# Regimen Reference Order – THOR – amivantamab

ARIA: LUNG - [amivantamab under 80kg]
LUNG - [amivantamab 80kg or more]

Planned Course: Until disease progression or unacceptable toxicity (1 cycle = 28 days)

Note: This Regimen Reference Order includes two Treatment Regimens

(for patients weighing less than 80 kg AND for patients weighing greater than

or equal to 80 kg)

Indication for Use: Non-Small Cell Lung Cancer; EGFR exon 20 insertion mutation positive

CVAD: At Provider's Discretion

# Proceed with treatment if:

- ANC equal to or greater than  $1.5 \times 10^9/L$  AND Platelets equal to or greater than  $100 \times 10^9/L$
- Total bilirubin equal to or less than 3 times the upper limit of normal
- Creatinine clearance equal to or greater than 30 mL/minute
  - Contact prescriber if parameters not met

# **SEQUENCE OF MEDICATION ADMINISTRATION**

Pre-treatment Requirements			
Drug	Drug Dose CCMB Administration Guideline		
Not Applicable			

# Treatment Regimen – THOR – amivantamab

for patients weighing less than 80 kg at baseline\*

Drug	Dose	CCMB Administration Guideline
Cycle 1 – amivantan	nab on Days 1, 2, 8, 1	5 and 22 (escalating doses and infusion rates)
Day 1		
cetirizine	20 mg	Orally 1 hour prior to amivantamab
acetaminophen	975 mg	Orally <u><b>1 hour</b></u> prior to amivantamab
dexamethasone	10 mg	IV in normal saline 50 mL over 15 minutes <b>1 hour</b> prior to amivantamab
		*Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone



IV in normal salline 250 mL on Day 1 following administration rates below:
• 120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 2  Petirizine
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*Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 2  etirizine  20 mg  Orally 1 hour prior to amivantamab  Detaminophen  975 mg  Orally 1 hour prior to amivantamab  IV in normal saline 50 mL over 15 minutes 1 hour prior to amivantamab  *Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone  Vait 1 hour after completion of IV pre-medication(s) before starting amivantamab  mivantamab  700 mg  IV in normal saline 250 mL on Day 2 following administration rates below:  • 0 to 120 minutes – 50 mL/hour  • 120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 8  etirizine  20 mg  Orally 1 hour prior to amivantamab  Orally 1 hour prior to amivantamab  Orally 1 hour prior to amivantamab  IV in normal saline 50 mL over 15 minutes 1 hour prior to
petirizine 20 mg Orally 1 hour prior to amivantamab  cetaminophen 975 mg Orally 1 hour prior to amivantamab  examethasone 10 mg IV in normal saline 50 mL over 15 minutes 1 hour prior to amivantamab  *Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone  Vait 1 hour after completion of IV pre-medication(s) before starting amivantamab  mivantamab IV in normal saline 250 mL on Day 2 following administration rates below:  • 0 to 120 minutes – 50 mL/hour  • 120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 8  etirizine 20 mg Orally 1 hour prior to amivantamab  Cetaminophen 975 mg Orally 1 hour prior to amivantamab  IV in normal saline 50 mL over 15 minutes 1 hour prior to
Orally 1 hour prior to amivantamab
Orally 1 hour prior to amivantamab  Examethasone  10 mg  IV in normal saline 50 mL over 15 minutes 1 hour prior to amivantamab  *Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone  Vait 1 hour after completion of IV pre-medication(s) before starting amivantamab  Too mg  IV in normal saline 250 mL on Day 2 following administration rates below:  • 0 to 120 minutes – 50 mL/hour  • 120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL  Tay 8  Etirizine  20 mg  Orally 1 hour prior to amivantamab  Orally 1 hour prior to amivantamab  Orally 1 hour prior to amivantamab  Examethasone  10 mg  IV in normal saline 50 mL over 15 minutes 1 hour prior to
IV in normal saline 50 mL over 15 minutes 1 hour prior to amivantamab  *Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone  Vait 1 hour after completion of IV pre-medication(s) before starting amivantamab  IV in normal saline 250 mL on Day 2 following administration rates below:  • 0 to 120 minutes – 50 mL/hour  • 120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 8  etirizine  20 mg  Orally 1 hour prior to amivantamab  Cetaminophen  975 mg  Orally 1 hour prior to amivantamab  IV in normal saline 50 mL over 15 minutes 1 hour prior to
amivantamab *Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone  Vait 1 hour after completion of IV pre-medication(s) before starting amivantamab  Too mg  IV in normal saline 250 mL on Day 2 following administration rates below:  • 0 to 120 minutes – 50 mL/hour  • 120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter *Alert: Pharmacy to ensure final volume in bag = 250 mL  Tay 8  etirizine  20 mg  Orally 1 hour prior to amivantamab  cetaminophen  975 mg  Orally 1 hour prior to amivantamab  IV in normal saline 50 mL over 15 minutes 1 hour prior to
dexamethasone     Vait 1 hour after completion of IV pre-medication(s) before starting amivantamab     Too mg
IV in normal saline 250 mL on Day 2 following administration rates below:  • 0 to 120 minutes – 50 mL/hour  • 120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 8  etirizine  20 mg  Orally 1 hour prior to amivantamab  cetaminophen  975 mg  Orally 1 hour prior to amivantamab  Examethasone  IV in normal saline 50 mL over 15 minutes 1 hour prior to
rates below:  • 0 to 120 minutes – 50 mL/hour  • 120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 8  etirizine  20 mg  Orally 1 hour prior to amivantamab  cetaminophen  975 mg  Orally 1 hour prior to amivantamab  examethasone  10 mg  IV in normal saline 50 mL over 15 minutes 1 hour prior to
120 minutes onwards – 75 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 8  etirizine  20 mg  Orally 1 hour prior to amivantamab  cetaminophen  975 mg  Orally 1 hour prior to amivantamab  examethasone  10 mg  IV in normal saline 50 mL over 15 minutes 1 hour prior to
Use 0.2 or 0.22 micron filter *Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 8  etirizine
*Alert: Pharmacy to ensure final volume in bag = 250 mL  Pay 8  etirizine
etirizine 20 mg Orally <u>1 hour</u> prior to amivantamab  cetaminophen 975 mg Orally <u>1 hour</u> prior to amivantamab  examethasone 10 mg IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to
etirizine 20 mg Orally <u>1 hour</u> prior to amivantamab  cetaminophen 975 mg Orally <u>1 hour</u> prior to amivantamab  examethasone 10 mg IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to
cetaminophen 975 mg Orally <u>1 hour</u> prior to amivantamab examethasone 10 mg IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to
examethasone 10 mg IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to
amivantamab
*Nursing Alert: amivantamab starts <b>1 hour after completion</b> of dexamethasone
Vait 1 hour after completion of IV pre-medication(s) before starting amivantamab
mivantamab 1050 mg IV in normal saline 250 mL on <b>Day 8</b>
Administer at 85 mL/hour
Use 0.2 or 0.22 micron filter
*Alert: Pharmacy to ensure final volume in bag = 250 mL
Pays 15 and 22
etirizine 20 mg Orally <u>1 hour</u> prior to amivantamab
cetaminophen 975 mg Orally <u>1 hour</u> prior to amivantamab
examethasone 10 mg IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to amivantamab
*Nursing Alert: amivantamab starts <b>1 hour after completion</b> of dexamethasone



amivantamab	1050 mg	IV in normal saline 250 mL over 2 hours on <b>Days 15 and 22</b> Administer at 125 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL
Cycle 2 and Onward	s	
Days 1 and 15		
cetirizine	20 mg	Orally 1 hour prior to amivantamab
acetaminophen	975 mg	Orally <u>1 hour</u> prior to amivantamab
dexamethasone	10 mg	ONLY to be given if patient had an infusion-related reaction with a previous amivantamab infusion  IV in normal saline 50 mL over 15 minutes 1 hour prior to amivantamab  *Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone
If applicable, wait 1 ho	our after completion o	f IV pre-medication(s) before starting amivantamab
amivantamab	1050 mg	IV in normal saline 250 mL over 2 hours on <b>Days 1 and 15</b> Administer at 125 mL/hour  Use 0.2 or 0.22 micron filter  *Alert: Pharmacy to ensure final volume in bag = 250 mL



# Treatment Regimen – THOR – amivantamab for patients weighing greater than or equal to 80 kg at baseline\*

Drug	Dose	CCMB Administration Guideline
Cycle 1 – amivantan	nab on Days 1, 2, 8, 15	and 22 (escalating doses and infusion rates)
Day 1		
cetirizine	20 mg	Orally <u>1 hour</u> prior to amivantamab
acetaminophen	975 mg	Orally 1 hour prior to amivantamab
dexamethasone	10 mg	IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to amivantamab
		*Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone
Wait 1 hour after com	pletion of IV pre-medica	ation(s) before starting amivantamab
amivantamab	350 mg	IV in normal saline 250 mL on <b>Day 1</b> following administration rates below:
		0 to 120 minutes – 50 mL/hour
		• 120 minutes onwards – 75 mL/hour
		Use 0.2 or 0.22 micron filter
		*Alert: Pharmacy to ensure final volume in bag = 250 mL
Day 2		
cetirizine	20 mg	Orally <u>1 hour</u> prior to amivantamab
acetaminophen	975 mg	Orally <u>1 hour</u> prior to amivantamab
dexamethasone	10 mg	IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to amivantamab
		*Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone
Wait 1 hour after com	pletion of IV pre-medica	ation(s) before starting amivantamab
amivantamab	1050 mg	IV in normal saline 250 mL on <b>Day 2</b> following administration rates below:
		0 to 120 minutes – 35 mL/hour
		<ul> <li>120 minutes onwards – 50 mL/hour</li> </ul>
		Use 0.2 or 0.22 micron filter
		*Alert: Pharmacy to ensure final volume in bag = 250 mL
Day 8		
	20 mg	Orally 1 hour prior to amivantamab
cetirizine	20 mg	Grany <u>Thou</u> prior to annivantames



dexamethasone	10 mg	IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to amivantamab
		*Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone
Wait 1 hour after com	pletion of IV pre-med	ication(s) before starting amivantamab
amivantamab	1400 mg	IV in normal saline 250 mL on Day 8
		Administer at 65 mL/hour
		Use 0.2 or 0.22 micron filter
		*Alert: Pharmacy to ensure final volume in bag = 250 mL
Day 15		
cetirizine	20 mg	Orally <u>1 hour</u> prior to amivantamab
acetaminophen	975 mg	Orally <u>1 hour</u> prior to amivantamab
dexamethasone	10 mg	IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to
		amivantamab
		*Nursing Alert: amivantamab starts <b>1 hour after completion</b> of dexamethasone
Wait 1 hour after com	pletion of IV pre-med	ication(s) before starting amivantamab
amivantamab	1400 mg	IV in normal saline 250 mL on <b>Day 15</b>
		Administer at 85 mL/hour
		Use 0.2 or 0.22 micron filter
		*Alert: Pharmacy to ensure final volume in bag = 250 mL
Day 22		
cetirizine	20 mg	Orally <u>1 hour</u> prior to amivantamab
acetaminophen	975 mg	Orally <u>1 hour</u> prior to amivantamab
dexamethasone	10 mg	IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to amivantamab
		*Nursing Alert: amivantamab starts 1 hour after completion of dexamethasone
Wait 1 hour after com	pletion of IV pre-med	ication(s) before starting amivantamab
amivantamab	1400 mg	IV in normal saline 250 mL over 2 hours on Day 22
		Administer at 125 mL/hour
		Use 0.2 or 0.22 micron filter
		*Alert: Pharmacy to ensure final volume in bag = 250 mL
Cycle 2 and Onward	s	
Days 1 and 15		
Days 1 and 15 cetirizine	20 mg	Orally <b>1 hour</b> prior to amivantamab
	20 mg 975 mg	Orally <u>1 hour</u> prior to amivantamab  Orally <u>1 hour</u> prior to amivantamab



		IV in normal saline 50 mL over 15 minutes <u>1 hour</u> prior to amivantamab  *Nursing Alert: amivantamab starts <b>1 hour after completion</b> of dexamethasone
If applicable, wait 1 h	our after completion o	f IV pre-medication(s) before starting amivantamab
amivantamab	1400 mg	IV in normal saline 250 mL over 2 hours on Days 1 and 15
		Advantage of 135 and the con-
		Administer at 125 mL/hour
		Use 0.2 or 0.22 micron filter

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

# **REQUIRED MONITORING**

#### Cycle 1

# Day 1

• CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin and glucose as per Physician Orders

#### Days 2, 8, 15 and 22

• No blood work required

# Cycle 2 and Onwards

#### Day 1

• CBC, serum creatinine, urea, electrolytes, liver enzymes, total bilirubin, albumin and glucose as per Physician Orders

### Day 15

• No blood work required

# **All Doses**

- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O₂ saturation) at baseline and as clinically indicated
- No observation period is required after amivantamab administration. Patient can be discharged from treatment room if stable whether they had a reaction or not



Recommended Support Medications			
Drug	Dose	CCMB Administration Guideline	
Sunscreen	Broad-spectrum, Minimum SPF 15 (PABA free, zinc oxide or titanium dioxide preferred)	Apply liberally to exposed skin 30 minutes before going outdoors. Reapply every 2 hours and after swimming	
Moisturizing lotion	Fragrance-free	Apply topically to face, hands, feet, neck, back and chest daily in the morning on rising and <u>as needed</u>	
In the event of an amivantamab-induced skin rash:			
hydrocortisone cream	1%	Apply topically daily at bedtime to face, hands, feet, neck, back and chest as directed by clinic	
doxycycline	100 mg	Orally twice daily as directed by clinic	

# **DISCHARGE INSTRUCTIONS**

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- · Patient should report any ocular symptoms including visual impairment, eye pain or discomfort and light sensitivity
- Patient should be instructed to notify clinic if they develop a skin rash. Sun exposure should be limited during treatment and for two months after the last dose of amivantamab
- Patients should monitor for new or worsening respiratory symptoms (e.g. dyspnea, cough) due to the risk of interstitial lung disease/pneumonitis

### ADDITIONAL INFORMATION

- Dose is based on baseline weight of patient when treatment is ordered. Dose adjustments are not required for subsequent body weight changes
- Administration site restrictions are in place for amivantamab
  - Cycle 1, Days 1 and 2 must be administered at CCMB MacCharles in Winnipeg or Western Manitoba Cancer Centre (WMCC) in Brandon
  - Due to short stability, all subsequent doses must be administered at a facility where pharmacy compounding occurs on site

