Regimen Monograph

A - Regimen Name

LAZE+AMIV Regimen

Lazertinib-Amivantamab

Disease Site

Lung
Non-Small Cell

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

First-line treatment of locally advanced (not amenable to curative therapy) or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R substitution mutations

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B - Drug Regimen

Cycle 1:

amivantamab[1]	350 mg	IV	Day 1

(This drug is not currently publicly funded for this regimen and intent)

amivantamab[1]	700 mg	IV	Day 2

(This drug is not currently publicly funded for this regimen and intent)

[1]Use split dosing of 350 mg on day 1 and 1050 mg on day 2, for body weight at baseline ≥ 80 kg.

amivantamab[2]	1050 mg	IV	Days 8, 15, 22

(This drug is not currently publicly funded for this regimen and intent)

[2] Use 1400 mg for body weight at baseline ≥ 80 kg.

lazertinib	240 mg	PO	Days 1 to 28

Cycle 2 and beyond:

amivantamab[2]	1050 mg	IV	Days 1, 15

(This drug is not currently publicly funded for this regimen and intent)

[2] Use 1400 mg for body weight at baseline ≥ 80 kg.

lazertinib	240 mg	PO	Days 1 to 28

(This drug is not currently publicly funded for this regimen and intent)

The product monograph recommends administering amivantamab via peripheral line for the first 4 weeks of treatment, to reduce the risk of infusion-related reactions. If peripheral access is limiting, may consider the use of a central line starting after Cycle 1, day 8, if deemed medically acceptable.

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C - Cycle Frequency

REPEAT EVERY 28 DAYS

Until disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low (amivantamab)
Low – No routine prophylaxis; PRN recommended (lazertinib)

- Also refer to CCO Antiemetic Recommendations.

Other Supportive Care:

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Amivantamab Pre-medications (prophylaxis for infusion reaction (IR)):

Cycle 1, Days 1 and 2:

- Dexamethasone 20 mg IV (or equivalent) 45-60 minutes pre-infusion on day 1
- Dexamethasone 10 mg IV (or equivalent) 45-60 minutes pre-infusion on day 2
- Acetaminophen 650-1000 mg PO 30-60 minutes pre-infusion on both days
- Diphenhydramine 25-50 mg IV (or equivalent) 15-30 minutes pre-infusion (or PO 30-60 minutes pre-infusion) on both days

Subsequent Doses:

- Acetaminophen 650-1000 mg PO 30-60 minutes pre-infusion
- Diphenhydramine 25-50 mg IV (or equivalent) 15-30 minutes pre-infusion (or PO 30-60 minutes pre-infusion)
- Optional - Dexamethasone 10 mg IV (or equivalent) 45-60 minutes pre-infusion (may be considered for patients who had an IR on Cycle 1, Day 1 or Day 2).

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K - References

Cho BC, Lu S, Felip E, et al. Amivantamab plus lazertinib in previously untreated *EGFR*-mutated advanced NSCLC. N Engl J Med 2024;391(16):1486-98. doi: 10.1056/NEJMoa2403614.

Prescribing information: Amivantamab (Rybrevant). Janssen Biotech Inc. (USA), September 2024.

Product monograph: Amivantamab (Rybrevant). Janssen Inc., June 28, 2024.

Product monograph: Lazertinib (Lazcluze). Janssen Inc., March 6, 2025.

Reimbursement recommendation (draft): lazertinib and amivantamab. Canada's Drug Agency (CDA). June 2025.

July 2025 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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