

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 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 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 RN/NP PA Other: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Hospital/Associated Clinic Contact Information:

Hospital/Associated Clinic Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

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.

Authorized Representative Name

Title

Signature

Date