Chronic Maintenance In-Center Standing Orders – Paricalcitol

NORTHWEST Kidney Centers

Paricalcitol (ICD10 - N25.81)

1. Targets: iPTH 200 – 400 pg/ml
Calcium ≤ 10.2

2. Labs:
   a. Draw monthly calcium (in NKC Profile) unless otherwise indicated by tables below.
   b. Draw iPTH quarterly (Jan.-Apr.-July-Oct.) unless otherwise indicated by tables below.
   c. Draw labs with the routine monthly lab draws unless otherwise indicated by tables below.
   d. If calcium > 10.5 notify physician for guidance on management. If paricalcitol on hold for elevated calcium continue to check calcium with monthly labs or per the Held Dose Algorithm (Table 4) below.

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

   b. 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.
   c. Always use the most recent calcium and iPTH when applying the algorithms.
   d. The percent iPTH change (PPC) = [(current iPTH – previous iPTH) / current iPTH]*100. The current iPTH is considered to be the most recently drawn iPTH and the previous iPTH is the iPTH level prior to the most recent iPTH.
   e. **Incident Patient Algorithm** (paricalcitol naïve):
      i. Paricalcitol naïve = has not received any paricalcitol (or other active vitamin D agent, e.g. calcitriol, hectorol) within past year.

Patient Name_____   NKC#_____

      ii. Do not start paricalcitol until calcium <9.5, monitor calcium monthly

     iii. Once calcium is <9.5 give paricalcitol at the mcg dose and draw next iPTH as indicated per Table 2 below:

Table 2: Incident Patient (paricalcitol naive) Algorithm				
Calcium (mg/dl)	**iPTH (pg/ml)**	**Tier**	**Dose (mcg)**	**Next iPTH draw**
< 9.5	< 200	0	0	Quarterly
	200 - 400	2	2	Quarterly
	401 - 500	4	4	One month
	501 - 600	5	5	One month
	> 600	7	8	One month
≥ 9.5	Do not start			Quarterly

    iv. Once paricalcitol started and result of next iPTH draw known, proceed per Prevalent Patient Algorithm (Table 3) below.

  f. **Prevalent Patient Algorithm** (patients already on paricalcitol)

    i. Using the most recent calcium, iPTH and PPC* (item 3. d above) determine Tier Adjustment based on Table 3 below:

Table 3: Prevalent Patient Algorithm (for patients already on paricalcitol)					
Calcium (mg/dl)	**iPTH (pg/ml)**	**PPC** (Percent iPTH Change)	**Tier Adjustment**	**Next iPTH draw**	**Next Ca draw**
≤ 10.1	< 200	NA	Hold dose	One month	Monthly labs
	200 - 400	-80 or more	Decrease 2 tiers	One month	Monthly labs
		-80 ↔ -21	Decrease 1 tier	Quarterly	Monthly labs
		-20 ↔ 20	Maintain current tier	Quarterly	Monthly labs
		21 ↔ 80	Increase 1 tier	Quarterly	Monthly labs
		> 80	Increase 2 tiers	One month	Monthly labs
	401 - 500	-80 or more	Maintain current tier	One month	Monthly labs
		-80 ↔ -21	Maintain current tier	Quarterly	Monthly labs
		-20 ↔ 20	Increase 1 tier	Quarterly	Monthly labs
		21 ↔ 80	Increase 1 tier	Quarterly	Monthly labs
		> 80	Increase 2 tiers	One month	Monthly labs
	501 - 600	-80 or more	Maintain current tier	One month	Monthly labs
		-80 ↔ -21	Increase 1 tier	Quarterly	Monthly labs
		-20 ↔ 20	Increase 1 tier	Quarterly	Monthly labs
		21 ↔ 80	Increase 1 tier	Quarterly	Monthly labs
		> 80	Increase 2 tiers	One month	Monthly labs
	> 600	-80 or more	Increase 1 tier	One month	Monthly labs
		-80 ↔ -21	Increase 1 tier	Quarterly	Monthly labs
		-20 ↔ 20	Increase 1 tier	Quarterly	Monthly labs
		21 ↔ 80	Increase 2 tiers	One month	Monthly labs
		> 80	Increase 3 tiers	One month	Two weeks
> 10.1	Hold Dose			Quarterly	Two weeks

Patient Name_____   **NKC#**_____

ii. If dosing Tier drops to "0" use the "Held Dose Algorithm" (Table 4) below to determine restart tier.

iii. If a dose above tier 10 (14 mcg) is reached for 3 consecutive months and the iPTH remains above 600, switch to quarterly iPTH draws and notify physician of relative vitamin D resistance.

g. **Held Dose Algorithm** (for prevalent patients)

i. HOLD paricalcitol for calcium > 10.1 mg/dl or iPTH < 200 pg/ml

ii. Draw labs and adjust dose Tier per Table 4 below.

Table 4: Held Dose Algorithm (for prevalent patients)					
Calcium (mg/dl)	**iPTH (pg/ml)**	**PPC**	**Tier Adjustment**	**Next iPTH draw**	**Next Ca draw**
≤ 10.1	< 200	NA	Continue to hold dose	One month, if 3 consecutive draws are <200, switch to quarterly	Monthly labs
	≥ 200	≤ 80	Reduce dose by 1 tier lower than the dose at the time of hold, if the dose tier was 1 at the time of hold resume dose at tier 1	One month	Two weeks
		> 80	Resume same dose as at the time of hold	One month	Two weeks
> 10.1	NA	NA	Continue to hold dose	Quarterly	Two weeks, if 3 consecutive draws ≥ 10.2, contact physician

Suzanne Watnick, MD _____   _____
Physician Name (Please Print)   RN Name (Please Print)

_____   _____ _____
Physician signature   RN signature   Date
(see Initial Orders)

Patient Name_____   NKC#_____