

BREYANZI REMS Hospital Enrollment Form

BREYANZI is available only through BREYANZI REMS. Only hospitals and associated clinics certified in the BREYANZI REMS are permitted to dispense BREYANZI.

To become certified, hospitals and associated clinics must designate an Authorized Representative (AR) to:

1. Complete this enrollment form.
2. Oversee implementation and compliance with BREYANZI REMS requirements as outlined below.

BREYANZI Hospital and Associated Clinic Responsibilities

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

- Ensure that if the hospital and its associated clinics designate a replacement AR, the replacement AR must take the BREYANZI REMS Live Training Program (in-person or via live webcast), complete the BREYANZI REMS Knowledge Assessment, and complete/submit a new BREYANZI REMS Hospital Enrollment Form.
- Hospitals and their associated clinics must report any serious* adverse events suggestive of CRS or neurologic toxicities to Juno at www.bms.com or 1-888-805-4555 or to FDA at www.fda.gov/medwatch or by calling 1-800-FDA-1088. Juno Therapeutics, Inc. is a Bristol-Myers Squibb Company.
- Dispense BREYANZI 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 BREYANZI REMS and provide documentation upon request to Juno or to a third party acting on behalf of Juno.
- Comply with audits by Juno or a third party acting on behalf of Juno.

BREYANZI Authorized Representative Responsibilities

By signing this form, I attest that I am the AR designated by my institution to coordinate the activities of the BREYANZI REMS. I understand and agree to comply with the following BREYANZI REMS requirements:

- I have completed the BREYANZI REMS Live Training Program (live in-person or via webcast).
- I have submitted a completed BREYANZI REMS Knowledge Assessment to Juno online at BreyanziREMS.com, via email REMSCallCenter@bms.com, or by fax to 1-855-496-8607.
- I will submit this completed BREYANZI REMS Hospital Enrollment Form to Juno online at BreyanziREMS.com, via email REMSCallCenter@bms.com, or by fax to 1-855-496-8607.
- I will oversee my institution's implementation of and compliance with the BREYANZI REMS.
- I confirm, before administering BREYANZI, my institution has established processes and procedures that are subject to monitoring by Juno or a third party acting on behalf of Juno to help ensure compliance with the BREYANZI REMS requirements, including the following:
 - Ensure that all relevant staff involved in prescribing, dispensing, or administering of BREYANZI are trained on the REMS requirements and successfully complete the BREYANZI REMS Knowledge Assessment, and records are maintained of staff training.
 - Put processes and procedures in place to ensure that staff involved in prescribing, dispensing, or administering of BREYANZI are retrained on BREYANZI REMS if BREYANZI has not been dispensed at least once annually from the date of certification in the BREYANZI REMS.
 - Prior to dispensing BREYANZI, 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 infusing BREYANZI, provide patients with the Patient Wallet Card.

Authorized Representative Signature:

Date (MM/DD/YYYY):



BREYANZI REMS Hospital Enrollment Form

Complete all required fields and submit this enrollment form to Juno online at BreyanziREMS.com, via email REMSCallCenter@bms.com, or by fax to 1-855-496-8607.

Hospital Information (all fields required):

Hospital Name

Address

City

State

ZIP Code

Phone

Fax

Associated Clinic (if applicable):

Associated Clinic Name

Address

City

State

ZIP Code

Phone

Fax

Authorized Representative Information (all fields required):

First Name

Last Name

Job Title

Employee of

Hospital Associated Clinic

Credentials

MD DO PA RPh NP Other (please specify):

Phone

Fax

Work Email Address

Contact the REMS Call Center at 1-888-423-5436 or visit BreyanziREMS.com for more information.

Completion of this form and Knowledge Assessment does not guarantee that your institution will be certified to administer BREYANZI.

Juno will provide confirmation of BREYANZI REMS certification via email after processing this enrollment form and confirming that all other BREYANZI REMS requirements have been met.

Product orders cannot be placed until REMS certification is complete.

