KEYTRUDA SC™
(pembrolizumab/berahyaluronidase alfa)
Injection for subcutaneous use | 165 mg/2,000 units per mL

2025

Global KEYTRUDA SC Executional Playbook

Version 1.0

This document is for internal use only. It is not intended for distribution to sales representatives or customers. It is meant to provide guidance on how to apply the messages. This document should not serve as a parent job and is not intended to dictate formatting of copy; only the language and rules for using the language should be picked up and used. These messages are still required to be reviewed and approved by individual global tumor boards and local PRT prior to use. Individual global tumor boards and local PRT will assess how many and which pan-tumor claims can be used in each resource, considering the type of resource and other substantive content in that resource.

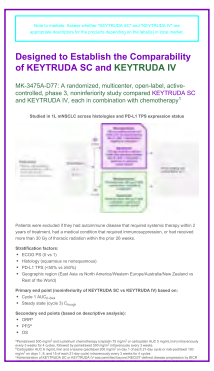
Guidance contained herein is not meant to supersede full One Review feedback and considerations applicable to individual KEYTRUDA PRT boards.

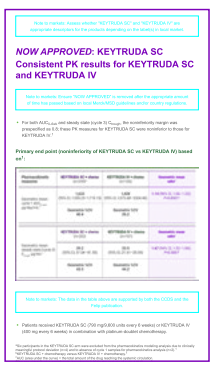
- This document will help foster more efficient and higher-quality submissions and create consistency across tumor level KEYTRUDA/KEYTRUDA SC promotional materials.
- HCP tumor teams should refer to this document to develop new tumor level promotional materials containing KEYTRUDA SC content.
- Approval of any recommended alt language is up to the individual tumor team and global tumor team boards.
- For submissions: This document should be included in Related Materials.

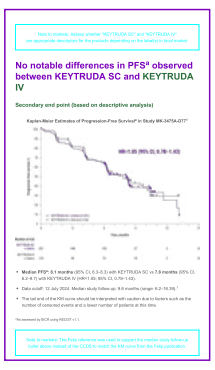
OVERVIEW

THE HIGH-LEVEL SC PAN-TUMOR NARRATIVE HAS BEEN ADAPTED INTO A SERIES OF CONTENT CARDS

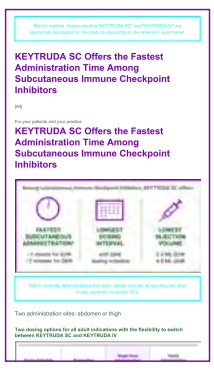

Cover

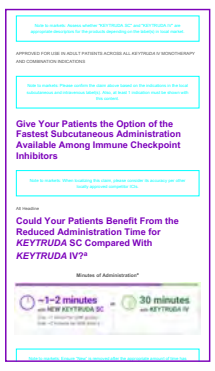

Study Design


Efficacy (Primary)


PFS Curve


Safety


Dosing


Patient Benefit


Summary

PRODUCT NAMES

RULES OF USE

Assess whether “KEYTRUDA SC” and “KEYTRUDA IV” are appropriate descriptors for the products depending on the label(s) in local market.

DUAL LOGOS

KEYTRUDA® (pembrolizumab) Injection 100 mg | KEYTRUDA SC™ (pembrolizumab/berahyaluronidase alfa) Injection for subcutaneous use | 165 mg/2,000 units per mL

RULES OF USE

- There is no rule regarding the order of the KEYTRUDA IV and KEYTRUDA SC logos.
- This is a local business decision.
- Logo cannot be combined with or placed in close proximity to a tumor efficacy claim(s) UNLESS KEYTRUDA SC PK trial design and trial results are present.
- Must travel with joint indications and joint safety, unless it is brand reminder.

INDICATION CLAIM

APPROVED FOR USE IN ADULT PATIENTS ACROSS ALL *KEYTRUDA* IV MONOTHERAPY AND COMBINATION INDICATIONS

RULES OF USE

In global HQ materials, the cyan boxed “Note to Markets” should be included with this claim and contain the following:

- Please confirm the claim above based on the indications in the local subcutaneous and intravenous label(s).
- Indication must appear in all caps.
- At least 1 indication must be shown with this content. Local markets should assess whether this triggers the need to include indication statements for both KEYTRUDA IV and SC.

SC STATEMENT FOR INTEGRATED PROMOTION WITH IV EFFICACY DATA

RULES OF USE

- The following statement should accompany any integrated promotion:
  - The comparability of KEYTRUDA SC and KEYTRUDA IV, both in combination with chemotherapy in patients with metastatic non-small cell lung cancer, was established in Study MK-3475A-D77. Use of KEYTRUDA SC for the approved indications is supported by evidence from adequate and well-controlled studies conducted with KEYTRUDA IV across tumor types, and additional pharmacokinetic, efficacy, and safety data from Study MK-3475A-D77.

NEW TUMOR KEYTRUDA SC MESSAGES

RULES OF USE

- Approval of any new messages in addition to the KEYTRUDA SC pan-tumor content will require
  1) approval by individual global tumor board and pan-tumor Board 7
  or 2) set up a Super PRT with both boards

COVER/ INTRO CARD: HQ-KEY-01548

Note to markets: Assess whether "KEYTRUDA SC" and "KEYTRUDA IV" are appropriate descriptors for the products depending on the label(s) in local market.

NOW APPROVED: *KEYTRUDA* SC

Note to markets: Ensure "Now Approved" is removed after the appropriate amount of time has passed based on local Merck/MSD guidelines and/or country regulations.

Note to markets—Please assess the following for the image below:
-Name of product and logo depending on what is approved in local market
-Whether reference to "KEYTRUDA" in "Consistent with KEYTRUDA" would trigger additional logo and balance
-Use the logo that is appropriate for your region when developing tactics

- The pharmacokinetic (PK) results of KEYTRUDA SC have been demonstrated to be comparable to those of KEYTRUDA IV.
  - Cycle 1 AUC_{0-6wk} demonstrated noninferiority of KEYTRUDA SC to KEYTRUDA IV, with a geometric mean ratio of 1.14 (96% CI, 1.06–1.22).
  - Cycle 3 C_{trough} (ie, steady state) demonstrated noninferiority of KEYTRUDA SC to KEYTRUDA IV, with a geometric mean ratio of 1.67 (94% CI, 1.52–1.84).
- KEYTRUDA SC **Q3W**: 395 mg pembrolizumab/4,800 units berahyaluronidase alfa is administered over ~1 minute; **Q6W**: 790 mg pembrolizumab/9,600 units berahyaluronidase alfa is administered over ~2 minutes. Please refer to detailed dosing information within.

CLAIMS

NOW APPROVED: *KEYTRUDA* SC

RULES OF USE

- Ensure "Now Approved" is removed after the appropriate amount of time has passed based on local Merck/MSD guidelines and/or country regulations.

- Please assess the following for the image shown:
  - Name of product and logo depending on what is approved in local market.
  - Whether reference to "KEYTRUDA" in "Consistent with KEYTRUDA" would trigger additional logo and balance.
  - Use the logo that is appropriate for your region when developing tactics.

CONSISTENT WITH *KEYTRUDA*

EFFICACY CLAIM

RULES OF USE

In global HQ materials, the cyan boxed "Note to Markets" should be included with this claim and contain the following:

- Please note that use of the "Consistent with KEYTRUDA" claim requires that the complete D77 study design (from card HQ-KEY-01549) and primary endpoint content (from card HQ-KEY-01550) be included in any final assets.
- Use of "1–2 minutes" above requires that the full dosing information in HQ-KEY-01554 be included in any final assets. Associated cards that should travel together are linked in related materials.
- Individual PRT boards to follow standard guidance as to placement of, and references to, study design. Individual PRT boards can use the study design schematic found in the pan-tumor content card or paragraph format from PI.

ADMINISTERED SUBCUTANEOUSLY IN ~1–2 MINUTES

DOSING CLAIM

RULES OF USE

- The following statement(s) that 1 minute is for Q3W and 2 minutes is for Q6W should be in close proximity to this claim and on the same page:
  - 1 minute for 2.4 mL Q3W (395 pembrolizumab/4,800 units berahyaluronidase alfa)
  - 2 minutes for 4.8 mL Q6W (790 pembrolizumab/9,600 units berahyaluronidase alfa)
- The following disclaimer always needs to be stated in close proximity to the claim:
  - Does not account for all aspects of treatment. Actual clinic time may vary.
- Must include injection site options (abdomen or thigh) in direct conjunction with claim above.
- The full dosing information is required to be presented within the tactic (not necessarily on the same page).

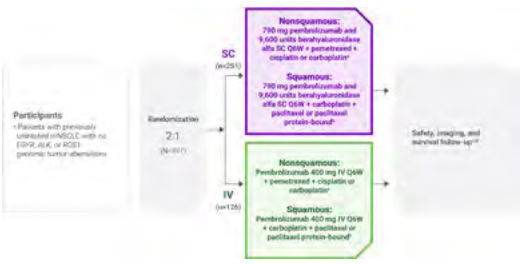
STUDY DESIGN: HQ-KEY-01549

Note to markets: Assess whether "KEYTRUDA SC" and "KEYTRUDA IV" are appropriate descriptors for the products depending on the label(s) in local market.

Designed to Establish the Comparability of KEYTRUDA SC and KEYTRUDA IV

MK-3475A-D77: A randomized, multicenter, open-label, active-controlled, phase 3, noninferiority study compared KEYTRUDA SC and KEYTRUDA IV, each in combination with chemotherapy[1]

Studied in 1L mNSCLC across histologies and PD-L1 TPS expression status



Patients were excluded if they had autoimmune disease that required systemic therapy within 2 years of treatment, had a medical condition that required immunosuppression, or had received more than 30 Gy of thoracic radiation within the prior 26 weeks.

Stratification factors:

- ECOG PS (0 vs 1)
- Histology (squamous vs nonsquamous)
- PD-L1 TPS (<50% vs ≥50%)
- Geographic region (East Asia vs North America/Western Europe/Australia/New Zealand vs Rest of the World)

Primary end point (noninferiority of KEYTRUDA SC vs KEYTRUDA IV) based on:

- Cycle 1 $AUC_{0\text{-}6wk}$
- Steady state (cycle 3) C_{trough}

Secondary end points (based on descriptive analysis):

- ORR[e]
- PFS[e]
- OS

[a]Pemetrexed 500 mg/m^2 and a platinum chemotherapy (cisplatin 75 mg/m^2 or carboplatin AUC 5 mg/mL/min) intravenously every 3 weeks for 4 cycles, followed by pemetrexed 500 mg/m^2 intravenously every 3 weeks.
[b]Carboplatin AUC 6 mg/mL/min and a taxane (paclitaxel 200 mg/m^2 on day 1 of each 21-day cycle or nab-paclitaxel 100 mg/m^2 on days 1, 8, and 15 of each 21-day cycle) intravenously every 3 weeks for 4 cycles.
[c]Administration of KEYTRUDA SC or KEYTRUDA IV was permitted beyond RECIST-defined disease progression by BICR

CLAIMS

DESIGNED TO ESTABLISH THE COMPARABILITY OF *KEYTRUDA* SC AND *KEYTRUDA* IV

RULES OF USE

- This claim should be accompanied by the full study design.
- A footnote describing the non-squamous and squamous chemotherapy regimens is also required.

For non-squamous

- Pemetrexed 500 mg/m^2 and a platinum chemotherapy (cisplatin 75 mg/m^2 or carboplatin AUC 5 mg/mL/min) intravenously every 3 weeks for 4 cycles, followed by pemetrexed 500 mg/m^2 intravenously every 3 weeks

For squamous

- Carboplatin AUC 6 mg/mL/min and a taxane (paclitaxel 200 mg/m^2 on day 1 of each 21-day cycle or nab-paclitaxel 100 mg/m^2 on days 1, 8, and 15 of each 21-day cycle) intravenously every 3 weeks for 4 cycles

EFFICACY (PRIMARY): HQ-KEY-01550

Note to markets: Assess whether "KEYTRUDA SC" and "KEYTRUDA IV" are appropriate descriptors for the products depending on the label(s) in local market.

NOW APPROVED: KEYTRUDA SC Consistent PK results for KEYTRUDA SC and KEYTRUDA IV

Note to markets: Ensure "NOW APPROVED" is removed after the appropriate amount of time has passed based on local Merck/MSD guidelines and/or country regulations.

- For both $AUC_{0\text{-}6wk}$ and steady state (cycle 3) C_{trough}, the noninferiority margin was prespecified as 0.8; these PK measures for KEYTRUDA SC were noninferior to those for KEYTRUDA IV.[1]

Primary end point (noninferiority of KEYTRUDA SC vs KEYTRUDA IV) based on[1]:

Pharmacokinetic measures	KEYTRUDA SC + chemo (n=245)[a]	KEYTRUDA IV + chemo (n=126)	Geometric mean ratio[b]
Geometric mean cycle 1 $AUC_{0\text{-}6wk}$ µg•day/mL[c]	1,633 (95% CI, 1,555.23–1,715.15)	1,438 (95% CI, 1,373.68–1,504.46)	1.14 (96% CI, 1.06–1.22); P<0.0001[d]
	Geometric %CV 40.4	Geometric %CV 26.2	
	KEYTRUDA SC + chemo (n=202)	KEYTRUDA IV + chemo (n=101)	Geometric mean ratio[b]
Geometric mean steady state (cycle 3) C_{trough}, µg/mL[e]	39.2 (95% CI, 37.04–41.55)	23.5 (95% CI, 21.61–25.54)	1.67 (94% CI, 1.52–1.84); P<0.0001[f]
	Geometric %CV 43.3	Geometric %CV 44.2	

Note to markets: The data in the table above are supported by both the CCDS and the Felip publication.

- Patients received KEYTRUDA SC (790 mg/9,600 units every 6 weeks) or KEYTRUDA IV (400 mg every 6 weeks) in combination with platinum-doublet chemotherapy.

[a]Six participants in the KEYTRUDA SC arm were excluded from the pharmacokinetics modeling analysis due to clinically meaningful protocol deviation (n=4) and to absence of cycle 1 samples for pharmacokinetics analysis (n=2).[1]
[b]KEYTRUDA SC + chemotherapy versus KEYTRUDA IV + chemotherapy.[1]
[c]AUC (area under the curve) = the total amount of the drug reaching the systemic circulation.

CLAIMS

NOW APPROVED: *KEYTRUDA* SC

Consistent PK results for KEYTRUDA SC and KEYTRUDA IV

RULES OF USE

- Ensure "NOW APPROVED" is removed after the appropriate amount of time has passed based on local Merck/MSD guidelines and/or country regulations.

PRIMARY ENDPOINT

RULES OF USE

- The global HQ-approved version of this table includes data from both the CCDS and Felip publication. For example, the geometric coefficient of variation is a data point that may be relevant to HCPs in their assessment of the efficacy of KEYTRUDA SC. It was not included in the CCDS, so the Felip publication was used for support.
- When stating "primary endpoint," the phrase "noninferiority of KEYTRUDA SC vs KEYTRUDA IV" should accompany it.
- Local markets should align presentation of endpoint data to local market label.

SECONDARY ENDPOINT

RULES OF USE

- The secondary endpoints from the D77 study may be presented in addition to the primary endpoint (PK data). The analysis of the secondary endpoints was a descriptive analysis not powered to test for statistical significance; therefore no promotional claims can be made about the secondary endpoints.
- When stating "secondary endpoints," the phrase "based on descriptive analysis" should accompany it.
- This also applies to content in the separate card containing the PFS curve (HQ-KEY-01552).

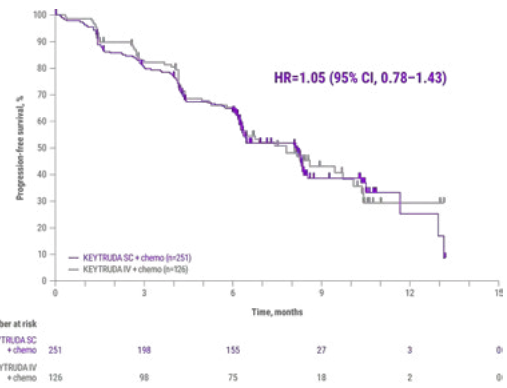
PFS CURVE (EFFICACY): HQ-KEY-01552

Note to markets: Assess whether "KEYTRUDA SC" and "KEYTRUDA IV" are appropriate descriptors for the products depending on the label(s) in local market.

No notable differences in PFS[a] observed between KEYTRUDA SC and KEYTRUDA IV

Secondary end point (based on descriptive analysis)

Kaplan-Meier Estimates of Progression-Free Survival[a] in Study MK-3475A-D77[1]



- **Median PFS[a]: 8.1 months** (95% CI, 6.3–8.3) with KEYTRUDA SC vs **7.8 months** (95% CI, 6.2–9.7) with KEYTRUDA IV (HR=1.05; 95% CI, 0.78–1.43).
- Data cutoff: 12 July 2024. Median study follow-up: 9.6 months (range: 6.2–16.39).[1]
- The tail end of the KM curve should be interpreted with caution due to factors such as the number of censored events and a lower number of patients at this time.

[a]As assessed by BICR using RECIST v1.1.

Note to markets: The Felip reference was used to support the median study follow-up bullet above instead of the CCDS to match the KM curve from the Felip publication.

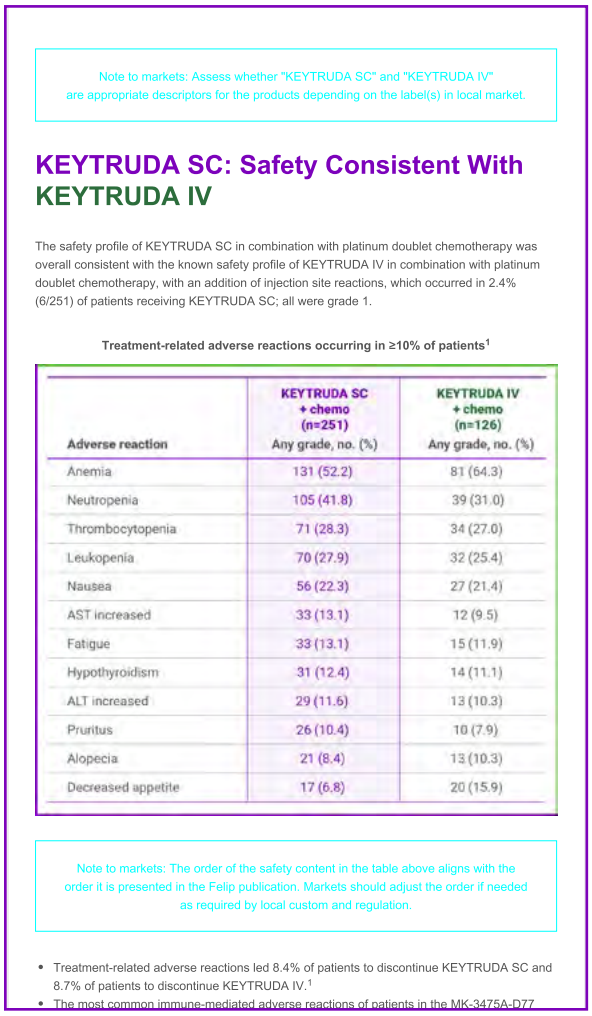
CLAIMS

No notable differences in PFS observed between KEYTRUDA SC and KEYTRUDA IV

RULES OF USE

- The Felip reference was used instead of the CCDS to support the median study follow-up bullet above so it would match the KM curve from the Felip publication.
- Local markets advised to use “no notable differences” to align to language used in CCDS or align to local market label.

SAFETY:
HQ-KEY-01553



Note to markets: Assess whether "KEYTRUDA SC" and "KEYTRUDA IV" are appropriate descriptors for the products depending on the label(s) in local market.

KEYTRUDA SC: Safety Consistent With KEYTRUDA IV

The safety profile of KEYTRUDA SC in combination with platinum doublet chemotherapy was overall consistent with the known safety profile of KEYTRUDA IV in combination with platinum doublet chemotherapy, with an addition of injection site reactions, which occurred in 2.4% (6/251) of patients receiving KEYTRUDA SC; all were grade 1.

Treatment-related adverse reactions occurring in ≥10% of patients[1]

Adverse reaction	KEYTRUDA SC + chemo (n=251) Any grade, no. (%)	KEYTRUDA IV + chemo (n=126) Any grade, no. (%)
Anemia	131 (52.2)	81 (64.3)
Neutropenia	105 (41.8)	39 (31.0)
Thrombocytopenia	71 (28.3)	34 (27.0)
Leukopenia	70 (27.9)	32 (25.4)
Nausea	56 (22.3)	27 (21.4)
AST increased	33 (13.1)	12 (9.5)
Fatigue	33 (13.1)	15 (11.9)
Hypothyroidism	31 (12.4)	14 (11.1)
ALT increased	29 (11.6)	13 (10.3)
Pruritus	26 (10.4)	10 (7.9)
Alopecia	21 (8.4)	13 (10.3)
Decreased appetite	17 (6.8)	20 (15.9)

Note to markets: The order of the safety content in the table above aligns with the order it is presented in the Felip publication. Markets should adjust the order if needed as required by local custom and regulation.

- Treatment-related adverse reactions led 8.4% of patients to discontinue KEYTRUDA SC and 8.7% of patients to discontinue KEYTRUDA IV.[1]
- The most common immune-mediated adverse reactions of patients in the MK-3475A-D77

CLAIMS

KEYTRUDA SC: Safety consistent with KEYTRUDA IV

RULES OF USE

- The global HQ-approved version of this table includes data from the Felip publication. Therefore, the order of the content in the table aligns with the order it is presented in the article. Markets should adjust the order of content if needed as required by local custom and regulation.
- Additional safety data such as immune-mediated adverse reactions and injection site reactions should accompany the safety table. Some of this data is referenced to the Felip publication.
- The data cutoff bullet above is referenced to Felip and not the CCDS.

DOSING:
HQ-KEY-01554

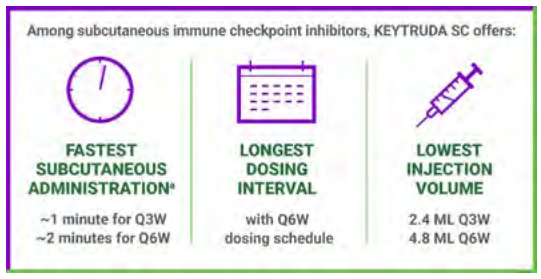
Note to markets: Assess whether "KEYTRUDA SC" and "KEYTRUDA IV" are appropriate descriptors for the products depending on the label(s) in local market.

KEYTRUDA SC Offers the Fastest Administration Time Among Subcutaneous Immune Checkpoint Inhibitors

[Alt]

For your patients and your practice

KEYTRUDA SC Offers the Fastest Administration Time Among Subcutaneous Immune Checkpoint Inhibitors



Note to markets: When localizing this claim, please consider its accuracy per other locally approved competitor ICIs.

Two administration sites: abdomen or thigh

Two dosing options for all adult indications with the flexibility to switch between KEYTRUDA SC and KEYTRUDA IV

Dosing Schedule	Preparation	Single Dose Administration[a]	Yearly Administration
Q3W	Fixed dose 2.4 mL vial (395 mg pembrolizumab and 4,800 units berahyaluronidase alfa)	~1 minute	18[b] (~18 minutes/year)
Q6W	Fixed dose 4.8 mL vial (790 mg pembrolizumab and 9,600 units berahyaluronidase alfa)	~2 minutes	9[b] (~18 minutes/year)

[a]Does not account for all aspects of treatment. Actual clinic time may vary.
[b]Approximately.

Patients should be treated with KEYTRUDA SC until disease progression or unacceptable toxicity. For the adjuvant treatment of melanoma, RCC or NSCLC, KEYTRUDA SC should be administered for up to 1 year or until disease recurrence or unacceptable toxicity. For use in combination, see the prescribing information for the concomitant therapies. When administering KEYTRUDA SC as part of a combination with intravenous chemotherapy, KEYTRUDA SC should be administered first. For RCC patients treated with KEYTRUDA SC in combination with axitinib, see the prescribing information regarding dosing of axitinib. When used in combination with KEYTRUDA SC, dose escalation of axitinib above the initial 5-mg dose may be considered at intervals of 6 weeks or longer.

For the neoadjuvant and adjuvant treatment of high-risk early-stage TNBC, patients should be treated with neoadjuvant KEYTRUDA SC in combination with chemotherapy for 8 doses of 395 mg/4,800 units every 3 weeks or 4 doses of 790 mg/9,600 units every 6 weeks or until disease progression that precludes definitive surgery or unacceptable toxicity, followed by adjuvant treatment with KEYTRUDA SC as monotherapy for 9 doses of 395 mg/4,800 units every 3 weeks or 5 doses of 790 mg/9,600 units every 6 weeks or until disease recurrence or unacceptable toxicity. Patients who experience disease progression that precludes definitive surgery or unacceptable toxicity related to KEYTRUDA SC as neoadjuvant treatment in combination with chemotherapy should not receive KEYTRUDA SC monotherapy as adjuvant treatment.

Note to markets: Please provide full indication statements for any tumors for which dosing information is provided.

Note to markets: When localizing this claim, please consider its accuracy per other locally approved competitor ICIs.

IV = intravenous; NSCLC = non–small cell lung carcinoma; Q3W = every 3 weeks; Q6W = every 6 weeks; RCC = renal cell carcinoma; SC = subcutaneous; TNBC = triple-negative breast cancer.

CLAIMS

KEYTRUDA SC offers the fastest administration time among immune checkpoint inhibitors

KEYTRUDA SC has the fastest injection time and lowest injection volume of any subcutaneous immune checkpoint inhibitor

RULES OF USE

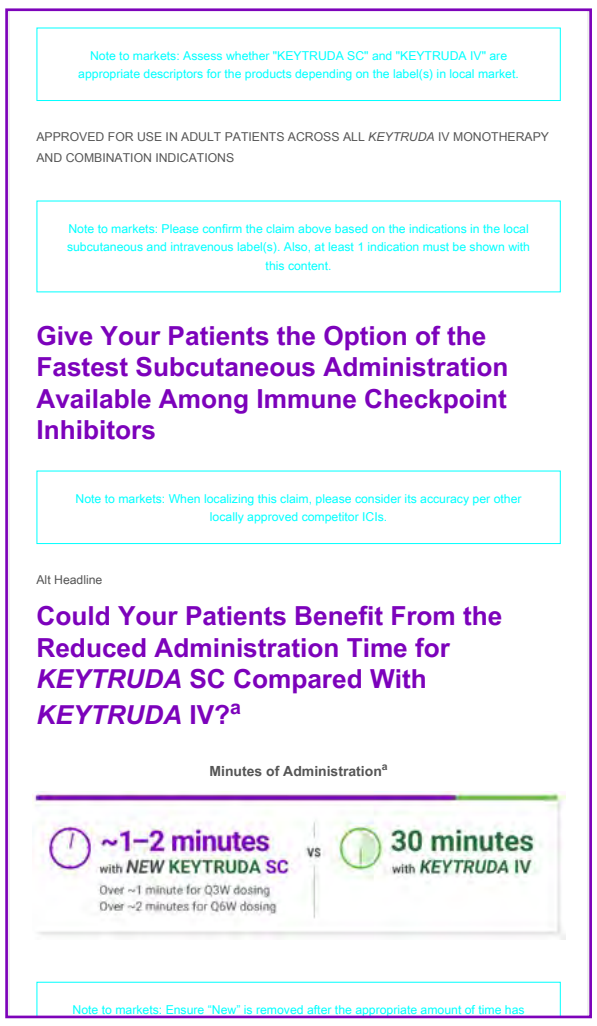
- Comparative claims such as “FASTEST,” ”LONGEST,” and “LOWEST” can be made as long as they are written in the context of other subcutaneous immune checkpoint inhibitors (ICIs) and confirmed accurate based on the local labels of competitor ICIs.

Two dosing options for all adult indications with the flexibility to switch between KEYTRUDA SC and KEYTRUDA IV

RULES OF USE

- Any language that speaks to switching between KEYTRUDA SC and KEYTRUDA IV must align to local market label.
- Please provide full indication statements for any tumors for which dosing information is provided.

PATIENT BENEFIT: HQ-KEY-01555



CLAIMS

Give your patients the option of the fastest subcutaneous administration available among immune checkpoint inhibitors

RULES OF USE

- When localizing this claim, please consider its accuracy per other locally approved competitor ICIs.

~1–2 minutes with NEW *KEYTRUDA* SC vs 30 minutes with *KEYTRUDA* IV

RULES OF USE

- Ensure "New" is removed after the appropriate amount of time has passed based on local Merck/MSD guidelines and/or country regulations.
- "Over ~1 minute for Q3W dosing" and "Over ~2 minutes for Q6W dosing" must be presented with this claim.

The fastest subcutaneous administration available among immune checkpoint inhibitors

RULES OF USE

- As noted above, when localizing this claim, please consider its accuracy per other locally approved competitor ICIs.

Could your patients benefit from the reduced administration time for KEYTRUDA SC compared with KEYTRUDA IV?

Reduced treatment administration time compared with KEYTRUDA IV

RULES OF USE

- The following disclaimer always needs to be associated with these claims:
  - Does not account for all aspects of treatment. Actual clinic time may vary.
- For the table and bar chart shown underneath the statement "reduced administration time over 1 year with KEYTRUDA SC compared with KEYTRUDA IV."
  - The associated bar chart must be presented but be less prominent than the table, since the table gives the context for the bar chart.

No port required for subcutaneous administration

RULES OF USE

- The following disclaimer always needs to be stated in close proximity to the claim:
  - Patients who are receiving KEYTRUDA SC in combination with an intravenous therapy may still require a port.

SUMMARY/ CLOSING:
HQ-KEY-01557

Note to markets: Assess whether "KEYTRUDA SC" and "KEYTRUDA IV" are appropriate descriptors for the products depending on the label(s) in local market.

Note to markets—Please assess the following for the image below:
-Name of product and logo depending on what is approved in local market
-Whether reference to "KEYTRUDA" in "Consistent with KEYTRUDA" would trigger additional logo and balance
-Use the logo that is appropriate for your region when developing tactics
-Ensure "NOW APPROVED" is removed after the appropriate amount of time has passed based on local Merck/MSD guidelines and/or country regulations

Note to markets: Please note that use of the "Consistent with KEYTRUDA" claim above requires that the complete D77 study design (from card HQ-KEY-01549) and primary endpoint content (from card HQ-KEY-01550) be included in any final assets. Additionally, use of "1-2 minutes" above requires that the full dosing information in HQ-KEY-01554 be included in any final assets. Associated cards that should travel together are linked in related materials.

APPROVED FOR USE IN ADULT PATIENTS ACROSS ALL *KEYTRUDA* IV MONOTHERAPY AND COMBINATION INDICATIONS

Note to markets: Please confirm the claim above based on the indications in the local subcutaneous and intravenous label(s). Also, at least 1 indication must be shown with this content. Local markets should assess whether this triggers the need to include indication statements for both KEYTRUDA IV and SC.

CONSISTENT

- **Consistent PK**
  - The pharmacokinetic results of KEYTRUDA SC have been demonstrated to be comparable to those of KEYTRUDA IV[a]
  - Cycle 1 $AUC_{0\text{–}6wk}$ showed noninferiority of KEYTRUDA SC to KEYTRUDA IV, with a geometric mean ratio of 1.14 (96% CI, 1.06–1.22)
  - Cycle 3 C_{trough} (ie, steady state) demonstrated noninferiority of KEYTRUDA SC to KEYTRUDA IV, with a geometric mean ratio of 1.67 (94% CI, 1.52–1.84)
- **Consistent safety**
  - The safety profile of KEYTRUDA SC in combination with platinum-doublet chemotherapy was overall consistent with the known safety profile of KEYTRUDA IV in combination with platinum-doublet chemotherapy

FASTER

- The **fastest administration in ~1–2 minutes and lowest injection volume** of any subcutaneous immune checkpoint inhibitor
  - **Q3W (2.4 mL):** 395 mg pembrolizumab and 4,800 units berahyaluronidase alfa administered over ~1 minute
  - **Q6W (4.8 mL):** 790 mg pembrolizumab and 9,600 units berahyaluronidase alfa administered over ~2 minutes
  - Please refer to detailed dosing information within

Note to markets: When localizing bullet 1 in "Faster" column above, please consider its accuracy per other locally approved competitor ICIs.

FLEXIBLE

- **Ability to switch** between KEYTRUDA IV and KEYTRUDA SC
- **Two dosing options** (Q3W and Q6W)
- **Longest dosing interval (with Q6W)** of any subcutaneous immune checkpoint inhibitor
- **Two choices for administration site:** Abdomen or thigh

CLAIMS

Consistent with KEYTRUDA

The fastest administration in ~1–2 minutes and lowest injection volume of any subcutaneous checkpoint inhibitor

RULES OF USE

- Any summary pages with key claims like “Consistent with KEYTRUDA” or “~1–2 minutes” should also carry the associated supporting context (see Cover/Intro card [HQ-KEY-01548] on page 4 for more detail).
- Comparative claims such as “FASTEST” and “LOWEST” can be made as long as they are written in the context of other subcutaneous immune checkpoint inhibitors (ICIs) and confirmed accurate based on the local labels of competitor ICIs.
- The "FASTEST" claim also requires "Over ~1 minute for Q3W dosing" and "Over ~2 minutes for Q6W dosing" to be presented.

LUNG NSCLC DOSING CARD: HQ-LAM-00667

This is an example of how the elements discussed on the preceding pages have been adapted to be tumor-level specific, eg, for NSCLC. It is a blueprint for customizing content to fit the needs of your disease area.

The eyebrow clearly identifies what type of patients are the subject. In this case, it is appropriate patients with NSCLC.

All 3 NSCLC indication statements for using KEYTRUDA SC and KEYTRUDA IV in combination with chemotherapy have been added directly underneath the headline.

Note to Markets: This content is intended to be used as part of a complete presentation including appropriate indication data and SC data. Assess whether "*KEYTRUDA* SC" and "*KEYTRUDA* IV" are appropriate descriptors for the products depending on the label(s) in local market.

For appropriate patients with NSCLC

KEYTRUDA IV and *KEYTRUDA* SC Are Each Indicated in Combination With Chemotherapy

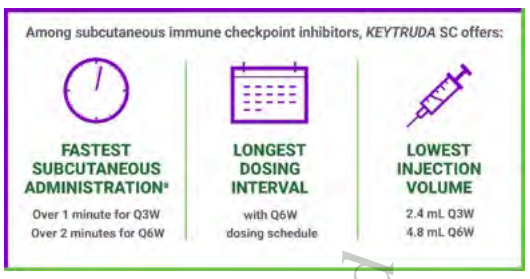
KEYTRUDA IV and *KEYTRUDA* SC, in combination with pemetrexed and platinum chemotherapy, are each indicated for the first-line treatment of adult patients with metastatic nonsquamous non–small cell lung carcinoma (NSCLC), with no EGFR or ALK genomic tumor aberrations.

KEYTRUDA IV and *KEYTRUDA* SC, in combination with carboplatin and either paclitaxel or nab-paclitaxel, are each indicated for the first-line treatment of adult patients with metastatic squamous NSCLC.

KEYTRUDA IV and *KEYTRUDA* SC are each indicated for the treatment of adult patients with resectable stage II, IIIA, or IIIB (T3–4N2) NSCLC in combination with platinum-containing chemotherapy as neoadjuvant treatment, and then continued as monotherapy as adjuvant treatment.

Note to Markets: Adjust the indications as appropriate based on the study data being included.

KEYTRUDA SC offers the fastest administration time among subcutaneous immune checkpoint inhibitors.



Note to Markets: When localizing this claim, please consider its accuracy per other locally approved competitor ICIs.

For appropriate new and current patients with NSCLC, **there are 2 dosing options, with the flexibility to switch between *KEYTRUDA* IV and *KEYTRUDA* SC at the next scheduled dose.**

The wording in the dosing table header has been modified to identify the target patient group: new and current patients with NSCLC.

Dosing schedule	Preparation	Single dose administration[a]	Yearly administration[b]
***KEYTRUDA* SC**			
Q3W	Fixed dose 2.4 mL vial (395 mg pembrolizumab and 4,800 units berahyaluronidase alfa)	Over 1 minute	18[c] Doses (over 18 minutes/year)
Q6W	Fixed dose 4.8 mL vial (790 mg pembrolizumab and 9,600 units berahyaluronidase alfa)	Over 2 minutes	9[c] Doses (over 18 minutes/year)
***KEYTRUDA* IV**			
Q3W	Fixed dose 200 mg IV infusion	Over 30 minutes	18[c] Doses (over 540 minutes/year)
Q6W	Fixed dose 400 mg IV infusion	Over 30 minutes	9[c] Doses (over 270 minutes/year)

Inject *KEYTRUDA* SC into the subcutaneous tissue of the thigh or abdomen, avoiding the 5-centimeter area around the navel. Do not inject into skin that is damaged, sore, bruised, scarred, scaly, or has red patches. Rotate injection sites for subsequent injections. During treatment with *KEYTRUDA* SC, do not administer other medications for subcutaneous use at the same site as *KEYTRUDA* SC.

Patients should be treated with *KEYTRUDA* SC or *KEYTRUDA* IV until disease progression or unacceptable toxicity.

- For the adjuvant treatment of NSCLC, KEYTRUDA SC or KEYTRUDA IV should be administered for up to 1 year or until disease recurrence or unacceptable toxicity.
- For the neoadjuvant followed by adjuvant treatment of resectable NSCLC, patients should be treated with neoadjuvant *KEYTRUDA* SC or *KEYTRUDA* IV in combination with chemotherapy for 12 weeks or until disease progression that precludes definitive surgery or unacceptable toxicity, followed by adjuvant treatment with *KEYTRUDA* SC or *KEYTRUDA* IV as monotherapy for 39 weeks or until disease recurrence or unacceptable toxicity.

Safety language specific to adjuvant and neoadjuvant dosing for patients with NSCLC has been added.

Reduced administration time over 1 year with *KEYTRUDA* SC compared with *KEYTRUDA* IV[a,b]

[a]Does not account for all aspects of treatment. Actual clinic time may vary.
[b]Calculated using approximate administration times and yearly number of injections/infusions.

Important Dosage and Administration Information

- *KEYTRUDA* SC is for subcutaneous use only. Do not administer intravenously.
- To reduce the risk of medication errors, check the vial labels to ensure that the drug being prepared and administered is *KEYTRUDA* SC for subcutaneous use and not *KEYTRUDA* IV.
- Do not substitute *KEYTRUDA* SC for or with *KEYTRUDA* IV products because they have different recommended dosages and routes of administration.
- Patients receiving *KEYTRUDA* IV can switch to subcutaneous *KEYTRUDA* SC at their next scheduled dose.
- Patients receiving subcutaneous *KEYTRUDA* SC can switch to *KEYTRUDA* IV at their next scheduled dose.
- *KEYTRUDA* SC is for subcutaneous injection into the thigh or abdomen only.
- *KEYTRUDA* SC is to be administered by a health care professional only.

For use in combination therapy:

- See the prescribing information for the concomitant therapies.
- When administering *KEYTRUDA* SC or *KEYTRUDA* IV as part of a combination with intravenous chemotherapy, *KEYTRUDA* SC or *KEYTRUDA* IV should be administered first.

ALK = anaplastic lymphoma kinase; EGFR = epidermal growth factor receptor; IV = intravenous; nab-paclitaxel = paclitaxel protein-bound; Q3W = every 3 weeks; Q6W = every 6 weeks; SC = subcutaneous.

Click here for Medical Guidance in Attachments.

Note to Markets: Assess whether the content above requires *KEYTRUDA* IV safety.

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