Chemotherapy Protocol

LUNG CANCER – NON-SMALL CELL (NSCLC)

AMIVANTAMAB (SC) – LAZERTINIB

Regimen

- NSCLC –Amivantamab (SC)-Lazertinib

Indication

- Subcutaneous Amivantamab in combination with Lazertinib is indicated for the first-line treatment of adult patients with advanced non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations.
- WHO ECOG Performance status 0 to 1
- Palliative intent

Toxicity

Drug	Adverse Effect
Lazertinib	Interstitial lung disease (ILD), venous thromboembolism (VTE), Skin and nail reactions, ocular toxicities.
Amivantamab	Administration 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 anti-HIV, 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
- 12-lead ECG at baseline and before cycle 2, then as clinically indicated

- Echocardiogram at baseline then every 3 cycles (or as clinically indicated)
- A chest x-ray should be performed before each cycle or as clinically indicated

Dose Modifications

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.

Baseline inclusion criteria

Patients should meet following criteria before starting treatment:

- Haemoglobin ≥10 g/dL
- Neutrophils ≥1.5 x 109/L, without GSCF support
- Platelets ≥75 x 109/L
- ALT/AST ≤3 x upper limit of normal (ULN)
- Total bilirubin ≤1.5 x ULN
- creatinine clearance (CrCl) >45 mL/min/1.73 m2 or serum creatinine <1.5 x ULN

Haematology

Amivantamab plus Lazertinib are not myelosuppressive therefore dose modifications due to haematological parameters are not required.

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

Hepatic Impairment

Drug	Recommendation
Lazertinib	No information available in patients with severe hepatic impairment, use with caution
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)
Lazertinib		No dose adjustments required
Amivantamab	<30ml/min	No information available in patients with severe kidney dysfunction, clinical decision

Other toxicities

Venous Thromboembolic events (VTE)	**Actions**
Any grade	Treat with anticoagulation as clinically indicated. For VTE events associated with clinical instability treatment should be held until the patient is clinically stable, then both drugs can be resumed. In the event of recurrence despite appropriate anticoagulation, discontinue amivantamab or Lazertinib, at the consultant's discretion.
Administration related reactions (ARRs)	**Actions**
Grade 1-3	Pre-medications should be administered to reduce the risk of ARRs with Amivantamab SC formulation Amivantamab injection should be interrupted at the first sign of ARRs. Upon recovery of symptoms, resume Amivantamab SC injection Additional supportive medicinal products (e.g., additional glucocorticoids, antihistamine, antipyretics, and antiemetics) should be administered as clinically indicated Concomitant medicinal products should be administered at the next dose, including dexamethasone (20 mg) or equivalent (see Table 3 of the SmPC)
Recurrent Grade 3 or Grade 4	Permanently discontinue Amivantamab
Eye disorders / Keratitis	**Actions**
Any grade	Refer to ophthalmology. Discontinue use of contact lenses until symptoms are evaluated
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 there is no improvement after 2 weeks, consider dose reduction of amivantamab and/or lazertinib 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 and lazertinib until toxicity has resolved to Grade 0 to 2. Resume both medicines at the same dose or consider dose reduction, preferentially reducing the dose of

	amivantamab first. If no improvements observed within 2 weeks, permanently discontinue treatment
Grade 4	Permanently discontinue amivantamab, and withhold Lazertinib until recovery to at least grade 2 or baseline. Upon recovery resume Lazertinib at same dose or consider dose reduction
Interstitial lung disease / Pneumonitis	**Actions**
Suspected ILD/ pneumonitis	Withhold treatment
Confirmed ILD/ pneumonitis	Permanently discontinue Amivantamab and Lazertinib
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	Withhold Amivantamab and Lazertinib until the adverse reaction resolves to ≤ Grade 1 or baseline Resume one or both medicinal products, preferentially resuming Lazertinib first at a reduced dose unless the adverse reaction is strongly suspected to be related to Lazertinib Consider permanently discontinuing both drugs if recovery does not occur within 4 weeks

Amivantamab dose reductions for toxicities

Dose at which toxicity occurred	**2240mg**	**1600mg**
First dose reduction	1600mg	1050mg
Second dose reduction	1050mg	700mg
Third dose reduction	Permanently discontinue	

Lazertinib dose reductions for toxicities

Initial dose	**240mg once daily**
First dose reduction	160mg once daily
Second dose reduction	80mg once daily
Third dose reduction	Permanently discontinue

Regimen

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

28 day cycle until disease progression or unacceptable toxicity occurs (12 cycles will be set on Aria)

Cycle 1

Drug	Days	Dose		Administration
		<80kg	>=80kg	
Amivantamab subcutaneous injection	1	1600mg	2240mg	Subcutaneous injection into the abdomen over 5 minutes
	8	1600mg	2240mg	
	15	1600mg	2240mg	
	21	1600mg	2240mg	
Lazertinib	1	240mg once daily		Oral administration. It is recommended to be administered before Amivantamab injection when given on the same day

Cycle 2 onwards

Drug	Days	Dose		Administration
		<80kg	>=80kg	
Amivantamab subcutaneous injection	1	1600mg	2240mg	Subcutaneous injection into the abdomen over 5 minutes
	15	1600mg	2240mg	
Lazertinib tablets	1	240mg once daily		Oral administration. It is recommended to be administered before Amivantamab injection when given on the same day

Dose Information

- 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 missed between weeks 1 and 4 (cycle 1), it should be administered within 24 hours. If a dose is missed from week 5 onward, it should be administered within 7 days. Please refer to Amivantamab SC SPC for futher details.
- If a dose of Lazertinib is missed, it can be administered within 12 hours. If more than 12 hours have passed since the dose was due to be given, omit the missed dose and resume at the next dose as per the usual dosing schedule.

Administration Information

Pre-medications

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

Pre-medication	Cycle 1				Cycle 2 onwards	
	Day 1	Day 8	Day 15	Day 21	Day 1	Day 15
Dexamethasone 20mg (IV) (60 minutes before amivantamab)	√					
Dexamethasone 10mg (IV) (60 minutes before amivantamab)		√[1]	√[1]	√[1]	√[1]	√[1]
Paracetamol 1000mg oral (30-60 minutes before)	√	√	√	√	√	√
Chlorphenamine 10mg intravenous (15-30 minutes before)	√	√	√	√	√	√

[1] Dexamethasone 20mg premedication is required at subsequent doses in the event of an IRR with previous dose or high-risk patients with history of past IRRs

Extravasation

- Amivantamab - neutral

Additional Therapy

- VTE prophylaxis for the first 4 months of treatment
- Skin prophylaxis
    - Doxycycline 100mg BD for the first 4 cycles
    - 1% topical clindamycin lotion on the scalp daily from cycle 5 to 13
    - Chlorhexidine 4% topical solution for 12 months
    - Moisturising (alcohol-free) cream daily for 12 months

- 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
- Oral antiemetics (i.e. metoclopramide 10mg TDS PRN) may be considered when clinically indicated.

Additional Information

- The National Patient Safety Alert on oral chemotherapy (NPSA/2008/RRR001) must be followed in relation to Lazertinib

- It must be made clear to all staff, including those in the community, that Lazertinib should only be prescribed under the supervision of a consultant oncologist.

- Lazertinib is an inhibitor of BCRP transporter and partially metabolized by the Cytochrome P450 3A4 (CYP3A). Please refer to Summary of Product Characteristics (SmPC) to check relevant drug interactions (i.e., CYP3A inhibitors/inducers and P-gp/BCRP substrates and inhibitors) and recommended dose modifications.

- Patients should be instructed to limit sum exposure during and for 2 months after commencing amivantamab therapy. Protective clothing and use of broad-spectrum UVA/UVB sunscreen are advisable. It is recommended to apply alcohol-free emollient cream on dry areas of the skin and a prophylactic approach to rash prevention should be considered, including use of oral antibiotic for the first 12 weeks, followed by antibiotic lotion to the scalp for the next 9 months. Additionally, the use of chlorhexidine solution to wash ands and feet should be considered during the first 12 months of treatment

- Avoid use of live or live attenuated vaccines while patients are taking amivantamab. Women of child-bearing potential should use effective contraception during and for 3 months after cessation of amivantamab treatment (3 weeks for lazertinib). Male patients with female partners of reproductive potential should be advised to use effective contraception (e.g., condom) and not donate or store semen during treatment and for 3 weeks after the last dose of lazertinib.

- Administer Amivantamab as a subcutaneous injection over 5 minutes in the abdomen, outside areas with tattoos, scars or where the skin is red, bruised, tended, hard, not intact or within 5cm around the periumbilical area

- If immediate administration of Amivantamab is not possible, the prepared syringe should be stored in the fridge (2-8°C) for up to 24 hours, followed by storage at room temperature for up to 24 hours.

References

1. Johnson&Johnson **Rybrevant ® (amivantamab) in combination with Lazcluze (Lazertinib) ™ Subcutaneous Formulary Pack.** 2025.

2. Johnson&Johnson. **Rybrevant ® (amivantamab) Subcutaneous Formulation Summary of Product Characteristics**. Electronic Medicines Compendium [Internet]. 2025. Available from: https://www.medicines.org.uk/emc/product/101168/smpc

3. Johnson&Johnson. Lazcluze™ (Lazertinib) Summary of Product Characteristics (80 mg and 240 mg). Electronic Medicines Compendium [Internet]. 2025. Available from https://www.medicines.org.uk/emc/product/100645/smpc

REGIMEN SUMMARY

Carboplatin (AUC5)-Pemetrexed-Amivantamab

Cycle 1

Day 1

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

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

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

4. Amivantamab Subcutaneous injection
   Prescribed dose for this patient: ……
   The dose is **1600mg** when patient's baseline weight is below 80kg or **2240mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing cycle 1 (dose remains the same after cycle 1 irrespective of the weight)
   Administer as a subcutaneous injection over 5 minutes in healthy skin over the abdominal area

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

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

7. 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

8. Lazertinib 240mg tablets daily oral
   Oral SACT
   Please supply 28 tablets or an original pack as appropriate. It is recommended to be administered before Amivantamab injection when given on the same day

9. Thromboprophylaxis according to local formulary choice
   For the first 4 months of treatment. The choice of thromboprophylaxis is dependent on local formulary choice and may include;
   - enoxaparin 40mg once a day subcutaneous injection
   - heparin 5000units twice a day subcutaneous injection
   - Apixaban 2.5mg twice a day oral
   - Rivaroxaban 10mg once a day oral

   Please supply 28 days or an original pack as appropriate.

10. Doxycycline 100mg tablets BD from cycle 1 to 4
    Admin Instructions:
    Please supply 28 days or an original pack as appropriate.

11. Chlorhexidine 4% topical solution
    Admin Instructions:
    Apply on the fingernails and toenails daily for 12 months from the start of treatment. Please supply 28 days or an original pack as appropriate.

12. Topical emollient cream daily
    Admin Instructions:
    Apply on the skin daily for 12 months from the start of treatment. Please supply 28 days or an original pack as appropriate. The agent of choice should be alcohol-free and may include, depending on local formulary:
    - Aveeno cream
    - E45 cream
    - Cetraben cream
    - Eucerin cream
    - Zerobase cream

Day 8

13. Dexamethasone 10mg intravenous
    Administer 60 minutes prior to Amivantamab. Increase the dexamethasone dose to 20mg in the event of an IRR with previous dose or high-risk patients with history of past IRRs

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

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

16. Amivantamab Subcutaneous injection
    Prescribed dose for this patient: ……
    The dose is **1600mg** when patient's baseline weight is below 80kg or **2240mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing cycle 1 (dose remains the same after cycle 1 irrespective of the weight)
    Administer as a subcutaneous injection over 5 minutes in healthy skin over the abdominal area

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

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

19. 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 15

20. Dexamethasone 10mg intravenous
    Administer 60 minutes prior to Amivantamab. Increase the dexamethasone dose to 20mg in the event of an IRR with previous dose or high-risk patients with history of past IRRs

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

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

23. Amivantamab Subcutaneous injection
    Prescribed dose for this patient: ……
    The dose is **1600mg** when patient's baseline weight is below 80kg or **2240mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing cycle 1 (dose remains the same after cycle 1 irrespective of the weight)
    Administer as a subcutaneous injection over 5 minutes in healthy skin over the abdominal area

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

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

26. 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 21

27. Dexamethasone 10mg intravenous
    Administer 60 minutes prior to Amivantamab. Increase the dexamethasone dose to 20mg in the event of an IRR with previous dose or high-risk patients with history of past IRRs

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

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

30. Amivantamab Subcutaneous injection
    Prescribed dose for this patient: ……
    The dose is **1600mg** when patient's baseline weight is below 80kg or **2240mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing cycle 1 (dose remains the same after cycle 1 irrespective of the weight)
    Administer as a subcutaneous injection over 5 minutes in healthy skin over the abdominal area

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

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

33. 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 - 4

Day 1

34. Dexamethasone 10mg intravenous
    Administer 60 minutes prior to Amivantamab. Increase the dexamethasone dose to 20mg in the event of an IRR with previous dose or high-risk patients with history of past IRRs

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

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

37. Amivantamab Subcutaneous injection
    Prescribed dose for this patient: ……
    The dose is **1600mg** when patient's baseline weight is below 80kg or **2240mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing cycle 1 (dose remains the same after cycle 1 irrespective of the weight)
    Administer as a subcutaneous injection over 5 minutes in healthy skin over the abdominal area

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

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

40. 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

41. Lazertinib 240mg tablets daily oral
    Oral SACT
    Please supply 28 tablets or an original pack as appropriate. It is recommended to be administered before Amivantamab injection when given on the same day

42. Thromboprophylaxis according to local formulary choice
    For the first 4 months of treatment. The choice of thromboprophylaxis is dependent on local formulary choice and may include;
    - enoxaparin 40mg once a day subcutaneous injection
    - heparin 5000units twice a day subcutaneous injection
    - Apixaban 2.5mg twice a day oral
    - Rivaroxaban 10mg once a day oral
    Please supply 28 days or an original pack as appropriate.

43. Doxycycline 100mg tablets BD from cycle 1 to 4
    Admin Instructions:
    Please supply 28 days or an original pack as appropriate.

44. Chlorhexidine 4% topical solution
    Admin Instructions:
    Apply on the fingernails and toenails daily for 12 months from the start of treatment. Please supply 28 days or an original pack as appropriate.

45. Topical emollient cream daily
    Admin Instructions:
    Apply on the skin daily for 12 months from the start of treatment. Please supply 28 days or an original pack as appropriate. The agent of choice should be alcohol-free and may include, depending on local formulary:
    - Aveeno cream
    - E45 cream
    - Cetraben cream
    - Eucerin cream
    - Zerobase cream

Day 15

46. Dexamethasone 10mg intravenous
    Administer 60 minutes prior to Amivantamab. Increase the dexamethasone dose to 20mg in the event of an IRR with previous dose or high-risk patients with history of past IRRs

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

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

49. Amivantamab Subcutaneous injection
    Prescribed dose for this patient: .....
    The dose is **1600mg** when patient's baseline weight is below 80kg or **2240mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing cycle 1 (dose remains the same after cycle 1 irrespective of the weight)

Administer as a subcutaneous injection over 5 minutes in healthy skin over the abdominal area

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

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

52. 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 5-12

Day 1

53. Dexamethasone 10mg intravenous
    Administer 60 minutes prior to Amivantamab. Increase the dexamethasone dose to 20mg in the event of an IRR with previous dose or high-risk patients with history of past IRRs

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

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

56. Amivantamab Subcutaneous injection
    Prescribed dose for this patient: .....
    The dose is **1600mg** when patient's baseline weight is below 80kg or **2240mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing cycle 1 (dose remains the same after cycle 1 irrespective of the weight)
    Administer as a subcutaneous injection over 5 minutes in healthy skin over the abdominal area

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. Lazertinib 240mg tablets daily oral
    Oral SACT
    Please supply 28 tablets or an original pack as appropriate. It is recommended to be administered before Amivantamab injection when given on the same day

61. Clindamycin 1% (10mg in 1ml) lotion on the scalp daily from cycle 5 to 13
    Admin Instructions:
    Apply on the scalp daily, from cycle 5 to cycle 13 of your treatment. Please supply 28 days or an original pack as appropriate.

62. Chlorhexidine 4% topical solution
    Admin Instructions:
    Apply on the fingernails and toenails daily for 12 months from the start of treatment. Please supply 28 days or an original pack as appropriate.

63. Topical emollient cream daily
    Admin Instructions:
    Apply on the skin daily for 12 months from the start of treatment. Please supply 28 days or an original pack as appropriate. The agent of choice should be alcohol-free and may include, depending on local formulary:
    - Aveeno cream
    - E45 cream
    - Cetraben cream
    - Eucerin cream
    - Zerobase cream

Day 15

64. Dexamethasone 10mg intravenous
    Administer 60 minutes prior to Amivantamab. Increase the dexamethasone dose to 20mg in the event of an IRR with previous dose or high-risk patients with history of past IRRs

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

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

67. Amivantamab Subcutaneous injection
    Prescribed dose for this patient: ……
    The dose is **1600mg** when patient's baseline weight is below 80kg or **2240mg** when baseline weight is equal or above 80kg. Please select the applicable dose when prescribing cycle 1 (dose remains the same after cycle 1 irrespective of the weight)
    Administer as a subcutaneous injection over 5 minutes in healthy skin over the abdominal area

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

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

70. 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

DOCUMENT CONTROL

Version	Date	Amendment	Written By	Approved By
1.0	30/07/2026		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.