

SHARED CARE GUIDELINE FOR ALFACALCIDOL (1-ALPHA-HYDROXYVITAMIN D3)

BACKGROUND AND INDICATION

This document provides prescribing guidance for alfacalcidol when used to manage secondary hyperparathyroidism.

Renal patients who are on alfacalcidol have chronic kidney disease stage 4 or 5 and are seen in the nephrology clinic frequently or are on dialysis. Calcium is monitored at each clinic attendance,

It is very infrequent that such patients are discharged from renal follow up, but possible.

Secondary care are responsible for initiating treatment. Primary care are responsible for ongoing prescribing, subject to the terms of this SCG.

AREAS OF RESPONSIBILITY FOR SHARED CARE

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of alfacalcidol can be shared between the specialist setting and the patient's GP (if different). GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.

Sharing of care assumes communication. The intention to share care is usually explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

REFERRAL AND INITIATION

GPs should not initiate alfacalcidol in patients for any indication.

Specialist Responsibilities

1	Secondary care will check serum calcium, albumin, phosphate and alkaline phosphatase before initiating treatment.
2	Secondary care will check serum calcium inpatients receiving haemodialysis at a satellite unit.
3	Secondary care will check iPTH, serum phosphate and alkaline phosphatase.
4	For endocrinology patients: at annual patient reviews it is the responsibility of the specialist to communicate with the GP advice concerning the frequency of monitoring required for serum calcium

General Practitioner Responsibilities

1	No baseline monitoring in primary care is required.
2	GPs will follow endocrinology guidance on how often serum calcium is to be monitored between specialist appointments
3	Primary care will check serum calcium whenever nausea or vomiting occurs in all patients. (See under cautions for guidance on when to refer).

Patient's role (or that of carer)

1	Patients should be advised to report symptoms of nausea and vomiting.
2	Patient should check the strength of capsule supplied carefully.
3	The renal unit will supply a patient information leaflet when treatment is initiated.

SUPPORTING INFORMATION

Monitoring

No baseline monitoring in primary care is required. Secondary care will check serum calcium, albumin, phosphate and alkaline phosphatase before initiating treatment. On-going monitoring is as outlined above in responsibilities.

Dosage and Administration

Usual starting dose for adults over 18 years is 250 nanograms three times a week. The dose is then adjusted according to serum iPTH and serum calcium. The usual dose range is 250 nanograms daily to 1 microgram daily. Larger doses may be required in patients who have had a parathyroidectomy.

Contraindications

Alfacalcidol is contra-indicated in the following situations:

Hypercalcaemia, metastatic calcification.

Hypersensitivity to alfacalcidol or any of the other ingredients.

Some brands of alfacalcidol contain sesame oil and should be avoided by people suffering from rare peanut allergy.

If patients are taking other vitamin D supplements e.g. ergocalciferol D2 and colecalciferol D3 found in products like calcium and ergocalciferol, calcichew D3 forte and adacal D3 then these should be reviewed with a view to stopping them.

Cautions

Primary care should refer back to renal consultant if serum corrected calcium greater than 2.6mmol/L

Alfacalcidol should be prescribed a maximum of ONCE daily.

The use of decimal point should be avoided e.g. prescribe 250 nanograms and NOT 0.25 micrograms.

The units nanograms and micrograms must not be abbreviated.

Side effects

The most frequent adverse effects are serum hypercalcaemia and skin rashes.

Interactions

Patients taking barbiturates or anticonvulsants may require larger doses of alfacalcidol to produce the desired effect due to the induction of hepatic detoxification enzymes.

Concomitant administration of colestyramine may interfere with the intestinal absorption of alfacalcidol.

Use with caution in patients being treated with thiazide diuretics as they may have an increased risk of developing hypercalcaemia.

This list is not exhaustive. The manufacturer's summary of product characteristics (SPC) and the most current edition of the British National Formulary should be consulted for full information on contra-indications, warnings, side-effects and drug interactions.

Drug costs (Drug Tariff May 2018):

Dorset Medicines Advisory Group

Drug name/strength	Quantity/pack size	Cost
Alfacalcidol 1microgram capsules	30	£13.49
Alfacalcidol 250nanogram capsules	30	£4.82
Alfacalcidol 2micrograms/ml oral drops sugar free	10ml	£21.30
Alfacalcidol 500nanogram capsules	30	£9.68

References

1. Leo Laboratories Limited Summary of Product Characteristics for alfacalcidol. Last updated on the eMC October 2013 Accessed via www.medicines.org.uk/emc/ on October 2015
2. Prevention of harm with alfacalcidol preparations | Signal29 September 2011. Accessed via <http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/medication-safety/?entryid45=132827> on October 2015
3. SPC - <https://www.medicines.org.uk/emc/product/5516/smpc>

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