

Northwest Kidney Centers

Chronic Maintenance In-Center Hemodialysis Standing Orders

Chronic Maintenance In-Center Standing Orders - Doxercalciferol

Doxercalciferol (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 below.
- Draw iPTH quarterly (Jan-Apr-Jul-Oct) unless otherwise indicated below.
- Draw labs with the routine monthly lab draws unless otherwise indicated 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:

- Give doxercalciferol 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 algorithms.
- If the algorithm indicates to increase the doxercalciferol dose to >7 mcg, contact nephrologist for instructions.
- If the algorithm indicates to decrease the doxercalciferol dose to <1 mcg, hold doxercalciferol dose

4. Incident Patient Algorithm:

- Incident patient = patient new to dialysis or established patient who has not received any paricalcitol or doxercalciferol within past 6 months.
- Do not start doxercalciferol if calcium >9.8 , monitor calcium monthly
- If calcium is ≤ 9.8 give doxercalciferol at the dose indicated in Table 1 and draw next iPTH in two months, or at next quarterly labs, whichever is sooner.

iPTH (pg/ml)	Dose (mcg)
<300	0
300 – 450	1
>450 – 600	2
>600	3

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

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5. Established Patient Algorithm

- a. If calcium ≥ 10.2 mg/dl, hold doxercalciferol dose
- b. If calcium < 10.2 mg/dl, determine doxercalciferol dose using the iPTH brackets in Table 2 and the following algorithm.

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

- c. Change current doxercalciferol dose based on most recent iPTH result compared to the prior iPTH result:
 - i. Hold dose if iPTH is in bracket (A)
 - ii. 1 mcg increase if patient switched from iPTH bracket (B) to bracket (C) or from bracket (C) to bracket (D) or patient remains in bracket (D)
 - iii. 2 mcg increase if patient had two or more iPTH bracket increase
 - iv. 1 mcg decrease if patient switched from iPTH bracket (D) to bracket (C) or from bracket (C) to bracket (B)
 - v. 2 mcg decrease if patient had two or more iPTH 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 doxercalciferol dose on hold, and most recent calcium < 10.0 mg/dl AND iPTH > 300 pg/ml, then manage doxercalciferol using the following algorithm:
 - i. Restart with 2mcg dose decrease if iPTH > 300 pg/mL and in bracket (B) (i.e. iPTH > 300 to 450 pg/mL)
 - ii. Restart with 1 mcg dose decrease from previous dose if in bracket (C). If previous dose was 1mcg, restart doxercalciferol at 1mcg if in bracket (C).
 - iii. Restart with the same dose if in bracket (D)
- b. If doxercalciferol on hold, and most recent calcium is ≥ 10.0 mg/dl AND iPTH > 600 pg/ml, contact nephrologist to suggest starting or increasing cinacalcet

Matthew Rivara, MD

Physician Name (Please Print)



Physician Signature
(see Initial Orders)

January 3rd, 2025
Date

Patient Name _____ NKC# _____