NOW APPROVED FOR SUBCUTANEOUS USE

KEYTRUDA QSub®

pembrolizumab + berahyaluronidase alfa-xxxx

Subcutaneous Injection | 165mg + 2,000 units/mL

PROVEN CONSISTENT WITH KEYTRUDA

ADMINISTERED IN 1–2 MINUTES*

*Does not account for all aspects of treatment. Actual clinic time may vary.

KEYTRUDA QSUB is approved for use in adult patients across all monotherapy and combination therapy solid tumor indications for KEYTRUDA

One such indication for KEYTRUDA and KEYTRUDA QSUB is the adjuvant treatment of patients with RCC at intermediate-high or high risk of recurrence following nephrectomy, or following nephrectomy and resection of metastatic lesions.

Comparable Pharmacokinetics

The pharmacokinetic results of KEYTRUDA QSUB have been demonstrated to be comparable with those of KEYTRUDA

- Cycle 1 $AUC_{0\text{-}6wks}$ showed noninferiority of KEYTRUDA QSUB to KEYTRUDA, with a geometric mean ratio of 1.14 (96% CI, 1.06, 1.22)
- Cycle 3 C_{trough} (i.e., steady state) showed noninferiority of KEYTRUDA QSUB to KEYTRUDA, with a geometric mean ratio of 1.67 (94% CI, 1.52, 1.84)

View the Study Design

AUC (area under the curve) = the total amount of the drug reaching the systemic circulation; CI = confidence interval; Q3W = every 3 weeks; Q6W = every 6 weeks.

Flexible Dosing Options

Dosing Time and Volume

- **2.4 mL administered in 1 minute**
  - Q3 weeks (395 mg pembrolizumab/4,800 units berahyaluronidase alfa-xxxx)
- **4.8 mL administered in 2 minutes**
  - Q6 weeks (790 mg pembrolizumab/9,600 units berahyaluronidase alfa-xxxx)

Two Injection Site Options

- Abdomen and thigh

Treatment with KEYTRUDA QSUB should continue until disease recurrence, unacceptable toxicity, or up to 12 months

SELECTED SAFETY INFORMATION

Severe and Fatal Immune-Mediated Adverse Reactions - KEYTRUDA is a monoclonal antibody that belongs to a class of drugs that bind to either the programmed death receptor-1 (PD-1) or the programmed death ligand 1 (PD-L1), blocking the PD-1/PD-L1 pathway, thereby removing inhibition of the immune response, potentially breaking peripheral tolerance and inducing immune-mediated adverse reactions. Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue, can affect more than one body system simultaneously, and can occur at any time after starting treatment or after discontinuation of treatment. Important immune-mediated adverse reactions listed here may not include all possible severe and fatal immune-mediated adverse reactions.

(Additional Safety Information continued on page 2.)

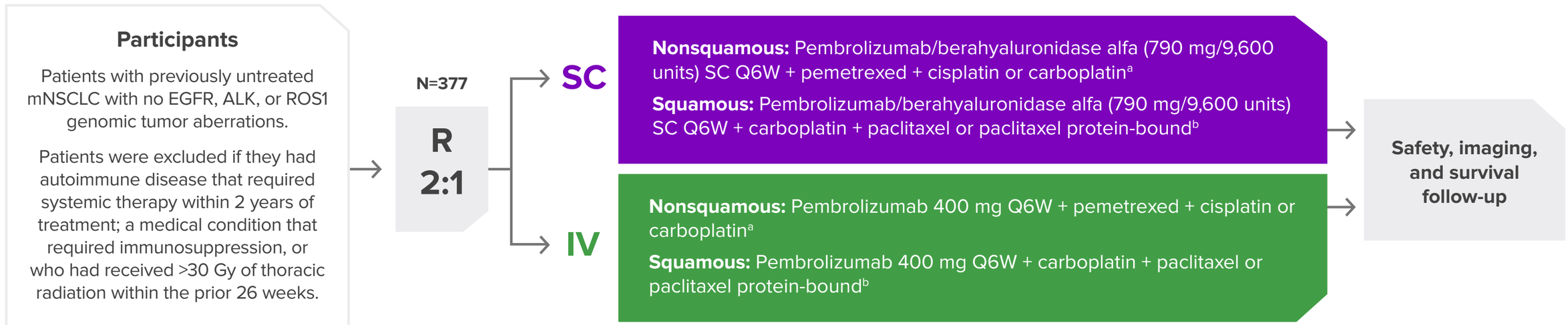
Please see additional Important Safety Information throughout and US Full Prescribing Information before prescribing KEYTRUDA and KEYTRUDA QSUB.

KEYTRUDA® (pembrolizumab) Injection 100 mg | KEYTRUDA QSub® pembrolizumab + berahyaluronidase alfa-xxxx Subcutaneous Injection | 165mg + 2,000 units/mL

KEYTRUDA QSUB was studied to evaluate its comparability to KEYTRUDA

In MK-3475A-D77, KEYTRUDA QSUB was evaluated in a randomized, multicenter, open-label, noninferiority study of the active-controlled pharmacokinetics, efficacy, and safety of KEYTRUDA QSUB in combination with chemotherapy vs KEYTRUDA in combination with chemotherapy for the first-line treatment of patients with metastatic non–small cell lung cancer (mNSCLC).

KEYTRUDA QSUB noninferiority study design



Main Outcome Measure: Pembrolizumab exposure (Cycle 1 $AUC^{\dagger}_{0\text{-}6\ weeks}$ and Cycle 3 [Steady State] $C^{\ddagger}_{trough}$)

Descriptive Efficacy Outcome Measures: ORR, PFS, and OS

Chemotherapy Options

a Pemetrexed 500 mg/m^2 IV + cisplatin 75 mg/m^2 IV or carboplatin AUC 5 mg/mL/min IV Q3W for 4 cycles, followed by pemetrexed 500 mg/m^2 IV Q3W.

b Carboplatin AUC 6 mg/mL/min + paclitaxel 200 mg/m^2 IV on Day 1 of each 21-day cycle or paclitaxel protein-bound 100 mg/m^2 IV on Days 1, 8, and 15 of each 21-day cycle IV Q3W for 4 cycles.

†AUC (area under the curve) = the total amount of the drug reaching the systemic circulation.

$^{\ddagger}C_{trough}$ (trough concentration) = lowest concentration of drug in the blood.

1L = first-line; ALK = anaplastic lymphoma kinase; EGFR = epidermal growth factor receptor; IV = intravenous; ORR = overall response rate; OS = overall survival; PFS = progression-free survival; PK = pharmacokinetics; Q3W = every 3 weeks; Q6W = every 6 weeks; R = randomization; R0S1 = ROS proto-oncogene 1, receptor tyrosine kinase; SC = subcutaneous.

SELECTED SAFETY INFORMATION (continued)

Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions. Early identification and management are essential to ensure safe use of anti–PD-1/PD-L1 treatments. Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment. For patients with TNBC treated with KEYTRUDA in the neoadjuvant setting, monitor blood cortisol at baseline, prior to surgery, and as clinically indicated. In cases of suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate.

(Additional Safety Information continued on page 3.)

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MK-3475A-D77: Patient baseline demographics and characteristics

Patient Demographics	All Patients (N=377)
Median age, years (range)	65 (37-87)
Male sex (%)	71
Ethnicity/race (%)	
White	63
Asian	29
Multiracial	4
Black or African American	3
American Indian or Alaska Native	2
Hispanic or Latino	31
ECOG PS (%)	
0	35
1	65
PD-L1 expression (%)	
TPS <50%	81
TPS ≥50%	19
Histology (%)	
Nonsquamous	66
Squamous	34

ECOG PS = Eastern Cooperative Oncology Group performance status; PD-L1 = programmed death ligand 1; TPS = tumor progression score.

SELECTED SAFETY INFORMATION (continued)

Withhold or permanently discontinue KEYTRUDA depending on severity of the immune-mediated adverse reaction. In general, if KEYTRUDA requires interruption or discontinuation, administer systemic corticosteroid therapy (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less. Upon improvement to Grade 1 or less, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose adverse reactions are not controlled with corticosteroid therapy.

Immune-Mediated Pneumonitis - KEYTRUDA can cause immune-mediated colitis, which may present with diarrhea. Cytomegalovirus infection/reactivation has been reported in patients with

(Additional Safety Information continued on page 4.)

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KEYTRUDA® (pembrolizumab) Injection 100 mg | KEYTRUDA QSub® pembrolizumab + berahyaluronidase alfa-xxxx Subcutaneous Injection | 165mg + 2,000 units/mL

KEYTRUDA QSUB demonstrated comparable pharmacokinetics and efficacy to KEYTRUDA

Study MK-3475A-D77 results

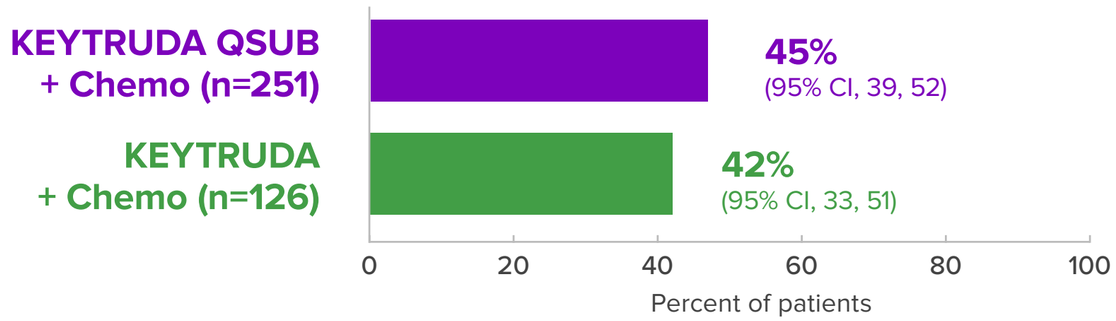
Main Outcome Measure	Geometric Mean Ratio
Cycle 1 $AUC_{0–6wks}$ [a]	**1.14** (96% CI, 1.06, 1.22)
Cycle 3 C_{trough} (steady state[b])	**1.67** (94% CI, 1.52, 1.84)

[a]Area under the curve (AUC) was used to measure of how long and how much pembrolizumab was active for 6 weeks
[b]Steady state C_{trough} was used to measure the concentration of pembrolizumab in the blood stream over 3 cycles

The effectiveness of KEYTRUDA QSUB for its approved indications has been established based upon the evidence from the adequate and well-controlled studies conducted with KEYTRUDA and additional data that demonstrated comparable pharmacokinetic, efficacy, and safety profiles between KEYTRUDA QSUB and KEYTRUDA in Study MK-3475A-D77

Additional descriptive outcome measures

Overall Response Rate



Progression-Free Survival (PFS) and Overall Survival (OS)

No notable differences in PFS or OS were observed between KEYTRUDA QSUB and KEYTRUDA

SELECTED SAFETY INFORMATION (continued)

corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies. Immune-mediated colitis occurred in 1.7% (48/2799) of patients receiving KEYTRUDA, including Grade 4 (<0.1%), Grade 3 (1.1%), and Grade 2 (0.4%) reactions. Systemic corticosteroids were required in 69% (33/48); additional immunosuppressant therapy was required in 4.2% of patients. Colitis led to permanent discontinuation of KEYTRUDA in 0.5% (15) and withholding in 0.5% (13) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement; of these, 23% had recurrence. Colitis resolved in 85% of the 48 patients.

(Additional Safety Information continued on page 5.)

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KEYTRUDA® (pembrolizumab) Injection 100 mg | KEYTRUDA QSub® pembrolizumab + berahyaluronidase alfa-xxxx Subcutaneous Injection | 165mg + 2,000 units/mL

The safety profile of KEYTRUDA QSUB is based on KEYTRUDA's established safety profile

The safety of KEYTRUDA QSUB for its approved indications has been established in adequate and well-controlled studies of KEYTRUDA QSUB in combination with platinum doublet chemotherapy (Study MK-3475A-D77) and intravenous pembrolizumab, as a single agent or in combination therapy, across tumor types.

Local injection site reactions were 2.4% in patients receiving KEYTRUDA QSUB

The most common adverse reactions (≥20%) in patients who received intravenous pembrolizumab as a single agent include fatigue, musculoskeletal pain, rash, diarrhea, pyrexia, cough, decreased appetite, pruritus, dyspnea, constipation, pain, abdominal pain, nausea, and hypothyroidism.

The most common adverse reactions (≥20%) in patients who received KEYTRUDA QSUB in combination with chemotherapy were nausea (25%), fatigue (25%), and musculoskeletal pain (20%).

Serious adverse reactions occurred in 39% of patients who received KEYTRUDA QSUB in combination with chemotherapy. Serious adverse reactions in ≥1% of patients who received KEYTRUDA QSUB were pneumonia (10%), thrombocytopenia (4%), febrile neutropenia (4%), neutropenia (2.8%), and anemia (1.2%). Fatal adverse reactions occurred in 10% of patients who received KEYTRUDA QSUB in combination with chemotherapy including pneumonia (3.2%), febrile neutropenia (1.2%), respiratory failure (1.2%), neutropenic sepsis (0.4%), septic shock (0.4%), parotitis (0.4%), pneumonitis (0.4%), pneumothorax (0.4%), pulmonary embolism (0.4%), neutropenic colitis (0.4%), and seizure (0.4%).

Permanent discontinuation of KEYTRUDA QSUB in combination with chemotherapy due to an adverse reaction occurred in 16% of patients. Adverse reactions which resulted in permanent discontinuation of KEYTRUDA QSUB in ≥2% of patients included pneumonia (3.2%).

Dosage interruptions of KEYTRUDA QSUB in combination with chemotherapy due to an adverse reaction occurred in 45% of patients. Adverse reactions which required dosage interruption in ≥2% of patients included neutropenia (14%), anemia (8%), thrombocytopenia (7%), pneumonia (4%), leukopenia (3.6%).and increased aspartate aminotransferase (2%).

SELECTED SAFETY INFORMATION (continued)

Immune-Mediated Colitis - KEYTRUDA can cause immune-mediated colitis, which may present with diarrhea. Cytomegalovirus infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies. Immune-mediated colitis occurred in 1.7% (48/2799) of patients receiving KEYTRUDA, including Grade 4 (<0.1%), Grade 3 (1.1%), and Grade 2 (0.4%) reactions. Systemic corticosteroids were required in 69% (33/48); additional immunosuppressant therapy was required in 4.2% of patients. Colitis led to permanent discontinuation of KEYTRUDA in 0.5% (15) and withholding in 0.5% (13) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement; of these, 23% had recurrence. Colitis resolved in 85% of the 48 patients.

Hepatotoxicity and Immune-Mediated Hepatitis - *KEYTRUDA as a Single Agent* - KEYTRUDA can cause immune-mediated hepatitis. Immune-mediated hepatitis occurred in 0.7% (19/2799)

(Additional Safety Information continued on page 6.)

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KEYTRUDA® (pembrolizumab) Injection 100 mg | KEYTRUDA QSub® pembrolizumab + berahyaluronidase alfa-xxxx Subcutaneous Injection | 165mg + 2,000 units/mL

The safety profile of KEYTRUDA QSUB was comparable to KEYTRUDA

Adverse reactions occurring in ≥10% of patients with mNSCLC receiving KEYTRUDA QSUB in Study MK-3475A-D77

Adverse Reaction	KEYTRUDA QSUB and Platinum Doublet Chemotherapy (n=251)		Intravenous Pembrolizumab and Platinum Doublet Chemotherapy (n=126)	
	All Grades* (%)	Grades 3-4 (%)	All Grades* (%)	Grades 3-4 (%)
Gastrointestinal				
Nausea	25	1.2	25	0.8
Diarrhea	15	1.6	13	0.8
Constipation	14	0	18	1.6
General				
Fatigue†	25	3.6	26	3.2
Musculoskeletal and Connective Tissue				
Musculoskeletal pain‡	20	2.4	30	2.4
Skin and Subcutaneous Tissue				
Rash§	14	0.8	12	0.8
Pruritis	12	0	13	0.8

* Graded per NCI CTCAE V5.0
† Includes fatigue, asthenia.
‡ Includes musculoskeletal pain, arthralgia, arthritis, back pain, bone pain, musculoskeletal chest pain, musculoskeletal stiffness, myalgia, non-cardiac chest pain, and pain in extremity.
§ Includes rash, rash erythematous, rash follicular, rash generalized, rash macular, rash maculo-papular, rash papular, rash pruritic, and exfoliative rash.

SELECTED SAFETY INFORMATION (continued)

of patients receiving KEYTRUDA, including Grade 4 (<0.1%), Grade 3 (0.4%), and Grade 2 (0.1%) reactions. Systemic corticosteroids were required in 68% (13/19) of patients; additional immunosuppressant therapy was required in 11% of patients. Hepatitis led to permanent discontinuation of KEYTRUDA in 0.2% (6) and withholding in 0.3% (9) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement; of these, none had recurrence. Hepatitis resolved in 79% of the 19 patients.

KEYTRUDA - *With Axitinib* - KEYTRUDA in combination with axitinib can cause hepatic toxicity. Monitor liver enzymes before initiation of and periodically throughout treatment. Consider monitoring more frequently as compared to when the drugs are administered as single agents. For elevated liver enzymes, interrupt KEYTRUDA and axitinib, and consider administering corticosteroids as needed. With the combination of KEYTRUDA and axitinib, Grades 3 and 4 increased alanine aminotransferase (ALT) (20%) and increased aspartate aminotransferase (AST) (13%) were seen at a higher frequency compared to KEYTRUDA alone. Fifty-nine percent of the patients with increased ALT received systemic corticosteroids. In patients with ALT ≥3 times upper limit of normal (ULN) (Grades 2-4, n=116), ALT resolved to Grades 0-1 in 94%. Among the 92 patients who were rechallenged with either KEYTRUDA (n=3) or axitinib (n=34) administered as a single agent or with both (n=55), recurrence of ALT ≥3 times ULN was observed in 1 patient receiving KEYTRUDA, 16 patients receiving axitinib, and 24 patients receiving both. All patients with a recurrence of ALT ≥3 ULN subsequently recovered from the event.

(Additional Safety Information continued on page 7.)

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Subcutaneous Injection | 165mg + 2,000 units/mL

The safety profile of KEYTRUDA QSUB was comparable to KEYTRUDA (continued)

Adverse reactions occurring in ≥10% of patients with mNSCLC receiving KEYTRUDA QSUB in Study MK-3475A-D77

Adverse Reaction	KEYTRUDA QSUB and Platinum Doublet Chemotherapy (n=251)		Intravenous Pembrolizumab and Platinum Doublet Chemotherapy (n=126)	
	All Grades* (%)	Grades 3-4 (%)	All Grades* (%)	Grades 3-4 (%)
Endocrine				
Hypothyroidism	14	0	12	0
Infections				
Pneumonia[¶]	17	10	16	7
Metabolism and Nutrition				
Decreased appetite	11	0.8	21	2.4
Hyperglycemia	11	0.8	11	0.8
Respiratory, Thoracic and Mediastinal				
Cough[#]	10	0	11	0.8

* Graded per NCI CTCAE V5.0

¶ Includes pneumonia, COVID-19 pneumonia, lower respiratory tract infection, lung abscess, pneumocystis jirovecii pneumonia, pneumonia bacterial, and pneumonia mycoplasmal.

Includes cough, productive cough and upper-airway cough syndrome.

SELECTED SAFETY INFORMATION (continued)

Immune-Mediated Endocrinopathies - *Adrenal Insufficiency* - KEYTRUDA can cause primary or secondary adrenal insufficiency. For Grade 2 or higher, initiate symptomatic treatment, including hormone replacement as clinically indicated. Withhold KEYTRUDA depending on severity. Adrenal insufficiency occurred in 0.8% (22/2799) of patients receiving KEYTRUDA, including Grade 4 (<0.1%), Grade 3 (0.3%), and Grade 2 (0.3%) reactions. Systemic corticosteroids were required in 77% (17/22) of patients; of these, the majority remained on systemic corticosteroids. Adrenal insufficiency led to permanent discontinuation of KEYTRUDA in <0.1% (1) and withholding in 0.3% (8) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement.

Hypophysitis - KEYTRUDA can cause immune-mediated hypophysitis. Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field defects. Hypophysitis can cause hypopituitarism. Initiate hormone replacement as indicated. Withhold or permanently discontinue KEYTRUDA depending on severity. Hypophysitis occurred in 0.6% (17/2799) of patients receiving KEYTRUDA, including Grade 4 (<0.1%), Grade 3 (0.3%), and Grade 2 (0.2%) reactions. Systemic corticosteroids were required in 94% (16/17) of patients; of these, the majority remained on systemic corticosteroids. Hypophysitis led to permanent discontinuation of KEYTRUDA in 0.1% (4) and withholding in 0.3% (7) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement.

Thyroid Disorders - KEYTRUDA can cause immune-mediated thyroid disorders. Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement for hypothyroidism or institute medical management of hyperthyroidism as clinically indicated. Withhold or permanently discontinue KEYTRUDA depending on severity. Thyroiditis occurred in 0.6% (16/2799) of patients receiving KEYTRUDA, including Grade 2 (0.3%). None discontinued, but KEYTRUDA was withheld in <0.1% (1) of patients. Hyperthyroidism occurred in 3.4% (96/2799) of patients receiving KEYTRUDA, including Grade 3 (0.1%) and Grade 2 (0.8%). It led to permanent discontinuation of KEYTRUDA in <0.1% (2) and withholding in 0.3%

(Additional Safety Information continued on page 8.)

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KEYTRUDA® (pembrolizumab) Injection 100 mg

KEYTRUDA QSub®
pembrolizumab + berahyaluronidase alfa-xxxx
Subcutaneous Injection | 165mg + 2,000 units/mL

KEYTRUDA QSUB offers your patients a flexible treatment experience

For certain patients, treatment with KEYTRUDA QSUB offers more flexibility by not requiring an infusion chair

Q3W	Q6W
EVERY 3 WEEKS	395 mg pembrolizumab and 4,800 units berahyaluronidase alfa
1-minute administration*	**2-minute administration***
2.4 mL injection volume	4.8 mL injection volume

*Does not account for all aspects of treatment. Actual clinic time may vary.

Patients receiving KEYTRUDA can switch to KEYTRUDA QSUB at their next scheduled dose.

Patients receiving KEYTRUDA QSUB can switch to KEYTRUDA at their next scheduled dose.

Two administration sites

Abdomen or thigh

For the adjuvant treatment of RCC:

- Treatment with KEYTRUDA QSUB should continue until disease recurrence, unacceptable toxicity, or up to 12 months

SELECTED SAFETY INFORMATION (continued)

(7) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement. Hypothyroidism occurred in 8% (237/2799) of patients receiving KEYTRUDA, including Grade 3 (0.1%) and Grade 2 (6.2%). It led to permanent discontinuation of KEYTRUDA in <0.1% (1) and withholding in 0.5% (14) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement. The majority of patients with hypothyroidism required long-term thyroid hormone replacement. The incidence of new or worsening hypothyroidism was higher in 1185 patients with HNSCC, occurring in 16% of patients receiving KEYTRUDA as a single agent or in combination with platinum and FU, including Grade 3 (0.3%) hypothyroidism. The incidence of new

(Additional Safety Information continued on page 9.)

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Subcutaneous Injection | 165mg + 2,000 units/mL

Storage of KEYTRUDA QSUB

Storing the vials

- Store vials in the refrigerator at 2 °C to 8 °C (36 °F to 46 °F) in the original carton to protect from light
- Do not shake or freeze vials

KEYTRUDA QSUB

Q3W vial
Yellow cap

395 mg pembrolizumab and 4,800 units berahyaluronidase alfa per 2.4 mL (165 mg/2,000 units per mL)
NDC 0006-3083-01

Q6W vial
Light green cap

790 mg pembrolizumab and 9,600 units berahyaluronidase alfa per 4.8 mL (165 mg/2,000 units per mL)
NDC 0006-5083-01

KEYTRUDA

Q3W and Q6W vials
Navy blue cap

Carton containing one 100 mg/4 mL (25 mg/mL), single-dose vial **(NDC 0006-3026-02)**

Carton containing two 100 mg/4 mL (25 mg/mL), single-dose vials **(NDC 0006-3026-04)**

KEYTRUDA QSUB is a sterile, preservative-free, clear to slightly opalescent, colorless to slightly yellow solution supplied in single-dose vials for subcutaneous administration. Each carton contains one single-dose vial.

Vials shown to scale, not actual size.

KEYTRUDA QSUB has the same vial storage requirements and carton dimensions as KEYTRUDA

SELECTED SAFETY INFORMATION (continued)

or worsening hypothyroidism was higher in 389 adult patients with cHL (17%) receiving KEYTRUDA as a single agent, including Grade 1 (6.2%) and Grade 2 (10.8%) hypothyroidism. The incidence of new or worsening hyperthyroidism was higher in 580 patients with resected NSCLC, occurring in 11% of patients receiving KEYTRUDA as a single agent as adjuvant treatment, including Grade 3 (0.2%) hyperthyroidism. The incidence of new or worsening hypothyroidism was higher in 580 patients with resected NSCLC, occurring in 22% of patients receiving KEYTRUDA as a single agent as adjuvant treatment (KEYNOTE-091), including Grade 3 (0.3%) hypothyroidism.

Type 1 Diabetes Mellitus (DM), Which Can Present With Diabetic Ketoacidosis - Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated. Withhold KEYTRUDA depending on severity. Type 1 DM occurred in 0.2% (6/2799) of patients receiving KEYTRUDA. It led to permanent discontinuation in <0.1% (1) and withholding of KEYTRUDA in <0.1% (1) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement.

Immune-Mediated Nephritis With Renal Dysfunction - KEYTRUDA can cause immune-mediated nephritis. Immune-mediated nephritis occurred in 0.3% (9/2799) of patients receiving KEYTRUDA, including Grade 4 (<0.1%), Grade 3 (0.1%), and Grade 2 (0.1%) reactions. Systemic corticosteroids were required in 89% (8/9) of patients. Nephritis led to permanent discontinuation of KEYTRUDA in 0.1%

(Additional Safety Information continued on page 10.)

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Preparing and storing the syringe

Preparation of the syringe

1 **Equilibrate the vial**

Remove KEYTRUDA QSUB vial from refrigerated storage and allow it to equilibrate to room temperature for at least 30 minutes.

2 **Withdraw with a transfer needle**

Use a sterile polypropylene or polycarbonate syringe and a stainless steel **transfer needle (18 to 21 gauge)** to withdraw KEYTRUDA QSUB from the vial.

- Every 4-week dosing (395 mg/4,800 units): withdraw 2.4 mL into the syringe
- Every 6-week dosing (790 mg/9,600 units): withdraw 4.8 mL into the syringe

3 **Change to an injection needle**

To avoid needle clogging, **change the needle to a 25 to 30 gauge, ½-inch, stainless steel hypodermic injection needle** immediately prior to subcutaneous injection.

4 **Discard any unused portion left in the vial**

- Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. The solution is clear to slightly opalescent, colorless to slightly yellow. **Discard the vial if visible particles are observed.**
- Prior to preparation for administration, if needed, the unpunctured vial may be stored at room temperature for up to 24 hours.

Storing the prepared syringe

KEYTRUDA QSUB does not contain a preservative and should be used immediately after withdrawing from the vial. If not used immediately, store the syringe containing KEYTRUDA QSUB with the transfer needle and cap in place:

- At room temperature 20 °C to 25 °C (68 °F to 77 °F) for up to **8 hours**, or
- In the refrigerator at 2 °C to 8 °C (36 °F to 46 °F) for up to **24 hours**. The 24-hour period may include up to 8 hours at room temperature

Discard if storage time exceeds these limits.

If refrigerated, allow the filled syringe to come to room temperature for at least 30 minutes prior to administration.

Do not freeze.

KEYTRUDA QSUB syringe can be stored at room temperature for up to 8 hours

KEYTRUDA QSUB offers a fixed dose with no reconstitution or IV line flush needed

SELECTED SAFETY INFORMATION (continued)

(3) and withholding in 0.1% (3) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement; of these, none had recurrence. Nephritis resolved in 56% of the 9 patients.

Immune-Mediated Dermatologic Adverse Reactions - KEYTRUDA can cause immune-mediated rash or dermatitis. Exfoliative dermatitis, including Stevens-Johnson syndrome, drug rash with eosinophilia and systemic symptoms, and toxic epidermal necrolysis, has occurred with anti–PD-1/PD-L1 treatments. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate nonexfoliative rashes. Withhold or permanently discontinue KEYTRUDA depending on severity. Immune-mediated dermatologic adverse reactions occurred in 1.4% (38/2799)

(Additional Safety Information continued on page 11.)

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Give your patients a choice of where you administer their treatment

Two injection site options: abdomen or upper thigh

KEYTRUDA QSUB can only be administered by a health care professional.

- Administer KEYTRUDA QSUB as a subcutaneous injection into the thigh or abdomen, avoiding the 5 cm area around the navel
- Inject into healthy skin and never into areas where the skin is red, bruised, tender, or hard
- Ensure the injection site is at least 2.5 cm from the previous injection site
- During treatment with KEYTRUDA QSUB, do not administer other medications for subcutaneous use at the same site as KEYTRUDA QSUB
- Do not administer KEYTRUDA QSUB intravenously

1–2-minute subcutaneous administration*

EVERY 3 WEEKS

1 minute

one 2.4 mL dose every 3 weeks

OR

EVERY 6 WEEKS

2 minutes

one 4.8 mL dose every 6 weeks

*Does not account for all aspects of treatment. Actual clinic time may vary.

SELECTED SAFETY INFORMATION (continued)

of patients receiving KEYTRUDA, including Grade 3 (1%) and Grade 2 (0.1%) reactions. Systemic corticosteroids were required in 40% (15/38) of patients. These reactions led to permanent discontinuation in 0.1% (2) and withholding of KEYTRUDA in 0.6% (16) of patients. All patients who were withheld reinitiated KEYTRUDA after symptom improvement; of these, 6% had recurrence. The reactions resolved in 79% of the 38 patients.

Other Immune-Mediated Adverse Reactions - The following clinically significant immune-mediated adverse reactions occurred at an incidence of <1% (unless otherwise noted) in patients who received KEYTRUDA or were reported with the use of other anti–PD-1/PD-L1 treatments. Severe or fatal cases have been reported for some of these adverse reactions. Cardiac/Vascular: Myocarditis, pericarditis, vasculitis; Nervous System: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barré

(Additional Safety Information continued on page 12.)

Please see additional Important Safety Information throughout and US Full Prescribing Information before prescribing KEYTRUDA and KEYTRUDA QSUB.

KEYTRUDA® (pembrolizumab) Injection 100 mg

KEYTRUDA QSub® pembrolizumab + berahyaluronidase alfa-xxxx Subcutaneous Injection | 165mg + 2,000 units/mL

The Merck Access Program

The Merck Access Program may be able to help answer questions about:

- Benefit investigations
- Billing and coding
- Co-pay assistance for eligible patients
- The prior authorizations and appeals process
- Referral to the Merck Patient Assistance program for eligibility determination (provided through the Merck Patient Assistance Program, Inc.)
- Product distribution

For more information about access and support, scan the QR code or call 855-257-3932 (Monday–Friday, 8 AM–8 PM), or visit **merckaccessprogram-keytruda.com**

SELECTED SAFETY INFORMATION (continued)

syndrome, nerve paresis, autoimmune neuropathy; Ocular: Uveitis, iritis and other ocular inflammatory toxicities can occur. Some cases can be associated with retinal detachment. Various grades of visual impairment, including blindness, can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada-like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss; Gastrointestinal: Pancreatitis, to include increases in serum amylase and lipase levels, gastritis, duodenitis; Musculoskeletal and Connective Tissue: Myositis/polymyositis, rhabdomyolysis (and associated sequelae, including renal failure), arthritis (1.5%), polymyalgia rheumatica; Endocrine: Hypoparathyroidism; Hematologic/Immune: Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenic purpura, solid organ transplant rejection, other transplant (including corneal graft) rejection.

Infusion-Related Reactions - KEYTRUDA can cause severe or life-threatening infusion-related reactions, including hypersensitivity and anaphylaxis, which have been reported in 0.2% of 2799 patients receiving KEYTRUDA. Monitor for signs and symptoms of infusion-related reactions. Interrupt or slow the rate of infusion for Grade 1 or Grade 2 reactions. For Grade 3 or Grade 4 reactions, stop infusion and permanently discontinue KEYTRUDA.

(Additional Safety Information continued on page 13.)

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Discover how KEYTRUDA QSUB could help your patients

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Actor Portrayal

SELECTED SAFETY INFORMATION (continued)

Complications of Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) - Fatal and other serious complications can occur in patients who receive allogeneic HSCT before or after anti–PD-1/PD-L1 treatments. Transplant-related complications include hyperacute graft-versus-host disease (GVHD), acute and chronic GVHD, hepatic veno-occlusive disease after reduced intensity conditioning, and steroid-requiring febrile syndrome (without an identified infectious cause). These complications may occur despite intervening therapy between anti–PD-1/PD-L1 treatments and allogeneic HSCT. Follow patients closely for evidence of these complications and intervene promptly. Consider the benefit vs risks of using anti–PD-1/PD-L1 treatments prior to or after an allogeneic HSCT.

Increased Mortality in Patients With Multiple Myeloma - In trials in patients with multiple myeloma, the addition of KEYTRUDA to a thalidomide analogue plus dexamethasone resulted in increased mortality. Treatment of these patients with an anti–PD-1/PD-L1 treatment in this combination is not recommended outside of controlled trials.

Embryofetal Toxicity - Based on its mechanism of action, KEYTRUDA can cause fetal harm when administered to a pregnant woman. Advise women of this potential risk. In females of reproductive potential, verify pregnancy status prior to initiating KEYTRUDA and advise them to use effective contraception during treatment and for 4 months after the last dose.

Please see additional Important Safety Information throughout and US Full Prescribing Information before prescribing KEYTRUDA and KEYTRUDA QSUB.

References:

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