BREYANZI® REMS Hospital Enrollment Form

BREYANZI is available only through the BREYANZI REMS. Only hospitals and their associated clinic(s) certified in the BREYANZI REMS are permitted to dispense BREYANZI.

To become certified, hospitals and their associated clinic(s) must designate an authorized representative (AR) to:

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

BREYANZI Hospital and Associated Clinic Responsibilities

As a condition of certification, the certified hospitals and their associated clinic(s) must:

- Ensure that when the hospitals and their associated clinic(s) designate an AR, the AR must take the Training Program, successfully complete the Knowledge Assessment, and complete and submit a new Hospital Enrollment Form.
- Report any serious* adverse events suggestive of cytokine release syndrome (CRS) or neurologic toxicities to Juno Therapeutics, Inc., a Bristol-Myers Squibb Company, at www.bms.com or 1-888-805-4555, or to FDA at www.fda.gov/medwatch or by calling 1-800-FDA-1088.
- 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 of BREYANZI infusion).
- Before discharge, provide the patient with the Patient Wallet Card.
- Maintain documentation of all processes and procedures for the BREYANZI REMS and provide documentation upon request to Juno Therapeutics, Inc. or to a third party acting on behalf of Juno Therapeutics, Inc.
- Comply with audits by Juno Therapeutics, Inc. or a third party acting on behalf of Juno Therapeutics, Inc.

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 Training Program and successfully completed the Knowledge Assessment.
- I have submitted a completed BREYANZI REMS Knowledge Assessment to the BREYANZI REMS online at BreyanziREMS.com, via email to REMSCallCenter@bms.com, or by fax to 1-855-496-8607.
- I will submit this completed BREYANZI REMS Hospital Enrollment Form to the BREYANZI REMS online at BreyanziREMS.com, via email to 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 requirements.
- I confirm, before administering BREYANZI, that my institution has established processes and procedures that are subject to monitoring by Juno Therapeutics, Inc. or a third party acting on behalf of Juno Therapeutics, Inc. 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 using the Training Program, and successfully complete and submit the 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 the BREYANZI REMS if BREYANZI has not been dispensed at least once annually from the date of certification in the BREYANZI REMS or the last order date of BREYANZI.
  - 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 of infusion).
  - Before discharge, provide patients with the Patient Wallet Card.

*For the purpose of this REMS Program, serious adverse event is defined as any adverse experience occurring at any dose that results in any of the following outcomes: death, a life-threatening adverse experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent or significant disability/incapacity, or a congenital anomaly/birth defect.
Complete all required fields and submit this enrollment form to the BREYANZI REMS online at BreyanziREMS.com, via email to REMSCallCenter@bms.com, or by fax to 1-855-496-8607.

### Hospital Information (all fields required):

**Hospital Name**

**REMS Site ID:** (If providing site ID, do not fill in address below)

**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 www.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 Therapeutics, Inc. will provide confirmation of the 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.

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Approved v1.0