



BLA 125514/S-092

ACCELERATED APPROVAL

Merck Sharp & Dohme Corporation, a subsidiary of Merck & Co., Inc.
Attention: Seema Betigeri, Ph.D.
Director, Global Regulatory Affairs
126 East Lincoln Avenue
P.O. Box 2000, RY34-B293
Rahway, NJ 07065

Dear Dr. Betigeri:

Please refer to your supplemental biologics license application (sBLA), dated June 12, 2020, received June 12, 2020, and your amendments, submitted under section 351 of the Public Health Service Act for KEYTRUDA (pembrolizumab) injection, for intravenous use.

This Prior Approval supplemental biologics license application provides for an alternate dosage regimen of 400 mg every 6 weeks for adult patients with recurrent or metastatic cutaneous squamous cell carcinoma (cSCC) that is not curable by surgery or radiation.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved under the provisions of accelerated approval regulations (21 CFR 601.41), effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

Marketing of this drug product and related activities must adhere to the substance and procedures of the referenced accelerated approval regulations.

WAIVER OF ½ PAGE LENGTH REQUIREMENT FOR HIGHLIGHTS

Please note that we have previously granted a waiver of the requirements of 21 CFR 201.57(d)(8) regarding the length of Highlights of Prescribing Information.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 601.14(b)] in structured product labeling (SPL) format, as described at FDA.gov,¹ that is identical to the enclosed labeling text for the Prescribing Information,

¹ <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

and Medication Guide and include the labeling changes proposed in any pending “Changes Being Effectuated” (CBE) supplements.

Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.²

The SPL will be accessible via publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications that include labeling changes for this BLA, including pending “Changes Being Effectuated” (CBE) supplements, for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 601.12(f)] in Microsoft Word format that includes the changes approved in this supplemental application, as well as annual reportable changes. To facilitate review of your submission(s), provide a highlighted or marked-up copy that shows all changes, as well as a clean Microsoft Word version. The marked-up copy should provide appropriate annotations, including supplement number(s) and annual report date(s).

ACCELERATED APPROVAL REQUIREMENTS

Products approved under the accelerated approval regulations, 21 CFR 601.41, require further adequate and well-controlled clinical trials to verify and describe clinical benefit. You are required to conduct such clinical trials with due diligence. If postmarketing clinical trials fail to verify clinical benefit or are not conducted with due diligence, we may, following a hearing in accordance with 21 CFR 601.43(b), withdraw this approval. We remind you of your postmarketing requirement specified in your submission dated June 18, 2020. This requirement, along with required completion dates, is listed below.

3850-1 Submit the final analysis of overall response rate, duration of response, and safety from Cohort B of the KEYNOTE-555 trial titled, “*A Phase 1 Randomized Clinical Study of Pembrolizumab (MK-3475) to Evaluate the Relative Bioavailability of Subcutaneous Injection Versus Intravenous Infusion in Participants With Advanced Melanoma*” to verify and describe the anticipated effects of the alternative dosing regimen for pembrolizumab 400 mg every six weeks, that may inform product labeling across indications. All responding patients should be followed for at least 12 months from the onset of response. Provide pharmacokinetic data at first cycle and at steady state from Cohort B and the datasets in the final report.

² We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database at <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

Final Protocol Submission:	Completed
Trial Completion (Cohort B):	08/2021
Final Report Submission (Cohort B):	02/2022

Submit clinical protocols to your IND 110080 for this product. In addition, under 21 CFR 601.70 you should include a status summary of each requirement in your annual report to this BLA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients entered into each study/trial.

Submit final reports to this BLA as a supplemental application. For administrative purposes, all submissions relating to this postmarketing requirement must be clearly designated “**Subpart E Postmarketing Requirement(s).**”

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication(s) in pediatric patients unless this requirement is waived, deferred, or inapplicable.

We are waiving the pediatric study requirement for this application because necessary studies are impossible or highly impracticable as cutaneous squamous cell carcinoma (cSCC) does not occur in children.

PROMOTIONAL MATERIALS

Under 21 CFR 601.45, you are required to submit, during the application pre-approval review period, all promotional materials, including promotional labeling and advertisements, that you intend to use in the first 120 days following marketing approval (i.e., your launch campaign). If you have not already met this requirement, you must immediately contact the Office of Prescription Drug Promotion (OPDP) at (301) 796-1200. Please ask to speak to a regulatory project manager or the appropriate reviewer to discuss this issue.

As further required by 21 CFR 601.45, submit all promotional materials that you intend to use after the 120 days following marketing approval (i.e., your post-launch materials) at least 30 days before the intended time of initial dissemination of labeling or initial publication of the advertisement. We ask that each submission include a detailed cover letter together with three copies each of the promotional materials, annotated references, and approved Prescribing Information, Medication Guide, and Patient Package Insert (as applicable).

For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format-Promotional Labeling and Advertising Materials for Human Prescription Drugs*.³

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved BLA (in 21 CFR 600.80 and in 21 CFR 600.81).

If you have any questions, call Stacie Woods, Pharm.D., Regulatory Health Project Manager, at 301-796-4803.

Sincerely,

{See appended electronic signature page}

Steven Lemery, M.D., M.H.S.
Acting Director
Division of Oncology 3
Office of Oncologic Diseases
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Medication Guide

³ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.
U.S. Food and Drug Administration
Silver Spring, MD 20993
www.fda.gov

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

STEVEN J LEMERY
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