RENAL DOSE ADJUSTMENT FOR CHRONIC AND ACUTE DRUGS

Grey cells = no information mentioned in reference (UpToDate) **CHRONIC MEDICATION**

	CKD 4 (GFR 15-29)	<u>CKD 5</u> (GFR <15)	<u>Hemodialysis</u>
ANTIPLATELET 8	ANTICOAGULANT		
Aspirin		Use if benefits	Dose as per CKD 4-5;
		outweigh risk	Administer post-dialysis
Clopidogrel	✓ No adjustment neede	ed	
Dipyridamole			
Ticlopidine			
Rivaroxaban			anti-coagulant of choice
	For CKD4, 15mg OD m	ay be used with caution	on in patients with AF
GASTROPROTEC			
Omeprazole	✓ No adjustment neede	d	
Famotidine	10-20mg OD - BD		
Ranitidine	150mg OD; increase wi	th caution	Dose as per CKD 4-5;
			Administer post-dialysis
ACE INHIBITOR	T.,	T.,	T =
Captopril	Up to 37.5mg BD	Up to 25mg OD	Dose as per CKD 5; Administer post-dialysis
Enalapril	2.5 - 20mg OD - BD	2.5 - 5mg OD - BD	Initiate at 2.5 mg OD & adjust
Lisinopril	2.5 - 30mg OD	2.5 - 20mg OD	according to response; post-dialysis
Perindopril	*Not recommended		2mg on dialysis days;post-dialysis
ARB	*Not recommended		Zing on dialysis days, post-dialysis
Candesartan	✓ No adjustment neede	4	
Irbesartan	• No aujustillentilleede	u	Dose as per CKD 4-5
Losartan			Dose as per CRD 4-3
Telmisartan			
Valsartan			
ALPHA BLOCKER			
Prazosin			
Terazosin	✓ No adjustmentneede	d	1
BETA BLOCKER	no dajastinentineede	<u> </u>	
Atenolol	25 - 50mg OD	25mg OD	25-50mg OD; admin post-dialysis
Bisoprolol	Initiate at 2.5mg OD, m	_	Dose as per CKD 4-5
Carvedilol	✓ No adjustment neede		Toole as per and 1 s
Metoprolol		-	
Propranolol			Dose as per CKD 4-5
CALCIUM CHANN	NEL BLOCKER		1 - 1 - 1
Amlodipine	✓ No adjustmentneede	d	Dose as per CKD 4-5
Nifedipine			
Diltiazem			1
Verapamil			
DIURETIC			-
Frusemide			Dose as per CKD 4-5
HCTZ	× Not recommended	<u> </u>	
Indapamide	1.25 - 2.5mg OD (limite		Dose as per CKD 4-5
Spironolactone	× Not recommended		

Green font= rounded to smallest dose that can be administered –half tablet/one capsule)

	CKD 4 (GFR 15-29)	CKD 5 (GFR <15)	<u>Hemodialysis</u>
Other ANTI-HYPI	ERTENSIVE	•	
Methyldopa	Reduce frequency to	Reduce frequency	Dose as per CKD 5
	BD - TDS	to OD - BD	Administer post-dialysis
Hydralazine	25 - 50mg TDS	25 -50mg BD - TDS	
Other CARDIAC I			
Amiodarone	✓ No adjustment neede		
Digoxin	0.0625 mg every 24 to	0.0625 mg EOD	Dose as per CKD 5
	36 hours	1	
ISMN	✓ No adjustmentneeded		Dose as per CKD 4-5;
ISDN			Administer post-dialysis Dose as per CKD 4-5
Sotalol	▼ Not recommended	l due te multiple ca	ses of torsades de pointes
Trimetazidine	* Not recommended		ses of torsades de polítics
DIABETES	* Not recommended	ı	
Metformin	× Not recommended	·	
Acarbose	- × Not recommended		
Dapagliflozin			× Not recommended
Linagliptin	✓ No adjustment neede	d	W Not recommended
Sitagliptin	25mg OD	<u>u</u>	
Glipizide	Initiate at 2.5mg OD		
Gliclazide	*Not recommended		
Glibenclamide		Not recommended	
Tolbutamide	Dose conservatively	Dose conservatively	
STATIN	Door conservatively		Dose as per CKD 4-5
Atorvastatin	✓ No adjustmentneede	d	
Lovastatin	Use with caution	-	
Pravastatin	Initiate at 10mg ON		
Rosuvastatin	Initiate at 5mg OD, max	10mg/day	
Simvastatin	Initiate at 5mg ON	<u> </u>	
Other CHOLESTE	ROL MEDICATION		
Fenofibrate	➤Not recommended		
Gemfibrozil	300mg BD		Dose as per CKD 4-5
Cholestyramine	✓ No adjustment neede	d. Use	
Ezetimibe	cholestyramine with ca	ution	
GOUT PROPHYLA	AXIS		
Allopurinol	Up to 100mg OD	Up to 100mg EOD	Initiate100mgEOD; post-dialysis
Probenecid	× Not recommended	<u></u>	
Colchicine			
THYROID			
Carbimazole	No dose adjustment ne	No dose adjustment necessary	
Propylthiouracil			
OSTEOPOROSIS			
Alendronate	× Not recommende	d	
Risedronate			

RENAL DOSE ADJUSTMENT FOR CHRONIC AND ACUTE DRUGS

Grey cells = no information mentioned in reference (UpToDate)

ACUTE MEDICATION

	CKD 4 (GFR 15-29)	CKD 5 (GFR <15)	<u>Hemodialysis</u>	
ANTIBIOTIC	1	•		
Amoxicilllin	250 – 500mg BD	250 – 500mg OD	250 – 500mg OD; Administer post-dialysis	
Azithromycin	✓ No adjustment neede	d	, , , , , , , , , , , , , , , , , , , ,	
Cephalexin	250mg BD - TDS	250mg OD	250–500mgOD -BD; Administer post-dialysis	
Ciprofloxacin	250mg BD or 500mg OD)	250 –500mg OD; Administer post-dialysis	
Clarithromycin	250mg BD	250mg BD		
Clavulanic acid, Amoxicillin	625mg BD	625mg OD	625mg OD; Administer post-dialysis	
Co-trimoxazole	480mg BD			
Clindamycin	✓ No adjustment neede		Dose as per CKD 4-5	
Doxycycline				
Erythromycin				
Metronidazole			400mg BD – TDS; Administer post-dialysis	
Nitrofurantoin	Not recommended	l		
Penicillin V	Use with caution; prolo	Use with caution; prolonged excretion		
Tetracycline	250 – 500mg OD - BD	250 – 500mg OD	Not recommended. If necessary, dose as per CKD 5	
ANTI-FUNGAL an	d other ANTI-INFECTIV	/E		
Ketoconazole	No adjustment needed			
Acyclovir	Simplex: 200mg TDS	Simplex: 200mg BD	Dose as per CKD 5;	
	Zoster: 800mg TDS	Zoster: 800mg BD	Administer after dialysis	
Albendazole				
Mefloquine	✓ No adjustment neede	d		
PAIN				
Paracetamol	Increase interval to 6-hourly	Increase interval to 8-hourly		
Paracetamol, Orphenadrine				
NSAIDs & Cox-2 Inhibitors	× Not recommended	d		
Codeine	15 - 45mg QDS	15 - 45mg QDS		
	Reduce frequency to BD. Max 200mg/day			
Tramadol	Reduce frequency to BD	. Iviax 200111g/ day		
	Reduce frequency to BD	. Iviax 20011ig/ day		
Tramadol ACUTE GOUT Colchicine	0.5mg 2-3 times in 2 w (NHGP Gout CPG)	<u> </u>	0.5mg as a single dose in 2 weeks	
ACUTE GOUT	0.5mg 2-3 times in 2 w	<u> </u>		
ACUTE GOUT Colchicine	0.5mg 2-3 times in 2 w	<u> </u>		

Green font= rounded to smallest dose that can be administered –half tablet/one capsule)

	CKD 4 (GFR 15-29)	CKD 5 (GFR <15)	Hemodialysis	
COUGH, COLD & ALLERG	Ϋ́		-	
ANTI-HISTAMINE				
Cetirizine	5mg OD			
Chlorpheniramine				
Hydroxyzine	12.5 - 25mg QDS			
Loratadine	Dose OD - EOD	Dose EOD		
Loratadine, Pseudoephedrine	Suggest reduce dosing frequency as per loratadine and GFR			
Promethazine				
Cinnarizine	✓ No adjustment need	led		
COUGH	•			
Dextromethorphan				
Diphenhydramine .				
Guaifenesin				
Pholcodine				
MUCOLYTIC				
Acetylcysteine				
Bromhexine				
OTHERS				
Benzydamine	Use with caution; exc	Use with caution; excreted by kidneys		
Serratiopeptidase				
GASTRO-INTESTINAL ME	DICATION			
Chlordiazepoxide/Clidinium	Use with caution			
Hyoscine				
Magnesium Carbonate/	Use with caution; anta	cids containing magnesic	um or aluminum may	
Magnesium Trisillicate	accumulate in renal impairment, leading to toxicity			
Metoclopramide	10mg TDS 10mg BD (max 20mg/day)		y)	
ANTI-DIARRHEAL				
Diphenoxylate/Atropine	Use with caution in patients with hepatorenal disease			
Loperamide	✓ No adjustment needed			
LAXATIVE				
Bisacodyl				
Lactulose				
Sennosides				
Sod. phosphate enema	Use with caution; ioni	zed inorganic phosphate	excreted by kidneys	
OTHERS				
Diosmin/ Hesperidin				
Domperidone	Reduce frequency to	OD - BD		
Main reference: Lexicomp Drug Info	ormation, via UpToDate			

Main reference: Lexicomp Drug Information, via Up10Date
Additional references: Micromedex, UK Renal Drug Handbook 4th Edition

NUC Dharmany 15 May 2019

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