## SUPPLEMENTAL TABLE OF CONTENTS

Table 1. Kidney function dosing recommendations for common medications

Table 2. Estimated two-year risk of kidney failure and accuracy of the Kidney Failure Risk Equation in the Department of Veterans Affairs Health Care System with versus without Race Adjustment of eGFR in a complete case analysis

Figure 1. Cohort flow diagram

Figure 2. Histogram of eGFR distribution in NHANES and VA cohort with and without race adjustment of eGFR.

Figure 3. Prevalence and number, in thousands, of CKD Stage 3 (eGFR 30-59 mL/min/1.73 m<sup>2</sup>) among Black individuals in NHANES and VA cohorts using eGFR without race adjustment.

Medication	Level of kidney function at which dose reduction or discontinuation is recommended
Metformin	Reduce dose and do not initiate when eGFR 30 to $<45 \text{ ml/min}/1.73\text{m}^2$
	Discontinue when eGFR <30 ml/min/1.73m <sup>2</sup>
Gabapentin	Reduce dose by 50% when eGFR <50 ml/min/1.73m <sup>2</sup>
	Reduce dose by 75% when eGFR 15 to <25 ml/min/1.73m <sup>2</sup>
	Reduce dose by 90% when eGFR <15 ml/min/1.73m <sup>2</sup>
Atenolol	Maximum dose 50mg daily when eGFR <35 ml/min/1.73m <sup>2</sup>
	Maximum dose 25mg daily when eGFR <15 ml/min/1.73m <sup>2</sup>
Rosuvastatin	Maximum dose 10mg daily when eGFR <30 ml/min/1.73m <sup>2</sup>
Tramadol	Maximum dose 200mg daily when eGFR <30 ml/min/1.73m <sup>2</sup> , and dosing
	frequency increased to every twelve hours
Ciprofloxacin	Maximum dose 250mg-500mg every twelve hours when eGFR <50
	$ml/min/1.73m^2$
	Maximum dose 250mg-500mg every eighteen hours when eGFR <30
	$ml/min/1.73m^2$

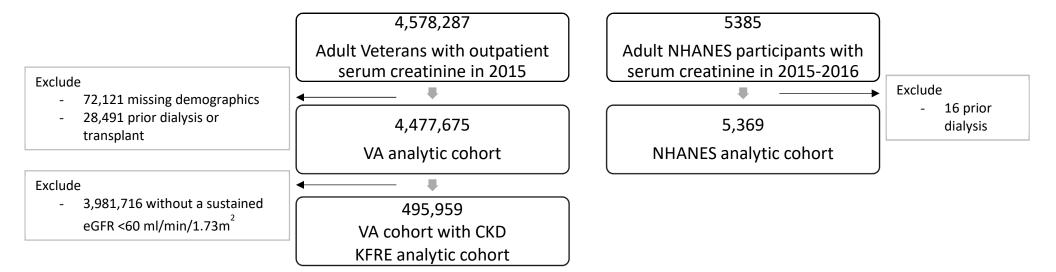
Supplemental Table 1. Kidney function dosing recommendations for common medications

**Supplemental Table 2**. Estimated two-year risk of kidney failure and accuracy of the Kidney Failure Risk Equation in the Department of Veterans Affairs Health Care System with versus without Race Adjustment of eGFR in a complete case analysis.

Cohort	% (N) progressing to kidney failure over two years	eGFR with Race Adjustment			eGFR without Race Adjustment		
		KFRE (SD)	c-statistic	Brier score	KFRE (SD)	c-statistic	Brier score
All CKD (N=134,121)	2.1% (2,618)	1.7% (6.4)	0.8836	0.01489	1.9% (6.8)	0.8863	0.01488
Blacks (N=25,281)	2.8% (707)	2.0% (8.3)	0.9009	0.01877	2.7% (9.5)	0.9070	0.01872
White/Other races (N=108,840)	1.8% (1,921)	1.7% (5.9)	0.8782	0.01399	-	-	-

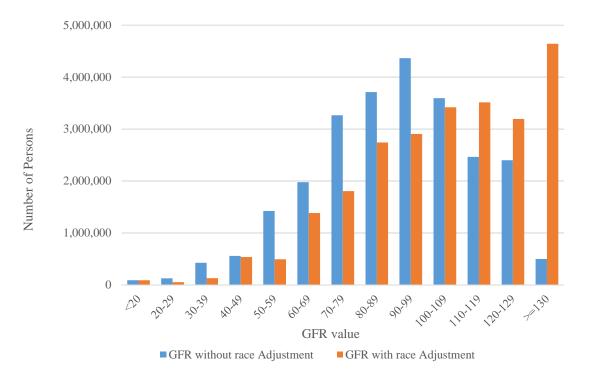
Abbreviations: CKD – chronic kidney disease, eGFR – estimated glomerular filtration rate, KFRE – kidney failure risk equation, SD – standard deviation

## Supplemental Figure 1. Cohort flow diagram

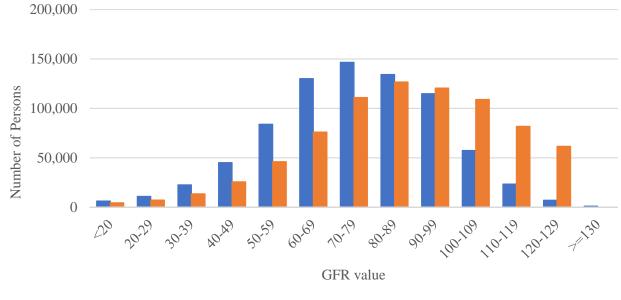


**Supplemental Figure 2**. Histogram of eGFR distribution in NHANES (panel A) and VA cohort (panel B) with and without race adjustment of eGFR.



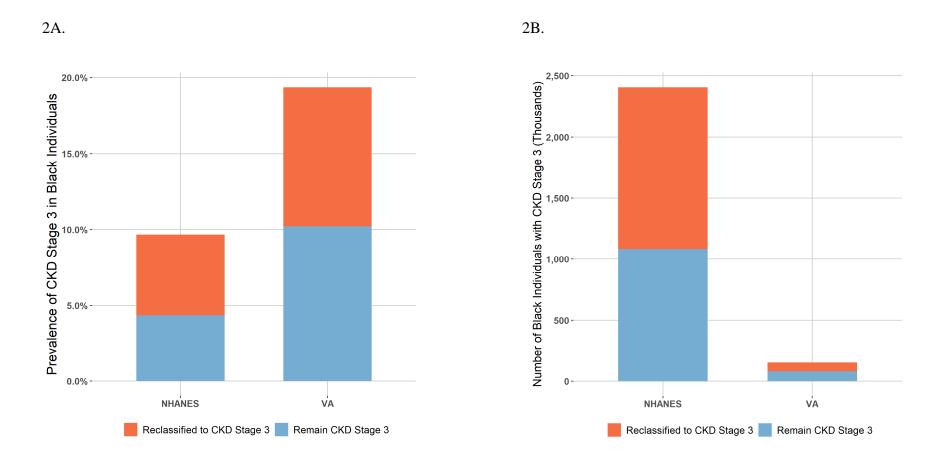








**Supplemental Figure 3**. Prevalence (Panel A) and number, in thousands (Panel B) of CKD Stage 3 (eGFR 30-59 mL/min/1.73 m<sup>2</sup>) among Black individuals in NHANES and VA cohorts using eGFR without race adjustment.



Footnote: Blue bars represent the proportion of Black individuals who were classified as CKD Stage 3 with and without race adjustment. Orange bars represent the proportion of Black individuals who were classified as CKD Stage 3 only when using eGFR without race adjustment. Abbreviations: CKD – chronic kidney disease, eGFR – estimated glomerular filtration rate