Supplementary Table 1. Recommended doses of drugs used to treat systemic lupus erythematosus

Drug	Recommended dose	Dose adjustment needed in CKD
Glucocorticoids	*Mild-Moderate disease*: If needed, start with ≤ 20 mg/day with gradual tapering *Severe/Organ-threatening disease*: Consider IV MP pulses 250-1000 mg/day for 1-3 days - Continue with PO 0.3-0.5 mg/Kg/day with tapering* *All circumstances*: Keep maintenance prednisone dose at ≤ 5 mg/day	No
Hydroxychloroquine	Target dose 5 mg/Kg/day (up to 400 mg/day) In patients in long-standing remission, consider tapering to 200 mg/day	Yes
Methotrexate	10-25 mg/week in 1-2 doses (given in one day)	Yes
Azathioprine	2-3 mg/Kg/day in 1-2 doses In patients in remission, consider tapering to < 2 mg/day	Yes
Mycophenolate mofetil (MMF)/Mycophenolic acid (MPA)[§]	*Severe/Organ-threatening disease or "Initial" therapy in LN*: MMF 2-3 g/day in 2 doses – MPA: 1.44-2.16 gr/day in 2 doses *"Subsequent therapy" in LN:* MMF 1-2 g/day in 2 doses – MPA 720-1440 mg/day in 2 doses	Yes
Leflunomide	10-20 mg/day in 1 dose	Yes
Cyclophosphamide	*"Initial" therapy in LN*: IV 500 mg on weeks 0, 2, 4, 6, 8 and 10 (Low-dose - Euro-Lupus regimen) *Organ- or life-threatening disease*: IV 0.75-1 g/m^2 BSA/month for 6 months (High-dose - NIH regimen)	Yes
Cyclosporine A	1-3 mg/Kg/day or up to 400 mg/day in 2 doses	Avoid overall
Tacrolimus	0.05 to 0.1 mg/Kg/day or 2-4 mg/day in 2 doses - Titrate to target blood concentration 4-6 ng/ml 12 hours after dose	Yes
Voclosporin	23.7 mg two times per day	No
Intravenous immunoglobulin	2 g/Kg total, given in 2-5 days	No
Anifrolumab	IV 300 mg every 4 weeks	

Belimumab	IV: 10 mg/Kg on weeks 0, 2, 4, then every 4 weeks SC: 200 mg weekly	No
Rituximab	1000 mg on days 1 and 15 - *re-administration every 6 months or "on-demand"*	No
Other biologic agents (off-label use usually for refractory joint and/or skin disease), e.g., • **Tocilizumab** • **Abatacept** • **JAK inhibitors[#]** • **TNF inhibitors (rarely)[$]**	Depending on agent	Depending on agent

* Recommended initial PO doses are general indication. In selected cases of organ- or life-threatening disease, higher initial doses, up to 0.7-0.8 mg/kg/day, may be given.

[§] Mycophenolate mofetil (MMF) is a prodrug of mycophenolic acid (MPA), administered orally either as MMF or as enteric-coated mycophenolate sodium (MPS). A 720 mg dose of MPS is roughly equivalent to a 1 g dose of MMF. MPS tends to be associated with more frequent gastrointestinal intolerance.

[#] Based on available data in patients with rheumatoid arthritis, risk factors for thrombosis and malignancy should be taken into account prior to use of JAK inhibitors in patients with SLE. With current knowledge, they should be avoided in patients with antiphospholipid syndrome

[$] TNF inhibitors are rarely used in SLE, due to their potential to cause drug-induced lupus. If used, regular monitoring for the appearance of ant-ds DNA antibodies and/or kidney involvement is needed.

IV: Intravenous; MP: Methylprednisolone; PO: Per os; LN: Lupus nephritis; BSA: Body surface area; NIH: National Institutes of Health; SC: Subcutaneous