Chronic Maintenance In-Center Standing Orders - Paricalcitol

Paricalcitol (ICD10 – N25.81)

1. **Targets**   iPTH 150 – 600 pg/ml
                   Calcium ≤ 10.2 mg/dl

2. **Labs:**
   a. Draw monthly calcium (in NKC Profile) unless otherwise indicated by tables below.
   b. Draw iPTH quarterly (Jan-Apr-Jul-Oct) unless otherwise indicated below.
   c. Draw labs with the routine monthly lab draws unless otherwise indicated by tables below.
   d. If monthly calcium >10.2, redraw calcium in 1 week (maximum 3 draws per month).
   e. 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.
   d. If the algorithm indicates to decrease the paricalcitol dose to <1mcg, hold paricalcitol dose

4. **Incident Patient Algorithm:**
   a. Incident patient = patient new to dialysis or established patient who has not received any doxercalciferol or paricalcitol within past 6 months.
   b. Do not start paricalcitol if calcium >9.8, monitor calcium monthly

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c. If calcium is ≤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.

Table 2: Incident Patient Paricalcitol Dosing		
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 ≥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.

Table 3: Established Patient PTH Brackets	
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

6. **Held Dose Algorithm** (for established patients)
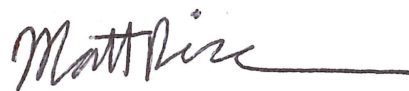   a. If paricalcitol dose on hold, and most recent calcium <10.0 mg/dl AND iPTH >300 pg/ml, then manage paricalcitol using the following algorithm:

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      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 ≥10.0mg/dl AND iPTH >600 pg/ml, contact nephrologist to suggest starting or increasing cinacalcet

Matthew Rivara, MD
Physician Name (Please Print)

January 5th, 2026

Physician Signature
(*see Initial Orders*)

Date

Patient Name _____ **NKC #** _____