

## 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 2 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

- 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.

**4. Incident Patient Algorithm:**

- Incident patient = patient new to dialysis or established patient who has not received any 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 one month.

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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

- If calcium >10.1 mg/dl, hold paricalcitol dose
- If calcium ≤10.1 mg/dl, determine paricalcitol dose using the paricalcitol brackets in Table 3 and the following algorithm.

iPTH (pg/ml)	Bracket
< 150	A
150 – 300	B
>300 – 450	C
>450 – 600	D
>600	E

- c. Change current paricalcitol dose based on most recent PTH result compared to the prior PTH result:
- Hold dose if PTH is in bracket (A)
  - 1-tier increase if patient switched from PTH bracket (B) to bracket (C) or from bracket (C) to bracket (D) or from bracket (D) to bracket (E) or patient remains in bracket (E)
  - 2-tier increase if patient had two or more PTH bracket increase
  - 1-tier decrease if patient switched from PTH bracket (E) to bracket (D) or from bracket (D) to bracket (C) or from bracket (C) to bracket (B)
  - 2-tier decrease if patient had two or more bracket decrease, unless patient switches to bracket (A), in which case hold dose
  - In all other cases keep existing dose
- d. If a paricalcitol dose change is made, or if dose is in tier 10 (14 mcg), recheck PTH in 1 month.

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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 restart paricalcitol using the following algorithm:
  - i. Continue to HOLD if in PTH bracket (A) or (B)
  - ii. Restart with the same dose if in bracket (C), (D) or (E)
  - iii. If iPTH not at goal, suggest physician start or increase cinacalcet.
- b. When paricalcitol restarted after a hold, recheck PTH in 1 month

Suzanne Watnick, MD  
Physician Name (Please Print)

\_\_\_\_\_  
Physician Signature  
(**see Initial Orders**)

\_\_\_\_\_  
Date

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