YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion | TECARTUS® (brexucabtagene autoleucel) Suspension for IV infusion

YESCARTA and TECARTUS REMS Program Hospital Enrollment Form

YESCARTA and TECARTUS REMS Program Hospital Enrollment

YESCARTA® and TECARTUS® are available only through the YESCARTA and TECARTUS REMS Program. Only hospitals and their associated clinics certified in the YESCARTA and TECARTUS REMS Program are permitted to dispense YESCARTA and TECARTUS.

YESCARTA and TECARTUS REMS Hospital Attestations

As a condition of certification, the certified hospital and its associated clinics must:

- ☐ Ensure that if the hospital and its associated clinics designate a new authorized representative, the new authorized representative must review the YESCARTA and TECARTUS REMS Program Training, complete the YESCARTA and TECARTUS REMS Program Knowledge Assessment, complete a new YESCARTA and TECARTUS REMS Program Hospital Enrollment Form, and submit the forms via fax to 1-310-496-0397 or email at YTREMS@kitepharma.com.
- ☐ Report any serious adverse events suggestive of CRS or neurological toxicities.
- ☐ Report suspected serious adverse events associated with either YESCARTA or TECARTUS by contacting Kite at 1-844-454-KITE (5483) or medinfo@kitepharma.com or www.Gilead.com or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.
- ☐ Dispense YESCARTA or TECARTUS to patients only after verifying that a minimum of 2 doses of tocilizumab are available on-site for each patient and are ready for immediate administration (within 2 hours).
- ☐ Provide the patient with the Patient Wallet Card.
- ☐ Maintain documentation of all processes and procedures for the YESCARTA and TECARTUS REMS Program and provide documentation upon request to Kite, or a third party acting on behalf of Kite.
- ☐ Comply with audits by Kite, or a third party acting on behalf of Kite.

YESCARTA and TECARTUS REMS Program Hospital Registration Form

Please email the completed form to YTREMS@kitepharma.com, fax to 1-310-496-0397, or complete it online at www.KiteREMSTraining.com.

Important Notice: Completion of the enrollment form and knowledge assessment does not guarantee that your hospital and its associated clinics will be certified to administer YESCARTA or TECARTUS. Please contact 1-844-454-KITE or visit the YESCARTA and TECARTUS REMS Program website at www.YescartaTecartusREMS.com for more information.

YESCARTA and TECARTUS REMS Program Hospital Enrollment Form

To finalize your registration in the YESCARTA and TECARTUS REMS Program, please complete the form below in its entirety if not being submitted online.

☐ **New Certification** ☐ **Recertification** ☐ **Change in Authorized Representative**

Authorized Representative Information:

First Name: _____ Last Name: _____

Title: _____ Credentials: ○ DO ○ MD ○ RPh ○ RN ○ NP/PA ○ Other: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

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Hospital/Associated Clinic Contact Information:

Hospital/Associated Clinic Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

YESCARTA and TECARTUS REMS Authorized Representative Attestations

- **I am the authorized representative designated by my hospital and its associated clinics to coordinate the activities of the YESCARTA and TECARTUS REMS Program.**
- **By signing this form, I attest that I understand and agree to comply with the following REMS Program requirements:**
    - I must complete the YESCARTA and TECARTUS REMS Program Training and successfully complete the YESCARTA and TECARTUS REMS Program Knowledge Assessment.
    - I must submit this completed YESCARTA and TECARTUS REMS Program Hospital Enrollment Form to Kite via fax at 1-310-496-0397, email to YTREMS@kitepharma.com, or online at www.KiteREMSTraining.com.
    - I must submit the YESCARTA and TECARTUS REMS Program Knowledge Assessment online on the REMS Program Training website or send to Kite via fax at 1-310-496-0397 or email to YTREMS@kitepharma.com.
    - I will oversee implementation and compliance with the YESCARTA and TECARTUS REMS Program.
    - I will ensure that my hospital and its associated clinics establishes processes and procedures that are subject to monitoring by Kite or a third party acting on behalf of Kite to help ensure compliance with the requirements of the YESCARTA and TECARTUS REMS Program, including the following, before administering YESCARTA or TECARTUS:
        - Ensure that all relevant staff involved in the prescribing, dispensing, or administering of YESCARTA or TECARTUS are trained on the YESCARTA and TECARTUS REMS Program requirements as described in the training materials, successfully complete the YESCARTA and TECARTUS REMS Program Knowledge Assessment, and maintain training records for all staff.
        - Put processes and procedures in place to ensure that relevant staff involved in the prescribing, dispensing, or administering of YESCARTA or TECARTUS are retrained if YESCARTA or TECARTUS have not been dispensed at least once annually from the date of certification in the YESCARTA and TECARTUS REMS Program.
        - Prior to dispensing YESCARTA or TECARTUS, put processes and procedures in place to verify a minimum of 2 doses of tocilizumab are available on-site for each patient and are ready for immediate administration (within 2 hours).
        - Prior to discharge, provide patients/caregivers with the Patient Wallet Card and instruct patient to remain within close proximity (within 2 hours) of the certified administering hospital and its associated clinics for at least 4 weeks following YESCARTA or TECARTUS infusion.

Authorized Representative Name _____ Title _____

Signature _____ Date _____

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