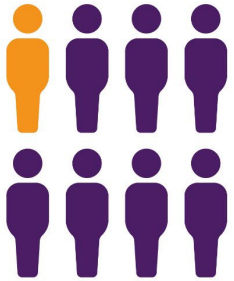
Akeega®
(niraparib/abiraterone acetate)

# Match for Life

Now approved & reimbursed[1,*]:
The first and only BRCA2-targeted therapy in mHSPC.[2]

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http://bit.ly/Akeega_FI

**1 out of 8**
*BRCA2*-positive mHSPC[3]



**7 out of 8**
*BRCA2*-negative and unconfirmed mHSPC[3]

Erleada®
Apalutamide



# FOCUS ON LIFE, NOT THE DISEASE.

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**Abbreviations: BRCA2** = breast cancer gene 2; **mHSPC** = metastatic hormone-sensitive prostate cancer.

* Restriction: Temporary restriction valid through July 31, 2028. Only upon prescription by a specialist in urology or oncology and following approval of coverage by the health insurer after prior consultation with the medical examiner. Before starting treatment with AKEEGA®, a positive BRCA status must have been confirmed using a validated testing method. AKEEGA® is not covered if the patient has previously been treated with a PARP inhibitor. Reimbursement for treatment continues until disease progression or the occurrence of unacceptable toxicity. AKEEGA® is reimbursed in combination with androgen deprivation therapy (ADT) and prednisone or prednisolone for the treatment of adult patients with metastatic hormone-sensitive prostate cancer (mHSPC) with BRCA2 gene mutations.

**References** (supporting documentation available upon request):
1. List of Specialties (SL), as of August 2026, available at https://www.sl.bag.admin.ch/sl.
2. AKEEGA® information for healthcare professionals, March 2026, www.swissmedicinfo.prochi.
3. Olmos D, et al. BRCA1/2 and homologous recombination repair alterations in high- and low-volume metastatic hormone-sensitive prostate cancer: prevalence and impact on outcomes. Ann Oncol. 2025;36(10):1190–1202.

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RYBREVANT® (amivantamab) + LAZCLUZE® (lazertinib)



# RYBREVANT® SC VS. RYBREVANT® IV: MORE TIME FOR WHAT MATTERS, LESS TIME IN THE CLINIC[1,2]

## Rapid administration time

≤ 5-minute median injection time with RYBREVANT® SC vs. 2.3–5 hours with RYBREVANT® IV[1,∞]

## Better patient experience

Less infusion-related reactions (13 % SC vs. 66 % IV when given with LAZCLUZE®)[1,#]

## Without compromising efficacy

RYBREVANT® SC demonstrated similar[§] efficacy to RYBREVANT® IV when given with LAZCLUZE®[1]




**Scan here to access information for healthcare professionals on RYBREVANT® SC, RYBREVANT® IV and LAZCLUZE®:**

**RYBREVANT® SC**
*bit.ly/FI_RYB_SC*

**RYBREVANT® IV**
*bit.ly/FI_RYB*

**LAZCLUZE®**
*bit.ly/FI_LAZ*

▼ These medicines are subject to additional monitoring. For further information, see the information for healthcare professionals RYBREVANT® SC, RYBREVANT® IV & LAZCLUZE® at www.swissmedicinfo-pro.ch.

**Abbreviations: IV** = intravenous; **SC** = subcutaneous.

**Footnotes: ∞** The median duration of administration of RYBREVANT® SC was ≤ 5 minutes, compared with 5.0 hours for the intravenous formulation on Cycle 1, Day 1 (C1D1) and 2.3 hours on Cycle 3, Day 1 (C3D1).[1] **#** Overall, the safety profile of RYBREVANT® SC was comparable to that of intravenously administered amivantamab, with the incidence of infusion-related reactions (IRR) being 13 % vs. 66 %.[1] And by Cycle 1, 79 % of the patients were satisfied with amivantamab SC, 83 % found it convenient, and 63 % preferred it over IV.[2] **§** The results show that subcutaneously administered RYBREVANT® SC is non-inferior to intravenously administered amivantamab with respect to the steady-state trough concentration $C_{ss}$ of amivantamab, the $AUC_{D1-D15}$ in Cycle 2, and the ORR.[1]

**References: 1.** RYBREVANT® SC Information for healthcare professionals, www.swissmedicinfo-pro.ch, May 2026. **2.** SM Lim, et al. Subcutaneous after intravenous amivantamab in advanced NSCLC: Initial results from PALOMA-2. European Lung Cancer Congress (ELCC); March 26–29, 2025; Paris, France, Poster 58.

References can be provided upon request at Janssen-Cilag AG, a Johnson & Johnson company.

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CP-603339 – 09/2026