Supplementary figure 1. IMPACT algorithm for managing abnormal renal parameters (*depending on local pathways & patient preference)

**Lab eGFR <60 ml/min**
- CKD-EPI eGFR confirms <60 ml/min
  - Recall pt for repeat in 2-4 wks, having stopped creatinine/protein supplements if on them
  - Check history for other factors, BP, calculate Cockroft Gault if more relevant
  - Discuss with PI but can continue PREP whilst investigating unless CKD-EPI eGFR <45 ml/min. Check UACR and UPCR.

**UPCR >30 ml/min**
- eGFR >90 ml/min on PREP
  - Ignore if concurrent STI
  - At next routine visit: check history for explanation (protein supplements, urine too dilute [low creatinine], recent high protein diet) and repeat with UACR. Can continue drug.
  - GFR 60-90 on PREP
  - Call to check history for explanation and other factors related to renal disease
  - If no other explanation recall early to repeat on early morning specimen together with UACR and serum creatinine, and check BP. Can continue drug.

- Calculate UACR to UPCR
- UACR >0.5 of UPCR
  - Suggests glomerular disease not drug toxicity
  - Refer for GP/renal* investigation, exclude diabetes
  - Can continue on drug if eGFR >60 ml/min

- UACR <0.5 of UPCR
  - Suggests tubular loss and drug toxicity
  - Stop drug safely
  - Refer for GP/renal* if does not resolve

**CKD-EPI eGFR confirms <60 ml/min on repeat**
- Interrupt drug safely (2 or 7 tablets after last anal or vaginal risk)
- Check 4 weeks after last dose

**CKD-EPI eGFR confirms <50ml/min on repeat**
- Follow local pathway for renal investigation (CKD if <60 ml/min on 2 samples 3m apart)
- Interrupt PREP until reason for reduced renal function clarified