Chemotherapy Protocol

LUNG CANCER – NON-SMALL CELL (NSCLC)

AMIVANTAMAB-CARBOPLATIN-PEMETREXED

Regimen

- NSCLC – Amivantamab-Carboplatin (AUC5)-Pemetrexed

Indication

- Treatment of adult patients with advanced NSCLC with EGFR exon 19 deletions or exon 21 L858R substitution mutations after failure of prior therapy including an EGFR tyrosine kinase inhibitor (TKI) (private setting).
- First-line treatment of adult patients with advanced NSCLC with activating EGFR exon 20 insertion mutations (NICE TA1158).
- WHO ECOG Performance status 0 to 1
- Palliative intent

Toxicity

Drug	Adverse Effect
Carboplatin	Neuropathy, thrombocytopenia
Pemetrexed	Diarrhoea, skin reactions, neuropathy
Amivantamab	Infusion related reactions, Interstitial lung disease (ILD), pulmonary embolism, Skin and nail reactions, ocular toxicities.

The adverse effects listed are not exhaustive. Please refer to the relevant Summary of Product Characteristics for full details.

Monitoring

Disease

- A baseline chest x-ray should be performed before starting treatment and up to date (ideally within 1 month) cross section imaging should also be performed
- EGFR mutation status in tumour tissue or plasma specimens must be established using a validated test method.
- Routine screening for HBsAg, anti-HBc and anti-HBs is recommended prior to initiation of treatment. Prophylaxis should be determined according to individual risk and institutional policy.

Regimen

- FBC, LFTs and U&Es before each cycle
- A chest x-ray should be performed before each cycle or as clinically indicated

Dose Modifications

The dose modifications listed are for haematological, liver and renal function only. Dose adjustments may be necessary for other toxicities as well.

In principle all dose reductions due to adverse drug reactions should not be re-escalated in subsequent cycles without consultant approval. It is also a general rule for chemotherapy that if a third dose reduction is necessary treatment should be stopped.

Please discuss all dose reductions / delays with the relevant consultant before prescribing, if appropriate. The approach may be different depending on the clinical circumstances. The following is a general guide only.

Haematology

Prior to prescribing cycle one the following treatment criteria must be met;

Criteria	Eligible Level
Neutrophil	Greater than or equal to $1.5x10^9$/L (unless due to bone marrow impairment)
Platelets	Greater than or equal to $100x10^9$/L (unless due to bone marrow impairment

Consider blood transfusion if patient symptomatic of anaemia or has a haemoglobin of less than 8g/dL

Subsequently, if the neutrophils are less than $1.5x10^9$/L in the first instance delay treatment for 7 days. If counts recover at this point continue at the initial dose. If counts still fall within this range continue using a 20% dose reduction. If the myelosuppression recurs despite this dose reduction then stop treatment.

If the platelets are less than $100x10^9$/L, in the first instance, delay treatment for 7 days. If the counts recover at this point continue at the initial dose. If the counts still fall within this range continue using a 20% dose reduction. If the platelet level falls below $50x10^9$/L reduce the dose by 50%.

Hepatic Impairment

Drug	Recommendation
Carboplatin	No dose reduction necessary
Pemetrexed	Clinical decision
Amivantamab	No information available in patients with moderate or severe hepatic impairment, use with caution

Renal Impairment

Drug	Creatinine Clearance (ml/min)	Dose (% of original dose)
Carboplatin		Significant changes in GFR (of more than 10%) may require dose adjustment

		Do not administer if the CrCl is less than 20ml/min
Pemetrexed	<45ml/min	Consider dose reduction
Amivantamab	<30ml/min	No information available in patients with severe kidney dysfunction, clinical decision

Other toxicities

Mucositis and stomatitis	**Actions**
Grade 2	Delay treatment until toxicity has resolved to Grade 1 or less and reduce the dose for subsequent cycles as follows: 1 occurrence: No dose reduction 2 occurrence: Reduce pemetrexed by 25% 3 occurrence: Reduce pemetrexed by 50% 4 occurrence: Omit pemetrexed
Grade 3 or 4	Delay treatment until toxicity has resolved to Grade 1 or less and reduce the dose for subsequent cycles as follows: 1 occurrence: Reduce pemetrexed by 50% 2 occurrence: Omit pemetrexed
Diarrhoea	**Actions**
Grade 2	Delay treatment until toxicity has resolved to Grade 1 or less and reduce doses for subsequent cycles as follows: 1 occurrence: No dose reduction 2 occurrence: Reduce pemetrexed and carboplatin by 25% 3 occurrence: Reduce pemetrexed and carboplatin by 50% 4 occurrence: Omit pemetrexed and carboplatin
Grade 3 or 4	Delay treatment until toxicity has resolved to Grade 1 or less and reduce doses for subsequent cycles as follows: 1 occurrence: Reduce pemetrexed and carboplatin by 50% 2 occurrence: Omit pemetrexed and carboplatin
Persistent Grade 3 or 4	Consider withholding amivantamab until symptoms resolve to Grade 1 or baseline. If diarrhoea reoccurs or does not improve with supportive care, consider dose reduction of amivantamab to the next lower dose level
Acneiform Rash / paronychia	**Actions**
Grade 1	Supportive care measures for symptomatic relief
Grade 2	Supportive care measures for symptomatic relief including topical corticosteroids and topical and/or oral antibiotics.

	For poorly tolerated Grade 2, add systemic antibiotics and oral corticosteroids and consider dermatology consultation. If rash does not improve after 2 weeks, consider dose reduction of amivantamab to the next lower dose level based on severity and reoccurrence
Grade 3	Supportive care measures for symptomatic relief as for poorly tolerated Grade 2, prompt referral to a dermatologist. Withhold amivantamab until toxicity has resolved to Grade 0 to 2. Resume amivantamab at the next lower dose level If rash NOT resolved to Grade 0 to 2 within 2 weeks, permanently discontinue amivantamab
Grade 4	Permanently discontinue amivantamab
Interstitial lung disease / Pneumonitis	**Actions**
Suspected ILD/ pneumonitis	Withhold treatment
Confirmed ILD/ pneumonitis	Permanently discontinue amivantamab
Oedema	**Actions**
Grade 1 to 2	No dose adjustment required for amivantamab, institute supportive care measures
Grade 3 to 4	Institute supportive care measures and consider treatment delay until symptoms resolve to baseline or Grade 1, recommence amivantamab at the next lower dose level
Other toxicities	**Actions**
Grade 3	Treat symptoms. Delay treatment until toxicity has resolved to Grade 0 to 1 or baseline and consider resuming amivantamab as follows: If recovery within 1 week: consider resuming amivantamab at the same dose If recovery within 1 to 4 weeks: consider resuming amivantamab at the next lower dose level If NOT recovered to Grade 0 to 1 within 4 weeks: permanently discontinue amivantamab
Grade 4	Treat symptoms. Delay treatment until toxicity has resolved to Grade 0 to 1 or baseline and consider resuming amivantamab as follows: If recovery within 4 weeks: consider resuming amivantamab at next lower dose level If NOT recovered to Grade 0 to 1 within 4 weeks: permanently discontinue amivantamab If recurrent Grade 4 reactions, permanently discontinue amivantamab

Amivantamab dose reductions for toxicities

Dose level at occurrence	1050mg	1400mg	1750mg	2100mg
First dose reduction	700mg	1050mg	1400mg	1750mg
Second dose reduction	350mg	700mg	1050mg	1400mg

Regimen

The starting dose of carboplatin AUC5 is used with calculated GFR. EDTA clearance may be considered, seek advice from the appropriate consultant before prescribing. The recommended maximum dose when using a calculated creatinine clearance at AUC5 is 750mg. This will be set as 790mg in ARIA to comply with national dose bands. If you have an obese patient or an individual with a calculated creatinine clearance above 125ml/min please seek advice from the relevant consultant.

It should be noted that the dose of carboplatin may need to be altered if there is a change (improvement or reduction) in renal function of more than 10% from the previous cycle.

The amivantamab has fixed doses based on the patient's baseline weight. Dose adjustments are NOT required for subsequent body weight changes

21 day cycle for 4 cycles, followed by maintenance pemetrexed + amivantamab until disease progression or unacceptable toxicity occurs (12 cycles will be set on Aria)

Cycle 1

Drug	Days	Dose		Administration
		<80kg	>=80kg	
Pemetrexed	1	500mg/m^2		Intravenous infusion in 100ml glucose 5% or sodium chloride 0.9% over 10 minutes
Carboplatin	1	AUC 5		Intravenous infusion in 500ml glucose 5% over 1 hour
Amivantamab	1	350mg	350mg	Intravenous infusion in 250ml sodium chloride 0.9% starting at 50ml/h, increasing to 75ml/h after 2 hours in the absence of IRRs
	2	1050mg	1400mg	Intravenous infusion in 250ml sodium chloride 0.9% starting at 25ml/h, increasing to 50ml/h after 2 hours in the absence of IRRs
	8	1400mg	1750mg	Intravenous infusion in 250ml sodium chloride 0.9% over 4 hours
	15	1400mg	1750mg	Intravenous infusion in 250ml sodium chloride 0.9% over 3 hours

Cycle 2

Drug	Days	Dose		Administration
		<80kg	>=80kg	
Pemetrexed	1	500mg/m^2		Intravenous infusion in 100ml glucose 5% or sodium chloride 0.9% over 10 minutes
Carboplatin	1	AUC 5		Intravenous infusion in 500ml glucose 5% over 1 hour
Amivantamab	1	1400mg	1750mg	Intravenous infusion in 250ml sodium chloride 0.9% over 2 hours

Cycle 3-4

Drug	Days	Dose		Administration
		<80kg	>=80kg	
Pemetrexed	1	500mg/m^2		Intravenous infusion in 100ml glucose 5% or sodium chloride 0.9% over 10 minutes
Carboplatin	1	AUC 5		Intravenous infusion in 500ml glucose 5% over 1 hour
Amivantamab	1	1750mg	2100mg	Intravenous infusion in 250ml sodium chloride 0.9% over 2 hours

Cycle 5 onwards

Drug	Days	Dose		Administration
		<80kg	>=80kg	
Pemetrexed	1	500mg/m^2		Intravenous infusion in 100ml glucose 5% or sodium chloride 0.9% over 10 minutes
Amivantamab	1	1750mg	2100mg	Intravenous infusion in 250ml sodium chloride 0.9% over 2 hours

Dose Information

- Carboplatin will be dose banded according to the national dose band (10mg/ml)
- The maximum dose will be set at 790mg to comply with national dose bands
- Pemetrexed will be dose banded in accordance with the national dose bands
- Amivantamab doses are based on patient's baseline weight and do not require adjustments for subsequent body weight changes

- If a dose of Amivantamab is delayed for more than 28 days, it is recommended to restart the treatment with the weekly dosing regimen, using the two-day split dose the patient received on cycle 1 day 1 and day 2 with associated required premedications.

Administration Information

- Pemetrexed may be administered in 100ml of either glucose 5% or sodium chloride 0.9% over 10 minutes.
- Carboplatin should be administered 30 minutes after the end of the pemetrexed infusion.
- Amivantamab should be administered after pemetrexed and carboplatin. Due to the frequency of IRRs at the first dose, amivantamab **should be infused via a peripheral vein at Week 1 and Week 2**; infusion via a central line may be administered for subsequent weeks when the risk of IRR is lower. Do not infuse Amivantamab at the same time/in the same IV line as other agents. The administration set with filter must be primed with either 5% glucose solution or 0.9% sodium chloride solution prior to the initiation of each Amivantamab infusion.
- In the event of IRR during Amivantamab infusion, stop the infusion, inform the medical team and administer the symptomatic PRN medication, then monitor closely until IRR signs and symptoms resolve. Once symptoms resolve, restart the infusion at 50% of the infusion rate at the time the reaction occurred. This can be re-escalated to the previous rate if no signs or symptoms of IRR are observed after 30 minutes.
- **In the event of Grade 4 or Recurrent Grade 3 IRRs**, amivantamab should be permanently discontinued.

Pre-medications

Amivantamab should have the following premedication administered to reduce the risk of infusion reactions:

Pre-medication	Cycle 1				Cycle 2	Cycle 3-4	Cycle 5 onwards
	Days -2; -1	Day 1	Day 2	Days 8; 15			
Dexamethasone 8mg PO BD	√						
Dexamethasone 8mg PO STAT (60 minutes before amivantamab)		√*					
Dexamethasone 20mg intravenous (60 minutes before amivantamab)		√*					
Dexamethasone 10mg intravenous (60 minutes before amivantamab)			√				

Paracetamol 1000mg oral (30-60 minutes before)		√	√	√	√	√	√
Chlorphenamine 10mg intravenous (15-30 minutes before)		√	√	√	√	√	√

*** Dexamethasone premedication is required at subsequent doses in the event of an IRR with previous dose**

Extravasation

- Carboplatin – irritant
- Pemetrexed – inflammitant
- Amivantamab - neutral

Additional Therapy

- Folic acid 5mg once daily starting 1 – 2 weeks prior to and continuing for three weeks after the last dose of pemetrexed.
- Hydroxocobalamin intramuscular injection 1mg every three months starting 1 – 2 weeks prior to pemetrexed.
- Antiemetics
  - 15-30 minutes prior to chemotherapy:
    - ondansetron 8mg oral or intravenous
    - Ensure the patient has taken the oral dexamethasone starting the day before pemetrexed. On the occasions where individuals attend for treatment and have forgotten to take the dexamethasone pre-medication administer dexamethasone 20mg intravenous 15-30 minutes before chemotherapy.
  - As take home medication:
    - dexamethasone 4mg twice a day oral for 3 days starting the day before chemotherapy is due **(starting with cycle 2)**
    - metoclopramide 10mg three times a day when required
- As required for the treatment of infusion related reactions:
    - chlorphenamine 10mg intravenous
    - hydrocortisone 100mg intravenous
    - paracetamol 1000mg oral
- Gastric protection with a proton pump inhibitor or a H_2 antagonist may be considered in patients considered at high risk of GI ulceration or bleed
- Prophylactic antibiotics can be considered if required

Additional Information

Consideration should be given to draining pleural or peritoneal effusions prior to pemetrexed administration

References

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2. Johnson&Johnson **Rybrevant ® (amivantamab) in combination with Carboplatin and Pemetrexed Formulary Pack.** 2025.
3. Johnson&Johnson. **Rybrevant (amivantamab) 350mg concentrate for solution for infusion Summary of Product Characteristics**. Electronic Medicines Compendium [Internet]. 2025. Available from: https://www.medicines.org.uk/emc/product/13084/smpc.
4. Hospira UK Limited **Carboplatin 10 mg/ml Intravenous Infusion Summary of Product Characteristics.** Electronic Medicines Compendium [Internet]. 2025. Available from: https://www.medicines.org.uk/emc/product/3787/smpc
5. Genus Pharmaceuticals. **Pemetrexed 25 mg/ml concentrate for solution for infusion Summary of Product Characteristics.** Electronic Medicines Compendium [Internet]. 2023. Available from: https://www.medicines.org.uk/emc/product/12684/smpc
6. NICE National Institute for Health and Care Excellence, **Amivantamab with carboplatin and pemetrexed for untreated EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer: Technology Appraisal guidance TA1158.** Published 28th May 2026

REGIMEN SUMMARY

Amivantamab-Carboplatin (AUC5)-Pemetrexed

Cycle 1 Amivantamab+Pemetrexed premeds (under support regimens on Aria) *

Day Minus Seven

1. Hydroxocobalamin 1000mcg intramuscular injection

Take Home Medicines

1. Dexamethasone 8mg twice a day oral
   Administration Instructions:
   Take 8mg TWICE a day (morning and lunchtime) for TWO days, starting 2 days before your treatment (days -2 and -1)

2. Folic acid 5mg once daily oral
   Administration Instructions:
   Start ONE week before commencing your treatment. Please supply 28 tablets

***The above medicines will not show as part of this protocol on Aria and must be prescribed separately (available under the "Favourites – Support – Pemetrexed support" regimens on Aria) in the pre-assessment or consent clinic, 1 week before the planned start of the treatment.**

Cycle 1

Day One

3. Dexamethasone 8mg oral
   Administer 60 minutes prior to Amivantamab.

4. Ondansetron 8mg oral or intravenous
   Administration Instructions
   Administer 15-30 minutes prior to SACT. Administer ondansetron 8mg intravenous if required

5. Pemetrexed 500mg/m^2 intravenous infusion in 100ml glucose 5% or sodium chloride 0.9% over 10 minutes

6. Dexamethasone 20mg intravenous
   Administer 60 minutes prior to Amivantamab.

7. Paracetamol 1000mg oral
   Administer 30-60 minutes prior to Amivantamab.

8. Chlorphenamine 10mg intravenous
   Administer 15-30 minutes prior to Amivantamab.

9. Carboplatin AUC 5 intravenous infusion in 500ml glucose 5% over 1 hour
   Administration Instructions:
   Start 30 minutes after the end of the pemetrexed infusion. The dose of carboplatin is capped at a creatinine clearance of 125ml/min. The internationally recommended maximum dose of carboplatin for AUC 5 is 750mg. The national dose bands do not contain this dose, so the cap has been set at 790mg on ARIA. Please check this dose is appropriate for your patient.

10. Amivantamab 350mg Intravenous infusion in 250ml sodium chloride 0.9% Cycle 1 day 1
    Admin Instructions:
    Administer via a peripheral vein. Start the infusion rate at 50ml/h, increasing to 75ml/h after 2 hours in the absence of IRRs

11. Chlorphenamine 10mg intravenous when required for the treatment of infusion related reactions

12. Hydrocortisone sodium succinate 100mg intravenous when required for the treatment of infusion related reactions

13. Paracetamol 1000mg oral when required for the relief of infusion related reactions
    Admin Instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses

Take Home Medicines

14. Dexamethasone 4mg twice a day oral for 3 days
    Take 4mg twice a day (morning and lunchtime), on the day before, day of and day after the next pemetrexed infusion

15. Metoclopramide 10mg three times a day when required oral
    Administration Instructions
    Please supply 21 tablets or an original pack as appropriate

16. Folic acid 5mg once daily oral
    Administration Instructions:
    Please supply 21 tablets or an original pack as appropriate

Day Two

17. Dexamethasone 10mg intravenous
    Administer 60 minutes prior to Amivantamab.

18. Paracetamol 1000mg oral
    Administer 30-60 minutes prior to Amivantamab.

19. Chlorphenamine 10mg intravenous
    Administer 15-30 minutes prior to Amivantamab.

20. Amivantamab Intravenous infusion in 250ml sodium chloride 0.9% Cycle 1 day 2
    Prescribed dose for this patient: ……
    The dose is **1050mg** when patient's baseline weight is below 80kg or **1400mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing
    Administer via a peripheral vein. Start the infusion rate at 25ml/h, increasing to 50ml/h after 2 hours in the absence of IRRs

21. Chlorphenamine 10mg intravenous when required for the treatment of infusion related reactions

22. Hydrocortisone sodium succinate 100mg intravenous when required for the treatment of infusion related reactions

23. Paracetamol 1000mg oral when required for the relief of infusion related reactions
    Admin Instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses

Day Eight

24. Paracetamol 1000mg oral
    Administer 30-60 minutes prior to Amivantamab.

25. Chlorphenamine 10mg intravenous
    Administer 15-30 minutes prior to Amivantamab.

26. Amivantamab Intravenous infusion in 250ml sodium chloride 0.9% Cycle 1 day 8
    Prescribed dose for this patient: ……
    The dose is **1400mg** when patient's baseline weight is below 80kg or **1750mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing.
    Administer over 4 hours via a peripheral vein.

27. Chlorphenamine 10mg intravenous when required for the treatment of infusion related reactions

28. Hydrocortisone sodium succinate 100mg intravenous when required for the treatment of infusion related reactions

29. Paracetamol 1000mg oral when required for the relief of infusion related reactions
    Admin Instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses

Day Fifteen

30. Paracetamol 1000mg oral
    Administer 30-60 minutes prior to Amivantamab.

31. Chlorphenamine 10mg intravenous
    Administer 15-30 minutes prior to Amivantamab.

32. Amivantamab Intravenous infusion in 250ml sodium chloride 0.9% Cycle 1 day 15
    Prescribed dose for this patient: ……
    The dose is **1400mg** when patient's baseline weight is below 80kg or **1750mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing.
    Administer over 3 hours.

33. Chlorphenamine 10mg intravenous when required for the treatment of infusion related reactions

34. Hydrocortisone sodium succinate 100mg intravenous when required for the treatment of infusion related reactions

35. Paracetamol 1000mg oral when required for the relief of infusion related reactions
    Admin Instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses

Cycle 2

Day Minus One

36. Dexamethasone 4mg twice a day oral (from TTO)

Day One

37. Dexamethsone 4mg twice a day oral (from TTO)

38. Ondansetron 8mg oral or intravenous
    Administration Instructions
    Administer 15-30 minutes prior to SACT. Administer ondansetron 8mg intravenous if required

39. Pemetrexed 500mg/m^2 intravenous infusion in 100ml glucose 5% or sodium chloride 0.9% over 10 minutes

40. Paracetamol 1000mg oral
    Administer 30-60 minutes prior to Amivantamab.

41. Chlorphenamine 10mg intravenous
    Administer 15-30 minutes prior to Amivantamab.

    Carboplatin AUC 5 intravenous infusion in 500ml glucose 5% over 1 hour
    Administration Administration Instructions:
    Start 30 minutes after the end of the pemetrexed infusion. The dose of carboplatin is capped at a creatinine clearance of 125ml/min. The internationally recommended maximum dose of carboplatin for AUC 5 is 750mg. The national dose bands do not contain this dose, so the cap has been set at 790mg on ARIA. Please check this dose is appropriate for your patient.

42. Amivantamab Intravenous infusion in 250ml sodium chloride 0.9% Cycle 2
    Prescribed dose for this patient: ……
    The dose is **1400mg** when patient's baseline weight is below 80kg or **1750mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing.
    Administer over 2 hours.

43. Chlorphenamine 10mg intravenous when required for the treatment of infusion related reactions

44. Hydrocortisone sodium succinate 100mg intravenous when required for the treatment of infusion related reactions

45. Paracetamol 1000mg oral when required for the relief of infusion related reactions
    Admin Instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses

Take Home Medicines

46. Dexamethasone 4mg twice a day oral for 3 days
    Take 4mg twice a day (morning and lunchtime), on the day before, day of and day after the next pemetrexed infusion

47. Metoclopramide 10mg three times a day when required oral
    Administration Instructions
    Please supply 21 tablets or an original pack as appropriate

48. Folic acid 5mg once daily oral
    Please supply 28 tablets or an original pack as appropriate

Cycle 3 - 4

Day Minus One

49. Dexamethasone 4mg twice a day oral (from TTO)

Day One

50. Dexamethsone 4mg twice a day oral (from TTO)

51. Ondansetron 8mg oral or intravenous
    Administration Instructions
    Administer 15-30 minutes prior to SACT. Administer ondansetron 8mg intravenous if required

52. Pemetrexed 500mg/m^2 intravenous infusion in 100ml glucose 5% or sodium chloride 0.9% over 10 minutes

53. Paracetamol 1000mg oral
    Administer 30-60 minutes prior to Amivantamab.

54. Chlorphenamine 10mg intravenous
    Administer 15-30 minutes prior to Amivantamab.

55. Carboplatin AUC 5 intravenous infusion in 500ml glucose 5% over 1 hour
    Administration Instructions:
    Start 30 minutes after the end of the pemetrexed infusion. The dose of carboplatin is capped at a creatinine clearance of 125ml/min. The internationally recommended maximum dose of carboplatin for AUC 5 is 750mg. The national dose bands do not contain this dose, so the cap has been set at 790mg on ARIA. Please check this dose is appropriate for your patient..

56. Amivantamab Intravenous infusion in 250ml sodium chloride 0.9% Cycle 3+
    Prescribed dose for this patient: ……
    The dose is **1750mg** when patient's baseline weight is below 80kg or **2100mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing.
    Administer over 2 hours.

57. Chlorphenamine 10mg intravenous when required for the treatment of infusion related reactions

58. Hydrocortisone sodium succinate 100mg intravenous when required for the treatment of infusion related reactions

59. Paracetamol 1000mg oral when required for the relief of infusion related reactions
    Admin Instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses

Take Home Medicines

60. Dexamethasone 4mg twice a day oral for 3 days
    Take 4mg twice a day (morning and lunchtime), on the day before, day of and day after the next pemetrexed infusion

61. Metoclopramide 10mg three times a day when required oral
    Administration Instructions
    Please supply 28 tablets or an original pack as appropriate

62. Folic acid 5mg once daily oral
    Please supply 28 tablets or an original pack as appropriate

Cycle 5 onwards

Day Minus One

63. Dexamethasone 4mg twice a day oral (from TTO)

Day One

64. Dexamethsone 4mg twice a day oral (from TTO)

65. Ondansetron 8mg oral or intravenous
    Administration Instructions
    Administer 15-30 minutes prior to SACT. Administer ondansetron 8mg intravenous if required

66. Pemetrexed 500mg/m^2 intravenous infusion in 100ml glucose 5% or sodium chloride 0.9% over 10 minutes

67. Paracetamol 1000mg oral
    Administer 30-60 minutes prior to Amivantamab.

68. Chlorphenamine 10mg intravenous
    Administer 15-30 minutes prior to Amivantamab.

69. Amivantamab Intravenous infusion in 250ml sodium chloride 0.9% Cycle 3+
    Prescribed dose for this patient: ……
    The dose is **1750mg** when patient's baseline weight is below 80kg or **2100mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing.
    Administer over 2 hours.

70. Chlorphenamine 10mg intravenous when required for the treatment of infusion related reactions

71. Hydrocortisone sodium succinate 100mg intravenous when required for the treatment of infusion related reactions

72. Paracetamol 1000mg oral when required for the relief of infusion related reactions
    Admin Instructions:
    Please check if the patient has taken paracetamol. Maximum dose is 4g per 24 hours. There should be 4 hours between doses

Take Home Medicines

73. Dexamethasone 4mg twice a day oral for 3 days
    Take 4mg twice a day (morning and lunchtime), on the day before, day of and day after the next pemetrexed infusion

74. Metoclopramide 10mg three times a day when required oral
    Administration Instructions
    Please supply 28 tablets or an original pack as appropriate

75. Folic acid 5mg once daily oral
    Please supply 28 tablets or an original pack as appropriate

Hydroxocobalamin will not be included as part of the Aria regime and must be prescribed separately on the cycle for which it is due.
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DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.0	29/07/2026		Alexandre Guedes	Dr Luke Nolan

This chemotherapy protocol has been developed as part of the chemotherapy electronic prescribing project. This was and remains a collaborative project that originated from the former CSCCN. These documents have been approved on behalf of the following Trusts;

Hampshire Hospitals NHS Foundation Trust
NHS Isle of Wight
Portsmouth Hospitals NHS Trust
Salisbury Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Western Sussex Hospitals NHS Trust

All actions have been taken to ensure these protocols are correct. However, no responsibility can be taken for errors which occur as a result of following these guidelines.