

POLICY NAME	Doxercalciferol	POLICY #	2578P
--------------------	-----------------	-----------------	-------

Criteria

Coverage Criteria

- ☐ 1.1 Documented secondary hyperparathyroidism and stage 3, 4, or 5 chronic kidney disease
- ☐ 1.2 Documented vitamin D blood level less than 30ng/mL
- ☐ 1.3 Ordered by an Endocrinologist (hormone doctor) or Nephrologist (kidney doctor)
- ☐ 1.4 Documented failure, intolerance, or contraindication to cholecalciferol or ergocalciferol
- ☐ 1.5 Documented failure, intolerance, or contraindication to calcitriol or paricalcitol