







KEYTRUDA®

15 out of 16 indications reimbursed¹


Newly reimbursed in 2021¹

 <p>Non-squamous mNSCLC 1L combination therapy</p> <p>Squamous mNSCLC 1L combination therapy</p>	 <p>r/mHNSCC 1L combination therapy</p> <p>r/mHNSCC 2L monotherapy</p>	 <p>rrPMBCL 3L+ monotherapy</p>	 <p>r/r Classical Hodgkin Lymphoma</p> <p>2/3L+ monotherapy for adult and pediatric patients</p>	 <p>MSI-H/dMMR metastatic endometrial-, gastric-, small intestinal-, cholangio-carcinomas</p> <p>2L+ monotherapy</p>	 <p>MSI-H/dMMR mCRC</p> <p>1L monotherapy</p> <p>MSI-H/dMMR mCRC</p> <p>2L+ monotherapy</p>
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Reimbursed by the BAG¹

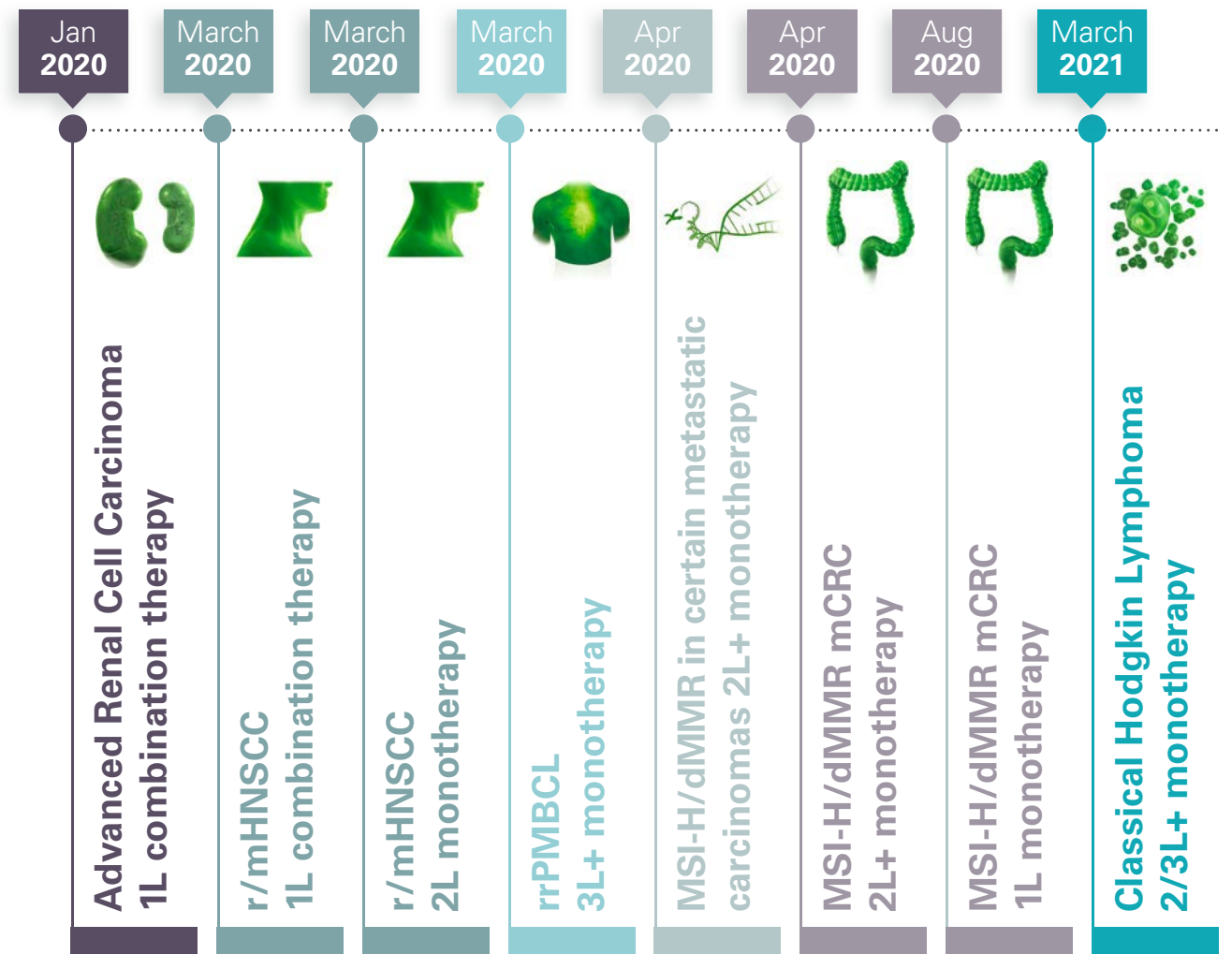
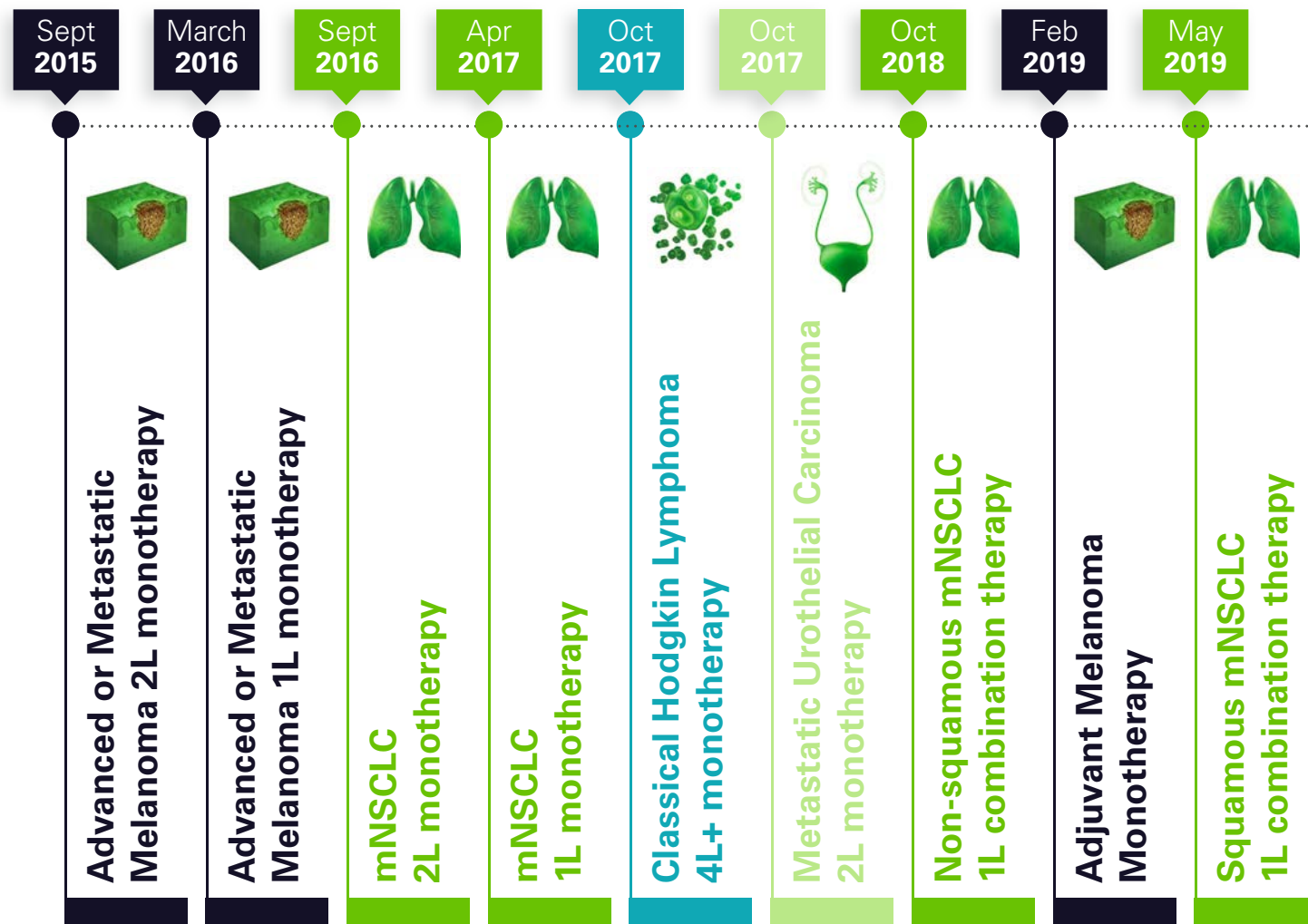
 <p>mNSCLC 1L monotherapy</p> <p>mNSCLC 2L monotherapy</p>	 <p>Metastatic Urothelial Carcinoma</p> <p>2L monotherapy</p>	 <p>Advanced or Metastatic Melanoma</p> <p>1L+ monotherapy</p> <p>Adjuvant Melanoma Monotherapy</p>
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Swissmedic approved,² not yet reimbursed¹

 <p>Advanced Renal Cell Carcinoma</p> <p>1L combination therapy</p>
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16 indications in 6 years²

Continuously expanding your treatment options for multiple tumour types²



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Copies of the study publications can be requested from dproc_switzerland@merck.com if required.









Abbreviations: xL = Line of therapy; ALK = anaplastic lymphoma kinase; CRC = colorectal carcinoma; dMMR = deficient mismatch repair; EGFR = epidermal growth factor receptor; mNSCLC = metastatic non-small cell lung carcinoma; MSI-H = microsatellite instability-high; ORR = overall response rate; OS = overall survival; PD-L1 = programmed death ligand 1; PFS = progression free survival; r/mHNSCC = recurrent/metastatic head and neck squamous cell carcinoma; rrPMBCL = refractory or recurrent primary mediastinal B-cell lymphoma; TPS = tumour proportion score.

Short prescribing information KEYTRUDA® (pembrolizumab). KEYTRUDA®: C: pembrolizumab. **I adults:** unresectable or metastatic melanoma; adjuvant treatment of completely resected melanoma stage III; metastatic non-small cell lung carcinoma (mNSCLC): 1st line: monotherapy for mNSCLC with tumours expressing PD-L1 with tumour proportion score (TPS) ≥50% without EGFR or ALK gen. tumour aberrations, for non-squamous mNSCLC in combination with pemetrexed and platinum chemotherapy without EGFR or ALK gen. tumour aberrations, as well as for squamous mNSCLC in combination with carboplatin and either paclitaxel or nab-paclitaxel, 2nd line: monotherapy for advanced metastatic NSCLC with tumours expressing PD-L1 with TPS ≥1% after chemotherapy and therapies for EGFR or ALK gen tumour aberrations; recurrent, not curatively treatable locally advanced or metastatic PD-L1 expressing head and neck squamous cell carcinoma (r/mHNSCC): 1st line: in combination with platinum and 5 fluorouracil (5-FU) chemotherapy, 2nd line: monotherapy for r/mHNSCC with tumours expressing PD-L1 with TPS ≥50% after platinum-containing chemotherapy; relapsed or refractory classical Hodgkin lymphoma (cHL) if autologous or allogeneic stem cell transplantation (SCT) is not a treatment option; refractory or recurrent primary mediastinal B-cell lymphoma (rrPMBCL) with at least 2 prior lines of therapy (at least one with rituximab), if not eligible for autologous stem cell transplantation or after a relapse after transplantation; locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy; monotherapy for the following tumours with high microsatellite instability (MSI-H) or deficient DNA mismatch repair (dMMR): for patients with unresectable or metastatic colorectal carcinoma (CRC) after previous fluoropyrimidine-based therapy in combination with irinotecan or oxaliplatin, for patients with metastatic endometrial carcinomas, gastric carcinomas, small intestinal carcinomas or cholangiocarcinomas who have progressed after standard therapy and who have no satisfactory treatment options available; 1st line: monotherapy for metastatic colorectal cancer (mCRC) with MSI-H or dMMR; 1st line: for advanced renal cell carcinoma (metastatic or recurrent) in combination with axitinib. **Pediatric patients:** relapsed or refractory cHL if no satisfactory treatment options are available. **Po:** adults: 200mg i.v. 30min. every 3 weeks; **pediatric patients aged 3 years and older with cHL:** 2mg/kg (max. 200mg) i.v. 30min. every 3 weeks; in combination administer KEYTRUDA® before chemotherapy; until disease progression or unacceptable toxicity; for the maximum course of treatment in clinical trials, please refer to the study description for the respective indication (see «clinical efficacy» www.swissmedicinfo.ch), in adj. melanoma max. 12mos. **CI:** hypersensitivity to active substance/exipients. **Pr:** immune mediated adverse reactions: e.g. pneumonitis, colitis, hepatitis, nephritis, endocrinopathies (including hypophysitis, type 1 diabetes mellitus, thyroid disorders), hemophagocytic Lymphohistiocytosis (HLH), severe skin reactions (Stevens-Johnson syndrome and toxic epidermal necrolysis), myotoxicity, anaphylaxis; transplantation/stem cell transplantation (HSCT): graft-versus-host-disease (GvHD) and hepatic vein-occlusive disease (VOD); elevated liver enzymes when KEYTRUDA® is combined with axitinib (liver enzymes to be monitored before initiation of and throughout treatment); multiple myeloma: increased mortality when adding KEYTRUDA® to thalidomide analogue and dexamethasone. **IA:** none known/not investigated. **P/L:** not recommended, contraception. **UE:** in monotherapy: very common: anaemia, hypothyroidism, decreased appetite, headache, dyspnoea, cough, diarrhoea, abdominal pain, nausea, vomiting, constipation, rash, pruritus, musculoskeletal pain, arthralgia, fatigue, asthenia, oedema, pyrexia; in combination with chemotherapy: very common: pneumonia, anaemia, neutropenia, thrombocytopenia, hypothyroidism, hyponatremia, hypokalaemia, decreased appetite, insomnia, dizziness, neuropathy peripheral, headache, dyspnoea, cough, nausea, diarrhoea, vomiting, abdominal pain, constipation, rash, alopecia, pruritus, musculoskeletal pain, arthralgia, blood creatinine increased, fatigue, asthenia, pyrexia, oedema; in combination with axitinib: very common: respiratory tract infections, hyperthyroidism, hypothyroidism, weight decreased, decreased appetite, headache, dysgeusia, hypertension, dyspnoea, cough, dysphonia, diarrhoea, abdominal pain, nausea, stomatitis, vomiting, constipation, alanine aminotransferase increased, aspartate aminotransferase increased, palmar-plantar erythrodysesthesia syndrome, rash, pruritus, musculoskeletal pain, arthralgia, pain in extremity, proteinuria, blood creatinine increased, fatigue, asthenia, mucosal inflammation, pyrexia. **P:** 1 or 2 vial/s with 100mg/4ml. **C:** A. **MAH:** MSD Merck Sharp & Dohme AG, Werftstrasse 4, 6005 Lucerne, Switzerland. (V18.0); CH-KEY-00084.

Before prescribing please consult the full prescribing information published on the homepage of Swissmedic (www.swissmedicinfo.ch).








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KEYTRUDA® – 15 out of 16 indications reimbursed¹

							
Non-squamous mNSCLC 1L combination therapy	Squamous mNSCLC 1L combination therapy	mNSCLC 1L monotherapy	mNSCLC 2L monotherapy	Adjuvant Melanoma monotherapy	Advanced or Metastatic Melanoma 1L monotherapy	Advanced Renal Cell Carcinoma 1L combination therapy	Metastatic Urothelial Carcinoma 2L monotherapy
KEYNOTE-189 ³⁻⁵ Final analysis ^a	KEYNOTE-407 ^{6,7} 3-year follow-up ^b	KEYNOTE-024 ⁸⁻¹⁰ 5-year survival update ^c	KEYNOTE-010 ^{11,12} Long-term outcomes ^d	KEYNOTE-054 ^{13,14} 3-year RFS update ^e	KEYNOTE-006 ^{15,16} 5-year survival update ^f	KEYNOTE-426 ^{17,18} 3-year survival update ^g	KEYNOTE-045 ^{19,20,22} 5-year follow-up ^h
Indication	Indication	Indication	Indication	Indication	Indication	Indication	Indication
KEYTRUDA® is indicated in combination with pemetrexed and platinum chemotherapy for the first-line treatment in adults with metastatic nonsquamous NSCLC, with no EGFR or ALK genomic tumour aberrations. ²	KEYTRUDA® is indicated in combination with carboplatin and either paclitaxel or nab-paclitaxel for the first-line treatment of adults with metastatic squamous NSCLC. ²	KEYTRUDA® is indicated as monotherapy for the first line treatment of metastatic NSCLC in adults whose tumours express PD-L1 with a ≥50% tumour proportion score (TPS) with no EGFR or ALK genomic tumour aberrations. ²	KEYTRUDA® is indicated for the treatment of advanced, metastatic NSCLC after prior chemotherapy in adults whose tumours express PD-L1 with a ≥1% TPS. Patients with EGFR or ALK genomic tumour aberrations should also have received therapy for these aberrations prior to receiving KEYTRUDA®. ²	KEYTRUDA® is indicated as monotherapy for the adjuvant treatment of adults with completely resected stage III melanoma. ²	KEYTRUDA® is indicated for the treatment of unresectable or metastatic melanoma in adult patients. ²	KEYTRUDA®, in combination with axitinib, is indicated for the first-line treatment of advanced renal cell carcinoma (metastatic or recurrent) in adults. ²	KEYTRUDA® is indicated for the treatment of locally advanced or metastatic urothelial carcinoma in adults who have received prior platinum-containing chemotherapy. ²
Reimbursed¹ Indication code: KN189 - PD-L1 TPS <50 % - Life expectancy >3 months - No radiotherapy >30Gy last 6 months	Reimbursed¹ Indication code: KN407 - PD-L1 TPS <50 % - Life expectancy >3 months	Reimbursed¹ Indication code: KN024 - Max. 35 cycles	Reimbursed¹ Indication code: KN010	Reimbursed¹ Indication code: KN054 - Stage IIIB-D (AJCC8) - No (micro-)satellites or in-transit metastases - Lymph node metastases > 1 mm - Therapy start within 15 weeks - Max. 18 cycles	Reimbursed¹ Indication code: KN006	Not reimbursed¹ Approved by swissmedic	Reimbursed¹ Indication code: KN045 - Platinum within last 24 months
Median OS⁷ 22.0 months KEYTRUDA® combination vs 10.6 months placebo + chemotherapy HR: 0.60 (95 % CI: 0.50–0.72)	Median OS⁷ 17.2 months KEYTRUDA® combination vs 11.6 months placebo + chemotherapy HR: 0.71 (95 % CI: 0.59–0.86)	Median OS¹⁰ Patients with TPS ≥ 50 %: 26.3 months KEYTRUDA® vs 13.4 months chemotherapy HR: 0.62 (95 % CI: 0.48–0.81)	Median OS¹² Patients with TPS ≥ 1 %: 11.8 months KEYTRUDA® vs 8.4 months docetaxel HR: 0.69 (95 % CI: 0.60–0.80)	Median OS OS not yet analysed*	Median OS¹⁶ Treatment-naïve patients: 38.7 months KEYTRUDA® vs 17.1 months ipilimumab HR: 0.73 (95 % CI: 0.57–0.92)	Median OS¹⁸ 45.7 months KEYTRUDA® + axitinib vs 40.1 months sunitinib HR: 0.73 (95 % CI: 0.620–0.88)	Median OS²² 10.1 months KEYTRUDA® vs 7.2 months chemotherapy HR: 0.71 (95 % CI: 0.59–0.86)
Median PFS⁵ 9.0 months KEYTRUDA® combination vs 4.9 months placebo + chemotherapy HR: 0.50 (95 % CI: 0.41–0.59) PFS2 – HR: 0.52 (95 % CI: 0.43–0.63)	Median PFS⁷ 8.0 months KEYTRUDA® combination vs 5.1 months placebo + chemotherapy HR: 0.59 (95 % CI: 0.49–0.71) PFS2 – HR: 0.59 (95 % CI: 0.49–0.71)	Median PFS¹⁰ Patients with TPS ≥ 50 %: 7.7 months KEYTRUDA® vs 5.5 months chemotherapy HR: 0.50 (95 % CI: 0.39–0.65)	Median PFS¹² Patients with TPS ≥ 1 %: 4.0 months KEYTRUDA® vs 4.1 months docetaxel HR: 0.83 (95 % CI: 0.72–0.96)	Median RFS¹⁴ Median RFS of KEYTRUDA® arm not yet reached. RFS after 3 years: 63.7 % KEYTRUDA® vs 44.1 % placebo HR: 0.56 (95 % CI: 0.47–0.68)	Median PFS¹⁶ Treatment-naïve patients: 11.6 months KEYTRUDA® vs 3.7 months ipilimumab HR: 0.54 (95 % CI: 0.44–0.67)	Median PFS¹⁸ 15.7 months KEYTRUDA® + axitinib vs 11.1 months sunitinib HR: 0.68 (95 % CI: 0.58–0.80)	Median PFS²² 2.1 months KEYTRUDA® vs 3.3 months chemotherapy HR: 0.95 (95 % CI: 0.79–1.14)
ORR⁵ 48.3 % KEYTRUDA® combination vs 19.9 % placebo + chemotherapy	ORR⁷ 62.6 % KEYTRUDA® combination vs 38.8 % placebo + chemotherapy	ORR¹⁰ Patients with TPS ≥ 50 %: 46.1 % KEYTRUDA® vs 31.1 % chemotherapy	ORR¹¹ Patients with TPS ≥ 1 %: 18.3 % KEYTRUDA® vs 9.3 % docetaxel	ORR Not applicable	ORR¹⁶ Treatment-naïve patients: 46.0 % KEYTRUDA® vs 17.0 % ipilimumab	ORR¹⁸ 60.4 % KEYTRUDA® + axitinib vs. 39.6 % sunitinib	ORR²² 21.9 % KEYTRUDA® vs 11.0 % chemotherapy
Grade ≥3 AEs⁵ (any cause) 52.1 % KEYTRUDA® combination vs 42.1 % placebo + chemotherapy	Grade ≥3 AEs⁷ (any cause) 74.8 % KEYTRUDA® combination vs 70.0 % placebo + chemotherapy	Grade ≥3 AEs¹⁰ (treatment-related) 31.2 % KEYTRUDA® vs 53.3 % chemotherapy	Grade ≥3 AEs¹² (treatment-related) 16.1 % KEYTRUDA® vs 36.6 % docetaxel	Grade ≥3 AEs¹⁴ (immune-related) 7.7 % KEYTRUDA® vs 0.6 % placebo	Grade 3–4 AEs¹⁶ (treatment-related) 17.3 % KEYTRUDA® vs 19.5 % ipilimumab	Grade ≥3 AEs¹⁸ (treatment-related) 68 % KEYTRUDA® + axitinib vs 64 % sunitinib	Grade ≥3 AEs²² (treatment-related) 16.9 % KEYTRUDA® vs 50.2 % chemotherapy
a) Median follow-up: 46.3 months ⁵	b) Median follow-up: 40.1 months ⁷	c) Median follow-up: 59.9 months ¹⁰	d) Median follow-up: 42.6 months ¹²	e) Median follow-up: 3 years ¹⁴	f) Median follow-up: 57.7 months ¹⁶	g) Median follow-up: 42.8 months ¹⁸	h) Median follow-up: 62.9 months ²²

This table shows results from the latest data read-outs. Copies of the study publications or data from previous analyses can be requested from dpoc_switzerland@merck.com if required.

* Interim analysis event-triggered; * The clinical study KEYNOTE-158 enrolled patients with histologically/cytologically confirmed MSI-H/dMMR advanced noncolorectal cancer who experienced failure with prior therapy. Please note that for the treatment of patients with MSI-H or dMMR tumors, KEYTRUDA® in Switzerland is approved as monotherapy for patients with metastatic endometrial carcinomas, gastric carcinomas, small intestinal carcinomas or cholangiocarcinomas who have progressed after standard therapy and who have no satisfactory treatment options available.

							
<p>rrcHL for adults 2/3L+ monotherapy</p> <p>KEYNOTE-204³² Interim analysis^q</p>	<p>rrcHL for pediatric patients 2/3L+ monotherapy</p> <p>KEYNOTE-051³³ Interim analysis^r</p>	<p>rrPMBCL 3L+ monotherapy</p> <p>KEYNOTE-170^{23,24} 3-year follow-up^j</p>	<p>r/mHNSCC 1L combination therapy</p> <p>KEYNOTE-048^{25,26} 4-year follow-up^k</p>	<p>r/mHNSCC 2L monotherapy</p> <p>KEYNOTE-040²⁷ Final analysis^l</p>	<p>MSI-H/dMMR in certain metastatic carcinomas 2L+ monotherapy</p> <p>KEYNOTE-158²⁸ Final analysisⁿ</p>	<p>MSI-H/dMMR mCRC 1L monotherapy</p> <p>KEYNOTE-177²⁹ Final analysis^p</p>	<p>MSI-H/dMMR mCRC 2L+ monotherapy</p> <p>KEYNOTE-164^{30,31} Longer-term follow-up^m</p>
<p>Indication</p> <p>KEYTRUDA[®] as monotherapy is indicated for the treatment of adult patients with relapsed or refractory classical Hodgkin lymphoma (cHL) for whom autologous or allogeneic stem cell transplantation (SCT) is not a treatment option.²</p>	<p>Indication</p> <p>KEYTRUDA[®] as monotherapy is indicated for the treatment of pediatric patients with relapsed or refractory cHL for whom no satisfactory treatment options are available.²</p>	<p>Indication</p> <p>KEYTRUDA[®] is indicated for the treatment of adults with refractory or recurrent primary mediastinal B-cell lymphoma (rrPMBCL) with at least 2 prior lines of therapy, at least one of which has been carried out with rituximab, and who are not eligible for autologous stem cell transplantation or who have had a relapse after transplantation.²</p>	<p>Indication</p> <p>KEYTRUDA[®], in combination with platinum and 5-fluorouracil (5-FU) chemotherapy, is indicated for the treatment of adults with recurrent, not curatively treatable locally advanced or metastatic PD-L1 expressing HNSCC.²</p>	<p>Indication</p> <p>KEYTRUDA[®], as monotherapy is indicated for the treatment of adults with recurrent, not curatively treatable locally advanced or metastatic HNSCC, who have been pretreated with platinum-containing chemotherapy and whose tumours express PD-L1 with a $\geq 50\%$ TPS.²</p>	<p>Indication</p> <p>KEYTRUDA[®] as monotherapy is indicated for the following tumors with high microsatellite instability (MSI-H) or deficient DNA mismatch repair (dMMR) for the treatment of adult patients with metastatic endometrial carcinomas, gastric carcinomas, small intestinal carcinomas or cholangiocarcinomas who have progressed after standard therapy and who have no satisfactory treatment options available.²</p>	<p>Indication</p> <p>KEYTRUDA[®] as monotherapy is indicated for the first-line treatment of adult patients with metastatic colorectal cancer (CRC) with high microsatellite instability (MSI-H) or deficient DNA mismatch repair (dMMR).²</p>	<p>Indication</p> <p>KEYTRUDA[®] as monotherapy is indicated for the following tumours with deficient DNA mismatch repair (dMMR) or high microsatellite instability (MSI-H) for the treatment of adult patients with metastatic colorectal carcinoma after previous fluoropyrimidine-based therapy in combination with irinotecan or oxaliplatin.²</p>
<p>Reimbursed¹</p> <p>Indication code: KN204</p> <ul style="list-style-type: none"> - 2 or more prior lines of treatment or - 1 prior therapy line if chemotherapy cannot be used or tolerated 	<p>Reimbursed¹</p> <p>Indication code: KN051</p>	<p>Reimbursed¹</p> <p>Indication code: KN170</p>	<p>Reimbursed¹</p> <p>Indication code: KN048</p> <ul style="list-style-type: none"> - PD-L1 CPS ≥ 1 - Nasopharyngeal carcinoma excluded 	<p>Reimbursed¹</p> <p>Indication code: KN040</p> <ul style="list-style-type: none"> - PD-L1 TPS $\geq 50\%$ - Oral cavity, oropharynx, hypopharynx, larynx 	<p>Reimbursed¹</p> <p>Indication code: KN158</p> <ul style="list-style-type: none"> - No therapy with monoclonal antibodies within last 4 weeks - No chemotherapy, radiotherapy, or therapy with targeted small molecules within last 2 weeks 	<p>Reimbursed¹</p> <p>Indication code: KN177</p> <ul style="list-style-type: none"> - No radiotherapy within last 4 week 	<p>Reimbursed¹</p> <p>Indication code: KN164</p> <ul style="list-style-type: none"> - No chemotherapy, radiotherapy, therapy with targeted small molecules, or monoclonal antibodies within last 2 weeks
<p>Median OS³²</p> <p>OS not yet analysed</p>	<p>Median OS³³</p> <p>Median OS not yet reached. OS at 12 months 100%.</p>	<p>Median OS²⁴</p> <p>22.3 months KEYTRUDA[®]</p>	<p>Median OS²⁵</p> <p>Patients with CPS ≥ 1: 13.6 months KEYTRUDA[®] combination vs 10.6 months EXTREME HR: 0.64 (95% CI: 0.53–0.78)</p>	<p>Median OS²⁷</p> <p>Patients with TPS $\geq 50\%$: 11.6 months KEYTRUDA[®] vs 6.6 months standard-of-care HR: 0.53 (95% CI: 0.35–0.81)</p>	<p>Median OS^{28,*}</p> <p>23.5 months KEYTRUDA[®] with estimated 12- and 24-month OS rates of 60.7% and 48.9%</p>	<p>Median OS²⁹</p> <p>Median OS KEYTRUDA[®] not reached vs. 36.7 months with chemotherapy. HR: 0.74 (95% CI: 0.53–1.03)</p>	<p>Median OS³¹</p> <p>Cohort A: 31.4 months Cohort B: Median OS not yet reached. Estimated OS at 24 and 36 months: 63% and 52% KEYTRUDA[®]</p>
<p>Median PFS³²</p> <p>13.2 months KEYTRUDA[®] vs 8.3 months Brentuximab Vendotin HR: 0.56 (95% CI: 0.48–0.88)</p>	<p>Median PFS³³</p> <p>Median PFS not yet reached. PFS at 12 months 51.9%.</p>	<p>Median PFS²⁴</p> <p>5.5 months KEYTRUDA[®]</p>	<p>Median PFS²⁵</p> <p>Patients with CPS ≥ 1: 5.0 months KEYTRUDA[®] combination vs 5.0 months EXTREME HR: 0.82 (95% CI: 0.67–1.00)</p>	<p>Median PFS²⁷</p> <p>Patients with TPS $\geq 50\%$: 3.5 months KEYTRUDA[®] vs 2.1 months standard-of-care HR: 0.58 (95% CI: 0.39–0.86)</p>	<p>Median PFS^{28,*#}</p> <p>4.1 months KEYTRUDA[®]</p>	<p>Median PFS²⁹</p> <p>16.5 months KEYTRUDA[®] vs 8.2 standard-of-care HR: 0.59 (95% CI: 0.45–0.79)</p>	<p>Median PFS³¹</p> <p>Cohort A: 2.3 months KEYTRUDA[®] Cohort B: 4.1 months KEYTRUDA[®]</p>
<p>ORR³²</p> <p>65.6% KEYTRUDA[®] vs 54.2% Brentuximab Vendotin</p>	<p>ORR³³</p> <p>60% KEYTRUDA[®]</p>	<p>ORR²⁴</p> <p>45.3% KEYTRUDA[®]</p>	<p>ORR²⁵</p> <p>Patients with CPS ≥ 1: 37.2% KEYTRUDA[®] combination vs 35.7% EXTREME</p>	<p>ORR²⁷</p> <p>Patients with TPS $\geq 50\%$: 26.6% KEYTRUDA[®] vs 9.2% standard-of-care</p>	<p>ORR^{28,*}</p> <p>34.3% KEYTRUDA[®]</p>	<p>ORR²⁹</p> <p>45.1% KEYTRUDA[®] vs 33.1% chemotherapy</p>	<p>ORR³¹</p> <p>Cohort A: 33.0% KEYTRUDA[®] Cohort B: 35.0% KEYTRUDA[®]</p>
<p>Grade ≥ 3 AEs³²</p> <p>(treatment related) 19.6% KEYTRUDA[®] vs 25.0% Brentuximab Vendotin</p>	<p>Grade ≥ 3 AEs³³</p> <p>(treatment related) 8% KEYTRUDA[®] (ITT, not limited to cHL patients)</p>	<p>Grade 3–4 AEs²⁴</p> <p>(treatment-related) AEs occurred in 23.0% of patients</p>	<p>Grade 3–5 AEs²⁵</p> <p>(any cause) 71.7% KEYTRUDA[®] combination vs 69.3% EXTREME</p>	<p>Grade ≥ 3 AEs²⁷</p> <p>(treatment-related) In the as-treated population: 13.0% KEYTRUDA[®] vs 36.0% standard-of-care</p>	<p>Grade ≥ 3 AEs^{28,*#}</p> <p>(treatment-related) AEs occurred in 14.6% of patients</p>	<p>Grade ≥ 3 AEs²⁹</p> <p>(treatment-related) 22% KEYTRUDA[®] vs 66% chemotherapy</p>	<p>Grade 3–4 AEs³¹</p> <p>(treatment-related) Cohort A: AEs occurred in 16.0% of patients; Cohort B: AEs occurred in 13.0% of patients</p>
<p>q) Median follow-up: 27.6 months³²</p>	<p>r) Median follow-up: 8.3 months (ITT, not limited to cHL patients)³³</p>	<p>j) Median follow-up: 36.0 months²⁴</p>	<p>k) Median follow-up: 44.5 months KEYTRUDA[®] combination²⁵</p>	<p>l) Median follow-up: 7.5 months²⁷</p>	<p>n) Median follow-up: 13.4 months²⁸</p>	<p>p) Median follow-up: 44.5 months with Keytruda vs 44.4 months with chemotherapy²⁹</p>	<p>m) Median follow-up: Cohort A: 31.4 months; Cohort B: 36.1 months³¹</p>

Cost approval request with indication code¹

How does the cost approval request work?

Before therapy start, an approval from the health insurer must be obtained for all reimbursed indications. The cost approval request must include the corresponding indication code (see table below). MSD provides standardized forms to simplify the cost approval request. These forms can be downloaded at:

<https://bit.ly/keytruda-forms>

Why do I need the indication code?

MSD Merck Sharp & Dohme AG will reimburse the health insurer an amount of the factory outlet price for each pack of KEYTRUDA[®] purchased; this amount is determined with the indication code submitted with the cost approval request.

Tumour localisation	Indication	Indication code
Lung	1L mNSCLC (monotherapy)	KN024
	1L mNSCLC, squamous (combination)	KN407
	1L mNSCLC, non-squamous (combination)	KN189
	2L mNSCLC (monotherapy)	KN010
Skin	1L+ melanoma (monotherapy)	KN006
	Melanoma, adjuvant (monotherapy)	KN054
Head and Neck	1L r/m HNSCC (combination)	KN048
	2L r/m HNSCC (monotherapy)	KN040
Lymphatic system	2L/3L+ rrcHL, pediatric (monotherapy)	KN051
	2L/3L+ rrcHL, adult (monotherapy)	KN204
	3L+ rrPMBCL (monotherapy)	KN170
Genitourinary	2L metastatic urothelial carcinoma (monotherapy)	KN045
Gastrointestinal	1L mCRC with MSI-H/dMMR (monotherapy)	KN177
	2L+ mCRC with MSI-H/dMMR (monotherapy)	KN164
Gynecological/ Gastrointestinal	2L+ high microsatellite instability (MSI-H) or deficient DNA mismatch repair (dMMR) (monotherapy)*	KN158

* Metastatic colorectal carcinoma, endometrial carcinomas, gastric carcinomas, small intestinal carcinomas or cholangiocarcinomas.

Contact your MSD sales representative or our Market Access Team with questions about the cost approval request: access.msd@merck.com.

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