DISCOVER KEYTRUDA®'S FLEXIBLE DOSING

KEYTRUDA® offers two dosing regimens that allows you to decide which dosing frequency is most appropriate for your adult patients.

Approximately
17 infusions/year

Approximately
8 infusions/year

Both dosing options are administered over 30 minutes.

Patients should be treated with KEYTRUDA® until disease progression, unacceptable toxicity or the pre-defined duration in the Product Monograph. Duration of treatment varies based on the indication. Please see the KEYTRUDA® Product Monograph for complete dosing information.

Q3W: dosing every 3 weeks; Q6W: dosing every 6 weeks

START THE CONVERSATION WITH YOUR PATIENT

- **Determine together what dosing schedule is most appropriate for your patient.**
- **Assess the frequency with which you would like to see your patients in between infusions.**
- **Determine together your comfort level for in-person or virtual consultations.**
  - Virtual consultations
    - telephone
    - video conference
  - In-person

KEYTRUDA® has been issued marketing authorization **without conditions** for:

- Treatment of adult patients with unresectable or metastatic melanoma who have not received prior treatment with ipilimumab. Subjects with BRAF V600 mutant melanoma may have received prior BRAF inhibitor therapy.
- Treatment of adult patients with unresectable or metastatic melanoma and disease progression following ipilimumab therapy and, if BRAF V600 mutation positive, following a BRAF or MEK inhibitor.
- Adjuvant treatment of adult patients with Stage IIB or IIC melanoma following complete resection.
- Adjuvant treatment of adult patients with Stage III melanoma with lymph node involvement who have undergone complete resection.

Pr KEYTRUDA® (pembrolizumab)

KEYNOTE-555[1]

Pr KEYTRUDA® (pembrolizumab)

Based on observed preliminary data from an interim analysis of 44 adult patients with advanced (unresectable or metastatic) melanoma patients, **no clinically significant differences in efficacy and safety are expected** between KEYTRUDA® doses of 200 mg or 2 mg/kg every 3 weeks or 400 mg every 6 weeks.

In peripheral blood of patients who received KEYTRUDA® 2 mg/kg every 3 weeks or 10 mg/kg every 2 weeks or 3 weeks, an increased percentage of activated CD4+ and CD8+ T-cells was observed after treatment, at all doses and schedules, without an increase in the circulating T-lymphocyte number.

Clinical use:

Pediatrics: KEYTRUDA® as monotherapy is indicated for the treatment of pediatric patients with:

- Melanoma, pediatric patients 12 years and older with Stage IIB or IIC melanoma who have undergone complete resection.
- Relapsed or refractory cHL who have failed ASCT, or who are not candidates for multi-agent salvage chemotherapy and ASCT (< 18 years of age).
- Refractory PMBCL, or pediatric PMBCL patients whose disease has relapsed after 2 or more prior lines of therapy (<18 years of age).

The safety and efficacy of KEYTRUDA® has not been established for pediatric patients with conditions other than relapsed or refractory cHL, or relapsed or refractory PMBCL, or melanoma (Stage IIB or IIC).

Geriatrics (>65 years of age): No overall differences in safety or efficacy were reported between elderly patients (65 years and over) and younger patients (less than 65 years). Limited safety and efficacy information is available for KEYTRUDA® in cHL ≥65 years of age (n=20).

Relevant warnings and precautions:

- Immune-mediated adverse reactions, including severe and fatal cases:
  - Pneumonitis
  - Colitis
  - Hepatitis
  - Nephritis and renal dysfunction
  - Endocrinopathies including adrenal insufficiency, hypophysitis, type 1 diabetes mellitus and thyroid disorders
  - Severe skin reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis
- Other immune-mediated adverse events including uveitis, arthritis, myositis, encephalitis, sarcoidosis, myasthenic syndrome/myasthenia gravis, vasculitis, Guillain-Barré syndrome, hemolytic anemia, pancreatitis, myelitis, myocarditis, hypoparathyroidism, sclerosing cholangitis
- Use in combination with axitinib for RCC
- Use with thalidomide analogue and dexamethasone in multiple myeloma
- Solid organ transplant rejection
- Allogeneic stem cell transplant after and before treatment
- Severe infusion-related reactions
- Teratogenic toxicity
- Women should avoid pregnancy and breastfeeding during treatment and for at least 4 months after it
- Patients with hepatic impairment
- Renal impairment
- Driving and operating machinery
- Monitoring requirements
- Pediatrics
- Geriatrics

For more information:

Please consult the Product Monograph at https://www.merck.ca/confirm-monograph.xhtml?file=KEYTRUDA-PM_E.pdf for important information regarding adverse reactions, drug interactions, and dosing information which have not been discussed in this piece.

The Product Monograph is also available by calling us at 1-800-567-2594 or by email at medinfocanada@merck.com.

Reference: 1. KEYTRUDA® Product Monograph. Merck Canada Inc., April 19, 2023.

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