

Supplementary Table 1: Dosing information of ACE-inhibitors and ARBs for patients with early-stage CKD

Medication Class	Medication Name	Dose	
		Normal Renal Function	Renal Dose Adjustment
ACE inhibitors	Captopril	Initial: 6.25-25mg BD-TDS Max: 50mg TDS	CrCl 10-50: administer 75% of normal dose every 12-18 hours
	Enalapril	Initial: 2.5-10mg OD Max: 40mg/day	CrCl 10-30: Initial 2.5mg/day in 1-2 divided dose, Max 20mg/day
	Imidapril	Initial: 2.5-5mg OD Max: 20mg OD	Initial 2.5mg OD (in patients with renal impairment)
	Lisinopril	Initial: 2.5-10mg OD Max: 40mg OD	CrCl 10-30: Initial 2.5-5mg OD
	Perindopril arginine	Initial: 2.5-5mg OM Max: 10mg OD	CrCl 60-89: Max 5mg/day CrCl 30-59: Max 2.5mg/day
	Perindopril erbumine	Initial: 4mg OD Max: 8-16mg OD	CrCl ≥30-80: Initial 2mg OM, Max 8mg OM
	Ramipril	Initial: 2.5mg OD Max: 10mg/day	CrCl 20-50: Initial 1.25 mg/day, Max 5 mg/day
	Candesartan	Initial: 4-8mg OD Max: 32mg OD	Initial 4mg OM (in patients with renal impairment)
	Eprosartan	Initial: 300-600mg OM Max: 1200mg OD (in clinical trials for 8 weeks)	CrCl <60: Initial 300mg OM
	Fimasartan	Initial: 60mg OD Max: 120mg OD	CrCl 30-80: no initial dose adjustment needed
	Irbesartan	Initial: 75-150 mg OD Max: 300 mg OD	No dose adjustment needed
	Losartan	Initial: 25-50mg OD Max: 100mg OD	No dose adjustment needed
	Olmesartan	Initial: 20mg OD Max: 40mg OD	No dose adjustment needed
Telmisartan	Initial: 20-40mg OD Max: 80mg OD	No dose adjustment needed	
Valsartan	Initial: 80-160mg OD Max: 320mg OD	CrCl >10: no dose adjustment needed	

Medications in **bold** denote availability on government subsidy list. Information from local product inserts has been referenced, and supplemented with information from consolidated product monographs (e.g. Lexicomp) where local product inserts are unavailable or unclear. Refer to product inserts for full details before prescribing. Renal dose adjustment for CrCl <30 are excluded from the table.

Information from other references (e.g. international guidelines) may differ. Clinical judgement should be exercised at all times when making decisions for an individual patient.

ACE inhibitor, angiotensin-converting enzyme inhibitor; ARB, angiotensin II receptor blockers; CrCl, creatinine clearance in mL/min; BD, twice daily; OD, once daily; OM, once every morning; TDS, three times daily

Supplementary Table 2: Commonly prescribed medications that should be used with caution in patients with CKD[†]

This table offers a non-exhaustive list of common medications that may require caution, with a focus on patients with early-stage CKD (for example, dose adjustment depending on eGFR or creatinine clearance); it also includes medications that may need to be ceased during acute illness.

An antimicrobial	Cardiovascular	DM	Pain management	Others
<ul style="list-style-type: none"> Ceftazidime Ciprofloxacin Fluconazole Nitrofurantoin Sulfamethoxazole/trimethoprim Terbinafine Valaciclovir 	<ul style="list-style-type: none"> Apixaban Atenolol Dabigatran Digoxin Edoxaban Fenofibrate Rivaroxaban Sotalol Warfarin 	<ul style="list-style-type: none"> DPP4 inhibitors except Linagliptin Insulin Metformin PPARγ agonist SGLT2 inhibitors Sulfonylureas 	<ul style="list-style-type: none"> Gabapentin NSAIDs Opioids analgesics Pregabalin 	<ul style="list-style-type: none"> Colchicine First-generation antihistamines Lithium

Medications that should be ceased during illness and may resume when patients have recovered from sickness

SADMANS

- Sulfonylurea, other secretagogues
- ACE inhibitors
- Diuretics, direct renin inhibitors
- Metformin
- ARBs
- Nonsteroidal anti-inflammatory drugs (NSAIDs)[‡]
- SGLT2 inhibitors or “flozins”

Medication classes have been stated in *italics*.

ACE inhibitors, angiotensin-converting enzyme inhibitors; ARBs, angiotensin II receptor blockers; DM, diabetes mellitus; DPP4, dipeptidyl peptidase-4; eGFR, estimated glomerular filtration rate in mL/min/1.73m²; NSAID, non-steroidal anti-inflammatory drug; PPARγ, peroxisome proliferator-activated receptor gamma; SGLT2 inhibitors, sodium-glucose co-transporter 2 inhibitors

[†]List is not exhaustive; refer to package inserts for full details of medications.

[‡]Avoid over-the-counter use of medications containing NSAIDs.