KEYTRUDA® (pembrolizumab)

LENVIMA® (lenvatinib)

i PI GB PI NI PI

Your dosing guide

KEYTRUDA® (pembrolizumab) in combination with LENVIMA® (lenvatinib) is indicated for the treatment of adult patients with advanced or recurrent endometrial carcinoma (EC) who have disease progression on or following prior treatment with a platinum-containing therapy in any setting and are not candidates for curative surgery or radiation.[1]

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ (please note that the MHRA Yellow Card link will redirect you to an external website, for which MSD does not review or control the content) or search for MHRA Yellow Card in the Google Play or Apple App Store, or Republic of Ireland: www.hpra.ie. Adverse events should also be reported to Eisai Ltd on +44 (0)208 600 1400 or EUmedinfo@eisai.net or Merck Sharp & Dohme (UK) Limited (Tel: 020 8154 8000).

Refer to the LENVIMA® Prescribing Information and/or Summary of Product Characteristics (SmPC) for further details.

LENVIMA® and KEYTRUDA® GB and NI Prescribing Information (PI) can be accessed via the mulberry and green 'PI' buttons respectively in the top-right corner of this document throughout.

This content is intended to be viewed online, it is not intended to be printed.

GB-KLE-00160 December 2023

MSD Eisai

Introduction

To increase the chance of achieving optimal outcomes with LENVIMA, correct dose initiation and diligent dose management are important. This guide has been developed to inform you about the recommended starting doses.

The recommended starting dose for optimal outcomes

A patient's multidisciplinary team generally considers the physical and mental preparedness of patients before starting treatment.

For patients with advanced or recurrent EC treated with KEYTRUDA + LENVIMA, the recommended initial dose of:[1]

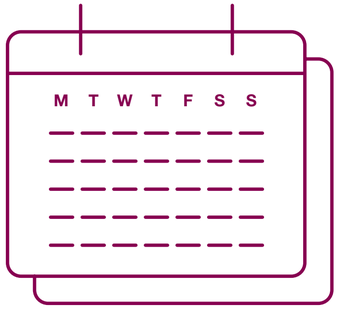
- KEYTRUDA is **200 mg intravenously once every 3 weeks**, over 30 minutes until disease progression or unacceptable toxicity
- KEYTRUDA can also be administered as a **400 mg dose every 6 weeks**
- LENVIMA is **20 mg orally once daily**

Starting at the recommended 20 mg dose for LENVIMA is required for NHS England reimbursement[2]

For further guidance on dosing, refer to the KEYTRUDA and LENVIMA Summaries of Product Characteristics (SmPCs).

EC: endometrial carcinoma, **IV:** intravenous.

Dose modifications to manage any potential adverse events (AEs)



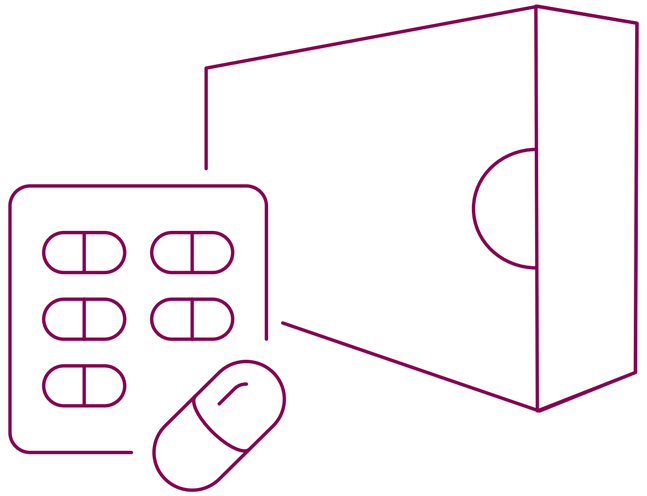
The recommended starting dose for LENVIMA is 20 mg per day. However, if required as part of an AE management strategy, flexible LENVIMA dosing enables 3 dose reductions from 20 mg to 14 mg, 14 mg to 10 mg, and 10 mg to 8 mg, enabling therapy to be tailored for individual patients' needs.[1]

The AEs of LENVIMA are generally manageable, and usually occur within days of treatment initiation.[3] The median time-to-first-onset of selected common AEs* occurred within the first 3 months of treatment initiation.[3]

A comprehensive AE management strategy can include medical management (non-pharmacological and pharmacological), dose interruptions, dose reductions and treatment discontinuation if necessary.[3–5]

Dose reduction with LENVIMA

For further guidance on dosing, refer to the KEYTRUDA and LENVIMA Summaries of Product Characteristics (SmPCs).



*AEs were chosen regardless of causality and based on frequency of occurrence; and those leading to dose reductions, interruptions or discontinuation of study treatment.[3]

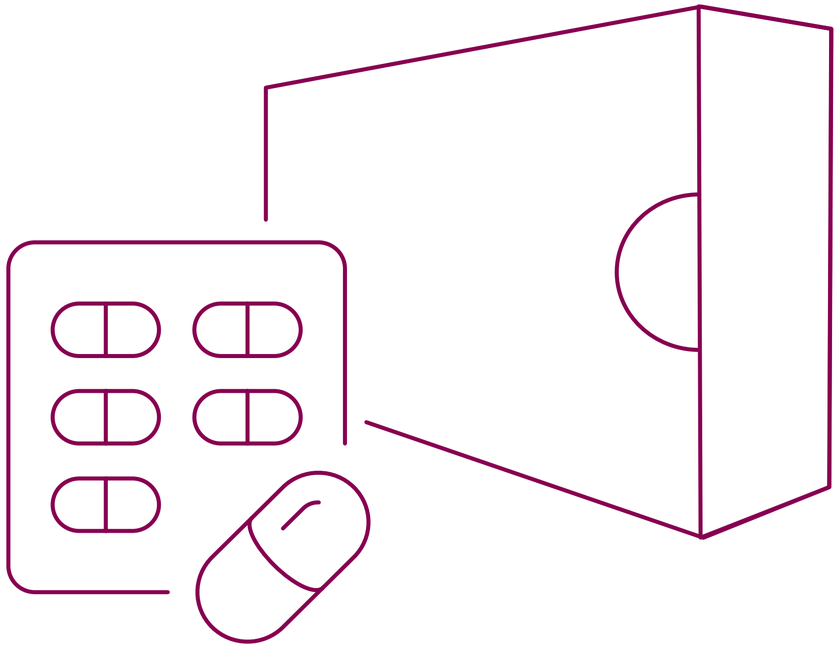
AE: adverse event.

Summary

A patient's multidisciplinary team will generally ensure the patient is prepared for LENVIMA therapy prior to treatment initiation

The recommended starting dose of LENVIMA is 20 mg orally once daily, in combination with KEYTRUDA 200 mg intravenously once every 3 weeks or 400 mg every 6 weeks[1]

Dose reduction with LENVIMA is possible[1]



KEYTRUDA® (pembrolizumab)

LENVIMA® (lenvatinib)

i PI GB PI NI PI

Your dosing guide

KEYTRUDA® (pembrolizumab) in combination with LENVIMA® (lenva
with advanced or recurrent endometrial carcinoma (EC) who have c
with a platinum-containing therapy in any setting and are not candidates for curative surgery or radiation.[1]

Adverse events should be reported. Reporting forms and information can be found at https://yellowcard.mhra.gov.uk/ (please note that the MHRA Yellow Card link will redirect you to an external website, for which MSD does not review or control the content) or search for MHRA Yellow Card in the Google Play or Apple App Store, or Republic of Ireland: www.hpra.ie. Adverse events should also be reported to Eisai Ltd on +44 (0)208 600 1400 or EUmedinfo@eisai.net or Merck Sharp & Dohme (UK) Limited (Tel: 020 8154 8000).

Refer to the LENVIMA® Prescribing Information and/or Summary of Product Characteristics (SmPC) for further details.

LENVIMA® and KEYTRUDA® GB and NI Prescribing Information (PI) can be accessed via the mulberry and green 'PI' buttons respectively in the top-right corner of this document throughout.

This content is intended to be viewed online, it is not intended to be printed.

GB-KLE-00160 December 2023

Reference

1. LENVIMA (lenvatinib) Summary of Product Characteristics.

MSD Eisai

Recommended dose modifications for **LENVIMA**

As part of an AE management strategy, the dosing of LENVIMA can be tailored to individual patients. Flexible LENVIMA dosing enables 3 dose reductions from 20 to 14 mg, 14 to 10 mg, and 10 to 8 mg.[1]

Recommended dose		**20 mg** once daily
1st dosage reduction to		**14 mg** once daily
2nd dosage reduction to		**10 mg** once daily
3rd dosage reduction to		**8 mg** once daily

AE: adverse event.

Introduction

To increase the chance of achieving optim with LENVIMA, correct dose initiation and dose management are important. This gui developed to inform you about the recom starting doses.

References

1. LENVIMA (lenvatinib) Summary of Product Characteristics.
2. NHS England. National Cancer Drugs Fund List. Available from: https://www.england.nhs.uk/publication/national-cancer-drugs-fund-list/ (accessed December 2023).
3. Colombo N *et al. Oncologist* 2023;oyad201.
4. Makker V *et al. N Engl J Med* 2022;386(5):437–448.
5. Rimassa L *et al. Cancer Treat Rev* 2019;77:20–28.