Supporting Information

Exploring Potential Drug-Drug Interactions: A Cross-Sectional Study of 1 Million e-Prescriptions Across Medical Specialties in Shiraz, Iran (2021-2024)

Supplementary Table 1: Total Count and Top Most Frequently Prescribed Drugs Across Different Physician Specialties

Speicality	Prescription count	Prescriptions with Polypharmacy	Drugs count	Injectable Drug	The top-most frequent drugs	The top-most frequent Injectable drugs
All of the Physicians	1049769 (100.0%)	431604 (41.1%)	3895071 (100.0%)	131100 (3.4%)	1) Sodium Chloride (Parenteral):114745 (2.9%) 2) Pantoprazole (As Sodium Sesquihydrate) (Oral):85329 (2.2%) 3) Dexamethasone (As Disodium Phosphate) (Parenteral):77978 (2.0%) 4) Acetaminophen (Oral):65292 (1.7%) 5) Famotidine (Oral):60583 (1.6%) 6) Vitamin D3 (Oral):58997 (1.5%) 7) Azithromycin (Oral):58700 (1.5%) 8) Atorvastatin (As Calcium) (Oral):57451 (1.5%) 9) Gabapentin (Oral):57075 (1.5%) 10) Ketorolac Trometamol (Parenteral):55814 (1.4%)	1) Acetaminophen (Intravenous):50524 (38.5%) 2) Granisetron (Intravenous):31600 (24.1%) 3) Dextrose / Sodium Chloride (Intravenous):18087 (13.8%) 4) Carboplatin (Intravenous):6057 (4.6%) 5) Docetaxel (Intravenous):5637 (4.3%) 6) Dextrose (Intravenous):5106 (3.9%) 7) Ibuprofen (Intravenous):4551 (3.5%) 8) Cisplatin (Intravenous):3621 (2.8%) 9) Etoposide (Intravenous):1067 (0.8%) 10) Iron Sucrose (Intravenous):1048 (0.8%)
General Practitioner	176746 (16.8%)	113410 (64.2%)	827631 (21.2%)	50914 (6.2%)	1) Sodium Chloride (Parenteral):76767 (9.3%) 2) Ketorolac Trometamol (Parenteral):46029 (5.6%) 3) Acetaminophen (Intravenous):45038 (5.4%) 4) Azithromycin (Oral):40099 (4.8%) 5) Ondansetron (Parenteral):33488 (4.0%) 6) Acetaminophen (Oral):30782 (3.7%) 7) Dexamethasone (As Disodium Phosphate) (Parenteral):28672 (3.5%) 8) Vitamin C (Parenteral):21383 (2.6%) 9) Vitamin B Complex (Parenteral):20456 (2.5%) 10) Diphenhydramine / Ammonium Chloride (Oral):20440 (2.5%)	1) Acetaminophen (Intravenous):45038 (88.5%) 2) Dextrose / Sodium Chloride (Intravenous):4570 (9.0%) 3) Dextrose (Intravenous):571 (1.1%) 4) Trifluoperazine (Intramuscular):249 (0.5%) 5) Furosemide (Intravenous):179 (0.4%) 6) Ciprofloxacin (As Lactate) (Intravenous):124 (0.2%) 7) Ringers (Intravenous):57 (0.1%) 8) Chlorpromazine Hydrochloride (Intramuscular):36 (0.1%) 9) Ringer Lactate (Intravenous):33 (0.1%) 10) Ibuprofen (Intravenous):16 (0.0%)
Oncology	109940 (10.5%)	53499 (48.7%)	498664 (12.8%)	58761 (11.8%)	1) Dexamethasone (As Disodium Phosphate) (Parenteral):34819 (7.0%) 2) Granisetron (Intravenous):27601 (5.5%) 3) Sodium Chloride (Parenteral):24211 (4.9%) 4) Aprepitant (Oral):19453 (3.9%) 5) Filgrastim (Parenteral):18095 (3.6%) 6) Clemastine (Parenteral):14426 (2.9%) 7) Folic Acid (Oral):11584 (2.3%) 8) Chlorpheniramine Maleate (Parenteral):11079 (2.2%) 9) Dextrose / Sodium Chloride (Intravenous):10002 (2.0%) 10) Pantoprazole (As Sodium Sesquihydrate) (Oral):9373 (1.9%)	1) Granisetron (Intravenous):27601 (47.0%) 2) Dextrose / Sodium Chloride (Intravenous):10002 (17.0%) 3) Carboplatin (Intravenous):4917 (8.4%) 4) Docetaxel (Intravenous):4874 (8.3%) 5) Dextrose (Intravenous):3666 (6.2%) 6) Cisplatin (Intravenous):3246 (5.5%) 7) Ibuprofen (Intravenous):1503 (2.6%) 8) Acetaminophen (Intravenous):1339 (2.3%) 9) Etoposide (Intravenous):899 (1.5%) 10) Ciclosporin (Intravenous):147 (0.3%)

Speicality	Prescription count	Prescriptions with Polypharmacy	Drugs count	Injectable Drug	The top-most frequent drugs	The top-most frequent Injectable drugs
Neurologists	104968 (10.0%)	37997 (36.2%)	361923 (9.3%)	1674 (0.5%)	1) Gabapentin (Oral):21498 (5.9%) 2) Meloxicam (Oral):11876 (3.3%) 3) Famotidine (Oral):11716 (3.2%) 4) Propranolol Hydrochloride (Oral):11432 (3.2%) 5) Pantoprazole (As Sodium Sesquihydrate) (Oral):10285 (2.8%) 6) Escitalopram (As Oxalate) (Oral):10022 (2.8%) 7) Pregabalin (Oral):9572 (2.6%) 8) Valproic Acid Sodium (Oral):8333 (2.3%) 9) Atorvastatin (As Calcium) (Oral):8119 (2.2%) 10) Nortriptyline (Oral):7921 (2.2%)	1) Ibuprofen (Intravenous):1099 (65.7%) 2) Immune Globulin (Intravenous):342 (20.4%) 3) Acetaminophen (Intravenous):140 (8.4%) 4) Dextrose / Sodium Chloride (Intravenous):50 (3.0%) 5) Dextrose (Intravenous):9 (0.5%) 6) Chlorpromazine Hydrochloride (Intramuscular):9 (0.5%) 7) Biotin (Intramuscular):6 (0.4%) 8) Ringer Lactate (Intravenous):5 (0.3%) 9) Iron Sucrose (Intravenous):4 (0.2%) 10) Granisetron (Intravenous):2 (0.1%)
Pediatrician	77059 (7.3%)	17480 (22.7%)	222404 (5.7%)	2570 (1.2%)	1) Vitamin D3 (Oral):11576 (5.2%) 2) Sodium Chloride (Nasal):9466 (4.3%) 3) Folic Acid (Oral):7051 (3.2%) 4) Valproic Acid Sodium (Oral):6826 (3.1%) 5) Montelukast (As Sodium) (Oral):6149 (2.8%) 6) Amoxicillin / Clavulanate (Oral):6135 (2.8%) 7) Acetaminophen (Oral):5696 (2.6%) 8) Cetirizine Hydrochloride (Oral):5522 (2.5%) 9) Levetiracetam (Oral):5341 (2.4%) 10) Clobazam (Oral):5296 (2.4%)	1) Acetaminophen (Intravenous):917 (35.7%) 2) Dextrose / Sodium Chloride (Intravenous):834 (32.5%) 3) Carboplatin (Intravenous):239 (9.3%) 4) Ibuprofen (Intravenous):217 (8.4%) 5) Granisetron (Intravenous):114 (4.4%) 6) Etoposide (Intravenous):81 (3.2%) 7) Iron Sucrose (Intravenous):41 (1.6%) 8) Cisplatin (Intravenous):30 (1.2%) 9) Immune Globulin (Intravenous):23 (0.9%) 10) Dextrose (Intravenous):21 (0.8%)
Internist	56116 (5.3%)	25822 (46.0%)	227257 (5.8%)	8140 (3.6%)	1) Pantoprazole (As Sodium Sesquihydrate) (Oral):7741 (3.4%) 2) Sodium Chloride (Parenteral):6463 (2.8%) 3) Atorvastatin (As Calcium) (Oral):6322 (2.8%) 4) Prednisolone (Oral):5272 (2.3%) 5) Dexamethasone (As Disodium Phosphate) (Parenteral):5146 (2.3%) 6) Famotidine (Oral):4147 (1.8%) 7) Filgrastim (Parenteral):3932 (1.7%) 8) Granisetron (Intravenous):3822 (1.7%) 9) Folic Acid (Oral):3815 (1.7%) 10) Vitamin D3 (Oral):3487 (1.5%)	1) Granisetron (Intravenous):3822 (47.0%) 2) Docetaxel (Intravenous):759 (9.3%) 3) Acetaminophen (Intravenous):697 (8.6%) 4) Iron Sucrose (Intravenous):614 (7.5%) 5) Carboplatin (Intravenous):554 (6.8%) 6) Dextrose / Sodium Chloride (Intravenous):526 (6.5%) 7) Dextrose (Intravenous):430 (5.3%) 8) Cisplatin (Intravenous):345 (4.2%) 9) Etoposide (Intravenous):87 (1.1%) 10) Immune Globulin (Intravenous):65 (0.8%)
Psychiatrist	53075 (5.1%)	24051 (45.3%)	190431 (4.9%)	86 (0.0%)	1) Valproic Acid Sodium (Oral):14100 (7.4%) 2) Quetiapine (As Fumarate) (Oral):12794 (6.7%) 3) Sertraline (As Hydrochloride) (Oral):12792 (6.7%) 4) Biperiden Hydrochloride (Oral):11362 (6.0%) 5) Escitalopram (As Oxalate) (Oral):10592 (5.6%) 6) Risperidone (Oral):10204 (5.4%) 7) Propranolol Hydrochloride (Oral):8984 (4.7%) 8) Olanzapine (Oral):8114 (4.3%) 9) Aripiprazole (Oral):6809 (3.6%) 10) Lorazepam (Oral):4567 (2.4%)	1) Dextrose / Sodium Chloride (Intravenous):28 (32.6%) 2) Acetaminophen (Intravenous):28 (32.6%) 3) Trifluoperazine (Intramuscular):14 (16.3%) 4) Chlorpromazine Hydrochloride (Intramuscular):7 (8.1%) 5) Biotin (Intramuscular):3 (3.5%) 6) Ringer Lactate (Intravenous):2 (2.3%) 7) Granisetron (Intravenous): 1 (1.2%) 8) Ringers (Intravenous): 1 (1.2%) 9) Dextrose (Intravenous): 1 (1.2%) 10) Ibuprofen (Intravenous): 1 (1.2%)

Speicality	Prescription count	Prescriptions with Polypharmacy	Drugs count	Injectable Drug	The top-most frequent drugs	The top-most frequent Injectable drugs
General Surgery	44592 (4.2%)	13364 (30.0%)	142416 (3.7%)	1581 (1.1%)	1) Cefalexin (Oral):10442 (7.3%) 2) Pantoprazole (As Sodium Sesquihydrate) (Oral):10316 (7.2%) 3) Ciprofloxacin (Oral):9322 (6.5%) 4) Acetaminophen (Oral):6627 (4.7%) 5) Metronidazole (Oral):5165 (3.6%) 6) Famotidine (Oral):4720 (3.3%) 7) Clindamycin (As Hydrochloride) (Oral):4522 (3.2%) 8) Enoxaparin Sodium (Parenteral):3800 (2.7%) 9) Levofloxacin (Oral):3342 (2.3%) 10) Atorvastatin (As Calcium) (Oral):2472 (1.7%)	1) Acetaminophen (Intravenous):685 (43.3%) 2) Dextrose / Sodium Chloride (Intravenous):322 (20.4%) 3) Biotin (Intramuscular):207 (13.1%) 4) Ibuprofen (Intravenous):195 (12.3%) 5) Mannitol (Intravenous):58 (3.7%) 6) Levofloxacin (Intravenous):35 (2.2%) 7) Iron Sucrose (Intravenous):19 (1.2%) 8) Ringer Lactate (Intravenous):18 (1.1%) 9) Dextrose (Intravenous):16 (1.0%) 10) Ciprofloxacin (As Lactate) (Intravenous):7 (0.4%)
Others	42707 (4.1%)	19565 (45.8%)	163293 (4.2%)	1147 (0.7%)	1) Atorvastatin (As Calcium) (Oral):6637 (4.1%) 2) Bisoprolol Fumarate (Oral):5224 (3.2%) 3) Spironolactone (Oral):4894 (3.0%) 4) Nitroglycerin (Oral):4894 (3.0%) 5) Rosuvastatin (As Calcium) (Oral):4368 (2.7%) 6) Famotidine (Oral):4279 (2.6%) 7) Aspirin (Oral):4178 (2.6%) 8) Metoprolol Tartrate (Oral):3441 (2.1%) 9) Acetaminophen (Oral):3431 (2.1%) 10) Vitamin D3 (Oral):3416 (2.1%)	1) Ibuprofen (Intravenous):405 (35.3%) 2) Acetaminophen (Intravenous):332 (28.9%) 3) Iron Sucrose (Intravenous):129 (11.2%) 4) Dextrose / Sodium Chloride (Intravenous):106 (9.2%) 5) Levofloxacin (Intravenous):63 (5.5%) 6) Dextrose (Intravenous):54 (4.7%) 7) Ringer Lactate (Intravenous):10 (0.9%) 8) Ringers (Intravenous):10 (0.9%) 9) Etanercept (Subcutaneous):9 (0.8%) 10) Triamcinolone Acetonide (Intra-Articular):9 (0.8%)
Infectious disease	37870 (3.6%)	13268 (35.0%)	122503 (3.1%)	1100 (0.9%)	1) Pantoprazole (As Sodium Sesquihydrate) (Oral):13499 (11.0%) 2) Mebeverine Hydrochloride (Oral):7937 (6.5%) 3) Montelukast (As Sodium) (Oral):6438 (5.3%) 4) Clidinium / Chlordiazepoxide (Oral):3337 (2.7%) 5) Lansoprazole (Oral):3109 (2.5%) 6) Levofloxacin (Oral):2821 (2.3%) 7) Vitamin D3 (Oral):2626 (2.1%) 8) Domperidone (Oral):2594 (2.1%) 9) Metronidazole (Oral):2444 (2.0%) 10) Simethicone (Dimethicone Activated) (Oral):2177 (1.8%)	1) Acetaminophen (Intravenous):808 (73.5%) 2) Dextrose / Sodium Chloride (Intravenous):156 (14.2%) 3) Levofloxacin (Intravenous):93 (8.5%) 4) Dextrose (Intravenous):17 (1.5%) 5) Ciprofloxacin (As Lactate) (Intravenous):9 (0.8%) 6) Granisetron (Intravenous):4 (0.4%) 7) Biotin (Intramuscular):2 (0.2%) 8) Iron Sucrose (Intravenous):2 (0.2%) 9) Ibuprofen (Intravenous):2 (0.2%) 10) Potassium Chloride Concentrated (Intravenous): 1 (0.1%)
Endocrinology	36849 (3.5%)	12616 (34.2%)	124035 (3.2%)	506 (0.4%)	1) Levothyroxine Sodium (Oral):12279 (9.9%) 2) Metformin Hydrochloride (Oral):9138 (7.4%) 3) Atorvastatin (As Calcium) (Oral):8452 (6.8%) 4) Sitagliptin (As Phosphate) / Metformin Hydrochloride (Oral):7248 (5.8%) 5) Empagliflozin / Metformin Hydrochloride (Oral):6365 (5.1%) 6) Pioglitazone (Oral):6268 (5.1%) 7) Gliclazide (Oral):6182 (5.0%) 8) Vitamin D3 (Oral):5049 (4.1%) 9) Rosuvastatin (As Calcium) (Oral):4095 (3.3%) 10) Insulin Glargine (Parenteral):3553 (2.9%)	1) Ibuprofen (Intravenous): 390 (77.1%) 2) Acetaminophen (Intravenous): 46 (9.1%) 3) Dextrose / Sodium Chloride (Intravenous): 27 (5.3%) 4) Granisetron (Intravenous): 22 (4.3%) 5) Biotin (Intramuscular): 9 (1.8%) 6) Dextrose (Intravenous): 3 (0.6%) 7) Iron Sucrose (Intravenous): 3 (0.6%) 8) Ringer Lactate (Intravenous): 2 (0.4%) 9) Ciprofloxacin (As Lactate) (Intravenous): 2 (0.4%) 10) Ringers (Intravenous): 1 (0.2%)

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Urologist	35584 (3.4%)	6559 (18.4%)	103369 (2.7%)	272 (0.3%)	1) Tamsulosin Hydrochloride (Oral):9205 (8.9%) 2) Ciprofloxacin (Oral):7871 (7.6%) 3) Cefixime (Oral):6045 (5.8%) 4) Acetaminophen (Oral):5456 (5.3%) 5) Pantoprazole (As Sodium Sesquihydrate) (Oral):4234 (4.1%) 6) Solifenacin Succinate (Oral):3535 (3.4%) 7) Finasteride (Oral):2854 (2.8%) 8) Celecoxib (Oral):2816 (2.7%) 9) Metronidazole (Oral):2731 (2.6%) 10) Tolterodine Tartrate (Oral):2568 (2.5%)	1) Acetaminophen (Intravenous): 105 (38.6%) 2) Iron Sucrose (Intravenous): 45 (16.5%) 3) Dextrose / Sodium Chloride (Intravenous): 39 (14.3%) 4) BCG (Intravesical): 32 (11.8%) 5) Levofloxacin (Intravenous): 13 (4.8%) 6) Immune Globulin (Intravenous): 8 (2.9%) 7) Ibuprofen (Intravenous): 7 (2.6%) 8) Granisetron (Intravenous): 4 (1.5%) 9) Ciprofloxacin (As Lactate) (Intravenous): 4 (1.5%) 10) Biotin (Intramuscular):4 (1.5%)
Pulmonologist	34661 (3.3%)	18961 (54.7%)	131923 (3.4%)	63 (0.0%)	1) Montelukast (As Sodium) (Oral):17454 (13.2%) 2) Salbutamol (As Sulfate) (Respiratory):12853 (9.7%) 3) Fexofenadine Hydrochloride (Oral):8863 (6.7%) 4) Fluticasone Propionate (Respiratory):8760 (6.6%) 5) Prednisolone (Oral):8600 (6.5%) 6) Theophylline (Oral):6306 (4.8%) 7) Budesonide (Nasal):5753 (4.4%) 8) Salmeterol (As Xinafoate) / Fluticasone Propionate (Respiratory):5702 (4.3%) 9) Cetirizine Hydrochloride (Oral):4758 (3.6%) 10) Vitamin D3 (Oral):4155 (3.1%)	1) Immune Globulin (Intravenous): 34 (54.0%) 2) Etanercept (Subcutaneous): 9 (14.3%) 3) Dextrose / Sodium Chloride (Intravenous): 8 (12.7%) 4) Acetaminophen (Intravenous): 3 (4.8%) 5) Granisetron (Intravenous): 2 (3.2%) 6) Co-Trimoxazole (Intravenous): 2 (3.2%) 7) Ibuprofen (Intravenous): 2 (3.2%) 8) Ciclosporin (Intravenous): 1 (1.6%) 9) Iron Sucrose (Intravenous): 1 (1.6%) 10) Levofloxacin (Intravenous): 1 (1.6%)
Orthopedist	32206 (3.1%)	10181 (31.6%)	108526 (2.8%)	1669 (1.5%)	1) Meloxicam (Oral):12197 (11.2%) 2) Famotidine (Oral):8473 (7.8%) 3) Gabapentin (Oral):8314 (7.7%) 4) Cefalexin (Oral):6141 (5.7%) 5) Piroxicam (Topical):4508 (4.2%) 6) Pregabalin (Oral):4425 (4.1%) 7) Acetaminophen (Oral):3837 (3.5%) 8) Vitamin B1 / Vitamin B6 / Vitamin B12 (Parenteral):3674 (3.4%) 9) Ciprofloxacin (Oral):3393 (3.1%) 10) Enoxaparin Sodium (Parenteral):3304 (3.0%)	1) Dextrose / Sodium Chloride (Intravenous):1131 (67.8%) 2) Ibuprofen (Intravenous):412 (24.7%) 3) Acetaminophen (Intravenous):98 (5.9%) 4) Triamcinolone Acetonide (Intra-Articular):23 (1.4%) 5) Dextrose (Intravenous):3 (0.2%) 6) Etanercept (Subcutaneous): 1 (0.1%) 7) Ringer Lactate (Intravenous): 1 (0.1%)
Gynecologist	31382 (3.0%)	7621 (24.3%)	92188 (2.4%)	684 (0.7%)	1) Metronidazole (Oral):6549 (7.1%) 2) Hematinic (Oral):6478 (7.0%) 3) Mefenamic Acid (Oral):5955 (6.5%) 4) Fluconazole (Oral):4319 (4.7%) 5) Cefixime (Oral):3927 (4.3%) 6) Cefalexin (Oral):3506 (3.8%) 7) Azithromycin (Oral):3431 (3.7%) 8) Vitamin D3 (Oral):2796 (3.0%) 9) Heparin Sodium (Parenteral):2655 (2.9%) 10) Clotrimazole (Vaginal):2540 (2.8%)	1) Carboplatin (Intravenous): 346 (50.6%) 2) Acetaminophen (Intravenous): 106 (15.5%) 3) Dextrose / Sodium Chloride (Intravenous): 64 (9.4%) 4) Rho(D) Immune Globulin (Intramuscular): 58 (8.5%) 5) Ibuprofen (Intravenous): 21 (3.1%) 6) Iron Sucrose (Intravenous): 17 (2.5%) 7) Ringers (Intravenous): 15 (2.2%) 8) Granisetron (Intravenous): 12 (1.8%) 9) Biotin (Intramuscular): 11 (1.6%) 10) Ringer Lactate (Intravenous): 9 (1.3%)

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Cardiologist	28929 (2.8%)	16541 (57.2%)	121832 (3.1%)	69 (0.1%)	1) Aspirin (Oral):13805 (11.3%) 2) Bisoprolol Fumarate (Oral):11960 (9.8%) 3) Atorvastatin (As Calcium) (Oral):10134 (8.3%) 4) Rosuvastatin (As Calcium) (Oral):7715 (6.3%) 5) Nitroglycerin (Oral):6832 (5.6%) 6) Pantoprazole (As Sodium Sesquihydrate) (Oral):5997 (4.9%) 7) Clopidogrel (As Bisulfate) (Oral):5509 (4.5%) 8) Amlodipine (As Besilate) / Valsartan (Oral):4755 (3.9%) 9) Carvedilol (Oral):3341 (2.7%) 10) Losartan Potassium (Oral):2566 (2.1%)	1) Acetaminophen (Intravenous): 33 (47.8%) 2) Dextrose / Sodium Chloride (Intravenous): 25 (36.2%) 3) Furosemide (Intravenous): 6 (8.7%) 4) Ibuprofen (Intravenous): 2 (2.9%) 5) Granisetron (Intravenous): 1 (1.4%) 6) Biotin (Intramuscular): 1 (1.4%) 7) Trifluoperazine (Intramuscular): 1 (1.4%)
ENT	27647 (2.6%)	5476 (19.8%)	79508 (2.0%)	61 (0.1%)	1) Desloratadine (Oral):6252 (7.9%) 2) Betamethasone (As Disodium Phosphate) (Ophthalmic):6250 (7.9%) 3) Fluticasone Propionate (Nasal):4594 (5.8%) 4) Loratadine (Oral):3884 (4.9%) 5) Bromhexine Hydrochloride (Oral):3767 (4.7%) 6) Montelukast (As Sodium) (Oral):3418 (4.3%) 7) Mometasone Furoate (Nasal):3374 (4.2%) 8) Ciprofloxacin (As Hydrochloride) (Ophthalmic):3157 (4.0%) 9) Sodium Chloride (Irrigation):3099 (3.9%) 10) Sodium Chloride (Nasal):2363 (3.0%)	1) Ciprofloxacin (As Lactate) (Intravenous):25 (41.0%) 2) Dextrose / Sodium Chloride (Intravenous):17 (27.9%) 3) Acetaminophen (Intravenous):14 (23.0%) 4) Levofloxacin (Intravenous):3 (4.9%) 5) Chlorpromazine Hydrochloride (Intramuscular): 1 (1.6%) 6) Biotin (Intramuscular): 1 (1.6%)
Ophthalm-ologist	27291 (2.6%)	1945 (7.1%)	65558 (1.7%)	92 (0.1%)	1) Artificial Tears (Ophthalmic): 9764 (14.9%) 2) Fluorometholone (Ophthalmic): 6539 (10.0%) 3) Artificial Tears (Hyaluronate Sodium) (Ophthalmic): 4691 (7.2%) 4) Dorzolamide (As Hydrochloride) / Timolol (As Maleate) (Ophthalmic): 4548 (6.9%) 5) Betamethasone (As Disodium Phosphate) (Ophthalmic): 4443 (6.8%) 6) Erythromycin (Ophthalmic): 3867 (5.9%) 7) Timolol (As Maleate) (Ophthalmic): 3748 (5.7%) 8) Latanoprost (Ophthalmic): 3432 (5.2%) 9) Simple Eye (Ophthalmic): 3345 (5.1%) 10) Brimonidine Tartrate (Ophthalmic): 2793 (4.3%)	1) Dextrose / Sodium Chloride (Intravenous): 46 (50.0%) 2) Acetaminophen (Intravenous): 34 (37.0%) 3) Ciprofloxacin (As Lactate) (Intravenous): 8 (8.7%) 4) Ciclosporin (Intravenous): 1 (1.1%) 5) Granisetron (Intravenous): 1 (1.1%) 6) Ringer Lactate (Intravenous): 1 (1.1%) 7) Dextrose (Intravenous): 1 (1.1%)

Speicality	Prescription count	Prescriptions with Polypharmacy	Drugs count	Injectable Drug	The top-most frequent drugs	The top-most frequent Injectable drugs
Dermatologist	22822 (2.2%)	4819 (21.1%)	64953 (1.7%)	263 (0.4%)	1) Mometasone Furoate (Topical):4185 (6.4%) 2) Tacrolimus (Topical):3377 (5.2%) 3) Folic Acid (Oral):2357 (3.6%) 4) Triamcinolone Acetonide (Parenteral):2142 (3.3%) 5) Prednisolone (Oral):2114 (3.3%) 6) Lidocaine Hydrochloride (Parenteral):1862 (2.9%) 7) Adalimumab (Parenteral):1620 (2.5%) 8) Cetirizine Hydrochloride (Oral):1497 (2.3%) 9) Isotretinoin (Oral):1444 (2.2%) 10) Spironolactone (Oral):1399 (2.2%)	1) Biotin (Intramuscular):121 (46.0%) 2) Etanercept (Subcutaneous):108 (41.1%) 3) Triamcinolone Acetonide (Intra-Articular):14 (5.3%) 4) Ibuprofen (Intravenous):8 (3.0%) 5) Acetaminophen (Intravenous):5 (1.9%) 6) Immune Globulin (Intravenous):4 (1.5%) 7) Dextrose / Sodium Chloride (Intravenous):2 (0.8%) 8) Granisetron (Intravenous): 1 (0.4%)
Rheumatology	17888 (1.7%)	11707 (65.4%)	81942 (2.1%)	580 (0.7%)	1) Prednisolone (Oral):10710 (13.1%) 2) Vitamin D3 (Oral):9463 (11.5%) 3) Folic Acid (Oral):9349 (11.4%) 4) Methotrexate Sodium (Oral):6614 (8.1%) 5) Sulfasalazine (Oral):3957 (4.8%) 6) Hydroxychloroquine Sulfate (Oral):3621 (4.4%) 7) Pantoprazole (As Sodium Sesquihydrate) (Oral):3363 (4.1%) 8) Leflunomide (Oral):3085 (3.8%) 9) Gabapentin (Oral):2097 (2.6%) 10) Naproxen (Oral):1619 (2.0%)	1) Etanercept (Subcutaneous):227 (39.1%) 2) Biotin (Intramuscular):156 (26.9%) 3) Immune Globulin (Intravenous):75 (12.9%) 4) Ibuprofen (Intravenous):55 (9.5%) 5) Acetaminophen (Intravenous):36 (6.2%) 6) Dextrose / Sodium Chloride (Intravenous):14 (2.4%) 7) Levofloxacin (Intravenous):6 (1.0%) 8) Dextrose (Intravenous):3 (0.5%) 9) Ringer Lactate (Intravenous):2 (0.3%) 10) Lipid Infusion 10% (1) (Intravenous):1 (0.2%)
Digestion	17831 (1.7%)	5694 (31.9%)	54904 (1.4%)	98 (0.2%)	1) Pantoprazole (As Sodium Sesquihydrate) (Oral):3348 (6.1%) 2) Famotidine (Oral):2698 (4.9%) 3) Esomeprazole (Oral):2530 (4.6%) 4) Bismuth Subcitrate (Oral):2452 (4.5%) 5) Amoxicillin (Oral):2241 (4.1%) 6) Mesalazine (Oral):1969 (3.6%) 7) Metronidazole (Oral):1685 (3.1%) 8) Omeprazole (Oral):1621 (3.0%) 9) Domperidone (Oral):1588 (2.9%) 10) Simethicone (Dimethicone Activated) (Oral):1553 (2.8%)	1) Iron Sucrose (Intravenous):51 (52.0%) 2) Dextrose / Sodium Chloride (Intravenous):30 (30.6%) 3) Ibuprofen (Intravenous):7 (7.1%) 4) Chlorpromazine Hydrochloride (Intramuscular):3 (3.1%) 5) Acetaminophen (Intravenous):3 (3.1%) 6) Mannitol (Intravenous): 1 (1.0%) 7) Levofloxacin (Intravenous): 1 (1.0%) 8) Biotin (Intramuscular):1 (1.0%) 9) Dextrose (Intravenous): 1 (1.0%)
Physical medicine	12062 (1.1%)	2921 (24.2%)	35228 (0.9%)	463 (1.3%)	1) Gabapentin (Oral):4287 (12.2%) 2) Lidocaine Hydrochloride (Parenteral):3631 (10.3%) 3) Vitamin B1 (Thiamine) (Oral):2951 (8.4%) 4) Methylprednisolone Acetate (Parenteral):2880 (8.2%) 5) Naproxen (Oral):2294 (6.5%) 6) Meloxicam (Oral):1736 (4.9%) 7) Alendronate (As Sodium) (Oral):1084 (3.1%) 8) Methocarbamol (Oral):1053 (3.0%) 9) Celecoxib (Oral):950 (2.7%) 10) Vitamin B1 / Vitamin B6 / Vitamin B12 (Parenteral):910 (2.6%)	1) Dextrose (Intravenous):286 (61.8%) 2) Ibuprofen (Intravenous):159 (34.3%) 3) Dextrose / Sodium Chloride (Intravenous):7 (1.5%) 4) Triamcinolone Acetonide (Intra-Articular):3 (0.6%) 5) Acetaminophen (Intravenous):3 (0.6%) 6) Potassium Chloride Concentrated (Intravenous): 1 (0.2%) 7) Nimodipine (Intravenous): 1 (0.2%) 8) Furosemide (Intravenous): 1 (0.2%) 9) Bupivacaine Hydrochloride (Intraspinal): 1 (0.2%) 10) Biotin (Intramuscular): 1 (0.2%)

Speicality	Prescription count	Prescriptions with Polypharmacy	Drugs count	Injectable Drug	The top-most frequent drugs	The top-most frequent Injectable drugs
Nephrology	5982 (0.6%)	2604 (43.5%)	23773 (0.6%)	74 (0.3%)	1) Tacrolimus (Oral):2037 (8.6%) 2) Prednisolone (Oral):1662 (7.0%) 3) Mycophenolic Acid (Oral):1237 (5.2%) 4) Allopurinol (Oral):952 (4.0%) 5) Atorvastatin (As Calcium) (Oral):816 (3.4%) 6) Valsartan (Oral):809 (3.4%) 7) Pantoprazole (As Sodium Sesquihydrate) (Oral):754 (3.2%) 8) Epoetin (Parenteral):612 (2.6%) 9) Amlodipine (As Besilate) (Oral):586 (2.5%) 10) Mycophenolate Mofetil (Oral):564 (2.4%)	1) Iron Sucrose (Intravenous):43 (58.1%) 2) Acetaminophen (Intravenous):12 (16.2%) 3) Dextrose / Sodium Chloride (Intravenous):6 (8.1%) 4) Co-Trimoxazole (Intravenous):2 (2.7%) 5) Dextrose (Intravenous):2 (2.7%) 6) Granisetron (Intravenous):2 (2.7%) 7) Ibuprofen (Intravenous):2 (2.7%) 8) Furosemide (Intravenous):2 (2.7%) 9) Ringer Lactate (Intravenous): 1 (1.4%) 10) Levofloxacin (Intravenous): 1 (1.4%)
Social Medicine	5436 (0.5%)	1443 (26.5%)	16525 (0.4%)	78 (0.5%)	1) Ibuprofen (Oral):1622 (9.8%) 2) Triamcinolone Acetonide (Parenteral):1375 (8.3%) 3) Atorvastatin (As Calcium) (Oral):646 (3.9%) 4) Acetaminophen (Oral):599 (3.6%) 5) Amoxicillin (Oral):593 (3.6%) 6) Omeprazole (Oral):550 (3.3%) 7) Vitamin D3 (Oral):539 (3.3%) 8) Bismuth Subcitrate (Oral):511 (3.1%) 9) Lidocaine Hydrochloride (Parenteral):494 (3.0%) 10) Cefixime (Oral):444 (2.7%)	1) Dextrose / Sodium Chloride (Intravenous):63 (80.8%) 2) Dextrose (Intravenous):11 (14.1%) 3) Acetaminophen (Intravenous):2 (2.6%) 4) Ibuprofen (Intravenous): 1 (1.3%) 5) Levofloxacin (Intravenous): 1 (1.3%)
Anesthesia	5314 (0.5%)	1856 (34.9%)	17295 (0.4%)	56 (0.3%)	1) Vitamin B1 (Thiamine) (Oral):2661 (15.4%) 2) Duloxetine (Oral):1729 (10.0%) 3) Baclofen (Oral):1712 (9.9%) 4) Vitamin B Complex (Parenteral):1641 (9.5%) 5) Pregabalin (Oral):1486 (8.6%) 6) Celecoxib (Oral):1237 (7.2%) 7) Gabapentin (Oral):828 (4.8%) 8) Nortriptyline (Oral):676 (3.9%) 9) Betamethasone La (Betamethasone As Disodium Phosphate / Betamethasone Acetate) (Parenteral):533 (3.1%) 10) Tizanidine (Oral):467 (2.7%)	1) Acetaminophen (Intravenous):33 (58.9%) 2) Dextrose / Sodium Chloride (Intravenous):13 (23.2%) 3) Ringer Lactate (Intravenous):3 (5.4%) 4) Ringers (Intravenous):3 (5.4%) 5) Ibuprofen (Intravenous):2 (3.6%) 6) Bupivacaine Hydrochloride (Intraspinal): 1 (1.8%) 7) Dextrose (Intravenous):1 (1.8%)

Speicality	Prescription count	Prescriptions with Polypharmacy	Drugs count	Injectable Drug	The top-most frequent drugs	The top-most frequent Injectable drugs
Lungs	3833 (0.4%)	1980 (51.7%)	14188 (0.4%)	63 (0.4%)	1) Montelukast (As Sodium) (Oral):1830 (12.9%) 2) Salmeterol (As Xinafoate) / Fluticasone Propionate (Respiratory):1479 (10.4%) 3) Theophylline / Guaifenesin (Oral):1215 (8.6%) 4) Prednisolone (Oral):958 (6.8%) 5) Tiotropium (As Bromide) (Respiratory):826 (5.8%) 6) Budesonide / Formoterol Fumarate (Respiratory):690 (4.9%) 7) Desloratadine (Oral):610 (4.3%) 8) Bromhexine Hydrochloride (Oral):356 (2.5%) 9) Fluticasone Propionate (Nasal):330 (2.3%) 10) Beclomethasone Dipropionate / Formoterol Fumarate (Respiratory):306 (2.2%)	1) Triamcinolone Acetonide (Intra-Articular):62 (98.4%) 2) Levofloxacin (Intravenous): 1 (1.6%)
Dentist	388 (0.0%)	55 (14.2%)	1008 (0.0%)	2 (0.2%)	1) Amoxicillin (Oral):241 (23.9%) 2) Metronidazole (Oral):220 (21.8%) 3) Cefalexin (Oral):81 (8.0%) 4) Ibuprofen (Oral):47 (4.7%) 5) Acetaminophen / Caffeine / Ibuprofen (Oral):37 (3.7%) 6) Dexamethasone (As Disodium Phosphate) (Parenteral):36 (3.6%) 7) Sodium Chloride (Nasal):33 (3.3%) 8) Metronidazole (As Benzoate) (Oral):28 (2.8%) 9) Antihistamine Decongestant (2) (Oral):24 (2.4%) 10) Amoxicillin / Clavulanate (Oral):20 (2.0%)	1) Ibuprofen (Intravenous): 1 (50.0%) 2) Acetaminophen (Intravenous): 1 (50.0%)
Student	353 (0.0%)	139 (39.4%)	1215 (0.0%)	9 (0.7%)	1) Artificial Tears (Ophthalmic):107 (8.8%) 2) Metronidazole (Vaginal):90 (7.4%) 3) Fluconazole (Oral):81 (6.7%) 4) Fluorometholone (Ophthalmic):74 (6.1%) 5) Metronidazole (Oral):74 (6.1%) 6) Clindamycin (As Phosphate) / Clotrimazole (Vaginal):70 (5.8%) 7) Doxycycline (As Hyclate) (Oral):45 (3.7%) 8) Vitamin A (Ophthalmic):25 (2.1%) 9) Zinc Oxide (Topical):24 (2.0%) 10) Clotrimazole (Topical):23 (1.9%)	1) Acetaminophen (Intravenous): 6 (66.7%) 2) Biotin (Intramuscular):2 (22.2%) 3) Dextrose / Sodium Chloride (Intravenous): 1 (11.1%)

Speicality	Prescription count	Prescriptions with Polypharmacy	Drugs count	Injectable Drug	The top-most frequent drugs	The top-most frequent Injectable drugs
Radiology	185 (0.0%)	18 (9.7%)	421 (0.0%)	24 (5.7%)	1) Hyoscine-N-Butyl Bromide (Parenteral):110 (26.1%) 2) Gadoterate Meglumine (Parenteral):78 (18.5%) 3) Iodixanol (Parenteral):64 (15.2%) 4) Sodium Chloride (Parenteral):61 (14.5%) 5) Mannitol (Intravenous):24 (5.7%) 6) Metoclopramide (As Hydrochloride) (Parenteral):24 (5.7%) 7) Gadobutrol (Parenteral):16 (3.8%) 8) Iohexol (Parenteral):5 (1.2%) 9) Hydrocortisone (As Sodium Succinate) (Parenteral):5 (1.2%) 10) Gadodiamide (Parenteral):5 (1.2%)	1) Mannitol (Intravenous): 24 (100.0%)
Emergency Service	33 (0.0%)	6 (18.2%)	93 (0.0%)	0 (0.0%)	1) Betahistine Dihydrochloride (Oral):7 (7.5%) 2) Azithromycin (Oral):7 (7.5%) 3) Acetaminophen (Oral):6 (6.5%) 4) Ciprofloxacin (Oral):5 (5.4%) 5) Piroxicam (Topical):5 (5.4%) 6) Ondansetron (Oral):4 (4.3%) 7) Famotidine (Oral):4 (4.3%) 8) Cefalexin (Oral):3 (3.2%) 9) Fexofenadine Hydrochloride (Oral):3 (3.2%) 10) Celecoxib (Oral):3 (3.2%)	
Traditional Medicine	20 (0.0%)	6 (30.0%)	65 (0.0%)	1 (1.5%)	1) Nitroglycerin (Oral):4 (6.2%) 2) Aspirin (Oral):4 (6.2%) 3) Clopidogrel (As Bisulfate) (Oral):3 (4.6%) 4) Rosuvastatin (As Calcium) (Oral):3 (4.6%) 5) Ursodeoxycholic Acid (Oral):2 (3.1%) 6) Amoxicillin (Oral):2 (3.1%) 7) Metoprolol Tartrate (Oral):2 (3.1%) 8) Ketorolac Trometamol (Parenteral):2 (3.1%) 9) Acetaminophen (Oral):2 (3.1%) 10) Diphenhydramine Hydrochloride (Oral):2 (3.1%)	1) Trifluoperazine (Intramuscular): 1 (100.0%)

(| sign separates interacting drugs, and / sign is used for compounded drugs). * The summaries were gathered from Lexicomp®. If the specialty was unknown, it was categorized as 'Others.' Prescriptions with 4 or more 4 drugs are considered polypharmacy.

Supplementary Table 2: The top 50 most common X or D interactions, along with the top 5 physician specialties

Interaction	Ocuurance count(%)	Risk	Severity	Reliability	Summary	Top 5 Specialties
Aprepitant (Oral) | Dexamethasone (As Disodium Phosphate) (Parenteral)	21952 (11.3%)	D	Moderate	Good	Aprepitant may increase the serum concentration of Corticosteroids (Systemic).	Oncology: 18635 (84.9%) Internist: 3060 (13.9%) Gynecologist: 249 (1.1%) Infectious disease: 4 (0.0%) Psychiatrist: 1 (0.0%)
Ketorolac Trometamol (Parenteral) | Naproxen (Oral)	10907 (5.6%)	X	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic).	General Practitioner: 10198 (95.6%) Orthopedist: 208 (1.9%) Internist: 100 (0.9%) Oncology: 99 (0.9%) Neurologists: 65 (0.6%)
Aprepitant (Oral) | Doxorubicin Hydrochloride (Parenteral)	6956 (3.6%)	X	Moderate	Good	CYP3A4 Inhibitors (Moderate) may increase the serum concentration of DOXOrubicin (Conventional).	Oncology: 5956 (85.6%) Internist: 979 (14.1%) Pediatrician: 16 (0.2%) Infectious disease: 3 (0.0%) Neurologists: 2 (0.0%)
Carboplatin (Intravenous) | Paclitaxel (Parenteral)	4279 (2.2%)	D	Major	Fair	Platinum Derivatives may enhance the myelosuppressive effect of Taxane Derivatives. Administer Taxane derivative before Platinum derivative when given as sequential infusions to limit toxicity.	Oncology: 3720 (86.9%) Gynecologist: 327 (7.6%) Internist: 231 (5.4%) Infectious disease: 1 (0.0%)
Gliclazide (Oral) | Sitagliptin (As Phosphate) / Metformin Hydrochloride (Oral)	3520 (1.8%)	D	Moderate	Good	Dipeptidyl peptidase-IV inhibitors may enhance the hypoglycemic effect of Sulfonylureas.	Endocrinology: 2028 (64.1%) Internist: 518 (16.4%) Infectious disease: 302 (9.5%) Oncology: 206 (6.5%) Others: 112 (3.5%)
Meloxicam (Oral) | Piroxicam (Topical)	3079 (1.6%)	D	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased.	Orthopedist: 2773 (91.8%) Others: 86 (2.8%) Physical medicine: 82 (2.7%) General Practitioner: 60 (2.0%) General Surgery: 21 (0.7%)
Leflunomide (Oral) | Prednisolone (Oral)	2829 (1.5%)	D	Moderate	Fair	Corticosteroids (Systemic) may enhance the immunosuppressive effect of Leflunomide.	Rheumatology: 2659 (95.5%) Internist: 64 (2.3%) Nephrology: 36 (1.3%) Urologist: 15 (0.5%) Pulmonologist: 11 (0.4%)
Ketorolac Trometamol (Parenteral) | Meloxicam (Oral)	2802 (1.4%)	X	Major	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased.	Orthopedist: 1697 (63.5%) General Practitioner: 668 (25.0%) Cardiologist: 147 (5.5%) Neurologists: 82 (3.1%) Others: 77 (2.9%)

Interaction	Ocuurance count(%)	Risk	Severity	Reliability	Summary	Top 5 Specialties
Ibuprofen (Oral) | Ketorolac Trometamol (Parenteral)	2597 (1.3%)	X	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic).	General Practitioner: 2500 (97.6%) General Surgery: 21 (0.8%) Neurologists: 21 (0.8%) Urologist: 10 (0.4%) Oncology: 10 (0.4%)
Gliclazide (Oral) | Pioglitazone (Oral)	2560 (1.3%)	D	Moderate	Fair	Thiazolidinediones may enhance the hypoglycemic effect of Sulfonylureas.	Endocrinology: 2113 (85.9%) Internist: 263 (10.7%) Oncology: 41 (1.7%) General Practitioner: 27 (1.1%) Others: 15 (0.6%)
Leflunomide (Oral) | Methotrexate Sodium (Oral)	2312 (1.2%)	D	Moderate	Excellent	Methotrexate may enhance the adverse/toxic effect of Leflunomide. Specifically, the risks of hepatoxicity and hematologic toxicity may be increased.	Rheumatology: 2255 (98.1%) Pulmonologist: 21 (0.9%) Internist: 13 (0.6%) Orthopedist: 6 (0.3%) Others: 4 (0.2%)
Empagliflozin / Linagliptin (Oral) | Gliclazide (Oral)	2259 (1.2%)	D	Moderate	Fair	Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors may enhance the hypoglycemic effect of Sulfonylureas.	Endocrinology: 1593 (75.2%) Internist: 347 (16.4%) Others: 118 (5.6%) Oncology: 32 (1.5%) Cardiologist: 29 (1.4%)
Diclofenac Sodium (Oral) | Ketorolac Trometamol (Parenteral)	2172 (1.1%)	X	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic).	General Practitioner: 1274 (61.1%) Orthopedist: 531 (25.5%) Oncology: 156 (7.5%) Neurologists: 70 (3.4%) Physical medicine: 53 (2.5%)
Aprepitant (Oral) | Hydrocortisone (As Sodium Succinate) (Parenteral)	1963 (1.0%)	D	Moderate	Good	Aprepitant may increase the serum concentration of Corticosteroids (Systemic).	Oncology: 1831 (93.3%) Internist: 130 (6.6%) Pediatrician: 2 (0.1%)
Brimonidine Tartrate (Ophthalmic) | Dorzolamide (As Hydrochloride) / Timolol (As Maleate) (Ophthalmic)	1667 (0.9%)	D	Moderate	Fair	Alpha2-Agonists may enhance the AV-blocking effect of Beta-Blockers. Sinus node dysfunction may also be enhanced. Beta-blockers may enhance the rebound hypertensive effect of Alpha2-Agonists. This effect can occur when the Alpha2-Agonist is abruptly withdrawn.	Ophthalmologist: 1615 (97.0%) Others: 41 (2.5%) Oncology: 4 (0.2%) Student: 3 (0.2%) General Surgery: 2 (0.1%)
Empagliflozin / Metformin Hydrochloride (Oral) | Gliclazide (Oral)	1617 (0.8%)	D	Moderate	Fair	Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors may enhance the hypoglycemic effect of Sulfonylureas.	Endocrinology: 1166 (76.8%) Internist: 267 (17.6%) Cardiologist: 32 (2.1%) Oncology: 28 (1.8%) Urologist: 26 (1.7%)

Interaction	Ocuurance count(%)	Risk	Severity	Reliability	Summary	Top 5 Specialties
Diclofenac Sodium (Parenteral) | Meloxicam (Oral)	1519 (0.8%)	X	Major	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased.	Orthopedist: 1372 (90.3%) General Practitioner: 145 (9.5%) ENT: 1 (0.1%) Infectious disease: 1 (0.1%)
Docetaxel (Intravenous) | Oxaliplatin (Parenteral)	1508 (0.8%)	D	Major	Fair	Platinum Derivatives may enhance the myelosuppressive effect of Taxane Derivatives. Administer Taxane derivative before Platinum derivative when given as sequential infusions to limit toxicity.	Oncology: 1391 (92.2%) Internist: 116 (7.7%) Pediatrician: 1 (0.1%)
Acarbose (Oral) | Gliclazide (Oral)	1474 (0.8%)	D	Moderate	Fair	Alpha-Glucosidase Inhibitors may enhance the hypoglycemic effect of Sulfonylureas.	Endocrinology: 908 (70.0%) Internist: 196 (15.1%) Others: 85 (6.6%) Oncology: 68 (5.2%) General Practitioner: 40 (3.1%)
Diclofenac Sodium (Rectal) | Ketorolac Trometamol (Parenteral)	1412 (0.7%)	X	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic).	General Practitioner: 1109 (84.2%) Orthopedist: 76 (5.8%) Oncology: 45 (3.4%) Urologist: 45 (3.4%) Internist: 42 (3.2%)
Aspirin (Oral) | Rivaroxaban (Oral)	1382 (0.7%)	D	Major	Fair	Aspirin may enhance the adverse/toxic effect of Rivaroxaban. Specifically, the risk of bleeding may be increased.	Cardiologist: 532 (41.0%) General Surgery: 460 (35.4%) Neurologists: 221 (17.0%) Internist: 58 (4.5%) Others: 28 (2.2%)
Lorazepam (Oral) | Valproic Acid Sodium (Oral)	1364 (0.7%)	D	Major	Excellent	Valproate Products may increase the serum concentration of LORazepam.	Psychiatrist: 1276 (94.2%) Neurologists: 63 (4.7%) Pediatrician: 5 (0.4%) Internist: 5 (0.4%) General Surgery: 5 (0.4%)
Heparin Sodium (Parenteral) | Mefenamic Acid (Oral)	1328 (0.7%)	D	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Heparin.	Gynecologist: 1221 (92.4%) Others: 66 (5.0%) General Surgery: 25 (1.9%) Urologist: 7 (0.5%) Orthopedist: 3 (0.2%)
Vitamin D3 (Oral) | Vitamin D3 (Parenteral)	1197 (0.6%)	X	Moderate	Fair	Vitamin D Analogs may enhance the adverse/toxic effect of other Vitamin D Analogs.	Infectious disease: 806 (72.6%) Internist: 137 (12.3%) General Surgery: 104 (9.4%) Others: 32 (2.9%) Endocrinology: 31 (2.8%)

Interaction	Ocuurance count(%)	Risk	Severity	Reliability	Summary	Top 5 Specialties
Acetaminophen / Caffeine / Ibuprofen (Oral) | Ketorolac Trometamol (Parenteral)	1137 (0.6%)	X	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic).	General Practitioner: 914 (84.5%) Infectious disease: 75 (6.9%) Oncology: 34 (3.1%) Internist: 31 (2.9%) Neurologists: 28 (2.6%)
Diclofenac Sodium (Rectal) | Enoxaparin Sodium (Parenteral)	1132 (0.6%)	D	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Enoxaparin.	Orthopedist: 594 (54.0%) Gynecologist: 461 (41.9%) General Surgery: 27 (2.5%) Infectious disease: 9 (0.8%) Oncology: 8 (0.7%)
Diclofenac Sodium (Parenteral) | Ketorolac Trometamol (Parenteral)	1110 (0.6%)	X	Major	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased.	Orthopedist: 994 (90.1%) General Practitioner: 102 (9.2%) Oncology: 3 (0.3%) Internist: 2 (0.2%) Urologist: 2 (0.2%)
Biperiden Hydrochloride (Oral) | Clozapine (Oral)	1093 (0.6%)	D	Major	Fair	Anticholinergic Agents may enhance the constipating effect of CloZAPine.	Psychiatrist: 1061 (97.5%) Neurologists: 17 (1.6%) General Surgery: 4 (0.4%) Cardiologist: 4 (0.4%) Internist: 2 (0.2%)
Empagliflozin (Oral) | Gliclazide (Oral)	1087 (0.6%)	D	Moderate	Fair	Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors may enhance the hypoglycemic effect of Sulfonylureas.	Endocrinology: 489 (51.3%) Internist: 265 (27.8%) Others: 111 (11.6%) Infectious disease: 57 (6.0%) Oncology: 32 (3.4%)
Naproxen (Oral) | Piroxicam (Topical)	1072 (0.6%)	D	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased.	General Practitioner: 343 (34.1%) Physical medicine: 337 (33.5%) Orthopedist: 275 (27.3%) Others: 26 (2.6%) General Surgery: 25 (2.5%)
Celecoxib (Oral) | Ketorolac Trometamol (Parenteral)	1038 (0.5%)	X	Major	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased.	General Practitioner: 277 (30.8%) Others: 266 (29.6%) Orthopedist: 204 (22.7%) Physical medicine: 84 (9.3%) Internist: 69 (7.7%)
Fluoxetine (As Hydrochloride) (Oral) | Risperidone (Oral)	1033 (0.5%)	D	Moderate	Good	CYP2D6 Inhibitors (Strong) may increase the serum concentration of RisperiDONE.	Psychiatrist: 737 (71.8%) Neurologists: 242 (23.6%) Pediatrician: 23 (2.2%) Oncology: 12 (1.2%) General Surgery: 12 (1.2%)

Interaction	Ocuurance count(%)	Risk	Severity	Reliability	Summary	Top 5 Specialties
Ciclosporin (Oral) | Mycophenolic Acid (Oral)	986 (0.5%)	D	Moderate	Good	CycloSPORINE (Systemic) may decrease the serum concentration of Mycophenolate. Specifically, cyclosporine may decrease concentrations of the active metabolite mycophenolic acid.	Internist: 481 (51.6%) Urologist: 221 (23.7%) Nephrology: 106 (11.4%) Pediatrician: 92 (9.9%) Others: 33 (3.5%)
Famotidine (Oral) | Tizanidine (Oral)	985 (0.5%)	D	Moderate	Poor	Famotidine may increase the serum concentration of TiZANidine.	Neurologists: 805 (83.7%) Orthopedist: 114 (11.9%) General Surgery: 20 (2.1%) General Practitioner: 14 (1.5%) Physical medicine: 9 (0.9%)
Aprepitant (Oral) | Prednisolone (Oral)	978 (0.5%)	D	Moderate	Good	Aprepitant may increase the serum concentration of Corticosteroids (Systemic).	Oncology: 812 (83.0%) Internist: 161 (16.5%) Pediatrician: 4 (0.4%) Dermatologist: 1 (0.1%)
Methotrexate Sodium (Oral) | Pantoprazole (As Sodium Sesquihydrate) (Oral)	976 (0.5%)	D	Moderate	Fair: Existing data/ reports are inconsistent	Inhibitors of the Proton Pump (PPIs and PCABs) may increase the serum concentration of Methotrexate.	Rheumatology: 828 (87.2%) Oncology: 60 (6.3%) Dermatologist: 28 (3.0%) Internist: 24 (2.5%) Neurologists: 9 (0.9%)
Aripiprazole (Oral) | Fluoxetine (As Hydrochloride) (Oral)	974 (0.5%)	D	Moderate	Good	CYP2D6 Inhibitors (Strong) may increase the serum concentration of ARIPiprazole.	Psychiatrist: 695 (71.9%) Neurologists: 260 (26.9%) Pediatrician: 4 (0.4%) Social Medicine: 4 (0.4%) Internist: 3 (0.3%)
Ketorolac Trometamol (Parenteral) | Piroxicam (Topical)	924 (0.5%)	D	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased.	Orthopedist: 500 (55.2%) General Practitioner: 379 (41.8%) Internist: 15 (1.7%) Oncology: 8 (0.9%) Neurologists: 4 (0.4%)
Insulin Glargine (Parenteral) | Sitagliptin (As Phosphate) / Metformin Hydrochloride (Oral)	865 (0.4%)	D	Major	Fair	Dipeptidyl peptidase-IV inhibitors may enhance the hypoglycemic effect of insulin.	Endocrinology: 766 (90.4%) Internist: 55 (6.5%) Oncology: 10 (1.2%) Others: 8 (0.9%) General Practitioner: 8 (0.9%)
Cetirizine Hydrochloride (Oral) | Expectorant (Oral)	862 (0.4%)	D	Major	Fair	CNS Depressants may enhance the CNS depressant effect of Opioid Agonists.	General Practitioner: 762 (90.6%) Neurologists: 52 (6.2%) Others: 9 (1.1%) General Surgery: 9 (1.1%) Internist: 9 (1.1%)

Interaction	Ocuurance count(%)	Risk	Severity	Reliability	Summary	Top 5 Specialties
Diclofenac Sodium (Oral) | Piroxicam (Parenteral)	803 (0.4%)	X	Major	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased.	General Practitioner: 752 (94.5%) Neurologists: 19 (2.4%) Cardiologist: 16 (2.0%) General Surgery: 6 (0.8%) Orthopedist: 3 (0.4%)
Naproxen (Oral) | Piroxicam (Parenteral)	799 (0.4%)	X	Major	Fair	Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased.	General Practitioner: 644 (84.2%) Physical medicine: 45 (5.9%) Infectious disease: 44 (5.8%) Internist: 17 (2.2%) Neurologists: 15 (2.0%)
Carboplatin (Intravenous) | Docetaxel (Intravenous)	797 (0.4%)	D	Major	Fair	Platinum Derivatives may enhance the myelosuppressive effect of Taxane Derivatives. Administer Taxane derivative before Platinum derivative when given as sequential infusions to limit toxicity.	Oncology: 720 (90.3%) Internist: 76 (9.5%) Gynecologist: 1 (0.1%)
Celecoxib (Oral) | Piroxicam (Topical)	789 (0.4%)	D	Moderate	Fair	Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased.	Orthopedist: 485 (67.4%) Physical medicine: 79 (11.0%) Others: 61 (8.5%) General Practitioner: 53 (7.4%) Infectious disease: 42 (5.8%)
Bismuth Subcitrate (Oral) | Tetracycline Hydrochloride (Oral)	768 (0.4%)	D	Moderate	Fair	Bismuth Subcitrate may decrease the serum concentration of Tetracyclines.	Digestion: 445 (58.8%) Social Medicine: 229 (30.3%) Internist: 50 (6.6%) Infectious disease: 28 (3.7%) General Practitioner: 5 (0.7%)
Empagliflozin / Metformin Hydrochloride (Oral) | Insulin Glargine (Parenteral)	757 (0.4%)	D	Major	Fair	Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors may enhance the hypoglycemic effect of Insulins.	Endocrinology: 688 (92.5%) Internist: 41 (5.5%) General Practitioner: 7 (0.9%) Urologist: 4 (0.5%) Oncology: 4 (0.5%)
Gliclazide (Oral) | Sitagliptin (As Phosphate) (Oral)	709 (0.4%)	D	Moderate	Good	Dipeptidyl peptidase-IV inhibitors may enhance the hypoglycemic effect of Sulfonylureas.	Endocrinology: 486 (74.9%) Internist: 81 (12.5%) Others: 44 (6.8%) Infectious disease: 25 (3.9%) Pediatrician: 13 (2.0%)
Lamotrigine (Oral) | Valproic Acid Sodium (Oral)	709 (0.4%)	D	Major	Excellent	Valproate Products may enhance the adverse/toxic effects of LamoTRIgine. Valproate Products may increase the serum concentration of LamoTRIgine.	Pediatrician: 305 (43.4%) Neurologists: 251 (35.8%) Psychiatrist: 134 (19.1%) General Surgery: 7 (1.0%) Oncology: 5 (0.7%)

Interaction	Ocuurance count(%)	Risk	Severity	Reliability	Summary	Top 5 Specialties
Clozapine (Oral) | Risperidone (Oral)	701 (0.4%)	D	Major	Fair	Anticholinergic Agents may enhance the constipating effect of CloZAPine.	Psychiatrist: 672 (96.1%) Neurologists: 18 (2.6%) General Practitioner: 3 (0.4%) Orthopedist: 3 (0.4%) General Surgery: 3 (0.4%)
Leflunomide (Oral) | Methotrexate Sodium (Parenteral)	697 (0.4%)	D	Moderate	Excellent	Methotrexate may enhance the adverse/ toxic effects of Leflunomide. Specifically, the risks of hepatoxicity and hematologic toxicity may be increased.	Rheumatology: 691 (99.1%) Infectious disease: 2 (0.3%) Oncology: 2 (0.3%) Dermatologist: 1 (0.1%) Cardiologist: 1 (0.1%)

(| sign separates interacting drugs, and / sign is used for compounded drugs). * The summaries were gathered from Lexicomp®. If the specialty was unknown, it was categorized as 'Others.'

Supplementary Table 3: Each specialty's total prescriptions, D or X interaction count, and the top 5 most frequent D or X interactions for each specialty.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
All of the Physicians	1049769 (100.0%)	759709 (100.0%)	138822 (100.0%)	55595 (100.0%)	194417 (100.0%)	18.5	1) Aprepitant (Oral) | Dexamethasone (As Disodium Phosphate) (Parenteral) 2) Ketorolac Trometamol (Parenteral) | Naproxen (Oral) 3) Aprepitant (Oral) | Doxorubicin Hydrochloride (Parenteral) 4) Carboplatin (Intravenous) | Paclitaxel (Parenteral) 5) Gliclazide (Oral) | Sitagliptin (As Phosphate) / Metformin Hydrochloride (Oral)	1) D 2) X 3) X 4) D 5) D	1) Moderate 2) Moderate 3) Moderate 4) Major 5) Moderate	1) Good 2) Fair 3) Good 4) Fair 5) Good	1) Aprepitant may increase the serum concentration of Corticosteroids (Systemic). 2) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/ toxic effect of Ketorolac (Systemic). 3) CYP3A4 Inhibitors (Moderate) may increase the serum concentration of DOXOrubicin (Conventional). 4) Platinum Derivatives may enhance the myelosuppressive effect of Taxane Derivatives. Administer Taxane derivative before Platinum derivative when given as sequential infusions to limit toxicity. 5) Dipeptidyl Peptidase-IV Inhibitors may enhance the hypoglycemic effect of Sulfonylureas.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Rheumatology	17888 (1.7%)	15542 (2.0%)	9277 (6.7%)	199 (0.4%)	9476 (4.9%)	53	1) Leflunomide (Oral) | Prednisolone (Oral):2659 2) Leflunomide (Oral) | Methotrexate Sodium (Oral):2255 3) Methotrexate Sodium (Oral) | Pantoprazole (As Sodium Sesquihydrate) (Oral):828 4) Leflunomide (Oral) | Methotrexate Sodium (Parenteral):691 5) Methotrexate Sodium (Oral) | Naproxen (Oral):483	1) D 2) D 3) D 4) D 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Major	1) Fair 2) Excellent 3) Fair: Existing data/ reports are inconsis-tent 4) Excellent 5) Good	1) Corticosteroids (Systemic) may enhance the immunosuppressive effect of Leflunomide. 2) Methotrexate may enhance the adverse/toxic effects of Leflunomide. Specifically, the risks of hepatoxicity and hematologic toxicity may be increased. 3) Inhibitors of the Proton Pump (PPIs and PCABs) may increase the serum concentration of Methotrexate. 4) Methotrexate may enhance the adverse/toxic effects of Leflunomide. Specifically, the risks of hepatoxicity and hematologic toxicity may be increased. 5) Nonsteroidal Anti-Inflammatory Agents may increase the serum concentration of Methotrexate.
Endocrinology	36849 (3.5%)	26226 (3.5%)	14870 (10.7%)	221 (0.4%)	15091 (7.8%)	41	1) Gliclazide (Oral) | Pioglitazone (Oral):2113 2) Gliclazide (Oral) | Sitagliptin (As Phosphate) / Metformin Hydrochloride (Oral):2028 3) Empagliflozin / Linagliptin (Oral) | Gliclazide (Oral):1593 4) Empagliflozin / Metformin Hydrochloride (Oral) | Gliclazide (Oral):1166 5) Acarbose (Oral) | Gliclazide (Oral):908	1) D 2) D 3) D 4) D 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Moderate	1) Fair 2) Good 3) Fair 4) Fair 5) Fair	1) Thiazolidinediones may enhance the hypoglycemic effect of Sulfonylureas. 2) Dipeptidyl Peptidase-IV Inhibitors may enhance the hypoglycemic effect of Sulfonylureas. 3) Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors may enhance the hypoglycemic effect of Sulfonylureas. 4) Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors may enhance the hypoglycemic effect of Sulfonylureas. 5) Alpha-Glucosidase Inhibitors may enhance the hypoglycemic effect of Sulfonylureas.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Orthopedy	32206 (3.1%)	20476 (2.7%)	6939 (5.0%)	6100 (11.0%)	13039 (6.7%)	40.5	1) Meloxicam (Oral) | Piroxicam (Topical):2773 2) Ketorolac Trometamol (Parenteral) | Meloxicam (Oral):1697 3) Diclofenac Sodium (Parenteral) | Meloxicam (Oral):1372 4) Diclofenac Sodium (Parenteral) | Ketorolac Trometamol (Parenteral):994 5) Diclofenac Sodium (Rectal) | Enoxaparin Sodium (Parenteral):594	1) D 2) X 3) X 4) X 5) D	1) Moderate 2) Major 3) Major 4) Major 5) Moderate	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased. 2) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased. 3) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased. 4) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased. 5) Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Enoxaparin.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Oncology	109940 (10.5%)	47505 (6.3%)	36242 (26.1%)	7616 (13.7%)	43858 (22.6%)	39.9	1) Aprepitant (Oral) | Dexamethasone (As Disodium Phosphate) (Parenteral):18635 2) Aprepitant (Oral) | Doxorubicin Hydrochloride (Parenteral):5956 3) Carboplatin (Intravenous) | Paclitaxel (Parenteral):3720 4) Aprepitant (Oral) | Hydrocortisone (As Sodium Succinate) (Parenteral):1831 5) Docetaxel (Intravenous) | Oxaliplatin (Parenteral):1391	1) D 2) X 3) D 4) D 5) D	1) Moderate 2) Moderate 3) Major 4) Moderate 5) Major	1) Good 2) Good 3) Fair 4) Good 5) Fair	1) Aprepitant may increase the serum concentration of Corticosteroids (Systemic). 2) CYP3A4 Inhibitors (Moderate) may increase the serum concentration of DOXOrubicin (Conventional). 3) Platinum Derivatives may enhance the myelosuppressive effect of Taxane Derivatives. Administer Taxane derivative before Platinum derivative when given as sequential infusions to limit toxicity. 4) Aprepitant may increase the serum concentration of Corticosteroids (Systemic). 5) Platinum Derivatives may enhance the myelosuppressive effect of Taxane Derivatives. Administer Taxane derivative before Platinum derivative when given as sequential infusions to limit toxicity.
Internist	56116 (5.3%)	45611 (6.0%)	11250 (8.1%)	3096 (5.6%)	14346 (7.4%)	25.6	1) Aprepitant (Oral) | Dexamethasone (As Disodium Phosphate) (Parenteral):3060 2) Aprepitant (Oral) | Doxorubicin Hydrochloride (Parenteral):979 3) Gliclazide (Oral) | Sitagliptin (As Phosphate) / Metformin Hydrochloride (Oral):518 4) Ciclosporin (Oral) | Mycophenolic Acid (Oral):481 5) Ciclosporin (Oral) | Mycophenolate Mofetil (Oral):358	1) D 2) X 3) D 4) D 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Moderate	1) Good 2) Good 3) Good 4) Good 5) Good	1) Aprepitant may increase the serum concentration of Corticosteroids (Systemic). 2) CYP3A4 Inhibitors (Moderate) may increase the serum concentration of DOXOrubicin (Conventional). 3) Dipeptidyl Peptidase-IV Inhibitors may enhance the hypoglycemic effect of Sulfonylureas. 4) CycloSPORINE (Systemic) may decrease the serum concentration of Mycophenolate. Specifically, cyclosporine may decrease concentrations of the active metabolite mycophenolic acid. 5) CycloSPORINE (Systemic) may decrease the serum concentration of Mycophenolate. Specifically, cyclosporine may decrease concentrations of the active metabolite mycophenolic acid.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Emergency Service	33 (0.0%)	11 (0.0%)	7 (0.0%)	1 (0.0%)	8 (0.0%)	24.2	1) Diclofenac Sodium (Oral) | Piroxicam (Topical):2 2) Celecoxib (Oral) | Piroxicam (Topical):2 3) Celecoxib (Oral) | Ketorolac Trometamol (Parenteral):1 4) Ketorolac Trometamol (Parenteral) | Piroxicam (Topical):1 5) Cefazolin (Parenteral) | Rifampicin (Oral):1	1) D 2) D 3) X 4) D 5) D	1) Moderate 2) Moderate 3) Major 4) Moderate 5) Major	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased. 2) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased. 3) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased. 4) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased. 5) CeFAZolin may enhance the adverse/toxic effect of RifAMPin. Specifically, the risk for bleeding may be increased.
Psychiatrist	53075 (5.1%)	172781 (22.7%)	11509 (8.3%)	482 (0.9%)	11991 (6.2%)	22.6	1) Lorazepam (Oral) | Valproic Acid Sodium (Oral):1276 2) Biperiden Hydrochloride (Oral) | Clozapine (Oral):1061 3) Fluoxetine (As Hydrochloride) (Oral) | Risperidone (Oral):737 4) Aripiprazole (Oral) | Fluoxetine (As Hydrochloride) (Oral):695 5) Clozapine (Oral) | Risperidone (Oral):672	1) D 2) D 3) D 4) D 5) D	1) Major 2) Major 3) Moderate 4) Moderate 5) Major	1) Excellent 2) Fair 3) Good 4) Good 5) Fair	1) Valproate Products may increase the serum concentration of LORazepam. 2) Anticholinergic Agents may enhance the constipating effect of CloZAPine. 3) CYP2D6 Inhibitors (Strong) may increase the serum concentration of RisperiDONE. 4) CYP2D6 Inhibitors (Strong) may increase the serum concentration of ARIPiprazole. 5) Anticholinergic Agents may enhance the constipating effect of CloZAPine.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
General Practitioner	176746 (16.8%)	89171 (11.7%)	11963 (8.6%)	22304 (40.1%)	34267 (17.6%)	19.4	1) Ketorolac Trometamol (Parenteral) | Naproxen (Oral):10198 2) Ibuprofen (Oral) | Ketorolac Trometamol (Parenteral):2500 3) Diclofenac Sodium (Oral) | Ketorolac Trometamol (Parenteral):1274 4) Diclofenac Sodium (Rectal) | Ketorolac Trometamol (Parenteral):1109 5) Acetaminophen / Caffeine / Ibuprofen (Oral) | Ketorolac Trometamol (Parenteral):914	1) X 2) X 3) X 4) X 5) X	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Moderate	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/ toxic effect of Ketorolac (Systemic). 2) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/ toxic effect of Ketorolac (Systemic). 3) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/ toxic effect of Ketorolac (Systemic). 4) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/ toxic effect of Ketorolac (Systemic). 5) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/ toxic effect of Ketorolac (Systemic).
Gynecologist	31382 (3.0%)	4710 (0.6%)	4082 (2.9%)	966 (1.7%)	5048 (2.6%)	16.1	1) Heparin Sodium (Parenteral) | Mefenamic Acid (Oral):1221 2) Acetaminophen / Caffeine / Ibuprofen (Oral) | Heparin Sodium (Parenteral):588 3) Enoxaparin Sodium (Parenteral) | Mefenamic Acid (Oral):558 4) Diclofenac Sodium (Rectal) | Mefenamic Acid (Oral):521 5) Diclofenac Sodium (Rectal) | Enoxaparin Sodium (Parenteral):461	1) D 2) D 3) D 4) X 5) D	1) Moderate 2) Moderate 3) Moderate 4) Major 5) Moderate	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Heparin. 2) Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Heparin. 3) Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Enoxaparin. 4) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased. 5) Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Enoxaparin.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Traditional Medicine	20 (0.0%)	15 (0.0%)	0 (0.0%)	3 (0.0%)	3 (0.0%)	15	1) Diclofenac Sodium (Rectal) | Ketorolac Trometamol (Parenteral):1 2) Clotrimazole (Vaginal) | Progesterone (Parenteral):1 3) Ketorolac Trometamol (Oral) | Ketorolac Trometamol (Parenteral):1	1) X 2) X 3) X	1) Moderate 2) Moderate 3) Major	1) Fair 2) Fair: Reported in the prescribing information 3) Fair	1) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic). 2) Antifungal Agents (Vaginal) may diminish the therapeutic effect of Progesterone. 3) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased.
Physical medicine	12062 (1.1%)	4755 (0.6%)	1289 (0.9%)	501 (0.9%)	1790 (0.9%)	14.8	1) Naproxen (Oral) | Piroxicam (Topical):337 2) Celecoxib (Oral) | Ketorolac Trometamol (Parenteral):84 3) Meloxicam (Oral) | Piroxicam (Topical):82 4) Celecoxib (Oral) | Piroxicam (Topical):79 5) Diclofenac Diethylammonium (Topical) | Naproxen (Oral):75	1) D 2) X 3) D 4) D 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Moderate	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased. 2) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic). 3) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased. 4) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased. 5) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Nephrology	5982 (0.6%)	8821 (1.2%)	683 (0.5%)	160 (0.3%)	843 (0.4%)	14.1	1) Ciclosporin (Oral) | Mycophenolic Acid (Oral):106 2) Fluconazole (Oral) | Tacrolimus (Oral):72 3) Ciclosporin (Oral) | Mycophenolate Mofetil (Oral):59 4) Atorvastatin (As Calcium) (Oral) | Ciclosporin (Oral):58 5) Leflunomide (Oral) | Tacrolimus (Oral):42	1) D 2) D 3) D 4) X 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Moderate	1) Good 2) Excellent 3) Good 4) Good 5) Fair	1) CycloSPORINE (Systemic) may decrease the serum concentration of Mycophenolate. Specifically, cyclosporine may decrease concentrations of the active metabolite mycophenolic acid. 2) Fluconazole may increase the serum concentration of Tacrolimus (Systemic). 3) CycloSPORINE (Systemic) may decrease the serum concentration of Mycophenolate. Specifically, cyclosporine may decrease concentrations of the active metabolite mycophenolic acid. 4) CycloSPORINE (Systemic) may increase the serum concentration of AtorvaSTATin. 5) Immunosuppressants (Therapeutic Immunosuppressant Agents) may enhance the immunosuppressive effect of Leflunomide.
Neurologists	104968 (10.0%)	113020 (14.9%)	11223 (8.1%)	2051 (3.7%)	13274 (6.8%)	12.6	1) Famotidine (Oral) | Tizanidine (Oral):805 2) Indomethacin (Oral) | Ketorolac Trometamol (Parenteral):351 3) Acetaminophen / Caffeine / Ibuprofen (Oral) | Escitalopram (As Oxalate) (Oral):324 4) Acetazolamide (Oral) | Topiramate (Oral):310 5) Aripiprazole (Oral) | Fluoxetine (As Hydrochloride) (Oral):260	1) D 2) X 3) D 4) X 5) D	1) Moderate 2) Moderate 3) Major 4) Moderate 5) Moderate	1) Poor 2) Fair 3) Good 4) Fair: Reported in the prescribing information 5) Good	1) Famotidine may increase the serum concentration of TiZANidine. 2) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic). 3) Selective Serotonin Reuptake Inhibitors may enhance the antiplatelet effect of Nonsteroidal Anti-Inflammatory Agents (Nonselective). Nonsteroidal Anti-Inflammatory Agents (Nonselective) may diminish the therapeutic effect of Selective Serotonin Reuptake Inhibitors. 4) Carbonic Anhydrase Inhibitors may enhance the adverse/toxic effect of other Carbonic Anhydrase Inhibitors. The development of acid-base disorders with concurrent use of ophthalmic and oral carbonic anhydrase inhibitors has been reported. 5) CYP2D6 Inhibitors (Strong) may increase the serum concentration of ARIPiprazole.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Dermatologist	22822 (2.2%)	4155 (0.5%)	467 (0.3%)	2161 (3.9%)	2628 (1.4%)	11.5	1) Tacrolimus (Topical) | Triamcinolone Acetonide (Parenteral):249 2) Adalimumab (Parenteral) | Tacrolimus (Topical):207 3) Ciclosporin (Oral) | Tacrolimus (Topical):200 4) Prednisolone (Oral) | Tacrolimus (Topical):186 5) Methotrexate Sodium (Oral) | Tacrolimus (Topical):169	1) X 2) X 3) X 4) X 5) X	1) Major 2) Moderate 3) Major 4) Major 5) Moderate	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Corticosteroids (Systemic) may enhance the immunosuppressive effect of Tacrolimus (Topical). 2) Immunosuppressants (Therapeutic Immunosuppressant Agents) may enhance the immunosuppressive effect of Tacrolimus (Topical). 3) Tacrolimus (Topical) may enhance the nephrotoxic effect of CycloSPORINE (Systemic). CycloSPORINE (Systemic) may enhance the nephrotoxic effect of Tacrolimus (Topical). Tacrolimus (Topical) may increase the serum concentration of CycloSPORINE (Systemic). CycloSPORINE (Systemic) may increase the serum concentration of Tacrolimus (Topical). 4) Corticosteroids (Systemic) may enhance the immunosuppressive effect of Tacrolimus (Topical). 5) Methotrexate may enhance the immunosuppressive effect of Tacrolimus (Topical).

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Cardiologist	28929 (2.8%)	47624 (6.3%)	2886 (2.1%)	342 (0.6%)	3228 (1.7%)	11.2	1) Aspirin (Oral) | Rivaroxaban (Oral):532 2) Aspirin (Oral) | Warfarin Sodium (Oral):294 3) Aspirin (Oral) | Diclofenac Sodium (Oral):239 4) Aspirin (Oral) | Ticagrelor (Oral):195 5) Diltiazem Hydrochloride (Oral) | Ranolazine (Oral):150	1) D 2) D 3) D 4) D 5) D	1) Major 2) Major 3) Moderate 4) Major 5) Moderate	1) Fair 2) Excellent 3) Good 4) Fair: Reported in the prescribing information 5) Good	1) Aspirin may enhance the adverse/toxic effect of Rivaroxaban. Specifically, the risk of bleeding may be increased. 2) Salicylates may enhance the anticoagulant effect of Vitamin K Antagonists. 3) Nonsteroidal Anti-Inflammatory Agents (Nonselective) may enhance the adverse/toxic effect of Salicylates. An increased risk of bleeding may be associated with the use of this combination. Nonsteroidal Anti-Inflammatory Agents (Nonselective) may diminish the cardioprotective effect of Salicylates. Salicylates may decrease the serum concentration of Nonsteroidal Anti-Inflammatory Agents (Nonselective). 4) Aspirin may enhance the antiplatelet effect of Ticagrelor. Aspirin may diminish the therapeutic effect of Ticagrelor. More specifically, the benefits of ticagrelor relative to clopidogrel may be diminished in adult patients receiving daily aspirin doses greater than 100-150 mg daily. 5) CYP3A4 Inhibitors (Moderate) may increase the serum concentration of Ranolazine.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Pulmonologist	34661 (3.3%)	24793 (3.3%)	427 (0.3%)	3191 (5.7%)	3618 (1.9%)	10.4	1) Ipratropium Bromide (Respiratory) | Tiotropium (As Bromide) (Respiratory):468 2) Azelastine Hydrochloride / Fluticasone Propionate (Nasal) | Cetirizine Hydrochloride (Oral):382 3) Formoterol Fumarate (Respiratory) | Salmeterol (As Xinafoate) / Fluticasone Propionate (Respiratory):341 4) Azelastine Hydrochloride / Fluticasone Propionate (Nasal) | Clemastine (Oral):231 5) Fexofenadine Hydrochloride (Oral) | Tiotropium (As Bromide) (Respiratory):222	1) X 2) X 3) X 4) X 5) X	1) Moderate 2) Moderate 3) Major 4) Moderate 5) Moderate	1) Fair: Reported in the prescribing information 2) Fair 3) Fair: Reported in the prescribing information 4) Fair 5) Fair: Reported in the prescribing information	1) Ipratropium (Oral Inhalation) may enhance the anticholinergic effect of Anticholinergic Agents. 2) Azelastine (Nasal) may enhance the CNS depressant effect of CNS Depressants. 3) Beta2-Agonists (Long-Acting) may enhance the adverse/toxic effect of other Beta2-Agonists (Long-Acting). 4) Azelastine (Nasal) may enhance the CNS depressant effect of CNS Depressants. 5) Anticholinergic Agents may enhance the anticholinergic effect of Tiotropium.
General Surgery	44592 (4.2%)	15273 (2.0%)	3563 (2.6%)	815 (1.5%)	4378 (2.3%)	9.8	1) Aspirin (Oral) | Rivaroxaban (Oral):460 2) Enoxaparin Sodium (Parenteral) | Ketorolac Trometamol (Parenteral):214 3) Apixaban (Oral) | Aspirin (Oral):148 4) Enoxaparin Sodium (Parenteral) | Meloxicam (Oral):116 5) Vitamin D3 (Oral) | Vitamin D3 (Parenteral):104	1) D 2) D 3) D 4) D 5) X	1) Major 2) Moderate 3) Major 4) Moderate 5) Moderate	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Aspirin may enhance the adverse/toxic effect of Rivaroxaban. Specifically, the risk of bleeding may be increased. 2) Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Enoxaparin. 3) Aspirin may enhance the adverse/toxic effect of Apixaban. Specifically, the risk for bleeding may be increased. 4) Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Enoxaparin. 5) Vitamin D Analogs may enhance the adverse/toxic effect of other Vitamin D Analogs.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Social Medicine	5436 (0.5%)	3179 (0.4%)	468 (0.3%)	52 (0.1%)	520 (0.3%)	9.6	1) Bismuth Subcitrate (Oral) | Tetracycline Hydrochloride (Oral):229 2) Gliclazide (Oral) | Sitagliptin (As Phosphate) / Metformin Hydrochloride (Oral):27 3) Gliclazide (Oral) | Pioglitazone (Oral):9 4) Ketorolac Trometamol (Parenteral) | Naproxen (Oral):7 5) Acetaminophen / Codeine Phosphate (Oral) | Fexofenadine Hydrochloride (Oral):7	1) D 2) D 3) D 4) X 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Major	1) Fair 2) Good 3) Fair 4) Fair 5) Fair	1) Bismuth Subcitrate may decrease the serum concentration of Tetracyclines. 2) Dipeptidyl Peptidase-IV Inhibitors may enhance the hypoglycemic effect of Sulfonylureas. 3) Thiazolidinediones may enhance the hypoglycemic effect of Sulfonylureas. 4) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic). 5) CNS Depressants may enhance the CNS depressant effect of Opioid Agonists.
Others	42707 (4.1%)	44611 (5.9%)	2814 (2.0%)	1292 (2.3%)	4106 (2.1%)	9.6	1) Carvedilol (Oral) | Digoxin (Oral):364 2) Celecoxib (Oral) | Ketorolac Trometamol (Parenteral):266 3) Clopidogrel (As Bisulfate) (Oral) | Esomeprazole (Oral):162 4) Celecoxib (Oral) | Meloxicam (Oral):147 5) Empagliflozin / Linagliptin (Oral) | Gliclazide (Oral):118	1) D 2) X 3) X 4) X 5) D	1) Moderate 2) Moderate 3) Major 4) Major 5) Moderate	1) Excellent 2) Fair 3) Fair: Existing data/ reports are inconsis-tent 4) Fair 5) Fair	1) P-glycoprotein/ABCB1 Inhibitors may increase the serum concentration of Digoxin. 2) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic). 3) Esomeprazole may diminish the antiplatelet effect of Clopidogrel. Esomeprazole may decrease serum concentrations of the active metabolite(s) of Clopidogrel. 4) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased. 5) Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors may enhance the hypoglycemic effect of Sulfonylureas.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Infectious disease	37870 (3.6%)	9648 (1.3%)	1868 (1.3%)	1462 (2.6%)	3330 (1.7%)	8.8	1) Vitamin D3 (Oral) | Vitamin D3 (Parenteral):806 2) Gliclazide (Oral) | Sitagliptin (As Phosphate) / Metformin Hydrochloride (Oral):302 3) Domperidone (Oral) | Ondansetron (Parenteral):114 4) Atorvastatin (As Calcium) (Oral) | Clarithromycin (Oral):112 5) Acetaminophen / Caffeine / Ibuprofen (Oral) | Ketorolac Trometamol (Parenteral):75	1) X 2) D 3) D 4) D 5) X	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Moderate	1) Fair 2) Good 3) Fair 4) Good 5) Fair	1) Vitamin D Analogs may enhance the adverse/toxic effect of other Vitamin D Analogs. 2) Dipeptidyl Peptidase-IV Inhibitors may enhance the hypoglycemic effect of Sulfonylureas. 3) Domperidone may enhance the QTc-prolonging effect of Ondansetron. 4) Clarithromycin may increase the serum concentration of Atorvastatin. 5) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic).

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Ophthalmologist	27291 (2.6%)	840 (0.1%)	2041 (1.5%)	301 (0.5%)	2342 (1.2%)	8.6	1) Brimonidine Tartrate (Ophthalmic) | Dorzolamide (As Hydrochloride) / Timolol (As Maleate) (Ophthalmic):1615 2) Brimonidine Tartrate (Ophthalmic) | Timolol (As Maleate) (Ophthalmic):333 3) Acetazolamide (Oral) | Dorzolamide (As Hydrochloride) / Timolol (As Maleate) (Ophthalmic):125 4) Dorzolamide (As Hydrochloride) (Ophthalmic) | Dorzolamide (As Hydrochloride) / Timolol (As Maleate) (Ophthalmic):111 5) Acetazolamide (Oral) | Dorzolamide (As Hydrochloride) (Ophthalmic):54	1) D 2) D 3) X 4) X 5) X	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Moderate	1) Fair 2) Fair 3) Fair: Reported in the prescribing information 4) Fair: Reported in the prescribing information 5) Fair: Reported in the prescribing information	1) Alpha2-Agonists may enhance the AV-blocking effect of Beta-Blockers. Sinus node dysfunction may also be enhanced. Beta-blockers may enhance the rebound hypertensive effect of Alpha2-Agonists. This effect can occur when the Alpha2-Agonist is abruptly withdrawn. 2) Alpha2-Agonists may enhance the AV-blocking effect of Beta-Blockers. Sinus node dysfunction may also be enhanced. Beta-blockers may enhance the rebound hypertensive effect of Alpha2-Agonists. This effect can occur when the Alpha2-Agonist is abruptly withdrawn. 3) Carbonic Anhydrase Inhibitors may enhance the adverse/toxic effect of other Carbonic Anhydrase Inhibitors. The development of acid-base disorders with concurrent use of ophthalmic and oral carbonic anhydrase inhibitors has been reported. 4) Carbonic Anhydrase Inhibitors may enhance the adverse/toxic effect of other Carbonic Anhydrase Inhibitors. The development of acid-base disorders with concurrent use of ophthalmic and oral carbonic anhydrase inhibitors has been reported. 5) Carbonic Anhydrase Inhibitors may enhance the adverse/toxic effect of other Carbonic Anhydrase Inhibitors. The development of acid-base disorders with concurrent use of ophthalmic and oral carbonic anhydrase inhibitors has been reported.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Lungs	3833 (0.4%)	2106 (0.3%)	38 (0.0%)	247 (0.4%)	285 (0.1%)	7.4	1) Azelastine Hydrochloride / Fluticasone Propionate (Nasal) | Desloratadine (Oral):160 2) Cetirizine Hydrochloride (Oral) | Tiotropium (As Bromide) (Respiratory):15 3) Fexofenadine Hydrochloride (Oral) | Tiotropium (As Bromide) (Respiratory):13 4) Cetirizine Hydrochloride (Oral) | Ipratropium Bromide (Respiratory):12 5) Colchicine (Oral) | Diltiazem Hydrochloride (Oral):7	1) X 2) X 3) X 4) X 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Major	1) Fair 2) Fair: Reported in the prescribing information 3) Fair: Reported in the prescribing information 4) Fair: Reported in the prescribing information 5) Good	1) Azelastine (Nasal) may enhance the CNS depressant effect of CNS Depressants. 2) Anticholinergic Agents may enhance the anticholinergic effect of Tiotropium. 3) Anticholinergic Agents may enhance the anticholinergic effect of Tiotropium. 4) Ipratropium (Oral Inhalation) may enhance the anticholinergic effect of Anticholinergic Agents. 5) CYP3A4 Inhibitors (Moderate) may increase the serum concentration of Colchicine.
Anesthesia	5314 (0.5%)	3390 (0.4%)	300 (0.2%)	65 (0.1%)	365 (0.2%)	6.9	1) Clonidine Hydrochloride (Oral) | Nortriptyline (Oral):27 2) Baclofen (Oral) | Oxycodone Hydrochloride (Oral):26 3) Oxycodone Hydrochloride (Oral) | Pregabalin (Oral):25 4) Celecoxib (Oral) | Ketorolac Trometamol (Parenteral):22 5) Nortriptyline (Oral) | Tizanidine (Oral):21	1) D 2) D 3) D 4) X 5) D	1) Moderate 2) Major 3) Major 4) Moderate 5) Moderate	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Tricyclic Antidepressants may diminish the antihypertensive effect of Alpha2-Agonists. 2) CNS Depressants may enhance the CNS depressant effect of OxyCODONE. 3) CNS Depressants may enhance the CNS depressant effect of OxyCODONE. 4) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Ketorolac (Systemic). 5) Tricyclic Antidepressants may diminish the antihypertensive effect of Alpha2-Agonists.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Student	353 (0.0%)	73 (0.0%)	14 (0.0%)	10 (0.0%)	24 (0.0%)	6.8	1) Brimonidine Tartrate (Ophthalmic) | Dorzolamide (As Hydrochloride) / Timolol (As Maleate) (Ophthalmic):3 2) Clindamycin (As Phosphate) / Clotrimazole (Vaginal) | Progesterone (Parenteral):2 3) Aspirin (Oral) | Celecoxib (Oral):2 4) Diclofenac Diethylammonium (Topical) | Ketorolac Trometamol (Parenteral):2 5) Vitamin D3 (Oral) | Vitamin D3 (Parenteral):1	1) D 2) X 3) D 4) D 5) X	1) Moderate 2) Moderate 3) Major 4) Moderate 5) Moderate	1) Fair 2) Fair: Reported in the prescribing information 3) Good 4) Fair 5) Fair	1) Alpha2-Agonists may enhance the AV-blocking effect of Beta-Blockers. Sinus node dysfunction may also be enhanced. Beta-blockers may enhance the rebound hypertensive effect of Alpha2-agonists. This effect can occur when the Alpha2-Agonist is abruptly withdrawn. 2) Antifungal Agents (Vaginal) may diminish the therapeutic effect of Progesterone. 3) Aspirin may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents (COX-2 Selective). 4) Nonsteroidal Anti-Inflammatory Agents (Topical) may enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk of gastrointestinal (GI) toxicity is increased. 5) Vitamin D Analogs may enhance the adverse/toxic effect of other Vitamin D Analogs.
Urologist	35584 (3.4%)	19036 (2.5%)	1255 (0.9%)	855 (1.5%)	2110 (1.1%)	5.9	1) Ciclosporin (Oral) | Mycophenolic Acid (Oral):221 2) Atorvastatin (As Calcium) (Oral) | Ciclosporin (Oral):138 3) Dapoxetine (As Hydrochloride) (Oral) | Tadalafil (Oral):125 4) Fluconazole (Oral) | Tacrolimus (Oral):102 5) Ciclosporin (Oral) | Mycophenolate Mofetil (Oral):68	1) D 2) X 3) X 4) D 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Moderate	1) Good 2) Good 3) Fair: Reported in the prescribing information 4) Excellent 5) Good	1) CycloSPORINE (Systemic) may decrease the serum concentration of Mycophenolate. Specifically, cyclosporine may decrease concentrations of the active metabolite mycophenolic acid. 2) CycloSPORINE (Systemic) may increase the serum concentration of AtorvaSTATin. 3) Dapoxetine may enhance the orthostatic hypotensive effect of Phosphodiesterase 5 Inhibitors. 4) Fluconazole may increase the serum concentration of Tacrolimus (Systemic). 5) CycloSPORINE (Systemic) may decrease the serum concentration of Mycophenolate. Specifically, cyclosporine may decrease concentrations of the active metabolite mycophenolic acid.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Digestion	17831 (1.7%)	4395 (0.6%)	973 (0.7%)	45 (0.1%)	1018 (0.5%)	5.7	1) Bismuth Subcitrate (Oral) | Tetracycline Hydrochloride (Oral):445 2) Domperidone (Oral) | Escitalopram (As Oxalate) (Oral):87 3) Fluconazole (Oral) | Tacrolimus (Oral):37 4) Bismuth Subcitrate (Oral) | Magnesium Hydroxide (Oral):23 5) Bisacodyl (Oral) | Magnesium Hydroxide (Oral):22	1) D 2) D 3) D 4) D 5) D	1) Moderate 2) Moderate 3) Moderate 4) Moderate 5) Minor	1) Fair 2) Fair 3) Excellent 4) Fair: Reported in the prescribing information 5) Fair	1) Bismuth Subcitrate may decrease the serum concentration of Tetracyclines. 2) QT-prolonging Agents (Moderate Risk) may enhance the QTc-prolonging effect of Domperidone. 3) Fluconazole may increase the serum concentration of Tacrolimus (Systemic). 4) Antacids may diminish the therapeutic effect of Bismuth Subcitrate. 5) Antacids may diminish the therapeutic effect of Bisacodyl. Antacids may cause the delayed-release bisacodyl tablets to release the drug prior to reaching the large intestine. Gastric irritation and/or cramps may occur.
Pediatrician	77059 (7.3%)	29446 (3.9%)	2149 (1.5%)	827 (1.5%)	2976 (1.5%)	3.9	1) Lamotrigine (Oral) | Valproic Acid Sodium (Oral):305 2) Co-Trimoxazole (Oral) | Methotrexate Sodium (Oral):138 3) Co-Trimoxazole (Oral) | Methotrexate Sodium (Parenteral):118 4) Tetracosactide Acetate (Parenteral) | Valproic Acid Sodium (Oral):96 5) Carbamazepine (Oral) | Risperidone (Oral):96	1) D 2) D 3) D 4) X 5) D	1) Major 2) Major 3) Major 4) Major 5) Moderate	1) Excellent 2) Good 3) Good 4) Fair 5) Good	1) Valproate Products may enhance the adverse/toxic effects of LamoTRIgine. Valproate Products may increase the serum concentration of LamoTRIgine. 2) Sulfonamide Antibiotics may enhance the adverse/toxic effect of Methotrexate. 3) Sulfonamide Antibiotics may enhance the adverse/toxic effect of Methotrexate. 4) Cosyntropin may enhance the hepatotoxic effect of Valproate Products. 5) CYP3A4 Inducers (Strong) may decrease serum concentrations of the active metabolite(s) of RisperiDONE. CYP3A4 Inducers (Strong) may decrease the serum concentration of RisperiDONE.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
Dentist	388 (0.0%)	28 (0.0%)	3 (0.0%)	4 (0.0%)	7 (0.0%)	1.8	1) Acetaminophen / Caffeine / Ibuprofen (Oral) | Ketorolac Trometamol (Parenteral):2 2) Apixaban (Oral) | Ibuprofen (Oral):1 3) Celecoxib (Oral) | Meloxicam (Oral):1 4) Apixaban (Oral) | Enoxaparin Sodium (Parenteral):1 5) Enoxaparin Sodium (Parenteral) | Meloxicam (Oral):1	1) X 2) D 3) X 4) X 5) D	1) Major 2) Major 3) Major 4) Major 5) Moderate	1) Fair 2) Fair 3) Fair 4) Fair 5) Fair	1) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased. 2) Nonsteroidal Anti-Inflammatory Agents (Nonselective) may enhance the adverse/toxic effect of Apixaban. Specifically, the risk of bleeding may be increased. 3) Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of other Nonsteroidal Anti-Inflammatory Agents. Specifically, the risk for gastrointestinal toxicity is increased. 4) Apixaban may enhance the anticoagulant effect of Anticoagulants. Refer to separate drug interaction content and to full drug monograph content regarding the use of apixaban with vitamin K antagonists (eg, warfarin, acenocoumarol) during anticoagulant transition and bridging periods. 5) Nonsteroidal Anti-Inflammatory Agents may enhance the anticoagulant effect of Enoxaparin.

Speciality	Total Prescriptions	C	D	X	D_or_X	D_or_X per 100 Prescriptions	Top 5 Most Frequent D_or_X Interactions	Risk	Severity	Reliability	Interaction Summaries
ENT	27647 (2.6%)	2468 (0.3%)	222 (0.2%)	226 (0.4%)	448 (0.2%)	1.6	1) Azelastine Hydrochloride / Fluticasone Propionate (Nasal) | Desloratadine (Oral):139 2) Desloratadine (Oral) | Expectorant (Oral):26 3) Aluminium Hydroxide / Magnesium Hydroxide / Simethicone (Oral) | Gabapentin (Oral):25 4) Aluminium Hydroxide / Magnesium Hydroxide (Oral) | Gabapentin (Oral):9 5) Acetaminophen / Codeine Phosphate (Oral) | Loratadine (Oral):8	1) X 2) D 3) D 4) D 5) D	1) Moderate 2) Major 3) Moderate 4) Moderate 5) Major	1) Fair 2) Fair 3) Good 4) Good 5) Fair	1) Azelastine (Nasal) may enhance the CNS depressant effect of CNS Depressants. 2) CNS Depressants may enhance the CNS depressant effect of Opioid Agonists. 3) Magnesium Salts may enhance the CNS depressant effect of Gabapentin. Specifically, high-dose intravenous/epidural magnesium sulfate may enhance the CNS depressant effects of gabapentin. Magnesium Salts may decrease the serum concentration of Gabapentin. 4) Magnesium Salts may enhance the CNS depressant effect of Gabapentin. Specifically, high-dose intravenous/epidural magnesium sulfate may enhance the CNS depressant effects of gabapentin. Magnesium Salts may decrease the serum concentration of Gabapentin. 5) CNS Depressants may enhance the CNS depressant effect of Opioid Agonists.
Radiology	185 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0					

(| sign separates interacting drugs, and / sign is used for compounded drugs). * The summaries were gathered from Lexicomp®. If the specialty was unknown, it was categorized as 'Others'. The table was sorted by the 'D or X per Prescription' column.