

Information for managing patients with chronic kidney disease

This information is intended to provide specific guidance for using the treatments being tested in RECOVERY in patients with chronic kidney disease (CKD, including those on dialysis or with a kidney transplant). Further information about each treatment is available in its Intervention Sheet which can be downloaded from the study [website](#).

Aspirin

Aspirin can be used in patients regardless of kidney function. The risk of bleeding does increase as kidney function falls, but so does the risk of thrombosis.

Colchicine

Although the summary of product of characteristics warns about using colchicine in people with kidney disease, the Renal Drug Handbook supports its use. For participants with eGFR <30 mL/min/1.73m² (including those on dialysis), the dose should be reduced as follows: 1 mg at randomisation and 500 mcg 12 hours later, followed by 500 mcg once daily.

Baricitinib

Baricitinib is excreted primarily by the kidney, so the dose requires adjustment according to eGFR. The protocol specifies the following doses:

eGFR (mL/min/1.73m ²)	Baricitinib dose
≥60	4 mg once daily
≥30 <60	2 mg once daily
≥15 <30	2 mg alternate days
<15 (or on dialysis/haemofiltration)	Contraindicated