

Multiple Myeloma

Grade	Clinical Presentation	Interventions
Tocilizumab Specifics		- Up to 3 doses in total may be given per CRS event <i>Patients receiving outpatient step up doses (BOSS Program), may receive 1 dose of tocilizumab prior the first step up dose of any myeloma targeting bispecific antibody</i> - If given prior to the first administration of a bispecific antibody (prophylaxis), it would be included in the 3 total doses
Grade I	Fever (Temperature $\geq 100.4^{\circ}\text{F}$) with or without headache, fatigue, nausea, myalgia, malaise	- Administer applicable supportive care, including: - Sodium chloride 0.9% infusion at 250 mL/hr continuous (may change to lactated ringers or rate/volume based on patient status) - Acetaminophen 650–1000 mg PO x 1 dose - Diphenhydramine 50 mg IV or PO x 1 dose - Dexamethasone 10–20mg IV/PO every 6 hours - Consider steroid taper if resolving to grade 1 or less - Tocilizumab 8 mg/kg IV may be administered per provider discretion
Grade II	Fever (Temp $\geq 100.4^{\circ}\text{F}$) <u>WITH</u> Hypotension (not requiring the use of vasopressors) <u>And/Or</u> Hypoxia (requiring low-flow nasal cannula < 6 L/minute)	- See Grade I for supportive care and low-flow oxygen (if needed) - Dexamethasone 10–20mg IV/PO every 6 hours - Consider steroid taper if resolving to grade 1 or less - Tocilizumab 8 mg/kg IV may be administered per provider discretion
Grade III	Fever (Temp $\geq 100.4^{\circ}\text{F}$) <u>WITH</u> Hypotension (requiring 1 vasopressor with or without vasopressin) <u>And/Or</u> Hypoxia (requiring a high-flow nasal cannula, facemask, non-rebreather, venturi mask)	- See Grade I and II for supportive care - Increase intravenous fluid rate if applicable/necessary (monitor for fluid overload) - High-flow oxygen - Dexamethasone 10–20 mg IV/PO every 6 hours - Consider steroid taper if resolving to grade 1 or less - Tocilizumab 8 mg/kg IV may be administered per provider discretion
Grade IV	Fever (Temp $\geq 100.4^{\circ}\text{F}$) <u>WITH</u> Hypotension (requiring multiple vasopressors, excluding vasopressin) <u>And/Or</u> Hypoxia (requiring positive pressure, not attributable to another cause)	- Dexamethasone 10–20 mg IV/PO every 6 hours - Consider steroid taper if resolving to grade 1 or less - Consider methylprednisolone 1000 mg daily for 2–3 days, followed by steroid taper - Tocilizumab 8 mg/kg IV may be administered per provider discretion