

# YESCARTA™ REMS Program Hospital Enrollment Form

## YESCARTA™ REMS Program Hospital Enrollment

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

## YESCARTA™ 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™ REMS Program Live Training, complete the YESCARTA™ REMS Program Knowledge Assessment, complete a new YESCARTA™ REMS Program Hospital Enrollment Form, and submit the forms via fax to **1-310-496-0397** or email at **YESCARTAREMS@kitepharma.com**.
- Report any adverse events suggestive of CRS, neurologic toxicities, or suspected, unexpected serious adverse reactions to FDA at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or by calling 1-800-FDA-1088 or Kite at 1-844-454-KITE.
- Dispense YESCARTA™ 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).
- Maintain documentation of all processes and procedures for the YESCARTA™ REMS Program and provide documentation upon request to Kite, FDA, or a third party acting on behalf of Kite or FDA.
- Comply with audits by Kite, FDA, or a third party acting on behalf of Kite or FDA.

## YESCARTA™ REMS Program Hospital Registration Form

Please email the completed form to **YESCARTAREMS@kitepharma.com** or fax to **1-310-496-0397**.

**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™. Please contact 1-844-454-KITE or visit the YESCARTA™ REMS Program website at [www.YESCARTAREMS.com](http://www.YESCARTAREMS.com) for more information.

## YESCARTA™ REMS Program Hospital Enrollment Form

To finalize your registration in the YESCARTA™ REMS Program, please complete the form below in its entirety.

**New Certification**

**Recertification**

### Authorized Representative Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Credentials: DO MD RPh NP/PA Other: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Hospital/Associated Clinic Contact Information:

Hospital/Associated Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Hospital/Associated Clinic Phone Number: \_\_\_\_\_ Hospital/Associated Clinic Fax Number: \_\_\_\_\_

## YESCARTA™ Authorized Representative Attestations

**I am the authorized representative designated by my hospital and its associated clinics to coordinate the activities of the YESCARTA™ 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™ REMS Program Live Training and successfully complete the YESCARTA™ REMS Program Knowledge Assessment.
- I must submit this completed YESCARTA™ REMS Program Hospital Enrollment Form to Kite via fax at 1-310-496-0397 or email to YESCARTAREMS@kitepharma.com.
- I must submit the YESCARTA™ REMS Program Knowledge Assessment to Kite via fax at 1-310-496-0397 or email to YESCARTAREMS@kitepharma.com.
- I will oversee implementation and compliance with the YESCARTA™ REMS Program.
- I will ensure that my hospital and its associated clinics will establish 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™ REMS Program, including the following, before administering YESCARTA™:
  - Ensure that all relevant staff involved in the prescribing, dispensing, or administering of YESCARTA™ are trained on the REMS Program requirements as described in the training materials, successfully complete the YESCARTA™ REMS Program Knowledge Assessment, and maintain training records for all staff.
  - Put processes and procedures in place to ensure that staff involved in the prescribing, dispensing, or administering of YESCARTA™ are retrained if YESCARTA™ has not been dispensed at least once annually from the date of certification in the YESCARTA™ REMS Program.
  - Prior to dispensing YESCARTA™, 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 dispensing YESCARTA™, 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™ infusion.

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Authorized Representative Name

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Title

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Signature

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Date