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Date: 19th February 2024

All County Directors for Health

Thro'

Ms. Mary Mwiti
Chief Executive Officer
Council of Governors
Delta House
NAIROBI



RE: GUIDANCE FOR MANAGEMENT OF PLHIV ON ART WITH RENAL INSUFFICIENCY

The Kenya HIV Prevention and Treatment Guidelines, 2022 Edition recommends for a package of care for management of PLHIV on ART using a patient centred approach that includes clinical and virologic monitoring.

As part of the clinical monitoring outlined in the 2022 ART guidelines, PLHIV on care are required to have at least a 6 monthly clinical assessment and annual laboratory testing that includes a creatinine test to guide treatment management. The guideline outlines that management of PLHIV with renal impairment should include use of adjusted doses of Lamivudine (3TC) and Abacavir (ABC) single molecules.

However, new evidence demonstrates that **renal dosing is no longer a requirement**, and full dosing of Lamivudine (3TC) and Abacavir (ABC) can be tolerated by PLHIV who have mild to moderate renal insufficiency i.e. Creatinine Clearance levels greater than 30ml/min.

Currently all the stocks of ABC 300mg have been distributed to the facilities and there are no stocks at the central store and in the procurement plan. In addition, the central store is currently holding 2 months of stock of 3TC 150mg.

To ensure continuity of care for PLHIV with renal insufficiency on ART, the Ministry provides guidance as follows:

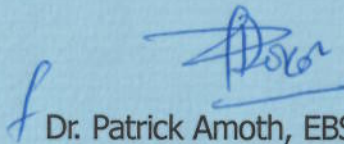
- i. PLHIV on care should continue to receive clinical and laboratory monitoring that includes an annual creatinine test as recommended in the guidelines.
- ii. Management of patients on ART with renal insufficiency: -

Creatinine Clearance (CrCl) Level	Recommendation
<ul style="list-style-type: none"> • CrCl \geq 30 mL/min 	<ul style="list-style-type: none"> • Latest evidence shows that dose adjustment is not required for Lamivudine (3TC) for these patients. • The fixed dose combination (FDC) of Abacavir/Lamivudine (ABC/3TC) 600/300mg and Dolutegravir (DTG) 50 mg may be used safely with continued recommended clinical and laboratory renal monitoring.
<ul style="list-style-type: none"> • CrCl <30 mL/min 	<ul style="list-style-type: none"> • A multi-disciplinary approach should be used including renal physician review where available. • Case by case support: where dose adjustment of 3TC is clinically indicated, single molecules of ABC (300mg) and 3TC (150mg) may be availed through routine ordering mechanisms. • Where there is a challenge accessing single molecules, the FDC of ABC/3TC (600mg/300mg) and DTG (50mg) may be continued to avoid treatment interruption with close renal monitoring as efforts to avail single molecules are made.

- iii. The national program in collaboration with the County teams is currently undertaking re-distribution of single molecule 3TC (150mg) and ABC (300mg) to rationalize stocks across the facilities based on need. The program guides that these stocks be strictly utilized for the category of PLHIV with severe renal insufficiency (CrCl <30 mL/min) as outlined above.

iv. County teams are requested to forward a database of all PLHIV who meet the criteria for use of single molecules and are on this regimen so as to enable accurate quantification by the program to the email carentreatmentmanager@nascop.or.ke

For any questions, kindly reach out Dr. Rose Wafula, Head NASCOP at head@nascop.or.ke.



Dr. Patrick Amoth, EBS

Ag. DIRECTOR GENERAL FOR HEALTH