Supplementary 1. Details of identified potential interactions between anti-COVID-19 agents and other co-administered medications by the Lexi-Interact online software in the study population.

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| Interaction | Number of cases | Reliability Rating | Severity | Mechanism | Management |
| Dexamethasone and Lopinavir-Ritonavir | 7 | Fair | Severe | Dexamethasone can decrease the serum concentration of Lopinavir, potentially leading to decreased Lopinavir-Ritonavir efficacy and treatment failure. | Substitute another corticosteroid instead of dexamethasone. |
| Tacrolimus and Lopinavir-Ritonavir | 7 | Good | Moderate | Lopinavir-Ritonavir is CYP3A4 inhibitor, that may lead to an increase in serum concentration of Tacrolimus. | - Monitor Tacrolimus level during the day 1 to 3 of therapy.  - Reduce the dose or extend dosing interval of Tacrolimus (e.g., less than 1 mg/week). |
| Cyclosporine and Lopinavir-Ritonavir | 1 | Excellent | Moderate | Lopinavir-Ritonavir inhibits CYP3A4, than may lead to an increase in serum concentration of Cyclosporine. | - Monitor serum levels and clinical effects of Cyclosporine.  - Reduce the dose or extend the dosing interval of Cyclosporine. |
| Leflunomide and Dexamethasone | 1 | Fair | Moderate | Corticosteroids can enhance the immunosuppressive effects of Leflunomide. | Increase monitoring of hematologic indexes (e.g., platelet, white blood cell count, and hemoglobin) monthly instead of every 6 to 8 weeks. |