SELECTED SAFETY INFORMATION

- Immune-mediated adverse reactions, which may be severe or fatal, can occur with KEYTRUDA, including pneumonitis, colitis, hepatitis, endocrinopathies, nephritis, severe skin reactions, solid organ transplant rejection, and complications of allogenic HSCT. Based on the severity of the adverse reaction, KEYTRUDA should be withheld or discontinued and corticosteroids administered if appropriate. For more information regarding immune-mediated adverse reactions, please read the additional Selected Safety Information on pages 12 to 19.

HSCT = hematopoietic stem cell transplantation

Before prescribing KEYTRUDA, please read the accompanying Prescribing Information. The Medication Guide also is available.
Melanoma
• KEYTRUDA is indicated for the treatment of patients with unresectable or metastatic melanoma.
• KEYTRUDA is indicated for the adjuvant treatment of patients with melanoma with involvement of lymph node(s) following complete resection.

Merkel Cell Carcinoma
• KEYTRUDA is indicated for the treatment of adult and pediatric patients with recurrent locally advanced or metastatic Merkel cell carcinoma (MCC). This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Non–Small Cell Lung Cancer
• KEYTRUDA, in combination with pemetrexed and platinum chemotherapy, is indicated for the first-line treatment of patients with metastatic nonsquamous non–small cell lung cancer (NSCLC) with no EGFR or ALK genomic tumor aberrations.
• KEYTRUDA, in combination with carboplatin and either paclitaxel or paclitaxel protein-bound, is indicated for the first-line treatment of patients with metastatic squamous NSCLC.
• KEYTRUDA, as a single agent, is indicated for the first-line treatment of patients with NSCLC expressing PD-L1 [tumor proportion score (TPS) ≥1%] as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations, and is stage III where patients are not candidates for surgical resection or definitive chemoradiation, or metastatic.
• KEYTRUDA, as a single agent, is indicated for the treatment of patients with metastatic NSCLC whose tumors express PD-L1 (TPS ≥1%) as determined by an FDA-approved test, with disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving KEYTRUDA.

Small Cell Lung Cancer
• KEYTRUDA is indicated for the treatment of patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy and at least 1 other prior line of therapy. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Head and Neck Cancer
• KEYTRUDA, as a single agent, is indicated for the first-line treatment of patients with metastatic or with unresectable, recurrent head and neck squamous cell carcinoma (HNSCC) whose tumors express PD-L1 (TPS ≥1%) as determined by an FDA-approved test.
• KEYTRUDA, in combination with platinum and fluorouracil (FU), is indicated for the first-line treatment of patients with metastatic or with unresectable, recurrent HNSCC.
• KEYTRUDA, as a single agent, is indicated for the treatment of patients with recurrent or metastatic HNSCC with disease progression on or after platinum-containing chemotherapy.

Cutaneous Squamous Cell Carcinoma
• KEYTRUDA is indicated for the treatment of patients with recurrent or metastatic cutaneous squamous cell carcinoma (cSCC) that is not curable by surgery or radiation.

EGFR = epidermal growth factor receptor; ALK = anaplastic lymphoma kinase; PD-L1 = programmed death ligand 1.

Before prescribing KEYTRUDA, please read the accompanying Prescribing Information. The Medication Guide also is available.
Indications (continued)

Classical Hodgkin Lymphoma

- KEYTRUDA is indicated for the treatment of adult and pediatric patients with relapsed/refractory classical Hodgkin lymphoma (cHL), or who have relapsed after 3 or more prior lines of therapy. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

Primary Mediastinal Large B-Cell Lymphoma

- KEYTRUDA is indicated for the treatment of adult and pediatric patients with relapsed/refractory primary mediastinal large B-cell lymphoma (PMBCL), or who have relapsed after 2 or more prior lines of therapy. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials. KEYTRUDA is not recommended for treatment of patients with PMBCL who require urgent cytoreductive therapy.

Urothelial Carcinoma

- KEYTRUDA is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma (mUC) who are not eligible for cisplatin-containing chemotherapy and whose tumors express PD-L1 (CPS ≥10) as determined by an FDA-approved test, or in patients who are not eligible for any platinum-containing chemotherapy regardless of PD-L1 status. This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials. The safety and effectiveness of KEYTRUDA in pediatric patients with MSI-H central nervous system cancers have not been established.

- KEYTRUDA is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma (mUC) who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

High-Risk Non-muscle Invasive Bladder Cancer

- KEYTRUDA is indicated for the treatment of patients with Bacillus Calmette-Guerin (BCG)-unresponsive, high-risk, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors who are ineligible for or have elected not to undergo cystectomy.

Microsatellite Instability-High Cancers

- KEYTRUDA is indicated for the treatment of adult and pediatric patients with unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumors that have progressed following prior treatment and who have no satisfactory alternative treatment options, or colorectal cancer that has progressed following treatment with fluoropyrimidine, oxaliplatin, and irinotecan. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials. The safety and effectiveness of KEYTRUDA in pediatric patients with MSI-H central nervous system cancers have not been established.

Microsatellite Instability-High or Mismatch Repair Deficient Colorectal Cancer

- KEYTRUDA is indicated for the first-line treatment of patients with unresectable or metastatic MSI-H or dMMR colorectal cancer (mCRC).
KEYTRUDA is approved for a range of patients

**Indications (continued)**

**Gastric Cancer**
- KEYTRUDA is indicated for the treatment of patients with recurrent locally advanced or metastatic gastric or gastroesophageal junction (GEJ) adenocarcinoma whose tumors express PD-L1 (CPS ≥1) as determined by an FDA-approved test, with disease progression on or after two or more prior lines of therapy including fluoropyrimidine- and platinum-containing chemotherapy and if appropriate, HER2/neu-targeted therapy. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

**Esophageal Cancer**
- KEYTRUDA is indicated for the treatment of patients with recurrent locally advanced or metastatic esophageal squamous cell carcinoma of the esophagus whose tumors express PD-L1 (CPS ≥10) as determined by an FDA-approved test, with disease progression after one or more prior lines of systemic therapy.

**Cervical Cancer**
- KEYTRUDA is indicated for the treatment of patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy whose tumors express PD-L1 CPS ≥1 as determined by an FDA-approved test. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

**Hepatocellular Carcinoma**
- KEYTRUDA is indicated for the treatment of patients with hepatocellular carcinoma (HCC) who have been previously treated with sorafenib. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trials.

**Renal Cell Carcinoma**
- KEYTRUDA, in combination with axitinib, is indicated for the first-line treatment of patients with advanced renal cell carcinoma (RCC).

HER2/neu = human epidermal growth factor receptor 2.

HER2/neu = human epidermal growth factor receptor 2.

Before prescribing KEYTRUDA, please read the accompanying Prescribing Information. The Medication Guide is also available.
For NSCLC, SCLC, HNSCC, cHL (adult and pediatric), PMBCL (adult and pediatric), locally advanced or metastatic urothelial carcinoma, MSI-H cancer (adult and pediatric), MSI-H/dMMR CRC, gastric cancer, esophageal cancer, cervical cancer, HCC, MCC (adult and pediatric), or cSCC: Treatment with KEYTRUDA should continue until disease progression, unacceptable toxicity, or up to 24 months.

For unresectable or metastatic melanoma: Treatment should continue until disease progression or unacceptable toxicity.

For adjuvant treatment of melanoma: Treatment should continue until disease recurrence, unacceptable toxicity, or for up to 12 months.

For RCC: Treatment with KEYTRUDA + axitinib (5 mg orally bid) should continue until disease progression, unacceptable toxicity, or for KEYTRUDA, up to 24 months. When axitinib is used in combination with KEYTRUDA, dose escalation of axitinib above the initial 5-mg dose may be considered at intervals of 6 weeks or longer. Refer to the Prescribing Information for axitinib for recommended dosing information, as appropriate.

For high-risk, BCG-unresponsive NMIBC: Treatment should continue until persistent or recurrent high-risk NMIBC, disease progression, unacceptable toxicity, or up to 24 months.

The 400-mg Q6W dosing regimen is approved under accelerated approval based on pharmacokinetic data, the relationship of exposure to efficacy, and the relationship of exposure to safety. Continued approval for this dosing may be contingent upon verification and description of clinical benefit in the confirmatory trials.

Q6W = every 6 weeks; bid = twice daily.

Administered as an intravenous infusion over 30 minutes.

Before prescribing KEYTRUDA, please read the accompanying Prescribing Information. The Medication Guide is also available.
Use of KEYTRUDA in SPECIFIC POPULATIONS

PREGNANCY: 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.

LACTATION: Because of the potential for serious adverse reactions in breastfed children, advise women not to breastfeed during treatment and for 4 months after the final dose.

PEDIATRIC USE: There is limited experience in pediatric patients. In a trial, 40 pediatric patients (16 children aged 2 years to less than 12 years and 24 adolescents aged 12 years to 18 years) with various cancers, including unapproved usages, were administered KEYTRUDA 2 mg/kg every 3 weeks. Patients received KEYTRUDA for a median of 3 doses (range 1–17 doses), with 34 patients (85%) receiving 2 doses or more. The safety profile in these pediatric patients was similar to that seen in adults; adverse reactions that occurred at a higher rate (≥15% difference) in pediatric patients when compared to adults <65 years of age were fatigue (45%), vomiting (38%), abdominal pain (28%), increased transaminases (28%), and hyponatremia (18%).

Storage of diluted solution

Storage of diluted solution

• The product does not contain a preservative.

• Store the diluted solution from the KEYTRUDA 100 mg/mL vial at:
  - At room temperature for no more than 6 hours from the time of dilution. This includes room temperature storage of the infusion solution in the IV bag, and the duration of infusion.
  - Under refrigeration at 2°C to 8°C (36°F to 46°F) for no more than 96 hours from the time of dilution. If refrigerated, allow the diluted solution to come to room temperature prior to administration. Do not shake.

• Discard after 6 hours at room temperature or after 96 hours under refrigeration.

• Do not freeze.

Administration

1. Administer diluted solution intravenously over 30 minutes through an intravenous line containing a sterile, nonpyrogenic, low-protein binding 0.2 micron to 5 micron in-line or add-on filter.

2. Do not co-administer other drugs through the same infusion line.
### Pneumonitis
- Monitor for signs and symptoms of pneumonitis.
- Evaluate suspected pneumonitis with radiographic imaging.
- Administer corticosteroids for Grade 2 or greater pneumonitis.
- Withhold KEYTRUDA for Grade 2 pneumonitis; permanently discontinue KEYTRUDA for Grade 3 or 4 or recurrent Grade 2 pneumonitis.

### Colitis
- Monitor for signs and symptoms of colitis.
- Administer corticosteroids for Grade 2 or greater colitis.
- Withhold KEYTRUDA for Grade 2 or 3 colitis; permanently discontinue KEYTRUDA for Grade 4 colitis.

### Hepatitis
- Monitor for changes in liver function.
- Administer corticosteroids for Grade 2 or greater hepatitis and, based on severity of liver enzyme elevations, withhold or discontinue KEYTRUDA.

### Endocrinopathies
- Monitor for signs and symptoms of adrenal insufficiency, hypophysitis (including hypopituitarism), changes in thyroid function (prior to and periodically during treatment), and hyperglycemia.
- For adrenal insufficiency or hypophysitis, administer corticosteroids and hormone replacement as clinically indicated. Withhold KEYTRUDA for Grade 2 adrenal insufficiency or hypophysitis and永远 discontinue KEYTRUDA for Grade 3 or 4 adrenal insufficiency or hypophysitis.
- Administer hormone replacement for hypothyroidism and manage hyperthyroidism with thionamides and β-blockers as appropriate. Withhold or discontinue KEYTRUDA for Grade 3 or 4 hyperthyroidism.
- Administer insulin for type 1 diabetes, and withhold KEYTRUDA and antihyperglycemics in patients with severe hyperglycemia.

### Nephritis
- Monitor for changes in renal function.
- Administer corticosteroids for Grade 2 or greater nephritis.
- Withhold KEYTRUDA for Grade 2 nephritis and permanently discontinue KEYTRUDA for Grade 3 or 4 nephritis.
Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue in patients receiving KEYTRUDA. While these reactions usually occur during treatment, they may occur after discontinuation of treatment. For suspected immune-mediated adverse reactions, ensure adequate evaluation to confirm etiology or exclude other causes. Based on the severity of the adverse reaction, withhold KEYTRUDA and administer corticosteroids or permanently discontinue KEYTRUDA.

### Monitoring for adverse reactions

- **Hepatotoxicity in combination with axitinib**
  - Monitor liver enzymes before initiation of and periodically throughout treatment.
  - Consider more frequent monitoring of liver enzymes 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.

- **Infusion-related reactions**
  - Monitor for signs and symptoms of infusion-related reactions including rigors, chills, anaphylaxis, flushing, rash, hypotension, hypoxemia, and fever.
  - For Grade 1 or 2 reactions, interrupt or slow the rate of infusion.
  - For Grade 3 or 4 reactions, stop infusion and permanently discontinue KEYTRUDA.

- **Allogeneic HSCT after treatment with KEYTRUDA**
  - Follow patients closely for early evidence of transplant-related complications such as hyperacute GVHD, Grade 3-4 acute GVHD, steroid-requiring febrile syndrome, hepatic VOD, and other immune-mediated adverse reactions.
  - Intervene promptly.

- **Allogeneic HSCT prior to treatment with KEYTRUDA**
  - Consider the benefit of treatment with KEYTRUDA versus the risk of possible GVHD in patients with a history of allogeneic HSCT.
  - Talk with your patients about immune-mediated and other adverse reactions that can occur during treatment with KEYTRUDA.

### Adverse reaction Monitoring patients Management of patients

<table>
<thead>
<tr>
<th>Adverse reaction</th>
<th>Monitoring patients</th>
<th>Management of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-adverse reactions</td>
<td>- Monitor for suspected adverse reactions and exclude other causes.</td>
<td></td>
</tr>
<tr>
<td>Immune-mediated reactions</td>
<td>- Monitor for signs and symptoms of infusion-related reactions.</td>
<td></td>
</tr>
<tr>
<td>Skin adverse reactions</td>
<td>- Based on the severity of the adverse reaction, withhold or permanently discontinue KEYTRUDA and administer corticosteroids.</td>
<td></td>
</tr>
<tr>
<td>Other clinically important immune-mediated adverse reactions</td>
<td>- Monitor for signs and symptoms of infusion-related reactions.</td>
<td></td>
</tr>
</tbody>
</table>

SJS = Stevens-Johnson syndrome; TEN = toxic epidermal necrolysis; GVHD = graft-versus-host disease; VOD = veno-occlusive disease.
For suspected immune-mediated adverse reactions, ensure adequate evaluation to confirm etiology or exclude other causes. Based on the severity of the adverse reaction, withhold or discontinue KEYTRUDA and administer corticosteroids, as recommended below.

### Recommended Dose Modifications

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>Severity</th>
<th>Dose Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immune-mediated pneumonitis</td>
<td>Grade 2</td>
<td>Withhold</td>
</tr>
<tr>
<td>Immune-mediated pneumonitis</td>
<td>Grades 3 or 4 (or recurrent Grade 2)</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Immune-mediated colitis</td>
<td>Grade 3</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Immune-mediated hepatitis (in patients with HCC)</td>
<td>AST or ALT greater than or equal to 5 times ULN or total bilirubin greater than or equal to 1.5 mg/dL</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Immune-mediated hepatitis (in patients without HCC)</td>
<td>AST or ALT greater than 3 but no more than 5 times ULN or total bilirubin greater than 1.5 but no more than 3 times ULN</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Immune-mediated nephritis</td>
<td>Grade 2</td>
<td>Withhold</td>
</tr>
<tr>
<td>Immune-mediated skin adverse reactions</td>
<td>Grade 3 or suspected SJS or TEN</td>
<td>Withhold</td>
</tr>
<tr>
<td>Hematologic toxicity in patients with cHL or PMBC</td>
<td>Grade 3</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Other immune-mediated adverse reactions</td>
<td>Grades 2 to 3 (based on the severity and type of reaction)</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Hematologic toxicity in patients without HCC</td>
<td>Grades 3 or 4</td>
<td>Permanently discontinue</td>
</tr>
<tr>
<td>Other immune-mediated adverse reactions</td>
<td>Grades 2 to 3 (based on the severity and type of reaction)</td>
<td>Permanently discontinue</td>
</tr>
</tbody>
</table>

#### Adverse Reaction Severity

- **Grade 1**: Mild
- **Grade 2**: Mild to moderate
- **Grade 3**: Severe
- **Grade 4**: Life-threatening

### Infusion-related Reactions

- **Grades 1 or 2**: Interrupt or slow the rate of infusion
- **Grades 3 or 4**: Permanently discontinue

### Other immune-mediated adverse reactions

- **Grades 2 or 3**: Based on the severity and type of reaction
- **Grades 3 or 4**: Permanently discontinue

### Recurrent immune-mediated adverse reactions

- **Recurrence of Grade 2 pneumonitis or hepatitis or nephritis**: Permanently discontinue

### Persistent Grade 2 or higher adverse reactions (excluding endocrinopathy)

- **Grades 2 or 3 adverse reactions lasting 12 weeks or longer after last dose of KEYTRUDA**: Permanently discontinue

### Inability to taper corticosteroids

- **Requirement for 10 mg/day or greater**: Permanently discontinue

### Before prescribing KEYTRUDA, please read the accompanying Prescribing Information. The Medication Guide is also available.
Selected Immune-mediated Adverse Reactions

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>KEYTRUDA (N=2,799)</th>
<th>All Grades</th>
<th>Grade 3</th>
<th>Grade 4</th>
<th>Grade 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonitis</td>
<td>3.4 (94)</td>
<td>0.9</td>
<td>0.3</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td>Pneumonitis (in NSCLC, monotherapy)</td>
<td>0.3 (9)</td>
<td>0.1</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Pneumonitis in HRMCC, monotherapy</td>
<td>0.0 (8)</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td>Pneumonitis in HNSCC (combination with platinum and PD-1/PD-L1)</td>
<td>0.4 (10)</td>
<td>1.1</td>
<td>&lt;0.1</td>
<td>&lt;0.1</td>
<td></td>
</tr>
<tr>
<td>Colitis</td>
<td>1.7 (48)</td>
<td>1.1</td>
<td>&lt;0.1</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td>0.7 (16)</td>
<td>0.3</td>
<td>&lt;0.1</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Adrenal Insufficiency</td>
<td>0.6 (20)</td>
<td>0.3</td>
<td>&lt;0.1</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>0.6 (17)</td>
<td>0.3</td>
<td>&lt;0.1</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Hyperthyroidism</td>
<td>0.6 (17)</td>
<td>0.3</td>
<td>&lt;0.1</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Colitis in HNSCC (monotherapy and combination with platinum and PD-1/PD-L1)</td>
<td>16 (188)</td>
<td>0.3</td>
<td>&lt;0.1</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>Nephritis</td>
<td>0.3 (8)</td>
<td>0.1</td>
<td>&lt;0.1</td>
<td>–</td>
<td></td>
</tr>
</tbody>
</table>


grades 3-4.

• Pneumonitis occurred more frequently in patients with a history of prior thoracic radiation: 8.6% compared to those without 2.9%.

• Pneumonitis occurred in 17% of 790 patients receiving KEYTRUDA.

• Of 2,799 patients receiving KEYTRUDA, 16% (454) patients and 18% (50) patients were 65 years or older.

• Of 2,799 patients receiving KEYTRUDA, 18% (50) patients were 75 years or older.

• Nephritis occurred in 1.7% (150) of patients with mNSCLC receiving KEYTRUDA in combination with platinum and platinum chemotherapy.

Before prescribing KEYTRUDA, please read the accompanying Prescribing Information. The Medication Guide also is available.
With KEYTRUDA, Merck provides resources for health care professionals and patients

**HEALTHCARE PROVIDER RESOURCES**

- In-person nurse educators
- Merck sales representatives
- Downloadable resources at keytrudashop.com

**PATIENT SUPPORT**

- The KEY+YOU Patient Support Program offers 24/7 telephone support for eligible patients, referrals to organizations, and educational materials.

**PRODUCT ACCESS**

**THE MERCK ACCESS PROGRAM**

may be able to help answer questions about:

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

For more information, visit merckaccessprogram-keytruda.com

For more information about access and support, call The Merck Access Program at 855-257-3932 (Monday to Friday, 8 am to 8 pm).
DISCUSS

Talking with your patients: KEYTRUDA is an immunotherapy that works with the body’s immune system to help fight cancer.2 KEYTRUDA can cause your immune system to attack normal organs and tissues in any area of your body and can affect the way they work. These problems can sometimes become severe or life-threatening and can lead to death.

Understanding Immunotherapy With KEYTRUDA

*If you have received cancer therapies before, your experience during treatment with KEYTRUDA may be different. It is important for you to tell your cancer care team if you experience a side effect that bothers you or does not go away, as it could be a sign of a serious side effect.3

START

For Appropriate Patients, Start With KEYTRUDA:

- Identify patients appropriate for treatment with KEYTRUDA.
- Select the appropriate dose.
- Administer KEYTRUDA as an intravenous infusion over 30 minutes every 3 weeks or every 6 weeks as appropriate.
- Administer KEYTRUDA prior to chemotherapy when given on the same day.

Talking with your adult patients: About Dosing

*You will receive a 30-minute infusion of KEYTRUDA every 3 weeks or every 6 weeks. Please feel free to ask about what will happen at each infusion session. For optimal treatment, we want to ensure that no doses are missed.4

MONITOR

Immune-mediated adverse reactions may occur at any time throughout treatment. Monitor patients regularly and encourage them to immediately report any changes in their health. This may help keep problems from becoming more serious.3,4

Talking with your patients: Reporting Side Effects

*Contact your cancer care team immediately if you have any symptoms of side effects. The sooner that side effects are reported, the sooner you can be treated.3,4

MANAGE

Management of adverse reactions includes identification and education of all those involved in the patient’s care. Patients receiving KEYTRUDA and their caregivers should be taught to recognize and report any signs and symptoms that may occur during treatment.2 Please consult pages 12 to 19 of this guide for information on the adverse reactions that can occur during treatment with KEYTRUDA.

Talking with your patients: Managing Symptoms With KEYTRUDA

*Communication is an important part of managing side effects. Stay in contact with your cancer care team.5,6

To learn more about managing adverse reactions or to download support resources, visit keytrudahcp.com
Before prescribing KEYTRUDA, please read the accompanying Prescribing Information: The Medication Guide also is available.

References:

To learn more about KEYTRUDA, visit keytrudahcp.com