

**SUPPLEMENTARY MATERIAL**

Supplementary Table 1:

**Data from the clinical history that could lead to refer or not the patient to perform an allergy study****Hypersensitivity reaction analysis: when should we refer to an allergist?**

1. When there is a history of a previous HSR:
  - For most patients with an HSR to  $\beta$ -lactams, NSAIDs, or anaesthetics (including local anaesthetics).
  - For other drugs, depending on the type of drug, the severity of the reaction and the availability of alternative drugs with a similar efficacy.
2. When there is a history of a previous severe HSR and the study is being performed for other structurally related drugs.

**Hypersensitivity reaction analysis: when is an evaluation not required?**

1. Cases without a drug allergy causality:
  - Incompatible symptomatology.
  - Inconsistent timeline.
  - Subsequently tolerated drug.
  - Similar reaction without taking the drug.
  - Alternative diagnosis (e.g., herpesvirus rash, chronic urticaria, etc.).
2. For provocation testing, whenever the original reaction was too severe (e.g., an uncontrollable reaction or severe life-threatening reactions).

Supplementary Table II

**Relevant points in clinical histories in relation to drug allergies.**

1. Reaction date.
2. Reason for the drug prescription.
3. Drugs received.
4. Administration route.
5. Number of doses administered until the onset of symptoms.
6. Time elapsed between the drug administration and onset of the symptoms.
7. Symptoms and signs presented during the allergic reaction.
8. Treatment given during the allergic reaction.
9. Same symptoms without the drug administration.
10. Previous drug exposures.
11. Subsequently tolerated drugs.
12. Other data.

### Supplementary Table III

List of common side effects that can lead to a false diagnosis of drug allergy.

- Dizziness, nausea, or vomiting with tramadol and other opiates.
- Mucosal itching (genital, oral, or anal) due to broad-spectrum antibiotic candidiasis.
- Extrapyramidalism with sulpiride or metoclopramide.
- Diarrhoea after antibiotic intake.
- Tremors after administration of an iodinated contrast.
- Malar erythema after administration of high-potency prolonged-release corticosteroids.
- Hydrocortisone administered in the Emergency Room causing paresthesia.
- Autonomic symptoms after administration of local anaesthetics.