AIM AT MELANOMA FOUNDATION | MELANOMA NURSING INITIATIVE

YOUR KEYTRUDA® (pembrolizumab) ACTION PLAN

(to be filled out by a member of your oncology team)

Patient Name _____ **Date** _____
Full Name *Today's Date*

Side effects discussed _____

Key points _____

MERCK RESOURCES

Financial Assistance

The Merck Access Program
1-855-257-3932
www.keytruda.com/keytruda-cost/