MEDICINE INFORMATION

Amivantamab + lazertinib

Information for patients and caregivers about amivantamab + lazertinib: treatment, monitoring, side effects and everyday care.

Amivantamab and lazertinib at a glance

Amivantamab is a bispecific antibody, meaning it recognises two targets. Lazertinib is a tyrosine kinase inhibitor taken once daily. Both are classed as targeted therapy in this guide. Amivantamab can recruit immune cells, but it is not a checkpoint inhibitor such as nivolumab or pembrolizumab.

Verified product names include Rybrevant for intravenous amivantamab and Lazcluze for lazertinib. In the US, the subcutaneous amivantamab and hyaluronidase formulation is called Rybrevant Faspro. Names, formulations and approved schedules vary by country; do not assume a product available overseas is available locally.

Rash, nail problems, mouth soreness, swelling and fatigue can affect everyday life. Particular precautions concern blood clots, lung inflammation, administration reactions and eye problems. A preventive skin-care plan and prescribed anticoagulation are important parts of the combination, not optional extras to start only after symptoms appear.

How the combination works

EGFR is a protein involved in cell-growth signalling. Certain changes in the EGFR gene keep the growth signal active in cancer cells. Lazertinib inhibits this altered signalling inside cells. Amivantamab attaches to EGFR and another protein called MET on the cell surface, interfering with growth signals and helping immune cells recognise the targeted cells.

Blocking growth signals at different points is the reason for combining these medicines. The same pathways also work in healthy tissues, especially skin and the lining of the mouth. This helps explain why targeted treatment can still cause substantial side effects. Targeted does not mean side-effect-free.

Your team uses the molecular test report and the whole clinical picture to decide whether this approach fits your cancer. The mechanism cannot predict exactly how long an individual will benefit. Ask how treatment goals and response will be assessed for you.

How the team decides whether it is suitable

This combination is used for selected advanced non-small cell lung cancers with an EGFR exon 19 deletion or exon 21 L858R substitution. These precise results matter: a report simply saying EGFR-positive does not show which alteration is present. Other EGFR changes can require different treatment plans.

Tell the team about previous lung inflammation, worsening breathing, blood clots, bleeding, eye disease, severe skin conditions, liver or kidney problems and allergies. Your ability to take tablets reliably and attend initial appointments also matters. Ask whether any baseline symptoms need assessment before the first dose.

Anticoagulant choice requires a balance between clot and bleeding risks. Existing blood-thinner treatment, low platelets, bleeding history and interacting medicines must be reviewed. Do not start aspirin as a substitute for the prescribed prevention plan.

Approved uses by country

FDA (United States), EMA (European Union) and CDSCO (India).

Each treatment use is listed once. Eligibility can differ by country.

Approved by FDA, EMA and CDSCO

Non-small cell lung cancer

- **US (FDA).** Lazertinib with amivantamab as the first treatment for adults with locally advanced cancer or cancer that has spread. An FDA-approved test must identify an EGFR exon 19 deletion or exon 21 L858R substitution.
- **EU (EMA).** Lazertinib with amivantamab as the first treatment for adults with advanced disease. An EGFR exon 19 deletion or exon 21 L858R substitution must be identified in tumour tissue or blood plasma using a validated test.
- **India (CDSCO).** Lazertinib tablets with intravenous amivantamab as the first treatment for adults with locally advanced cancer or cancer that has spread, with an EGFR exon 19 deletion or exon 21 L858R substitution.

Before treatment starts

The team confirms the molecular result and reviews scans, symptoms and general health. Baseline blood tests commonly include blood counts, liver and kidney function, electrolytes and albumin, a blood protein that can fall during treatment. The team records weight because amivantamab dosing depends on baseline weight and formulation.

Preventing blood clots

The combination increases the risk of venous thromboembolism, meaning a clot in a vein, including a leg clot or a clot in the lung. Prescribing information recommends preventive anticoagulation for the first four months. Your team selects the medicine and dose, checks whether it is safe for you, and decides whether prevention should continue longer.

Make sure you understand when to start, what to do after a missed dose and whom to contact for bleeding. Those instructions depend on the particular anticoagulant. Never borrow another person's tablets or double an anticoagulant dose without advice.

Preventing skin and administration problems

A skin-care programme should be agreed at the start. Current US amivantamab information recommends preventive oral antibiotics during the first 12 weeks, followed by a prescribed scalp antibiotic lotion, alongside moisturiser and hand-and-foot care. The exact products and plan must be selected by your team; do not self-prescribe antibiotics.

Check your premedication instructions before the first appointment. Intravenous and subcutaneous preparations have different requirements. Some intravenous plans include steroid tablets before the treatment day. If you missed a premedicine, call the unit rather than guessing how to make it up.

How treatment is given

Lazertinib tablets

The usual starting dose is 240 mg once daily, with or without food. Swallow tablets whole; do not cut, chew or crush them. Take the dose at a consistent time. On a day when amivantamab is also given, take lazertinib before the amivantamab administration, following the unit's instructions.

If a dose is missed, the prescribing information uses a 12-hour window. Take it when remembered within 12 hours of the scheduled time; if more than 12 hours late, skip it and take the next scheduled dose. Never double. If you are uncertain at the boundary, ask the pharmacist. If you vomit, do not replace the dose; take the next one at the usual time.

Keep tablets in their labelled packaging, safely away from children, heat and moisture. Ask for help if swallowing, remembering doses or obtaining the next supply is difficult. Do not share tablets or restart an old strength after a prescription change.

Intravenous amivantamab

Intravenous Rybrevant is given into a vein. In the usual two-weekly combination schedule, the first dose is split across two consecutive days. Doses are then given weekly through week 5, with no dose in week 6, followed by every two weeks from week 7. Your appointment calendar should show weeks 1, 2, 3, 4 and 5, then weeks 7, 9 and so on, unless the team changes the plan.

Initial infusions can take several hours, particularly if a reaction requires a pause. Later visits may be shorter if tolerated. The infusion team calculates the dose and rate; these cannot be copied from a subcutaneous prescription. Bring food, transport plans and anything needed for a long first visit, as permitted by the unit.

Subcutaneous amivantamab

A subcutaneous preparation is injected into the abdomen by a healthcare professional, generally over about five minutes. It contains hyaluronidase to help delivery under the skin. The US Rybrevant Faspro label includes weekly injections for four weeks, then either every two weeks or a separately dosed every-four-week schedule from week 5.

The route, dose and schedule must match the exact product and local prescription. A shorter injection does not mean the whole appointment lasts five minutes: premedication, assessment and observation still take time. Never change an appointment interval using instructions for a different formulation.

Monitoring and checking response

At each review, report breathing changes, swelling, skin and nail symptoms, mouth soreness, eye problems and any bleeding. Mention symptoms that improved between appointments as well as those present that day. Tell the infusion team if lazertinib or anticoagulation has been interrupted.

Blood tests help identify liver changes, low albumin and electrolyte abnormalities. Falling albumin can contribute to swelling but is not the only explanation. A sudden one-sided swollen leg needs assessment for a clot rather than being assumed to be fluid retention.

Scans are repeated according to your treatment plan. The oncologist considers imaging alongside symptoms, general function and side effects. Ask when results will be available and what changes would lead to a pause, dose adjustment or a different treatment. Do not wait for a scan appointment to report new breathlessness.

Common side effects and practical care

Rash, dry skin and nail inflammation

An acne-like rash can affect the face, scalp and body. It is not ordinary acne and does not mean poor hygiene. Use the prevention plan supplied by your team, gentle cleansing and regular moisturiser. Ordinary acne products can dry or irritate the skin further; check before using them.

Skin around fingernails or toenails may become sore, swollen or infected. Avoid picking cuticles, tight footwear and procedures that damage nail folds. Report pain, discharge or changes affecting walking or hand use. Early treatment may prevent a small area of inflammation becoming much harder to manage.

Limit sun exposure during amivantamab and for two months afterwards. Use protective clothing and broad-spectrum sunscreen. This is particularly relevant in hot climates, but bright sun is not the only reason to protect sensitive skin. Ask which products suit your prescribed skin-care plan.

Mouth, bowel and appetite changes

Mouth soreness, nausea, constipation or diarrhoea can occur. Use a soft toothbrush, drink according to your medical advice and choose foods that are easier to tolerate. Report ulcers that interfere with eating or drinking. Your team can prescribe suitable mouth care, anti-sickness treatment or bowel medicines.

For diarrhoea, record frequency and whether there is fever, blood, pain or dizziness. Persistent vomiting or diarrhoea can cause dehydration and alter blood salts. Do not keep taking extra remedies without telling the team if symptoms are worsening or you cannot drink.

Fatigue, swelling and altered sensation

Tiredness, muscle or joint discomfort and tingling can occur. Pace activities, plan rest and explain symptoms that affect balance, walking or sleep. Swelling of both ankles may relate to fluid retention or low albumin, but any new or increasing swelling should be reviewed. Sudden painful swelling on one side needs urgent assessment.

Important side effects to recognise

Blood clots

A deep-vein clot can cause pain, warmth or swelling, often in one leg. A clot in the lung can cause sudden breathlessness, chest pain, a fast heartbeat, faintness or coughing blood. Seek emergency assessment for chest or breathing symptoms and urgent same-day advice for a swollen painful limb. Clots can occur despite preventive treatment.

Anticoagulants also increase bleeding risk. Report unusual bruising or recurrent bleeding. Heavy bleeding, vomiting blood, black tar-like stools or bleeding with dizziness requires emergency care. Tell the assessing clinician the anticoagulant name and last dose.

Lung inflammation and administration reactions

Either medicine can be associated with serious lung inflammation, called pneumonitis or interstitial lung disease. Report a new or worsening cough, breathlessness or fever promptly. These symptoms can also reflect infection, a clot or cancer changes, so the cause needs assessment rather than a home diagnosis.

During treatment, immediately tell the nurse about chills, flushing, wheezing, chest discomfort, dizziness or swelling. Intravenous reactions are especially common around the first administration, but later reactions and subcutaneous administration reactions are possible. Staff may pause treatment and provide medicines. Severe symptoms after discharge require emergency care.

Eyes and severe skin reactions

New eye pain, marked redness, light sensitivity, blurred vision or other visual change needs urgent contact and may require an ophthalmologist. Do not keep wearing contact lenses when eye symptoms develop until assessed. Treatment can affect the cornea, the clear front surface of the eye.

A widespread painful rash, blisters, peeling skin or sores involving the mouth, eyes or genital area requires urgent hospital assessment. Rare severe skin reactions can be life-threatening. Do not manage these with moisturiser alone or wait to see whether they improve after the next dose.

Liver problems

When amivantamab is combined with lazertinib, liver injury can be severe. Current US partner guidance calls for liver enzymes and bilirubin before treatment and again as clinically indicated. Significant liver toxicity may require the team to withhold both medicines, then reduce or stop treatment according to recovery. Report jaundice or dark urine promptly rather than waiting for the next blood test.

When to get urgent medical help

Seek emergency care for sudden or severe breathlessness, chest pain, collapse, coughing blood, major bleeding or a severe blistering rash. Do not drive yourself if faint, breathless or visually impaired. Bring your treatment and anticoagulant details if easily available, without delaying care.

Contact the cancer team immediately for new breathing symptoms, painful leg swelling, eye pain or visual change. Call the same day for fever, worsening rash or infected nails, persistent vomiting or diarrhoea, or difficulty drinking. Follow your hospital's temperature threshold; if none has been supplied, 37.5°C (99.5°F) or above warrants urgent contact.

Give the names of both cancer medicines, the amivantamab route, last doses and anticoagulant. If you cannot reach the team and symptoms are worsening, attend emergency care. A treatment pause does not make a new symptom automatically safe.

Other medicines and vaccinations

Lazertinib interacts with medicines that change the activity of drug-processing enzymes. Strong or moderate CYP3A4 inducers, including some anti-infective and seizure treatments, can lower lazertinib exposure and should generally be avoided. Lazertinib can also raise exposure to certain other medicines. Ask the oncology pharmacist to check the actual drug, not just its general class.

Include all blood thinners, painkillers, supplements and herbal or Ayurvedic remedies in the review. Anticoagulation adds another reason to check interactions. Do not start aspirin, anti-inflammatory painkillers or St John's wort without checking, and do not stop a prescribed medicine independently.

Discuss vaccines with the cancer team, especially if steroids or other medicines affect the plan. Tell dentists, emergency clinicians and other prescribers about the combination and any anticoagulant. A medication photograph or up-to-date list can help if brand names are unfamiliar.

Everyday life during treatment

A daily tablet reminder and a separate clinic calendar can reduce confusion. Keep the anticoagulant and skin-care schedule clearly labelled; these medicines may follow different rules from lazertinib. If someone helps with treatment, agree who records doses to avoid duplication.

Gentle activity is reasonable when able, but stop and seek advice for chest symptoms or unexpected breathlessness. Protect sore skin and nails during household tasks, and wear comfortable shoes. Plan long journeys with the team because clot risk, appointment timing and access to urgent care need consideration.

Do not drive if dizzy, visually affected or drowsy after premedication. Arrange help for the initial treatment visits. Report costs, travel difficulties or trouble obtaining preventive medicines early; missing anticoagulation or skin prevention without telling the team can leave avoidable gaps in care.

Fertility, pregnancy and breastfeeding

Both medicines can harm a developing baby. Pregnancy testing is needed where relevant before treatment. Discuss effective contraception and report a possible pregnancy promptly. For patients who can become pregnant, amivantamab's three-month post-treatment interval is longer than lazertinib's three weeks; follow the longer applicable interval and local product advice.

Male patients with partners who can become pregnant should use effective contraception during lazertinib and for three weeks after its last dose. European information also advises against sperm donation during this period. Fertility may be affected; discuss preservation before starting if future parenthood matters to you.

Do not breastfeed during treatment. Amivantamab requires a three-month period after the last dose in US information, longer than lazertinib's three weeks. Ask the team to calculate the correct date if the medicines stop on different days.

After a pause or the end of treatment

The team may interrupt or reduce one or both medicines for toxicity. A clot, lung inflammation or severe skin reaction has specific management rules; feeling better alone is not permission to restart. Confirm the exact medicine, dose, date and preventive medicines before resuming.

After a prolonged amivantamab interruption, premedication requirements may change. Continue anticoagulation for the prescribed duration and do not stop because clinic treatment is briefly held. Keep sun protection for two months after amivantamab and attend follow-up tests for unresolved side effects.

Frequently asked questions

1. Is amivantamab an immunotherapy checkpoint inhibitor?

No. It is a targeted bispecific antibody against EGFR and MET. Although it can recruit immune cells, its classification and treatment precautions differ from PD-1 or PD-L1 checkpoint inhibitors. Lazertinib is also targeted therapy.

2. Does any EGFR mutation qualify?

No. The exact EGFR alteration matters. This combination's reviewed indication involves exon 19 deletions or exon 21 L858R substitutions. Ask your oncologist to explain the wording in your molecular report.

3. Do I take lazertinib on clinic days?

Usually yes, before amivantamab on the same day. Follow your unit's timing and any hold instructions. If you forgot the tablet, tell the nurse rather than taking an extra dose without checking.

4. Can I take lazertinib with breakfast?

Yes, it can be taken with or without food. A consistent daily time can help you remember it. Swallow tablets whole and ask the pharmacist for advice if swallowing is difficult.

5. What if a lazertinib dose is late?

The label uses a 12-hour window: take the missed dose within that window; beyond it, skip and resume at the next scheduled time. Do not double. Ask for advice if timing is uncertain.

6. What if I vomit after taking it?

Do not take a replacement dose. Take the next dose at the usual time. Repeated vomiting or inability to drink requires advice because dehydration and missed treatment need attention.

7. Why is my first intravenous dose on two days?

Splitting the initial dose allows careful administration and management of infusion reactions. It is a planned feature of intravenous treatment. Subcutaneous treatment uses a different preparation and does not copy that split-dose plan.

8. Can I change from a drip to an injection?

A clinician may arrange a switch where an appropriate formulation is available. The products have different doses and schedules. Do not assume that the same milligram dose or interval can simply be carried over.

9. Is an injection appointment only five minutes?

The injection itself may take about five minutes, but assessment, premedication and observation add time. Ask your unit about the complete visit before arranging transport or returning to work.

10. Why do I need a blood thinner without a previous clot?

This combination raises clot risk, so preventive anticoagulation is recommended for the first four months. Your team checks bleeding risk and chooses an appropriate medicine. Prevention does not mean a clot is impossible.

11. Can I use aspirin instead?

Do not substitute aspirin for the prescribed anticoagulant. They do not have interchangeable roles in this treatment plan. Ask the team if you cannot obtain or tolerate the recommended preventive medicine.

12. Can I stop anticoagulation after four months?

Only after the team confirms the plan. Four months is the recommended initial preventive period; individual circumstances, including a previous clot, may require longer treatment. Stopping rules depend on why you take it.

13. Why start an antibiotic before I have a rash?

Preventive skin treatment can reduce the severity of dermatologic problems. The prescribed antibiotic is part of a planned programme, not evidence that you already have an infection. Take it and other skin treatments as directed.

14. Is the rash ordinary acne?

No. It is related to treatment effects on skin signalling. Some ordinary acne products worsen dryness and irritation. Use the oncology team's plan and report painful, spreading or infected areas early.

15. Are painful nails just cosmetic?

No. Inflammation around nails can affect walking, hand use and infection risk. Tell the team about pain, swelling or discharge. Avoid picking at the nail fold or trying to drain it yourself.

16. What should I do about red or painful eyes?

Contact the team urgently, especially with blurred vision or light sensitivity. Stop wearing contact lenses until assessed. An eye specialist may be needed to check for damage to the cornea.

17. How can I tell a clot from lung inflammation?

You cannot reliably distinguish them at home. Both can cause breathlessness and both need urgent assessment. Sudden or severe breathing symptoms, chest pain, collapse or coughing blood need emergency care.

18. Does swollen ankle tissue always mean a clot?

No. Fluid retention and low albumin can cause swelling too. Report new swelling so the cause can be assessed; sudden painful swelling on one side particularly needs urgent clot assessment.

19. Do I continue sun protection after stopping?

Yes. Amivantamab information advises limiting sun exposure during treatment and for two months afterwards. Continue protective clothing and broad-spectrum sunscreen, especially while skin remains sensitive.

20. What should I check before restarting after a pause?

Confirm which drug restarts, the dose and appointment schedule, any renewed premedication, and whether anticoagulation and skin prevention continue. Never infer restart instructions from an old prescription or another patient's regimen.

Individual medicine guides

- Amivantamab
- Lazertinib

Sources and review information

Sources checked: 8 October 2026. Read with your prescribed product leaflet and your hospital’s treatment plan.

Macmillan Cancer Support Amivantamab and lazertinib

Cancer Research UK Amivantamab and lazertinib

Janssen Rybrevant US prescribing information

Janssen Lazcluze US prescribing information

DailyMed Rybrevant Faspro current label

EMA Lazcluze product information

Additional sources

Summary of Product Characteristics (SmPC)

- Rybrevant (amivantamab): Summary of Product Characteristics - EMA product information, Annex I (PDF)

Regulatory references

- FDA Lazcluze prescribing information for lazertinib with amivantamab
- CDSCO oncology committee record of the existing intravenous amivantamab and lazertinib approval

Patient information and practical support

- Cancer Research UK: targeted treatment and immunotherapy for lung cancer

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