RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

R/M HNSCC

Administration and Management Guide

Your guide to starting and keeping patients on treatment with RYBREVANT *FASPRO*

R/M HNSCC, recurrent or metastatic head and neck squamous cell carcinoma; OPSCC, oropharyngeal squamous cell carcinoma.

INDICATION

RYBREVANT *FASPRO* (amivantamab and hyaluronidase-lpuj) is indicated as a single agent for the treatment of adult patients with recurrent or metastatic HNSCC whose disease has progressed on or after platinum-based chemotherapy and an anti-PD-(L)1 antibody.

- Limitations of use: RYBREVANT FASPRO is not indicated as a treatment for patients with OPSCC that is HPV-associated (i.e., by p16 IHC).
- This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

SELECT IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

RYBREVANT *FASPRO* is contraindicated in patients with known hypersensitivity to hyaluronidase or to any of its excipients.

WARNINGS AND PRECAUTIONS include: Hypersensitivity & ARRs, ILD/Pneumonitis, Dermatologic Adverse Reactions, Ocular Toxicity and Embryo-Fetal Toxicity.

Please see full Important Safety Information.
Please read full Prescribing Information for RYBREVANT *FASPRO*.

Table of contents

Overview

Dosing for RYBREVANT *FASPRO* 3

Premedications & Prophylactic Strategies

Premedications and observation time for RYBREVANT *FASPRO* 4

Prophylactic strategies 5

Preparation & Administration

RYBREVANT *FASPRO* vial selection 6

Preparation and storage 8

Administering subcutaneous RYBREVANT *FASPRO* 9

RYBREVANT *FASPRO* Dosing Schedule

Dosing for RYBREVANT *FASPRO* Q4W 10

Dosing for RYBREVANT *FASPRO* Q3W 10

Monitoring & Managing Adverse Reactions (ARs)

Overview 11

Recommended RYBREVANT *FASPRO* dose reductions for ARs 11

Adverse event severity scale 12

Recommended dosage modifications for ARs 13

Patient counseling information 16

Important Safety Information 17

Reach out to an Oncology Clinical Educator (OCE) at www.RYBREVANThcp.com/contact-a-representative

OCEs are oncology nurses employed by Johnson & Johnson to provide product-specific and disease state education information to oncology and patient care team members, patient support groups, and advocacy organizations.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity and Administration-Related Reactions with RYBREVANT *FASPRO*

RYBREVANT *FASPRO* can cause hypersensitivity and administration-related reactions (ARR); signs and symptoms of ARR include dyspnea, flushing, fever, chills, chest discomfort, hypotension, and vomiting. The median time to ARR onset is approximately 2 hours.

In OrigAMI-4 (n=132), all Grade ARRs occurred in 16% of patients. All reactions were Grade 1 or 2. Of the patients who experienced ARRs, 91% occurred with the initial dose (Week 1, Day 1).

Premedicate with antihistamines, antipyretics, and glucocorticoids and administer RYBREVANT *FASPRO* as recommended. Monitor patients for any signs and symptoms of ARR during injection in a setting where cardiopulmonary resuscitation medication and equipment are available.

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Dosing for RYBREVANT *FASPRO*



Premedications[1]

Administer antihistamine, antipyretic, and glucocorticoid* before each injection according to the recommended dosing and timing.

See page 4 for details >



Rapid injection(s)[1]

Administration time only; monitor patients for 2 to 4 hours after first dose. If multiple dosing syringes are required, administer each injection consecutively in separate quadrants of the abdomen, with each injection taking ~5 minutes.

See page 9 for details >



Prophylactic strategies[1]

Help reduce the risk and severity of dermatologic ARs.

- Oral/topical antibiotics and ceramide-based moisturizer
- Advise patients to limit direct sun exposure†

See page 5 for details >

Study design: The multi-cohort, multicenter, open-label, ongoing phase 1b/2 OrigAMI-4 trial (N=102) evaluated the efficacy and safety of subcutaneous RYBREVANT *FASPRO* in patients with previously treated R/M HNSCC who have received platinum-based chemotherapy and an anti–PD-(L)1 antibody. Patients were excluded from the trial if they had OPSCC that was HPV-associated (ie, by p16 IHC).

Primary endpoint: ORR; secondary endpoint: DOR, both per BICR.[1,2]

*Glucocorticoid administration is required for week 1, day 1 dose only and upon reinitiation after prolonged dose interruptions, then as necessary for subsequent injections.[1]

†During and for 2 months after treatment.[1]

BICR, blinded independent central review; DOR, duration of response; HPV, human papillomavirus; IHC, immunohistochemistry; OPSCC, oropharyngeal squamous cell carcinoma; ORR, overall response rate; PD-(L)1, programmed cell death (ligand) protein 1.

IMPORTANT SAFETY INFORMATION (cont'd)

Hypersensitivity and Administration-Related Reactions with RYBREVANT *FASPRO* (cont'd)

For the first dose, monitor patients for hypersensitivity and ARRs for 2 to 4 hours following the end of injection. Interrupt injection if ARR is suspected. Resume treatment upon resolution of symptoms or permanently discontinue based on severity.

Interstitial Lung Disease/Pneumonitis

RYBREVANT *FASPRO* can cause severe and fatal interstitial lung disease (ILD)/pneumonitis.

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Premedications and observation time for RYBREVANT *FASPRO*

ARR management[1]

Medication	Dose	Administration			Frequency
Antihistamine	Diphenhydramine (25–50 mg) or equivalent	**IV** 15–30 minutes prior	OR	**Oral** 30–60 minutes prior	All doses
Antipyretic	Acetaminophen (650–1,000 mg) or equivalent	**IV** 15–30 minutes prior	OR	**Oral** 30–60 minutes prior	All doses
Glucocorticoid	Dexamethasone (20 mg) or equivalent	**IV** 45–60 minutes prior	OR	**Oral** At least 60 minutes prior	Initial dose (week 1, day 1)*
Glucocorticoid (optional)	Dexamethasone (10 mg) or equivalent	**IV** 45–60 minutes prior	OR	**Oral** 60–90 minutes prior	Optional for subsequent doses

*Glucocorticoid administration is also required after prolonged dose interruptions, then as necessary; or at a subsequent dose in the event of an ARR.[1]

Observation time: In OrigAMI-4 (N=132), all grade ARRs occurred in 16% of patients. All reactions were grade 1 or 2. Of the patients who experienced ARRs, 91% occurred with the initial dose (week 1, day 1). Median time to onset of ARR is ~2 hours. Monitor patients for any signs and symptoms of ARRs during injection in a setting where cardiopulmonary resuscitation medication and equipment are available. For the first dose, monitor patients for hypersensitivity and ARRs for 2 to 4 hours following the end of the injection.[1]

ARR, administration-related reaction; IV, intravenous.

IMPORTANT SAFETY INFORMATION (cont'd)

Hypersensitivity and Administration-Related Reactions with RYBREVANT *FASPRO* (cont'd)

In OrigAMI-4, ILD/pneumonitis occurred in 1.5% of patients, including one fatal case (0.8%). All of these patients permanently discontinued RYBREVANT *FASPRO* due to ILD/pneumonitis.

Monitor patients for new or worsening symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever). Immediately withhold RYBREVANT *FASPRO* in patients with suspected ILD/pneumonitis and permanently discontinue if ILD/pneumonitis is confirmed.

Dermatologic Adverse Reactions

RYBREVANT *FASPRO* can cause severe rash including toxic epidermal necrolysis (TEN), dermatitis acneiform, pruritus and dry skin.

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Prophylactic strategies[1]

Prophylactic strategies are recommended to help reduce the risk and severity of dermatologic ARs

Premedications

Glucocorticoid required prior to initial injection (week 1, day 1).*
Antihistamine and antipyretic required prior to each injection.

	Month	1	2	3	4	5
AT-HOME ORAL AND TOPICAL REGIMEN	Medications	**Oral doxycycline or minocycline** 100 mg twice daily for first 3 months of treatment			**Topical clindamycin 1% lotion** on the scalp for next 9 months of treatment	
	Daily skincare	**Ceramide-based skin moisturizer** on the face and body (except scalp)				
		Chlorhexidine 4% wash on the hands and feet (once daily)				
		Protective clothing and broad-spectrum UVA/UVB sunscreen. Limit sun exposure during and for 2 months after treatment				

Month = month of treatment with RYBREVANT *FASPRO*.

*Glucocorticoid administration is also required upon reinitiation after prolonged dose interruptions, then as necessary; or at a subsequent dose in the event of an ARR.[1]

AR, adverse reaction; UVA, ultraviolet A; UVB, ultraviolet B.

IMPORTANT SAFETY INFORMATION (cont'd)

Dermatologic Adverse Reactions (cont'd)

In OrigAMI-4, rash occurred in 81% of patients, including Grade 3 in 11% and Grade 4 in 0.8%. Rash led to a dose reduction in 11% of patients, and permanent discontinuation in 3% of patients.

When initiating treatment, prophylactic and concomitant medications are recommended to reduce the risk and severity of dermatologic adverse reactions. Instruct patients to limit sun exposure during and for 2 months after treatment. Advise patients to wear protective clothing and use broad spectrum UVA/UVB sunscreen.

If skin reactions develop, administer supportive care including topical corticosteroids and topical and/or oral antibiotics. For Grade 3 reactions, add oral steroids and consider dermatologic consultation.

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Vial selection and dose volume for RYBREVANT *FASPRO* Q4W[1]

Q4W DOSING

STEP 1
Select the right vial for the starting dose based on patient weight at baseline



STEP 2
Determine dose volume needed



<80 kg	WEEKS 1–4 (once weekly)	1,600 mg amivantamab	ONE 10 mL VIAL	Administer 10 mL
<80 kg	SUBSEQUENT DOSES (Q4W from week 5)	3,520 mg amivantamab	ONE 22 mL VIAL	Administer 22 mL*
≥80 kg	WEEKS 1–4 (once weekly)	2,240 mg amivantamab	ONE 14 mL VIAL	Administer 14 mL
≥80 kg	SUBSEQUENT DOSES (Q4W from week 5)	4,640 mg amivantamab	ONE 14 mL VIAL ONE 15 mL VIAL	Administer 29 mL†‡

Please read the full Prescribing Information for RYBREVANT *FASPRO* for units of hyaluronidase for each dose.

*Divide the 22 mL dose volume approximately equally into 2 syringes (each injection volume should not exceed 15 mL).[1]

†Divide the 29 mL dose volume approximately equally into 2 syringes (each injection volume should not exceed 15 mL).[1]

‡For the 29 mL dose volume, use one 2,240 mg amivantamab and 28,000 units hyaluronidase/14 mL vial and one 2,400 mg amivantamab and 30,000 units hyaluronidase/15 mL vial to minimize waste. If a different combination of vials is used, discard unused portion.[1]

Q4W, once every 4 weeks.

IMPORTANT SAFETY INFORMATION (cont'd)

Dermatologic Adverse Reactions (cont'd)

Promptly refer patients presenting with severe rash, atypical appearance or distribution, or lack of improvement within 2 weeks to a dermatologist. Withhold, reduce the dose, or permanently discontinue RYBREVANT *FASPRO* based on severity.

Ocular Toxicity

RYBREVANT *FASPRO* can cause ocular toxicity including keratitis, blepharitis, dry eye symptoms, conjunctival redness, blurred vision, visual impairment, ocular itching, eye pruritus and uveitis.

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Vial selection and dose volume for RYBREVANT *FASPRO* Q3W[1]

Q3W DOSING

STEP 1
Select the right vial for the starting dose based on patient weight at baseline



STEP 2
Determine dose volume needed



<80 kg	WEEK 1 (Day 1)	1,600 mg amivantamab	ONE 10 mL VIAL	Administer 10 mL
	SUBSEQUENT DOSES*	2,400 mg amivantamab	ONE 15 mL VIAL	Administer 15 mL
≥80 kg	WEEK 1 (Day 1)	2,240 mg amivantamab	ONE 14 mL VIAL	Administer 14 mL
	SUBSEQUENT DOSES*	3,360 mg amivantamab	ONE 22 mL VIAL	Administer 21 mL†‡

Please read the full Prescribing Information for RYBREVANT *FASPRO* for units of hyaluronidase for each dose.

*Including week 2, day 1 and week 3, day 1 doses. Initiate Q3W dosing starting at week 4.[1]
†Divide the 21 mL dose volume approximately equally into 2 syringes (each syringe should not exceed 15 mL).[1]
‡For the 21 mL dose volume, the entire contents of the 3,520 mg amivantamab and 44,000 units hyaluronidase/22 mL vial will not be needed. Discard unused portion.[1]
Q3W, once every 3 weeks.

IMPORTANT SAFETY INFORMATION (cont'd)

Ocular Toxicity (cont'd)

In OrigAMI-4, ocular toxicity occurred in 11% of patients, including 0.8% Grade 4. Keratitis occurred in one patient (0.8%).

Promptly refer patients presenting with new or worsening eye symptoms to an ophthalmologist. Withhold, dose reduce or permanently discontinue RYBREVANT *FASPRO* based on severity.

Embryo-Fetal Toxicity

RYBREVANT *FASPRO* can cause fetal harm when administered to a pregnant woman. Verify pregnancy status prior to initiating treatment. Advise pregnant women and females of reproductive potential of the potential risk to the fetus and to use effective contraception during treatment and for 3 months after the last dose of RYBREVANT *FASPRO*.

Please see full Important Safety Information.
Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Preparation and storage[1]

STEP 1 Remove from fridge	**Remove the appropriate number of RYBREVANT *FASPRO* vials from refrigerated storage** • During preparation and prior to administration, check the vial labels to ensure that the drug being prepared and administered is subcutaneous RYBREVANT *FASPRO* and not RYBREVANT® (amivantamab-vmjw) • Do not substitute RYBREVANT *FASPRO* for or with RYBREVANT
STEP 2 Bring to room temp	**Wait at least 15 minutes to allow vial(s) to reach room temperature** • Do not warm any other way. Do not shake or dilute
STEP 3 Inspect visually	**Once room temperature, inspect visually for particulate matter and discoloration prior to administration** • RYBREVANT *FASPRO* is a clear to opalescent and colorless to pale yellow solution • Do not use if the solution is discolored or cloudy, or if foreign particles are present
STEP 4 Withdraw dose	**Withdraw the required injection volume from the vial(s) into a syringe(s) using a transfer needle** • RYBREVANT *FASPRO* is compatible with stainless steel injection needles, PP and PC syringes, and PE, PU, and PVC subcutaneous infusion sets. Administer using a 21G to 23G needle or infusion set to ensure ease of administration • Each injection volume should not exceed 15 mL. Divide doses requiring greater than 15 mL into approximately equal volumes in 2 syringes

Vial storage[1]

Store RYBREVANT *FASPRO* vials in a refrigerator at 36 ºF to 46 ºF (2 ºC to 8 ºC) in original carton to protect from light. Do not freeze or shake.

Syringe storage[1]

- RYBREVANT *FASPRO* does not contain an antimicrobial preservative. The prepared syringes should be administered immediately
- If immediate administration is not possible, replace the transfer needle with a syringe closing cap for transport, and store the prepared syringes of RYBREVANT *FASPRO* refrigerated at 36 °F to 46 °F (2 °C to 8 °C) for up to 24 hours followed by room temperature of 59 °F to 86 °F (15 °C to 30 °C) for up to 24 hours
- Discard the prepared syringe(s) if stored for more than 24 hours refrigerated or more than 24 hours at room temperature
- If stored in the refrigerator, allow the solution to come to room temperature before administration

PC, polycarbonate; PE, polyethylene; PP, polypropylene; PU, polyurethane; PVC, polyvinyl chloride.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

In OrigAMI-4 (n=102), the most common adverse reactions (≥20%) were rash (79%), fatigue (39%), nail toxicity (35%), stomatitis (32%), and edema (28%). The most common Grade 3 or 4 laboratory abnormalities (≥2%) were decreased lymphocytes (26%), decreased potassium (9%), decreased hemoglobin (6%), increased alanine aminotransferase (4.9%), decreased albumin (4.9%), decreased sodium (4.9%), increased aspartate aminotransferase (3.9%) and decreased white blood cells (2%).

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Administering subcutaneous RYBREVANT *FASPRO*[1]

Administer premedications before each RYBREVANT *FASPRO* dose as recommended to reduce the risk of ARRs.

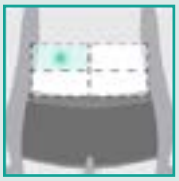
RYBREVANT *FASPRO* is for subcutaneous use only. Do not administer intravenously

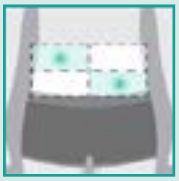
- Do not substitute RYBREVANT *FASPRO* for or with intravenous amivantamab products because they have different recommended dosages. To reduce the risk of medication errors, prior to administration, check the vial labels to ensure that the drug being prepared and administered is subcutaneous RYBREVANT *FASPRO* and not intravenous amivantamab

Before injection

Administer using a 21G to 23G needle or infusion set to ensure ease of administration. Once the syringe(s) is prepped, prepare to administer the injection. RYBREVANT *FASPRO* must be administered by a healthcare professional.

During injection





- Administer each injection of RYBREVANT *FASPRO* subcutaneously in the abdomen over approximately 5 minutes to minimize injection site irritation
- If the total dose requires multiple injections of RYBREVANT *FASPRO*, administer each injection consecutively in separate quadrants of the abdomen, with each injection taking approximately 5 minutes
- Rotate injection sites at the next scheduled dose
- Do not inject into tattoos or scars or areas where the skin is red, bruised, tender, hard, not intact, or within 2 inches (5 cm) around the periumbilical area
- If the patient experiences pain, pause or slow down delivery
  - If the pain is not alleviated by pausing or slowing down the delivery rate, deliver the rest of the dose in a second injection site on the opposite side of the abdomen
- If administering with subcutaneous infusion set, ensure the full dose is delivered through the infusion set. A 0.9% sodium chloride solution may be used to flush the remaining liquid through the line

After injection

- Discard unused portion
- Monitor patients for any signs and symptoms of ARRs during injection in a setting where cardiopulmonary resuscitation medication and equipment are available. For the first dose, monitor patients for hypersensitivity and ARRs for 2 to 4 hours following the end of the injection

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

Serious adverse reactions occurred in 39% of patients. Serious adverse reactions in ≥2% of patients included pneumonia (8%), hemorrhage (4.9%), dysphagia (2.9%), pneumothorax (2.9%), anemia (2%), dyspnea (2%), fatigue (2%), hepatic enzyme increased (2%), and ILD/pneumonitis (2%). Fatal adverse reactions occurred in 6% of patients who received RYBREVANT *FASPRO* including sudden death (2%), myocardial ischemia, tumor hemorrhage, aspiration pneumonia, and ILD/pneumonitis (1%, 1 patient each).

CONTRAINDICATIONS

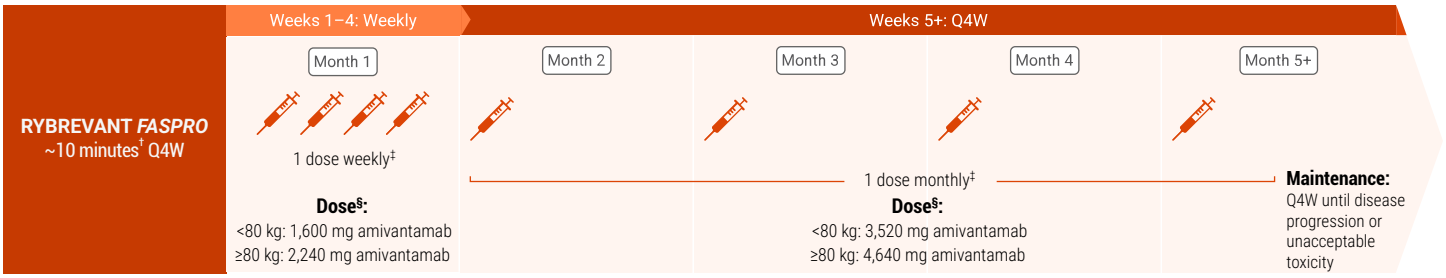
RYBREVANT *FASPRO* is contraindicated in patients with known hypersensitivity to hyaluronidase or to any of its excipients.

Please see full Important Safety Information.

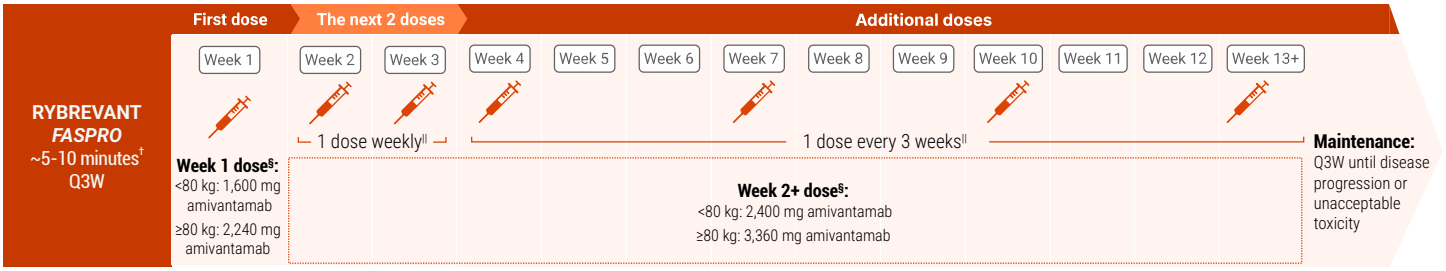
Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Recommended dosing for RYBREVANT *FASPRO* Q4W[1]*



Recommended dosing for RYBREVANT *FASPRO* Q3W[1||]



RYBREVANT *FASPRO* recommended dosage is based on baseline body weight and administered as a subcutaneous injection. Administer until disease progression or unacceptable toxicity.[1] **Please read the full Prescribing Information for RYBREVANT *FASPRO* for units of hyaluronidase for each dose.**

CONTRAINDICATIONS[1]

RYBREVANT *FASPRO* is contraindicated in patients with known hypersensitivity to hyaluronidase or to any of its excipients.

*Following weekly doses from weeks 1 to 4.[1]

†Administration time only; monitor patients for 2 to 4 hours after first dose.[1]

‡Divide doses requiring greater than 15 mL into approximately equal volumes in 2 syringes. Each injection volume should not exceed 15 mL. If multiple dosing syringes are required, administer each injection consecutively in separate quadrants of the abdomen, with each injection taking ~5 minutes.[1]

§Dose adjustments not required for subsequent body weight changes.[1]

||Following weekly doses from weeks 1 to 3.[1]

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity and Administration-Related Reactions with RYBREVANT *FASPRO*

RYBREVANT *FASPRO* can cause hypersensitivity and administration-related reactions (ARR); signs and symptoms of ARR include dyspnea, flushing, fever, chills, chest discomfort, hypotension, and vomiting. The median time to ARR onset is approximately 2 hours.

In OrigAMI-4 (n=132), all Grade ARRs occurred in 16% of patients. All reactions were Grade 1 or 2. Of the patients who experienced ARRs, 91% occurred with the initial dose (Week 1, Day 1).

Premedicate with antihistamines, antipyretics, and glucocorticoids and administer RYBREVANT *FASPRO* as recommended.

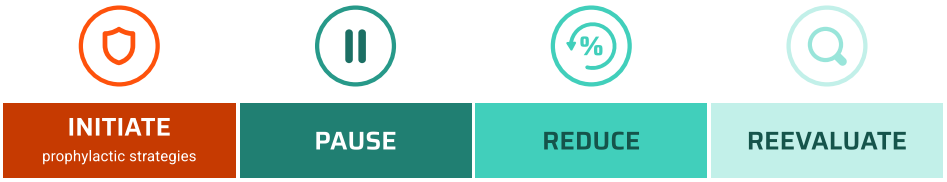
Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Guide patients toward their optimal dose[1]

Dose modification steps to consider:



Based on the severity and/or recurrence, certain ARs require discontinuation. See specific guidance for dose modifications below and on the following pages.

Recommended RYBREVANT *FASPRO* dose reductions for ARs[1]

Dose reductions for ARs			
Dose at which the AR occurred	**1st dose reduction**	**2nd dose reduction**	**3rd dose reduction**
1,600 mg amivantamab	1,050 mg amivantamab*	700 mg amivantamab†	Discontinue **RYBREVANT *FASPRO***
2,240 mg amivantamab	1,600 mg amivantamab‡	1,050 mg amivantamab*	
2,400 mg amivantamab	1,600 mg amivantamab‡	1,050 mg amivantamab*	
3,360 mg amivantamab	2,240 mg amivantamab§	1,600 mg amivantamab‡	
3,520 mg amivantamab	2,400 mg amivantamab‖	1,600 mg amivantamab‡	
4,640 mg amivantamab	3,360 mg amivantamab¶	2,240 mg amivantamab§	

Please read the full Prescribing Information for RYBREVANT *FASPRO* for units of hyaluronidase for each dose.

*The dose volume should be 6.6 mL for 1,050 mg amivantamab and 13,200 units hyaluronidase.[1]
†The dose volume should be 4.4 mL for 700 mg amivantamab and 8,800 units hyaluronidase.[1]
‡The dose volume should be 10 mL for 1,600 mg amivantamab and 20,000 units hyaluronidase.[1]
§The dose volume should be 14 mL for 2,240 mg amivantamab and 28,000 units hyaluronidase.[1]
‖The dose volume should be 15 mL for 2,400 mg amivantamab and 30,000 units hyaluronidase.[1]
¶The dose volume should be 21 mL for 3,360 mg amivantamab and 42,000 units hyaluronidase.[1]

IMPORTANT SAFETY INFORMATION (cont'd)

Hypersensitivity and Administration-Related Reactions with RYBREVANT *FASPRO* (cont'd)

Monitor patients for any signs and symptoms of ARR during injection in a setting where cardiopulmonary resuscitation medication and equipment are available. For the first dose, monitor patients for hypersensitivity and ARRs for 2 to 4 hours following the end of injection. Interrupt injection if ARR is suspected. Resume treatment upon resolution of symptoms or permanently discontinue based on severity.

Interstitial Lung Disease/Pneumonitis

RYBREVANT *FASPRO* can cause severe and fatal interstitial lung disease (ILD)/pneumonitis.

Please see full Important Safety Information.
Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Adverse event severity scale[3]

Based on the Common Terminology Criteria for Adverse Events (CTCAE) v5.0*

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5
Mild; asymptomatic or mild symptoms; clinical or diagnostic observations only; intervention not indicated	Moderate; minimal, local, or noninvasive intervention indicated; limiting age-appropriate instrumental activities of daily living (ADL)†	Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self-care ADL‡	Life-threatening consequences; urgent intervention indicated	Death related to adverse event

*CTCAE definition may differ from the Prescribing Information.
†Instrumental ADL refer to preparing meals, shopping for groceries or clothes, using the telephone, managing money, etc.[3]
‡Self-care ADL refer to bathing, dressing and undressing, feeding self, using the toilet, taking medications, and not being bedridden.[3]

IMPORTANT SAFETY INFORMATION (cont'd)

Interstitial Lung Disease/Pneumonitis (cont'd)

In OrigAMI-4, ILD/pneumonitis occurred in 1.5% of patients, including one fatal case (0.8%). All of these patients permanently discontinued RYBREVANT FASPRO due to ILD/pneumonitis.

Monitor patients for new or worsening symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever). Immediately withhold RYBREVANT *FASPRO* in patients with suspected ILD/pneumonitis and permanently discontinue if ILD/pneumonitis is confirmed.

Dermatologic Adverse Reactions

RYBREVANT *FASPRO* can cause severe rash including toxic epidermal necrolysis (TEN), dermatitis acneiform, pruritus and dry skin.

In OrigAMI-4, rash occurred in 81% of patients, including Grade 3 in 11% and Grade 4 in 0.8%. Rash led to a dose reduction in 11% of patients, and permanent discontinuation in 3% of patients.

Please see full Important Safety Information.
Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Recommended dosage modifications for ARs[1]

Dosage modifications and management of ARs for RYBREVANT *FASPRO*

Hypersensitivity and Administration-Related Reactions

Severity	Dosage modifications		
Grade 1 or 2	**Interrupt** Interrupt **RYBREVANT *FASPRO*** injection if ARR is suspected and monitor patient until reaction symptoms resolve	**Resume** Resume injection upon resolution of symptoms	**Include prophylaxis** Include corticosteroid with premedications for subsequent dose of **RYBREVANT *FASPRO***
Grade 3	**Interrupt** Interrupt **RYBREVANT *FASPRO*** injection and administer supportive care medications. Continuously monitor patient until reaction symptoms resolve	**Resume** Resume injection upon resolution of symptoms	**Include prophylaxis** Include corticosteroid with premedications for subsequent dose of **RYBREVANT *FASPRO*** **Discontinue** For recurrent grade 3, discontinue **RYBREVANT *FASPRO*** permanently
Grade 4	**Discontinue** Discontinue **RYBREVANT *FASPRO*** permanently		

IMPORTANT SAFETY INFORMATION (cont'd)

Dermatologic Adverse Reactions (cont'd)

When initiating treatment, prophylactic and concomitant medications are recommended to reduce the risk and severity of dermatologic adverse reactions. Instruct patients to limit sun exposure during and for 2 months after treatment. Advise patients to wear protective clothing and use broad spectrum UVA/UVB sunscreen.

If skin reactions develop, administer supportive care including topical corticosteroids and topical and/or oral antibiotics. For Grade 3 reactions, add oral steroids and consider dermatologic consultation. Promptly refer patients presenting with severe rash, atypical appearance or distribution, or lack of improvement within 2 weeks to a dermatologist. Withhold, reduce the dose, or permanently discontinue RYBREVANT *FASPRO* based on severity.

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Recommended dosage modifications for ARs[1] (cont'd)

Dosage modifications and management of ARs for RYBREVANT *FASPRO*

ILD/Pneumonitis

Severity	Dosage modifications	
Any grade	**Withhold** Withhold **RYBREVANT *FASPRO*** if suspected	**Discontinue** Discontinue **RYBREVANT *FASPRO*** permanently if confirmed

Dermatologic ARs

(including dermatitis acneiform, pruritus, dry skin)

Severity	Dosage modifications		
Grade 1 or 2	**Initiate** Initiate supportive care management as clinically indicated	**Reassess** Reassess after 2 weeks; if rash does not improve, consider dose reduction of **RYBREVANT *FASPRO***	
Grade 3	**Withhold** Withhold **RYBREVANT *FASPRO*** and initiate supportive care management as clinically indicated	**Reassess** Upon recovery to grade ≤2, resume **RYBREVANT *FASPRO*** at a reduced dose	**Discontinue** If there is no improvement within 2 weeks, discontinue **RYBREVANT *FASPRO*** permanently
Grade 4 (or severe bullous, blistering, or exfoliating skin conditions, including TEN)	**Discontinue** Discontinue **RYBREVANT *FASPRO*** permanently		

ILD, interstitial lung disease; TEN, toxic epidermal necrolysis.

IMPORTANT SAFETY INFORMATION (cont'd)

Ocular Toxicity

RYBREVANT *FASPRO* can cause ocular toxicity including keratitis, blepharitis, dry eye symptoms, conjunctival redness, blurred vision, visual impairment, ocular itching, eye pruritus and uveitis.

In OrigAMI-4, ocular toxicity occurred in 11% of patients, including 0.8% Grade 4. Keratitis occurred in one patient (0.8%).

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Recommended dosage modifications for ARs[1] (cont'd)

Dosage modifications and management of ARs for RYBREVANT *FASPRO*

Other ARs

Severity	Dosage modifications		
	Withhold	**Resume**	**Discontinue**
Grade 3	Withhold **RYBREVANT *FASPRO*** until recovery to grade ≤1 or baseline	Resume **RYBREVANT *FASPRO*** at the same dose if recovery occurs within 1 week Resume at reduced dose if recovery occurs after 1 week but within 4 weeks	Discontinue **RYBREVANT *FASPRO*** permanently if recovery does not occur within 4 weeks
Grade 4	Withhold **RYBREVANT *FASPRO*** until recovery to grade ≤1 or baseline	Resume **RYBREVANT *FASPRO*** at reduced dose if recovery occurs within 4 weeks	Permanently discontinue **RYBREVANT *FASPRO*** if recovery does not occur within 4 weeks Permanently discontinue **RYBREVANT *FASPRO*** for recurrent grade 4 reactions

IMPORTANT SAFETY INFORMATION (cont'd)

Ocular Toxicity (cont'd)

Promptly refer patients presenting with new or worsening eye symptoms to an ophthalmologist. Withhold, dose reduce or permanently discontinue RYBREVANT *FASPRO* based on severity.

Embryo-Fetal Toxicity

RYBREVANT *FASPRO* can cause fetal harm when administered to a pregnant woman. Verify pregnancy status prior to initiating treatment. Advise pregnant women and females of reproductive potential of the potential risk to the fetus and to use effective contraception during treatment and for 3 months after the last dose of RYBREVANT *FASPRO*.

ADVERSE REACTIONS

In OrigAMI-4 (n=102), the most common adverse reactions (≥20%) were rash (79%), fatigue (39%), nail toxicity (35%), stomatitis (32%), and edema (28%). The most common Grade 3 or 4 laboratory abnormalities (≥2%) were decreased lymphocytes (26%), decreased potassium (9%), decreased hemoglobin (6%), increased alanine aminotransferase (4.9%), decreased albumin (4.9%), decreased sodium (4.9%), increased aspartate aminotransferase (3.9%) and decreased white blood cells (2%).

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Patient counseling information[1]

Advise the patient to read the FDA-approved patient labeling (Patient Information)

Hypersensitivity and ARRs	RYBREVANT *FASPRO* can cause hypersensitivity and administration-related reactions, the majority of which may occur with the first injection. Advise patients to alert their healthcare provider immediately for any signs or symptoms of administration-related reactions during treatment with RYBREVANT *FASPRO*.
ILD/ pneumonitis	RYBREVANT *FASPRO* can cause ILD/pneumonitis. Advise patients to immediately contact their healthcare provider for new or worsening respiratory symptoms during treatment with RYBREVANT *FASPRO*.
Dermatologic ARs	RYBREVANT *FASPRO* can cause dermatologic adverse reactions. Advise patients that prophylactic oral antibiotics are recommended starting on day 1 for the first 12 weeks of treatment and, after completion of oral antibiotic treatment, topical antibiotic lotion to the scalp for the next 9 months of treatment. Advise patients to use a non-comedogenic skin moisturizer (ceramide-based or other formulations that provide long-lasting skin hydration and exclude drying components) on the face and whole body (except scalp) and 4% chlorhexidine solution to wash hands and feet, while on treatment. Advise patients to limit direct sun exposure during and for 2 months after treatment, to wear protective clothing, and to use broad-spectrum UVA/UVB sunscreen to reduce the risk and severity of dermatologic adverse reactions.
Ocular toxicity	RYBREVANT *FASPRO* can cause ocular toxicity. Advise patients to contact their ophthalmologist if they develop eye symptoms and advise discontinuation of contact lenses until symptoms are evaluated.
Paronychia/ nail toxicity	RYBREVANT *FASPRO* can cause paronychia. Advise patients to contact their healthcare provider for signs or symptoms of paronychia.
Embryo-fetal toxicity	Advise females of reproductive potential of the potential risk to a fetus, to use effective contraception during treatment with RYBREVANT *FASPRO* and for 3 months after the last dose, and to inform their healthcare provider of a known or suspected pregnancy.
Lactation	Advise women not to breastfeed during treatment with RYBREVANT *FASPRO* and for 3 months after the last dose.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

Serious adverse reactions occurred in 39% of patients. Serious adverse reactions in ≥2% of patients included pneumonia (8%), hemorrhage (4.9%), dysphagia (2.9%), pneumothorax (2.9%), anemia (2%), dyspnea (2%), fatigue (2%), hepatic enzyme increased (2%), and ILD/ pneumonitis (2%). Fatal adverse reactions occurred in 6% of patients who received RYBREVANT *FASPRO* including sudden death (2%), myocardial ischemia, tumor hemorrhage, aspiration pneumonia, and ILD/pneumonitis (1%, 1 patient each).

Please see full Important Safety Information.

Please read full Prescribing Information for RYBREVANT *FASPRO*.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Indication and Important Safety Information

INDICATION

RYBREVANT *FASPRO* (amivantamab and hyaluronidase-lpuj) is indicated as a single agent for the treatment of adult patients with recurrent or metastatic HNSCC whose disease has progressed on or after platinum-based chemotherapy and an anti-PD-(L)1 antibody.

- Limitations of use: RYBREVANT *FASPRO* is not indicated as a treatment for patients with OPSCC that is HPV-associated (i.e., by p16 IHC).
- This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

RYBREVANT *FASPRO* is contraindicated in patients with known hypersensitivity to hyaluronidase or to any of its excipients

WARNINGS AND PRECAUTIONS

Hypersensitivity and Administration-Related Reactions with RYBREVANT *FASPRO*

RYBREVANT *FASPRO* can cause hypersensitivity and administration-related reactions (ARR); signs and symptoms of ARR include dyspnea, flushing, fever, chills, chest discomfort, hypotension, and vomiting. The median time to ARR onset is approximately 2 hours.

In OrigAMI-4 (n=132), all Grade ARRs occurred in 16% of patients. All reactions were Grade 1 or 2. Of the patients who experienced ARRs, 91% occurred with the initial dose (Week 1, Day 1).

Premedicate with antihistamines, antipyretics, and glucocorticoids and administer RYBREVANT *FASPRO* as recommended. Monitor patients for any signs and symptoms of ARR during injection in a setting where cardiopulmonary resuscitation medication and equipment are available. For the first dose, monitor patients for hypersensitivity and ARRs for 2 to 4 hours following the end of injection. Interrupt injection if ARR is suspected. Resume treatment upon resolution of symptoms or permanently discontinue based on severity.

Interstitial Lung Disease/Pneumonitis

RYBREVANT *FASPRO* can cause severe and fatal interstitial lung disease (ILD)/pneumonitis.

In OrigAMI-4, ILD/pneumonitis occurred in 1.5% of patients, including one fatal case (0.8%). All of these patients permanently discontinued RYBREVANT *FASPRO* due to ILD/pneumonitis.

Monitor patients for new or worsening symptoms indicative of ILD/pneumonitis (e.g., dyspnea, cough, fever). Immediately withhold RYBREVANT *FASPRO* in patients with suspected ILD/pneumonitis and permanently discontinue if ILD/pneumonitis is confirmed.

Dermatologic Adverse Reactions

RYBREVANT *FASPRO* can cause severe rash including toxic epidermal necrolysis (TEN), dermatitis acneiform, pruritus and dry skin.

In OrigAMI-4, rash occurred in 81% of patients, including Grade 3 in 11% and Grade 4 in 0.8%.

Rash led to a dose reduction in 11% of patients, and permanent discontinuation in 3% of patients.

When initiating treatment, prophylactic and concomitant medications are recommended to reduce the risk and severity of dermatologic adverse reactions. Instruct patients to limit sun exposure during and for 2 months after treatment. Advise patients to wear protective clothing and use broad spectrum UVA/UVB sunscreen.

If skin reactions develop, administer supportive care including topical corticosteroids and topical and/or oral antibiotics. For Grade 3 reactions, add oral steroids and consider dermatologic consultation. Promptly refer patients presenting with severe rash, atypical appearance or distribution, or lack of improvement within 2 weeks to a dermatologist. Withhold, reduce the dose, or permanently discontinue RYBREVANT *FASPRO* based on severity.

Ocular Toxicity

RYBREVANT *FASPRO* can cause ocular toxicity including keratitis, blepharitis, dry eye symptoms, conjunctival redness, blurred vision, visual impairment, ocular itching, eye pruritus and uveitis.

In OrigAMI-4, ocular toxicity occurred in 11% of patients, including 0.8% Grade 4. Keratitis occurred in one patient (0.8%).

Promptly refer patients presenting with new or worsening eye symptoms to an ophthalmologist. Withhold, dose reduce or permanently discontinue RYBREVANT *FASPRO* based on severity.

Embryo-Fetal Toxicity

RYBREVANT *FASPRO* can cause fetal harm when administered to a pregnant woman. Verify pregnancy status prior to initiating treatment. Advise pregnant women and females of reproductive potential of the potential risk to the fetus and to use effective contraception during treatment and for 3 months after the last dose of RYBREVANT *FASPRO*.

ADVERSE REACTIONS

In OrigAMI-4 (n=102), the most common adverse reactions (≥20%) were rash (79%), fatigue (39%), nail toxicity (35%), stomatitis (32%), and edema (28%). The most common Grade 3 or 4 laboratory abnormalities (≥2%) were decreased lymphocytes (26%), decreased potassium (9%), decreased hemoglobin (6%), increased alanine aminotransferase (4.9%), decreased albumin (4.9%), decreased sodium (4.9%), increased aspartate aminotransferase (3.9%) and decreased white blood cells (2%).

Serious adverse reactions occurred in 39% of patients. Serious adverse reactions in ≥2% of patients included pneumonia (8%), hemorrhage (4.9%), dysphagia (2.9%), pneumothorax (2.9%), anemia (2%), dyspnea (2%), fatigue (2%), hepatic enzyme increased (2%), and ILD/pneumonitis (2%). Fatal adverse reactions occurred in 6% of patients who received RYBREVANT *FASPRO* including sudden death (2%), myocardial ischemia, tumor hemorrhage, aspiration pneumonia, and ILD/pneumonitis (1%, 1 patient each)

Please read full Prescribing Information for RYBREVANT *FASPRO*.

cp-606849v1

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Throughout, you'll find helpful information about...

- Premedications and prophylactic strategies
- Preparation and administration of RYBREVANT *FASPRO*
- Recommended dosing for RYBREVANT *FASPRO*
- Monitoring and managing ARs
- Patient counseling information

Click here to learn more about RYBREVANT *FASPRO*

References: 1. RYBREVANT *FASPRO* [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc. **2.** Burtness B, Rosenberg AJ, Calderon B, et al; OrigAMI-4 Cohort 1 Investigators. Amivantamab in recurrent/metastatic head and neck squamous cell cancer after checkpoint inhibitor and chemotherapy: pivotal results from the phase Ib/II OrigAMI-4 study. *J Clin Oncol*. 2026:1-7. doi:10.1200/JCO-26-01042 **3.** US Department of Health and Human Services. National Cancer Institute. Common terminology criteria for adverse events (CTCAE). Version 5.0. Published November 27, 2017. Accessed August 13, 2026. https://dctd.cancer.gov/research/ctep-trials/for-sites/adverse-events/ctcae-v5-5x7.pdf

INDICATION

RYBREVANT *FASPRO* (amivantamab and hyaluronidase-lpuj) is indicated as a single agent for the treatment of adult patients with recurrent or metastatic HNSCC whose disease has progressed on or after platinum-based chemotherapy and an anti-PD-(L)1 antibody.

- Limitations of use: RYBREVANT FASPRO is not indicated as a treatment for patients with OPSCC that is HPV-associated (i.e., by p16 IHC).
- This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

SELECT IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

RYBREVANT *FASPRO* is contraindicated in patients with known hypersensitivity to hyaluronidase or to any of its excipients.

WARNINGS AND PRECAUTIONS include: Hypersensitivity & ARRs, ILD/Pneumonitis, Dermatologic Adverse Reactions, Ocular Toxicity and Embryo-Fetal Toxicity.

Please see full Important Safety Information.
Please read full Prescribing Information for RYBREVANT *FASPRO*.

© Johnson & Johnson and its affiliates 2026 11/26 cp-605641v1

Johnson&Johnson