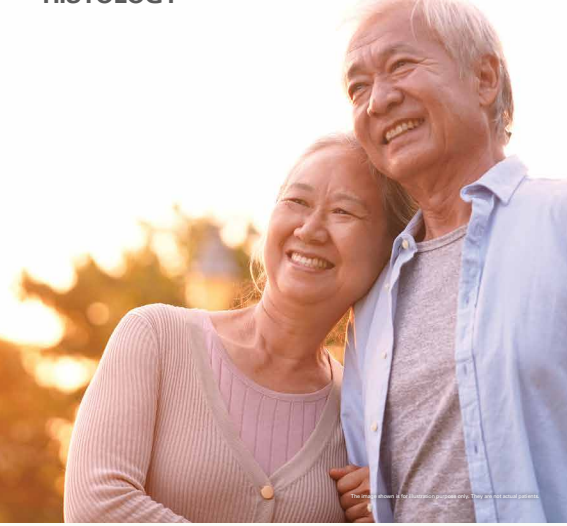
KEYTRUDA®
(pembrolizumab) injection 100 mg

DURABLE OS WITH 5-YEAR FOLLOW-UP ACROSS THREE 1L METASTATIC NSCLC TRIALS

HELPING YOU MAKE MORE TOMORROWS POSSIBLE FOR YOUR ELIGIBLE PATIENTS, REGARDLESS OF PD-L1 EXPRESSION AND HISTOLOGY[1-4]



Reference: 1. KEYTRUDA® Product Insert. Available at: Register of Therapeutic Products, Health Sciences Authority. https://www.hsa.gov.sg/e-services/infosearch. 2. Garassino MC, et al. Pembrolizumab Plus Pemetrexed and Platinum in Nonsquamous Non–Small-Cell Lung Cancer: 5-Year Outcomes From the Phase 3 KEYNOTE-189 Study. J Clin Oncol. 2023;41(11):1992-1998. 3. Novello S, et al. Pembrolizumab Plus Chemotherapy in Squamous Non–Small-Cell Lung Cancer: 5-Year Update of the Phase III KEYNOTE-407 Study. J Clin Oncol. 2023;41(11):1999-2006. 4. Reck M, et al. Five-Year Outcomes With Pembrolizumab Versus Chemotherapy for Metastatic Non–Small-Cell Lung Cancer With PD-L1 Tumor Proportion Score 50%. J Clin Oncol. 2021;39(21):2339-2349.

1L, first-line; NSCLC, Non-Small Cell Lung Carcinoma; OS, overall survival; PD-L1, programmed death-ligand 1.

KEYTRUDA is indicated for Non-Small Cell Lung Carcinoma KEYTRUDA, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of patients with metastatic non-squamous non-small cell lung carcinoma (NSCLC), with no EGFR or ALK genomic tumor aberrations. KEYTRUDA, in combination with carboplatin and either paclitaxel or nab-paclitaxel, is indicated for the first-line treatment of patients with metastatic squamous NSCLC. KEYTRUDA as monotherapy is indicated for the first-line treatment of patients with metastatic NSCLC whose tumors express PD-L1 with a ≥50% tumor proportion score (TPS) as determined by a validated test, with no EGFR or ALK genomic tumor aberrations. KEYTRUDA as monotherapy is indicated for the treatment of patients with locally advanced or metastatic NSCLC whose tumors express PD-L1 with a ≥1% TPS as determined by a validated test and who have received platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have received prior therapy for these aberrations prior to receiving KEYTRUDA. For the complete list of indications, please see prescribing information. **Dosing** KEYTRUDA is administered as an intravenous infusion over 30 minutes. The recommended dose of KEYTRUDA in adults with previously untreated NSCLC is either: • 200 mg every 3 weeks or • 400 mg every 6 weeks. The recommended dose of KEYTRUDA in adults with previously treated NSCLC is 2 mg/kg every 3 weeks. Patients should be treated with KEYTRUDA until disease progression or unacceptable toxicity. For the complete list of dosing regimens for other indications, please see prescribing information. **Contraindications** KEYTRUDA is contraindicated in patients with hypersensitivity to pembrolizumab or any of the inactive ingredients. **Precautions/Warnings** Immune-mediated adverse reactions, including severe and fatal cases, have occurred in patients receiving KEYTRUDA. List of immune-mediated adverse reactions include but are not limited to: pneumonitis; colitis; hepatitis; nephritis; endocrinopathies; severe skin reactions. Transplant-related adverse reactions such as risk of rejection in solid organ transplant recipients; complications of allogeneic haematopoietic stem cell transplantation (HSCT) after treatment with KEYTRUDA; graft-versus-host disease (GVHD) and hepatic veno-occlusive disease (VOD) have been observed. Increased mortality in patients with multiple myeloma when KEYTRUDA is added to a thalidomide analogue and dexamethasone. Infusion-related reactions including hypersensitivity and anaphylaxis. **Adverse Reactions** Most frequent adverse reactions (reported in ≥ 20% patients) were: KEYTRUDA as monotherapy: fatigue, diarrhoea, and nausea. KEYTRUDA in combination with chemotherapy: anaemia, nausea, fatigue, neutropenia, constipation, alopecia, diarrhoea, vomiting, and decreased appetite. **Before prescribing KEYTRUDA, please consult full prescribing information. Full prescribing information is available upon request.**

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For Healthcare Professionals Only.