Reactive Management of Dermatologic Adverse Reactions with Subcutaneous Amivantamab in Adult Patients

Dose modification and management recommendations presented in this resource are from Sections 2.8 and 5.4 of the SC Amivantamab Prescribing Information.
Please see full Prescribing Information for SC amivantamab.

Management of Skin Reactions

Administer supportive care including topical corticosteroids and topical and/or oral antibiotics if skin reactions develop

Add oral steroids and consider dermatologic consultation for Grade 3 reactions

Promptly refer patients presenting with severe rash, atypical appearance or distribution, or lack of improvement within 2 weeks to a dermatologist

Withhold, dose reduce or permanently discontinue SC amivantamab based on severity

Guidance for Dose Modifications of Dermatologic ARs by Grade

Grade 1 or 2:
Initiate supportive care management as clinically indicated. Reassess after 2 weeks; if rash does not improve, consider dose reduction.

Grade 3:
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

Grade 4
or severe bullous, blistering or exfoliating skin conditions, including TEN:
Permanently discontinue SC amivantamab

SC Amivantamab Dose Reductions

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					

AR, adverse reaction; SC, subcutaneous; TEN, toxic epidermal necrolysis.

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

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