# 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 |

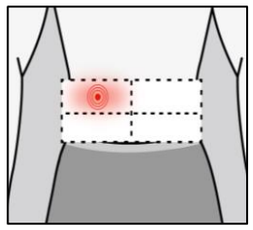
Weekly from Weeks 1 to 3 (injection on Day 1) and **Q3W starting at Week 4 onward**

*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.*

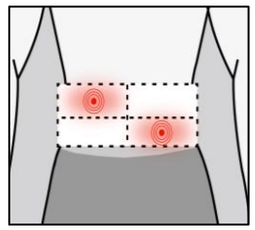
Pre-, prophylactic, and concomitant medications

## 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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## 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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