Regimen Monograph

A - Regimen Name

PEME+AMIV(MNT) Regimen

Pemetrexed-Amivantamab (maintenance)

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

Maintenance treatment for patients who received pemetrexed-carboplatin and amivantamab for locally advanced or metastatic non-small cell lung cancer (NSCLC)

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B - Drug Regimen

As maintenance treatment:*

pemetrexed	500 mg /m²	IV	Day 1
amivantamab[1]	1750 mg	IV	Day 1

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

[1] Use 2100 mg for body weight at baseline ≥ 80 kg.

* Administer in the following order: pemetrexed and then amivantamab.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

Until disease progression or unacceptable toxicity

If chemotherapy is discontinued due to intolerance, amivantamab may be continued in responding patients as single agent maintenance: AMIV(MNT). (Refer to CDA draft recommendation.)

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

- Also refer to CCO Antiemetic Recommendations.

Other Supportive Care:

Pemetrexed:

- Vitamin B12 1000mcg IM every 9 weeks, Folic acid 0.4 - 1 mg PO daily (both starting ≥ 1 week prior to pemetrexed administration; continue throughout and 3 weeks after last dose of Pemetrexed).
- Dexamethasone 4mg PO BID for 3 days starting day before chemotherapy suggested for rash prophylaxis.
- Note: NSAIDs should be held for 2-5 days prior and 2 days after pemetrexed. (refer to pemetrexed drug monograph)

Amivantamab Pre-medications (prophylaxis for infusion reaction):

- 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 infusion-related reaction on Cycle 1 Day 1 or Day 2).

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J - Administrative Information

Approximate Patient Visit	3-4 hours
Pharmacy Workload (average time per visit)	21.349 minutes
Nursing Workload (average time per visit)	36.667 minutes

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K - References

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

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

Reimbursement recommendation (draft): Amivantamab (Rybrevant). Canada's Drug Agency (CDA).

Zhou C, Tang KJ, Cho BC, et al. Amivantamab plus Chemotherapy in NSCLC with *EGFR* Exon 20 Insertions. N Engl J Med 2023 Nov 30;389(22):2039-51.

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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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