\_\_ **NKC #** \_\_\_\_\_