

Supplementary Table S1. Drug–drug interactions.

Antibiotic	Drug interaction	Adverse event	Management recommendations
Beta-lactams	<ul style="list-style-type: none"> • Methotrexate • Allopurinol • Phenprocoumon 	<ul style="list-style-type: none"> • Increased serum concentration of methotrexate • Enhance the potential for allergic or hypersensitivity reactions to amoxicillin • Increased risk of bleeding 	<ul style="list-style-type: none"> • Monitor for toxic effects of methotrexate • Monitor for an increased incidence of hypersensitivity reactions • Close INR monitoring
Quinolones	<ul style="list-style-type: none"> • Multivitamins/minerals with polyvalent cations (e.g., magnesium, calcium, iron, zinc), antacids • QT-prolonging agents, e.g., antidepressants, anti-psychotics, antiarrhythmics • Corticosteroids (systemic) • Phenprocoumon 	<ul style="list-style-type: none"> • Reduce absorption of quinolones, risk of reduced bioavailability and efficacy • Increased risk of QTc interval prolongation • Enhance the adverse/toxic effect of quinolones, especially, the risk of tendonitis and tendon rupture may be increased. • Increased risk of bleeding 	<ul style="list-style-type: none"> • Consider administering an oral quinolone at least 2 hours before the dose of a multivitamin that contains polyvalent cations or an antacids • EKG monitoring • Monitor closely for new onset tendon or joint pain • Monitor INR closely and consider reducing the vitamin K antagonist
Glycopeptides, lipopeptides, and lipoglycopeptides	<ul style="list-style-type: none"> • Statins 	<ul style="list-style-type: none"> • Enhance the adverse/toxic effect of daptomycin 	<ul style="list-style-type: none"> • Consider CPK monitoring or temporarily stopping statin therapy
Oxazolidinones	<ul style="list-style-type: none"> • SSRIs/SNRIs • Triptans • Tricyclic Antidepressants 	<ul style="list-style-type: none"> • Risk of serotonin syndrome 	<ul style="list-style-type: none"> • Avoid combination

Tetracyclines	<ul style="list-style-type: none"> • Multivitamins/minerals with polyvalent cations (e.g., magnesium, calcium, iron, zinc), antacids • Phenprocoumon 	<ul style="list-style-type: none"> • Reduce absorption of Tetracyclines, risk of reduced bioavailability and efficacy of Tetracyclines • Risk of bleeding 	<ul style="list-style-type: none"> • Consider administering an oral tetracycline at least 2 hours before the dose of a multivitamin that contains polyvalent cations or an antacid • Monitor INR closely and consider reducing the Vitamin K Antagonist
Cotrimoxazole	<ul style="list-style-type: none"> • ACE-inhibitors Angiotensin II Receptor Blockers Spironolactone • Phenprocoumon • Antidiabetic Agents 	<ul style="list-style-type: none"> • Hyperkalemia • Increased risk of bleeding • Enhance the hypoglycemic effect 	<ul style="list-style-type: none"> • Close monitoring of serum potassium • Monitor INR closely and consider reducing the vitamin K antagonist • Observe closely hypoglycemic effects
Rifampicin	<ul style="list-style-type: none"> • Numerous interacting drugs, e.g., DOACs • Statins, amitriptyline, citalopram 	<ul style="list-style-type: none"> • Decreased serum concentration of the interacting drug 	<ul style="list-style-type: none"> • Monitor and dose adjustment of the interacting drug

Footnote: INR: international normalized ratio blood test, CPK: creatine phosphokinase, ACE-inhibitors: angiotensin converting enzyme-inhibitor, DOACs: direct oral anticoagulants, SSRIs: selective serotonin reuptake inhibitors, SNRIs: serotonin and norepinephrine reuptake inhibitors.

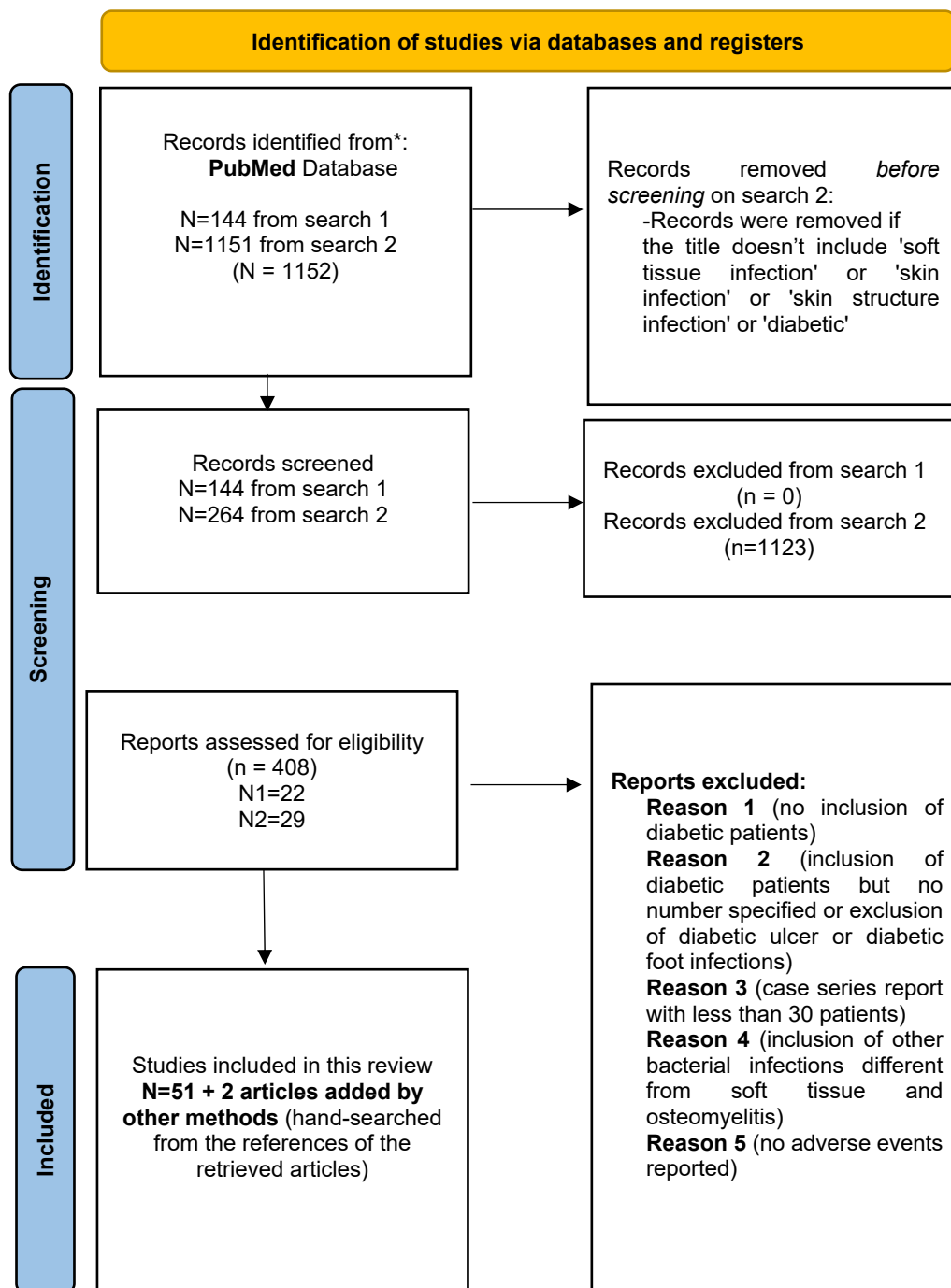


Figure S1. Flowchart of selected studies.