Subcutaneous Amivantamab and Hyaluronidase-lpuj in NSCLC: Dosing and Administration

SC Amivantamab Indications and Recommended Dosing Schedule

Adults with locally advanced or metastatic NSCLC with *EGFR* exon 19 deletion or exon 21 L858R substitution mutations

- Q2W/Q4W: 1L amivantamab + lazertinib
- Q3W: 2L amivantamab + carboplatin and pemetrexed

Adults with locally advanced or metastatic NSCLC with *EGFR* exon 20 insertion mutations

- Q3W: 1L amivantamab + carboplatin and pemetrexed
- Q2W/Q4W: 2L amivantamab single agent

SC Amivantamab Dosing in Combination With Lazertinib, With Carboplatin and Pemetrexed, or as a Single Agent

SC amivantamab is supplied at a concentration of 160 mg/mL, with 2000 units of hyaluronidase in single-dose vial sizes of 10 mL, 14 mL, 15 mL, and 22 mL

	SC amivantamab Q2W[a]		
<80 kg	All weeks	1600 mg	10 mL required
≥80 kg	All weeks	2240 mg	14 mL required

Weekly from Weeks 1 to 4 (injection on Day 1) and **Q2W starting at Week 5 onward[e]**

SC amivantamab Q4W[a]		
Weeks 1–4	1600 mg	10 mL required
Weeks 5+	3520 mg	22 mL[b] required
Weeks 1–4	2240 mg	14 mL required
Weeks 5+	4640 mg	29 mL[b,c] required

Weekly from Weeks 1 to 4 (injection on Day 1) and **Q4W starting at Week 5 onward**

SC amivantamab Q3W[a]		
Week 1 Day 1	1600 mg	10 mL required
Weeks 2+	2400 mg	15 mL required
Week 1	2240 mg	14 mL required
Weeks 2+	3360 mg	21 mL[b,d] required

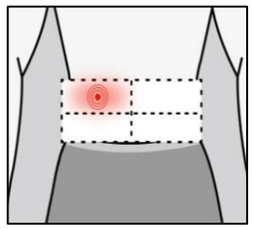
Weekly from Weeks 1 to 3 (injection on Day 1) and **Q3W starting at Week 4 onward**

See the Prescribing Information for SC amivantamab for order of administration and dose for lazertinib and carboplatin/pemetrexed and drug interactions.
See the Prescribing Information for SC amivantamab for recommended premedications and prophylactic and concomitant medications.

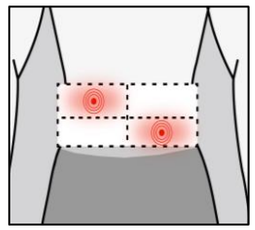
Pre-, prophylactic, and concomitant medications

SC Amivantamab Important Administration Information

- Administer premedications before each SC amivantamab dose as recommended, to reduce the risk of ARRs *(see Dosage and Administration in the Prescribing Information, Section 2.4)*
- For the first dose, monitor patients for hypersensitivity and ARRs for 2 to 4 hours following the end of the injection



- Administer SC amivantamab in the abdomen over ~5 minutes to minimize injection-site irritation
- Do not inject into tattoos or scars or areas where the skin is red, bruised, tender, hard, not intact, or within 2 inches (5 cm) around the periumbilical area
- Rotate injection sites at the next scheduled dose



- If the total dose requires multiple injections of SC amivantamab, administer each injection consecutively in separate quadrants of the abdomen; do not exceed 15 mL in each syringe
- If the patient experiences pain, pause or slow delivery; if the pain is not alleviated by pausing or slowing the delivery rate, deliver the rest of the dose in a second injection site on the opposite side of the abdomen

Contraindications

SC amivantamab is contraindicated in patients with known hypersensitivity to hyaluronidase or to any of its excipients.
Please refer to the Prescribing Information for SC amivantamab for additional safety information.

[a]Dose adjustments are not required for subsequent body weight changes. [b]Divide the dose volume approximately equally into 2 syringes (each syringe should not exceed 15 mL). [c]For the 29 mL dose volume, use one 14 mL vial and one 15 mL vial to minimize waste. If a different combination of vials is used, discard the unused portion. [d]For the 21 mL dose volume, the entire contents of the 3520 mg amivantamab vial will not be needed. Discard unused portion. [e]May switch to SC amivantamab Q4W at the next scheduled dose on or after Week 5.
1L, first-line; 2L, second-line; EGFR, epidermal growth factor receptor; NSCLC, non-small cell lung cancer; Q2W, every 2 weeks; Q3W, every 3 weeks; Q4W, every 4 weeks; SC, subcutaneous.

RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [prescribing information]. Janssen Biotech, Inc.; 2026.

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IV Amivantamab to SC Amivantamab Transition[1,2]

The tables below outline the recommended IV and SC starting doses that are provided in the current Prescribing Information for IV amivantamab and SC amivantamab[1,2]; amivantamab maximum trough concentration is typically observed at the end of weekly dosing (Cycle 2 Day 1)[1]

Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W or Q4W at their next scheduled dose on or after Week 5[1]

For patients currently receiving IV amivantamab Q2W[1,2]		<80 kg		≥80 kg	
		IV	**SC**	**IV**	**SC**
Switch to SC amivantamab **Q2W**	From **Week 5 onward**	1050 mg	1600 mg	1400 mg	2240 mg
Switch to SC amivantamab **Q4W**	From **Week 5 onward**	1050 mg	3520 mg	1400 mg	4640 mg

Adult patients currently receiving IV amivantamab Q3W may switch to SC amivantamab Q3W at their next scheduled dose on or after Week 4[1]

For patients currently receiving IV amivantamab Q3W[1,2]		<80 kg		≥80 kg	
		IV	**SC**	**IV**	**SC**
Switch to SC amivantamab **Q3W**	For **Week 4 only**	1400 mg	2400 mg	1750 mg	3360 mg
	From **Week 7 onward**	1750 mg	2400 mg	2100 mg	3360 mg

SC Prescribing Information:
The company cannot support any practices, procedures, or dosage administration techniques that deviate from the approved product labeling. Please refer to the DOSAGE AND ADMINISTRATION, DOSAGE FORMS AND STRENGTHS, CONTRAINDICATIONS (hypersensitivity to hyaluronidase), WARNINGS AND PRECAUTIONS, ADVERSE REACTIONS, USE IN SPECIFIC POPULATIONS, and CLINICAL STUDIES sections of the Prescribing Information for SC amivantamab for complete information.[1]

Dose Reductions and Dose Modifications for Amivantamab[1–3]

IV Amivantamab Dose Reductions[2,a]

Dose at which AR occurred	1050 mg	1400 mg	1750 mg	2100 mg
1st dose reduction	700 mg	1050 mg	1400 mg	1750 mg
2nd dose reduction	350 mg	700 mg	1050 mg	1400 mg
3rd dose reduction	**Discontinue**			

See IV amivantamab Prescribing Information (Section 2.8)

SC Amivantamab Dose Reductions[1,a]

Dose at which AR occurred	1600 mg	2240 mg	2400 mg	3360 mg	3520 mg	4640 mg
1st dose reduction	1050 mg	1600 mg	1600 mg	2240 mg	2400 mg	3360 mg
2nd dose reduction	700 mg	1050 mg	1050 mg	1600 mg	1600 mg	2240 mg
3rd dose reduction	**Discontinue**					

See SC amivantamab Prescribing Information (Section 2.8)

Click below for label-specified guidance on dose modifications and management of ARs with amivantamab and lazertinib[1–3]

SC Amivantamab (Section 2.8) | Lazertinib (Section 2.4)

[a]Recommended dose modifications for ARs for IV or SC amivantamab in combination with lazertinib: when administering IV or SC amivantamab in combination with lazertinib, if there is an AR that requires dose reduction after withholding treatment and resolution, reduce the dose of IV or SC amivantamab first. See the lazertinib Prescribing Information for information about dose modifications for lazertinib. Recommended dose modifications for ARs for IV or SC amivantamab in combination with carboplatin and pemetrexed: when administering IV or SC amivantamab in combination with carboplatin and pemetrexed, modify the dosage of ≥1 drug. Withhold or discontinue IV or SC amivantamab as shown in Table 7 of the Prescribing Information. Refer to the Prescribing Information for carboplatin and pemetrexed for additional dose modification information.
AR, adverse reaction; IV, intravenous; Q2W, every 2 weeks; Q3W, every 3 weeks; Q4W, every 4 weeks; SC, subcutaneous.

1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [prescribing information]. Janssen Biotech, Inc.; 2026. 2. RYBREVANT® (amivantamab-vmjw) [prescribing information]. Janssen Biotech, Inc.; 2025. 3. LAZCLUZE™ (lazertinib) [prescribing information]. Janssen Biotech, Inc.; 2025.

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Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

Recommended Pre-, Prophylactic, and Concomitant Medications With SC Amivantamab

Prior to the initial injection of SC amivantamab, administer premedications as described below. Glucocorticoid administration is required at the initial dose at Week 1 Day 1 only and upon reinitiation after prolonged dose interruptions, then as necessary for subsequent injections; administer both antihistamines and antipyretics prior to all SC amivantamab doses

Medication	Dose	Route of administration	Dosing window prior to SC amivantamab administration
Antihistamine[a]	Diphenhydramine (25 mg to 50 mg) or equivalent	Intravenous	15–30 minutes
		Oral	30–60 minutes
Antipyretic[a]	Acetaminophen (650 mg to 1000 mg) or equivalent	Intravenous	15–30 minutes
		Oral	30–60 minutes
Glucocorticoid[b]	Dexamethasone (20 mg) or equivalent	Intravenous	45–60 minutes
		Oral	≥60 minutes
Glucocorticoid[c]	Dexamethasone (10 mg) or equivalent	Intravenous	45–60 minutes
		Oral	60–90 minutes

When initiating treatment with SC amivantamab, prophylactic and concomitant medications are recommended to reduce the risk and severity of dermatologic adverse events:

- Administer an oral antibiotic (oral doxycycline or minocycline 100 mg twice daily) starting on Day 1 for the first 12 weeks of treatment
- After completion of oral antibiotic treatment, administer antibiotic lotion to the scalp (clindamycin 1% topical once daily) for the next 9 months of treatment
- Administer noncomedogenic skin moisturizer (ceramide-based or other formulations that provide long-lasting skin hydration and exclude drying agents) on the face and whole body (except scalp)
- Wash hands and feet with 4% chlorhexidine solution once daily
- Limit sun exposure during and for 2 months after treatment. Advise patients to wear protective clothing and use broad-spectrum UVA/UVB sunscreen to reduce the risk of dermatologic adverse reactions

When initiating treatment with SC amivantamab in combination with lazertinib, administer anticoagulant prophylaxis to prevent VTE for the first four months of treatment. If there are no signs or symptoms of VTE during the first four months of treatment, consider discontinuation of anticoagulant prophylaxis at the discretion of the healthcare provider.

[a]Required at all doses. [b]Required at the initial dose (Week 1 Day 1) or at the next subsequent dose in the event of an ARR. [c]Optional for subsequent doses.
ARR, administration-related reaction; SC, subcutaneous; VTE; venous thromboembolic events; UV, ultraviolet.
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