CARECONTINUUM™

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Oncology (Injectable – Epidermal Growth Factor Receptor Exon 20 Mutation Agent) – Rybrevant Faspro Utilization Management Medical Policy
- Rybrevant Faspro™ (amivantamab and hyaluronidase-lpuj subcutaneous injection – Janssen)

REVIEW DATE: 12/30/2025

OVERVIEW

Rybrevant Faspro, a bispecific epidermal growth factor receptor (EGFR)-directed and mesenchymal epithelial transition (MET) receptor-directed antibody, is indicated for the treatment of locally advanced or metastatic **non-small cell lung cancer** (NSCLC):[1]

- In combination with Lazcluze™ (lazertinib tablets) for the first-line treatment of adults with *EGFR* exon 19 deletions, or exon 21 *L858R* substitution mutations, as detected by an FDA-approved test.
- In combination with carboplatin and pemetrexed, in adults with *EGFR* exon 19 deletions or exon 21 *L858R* substitution mutations, whose disease has progressed on or after treatment with an EGFR tyrosine kinase inhibitor.
- In combination with carboplatin and pemetrexed for the first-line treatment of adults with *EGFR* exon 20 insertion mutations, as detected by an FDA-approved test.
- As a single agent, in adults with *EGFR* exon 20 insertion mutation, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy.

Dosing

Rybrevant Faspro for subcutaneous (SC) injection cannot be substituted for or with Rybrevant® (amivantamab-vmjw intravenous injection) intravenous formulation.[1] Rybrevant Faspro must be administered by a healthcare professional.

Rybrevant Faspro in combination with carboplatin and pemetrexed (every 3-week dosing):

- For patients < 80 kg, the recommended dose is 1,600 mg amivantamab and 20,000 units hyaluronidase for first dose on Week 1 Day 1 administered subcutaneously. This is followed by 2,400 mg amivantamab and 30,000 units hyaluronidase administered SC on Day 1 of Week 2 and Week 3 (total two doses). After Weeks 2 and 3, the dose is 2,400 mg amivantamab and 30,000 units hyaluronidase every 3 weeks starting at Week 4 onwards.
- For patients ≥ 80 kg, the recommended dose is 2,240 mg amivantamab and 28,000 units hyaluronidase for the first dose on Week 1 Day 1 administered SC. This is followed by 3,360 mg amivantamab and 42,000 units hyaluronidase for a weekly dose on Weeks 2 and 3 on Day 1. After Weeks 2 and 3, the dose is 3,360 mg amivantamab and 42,000 units hyaluronidase every 3 weeks starting at Week 4 onwards.

Rybrevant Faspro in combination with Lazcluze or as a single agent (every 2-week dosing):

- For patients < 80 kg, the recommended dose is 1,600 mg amivantamab and 20,000 units hyaluronidase weekly from Weeks 1 to 4 (total of 4 doses) SC injection on Day 1. This is followed by every 2 week dosing starting at Week 5 onwards.
- For patients ≥ 80 kg the recommended dose is 2,240 mg amivantamab and 28,000 units hyaluronidase weekly from Weeks 1 to 4 (total of 4 doses) SC injection on Day 1. This is followed by every 2 week doing starting at Week 5 onwards.

Patients currently receiving Rybrevant intravenous formulation at an every 2-week dosing regimen may switch to Rybrevant Faspro at an every 2-week dosing regimen at the next scheduled dose on or after Week 5. Patients received Rybrevant intravenous formulation at a every 3-week dosing regimen may switch to Rybrevant Faspro every 3 weeks dosing on or after Week 4.

Guidelines

The National Comprehensive Cancer Network (NCCN) non-small cell lung cancer guidelines (version 3.2026 – December 24, 2025) notes that Rybrevant Faspro may be substituted for Rybrevant® (amivantamab-vmjw intravenous injection) and that Rybrevant Faspro has different dosing and administration compared to the intravenous formulation.[2] The guidelines recommend Rybrevant for the first-line treatment, in combination with carboplatin and pemetrexed and subsequent treatment, as a single agent, of *EGFR* exon 20 insertion mutation positive recurrent, advanced, or metastatic NSCLC. Rybrevant, in combination with Lazcluze is recommended for the treatment of recurrent, advanced, or metastatic NSCLC with *EGFR* exon 19 deletion or exon 21 *L858R* mutations, as first-line or continuation of therapy following disease progression on Rybrevant and Lazcluze. In addition, Rybrevant is recommended for the subsequent treatment of recurrent, advanced, or metastatic NSCLC with *EGFR* exon 19 deletion or exon 21 *L858R*, in combination with carboplatin and pemetrexed, following disease progression on Tagrisso® (osimertinib tablets).

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Rybrevant Faspro. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Extended approvals are allowed if the patient continues to meet the Criteria and Dosing. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Rybrevant Faspro as well as the monitoring required for adverse events and long-term efficacy, approval requires Rybrevant Faspro to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Rybrevant Faspro is recommended in those who meet the following criteria:

FDA-Approved Indication

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1. **Non-Small Cell Lung Cancer.** Approve for 1 year if the patient meets ALL of the following (A, B, C, and D):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient has locally advanced or metastatic disease; AND
   - **C)** Patient has ONE of the following (i, ii, or iii):
     - **i.** Epidermal growth factor receptor (EGFR) exon 20 insertion mutations; OR
     - **ii.** EGFR exon 19 deletions; OR
     - **iii.** EGFR exon 21 L858R substitution mutations; AND
   - **D)** The medication is prescribed by or in consultation with an oncologist.

Dosing. Approve ONE of the following dosing regimens (A or B):

A) In combination with carboplatin and pemetrexed approve ONE of the following (i or ii):
- **i.** Weight < 80 kg: Approve up to 1,600 mg amivantamab and 20,000 units hyaluronidase administered by subcutaneous (SC) injection for the first dose. Then approve up to 2,400 mg amivantamab and 30,000 units hyaluronidase administered by SC injection once weekly for two doses, followed by the same dose, no more frequently than once every 3 weeks; OR
- **ii.** Weight ≥ 80 kg: Approve up to 2,240 mg amivantamab and 28,000 units hyaluronidase administered by SC injection for the first dose. Then approve up to 3,360 mg amivantamab and 42,000 units hyaluronidase administered by SC injection once weekly for two doses, followed by the same dose, no more frequently than once every 3 weeks; OR

B) In combination with Lazcluze (lazertinib tablets) or as a single agent, approve ONE of the following (i or ii):
- **i.** Weight < 80 kg: Approve up to 1,600 mg amivantamab and 20,000 units hyaluronidase administered by SC injection once weekly for four doses, followed by the same dose, no more frequently than once every 2 weeks; OR
- **ii.** Weight ≥ 80 kg: Approve up to 2,240 mg amivantamab and 28,000 units hyaluronidase administered by SC injection once weekly for four doses, followed by the same dose, no more frequently than once every 2 weeks.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Rybrevant Faspro is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Rybrevant Faspro subcutaneous injection [prescribing information]. Horsham, PA: Janssen; December 2025.
2. The NCCN Non-Small Cell Lung Cancer Clinical Practice Guidelines in Oncology (version 3.2026 – December 24, 2025). © 2025 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed December 29, 2025.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	12/30/2025