YESCARTA® (axicabtagene ciloleucel) Suspension for IV infusion

YESCARTA® REMS Program Knowledge Assessment

To become an authorized representative for your hospital and its associated clinics in the YESCARTA® REMS Program, you will need to answer all questions below correctly.

Responses to the YESCARTA® REMS Program Knowledge Assessment questions and the YESCARTA® REMS Program Hospital Enrollment Form must be emailed to **YESCARTAREMS@kitepharma.com** or faxed to **1-310-496-0397**.

Questions

1. What is the approved indication for YESCARTA®?

- ◯ **A.** Patients with relapsing multiple sclerosis
- ◯ **B.** Patients with lung cancer
- ◯ **C.** Patients with bladder cancer
- ◯ **D.** Adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma.

2. A YESCARTA® Patient Wallet Card must be given to patients who have been infused with YESCARTA®.

True ◯ False ◯

3. Every certified hospital and its associated clinics are required to have a minimum of 2 doses of tocilizumab on-site for each patient and available for administration, for treatment of CRS, within 2 hours of YESCARTA® infusion.

True ◯ False ◯

4. After YESCARTA® infusion, patients should be advised to:

- ◯ **A.** Refrain from driving or operating heavy or potentially dangerous machinery after YESCARTA® administration until at least 8 weeks after infusion
- ◯ **B.** Remain within close proximity (within 2 hours) of the certified treating hospital and its associated clinics for at least 4 weeks following infusion
- ◯ **C.** Seek immediate attention if they experience signs and symptoms of CRS and/or neurologic toxicities
- ◯ **D.** All of the above

5. Which of the following is true regarding the time to onset of CRS? It typically occurs:

- ◯ **A.** With a median time to onset of 7 days
- ◯ **B.** With a median time to onset of 5 days
- ◯ **C.** With a median time to onset of 2 days
- ◯ **D.** Rarely starts during the first week following YESCARTA® infusion

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6. All of the following regarding neurologic toxicity related to YESCARTA® are correct except:

- ◯ **A.** Neurologic toxicity always occurs concurrently with CRS
- ◯ **B.** Continuous cardiac telemetry and pulse oximetry are recommended for Grade 2 or higher neurologic toxicity
- ◯ **C.** The median time to onset of neurologic toxicity is 4 days
- ◯ **D.** The most common signs or symptoms of neurologic toxicity include encephalopathy, headache, tremor, dizziness, aphasia, delirium, insomnia, and anxiety

7. Four days after infusion with YESCARTA®, a 49-year-old woman with relapsed diffuse large B-cell lymphoma (DLBCL) fully recovers from a Grade 3 CRS that started the day after infusion of YESCARTA®. The next day, she develops a Grade 2 dysphasia. She has no signs or symptoms of CRS. Appropriate management for this patient would include:

- ◯ **A.** Consider nonsedating, antiseizure medicines (eg, levetiracetam) for seizure prophylaxis
- ◯ **B.** Start tocilizumab 8 mg/kg intravenously over 1 hour (not to exceed 800 mg)
- ◯ **C.** Start dexamethasone 10 mg intravenously every 6 hours
- ◯ **D.** A and C

8. One day after infusion of YESCARTA®, a 60-year-old man with relapsed diffuse large B-cell lymphoma (DLBCL) develops the following signs and symptoms of CRS: high fevers (39°C-40°C), hypoxia requiring <40% FiO_2, and hypotension requiring intravenous fluids. This patient's CRS grade would be most consistent with:

- ☐ **A.** Grade 1 CRS
- ☐ **B.** Grade 2 CRS
- ☐ **C.** Grade 3 CRS
- ☐ **D.** Grade 4 CRS

Name _____ Title _____

Credentials ____DO ____MD ____RPh ____RN/NP ☐ PA Other _____

☐ I am the authorized representative

Hospital/Associated Clinic Name _____

Address _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____