

POLICY NAME	Doxercalciferol	POLICY #	2578P
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Criteria

Coverage Criteria

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