TDF Regimen Renal Monitoring Management Algorithm

**Record baseline**
- Serum creatinine (sCr)/eGFR & phosphate (sPO₄)
- Urine glucose & blood (dipstick) & protein (uPCR)

**Prescribe antiviral drugs adjusted for eGFR**

**Week 4 regimes with any of cobicistat rilpivirine dolutegravir**
- Repeat sCr and expect increase if creatinine secretion blocker used prescribed (average increase)
  - Cobicistat ~12μmol/L
  - Rilpivirine ~9μmol/L
  - Dolutegravir ~8μmol/L
  - Record sCr value as the new baseline

**Evaluate further**
- sCr increase >35μmol/L

**1st Year**
- 3 months
- 6 months
- 9 months
- 12 months

**Repeat and record**
- SCr/eGFR & sPO₄
- Urine glucose (dipstick) & urine protein (uPCR)

**Evaluate further**
- eGFR <50 mL/min or declining
- Low sPO₄
- Urinalysis abnormal

**After year 1**
- 6-12 monthly unless high risk

**Repeat and record**
- sCr/eGFR & sPO₄
- Urine glucose (dipstick) & urine protein (uPCR)

**Evaluate further. Suggested minimum: BP, serum creatinine & phosphate, urinalysis for glucose & protein and a protein/creatinine ratio (uPCR). An albumin/creatinine ratio may also be helpful on the same sample, but not without a uPCR. Consider referral to nephrologist if unexplained or progressive renal functional decline, adjust drug doses for GFR and consider whether a switch from TDF is needed.**