

Supplementary Table 1. Medication-related problems and recommendations from pharmacists to physicians, and physician responses

Medication-related problems and recommendations to physicians	Response by physicians
1. Medication reconciliation: Metformin, pioglitazone, nebivolol, amlodipine, valsartan, and hydrochlorothiazide were discontinued due to AKI, low blood pressure, and well-controlled blood sugar during admission; please change long-term order for medication reconciliation at other hospitals.	Accepted, those medications were discontinued.
2. Medication reconciliation: Aspirin was discontinued during admission, there's no bleeding risk now, please resume aspirin at the neurology clinic.	Accepted, resumed aspirin.
3. Medication reconciliation: Pravastatin was omitted after admission; please resume it.	Accepted, pravastatin was resumed.
4. Medication reconciliation: Pitavastatin was omitted after admission; please resume it.	Accepted, pitavastatin was resumed.
5. Medication reconciliation: Febuxostat and atorvastatin, which were being used long-term, were discontinued during admission. Subsequently, hyperuricemia and hyperlipidemia appeared; please resume febuxostat and atorvastatin.	Accepted, febuxostat and atorvastatin were resumed.
6. Medication reconciliation: Levothyroxine, which was being used long-term, was discontinued during admission; please check thyroid function and consider adding back levothyroxine 50 µg/day if indicated.	Accepted, T4 and TSH were rechecked then levothyroxine 50 µg/day was resumed.
7. Medication reconciliation: Valsartan was changed to amlodipine due to AKI during admission, please resume valsartan (change amlodipine to valsartan).	Rejected; physician replied that ARB will be considered later due to relatively low BP and dry skin turgor.
8. Medication reconciliation: Ezetimibe 10 mg/day was discontinued during admission and re-remained atorvastatin 20 mg/day, LDL-C elevated from 72 to over 127 mg/dL and triglyceride was over 150 mg/dL. Please resume ezetimibe or change to high-intensity statin for better lipid control.	Rejected; physician decided to continue atorvastatin 20 mg once daily.
9. Dosage or frequency: Cefixime should be adjusted to 300 mg/day according to S_{cr} 2.7 mg/dL, CL_{cr} 23 mL/min.	Accepted, cefixime 400 mg/day was adjusted to 300 mg/day.
10. Dosage or frequency: Methoxy polyethylene glycol-epoetin beta 200 µg was administered just 2 weeks ago and prescribed again today. Please withhold today's dose to avoid overdosing.	Rejected; physician decided to maintain this dose.
11. Indication (need additional therapy): A statin is suggested to be added for hyperlipidemia (LDL-C > 130 mg/dL).	Accepted, atorvastatin was added.
12. Contraindication (nephrotoxic medication): Please discontinue the long-term order of etoricoxib to avoid the risk of renal function deterioration.	Accepted, the order was canceled.
13. Efficacy of medication (dose too low): Please consider titrating up the dose of sodium bicarbonate for metabolic acidosis (HCO_3^- 15.9 mmol/L).	Accepted, the dose of sodium bicarbonate was titrated up.
14. Efficacy of medication (dose too low): Please consider titrating up the dose of valsartan for BP >130 mmHg and proteinuria (UPCR >3,000 mg/g).	Rejected due to serum potassium being 4.9 mmol/L, but will titrate up if no hyperkalemia is present.

AKI, acute kidney injury; ARB, angiotensin receptor blocker; BP, blood pressure; CL_{cr} , creatinine clearance; HCO_3^- , bicarbonate; LDL-C, low-density lipoprotein cholesterol; S_{cr} , serum creatinine; TSH, thyroid stimulating hormone; T4, thyroxine; UPCR, urine protein-creatinine ratio.