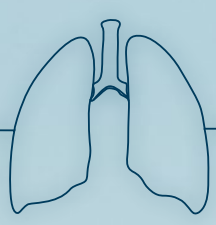


NOW APPROVED

OPDIVO® (nivolumab) + YERVOY® (ipilimumab)

with limited chemo*

IN 1L r/m NSCLC PATIENTS WITH PD-L1 <1% AND PD-L1 ≥1%[1]

Checkmate 9LA

OPDIVO®, in combination with YERVOY® and 2 cycles of platinum-doublet chemotherapy, is indicated for the first-line treatment of adult patients with metastatic or recurrent non-small cell lung cancer (NSCLC), with no EGFR or ALK genomic tumor aberrations.

Primary analysis: median OS was 14.1 months (95% CI: 13.2–16.2) with OPDIVO + YERVOY and chemo vs 10.7 months (95% CI: 9.5–12.5) with chemo (HR=0.69; 96.71% CI: 0.55–0.87; *P*=0.0006).[1]

OPDIVO + YERVOY is also indicated for patients with 1L mNSCLC with PD-L1 ≥1%[1]

OPDIVO, in combination with YERVOY, is indicated for the first-line treatment of adult patients with mNSCLC whose tumors express PD-L1 (≥1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.

Primary analysis (PD-L1 ≥1%): median OS was 17.1 months (95% CI: 15.0–20.1) with OPDIVO + YERVOY vs 14.9 months (95% CI: 12.7–16.7) with chemo (HR=0.79; 95% CI: 0.67–0.94; *P*=0.0066).[1]

OPDIVO (10 mg/mL) and YERVOY (5 mg/mL) are injections for intravenous use.[1,2]

*Two cycles of platinum-doublet chemo.[1]

1L=first line; ALK=anaplastic lymphoma kinase; CI=confidence interval; EGFR=epidermal growth factor receptor; HR=hazard ratio; mNSCLC=metastatic NSCLC; OS=overall survival; PD-L1=programmed death ligand 1; r/m=recurrent or metastatic.

SELECT IMPORTANT SAFETY INFORMATION

Summary of Warnings and Precautions

- OPDIVO is associated with the following Warnings and Precautions including immune-mediated: pneumonitis, colitis, hepatitis, endocrinopathies, nephritis and renal dysfunction, skin and dermatologic adverse reactions, encephalitis, other adverse reactions; infusion-related reactions; complications of allogeneic hematopoietic stem cell transplantation; embryo-fetal toxicity; and increased mortality in patients with multiple myeloma when OPDIVO is added to a thalidomide analogue and dexamethasone, which is not recommended outside of controlled clinical trials.
- YERVOY is associated with the following Warnings and Precautions: severe and fatal immune-mediated adverse reactions, infusion-related reactions, complications of allogeneic hematopoietic stem cell transplant after YERVOY, embryo-fetal toxicity and risks associated when administered in combination with OPDIVO.

Severe and Fatal Immune-Mediated Adverse Reactions

- Immune-mediated adverse reactions listed herein may not be inclusive of all possible severe and fatal immune-mediated adverse reactions.
- Immune-mediated adverse reactions, which may be severe or fatal, can occur in any organ system or tissue. While immune-mediated adverse reactions usually manifest during treatment, they can also occur at any time after starting or discontinuing YERVOY. Early identification and management are essential to ensure safe use of YERVOY. Monitor for signs and symptoms that may be clinical manifestations of underlying immune-mediated adverse reactions. Evaluate clinical chemistries including liver enzymes, creatinine, adrenocorticotropic hormone (ACTH) level, and thyroid function at baseline and before each dose. Institute medical management promptly, including specialty consultation as appropriate.
- Withhold or permanently discontinue YERVOY depending on severity. In general, if YERVOY requires interruption or discontinuation, administer systemic corticosteroid therapy (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less followed by corticosteroid taper for at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reaction is not controlled with corticosteroid therapy. Institute hormone replacement therapy for endocrinopathies as warranted.

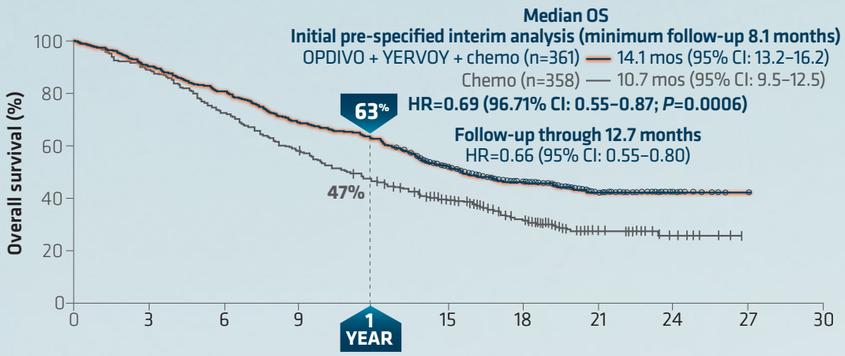
Please see additional Important Safety Information for OPDIVO and YERVOY throughout and US Full Prescribing Information for **OPDIVO** and **YERVOY** at **www.opdivoyervoymNSCLC.com**.

Bristol Myers Squibb™

For patients with r/m NSCLC, regardless of PD-L1 expression

OPDIVO® (nivolumab) + YERVOY® (ipilimumab) with limited chemo* achieved superior OS[1†]

OS: ITT[1,3]



Number at risk										
OPDIVO + YERVOY + chemo – 361	326	292	250	227	153	86	33	10	1	0
Chemo – 358	319	260	208	166	116	67	26	11	0	0

Minimum follow-up of 12.7 months.[3]

- Efficacy results from a pre-specified interim analysis when 351 events were observed (87% of the planned number of events for final analysis) with an 8.1-month minimum follow-up OS and 6.5 months for PFS/ORR were[1,3]:
  - **Primary analysis:** median OS was 14.1 months (95% CI: 13.2–16.2) with OPDIVO + YERVOY and chemo vs 10.7 months (95% CI: 9.5–12.5) with chemo (HR=0.69; 96.71% CI: 0.55–0.87; *P*=0.0006)[1]
  - Median PFS: 6.8 months (95% CI: 5.6–7.7) with OPDIVO + YERVOY with chemo vs 5.0 months (95% CI: 4.3–5.6) with chemo alone (HR=0.70; 97.48% CI: 0.57–0.86; *P*=0.0001)[1]
  - ORR was 38% (136/361) with OPDIVO + YERVOY with chemo and 25% (90/358) with chemo[1]
- Median OS at the 12.7-month follow-up analysis: 15.6 months (95% CI: 13.9–20.0) with OPDIVO + YERVOY with chemo and 10.9 months (95% CI: 9.5–12.5) with chemo alone[1,3]
- 32% of patients enrolled had SQ disease; 68% had NSQ disease[1]

Study design: Checkmate 9LA was a randomized (1:1), open-label phase 3 study of OPDIVO 360 mg q3w in combination with YERVOY 1 mg/kg q6w and 2 cycles of histology-based chemotherapy† versus 4 cycles of platinum-doublet chemotherapy† as a first-line treatment in patients with metastatic or recurrent NSCLC regardless of histology or PD-L1 status. Treatment continued until disease progression, unacceptable toxicity, or for up to 2 years. Patients were stratified by histology (SQ vs NSQ), PD-L1 (<1 vs ≥1), and sex. The primary endpoint was OS.[1]

SELECT IMPORTANT SAFETY INFORMATION (cont'd)

Immune-Mediated Pneumonitis

- OPDIVO can cause immune-mediated pneumonitis. Fatal cases have been reported. Monitor patients for signs with radiographic imaging and for symptoms of pneumonitis. Administer corticosteroids for Grade 2 or more severe pneumonitis. Permanently discontinue for Grade 3 or 4 and withhold until resolution for Grade 2. In NSCLC patients receiving OPDIVO 3 mg/kg with YERVOY 1 mg/kg, immune-mediated pneumonitis occurred in 9% (50/576) of patients, including Grade 4 (0.5%), Grade 3 (3.5%), and Grade 2 (4.0%) immune-mediated pneumonitis. Four patients (0.7%) died due to pneumonitis. The incidence and severity of immune-mediated pneumonitis in patients with NSCLC treated with OPDIVO 360 mg every 3 weeks in combination with YERVOY 1 mg/kg every 6 weeks and 2 cycles of platinum-doublet chemotherapy were comparable to treatment with OPDIVO in combination with YERVOY only.

Immune-Mediated Colitis

- OPDIVO can cause immune-mediated colitis. Monitor patients for signs and symptoms of colitis. Administer corticosteroids for Grade 2 (of more than 5 days duration), 3, or 4 colitis. Withhold OPDIVO monotherapy for Grade 2 or 3 and permanently discontinue for Grade 4 or recurrent colitis upon re-initiation of OPDIVO. When administered with YERVOY, withhold OPDIVO and YERVOY for Grade 2 and permanently discontinue for Grade 3 or 4 or recurrent colitis.
- Cytomegalovirus (CMV) infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies. Addition of an alternative immunosuppressive agent to the corticosteroid therapy, or replacement of the corticosteroid therapy, should be considered in corticosteroid-refractory immune-mediated colitis if other causes are excluded.

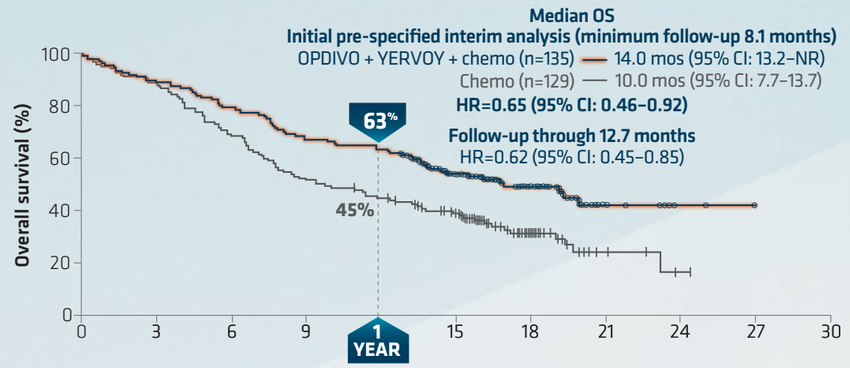
Please see additional Important Safety Information for OPDIVO and YERVOY throughout and US Full Prescribing Information for **OPDIVO** and **YERVOY** at **www.opdivoyervoymNSCLC.com**.

For patients with r/m NSCLC

Consistent OS across PD-L1 non-expressors and expressors

OS: Tumor PD-L1 <1% extended follow-up analysis[3,4]

63% of patients treated with OPDIVO + YERVOY with limited chemo* were alive at 1 year (PD-L1 <1%)[3†]

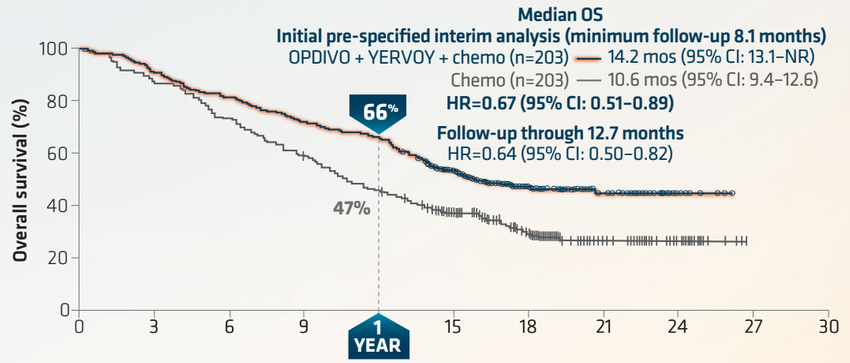


Number at risk										
OPDIVO + YERVOY + chemo – 135	120	107	90	85	53	31	8	2	1	0
Chemo – 129	116	90	68	57	43	19	5	1	0	0

Minimum follow-up of 12.7 months.[3]

OS: Tumor PD-L1 ≥1% extended follow-up analysis[3,4]

66% of patients treated with OPDIVO + YERVOY with limited chemo* were alive at 1 year (PD-L1 ≥1%)[3†]



Number at risk										
OPDIVO + YERVOY + chemo – 203	185	166	147	133	92	52	25	8	0	0
Chemo – 204	179	151	122	95	64	42	19	10	0	0

Minimum follow-up of 12.7 months.[3]

- Primary analysis of the ITT population at the 8.1-month minimum follow-up: median OS was 14.1 months (95% CI: 13.2–16.2) with OPDIVO + YERVOY with chemo vs 10.7 months (95% CI: 9.5–12.5) with chemo alone (HR=0.69; 96.71% CI: 0.55–0.87; *P*=0.0006)[1,3]
- In Checkmate 9LA, the primary efficacy outcome was OS; efficacy by PD-L1 status was a pre-specified analysis[1]

*Two cycles of platinum-doublet chemo.[1]
†Vs chemo. In Checkmate 9LA, patients received 2 cycles of histology-based platinum-doublet chemo q3w in the experimental arm, and 4 cycles in the comparator arm. SQ patients: carboplatin AUC 6 + paclitaxel 200 mg/m² q3w. NSQ patients: carboplatin AUC 5 or 6 or cisplatin 75 mg/m² + pemetrexed 500 mg/m² q3w with optional pemetrexed maintenance therapy.[1]
AUC=area under the curve; ITT=intent to treat; mo=month; NR=not reached; NSQ=non-squamous; ORR=overall response rate; PFS=progression-free survival; q3w=every 3 weeks; q6w=every 6 weeks; SQ=squamous.

OPDIVO® (nivolumab) + YERVOY® (ipilimumab)

For patients with r/m NSCLC, regardless of PD-L1 expression

Adverse reactions in >10% of patients receiving OPDIVO® (nivolumab) + YERVOY® (ipilimumab) with limited chemo[1]*

Adverse reactions	OPDIVO + YERVOY + chemo (n=358)		Chemo[||||] (n=349)	
	All grades (%)	Grades 3–4 (%)	All grades (%)	Grades 3–4 (%)
General				
Fatigue[†]	49	5	40	4.9
Pyrexia	14	0.6	10	0.6
Musculoskeletal and connective tissue				
Musculoskeletal pain[‡]	39	4.5	27	2.0
Gastrointestinal				
Nausea	32	1.7	41	0.9
Diarrhea[§]	31	6	18	1.7
Constipation	21	0.6	23	0.6
Vomiting	18	2.0	17	1.4
Abdominal pain[‖]	12	0.6	11	0.9
Skin and subcutaneous tissue				
Rash[¶]	30	4.7	10	0.3
Pruritus[#]	21	0.8	2.9	0
Alopecia	11	0.8	10	0.6
Metabolism and nutrition				
Decreased appetite	28	2.0	22	1.7
Respiratory, thoracic, and mediastinal				
Cough[**]	19	0.6	15	0.9
Dyspnea[††]	18	4.7	14	3.2
Endocrine				
Hypothyroidism[‡‡]	19	0.3	3.4	0
Nervous system				
Headache	11	0.6	7	0
Dizziness[§§]	11	0.6	6	0

Toxicity was graded per NCI CTCAE v4.[1]

*Two cycles of platinum-doublet chemo.[1]
[†]Includes fatigue and asthenia.[1]
[‡]Includes myalgia, back pain, pain in extremity, musculoskeletal pain, bone pain, flank pain, muscle spasms, musculoskeletal chest pain, musculoskeletal disorder, osteitis, musculoskeletal stiffness, non-cardiac chest pain, arthralgia, arthritis, arthropathy, joint effusion, psoriatic arthropathy, and synovitis.[1]
[§]Includes colitis, ulcerative colitis, diarrhea, and enterocolitis.[1]
[‖]Includes abdominal discomfort, abdominal pain, lower abdominal pain, upper abdominal pain, and gastrointestinal pain.[1]
[¶]Includes acne, dermatitis, acneiform dermatitis, allergic dermatitis, atopic dermatitis, bullous dermatitis, generalized exfoliative dermatitis, eczema, keratoderma blennorrhagica, palmar-plantar erythrodysesthesia syndrome, rash, erythematous rash, generalized rash, macular rash, maculo-papular rash, morbilliform rash, papular rash, pruritic rash, skin exfoliation, skin reaction, skin toxicity, Stevens-Johnson syndrome, and urticaria.[1]
[#]Includes pruritus and generalized pruritus.[1]
[**]Includes cough, productive cough, and upper-airway cough syndrome.[1]
[††]Includes dyspnea, dyspnea at rest, and exertional dyspnea.[1]
[‡‡]Includes autoimmune thyroiditis, increased blood thyroid stimulating hormone, hypothyroidism, thyroiditis, and decreased free tri-iodothyronine.[1]
[§§]Includes dizziness, vertigo, and positional vertigo.[1]
[||||]In Checkmate 9LA, patients in the comparator arm received 4 cycles of platinum-doublet chemo q3w; NSQ: pemetrexed + carboplatin or cisplatin, with optional pemetrexed maintenance therapy; SQ: paclitaxel + carboplatin.[1]

- Treatment was permanently discontinued for adverse reactions in 24% of patients treated with OPDIVO + YERVOY with chemo, and 56% had at least one dose withheld for an adverse reaction[1]
- Serious adverse reactions occurred in 57% of patients receiving OPDIVO + YERVOY with chemo[1]
- The most frequent (>2%) serious adverse reactions were pneumonia, diarrhea, febrile neutropenia, anemia, acute kidney injury, musculoskeletal pain, dyspnea, pneumonitis, and respiratory failure[1]
- The most common (>20%) adverse reactions were fatigue, musculoskeletal pain, nausea, diarrhea, rash, decreased appetite, constipation, and pruritus[1]
- Median number of doses was 9 for OPDIVO, 4 for YERVOY, and 2 cycles of chemo[5]
- With a minimum follow-up of 12.7 months, no new safety signals were identified for OPDIVO + YERVOY with limited chemo[3]*

NCI CTCAE=National Cancer Institute Common Terminology Criteria for Adverse Events.

Please see additional Important Safety Information for OPDIVO and YERVOY throughout and US Full Prescribing Information for **OPDIVO** and **YERVOY** at **www.opdivoyervoymNSCLC.com**.

SELECT IMPORTANT SAFETY INFORMATION (cont'd)

Immune-Mediated Hepatitis
- OPDIVO can cause immune-mediated hepatitis. Monitor patients for abnormal liver tests prior to and periodically during treatment. Administer corticosteroids for Grade 2 or greater transaminase elevations. Withhold OPDIVO for Grade 2 and permanently discontinue OPDIVO for Grade 3 or 4.

Immune-Mediated Endocrinopathies
- OPDIVO can cause immune-mediated hypophysitis, immune-mediated adrenal insufficiency, autoimmune thyroid disorders, and Type 1 diabetes mellitus. Monitor patients for signs and symptoms of hypophysitis, signs and symptoms of adrenal insufficiency, thyroid function prior to and periodically during treatment, and hyperglycemia. Withhold for Grades 2, 3, or 4 endocrinopathies if not clinically stable. Administer hormone replacement as clinically indicated and corticosteroids for Grade 2 or greater hypophysitis. Withhold for Grade 2 or 3 and permanently discontinue for Grade 4 hypophysitis. Administer corticosteroids for Grade 3 or 4 adrenal insufficiency. Withhold for Grade 2 and permanently discontinue for Grade 3 or 4 adrenal insufficiency. Administer hormone-replacement therapy for hypothyroidism. Initiate medical management for control of hyperthyroidism. Withhold OPDIVO for Grade 3 and permanently discontinue for Grade 4 hyperglycemia.

Immune-Mediated Nephritis and Renal Dysfunction
- OPDIVO can cause immune-mediated nephritis. Monitor patients for elevated serum creatinine prior to and periodically during treatment. Administer corticosteroids for Grades 2-4 increased serum creatinine. Withhold OPDIVO for Grade 2 or 3 and permanently discontinue for Grade 4 increased serum creatinine.

Immune-Mediated Skin and Dermatologic Adverse Reactions
- OPDIVO can cause immune-mediated rash, including Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), some cases with fatal outcome. Administer corticosteroids for Grade 3 or 4 rash. Withhold for Grade 3 and permanently discontinue for Grade 4 rash. For symptoms or signs of SJS or TEN, withhold OPDIVO and refer the patient for specialized care for assessment and treatment; if confirmed, permanently discontinue.
- YERVOY can cause immune-mediated rash or dermatitis, including bullous and exfoliative dermatitis, Stevens Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN). Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-bullous exfoliative rashes. Withhold YERVOY until specialist assessment for Grade 2 and permanently discontinue for Grade 3 or 4 exfoliative or bullous dermatologic conditions.

Immune-Mediated Encephalitis
- OPDIVO can cause immune-mediated encephalitis. Evaluation of patients with neurologic symptoms may include, but not be limited to, consultation with a neurologist, brain MRI, and lumbar puncture. Withhold OPDIVO in patients with new-onset moderate to severe neurologic signs or symptoms and evaluate to rule out other causes. If other etiologies are ruled out, administer corticosteroids and permanently discontinue OPDIVO for immune-mediated encephalitis.

Other Immune-Mediated Adverse Reactions
- Based on the severity of the adverse reaction, permanently discontinue or withhold OPDIVO, administer high-dose corticosteroids, and, if appropriate, initiate hormone-replacement therapy. Dose modifications for YERVOY for adverse reactions that require management different from these general guidelines are summarized as follows. Withhold for Grade 2 and permanently discontinue YERVOY for Grade 3 or 4 neurological toxicities. Withhold for Grade 2 and permanently discontinue YERVOY for Grade 3 or 4 myocarditis. Permanently discontinue YERVOY for Grade 2, 3, or 4 ophthalmologic adverse reactions that do not improve to Grade 1 within 2 weeks while receiving topical therapy OR that require systemic therapy. Across clinical trials of OPDIVO in combination with YERVOY, the following clinically significant immune-mediated adverse reactions, some with fatal outcome, occurred in <1.0% of patients receiving OPDIVO: myocarditis, rhabdomyolysis, myositis, uveitis, iritis, pancreatitis, facial and abducens nerve paresis, demyelination, polymyalgia rheumatica, autoimmune neuropathy, Guillain-Barré syndrome, hypopituitarism, systemic inflammatory response syndrome, gastritis, duodenitis, sarcoidosis, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), motor dysfunction, vasculitis, aplastic anemia, pericarditis, and myasthenic syndrome. In addition to the immune-mediated adverse reactions listed above, across clinical trials of YERVOY monotherapy or in combination with OPDIVO, the following clinically significant immune-mediated adverse reactions, some with fatal outcome, occurred in <1% of patients unless otherwise specified: autoimmune neuropathy (2%), meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis, nerve paresis, angiopathy, temporal arteritis, pancreatitis (1.3%), arthritis, polymyositis, conjunctivitis, cytopenias (2.5%), eosinophilia (2.1%), erythema multiforme, hypersensitivity vasculitis, neurosensory hypoacusis, psoriasis, blepharitis, episcleritis, orbital myositis, and scleritis. Some cases of ocular IMARs have been associated with retinal detachment.
- If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada-like syndrome, which has been observed in patients receiving OPDIVO and YERVOY and may require treatment with systemic steroids to reduce the risk of permanent vision loss.

Infusion-Related Reactions
- OPDIVO can cause severe infusion-related reactions, which have been reported in <1.0% of patients in clinical trials. Discontinue OPDIVO in patients with Grade 3 or 4 infusion-related reactions. Interrupt or slow the rate of infusion in patients with Grade 1 or 2. Severe infusion-related reactions can also occur with YERVOY. Discontinue YERVOY in patients with severe or life-threatening infusion reactions and interrupt or slow the rate of infusion in patients with mild or moderate infusion reactions. In patients receiving OPDIVO monotherapy as a 60-minute infusion, infusion-related reactions occurred in 6.4% (127/1994) of patients. In a separate trial in which patients received OPDIVO monotherapy as a 60-minute infusion or a 30-minute infusion, infusion-related reactions occurred in 2.2% (8/368) and 2.7% (10/369) of patients, respectively. Additionally, 0.5% (2/368) and 1.4% (5/369) of patients, respectively, experienced adverse reactions within 48 hours of infusion that led to dose delay, permanent discontinuation or withholding of OPDIVO.

Complications of Allogeneic Hematopoietic Stem Cell Transplantation
- Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1 receptor blocking antibody or YERVOY. Transplant-related complications include hyperacute graft-versus-host-disease (GVHD), acute GVHD, chronic GVHD, hepatic veno-occlusive disease (VOD) after reduced intensity conditioning, and steroid-requiring febrile syndrome (without an identified infectious cause). These complications may occur despite intervening therapy between PD-1 or CTLA-4 receptor blockade and allogeneic HSCT.
- Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefit versus risks of treatment with a PD-1 receptor blocking antibody or YERVOY prior to or after an allogeneic HSCT.

Embryo-Fetal Toxicity
- Based on mechanism of action, OPDIVO and YERVOY can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with OPDIVO or YERVOY and for at least 5 months after the last dose.

Increased Mortality in Patients with Multiple Myeloma when OPDIVO is Added to a Thalidomide Analogue and Dexamethasone
- In clinical trials in patients with multiple myeloma, the addition of OPDIVO to a thalidomide analogue plus dexamethasone resulted in increased mortality. Treatment of patients with multiple myeloma with a PD-1 or PD-L1 blocking antibody in combination with a thalidomide analogue plus dexamethasone is not recommended outside of controlled clinical trials.

Lactation
- It is not known whether OPDIVO or YERVOY is present in human milk. Because many drugs, including antibodies, are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from OPDIVO or YERVOY, advise women not to breastfeed during treatment and for at least 5 months after the last dose.

Serious Adverse Reactions
- In Checkmate 227, serious adverse reactions occurred in 58% of patients (n=576). The most frequent (≥2%) serious adverse reactions were pneumonia, diarrhea/colitis, pneumonitis, hepatitis, pulmonary embolism, adrenal insufficiency, and hypophysitis. Fatal adverse reactions occurred in 1.7% of patients; these included events of pneumonitis (4 patients), myocarditis, acute kidney injury, shock, hyperglycemia, multi-system organ failure, and renal failure. In Checkmate 9LA, serious adverse reactions occurred in 57% of patients (n=358). The most frequent (>2%) serious adverse reactions were pneumonia, diarrhea, febrile neutropenia, anemia, acute kidney injury, musculoskeletal pain, dyspnea, pneumonitis, and respiratory failure. Fatal adverse reactions occurred in 7 (2%) patients, and included hepatic toxicity, acute renal failure, sepsis, pneumonitis, diarrhea with hypokalemia, and massive hemoptysis in the setting of thrombocytopenia.

Common Adverse Reactions
- In Checkmate 227, the most common (≥20%) adverse reactions were fatigue (44%), rash (34%), decreased appetite (31%), musculoskeletal pain (27%), diarrhea/colitis (26%), dyspnea (26%), cough (23%), hepatitis (21%), nausea (21%), and pruritus (21%). In Checkmate 9LA, the most common (>20%) adverse reactions were fatigue (49%), musculoskeletal pain (39%), nausea (32%), diarrhea (31%), rash (30%), decreased appetite (28%), constipation (21%), and pruritus (21%).

Please see additional Important Safety Information for OPDIVO and YERVOY throughout and US Full Prescribing Information for **OPDIVO** and **YERVOY** at **www.opdivoyervoymNSCLC.com**.

References: 1. OPDIVO [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. **2.** YERVOY [package insert]. Princeton, NJ: Bristol-Myers Squibb Company. **3.** Reck M, Ciuleanu TE, Dols MC, et al. Nivolumab + ipilimumab + 2 cycles of platinum-doublet chemotherapy vs 4 cycles chemo as first-line treatment for stage IV/recurrent non-small cell lung cancer: CheckMate 9LA. Oral presentation at ASCO 2020. Abstract 9501. **4.** Data on file. NIVO 566. Princeton, NJ: Bristol-Myers Squibb Company; 2020. **5.** Data on file. NIVO 562. Princeton, NJ: Bristol-Myers Squibb Company; 2020.

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OPDIVO® (nivolumab) + YERVOY® (ipilimumab)