# Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

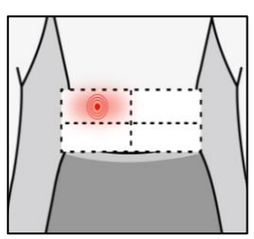
## SC Amivantamab Indications and Recommended Dosing Schedule[1]

| Adults with locally advanced or metastatic NSCLC with *EGFR* exon 19 deletions or exon 21 L858R substitution mutations | | Adults with locally advanced or metastatic NSCLC with *EGFR* exon 20 insertion mutations | |
|---|---|---|---|
| 1L amivantamab + lazertinib | 2L amivantamab + carboplatin and pemetrexed | 1L amivantamab + carboplatin and pemetrexed | 2L amivantamab single agent |
| Q2W/Q4W | Q3W | Q3W | Q2W/Q4W |

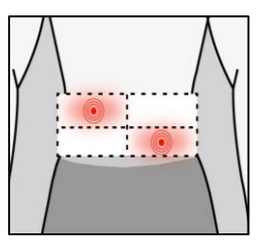
## SC Amivantamab is Supplied at a Concentration of 160 mg/mL with 2,000 units Hyaluronidase/mL in Single-Dose Vials as Follows:[1]

- **10 mL vial** (1,600 mg amivantamab + 20,000 units hyaluronidase)
- **14 mL vial** (2,240 mg amivantamab + 28,000 units hyaluronidase)
- **15 mL vial** (2,400 mg amivantamab + 30,000 units hyaluronidase)
- **22 mL vial** (3,520 mg amivantamab + 44,000 units hyaluronidase)

## SC Amivantamab Important Administration Information[1]



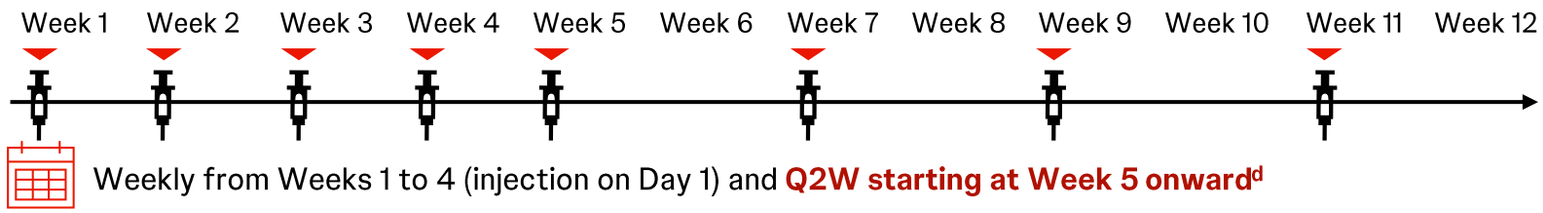
- Administer SC amivantamab in the abdomen over ≈5 minutes to minimize injection site irritation
- Do not inject into tattoos or scars or areas where the skin is red, bruised, tender, hard, not intact or within 2 inches (5 cm) around the periumbilical area
- Rotate injection sites at the next scheduled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



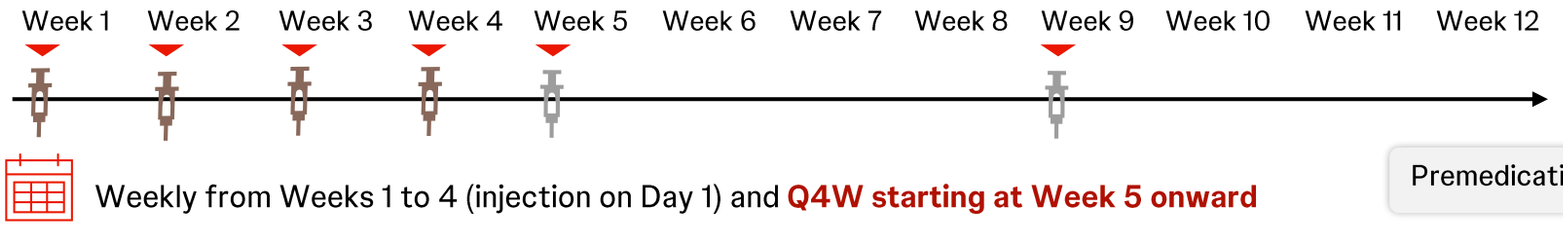
- If the total dose requires multiple injections of SC amivantamab, administer each injection consecutively in separate quadrants of the abdomen; do not exceed 15 mL in each syringe
- If the patient experiences pain, pause or slow delivery; if the pain is not alleviated by pausing or slowing the delivery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

## SC Amivantamab Dosing in Combination With Lazertinib or as a Single Agent[1]

| SC amivantamab Q2W[a] | | | | | |
|---|---|---|---|---|---|
| <80 kg | | | ≥80 kg | | |
| All weeks | 1,600 mg | 10 mL required | All weeks | 2,240 mg | 14 mL required |




| SC amivantamab Q4W[a] | | | | | |
|---|---|---|---|---|---|
| <80 kg | | | ≥80 kg | | |
| Weeks 1-4 | 1,600 mg | 10 mL required | Weeks 1-4 | 2,240 mg | 14 mL required |
| Week 5+ | 3,520 mg | 22 mL[b] required | Week 5+ | 4,640 mg | 29 mL[b,c] required |




Premedications

*Administer SC amivantamab any time after lazertinib when given on the same day. See the Prescribing Information for lazertinib for recommended lazertinib dosing information and drug interactions. See the Prescribing Information for SC amivantamab for dosage and administration, including prophylactic anticoagulation, premedication, and prophylactic/concomitant dermatologic medication information.*

[a]Dose adjustments 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 unused portion. [d]May switch to SC amivantamab Q4W at 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.

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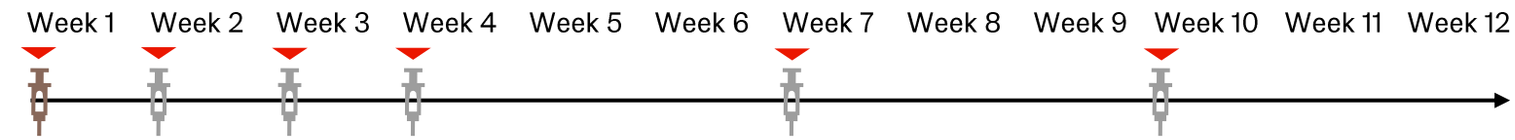
1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026.

**Last updated:** Feb 2026
US-SFM-6702

# Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

## SC Amivantamab Dosing in Combination With Carboplatin and Pemetrexed[1]

| SC amivantamab Q3W[a] | | | | | |
|---|---|---|---|---|---|
| <80 kg | | | ≥80 kg | | |
| Week 1 | 1,600 mg | 10 mL required | Week 1 | 2,240 mg | 14 mL required |
| Week 2+ | 2,400 mg | 15 mL required | Week 2+ | 3,360 mg | 21 mL[b] required |




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

Premedications

*Please refer to the Prescribing Information for SC amivantamab for order of administration and regimen for amivantamab in combination with carboplatin and pemetrexed.*
*Refer to the Prescribing Information of pemetrexed and carboplatin for complete information regarding appropriate use, including Boxed Warnings for carboplatin.*
*See the Prescribing Information for SC amivantamab for dosage and administration, including premedication and prophylactic/concomitant dermatologic medication information.*

## Contraindications[1]

*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.*

## Amivantamab IV to SC Transition[1-7]

### Considerations for Amivantamab IV to SC transition:

**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]

**Ongoing clinical trial:**
Based on PK noninferiority from PK simulations comparing IV to SC systemic exposure from the phase 3 PALOMA-3 (NCT05388669) study, and IV to SC transition evaluated in PALOMA-2, patients treated with IV amivantamab may transition to SC amivantamab administration.[2-4] PALOMA-2 (NCT05498428) is an ongoing, phase 2, open-label, international, parallel cohort study evaluating the efficacy and safety of SC amivantamab with chemotherapy and/or lazertinib in patients with *EGFR*-mutated locally advanced or metastatic NSCLC.[5-7]

[a]Dose adjustments not required for subsequent body weight changes. [b]Divide the dose volume approximately equally into 2 syringes (each syringe should not exceed 15 mL).
EGFR, epidermal growth factor receptor; IV, intravenous; NSCLC, non-small cell lung cancer; PK, pharmacokinetic; Q3W, every 3 weeks; SC, subcutaneous.

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1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026. 2. Data on File. Amivantamab Subcutaneous. Summary of Clinical Pharmacology Studies. Janssen Research & Development. EDMS-RIM-1316087; 2024. 3. Leighl NB, et al. *J Clin Oncol.* 2024;42(30):3593-3605. 4. Lim SM, et al. Poster presented at: European Lung Cancer Congress (ELCC): March 26-29, 2025; Paris, France. 5. Data on File. Amivantamab and Lazertinib. PALOMA-2 Clinical Protocol. Janssen Research & Development, LLC. EDMS-RIM-1165532; 2025. 6. Lim SM, et al. Poster presented at: American Society of Clinical Oncology (ASCO) Annual Meeting; May 31-June 4, 2024; Chicago, IL, USA. 7. A study of amivantamab in participants with advanced or metastatic solid tumors including epidermal growth factor receptor (*EGFR*)-mutated non-small cell lung cancer (PALOMA-2). ClinicalTrials.gov. Accessed August 6, 2025. https://clinicaltrials.gov/study/NCT05498428.

# Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

## Amivantamab IV to SC Transition[1,2]

The tables below outline the recommended IV and SC starting dosages which are provided in the current Prescribing Information for SC amivantamab and IV amivantamab.[1,2]

**Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W at their next scheduled dose on or after Week 5.[1]**
***Amivantamab maximum trough concentration is typically observed at the end of the weekly dosing (Cycle 2 Day 1).[1]***

| Recommended dosage for Q2W IV amivantamab and Q2W SC amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 700 mg | No dose | 1,050 mg | No dose |
| Weeks 2-4 | 1,050 mg | 1,600 mg | 1,400 mg | 2,240 mg |
| **Week 5 (may switch per PI)** | **1,050 mg** | **1,600 mg** | **1,400 mg** | **2,240 mg** |
| Week 6 | | | No dose | |
| Week 7 and Q2W thereafter | 1,050 mg | 1,600 mg | 1,400 mg | 2,240 mg |

**Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q4W at their next scheduled dose on or after Week 5.[1]**
***Amivantamab maximum trough concentration is typically observed at the end of the weekly dosing (Cycle 2 Day 1).[1]***

| Recommended dosage for Q2W IV amivantamab and Q4W SC amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV (Q2W) | SC (Q4W) | IV (Q2W) | SC (Q4W) |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 700 mg | No dose | 1,050 mg | No dose |
| Weeks 2-4 | 1,050 mg | 1,600 mg | 1,400 mg | 2,240 mg |
| **Week 5 (may switch per PI)** | **1,050 mg** | **3,520 mg** | **1,400 mg** | **4,640 mg** |
| Week 5 and all doses onwards | 1,050 mg (Q2W) | 3,520 mg (Q4W) | 1,400 mg (Q2W) | 4,640 mg (Q4W) |

**Adult patients currently receiving IV amivantamab Q3W may switch to SC amivantamab Q3W at their next scheduled dose on or after Week 4.[1]**
***Amivantamab maximum trough concentration is typically observed at the end of the weekly dosing (Cycle 2 Day 1).[1]***

| Recommended dosage for Q3W IV amivantamab and Q3W SC amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 1,050 mg | No dose | 1,400 mg | No dose |
| Weeks 2-3 | 1,400 mg | 2,400 mg | 1,750 mg | 3,360 mg |
| **Week 4 (may switch per PI)** | **1,400 mg** | **2,400 mg** | **1,750 mg** | **3,360 mg** |
| Weeks 5 and 6 | | | No dose | |
| Week 7 and Q3W thereafter | 1,750 mg | 2,400 mg | 2,100 mg | 3,360 mg |

## Click Links Below for Information on Recommended Dose Reductions, Dose Modifications, and Management for ARs with Amivantamab[1,2]

IV amivantamab dose reductions → | SC amivantamab dose reductions → | Hypersensitivity & ARRs → | ILD/pneumonitis → | VTEs → | Dermatologic ARs → | Other ARs →

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AR, adverse reaction; ARR, administration-related reaction; ILD, interstitial lung disease; IV, intravenous; PI, prescribing information; Q2W, every 2 weeks; Q3W, every 3 weeks; Q4W, every 4 weeks; SC, subcutaneous; VTE, venous thromboembolic events.

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1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026. 2. RYBREVANT® (amivantamab-vmjw) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2025.

# Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

## SC Amivantamab Indications and Recommended Dosing Schedule[1]

| Adults with locally advanced or metastatic NSCLC with *EGFR* exon 19 deletions or exon 21 L858R substitution mutations | | Adults with locally advanced or metastatic NSCLC with *EGFR* exon 20 insertion mutations | |
|---|---|---|---|
| 1L amivantamab + lazertinib | 2L amivantamab + carboplatin and pemetrexed | 1L amivantamab + carboplatin and pemetrexed | 2L amivantamab single agent |
| Q2W/Q4W | Q3W | Q3W | Q2W/Q4W |

## Premedications

SC Q2W/Q4W dosing schedule → | SC Q3W dosing schedule →

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 re-initiation after prolonged dose interruptions, then as necessary for subsequent injections. Administer both antihistamine and antipyretic 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 to 30 minutes |
| | | Oral | 30 to 60 minutes |
| Antipyretic[a] | Acetaminophen (650 mg to 1,000 mg) or equivalent | Intravenous | 15 to 30 minutes |
| | | Oral | 30 to 60 minutes |
| Glucocorticoid[b] | Dexamethasone (20 mg) or equivalent | Intravenous | 45 to 60 minutes |
| | | Oral | At least 60 minutes |
| Glucocorticoid[c] | Dexamethasone (10 mg) or equivalent | Intravenous | 45 to 60 minutes |
| | | Oral | 60 to 90 minutes |

[a]Required at all doses. [b]Required at initial dose (Week 1, Day 1) or at the next subsequent dose in the event of an administration-related reaction. [c]Optional for subsequent doses.

1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026.

| <80 kg | | | ≥80 kg | | |
|---|---|---|---|---|---|
| Weeks 1-4 | 1,600 mg | 10 mL required | Weeks 1-4 | 2,240 mg | 14 mL required |
| Week 5+ | 3,520 mg | 22 mL[b] required | Week 5+ | 4,640 mg | 29 mL[b,c] required |

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9 Week 10 Week 11 Week 12

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

Premedications →

*Administer SC amivantamab any time after lazertinib when given on the same day. See the Prescribing Information for lazertinib for recommended lazertinib dosing information and drug interactions. See the Prescribing Information for SC amivantamab for dosage and administration, including prophylactic anticoagulation, premedication, and prophylactic/concomitant dermatologic medication information.*

[a]Dose adjustments 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 unused portion. [d]May switch to SC amivantamab Q4W at 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.

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**Last updated:** Feb 2026
US-SFM-6702

# Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

## Amivantamab IV to SC Transition[1,2]

The tables below outline the recommended IV and SC starting dosages which are provided in the current Prescribing Information for SC amivantamab and IV amivantamab.[1,2]

**Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W at their next scheduled dose on or after Week 5.[1]**
***Amivantamab maximum trough concentration is typically observed at the end of the weekly dosing (Cycle 2 Day 1).[1]***

| Recommended dosage for Q2W IV amivantamab and Q2W SC amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 1,050 mg | No dose | 1,400 mg | No dose |
| Weeks 2-3 | 1,400 mg | 2,400 mg | 1,750 mg | 3,360 mg |
| **Week 4 (may switch per PI)** | **1,400 mg** | **2,400 mg** | **1,750 mg** | **3,360 mg** |
| Weeks 5 and 6 | No dose | | | |
| Week 7 and Q3W thereafter | 1,750 mg | 2,400 mg | 2,100 mg | 3,360 mg |

## IV Amivantamab Dose Reductions[1,a]

| Initial dose | 1,050 mg | 1,400 mg | 1,750 mg | 2,100 mg |
|---|---|---|---|---|
| 1st dose reduction | 700 mg | 1,050 mg | 1,400 mg | 1,750 mg |
| 2nd dose reduction | 350 mg | 700 mg | 1,050 mg | 1,400 mg |
| 3rd dose reduction | ⚠ **Discontinue** | | | |

[a]Recommended dosage modifications for ARs for IV amivantamab in combination with lazertinib: when administering IV amivantamab in combination with lazertinib, if there is an AR requiring dose reduction after withholding treatment and resolution, reduce the dose of IV amivantamab first. See the lazertinib Prescribing Information for information about dosage modifications for lazertinib. Recommended dosage modifications for ARs for IV amivantamab in combination with carboplatin and pemetrexed: when administering IV amivantamab in combination with carboplatin and pemetrexed, modify the dosage of ≥1 drug. Withhold or discontinue IV amivantamab as shown in Table 7 of the Prescribing Information. Refer to the Prescribing Information for carboplatin and pemetrexed for additional dosage modification information.
AR, adverse reaction; IV, intravenous.
1. RYBREVANT® (amivantamab-vmjw) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026.

## Click Links Below for Information on Recommended Dose Reductions, Dose Modifications, and Management for ARs with Amivantamab[1,2]

IV amivantamab dose reductions → | SC amivantamab dose reductions → | Hypersensitivity & ARRs → | ILD/pneumonitis → | VTEs → | Dermatologic ARs → | Other ARs →

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AR, adverse reaction; ARR, administration-related reaction; ILD, interstitial lung disease; IV, intravenous; PI, prescribing information; Q2W, every 2 weeks; Q3W, every 3 weeks; Q4W, every 4 weeks; SC, subcutaneous; VTE, venous thromboembolic events.

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# Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

## Amivantamab IV to SC Transition[1,2]

The tables below outline the recommended IV and SC starting dosages which are provided in the current Prescribing Information for SC amivantamab and IV amivantamab.[1,2]

**Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W at their next scheduled dose on or after Week 5.[1]**
***Amivantamab maximum trough concentration is typically observed at the end of the weekly dosing (Cycle 2 Day 1).[1]***

| Recommended dosage for Q2W IV amivantamab and Q2W SC amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Weeks 2-3 | 1,400 mg | 2,400 mg | 1,750 mg | 3,360 mg |
| **Week 4 (may switch per PI)** | **1,400 mg** | **2,400 mg** | **1,750 mg** | **3,360 mg** |
| Weeks 5 and 6 | No dose | | | |
| Week 7 and Q3W thereafter | 1,750 mg | 2,400 mg | 2,100 mg | 3,360 mg |

## SC Amivantamab Dose Reductions[1,a]

| Initial dose | 1,600 mg[b] | 2,240 mg[c] | 2,400 mg[d] | 3,360 mg[e] | 3,520 mg[f] | 4,640 mg[g] |
|---|---|---|---|---|---|---|
| 1st dose reduction | 1,050 mg[h] | 1,600 mg[i] | 1,600 mg[i] | 2,240 mg[j] | 2,400 mg[k] | 3,360 mg[l] |
| 2nd dose reduction | 700 mg[m] | 1,050 mg[h] | 1,050 mg[h] | 1,600 mg[i] | 1,600 mg[i] | 2,240 mg[j] |
| 3rd dose reduction | ⚠ **Discontinue** | | | | | |

[a]Recommended dosage modifications for ARs for SC amivantamab in combination with lazertinib: when administering SC amivantamab in combination with lazertinib, if there is an AR requiring dose reduction after withholding treatment and resolution, reduce the dose of SC amivantamab first. See the lazertinib Prescribing Information for information about dosage modifications for lazertinib. Recommended dosage modifications for ARs for SC amivantamab in combination with carboplatin and pemetrexed: when administering SC amivantamab in combination with carboplatin and pemetrexed, modify the dosage of ≥1 drug. Withhold or discontinue SC amivantamab as shown in Table 7 of the Prescribing Information. Refer to the Prescribing Information for carboplatin and pemetrexed for additional dosage modification information. [b]Dose volume 10 mL. [c]Dose volume 14 mL. [d]Dose volume 15 mL. [e]Dose volume 21 mL. [f]Dose volume 22 mL. [g]Dose volume 29 mL. [h]Dose volume 6.6 mL. [i]Dose volume 10 mL. [j]Dose volume 14 mL. [k]Dose volume 15 mL. [l]Dose volume 21 mL. [m]Dose volume 4.4 mL.
AR, adverse reaction; SC, subcutaneous.
1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026.

**Click Links Below for Information on Recommended Dose Reductions, Dose Modifications, and Management for ARs with Amivantamab[1,2]**

IV amivantamab dose reductions → | SC amivantamab dose reductions → | Hypersensitivity & ARRs → | ILD/pneumonitis → | VTEs → | Dermatologic ARs → | Other ARs →

AR, adverse reaction; ARR, administration-related reaction; ILD, interstitial lung disease; IV, intravenous; PI, prescribing information; Q2W, every 2 weeks; Q3W, every 3 weeks; Q4W, every 4 weeks; SC, subcutaneous; VTE, venous thromboembolic events.

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# Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

## Amivantamab IV to SC Transition[1,2]

The tables below outline the recommended IV and SC starting dosages which are provided in the current Prescribing Information for SC amivantamab and IV amivantamab.[1,2]

**Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W at their next scheduled dose on or after Week 5.[1]**
***Amivantamab maximum trough concentration is typically observed at the end of the weekly dosing (Cycle 2 Day 1).[1]***

| Recommended dosage for Q2W IV amivantamab and Q2W SC amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 1,050 mg | No dose | 1,400 mg | No dose |
| Weeks 2-3 | 1,400 mg | 2,400 mg | 1,750 mg | 3,360 mg |
| **Week 4 (may switch per PI)** | **1,400 mg** | **2,400 mg** | **1,750 mg** | **3,360 mg** |
| Weeks 5 and 6 | No dose | | | |
| Week 7 and Q3W thereafter | 1,750 mg | 2,400 mg | 2,100 mg | 3,360 mg |

| Recommended dosage for Q3W IV amivantamab and Q3W SC amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 1,050 mg | No dose | 1,400 mg | No dose |
| Weeks 2-3 | 1,400 mg | 2,400 mg | 1,750 mg | 3,360 mg |
| **Week 4 (may switch per PI)** | **1,400 mg** | **2,400 mg** | **1,750 mg** | **3,360 mg** |
| Weeks 5 and 6 | No dose | | | |
| Week 7 and Q3W thereafter | 1,750 mg | 2,400 mg | 2,100 mg | 3,360 mg |

## Hypersensitivity and ARRs[1]

**Recommended Dosage Modifications and Management for Hypersensitivity and ARRs for SC Amivantamab**

### Grade 1-2

- **INTERRUPT** SC amivantamab injection if ARR is suspected and monitor patient until reaction symptoms resolve
- **RESUME** injection upon resolution of symptoms
- **PREMEDICATE** Include corticosteroid with premedications for subsequent dose *(see Table 6 in Prescribing Information)*

### Grade 3

- **INTERRUPT** SC amivantamab injection
- **ADMINISTER** supportive care medications
- **MONITOR** patient continuously until reaction symptoms resolve
- **RESUME** injection upon resolution of symptoms
- **PREMEDICATE** Include corticosteroid with premedications for subsequent dose *(see Table 6 in Prescribing Information)*
- **PERMANENTLY DISCONTINUE** SC amivantamab for recurrent Grade 3 ARRs

### Grade 4

- **PERMANENTLY DISCONTINUE** SC amivantamab

Please see Warnings and Precautions (section 5.1) for further details regarding hypersensitivity and ARRs.

ARR, administration-related reaction; SC, subcutaneous.

1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026.

## Click Links Below for Information on Recommended Dose Reductions, Dose Modifications, and Management for ARs with Amivantamab[1,2]

IV amivantamab dose reductions → | SC amivantamab dose reductions → | Hypersensitivity & ARRs → | ILD/pneumonitis → | VTEs → | Dermatologic ARs → | Other ARs →

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AR, adverse reaction; ARR, administration-related reaction; ILD, interstitial lung disease; IV, intravenous; PI, prescribing information; Q2W, every 2 weeks; Q3W, every 3 weeks; Q4W, every 4 weeks; SC, subcutaneous; VTE, venous thromboembolic events.

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1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026. 2. RYBREVANT® (amivantamab-vmjw) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2025.

# Subcutaneous Amivantamab and Hyaluronidase-lpuj: Dosing and Administration

## Amivantamab IV to SC Transition[1,2]

The tables below outline the recommended IV and SC starting dosages which are provided in the current Prescribing Information for SC amivantamab and IV amivantamab.[1,2]

**Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W at their next scheduled dose on or after Week 5.[1]**
***Amivantamab maximum trough concentration is typically observed at the end of the weekly dosing (Cycle 2 Day 1).[1]***

| Recommended dosage for Q2W IV amivantamab and Q2W SC amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 1,050 mg | No dose | 1,400 mg | No dose |
| Weeks 2-3 | 1,400 mg | 2,400 mg | 1,750 mg | 3,360 mg |
| **Week 4 (may switch per PI)** | **1,400 mg** | **2,400 mg** | **1,750 mg** | **3,360 mg** |
| Weeks 5 and 6 | No dose | | | |
| Week 7 and Q3W thereafter | 1,750 mg | 2,400 mg | 2,100 mg | 3,360 mg |

## ILD/Pneumonitis[1]

**Recommended Dosage Modifications and Management for ILD/Pneumonitis for SC Amivantamab**

| Any grade | |
|---|---|
| **WITHHOLD** SC amivantamab if ILD/pneumonitis is suspected | **PERMANENTLY DISCONTINUE** SC amivantamab if ILD/pneumonitis is confirmed |

Please see Warnings and Precautions (section 5.2) for further details regarding ILD/pneumonitis.

ILD, interstitial lung disease; SC, subcutaneous.

1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026.

## Click Links Below for Information on Recommended Dose Reductions, Dose Modifications, and Management for ARs with Amivantamab[1,2]

IV amivantamab dose reductions | SC amivantamab dose reductions | Hypersensitivity & ARRs | ILD/pneumonitis | VTEs | Dermatologic ARs | Other ARs

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AR, adverse reaction; ARR, administration-related reaction; ILD, interstitial lung disease; IV, intravenous; PI, prescribing information; Q2W, every 2 weeks; Q3W, every 3 weeks; Q4W, every 4 weeks; SC, subcutaneous; VTE, venous thromboembolic events.

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# Subcutaneous Amivantamab: Dosing and Administration

## Amivantamab IV to SC Transition[1-5]

The tables below outline the recommended IV and SC starting dosages, as well as the corresponding dose reductions, which are provided in the current Prescribing Information for SC amivantamab and IV amivantamab.[1,2] Based on PK noninferiority from PK simulations comparing IV to SC systemic exposures from the phase 3 PALOMA-3 (NCT05388669) study, and IV to SC transition evaluated in PALOMA-2 (NCT05498428), patients treated with IV amivantamab may transition to SC administration[3-5]

| Recommended dosage for Q2W Amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 700 mg | **No dose** | 1,050 mg | **No dose** |

## Venous Thromboembolic (VTE) Events[1]

**Recommended Dosage Modifications and Management for Venous Thromboembolic (VTE) Events for SC Amivantamab in Combination With Lazertinib**

| Grade 2-3 | | | Grade 4 or recurrent Grade 2-3 despite therapeutic-level anticoagulation | | |
|---|---|---|---|---|---|
| **WITHHOLD** SC amivantamab and lazertinib | **ADMINISTER** anticoagulation treatment as clinically indicated | Once anticoagulant treatment has been initiated, **RESUME** SC amivantamab and lazertinib at the same dose level, at the discretion of the treating physician | **WITHHOLD** lazertinib and **PERMANENTLY DISCONTINUE** SC amivantamab | **ADMINISTER** anticoagulation treatment as clinically indicated | Once anticoagulant treatment has been initiated, **RESUME** lazertinib at the same dose level, at the discretion of the treating physician |

Please see Warnings and Precautions (section 5.3) for further details regarding VTE events; applies to the combination with lazertinib.

SC, subcutaneous.

1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026.

## Considerations for Amivantamab IV to SC transition:[1-8]

**HCP clinical judgement:**
HCP to use clinical judgement, patient's medical history & history with amivantamab, including prior hypersensitivity.

**Important guidance on transition:**
Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W at their next scheduled dose on or after Week 5.[1]

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

**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]

**Ongoing clinical trial:**
Based on PK noninferiority from PK simulations comparing IV to SC systemic exposure from the phase 3 PALOMA-3 (NCT05388669) study, and IV to SC transition evaluated in PALOMA-2, patients treated with IV amivantamab may transition to SC amivantamab administration.[3-5] PALOMA-2 (NCT05498428) is an ongoing, phase 2, open-label, international, parallel cohort study evaluating the efficacy and safety of SC amivantamab with chemotherapy and/or lazertinib in patients with *EGFR*-mutated locally advanced or metastatic NSCLC.[6-8]

[a]Recommended dosage modifications for ARs for SC amivantamab in combination with lazertinib: when administering SC amivantamab in combination with lazertinib, if there is an AR requiring dose reduction after withholding treatment and resolution, reduce the dose of SC amivantamab first. See the lazertinib prescribing information for information about dosage modifications for lazertinib. Recommended dosage modifications for ARs for SC amivantamab in combination with carboplatin and pemetrexed: when administering SC amivantamab in combination with carboplatin and pemetrexed, modify the dosage of one or more drugs. Withhold or discontinue SC amivantamab as shown in Table 7 of the prescribing information. Refer to prescribing information for carboplatin and pemetrexed for additional dosage modification information. [b]Starting dose volume is 10 mL. [c]Starting dose volume is 14 mL. [d]Starting dose volume is 15 mL. [e]Starting dose volume is 21 mL. [f]The dose volume should be 6.6 mL. [g]The dose volume should be 4.4 mL. [h]The dose volume should be 10 mL. [i]The dose volume should be 14 mL. AR, adverse reaction; ARR, administration-related reaction; EGFR, epidermal growth factor receptor; IV, intravenous; NSCLC, non-small cell lung cancer; PK, pharmacokinetic; Q2W, every 2 weeks; Q3W, every 3 weeks; SC, subcutaneous; VTE, venous thromboembolism.

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# Subcutaneous Amivantamab: Dosing and Administration

## Amivantamab IV to SC Transition[1-5]

The tables below outline the recommended IV and SC starting dosages, as well as the corresponding dose reductions, which are provided in the current Prescribing Information for SC amivantamab and IV amivantamab.[1,2] Based on PK noninferiority from PK simulations comparing IV to SC systemic exposures from the phase 3 PALOMA-3 (NCT05388669) study, and IV to SC transition evaluated in PALOMA-2 (NCT05498428), patients treated with IV amivantamab may transition to SC administration[3-5]

| Recommended dosage for Q2W Amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 700 mg | **No dose** | 1,050 mg | **No dose** |

## Dermatologic ARs[1]

**Recommended Dosage Modifications and Management for Dermatologic ARs (Including Dermatitis Acneiform, Pruritus, and Dry Skin) for SC Amivantamab**

| Grade 1-2 | | Grade 3 | | | Grade 4 or severe bullous, blistering, or exfoliating skin conditions[a] |
|---|---|---|---|---|---|
| **INITIATE** supportive care management as clinically indicated | **REASSESS** after 2 weeks; if rash does not improve, consider dose reduction | **WITHHOLD** SC amivantamab and **INITIATE** supportive care management as clinically indicated | Upon recovery to Grade ≤2, **RESUME** SC amivantamab at reduced dose | If no improvement within 2 weeks, **PERMANENTLY DISCONTINUE** treatment | **PERMANENTLY DISCONTINUE** SC amivantamab |

Please see Warnings and Precautions (section 5.4) for further details regarding dermatologic ARs (including dermatitis acneiform, pruritus, dry skin, and TEN).

[a]Including TEN.
AR, adverse reaction; SC, subcutaneous; TEN, toxic epidermal necrolysis.
1. RYBREVANT FASPRO™ (amivantamab and hyaluronidase-lpuj) [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc.; 2026.

## Considerations for Amivantamab IV to SC transition:[1-8]

**HCP clinical judgement:**
HCP to use clinical judgement, patient's medical history & history with amivantamab, including prior hypersensitivity.

**Important guidance on transition:**
Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W at their next scheduled dose on or after Week 5.[1]

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

**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]

**Ongoing clinical trial:**
Based on PK noninferiority from PK simulations comparing IV to SC systemic exposure from the phase 3 PALOMA-3 (NCT05388669) study, and IV to SC transition evaluated in PALOMA-2, patients treated with IV amivantamab may transition to SC amivantamab administration.[3-5] PALOMA-2 (NCT05498428) is an ongoing, phase 2, open-label, international, parallel cohort study evaluating the efficacy and safety of SC amivantamab with chemotherapy and/or lazertinib in patients with *EGFR*-mutated locally advanced or metastatic NSCLC.[6-8]

[a]Recommended dosage modifications for ARs for SC amivantamab in combination with lazertinib: when administering SC amivantamab in combination with lazertinib, if there is an AR requiring dose reduction after withholding treatment and resolution, reduce the dose of SC amivantamab first. See the lazertinib prescribing information for information about dosage modifications for lazertinib. Recommended dosage modifications for ARs for SC amivantamab in combination with carboplatin and pemetrexed: when administering SC amivantamab in combination with carboplatin and pemetrexed, modify the dosage of one or more drugs. Withhold or discontinue SC amivantamab as shown in Table 7 of the prescribing information. Refer to prescribing information for carboplatin and pemetrexed for additional dosage modification information. [b]Starting dose volume is 10 mL. [c]Starting dose volume is 14 mL. [d]Starting dose volume is 15 mL. [e]Starting dose volume is 21 mL. [f]The dose volume should be 6.6 mL. [g]The dose volume should be 4.4 mL. [h]The dose volume should be 10 mL. [i]The dose volume should be 14 mL. AR, adverse reaction; ARR, administration-related reaction; EGFR, epidermal growth factor receptor; IV, intravenous; NSCLC, non-small cell lung cancer; PK, pharmacokinetic; Q2W, every 2 weeks; Q3W, every 3 weeks; SC, subcutaneous; VTE, venous thromboembolism.

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# Subcutaneous Amivantamab: Dosing and Administration

## Amivantamab IV to SC Transition[1-5]

The tables below outline the recommended IV and SC starting dosages, as well as the corresponding dose reductions, which are provided in the current Prescribing Information for SC amivantamab and IV amivantamab.[1,2] Based on PK noninferiority from PK simulations comparing IV to SC systemic exposures from the phase 3 PALOMA-3 (NCT05388669) study, and IV to SC transition evaluated in PALOMA-2 (NCT05498428), patients treated with IV amivantamab may transition to SC administration[3-5]

| Recommended dosage for Q2W Amivantamab[1,2] | <80 kg | | ≥80 kg | |
|---|---|---|---|---|
| | IV | SC | IV | SC |
| Week 1 Day 1 | 350 mg | 1,600 mg | 350 mg | 2,240 mg |
| Week 1 Day 2 | 700 mg | **No dose** | 1,050 mg | **No dose** |

## Other ARs[1]

**Recommended Dosage Modifications and Management for Other ARs for SC Amivantamab**

### Grade 3

| ⚠ | ▷ | ▷ | ⊖ |
|---|---|---|---|
| **WITHHOLD** SC amivantamab until recovery to Grade ≤1 or baseline | **RESUME** at the same dose if recovery occurs within 1 week | **RESUME** at reduced dose if recovery occurs after 1 week but within 4 weeks | **PERMANENTLY DISCONTINUE** if recovery does not occur within 4 weeks |

### Grade 4

| ⚠ | ▷ | ⊖ | ⊖ |
|---|---|---|---|
| **WITHHOLD** SC amivantamab until recovery to Grade ≤1 or baseline | **RESUME** at reduced dose if recovery occurs within 4 weeks | **PERMANENTLY DISCONTINUE** if recovery does not occur within 4 weeks | **PERMANENTLY DISCONTINUE** for recurrent Grade 4 reactions |

Please see Adverse Reactions (section 6.1) for further details regarding other ARs.

AR, adverse reaction; SC, subcutaneous.

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## Considerations for Amivantamab IV to SC transition:[1-8]

**HCP clinical judgement:**
HCP to use clinical judgement, patient's medical history & history with amivantamab, including prior hypersensitivity.

**Important guidance on transition:**
Adult patients currently receiving IV amivantamab Q2W may switch to SC amivantamab Q2W at their next scheduled dose on or after Week 5.[1]

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

**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]

**Ongoing clinical trial:**
Based on PK noninferiority from PK simulations comparing IV to SC systemic exposure from the phase 3 PALOMA-3 (NCT05388669) study, and IV to SC transition evaluated in PALOMA-2, patients treated with IV amivantamab may transition to SC amivantamab administration.[3-5] PALOMA-2 (NCT05498428) is an ongoing, phase 2, open-label, international, parallel cohort study evaluating the efficacy and safety of SC amivantamab with chemotherapy and/or lazertinib in patients with *EGFR*-mutated locally advanced or metastatic NSCLC.[6-8]

[a]Recommended dosage modifications for ARs for SC amivantamab in combination with lazertinib: when administering SC amivantamab in combination with lazertinib, if there is an AR requiring dose reduction after withholding treatment and resolution, reduce the dose of SC amivantamab first. See the lazertinib prescribing information for information about dosage modifications for lazertinib. Recommended dosage modifications for ARs for SC amivantamab in combination with carboplatin and pemetrexed: when administering SC amivantamab in combination with carboplatin and pemetrexed, modify the dosage of one or more drugs. Withhold or discontinue SC amivantamab as shown in Table 7 of the prescribing information. Refer to prescribing information for carboplatin and pemetrexed for additional dosage modification information. [b]Starting dose volume is 10 mL. [c]Starting dose volume is 14 mL. [d]Starting dose volume is 15 mL. [e]Starting dose volume is 21 mL. [f]The dose volume should be 6.6 mL. [g]The dose volume should be 4.4 mL. [h]The dose volume should be 10 mL. [i]The dose volume should be 14 mL. AR, adverse reaction; ARR, administration-related reaction; EGFR, epidermal growth factor receptor; IV, intravenous; NSCLC, non-small cell lung cancer; PK, pharmacokinetic; Q2W, every 2 weeks; Q3W, every 3 weeks; SC, subcutaneous; VTE, venous thromboembolism.

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