

**Prescribing Protocol SESLHDPR/659**  
**Sodium thiosulfate for calciphylaxis**

<b>Prescribing Protocol</b>	
<b>Title</b>	Sodium thiosulfate for calciphylaxis in dialysis patients
<b>Areas where Protocol/ Guideline applicable</b>	Haemodialysis Units and Renal/Nephrology inpatient wards
<b>Areas where Protocol/ Guideline not applicable</b>	All other areas
<b>Authorised Prescribers</b>	Initiation on recommendation by treating consultant nephrologist Medical officers assigned to renal unit or renal team. Please note this will require a SAS form to be completed.
<b>Indication for use</b>	Treatment of confirmed calciphylaxis in dialysis patients
<b>Clinical condition</b> Patient selection: Inclusion criteria	Calciphylaxis diagnosed in a patient on dialysis. The diagnosis may be confirmed on skin biopsy, or could be a clinical suspicion of calciphylaxis due to lesion appearance.
<b>Contra-indications</b>	Nil specific contraindications identified
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Hypersensitivity to sodium thiosulfate</li> <li>• Hypotension – sodium thiosulfate can cause serious hypotension</li> <li>• Anaemia</li> <li>• Diminished oxygen or cardiovascular reserve</li> <li>• Congenital methemoglobin reductase deficiency, and other conditions or concurrent drugs associated with risk of developing methemoglobinaemia</li> <li>• Glucose-6-phosphate dehydrogenase deficiency – increased risk of haemolytic crisis</li> <li>• Oedematous sodium retaining conditions, like liver cirrhosis, congestive heart failure, and renal impairment</li> </ul>
<b>Place in Therapy</b>	First line therapy for confirmed calciphylaxis
<b>Dosage</b> (Include dosage adjustment for specific patient groups)	25 g IV three times a week
<b>Duration of therapy</b>	Until improvement seen in skin lesions
<b>Important Drug Interactions</b>	No known significant interactions
<b>Administration instructions</b>	Infuse 25 g/100 mL vial undiluted intravenously over 60 minutes (usually during the last hour of haemodialysis)
<b>Monitoring requirements</b> Effectiveness (state objective criteria)	<ul style="list-style-type: none"> <li>• BP</li> <li>• Oxygen levels</li> <li>• Calcium levels</li> <li>• QT prolongation</li> </ul> Resolution/improvement in number and size of lesions

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<b>Management of complications</b>	<p>Hypocalcemia/Metabolic acidosis – Bloods on dialysis. Managed as per clinical recommendations. Cease infusion in the setting of severe hypocalcemia or metabolic acidosis.</p> <p>Hypotension – reduce the rate of infusion</p> <p>QT Prolongation – consider reducing the rate of infusion or cease the infusion and ask for medical review</p>
<b>Basis of Protocol/Guideline</b>	<p>N Engl J Med 2018; 378:1704-1714 <a href="https://doi.org/10.1056/NEJMra1505292">DOI:10.1056/NEJMra1505292</a></p> <p>MIMS Online (2014). DBL Sodium Thiosulfate Injection – Product Information. Accessed June 18 2019</p> <p>Micromedex (2019). Sodium nitrite/sodium thiosulfate. Accessed June 18 2019</p> <p>UpToDate (2018). <a href="#">Calciphylaxis (calcific uremic arteriopathy)</a>. Accessed June 18 2019</p> <p>UpToDate (2019). <a href="#">Sodium thiosulfate: Drug information</a> monograph. Accessed June 18 2019</p>
<b>Groups consulted in development of this protocol</b>	<p>Department of Nephrology, POWH                  Pharmacy, POWH</p>

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<b>GOVERNANCE</b>	
Enactment date	October 2019
Renewal date	October 2022
Expiry date:	October 2025
Ratification date by SESLHD QUM Committee	5 October 2022
Chairperson, QUM Committee	Dr John Shepard
Version Number	2.0