

Guide for Completing The Merck Access Program Enrollment Form

KEYTRUDA®
(pembrolizumab) Injection 100 mg

KEYTRUDA Qlex™
pembrolizumab + berahyaluronidase alfa-pmph
Subcutaneous Injection | 165 mg + 2,000 units/mL

Work with your patient to complete The Merck Access Program Enrollment Form. Filling out the form accurately helps to ensure timely processing of your patient's application.

Discuss Available Support Options

Before starting the enrollment form, discuss the available support options with your patient to identify the appropriate selection(s) on the enrollment form.

- **Patient Benefit Investigation**
 - May be able to help your patients determine whether their insurance plan will help to cover the costs of KEYTRUDA or KEYTRUDA QLEX.
- **The Merck Co-pay Assistance Program**
 - The Merck Co-pay Assistance Program may offer assistance to eligible, privately insured patients who need help affording the out-of-pocket costs for KEYTRUDA or KEYTRUDA QLEX.
- **Referral to the Merck Patient Assistance Program**
 - Patients who do not have insurance or whose insurance does not cover the product they have been prescribed may be eligible for free products from the Merck Patient Assistance Program if they meet certain financial and medical criteria.

Before You Begin

Please make sure that you and your patient have all necessary documentation before you begin. Decide with your patient whether you will submit the electronic or print version of the enrollment form. You will need **a copy of the front and back of the patient's insurance card**. If requesting a referral to the Merck Patient Assistance Program, please include a **prescription for KEYTRUDA or KEYTRUDA QLEX**.

The enrollment form can either be completed and submitted electronically or printed from our website and faxed to 855-755-0518.



SIGN & SUBMIT ELECTRONICALLY

- Fill out the healthcare provider section of the enrollment form.
 - Write the patient's name on each page of the enrollment form.
 - Include details such as the primary diagnosis code, the patient's treatment date, and the email address of the office contact person.
- Inform the patient that they will receive an email from The Merck Access Program to complete the enrollment form.
- Instruct the patient to complete and sign the patient sections of the enrollment form.
- Submit the completed form electronically at **merckaccessprogram-keytruda.com/keytrudaqlex/hcp**.



DOWNLOAD & PRINT

- Download and print the enrollment form.
- Fill out the healthcare provider section of the enrollment form.
 - Write the patient's name on each page of the enrollment form.
 - Include details such as the primary diagnosis code, the patient's treatment date, and the email address of the office contact person.
- Instruct the patient to complete and sign the patient sections of the enrollment form.
- Include a front and back copy of the patient's insurance card.
- Fax the completed form to **855-755-0518**.

A Sample Enrollment Form is available online at **merckaccessprogram-keytruda.com/keytrudaqlex/hcp** and can be used as a guide for completing the enrollment form with your patient.

For more information, contact The Merck Access Program Monday–Friday at 855-257-3932.

