| Patient No. | Regular medication, classified by reported potential for induction of leukopenia | |
|-------------|---|--|
| | often | occasional/seldom or no |
| 1 | | |
| 2 | | levothyroxine, insulin degludec, insulin lispro |
| 3 | | aripiprazole, levothyroxine, duloxetine, trazodone, candesartan/hydrochlorothiazide, clidinium/chlordiazepoxide, vitamin B12 |
| 4 | | allopurinol |
| 5 | | vitamin D, fesoteridine |
| 6 | carbamazepine | baclofen, tamsulosin, |
| 7 | | contraceptive transdermal |
| 8 | | |
| 9 | | nifedipine, losartan/hydrochlorothiazide, metoprolol, pantoprazole, vitamin D, ginseng |
| 10 | | |
| 11 | clozapine | calcium/vitamin D, pantoprazole, flupentixol, phenprocoumon, sertraline, metoprolol, midodrine |

<u>Supplementary table 1:</u> Regular co-medication of patients with grade 3 lymphopenia. All medications taken on a daily basis are declared and classified by their reported potential to induce leukopenia, as lymphopenia is not specifically mentioned for any of the drugs: According to the Swiss pharmaceutics compendium often is defined as $\geq 1/100 - <1/10$ and occasional/seldom as <1/100 (www.compendium.ch).