**Supplement.** Criteria used for adverse drug events associated with tocilizumab.

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| **Adverse Drug Event** | **Definition** |
| Injection Site Reaction | Provider notated or patient reported events within 24 hours after infusion (e.g. headache, hypotension, skin reactions) |
| Neutropenia | Provider notated or absolute neutrophil count (ANC) < 500 |
| Thrombocytopenia | Platelet < 150 × 103/μL |
| Anaphylaxis | Provider notated that patient had a severe, potentially life-threatening reaction after administration |
| Hepatotoxicity | >5x ULN for AST and/or ALT (if LFTs not available, use LFTs within last 3 months) **OR** provider made intervention/modification to regimen during time of medication of interest administration date range **EXCLUDING** patients with known hepatotoxic medications (e.g. HIV medications, chronic use of acetaminophen or statins) or diseases (e.g. HIV, Hepatitis C, Hx of alcoholism, Hx of chronic liver disease) |
| Gastrointestinal perforation | Provider notation or diagnosis or generalized purulent peritonitis, lower GI perforation, fistula and/or abscess during or after time of administration |
| Elevated triglycerides | TG > **150 mg/dL** |
| New Infection | New onset of serious infection(s) (e.g. pneumonia, UTIs, cellulitis, herpes zoster, gastroenteritis, diverticulitis, sepsis, bacterial arthritis) during or after time administration |
| Tuberculosis | Positive tuberculosis test |
| Candidemia | Provider notated or positive culture |
| Bacteremia | Provider notated or positive culture |
| Varicella Zoster | Positive titer |