PROTOCOL CONTAINS BISPECIFIC THERAPY	
Indication	First line treatment of EGFR exon 20 insertion mutation-positive advanced, non-squamous, non-small-cell lung cancer.
Treatment Intent	Palliative
Frequency and number of cycles	Amivantamab in combination with pemetrexed and carboplatin repeated every 21 days for 4 cycles. followed by Maintenance pemetrexed in combination with amivantamab repeated every 21 days until loss of clinical benefit, unacceptable toxicity or patient choice, whichever is the sooner.
Monitoring Parameters	• **Virology screening:** All new patients referred for systemic anti-cancer treatment should be screened for hepatitis B and C and the result reviewed prior to the start of treatment. Patients not previously tested who are starting a new line of treatment, should also be screened for hepatitis B and C. Further virology screening will be performed following individual risk assessment and clinician discretion. • **Haematological parameters:** • **EDTA/DTPA** should be used to measure GFR prior to cycle 1. C+G may be used to estimate CrCl if there is a delay in obtaining EDTA result, must be>/=45ml/min. • If, during treatment, GFR is reduced by >10% from baseline, discuss with clinician. • Monitor **FBC, LFT's** and **U&E's** at baseline, day 1, day 8 and day 15 of cycle 1. Then at day 1 of subsequent cycles. • If WBC >3 and neuts >/=1.5 and PLT >/=100 proceed with treatment. • If blood parameters not met defer treatment 1 week. • **Hepatic impairment:** ○ **Amivantamab:** No formal studies of amivantamab in patients with hepatic impairment have been conducted. Based on population pharmacokinetic (PK) analyses, no dose adjustment is necessary for patients with mild hepatic impairment (total bilirubin ≤ ULN and AST > ULN) or (ULN < total bilirubin </= 1.5 x ULN). ○ Caution is required in patients with moderate (1.5×ULN < total bilirubin </= 3×ULN and any AST) or severe hepatic impairment (total bilirubin > 3 times ULN) as amivantamab has not been studied in this patient population. If treatment is started, patients should be monitored for adverse reactions with dose modifications as indicated. ○ **Carboplatin:** no dose adjustment required. ○ **Pemetrexed:** d/w consultant if bilirubin >1.5 x ULN and AST / ALT > 3 x ULN, or AST/ ALT >5 x ULN and liver involvement. No data available for pemetrexed. • **Renal impairment:** ○ **Pemetrexed** should not be given if CrCl <45ml/min. ○ **Amivantamab:** No formal studies have been conducted. Based on population pharmacokinetic (PK) analyses, no dose adjustment is necessary for patients with mild or moderate impairment. Caution is required in patients with severe renal impairment due to lack of data. If treatment is started, patients should be monitored for adverse reactions. • **Infusion-related reactions (IRR):** ○ **Amivantamab:** interrupt infusion at first sign of IRR, additional supportive medicinal products (e.g., additional glucocorticoids, antihistamine, antipyretics and antiemetics) should be administered as clinically indicated. For Grade 1-3 (mild-severe): Upon recovery of symptoms, resume infusion at 50% of the previous rate. If there are no additional symptoms, the rate may be increased per the recommended infusion rate. Patients should receive pre medication at the next dose. Pre medication following any grade of IRR should include dexamethasone 20mg IV and dexamethasone 8mg PO and consider dexamethasone 10mg IV on the subsequent dose. ○ Recurrent Grade 3 or Grade 4 (life-threatening): Permanently discontinue amivantamab.

- Amivantamab has a short expiry following reconstitution, it is recommended the first dose is prepared as close to administration as possible to maximise the likelihood of completing the infusion in the event of an IRR.

- **Carboplatin**
  - Mild/moderate reactions (grade 1-2): If symptoms resolve after treatment with hydrocortisone and chlorphenamine, the infusion may be restarted at 50% rate for 30 mins, then, if no further reaction, increase to 100% rate.
  - If symptoms do not resolve after treatment with hydrocortisone and chlorphenamine, do not restart the infusion. At consultant's discretion, patients may be rechallenged at a later date with additional prophylaxis. In the event of further reaction (grade 1-3), stop infusion and consider alternative treatment.
  - Severe (grade 3): Do not restart infusion. Consider alternative treatment.
  - Anaphylaxis (grade 4): Follow anaphylaxis protocol. Discontinue permanently and consider alternative treatment.
- **Management of adverse reactions and dose adjustments:**
- **Carboplatin and Pemetrexed:**
  - 1st dose reduction: pemetrexed 25% DR, Carboplatin AUC 4.
  - 2nd dose reduction: pemetrexed 50% DR, Carboplatin AUC 3.
  - If neuts <0.5 and/or PLT<50 dose reduce pemetrexed and carboplatin.
  - Febrile neutropenia >/= grade 3 (Neuts <1 and temp >38.3^{0}C or a sustained temperature of >/=38^{0}C for more than one hour) reduce pemetrexed and carboplatin.
  - Neurotoxicity >/= grade 2 d/w consultant. Discontinue pemetrexed and carboplatin if grade >/=3 neuropathy.
  - Diarrhoea >/= grade 3 reduce pemetrexed.
  - For cytotoxic related adverse events (other than N&V and alopecia, and those stated above), dose reduction of pemetrexed and/or carboplatin should be considered if grade 3 or 4 non-haematological toxicity or repeat appearance of grade 2. Delay until resolution of toxicity to </= grade 1.
  - Discontinue pemetrexed and/or carboplatin if a patient experiences any grade 3 or 4 toxicity after 2 dose reductions.
- **Amivantamab:** Patients with a baseline body weight of <80kg must receive 1400mg dose of amivantamab for weeks 1 to 4 and 1750mg from week 7, patients with a baseline body weight of >/=80kg must receive 1750mg dose of amivantamab for weeks 1 to 4 and 2100mg from week 7. Dose adjustment are not required for weight change's during treatment.
  - Amivantamab should be interrupted for Grade 3 or 4 adverse reactions until resolves to </= Grade 1 or baseline. If an interruption is 7 days or less, restart at the current dose, if longer than 7 days, it is recommended restarting at a reduced dose see table 1.
  - If treatment has been withheld for a prolonged period (4 weeks or longer), pre-medication as per cycle 1 should be given, including dexamethasone 8mg BD orally for 2 days prior to day 1 and dexamethasone 8mg PO and 20mg IV pre-med as prescribed on cycle 1, day 1.
  - If the treatment break is not related to treatment toxicity requiring a dose reduction then amivantamab needs to be split into D1 and 2 as per cycle 1.
  - If a patient experiences severe toxicity specifically related to pemetrexed, amivantamab can be continued as a single agent.
  - **Interstitial lung disease (ILD)** ILD or ILD-like adverse reactions (e.g. pneumonitis) have been reported in patients treated with amivantamab, including fatal events. Patients should be monitored for symptoms indicative of ILD/pneumonitis (e.g., dyspnoea, cough, fever). Amivantamab should be withheld if ILD or ILD-like adverse reactions (pneumonitis) is suspected. If the patient is confirmed to have ILD or ILD-like adverse reactions (e.g., pneumonitis), permanently discontinue.

	○ **Skin / nail reactions:** Rash (including dermatitis acneiform), pruritus, dry skin, and skin ulcer occurred in patients treated with amivantamab. Prophylactic treatment should commence on day 1 of treatment (see TTOs on prescription table). ○ Patients should be instructed to limit sun exposure during and for 2 months after amivantamab treatment. Patients should be advised to use broad-spectrum sunscreen (SPF >/=30) and to wear protective clothing to include sunglasses/sunhat. ○ For Grade 1-2 skin or nail reaction, supportive care should be initiated as clinically indicated; if there is no improvement after 2 weeks, dose reduction should be considered for persistent Grade 2 rash. ○ Patients presenting with severe rash that has an atypical appearance or distribution or lack improvement within 2 weeks should be referred promptly to a dermatologist. TEN has been reported with this treatment. ○ If Grade 3 or poorly tolerated Grade 2 skin or nail reaction occurs, supportive care should be initiated (systemic antibiotics and oral steroids), and interruption of amivantamab should be considered until the adverse reaction improves. Upon recovery to </= Grade 2, treatment should be resumed at a reduced dose. ○ For Grade 4 skin reactions permanently discontinue amivantamab. ○ **Keratitis:** Patients presenting with worsening eye symptoms should be referred to an ophthalmologist and should discontinue use of contact lenses until symptoms are evaluated. • **Common drug interactions (for comprehensive list refer to BNF/SPC):** ○ **Amivantamab:** no formal drug studies have been performed. ○ Avoid the use of live or live-attenuated vaccines while patients are taking amivantamab. ○ **Carboplatin and pemetrexed:** Concomitant nephrotoxic drugs, probenecid, penicillin, NSAIDs (see SPC). • **Missed dose:** If a planned dose is missed, the dose should be administered as soon as possible and the dosing schedule should be adjusted accordingly, maintaining the treatment interval. • **Driving and machinery:** Dizziness, fatigue and visual impairment have been reported in patients treated with amivantamab, if patients experience symptoms it is recommended that they do not drive or use machines until the effect subsides. • **Pregnancy and contraception:** Women of childbearing potential should use effective contraception and not consider pregnancy during treatment and men should be advised to use effective contraception and not to conceive children during treatment, please refer to the brand specific SPC for further guidance. Women of child bearing potential should use effective contraception during and for 3 months after cessation of amivantamab treatment. • Amivantamab contains polysorbate, which may cause allergic reactions. • **NOTES ON ADJUNCTIVE MEDICATION FOR PEMETREXED.** ○ **PRIOR to CYCLE 1:** The first Vitamin B12 (hydroxocobalamin) injection should be administered in the week preceding first cycle of chemotherapy and once every 3 cycles thereafter (can be given on the same day as pemetrexed). ○ **PRIOR to CYCLE 1:** Folic acid 400 micrograms PO OD should be started 7 days prior to the first dose of pemetrexed and continued until 21 days after last cycle of pemetrexed. ○ **FROM CYCLE 2**: Ensure dexamethasone pre-medication has been prescribed and taken prior to administering pemetrexed. NB do not prescribe prior to cycle 1 as they will receive dexamethasone pre-medication with amivantamab • **NOTES ON ADJUNCTIVE MEDICATION FOR AMIVANTAMAB.** ○ **PRIOR to CYCLE 1:** Ensure dexamethasone 8mg BD orally for 2 days prior to administration of the **first dose** of amivantamab has been prescribed and taken.
References	CDF list V1.402 accessed online 10.06.2026 SPC accessed online 10.06.2026 KMCC protocol LUN-024 V7 https://www.nejm.org/doi/suppl/10.1056/NEJMoa2306441/suppl_file/nejmoa2306441_protocol.pdf

NB for funding information, refer to CDF and NICE Drugs Funding List

Table 1: Recommended dose modifications of amivantamab for adverse reactions			
Dose at which the adverse reaction occurred	**Dose after 1st interruption for adverse reaction**	**Dose after 2nd interruption for adverse reaction**	**Dose after 3rd interruption for adverse reaction**
1050 mg	700 mg	350 mg	Discontinue
1400 mg	1050 mg	700 mg	
1750 mg	1400 mg	1050 mg	
2100 mg	1750 mg	1400 mg	

Cycle 1 only 21-day cycle:
Amivantamab dose is based on baseline weight - NO dose adjustment is required for changes in weight during treatment.

Day	Drug	Dose	Route	Infusion Duration	Administration
1	**Ensure dexamethasone pre-medication has been taken.**				
	PEMETREXED	**500mg/m^2**	IV	10 min	100ml Sodium Chloride 0.9% or 5% glucose. (diluent dependent on brand)
	Please ensure 30 minute break between Pemetrexed and Carboplatin administration				
	Dexamethasone*	20mg	IV	Bolus	Give 60 to 120 minutes prior to the amivantamab infusion.
	Dexamethasone*	8mg	PO	Stat	Give 60 minutes prior to amivantamab infusion
	Ondansetron	<75yrs 16mg >/= 75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	CARBOPLATIN	**AUC 5** **Dose = AUC X (GFR + 25)** Maximum dose 700mg	IV	30 mins	In glucose 5% 500ml
	Paracetamol	1g	PO	Stat	Give 30 to 60 minutes prior to amivantamab infusion
	Chlorphenamine	10mg	IV	Bolus	Give 15 to 30 minutes prior to amivantamab
	Due to the short expiry of amivantamab once reconstituted, nurses should check the expiry when starting the infusion and if the infusion is slowed, or restarted after an interruption				
	Baseline weight <80kg **AMIVANTAMAB**	**350mg**	IV	50ml/hr for 2 hours if no adverse reaction increase to 75ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Administer via peripheral access
	OR				
	Baseline weight >/= 80kg **AMIVANTAMAB**	**350mg**	IV	50ml/hr for 2 hours if no adverse reaction increase to 75ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Administer via peripheral access

Cycle 1 continued:

Day	Drug	Dose	Route	Infusion Duration	Administration
2	Dexamethasone*	10mg	IV	Bolus	Give 45 to 60 minutes prior to the amivantamab infusion.
	Paracetamol	1g	PO	Stat	Give 30 to 60 minutes prior to amivantamab infusion
	Chlorphenamine	10mg	IV	Bolus	Give 15 to 30 minutes prior to amivantamab
	Due to the short expiry of amivantamab once reconstituted, nurses should check the expiry when starting the infusion and if the infusion is slowed, or restarted after an interruption				
	Baseline weight <80kg AMIVANTAMAB	**1050mg**	IV	33ml/hr for 2 hours if no adverse reaction increase to 50ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Administer via peripheral access
	OR				
	Baseline weight >/= 80kg AMIVANTAMAB	**1400mg**	IV	25ml/hr for 2 hours if no adverse reaction increase to 50ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Administer via peripheral access
8	Dexamethasone*	10mg	IV	Bolus	Give 45 to 60 minutes prior to the amivantamab infusion.
	Paracetamol	1g	PO	Stat	Give 30 to 60 minutes prior to amivantamab infusion
	Chlorphenamine	10mg	IV	Bolus	Give 15 to 30 minutes prior to amivantamab
	Due to the short expiry of amivantamab once reconstituted, nurses should check the expiry when starting the infusion and if the infusion is slowed, or restarted after an interruption				
	Baseline weight <80kg AMIVANTAMAB	**1400mg**	IV	65ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Administer via peripheral access
	OR				
	Baseline weight >/= 80kg AMIVANTAMAB	**1750mg**	IV	65ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Administer via peripheral access

15	Dexamethasone*	10mg	IV	bolus	Give 45 to 60 minutes prior to the amivantamab infusion.
	Paracetamol	1g	PO	stat	Give 30 to 60 minutes prior to amivantamab infusion
	Chlorphenamine	10mg	IV	bolus	Give 15 to 30 minutes prior to amivantamab
	Due to the short expiry of amivantamab once reconstituted, nurses should check the expiry when starting the infusion and if the infusion is slowed, or restarted after an interruption				
	Baseline weight <80kg AMIVANTAMAB	**1400mg**	IV	85ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Can be administered via peripheral access or central line
	OR				
	Baseline weight >/= 80kg AMIVANTAMAB	**1750mg**	IV	85ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Can be administered via peripheral access or central line
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	4mg	PO	BD for 3 days starting day before next pemetrexed dose (cycle 2).	
	Dexamethasone	6mg	PO	OM for 2 days starting on day 3.	
	Doxycycline	100mg	PO	BD for the first 12 weeks of treatment. **Cycle 1 to 4 only.**	
	Cetraben Cream		topical	Apply daily and as required to the face and body avoiding the scalp.	
	Chlorhexidine gluconate solution	4%	topical	OD Use as wash for hands and feet once a day, to include fingernails and toenails. Continue for 12 months after starting treatment.	
	Hydrocortisone cream	1%	topical	Apply as directed to the affected area daily if rash occurs. Dispense on cycle 1 then only if required.	
	Folic acid	400 micrograms	PO	OD starting 7 days prior to first dose of pemetrexed and continue until 21 days after last cycle of pemetrexed. Dispense original pack (90 tablets). Dispense prior to cycle 1 at pre chemo appointment.	
	Vitamin B_{12} injection	1000 micrograms	IM	First dose in the week preceding cycle 1 then at every 3rd cycle. (PLT must be ≥50 for intramuscular injection). Dispense prior to cycle 1 at pre chemo appointment.	
	Metoclopramide	10mg	PO	Take 10mg up to 3 times a day as required Do not take for more than 5 days continuously	
	Loperamide	2mg-4mg	PO	Take 4mg (2 capsules) initially, then 2mg (1 capsule) after each loose stool when required. Maximum 16mg (8 capsules) a day. Dispense 30 capsules on **cycle 1** then only if required.	

*dexamethasone 10mg IV pre-med can be omitted from Cycle 1 day 8 (third dose of amivantamab).
NB: If treatment has been withheld for a prolonged period dexamethasone 8mg BD for 2 days prior to day 1 as well as dexamethasone 8mg PO and 20mg IV pre-med should be given as prescribed on cycle 1, day 1.

Cycle 2 only 21-day cycle:
Amivantamab dose is based on baseline weight - NO dose adjustment is required for changes in weight during treatment.

Day	Drug	Dose	Route	Infusion Duration	Administration
1	**Ensure dexamethasone pre-medication has been taken prior to administering pemetrexed.**				
	PEMETREXED	**500mg/m^2**	IV	10 min	100ml Sodium Chloride 0.9% or 5% glucose. (diluent dependent on brand)
	Please ensure 30 minute break between Pemetrexed and Carboplatin administration				
	Ondansetron	<75yrs 16mg >/= 75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	CARBOPLATIN	**AUC 5** **Dose = AUC X (GFR + 25)** Maximum dose 700mg	IV	30 mins	In glucose 5% 500ml
	Dexamethasone*	10mg	IV	Bolus	Give 45 to 60 minutes prior to the amivantamab infusion.
	Paracetamol	1g	PO	stat	Give 30 to 60 minutes prior to amivantamab infusion
	Chlorphenamine	10mg	IV	bolus	Give 15 to 30 minutes prior to amivantamab
	Due to the short expiry of amivantamab once reconstituted, nurses should check the expiry when starting the infusion and if the infusion is slowed, or restarted after an interruption				
	Baseline weight <80kg **AMIVANTAMAB**	**1400mg**	IV	125ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Can be administered via peripheral access or central line
	OR				
	Baseline weight >/= 80kg **AMIVANTAMAB**	**1750mg**	IV	125ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Can be administered via peripheral access or central line

Cycle 2 continued:

TTO	Drug	Dose	Route	Directions
Day 1	Dexamethasone	4mg	PO	BD for 3 days starting day before next pemetrexed dose.
	Doxycycline	100mg	PO	BD For the first 12 weeks of treatment. **Cycle 1 to 4 only.**
	Cetraben Cream		topical	Apply daily and as required to the face and body avoiding the scalp.
	Chlorhexidine gluconate solution	4%	topical	OD Use as wash for hands and feet once a day, to include fingernails and toenails. Continue for 12 months after starting treatment.
	Hydrocortisone cream	1%	topical	Apply as directed to the affected area daily if rash occurs. Dispense on cycle 1 then only if required.
	Folic acid	400 micrograms	PO	OD starting 7 days prior to first dose of pemetrexed and continue until 21 days after last cycle of pemetrexed. Dispense original pack (90 tablets).
	Vitamin B_{12} injection	1000 micrograms	IM	First dose in the week preceding cycle 1 then at every 3rd cycle. (PLT must be ≥50 for intramuscular injection)
	Metoclopramide	10mg	PO	Take 10mg up to 3 times a day as required Do not take for more than 5 days continuously
	Loperamide	2mg-4mg	PO	Take 4mg (2 capsules) initially, then 2mg (1 capsule) after each loose stool when required. Maximum 16mg (8 capsules) a day. Dispense 30 capsules on **cycle 1** then only if required.

*dexamethasone 10mg IV pre-med can be omitted from Cycle 1 day 8 (third dose of amivantamab).

If treatment has been withheld for a prolonged period dexamethasone 8mg BD for 2 days prior to day 1 as well as dexamethasone 8mg PO and 20mg IV pre-med should be given as prescribed on cycle 1, day 1.

Cycle 3 and Cycle 4 repeat every 21 days:
Amivantamab dose is based on baseline weight - NO dose adjustment is required for changes in weight during treatment.

Day	Drug	Dose	Route	Infusion Duration	Administration
1	**Ensure dexamethasone pre-medication has been taken prior to administering pemetrexed.**				
	PEMETREXED	**500mg/m^2**	IV	10 min	100ml Sodium Chloride 0.9% or 5% glucose. (diluent dependent on brand)
	Please ensure 30 minute break between Pemetrexed and Carboplatin administration				
	Ondansetron	<75yrs 16mg >/= 75yrs 8mg	IV	15 min	Sodium chloride 0.9% 50ml
	CARBOPLATIN	**AUC 5** **Dose = AUC X (GFR + 25)** Maximum dose 700mg	IV	30 mins	In glucose 5% 500ml
	Dexamethasone*	10mg	IV	bolus	Give 45 to 60 minutes prior to the amivantamab infusion.
	Paracetamol	1g	PO	stat	Give 30 to 60 minutes prior to amivantamab infusion
	Chlorphenamine	10mg	IV	bolus	Give 15 to 30 minutes prior to amivantamab
	Due to the short expiry of amivantamab once reconstituted, nurses should check the expiry when starting the infusion and if the infusion is slowed, or restarted after an interruption				
	Baseline weight <80kg **AMIVANTAMAB**	**1750mg**	IV	125ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Can be administered via peripheral access or central line
	OR				
	Baseline weight >/= 80kg **AMIVANTAMAB**	**2100mg**	IV	125ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Can be administered via peripheral access or central line

*dexamethasone 10mg IV pre-med can be omitted from Cycle 1 day 8 (third dose of amivantamab).

If treatment has been withheld for a prolonged period dexamethasone 8mg BD for 2 days prior to day 1 as well as dexamethasone 8mg PO and 20mg IV pre-med should be given as prescribed on cycle 1, day 1.

TTOs Cycles 3 and 4

TTO	Drug	Dose	Route	Directions
Day 1	Dexamethasone	4mg	PO	BD for 3 days starting day before next pemetrexed dose.
	Doxycycline	100mg	PO	BD for the first 12 weeks of treatment. **Cycle 1 to 4 only.**
	Cetraben Cream		topical	Apply daily and as required to the face and body avoiding the scalp.
	Chlorhexidine gluconate solution	4%	topical	OD Use as wash for hands and feet once a day, to include fingernails and toenails. Continue for 12 months after starting treatment.
	Hydrocortisone cream	1%	topical	Apply as directed to the affected area daily if rash occurs. Dispense on cycle 1 then only if required.
	Folic acid	400 micrograms	PO	OD starting 7 days prior to first dose of pemetrexed and continue until 21 days after last cycle of pemetrexed. Dispense original pack (90 tablets).
	Vitamin B_{12} injection	1000 micrograms	IM	First dose in the week preceding cycle 1 then at every 3rd cycle. (PLT must be ≥50 for intramuscular injection)
	Metoclopramide	10mg	PO	Take 10mg up to 3 times a day as required Do not take for more than 5 days continuously
	Loperamide	2mg-4mg	PO	Take 4mg (2 capsules) initially, then 2mg (1 capsule) after each loose stool when required. Maximum 16mg (8 capsules) a day. Dispense 30 capsules on **cycle 1** then only if required.

Cycle 5 onwards repeat every 21 days:
Amivantamab dose is based on baseline weight - NO dose adjustment is required for changes in weight during treatment.

Day	Drug	Dose	Route	Infusion Duration	Administration
1	**Ensure dexamethasone pre-medication has been taken prior to administering pemetrexed.**				
	PEMETREXED	**500mg/m²**	IV	10 min	100ml Sodium Chloride 0.9% or 5% glucose. (diluent dependent on brand)
	Dexamethasone*	10mg	IV	bolus	Give 45 to 60 minutes prior to the amivantamab infusion.
	Paracetamol	1g	PO	stat	Give 30 to 60 minutes prior to amivantamab infusion
	Chlorphenamine	10mg	IV	bolus	Give 15 to 30 minutes prior to amivantamab
	Due to the short expiry of amivantamab once reconstituted, nurses should check the expiry when starting the infusion and if the infusion is slowed, or restarted after an interruption				
	Baseline weight <80kg AMIVANTAMAB	**1750mg**	IV	125ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Can be administered via peripheral access or central line
	OR				
	Baseline weight >/= 80kg AMIVANTAMAB	**2100mg**	IV	125ml/hr	In 250ml 0.9% sodium chloride Via a 0.2micron in line filter Prime administration set and filter with 0.9% sodium chloride. Can be administered via peripheral access or central line
TTO	Drug	Dose	Route	Directions	
Day 1	Dexamethasone	4mg	PO	BD for 3 days starting day before next pemetrexed dose.	
	Clindamycin scalp application	1%	topical	Apply OD **at bedtime** for 9 months. Commence after 12-week oral anti-biotic treatment completed. Dispense from **Cycle 5.**	
	Cetraben Cream		topical	Apply daily and as required to the face and body avoiding the scalp.	
	Chlorhexidine gluconate solution	4%	topical	OD Use as wash for hands and feet once a day, to include fingernails and toenails. Continue for 12 months after starting treatment.	
	Folic acid	400 micrograms	PO	OD starting 7 days prior to first dose of pemetrexed and continue until 21 days after last cycle of pemetrexed. Dispense original pack (90 tablets).	
	Vitamin B_{12} injection	1000 micrograms	IM	First dose in the week preceding cycle 1 then at every 3rd cycle. (PLT must be ≥50 for intramuscular injection)	
	Hydrocortisone cream	1%	topical	Apply as directed to the affected area daily if rash occurs. Dispense on cycle 1 then only if required.	

Metoclopramide	10mg	PO	Take 10mg up to 3 times a day as required Do not take for more than 5 days continuously
Loperamide	2mg-4mg	PO	Take 4mg (2 capsules) initially, then 2mg (1 capsule) after each loose stool when required. Maximum 16mg (8 capsules) a day. Dispense 30 capsules on **cycle 1** then only if required.

*dexamethasone 10mg IV pre-med can be omitted from Cycle 1 day 8 (third dose of amivantamab).

If treatment has been withheld for a prolonged period dexamethasone 8mg BD for 2 days prior to day 1 as well as dexamethasone 8mg PO and 20mg IV pre-med should be given as prescribed on cycle 1, day 1.