

My CAR-T cell therapy Journey Guide: important safety and monitoring information for patients

Ciltacabtagene autoleucel CARVYKTI®▼

Ciltacabtagene autoleucel is indicated for the treatment of adult patients with relapsed and refractory multiple myeloma, who have received at least one prior therapy, including an immunomodulatory agent and a proteasome inhibitor, have demonstrated disease progression on the last therapy, and are refractory to lenalidomide¹

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. Please see page 22 for how to report adverse events

1. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025.
Available at: <https://www.medicines.org.uk/emc/product/100341/smpc>
(last accessed September 2025).

Johnson & Johnson Innovative Medicine. CP-534073 | September 2025

Johnson & Johnson

Welcome to the start of your CAR-T cell therapy journey

To help support you through your CAR-T experience, this guide contains information about the treatment, as well as resources to assist you with questions and logistics around the process. This guide is not meant to replace the Patient Information Leaflet, but to provide you with additional information to help improve your understanding of some of the risks involved with CAR-T therapy and help you manage these risks better. This guide and the Patient Information Leaflet will help you understand specific topics that you should become familiar with in order to minimise risk. Each section will help you understand more about what to expect at each step and provide you with details about the visits and assessments that you will experience during CAR-T therapy and afterward. Your carer will also play an important role in your CAR-T journey and so should also be familiar with the contents of this guide.

THIS GUIDE BELONGS TO

IF LOST RETURN TO

This guide should not replace the advice and guidance from your healthcare team. If you have additional questions or would like more detailed information please contact your healthcare team.

Some of the sections in this guide are part of the mandatory additional risk minimisation measures outlined in the approved Risk Management Plan (RMP) for ciltacabtagene autoleucel and are intended to supplement rather than replace the Patient Information Leaflet. These sections are highlighted with a light grey background.

The purpose of this additional risk minimisation measure is to support safe use by educating patients on specific risks and how to manage them effectively.

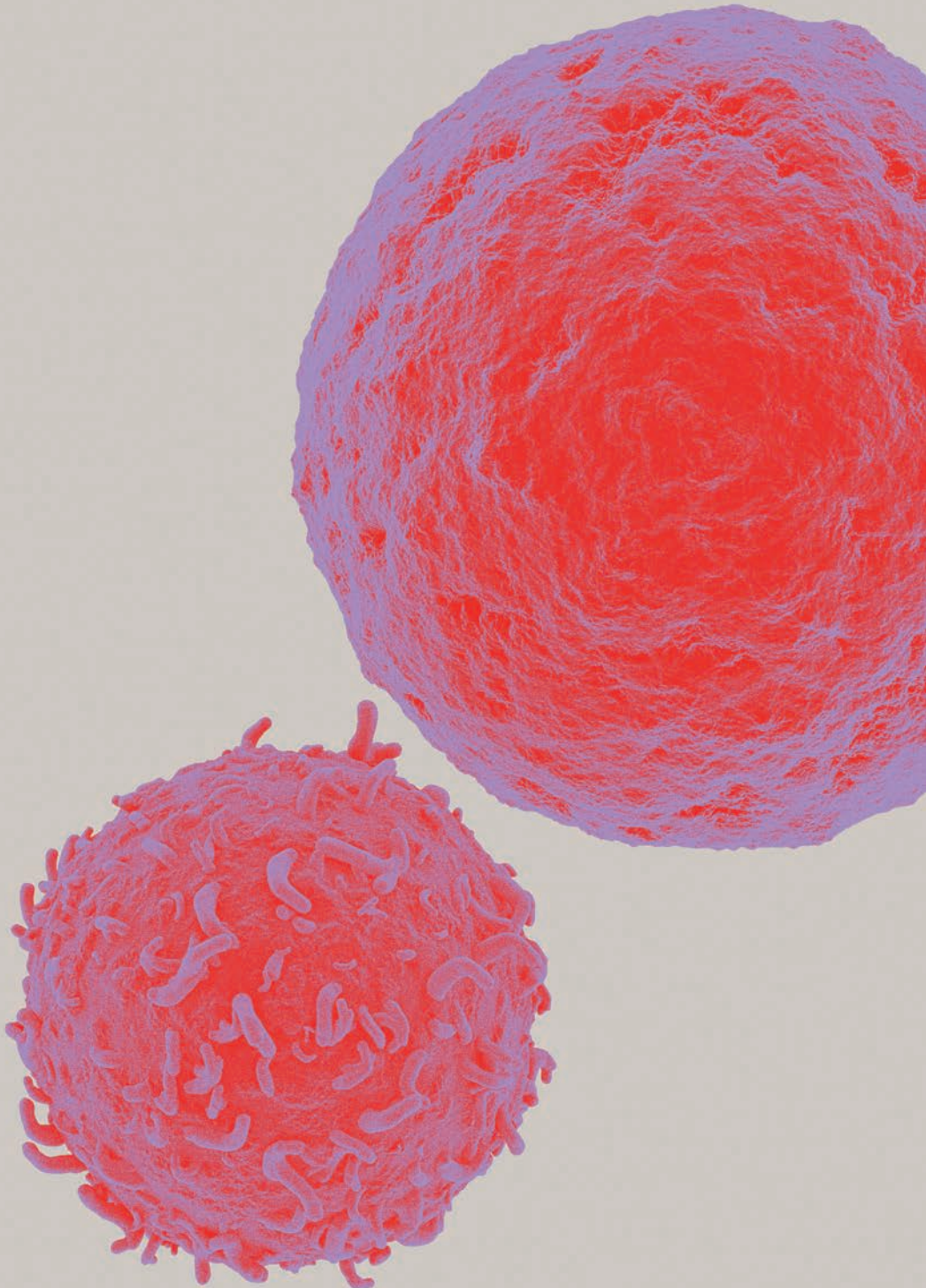
Guide content

Sections with a light grey background are part of the mandatory additional risk minimisation measures outlined in the approved Risk Management Plan (RMP) for ciltacabtagene autoleucel

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Abbreviations

BCMA	B cell maturation antigen
CAR	Chimeric antigen receptor
COPD	Chronic obstructive pulmonary disease
CRS	Cytokine release syndrome
DMSO	Dimethyl sulfoxide
GP	General practitioner
HIV	Human immunodeficiency virus
ICANS	Immune effector cell-associated neurotoxicity syndrome
MRD	Minimal residual disease
RMP	Risk management plan



Overview

What is CAR-T cell therapy?

Chimeric antigen receptor (CAR) T cell therapy is a type of immunotherapy that helps your immune system fight cancer.¹ CAR-T cell therapy can be used to fight multiple myeloma and other diseases.^{1,2} T cells – a type of white blood cell – are part of the immune system and are responsible for attacking any bacteria or foreign cells in the body.^{3,4} During CAR-T cell therapy, some of your own T cells will be collected from you.¹ Your T cells will then be engineered at a manufacturing centre to become CAR-T cells. The CAR-T cells are then reintroduced into your system through an infusion. Once the cells are modified and placed back into your body, they can recognise and attack your multiple myeloma cells.²

What is ciltacabtagene autoleucel?

Ciltacabtagene autoleucel is a type of CAR-T cell therapy used to treat adult patients with cancer of the bone marrow called multiple myeloma. It is given when at least one other treatment has not worked.⁵ Ciltacabtagene autoleucel may also be referred to as ‘cilta-cel’, ‘CARVYKTI®’ or ‘your CAR-T cells’.

Please note that some patients may not be eligible for CAR-T cell therapy.

Eligibility depends on multiple factors, including the patient’s medical history, and will be determined based on patient safety and the likelihood of a positive treatment outcome.⁶

Your eligibility will be assessed by your doctor and specialists from the CAR-T treatment centre. If you are eligible, your doctor will discuss with you whether CAR-T cell therapy is the best therapeutic option.⁶

1. Levine BL *et al.* *Mol Ther Methods Clin Dev* 2016; 4:92–101.

2. Mikkilineni L, Kochenderfer JN. *Nat Rev Clin Oncol* 2021; 18(2):71–84.

3. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%2010%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).

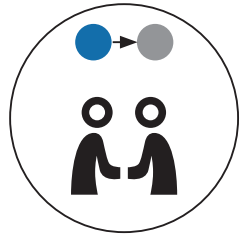
4. Labanieh L *et al.* *Nat Biomed Eng* 2018; 2(6):377–391.

5. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).

6. Hayden PJ *et al.* *Ann Oncol* 2022; 33(3):259–275.

The CAR-T cell therapy journey

There are five steps involved in your CAR-T cell therapy:^{1,2}



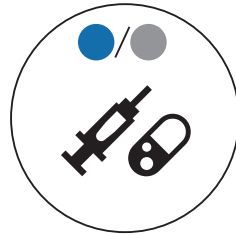
START

Start of my CAR-T therapy journey



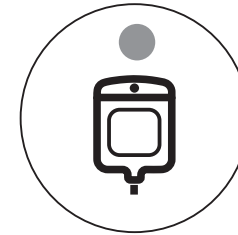
STEP 1

Leukapheresis



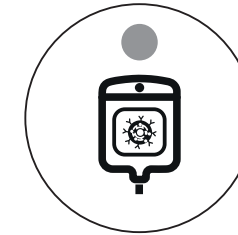
STEP 2

Bridging therapy (if required)



STEP 3**

Pre-treatment (lymphodepleting regimen)



STEP 4

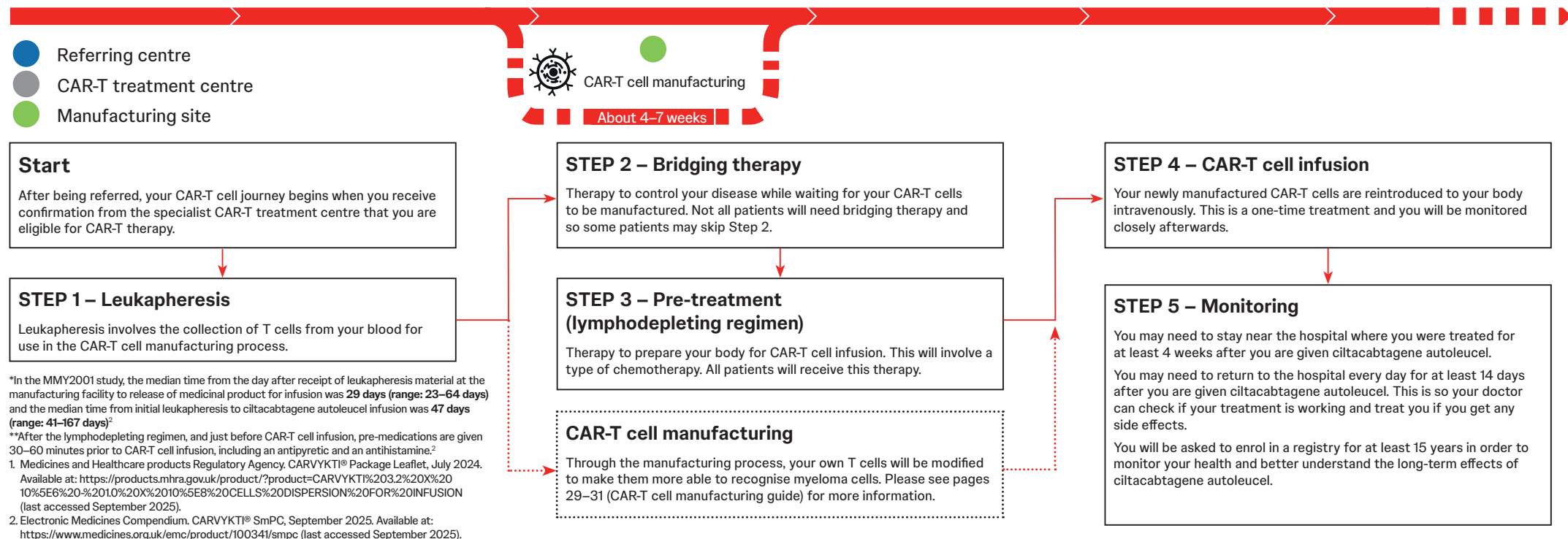
CAR-T cell infusion



STEP 5

Monitoring after infusion

This map will help you find where you are in your CAR-T cell therapy journey and show you what to expect over the course of your treatment. We will go into further detail in the pages that follow.



CAR-T cell therapy process and timing



Leukapheresis

What should I expect during leukapheresis?

Some of your white blood cells will be collected from you through a process called leukapheresis. This involves drawing your blood into a machine and separating out the T cells, a type of white blood cell, from the rest of your blood.¹ To collect your cells, a small and flexible tube called an intravenous catheter will be placed in your vein to collect blood. After the machine separates the cells from the rest of your blood, the remainder of your blood components are then returned into your vein.² If you feel any numbness, a burning feeling or cramps during leukapheresis then you should inform the doctor or nurse immediately and they can help to resolve this.

The collected blood cells are then sent for cell manufacturing to make your CAR-T cells.¹ For more info see pages 29–31 (CAR-T cell manufacturing).

It is generally recommended that a carer or travel partner accompany you to your visits. Please discuss if there are any special requirements that apply to your personal circumstances with your healthcare team (e.g. will I need to be in a fasted state?). We have included a list of common questions you may want to ask on pages 25–27.

Timing: leukapheresis can take 3–6 hours and may need to be repeated.¹

1. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%201.0%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).

2. Cancer Research UK. CAR T-cell therapy. Available at: <https://www.cancerresearchuk.org/about-cancer/treatment/immunotherapy/types/CAR-T-cell-therapy> (last accessed September 2025).

Bridging therapy

What is the purpose of bridging therapy?

Once leukapheresis has taken place, your cells are sent to the manufacturing centre where they are modified to make your CAR-T cells. This process takes about 4–5 weeks.¹ This time is very variable and depends on multiple factors. Your CAR-T medical team will keep you informed.

Once ready, the cells are shipped to the CAR-T treatment centre and prepared for your infusion (see pages 29–31 for more detailed information on the CAR-T cell manufacturing process).² During this waiting period, you may get other medicines (bridging therapy) to treat the multiple myeloma. This is so it does not get worse. Bridging therapy is intended to stabilise your cancer between leukapheresis and infusion so you may remain eligible to receive CAR-T cells.¹ Therefore, bridging therapy essentially serves as a ‘bridge’ from one therapy to another.

The therapy will be a type of anticancer treatment that your physician will recommend.² Talk to your healthcare team about whether bridging therapy is necessary for you. It may be important for your healthcare team and you to plan regular visits during bridging therapy to ensure the therapy is well tolerated and stabilising your disease.

It is generally recommended that a carer or travel partner accompany you to your visits. Please discuss if there are any special requirements that apply to your personal circumstances with your healthcare team. We have included a list of common questions you may want to ask on pages 25–27.

Timing: bridging therapy will occur between the time of leukapheresis and lymphodepletion. Note that some patients may not need bridging therapy.^{1,2}

1. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).

2. Cancer Research UK. CAR T-cell therapy. Available at: <https://www.cancerresearchuk.org/about-cancer/treatment/immunotherapy/types/CAR-T-cell-therapy> (last accessed September 2025).



Pre-treatment (lymphodepleting regimen)

What should I expect during lymphodepletion therapy?

Between 5 and 7 days before your CAR-T cell infusion, you will undergo lymphodepletion therapy to prepare your body for your CAR-T cells.¹ This treatment reduces the number of white blood cells in your blood, so the genetically modified CAR-T cells can grow in numbers when they are returned to your body.² Once your CAR-T cells are ready, you will receive chemotherapy infusions of cyclophosphamide and fludarabine daily for 3 days (lymphodepletion therapy).¹

As with most forms of chemotherapy, side effects are expected and can range from mild to severe. For your safety, any side effects should be reported as soon as possible. Common side effects are listed in the table below. Speak with your healthcare team about other potential side effects.

Most common side effects from lymphodepletion therapy:^{3,4}

- | | |
|--|--|
| • Bleeding or bruising easily** | • A burning feeling as you pass urine or blood in your urine |
| • A lowering of your blood cell counts** | • Hair loss |
| • Infection** | • Cough |
| • Vomiting | • Feeling tired |
| • Fever | |

¹Please see the Patient Information Leaflets for cyclophosphamide³ and fludarabine⁴ for more information

²These side effects may affect your CAR-T cell therapy and you will be monitored closely^{1,3,4}

It is generally recommended that a carer or travel partner accompany you to your visits. Please discuss if there are any special requirements that apply to your personal circumstances with your healthcare team (e.g. logistical arrangements while you undergo the 3 infusions in the hospital if you live further away). We have included a list of common questions you may want to ask on pages 25–27.

Timing: lymphodepletion therapy will be given to you daily for 3 days starting 5–7 days before receiving your CAR-T cells.¹

1. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).

2. Cancer Research UK. CAR T-cell therapy. Available at: <https://www.cancerresearchuk.org/about-cancer/treatment/immunotherapy/types/CAR-T-cell-therapy> (last accessed September 2025).

3. Electronic Medicines Compendium. Cyclophosphamide injection 500 mg Package Leaflet, July 2023. Available at: <https://www.medicines.org.uk/emc/product/1815/pil> (last accessed September 2025).

4. Electronic Medicines Compendium. Fludara oral 10 mg film-coated tablet Package Leaflet, July 2024. Available at: <https://www.medicines.org.uk/emc/product/1125/pil> (last accessed September 2025).



Before your CAR-T cell infusion

You must not be given ciltacabtagene autoleucel if you are allergic to any of the ingredients of this medicine. If you think you may be allergic, ask your doctor for advice. This medicine contains dimethyl sulfoxide (DMSO; a substance used to preserve frozen cells) and may contain traces of kanamycin (an aminoglycoside antibiotic), both of which can sometimes cause allergic reactions. Your doctor will monitor you for any signs of a possible allergic reaction.¹

Warnings and precautions¹

Patients treated with ciltacabtagene autoleucel may develop new types of cancers. There have been reports of patients developing cancer, beginning in a type of white blood cells called T cells, after treatment with ciltacabtagene autoleucel and similar medicines.¹ Talk to your doctor if you experience any new swelling of your glands (lymph nodes) or changes in your skin such as new rashes or lumps.¹

Tell your doctor before you are given ciltacabtagene autoleucel if you have:

- Current or past problems with your nervous system (such as fits, stroke, new or worsening memory loss)
- Any lung, heart or blood pressure (low or raised) problems
- Liver or kidney problems
- Signs or symptoms of graft-versus-host disease. This happens when transplanted cells attack your body, causing symptoms such as rash, nausea, vomiting, diarrhoea and bloody stools

If any of the above apply to you (or you are not sure), talk to your doctor before you are given ciltacabtagene autoleucel.

Tests and checks¹

Before you are given ciltacabtagene autoleucel your doctor will:

- Check the levels of blood cells in your blood
- Check your lungs, heart and blood pressure

¹. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%2010%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).

- Look for signs of infection; an infection will be treated before you have ciltacabtagene autoleucel
- Check if your cancer is getting worse
- Check for hepatitis B, hepatitis C or HIV infection
- Check if you had a vaccination in the last 6 weeks or plan to have one in the next few months

Other medicines and ciltacabtagene autoleucel

Self medication (medications that have not been prescribed by your doctor) should be avoided at all times.

Before you are given ciltacabtagene autoleucel, tell your doctor or nurse if you are taking, have recently taken or might take any other medicines, especially medicines that weaken your immune system such as corticosteroids. These medicines may interfere with the effect of ciltacabtagene autoleucel.¹

Vaccines and ciltacabtagene autoleucel¹

You must not be given certain vaccines called live vaccines:

- In the 6 weeks before you are given the short course of chemotherapy (called lymphodepletion therapy) to prepare your body for the ciltacabtagene autoleucel cells
- After ciltacabtagene autoleucel treatment while your immune system is recovering

Talk to your doctor if you need to have any vaccinations.

Pregnancy and breast-feeding¹

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor for advice before being given this medicine. This is because the effects of ciltacabtagene autoleucel in pregnant or breast-feeding women are not known, and it may harm your unborn baby or your breast-fed child.

If you are pregnant or think you may be pregnant after treatment with ciltacabtagene autoleucel, talk to your doctor immediately.

You have to do a pregnancy test before treatment starts. Ciltacabtagene autoleucel should only be given if the results show you are not pregnant.

If you have had ciltacabtagene autoleucel treatment, you should discuss any plans to have future pregnancies with your doctor.

¹. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%2010%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).



CAR-T cell infusion

What should I expect during my CAR-T cell infusion?

A few days after your lymphodepletion therapy ends, your healthcare team will do a final confirmation to make sure you are ready for your CAR-T cell infusion. Your healthcare team will guide you through how your infusion day will look.

You may be given other medicines 30–60 minutes before infusion; these may include:¹

- Antihistamine medicines for an allergic reaction, such as diphenhydramine
- Medicines for fever, such as paracetamol

Your doctor or nurse will check carefully that the ciltacabtagene autoleucel treatment you are given is from your own white blood cells.¹

Ciltacabtagene autoleucel is a one-time treatment. It will not be given to you again.¹

- Your doctor or nurse will give you ciltacabtagene autoleucel by a drip into your vein. This is called an 'intravenous infusion' and is usually less than 60 minutes¹
- Ciltacabtagene autoleucel is the genetically modified version of your white blood cells. Your healthcare professional handling ciltacabtagene autoleucel will take appropriate precautions to prevent the chance of transfer of infectious diseases. They will also follow local guidelines to clean up or dispose of any material that has been in contact with ciltacabtagene autoleucel¹

It is generally recommended that a carer or travel partner accompany you to your visits. Please discuss if there are any special requirements that apply to your personal circumstances with your healthcare team. We have included a list of common questions you may want to ask on pages 25–27.

Timing: the infusion will usually be completed in less than 60 minutes.¹

1. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%2010%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).



Safety and monitoring after your CAR-T cell infusion

After receiving your CAR-T cell infusion, your healthcare team will monitor you to check if your treatment is working and help you if you have any side effects. You may either be admitted to hospital or expected to stay local to the CAR-T treatment centre for at least 4 weeks after you are given ciltacabtagene autoleucel.¹

You will need to return to the hospital every day for at least 14 days after you are given ciltacabtagene autoleucel. This is so your doctor can check if your treatment is working and treat you if you get any side effects. If you do develop serious side effects, you may need to stay in the hospital until your side effects are under control and it is safe for you to leave. If you miss any appointments, call your doctor or a qualified treatment centre as soon as possible to make a new appointment.¹ Ask your healthcare team about a detailed plan for how you will be monitored after the infusion.

For your safety, any side effects experienced following infusion of ciltacabtagene autoleucel, even those that seem minor, should be reported immediately. Because ciltacabtagene autoleucel is a one-time treatment, the emergence of side effects will not affect your treatment. Please speak with your healthcare team about potential side effects.

Recognising an emergency

Ciltacabtagene autoleucel can cause serious side effects that you need to tell your doctor or nurse about straight away.¹ If you or your carer recognise any side effect related to CAR-T cell therapy, it is likely an emergency requiring immediate attention. Patients who have received CAR-T cell therapy have experienced side effects ranging from mild to serious. It is important that you are aware of these possible side effects, as you may experience one or more of them when undergoing CAR-T cell therapy. In the event of an emergency, use the contact details on your patient card (see pages 37–38).

It is very important for you to let your healthcare team know immediately about any side effects you might experience throughout your therapy. You can use the monitoring charts on pages 44–51 of this guide to record your temperature and any other symptoms in the 4 weeks after your infusion.

- Symptoms requiring urgent medical care may occur at any time after receiving CAR-T cell therapy, however, they typically occur within one month after CAR-T cell infusion
- Symptoms that appear mild may quickly worsen, and in addition, symptoms may be delayed and may occur weeks after CAR-T cell infusion

1. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%2010%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).

Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them. Ciltacabtagene autoleucl can cause side effects that may be serious or life threatening.¹

Tell your doctor or nurse immediately if you have any of the following:

Cytokine release syndrome (CRS)^{1,2}

- Chills, fever (38° C or higher), fast heart beat, difficulty breathing, low blood pressure which can make you feel dizzy or lightheaded. These may be signs of a serious immune reaction known as CRS

Neurological toxicities^{1,2}

- Neurological toxicities occur frequently following treatment with ciltacabtagene autoleucl and can be fatal or life threatening
- Effects on your nervous system, symptoms of which can occur days or weeks after you receive the infusion, and may initially be subtle:
 - Feeling confused, less alert, disorientated, anxious or having memory loss*
 - Difficulty speaking or slurred speech*
 - Slower movements, changes in handwriting*
 - Loss of coordination, affecting movement and balance*
 - Difficulty reading, writing and understanding words*
- Personality changes, which may include being less talkative, disinterest in activities and reduced facial expression
- Some of these symptoms may be signs of a serious immune reaction called ‘immune effector cell-associated neurotoxicity syndrome’ (ICANS) or may be signs and symptoms of parkinsonism. Other neurological toxicities include movement and neurocognitive toxicity with signs and symptoms of parkinsonism, Guillain-Barré syndrome, peripheral neuropathies and cranial nerve palsies

Additional side effects

Ciltacabtagene autoleucl may increase the risk of life-threatening infections that may lead to death. Serious immune reactions involving the blood cells may lead to an enlarged liver and spleen, called ‘haemophagocytic lymphohistiocytosis’.¹ Please refer to the ciltacabtagene autoleucl Patient Information Leaflet for more information on other possible side effects you may experience. Your doctor will regularly check your blood, as the number of blood cells and other blood components may decrease.¹

*Pay close attention to these and ask your carer to do the same

1. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%2010%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).
2. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).

Other side effects are listed below.
Tell your doctor or nurse if you get any of these side effects.¹

Very common
(may affect more than 1 in 10 people):^{1,2}

- Infected nose, sinuses or throat (a cold)
- Bacterial infection
- Cough, being short of breath
- Pneumonia (lung infection)
- Viral infection
- Headache
- Sleep problems
- High heart rate
- Pain, including muscle and joint pain
- Swelling caused by fluid build up in the body
- Fever or chills
- Feeling very tired
- Nausea (feeling sick), decreased appetite, constipation, vomiting, diarrhoea
- Problems with movement including muscle spasms, muscle tightness
- Dizziness
- Low levels of antibodies called immunoglobulins in the blood - which may lead to infections
- Low level of oxygen in the blood causing shortness of breath, coughing, headache, and confusion
- High or low blood pressure
- Bleeding, which can be severe, called a ‘haemorrhage’
- Abnormal blood tests indicating:
 - Low number of white blood cells (including neutrophils, leukocytes and lymphocytes)
 - Low levels of ‘platelets’ (cells that help blood to clot) and red blood cells
 - Low levels of calcium, sodium, potassium, magnesium, phosphate in the blood
 - Low levels of ‘albumin’ a type of protein in the blood
- Blood clotting problems
- Increased levels of a protein called ‘ferritin’
- Brain and nervous system disorders that can result in memory loss, personality changes, seizures or coma
- Increased levels of enzymes in the blood called ‘gamma-glutamyltransferase’ and ‘transaminases’
- Immune system disorder causing an inflammatory response (cytokine release syndrome)

Common
(may affect up to 1 in 10 people):^{1,2}

- Low number of white blood cells (neutrophils), which can occur with infection and fever
- Gastroenteritis (inflamed stomach and gut)
- Immune-mediated enterocolitis (inflamed intestines caused by a dysregulated immune response)
- Stomach pain
- Urinary tract infection
- Fungal infection
- Increased number of a type of white blood cell (lymphocytes)
- Severe infection throughout the body (sepsis)
- Kidney failure
- Nerve damage that may cause tingling, numbness, pain or loss of pain sensation
- Abnormal heart beat
- Serious immune reaction involving the blood cells - may lead to an enlarged liver and spleen, called ‘haemophagocytic lymphohistiocytosis’
- Serious condition where fluid leaks out of the blood vessels into the body tissues called ‘capillary leak syndrome’
- Increased levels of enzymes in the blood called ‘alkaline phosphatase’
- Muscle tremor
- Impact on brain and spinal cord
- Mild muscle weakness caused by nerve damage
- Severe confusion or personality changes
- Facial numbness, difficulty moving muscles of face and eyes
- Trouble with co-ordination, balance and speech
- High level of ‘bilirubin’ in the blood
- Blood clot
- Skin rash
- Increased level of a protein called ‘C-reactive protein’ in the blood that may indicate an infection or inflammation

Uncommon
(may affect up to 1 in 100 people):^{1,2}

- Tingling, numbness, and pain of hands and feet, difficulty walking, leg and/or arm weakness and difficulty breathing
- A new type of cancer beginning in a type of white blood cells called T cells (secondary malignancy of T cell origin)

1. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%2010%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).
2. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).

Driving and using tools or machines

Ciltacabtagene autoleucel can severely affect your ability to drive or use tools or machines as it may make you feel tired, have balance and coordination problems, feel confused, weak or dizzy. Do not drive or use tools or machines until at least 8 weeks after having ciltacabtagene autoleucel and if these symptoms return.¹

Reporting of side effects

If you get any side effects, talk to your doctor or nurse.¹ Do not try to treat your symptoms with other medicines on your own. This includes any other side effects not listed in this guide. You can also report side effects directly to the MHRA through the Yellow Card scheme. You can report via:

- The Yellow Card website www.mhra.gov.uk/yellowcard
- The free Yellow Card app available from the Apple App Store or Google Play Store
- By calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm. You can leave a message outside of these hours

Adverse events and pregnancies should also be reported to Johnson & Johnson Innovative Medicines on 01494 567447 or at dsafety@its.jnj.com. By reporting side effects, you can help provide more information on the safety of this medicine.¹

Long-term safety monitoring

There is a requirement to collect long-term follow-up data on patients treated with CAR-T cell therapy in order to better understand the long-term effects.¹

You should be monitored for signs of any new cancers for the rest of your life. If a new cancer is found, your healthcare team should contact Johnson & Johnson and follow their instructions for collecting and testing cancer samples.¹

Any side effects (i.e. deviations from your 'standard' condition) should be reported to your CAR-T team as soon as possible. You will be asked to enrol in a registry for at least 15 years in order to monitor your health and better understand the long-term effects of ciltacabtagene autoleucel.²

Additional considerations

- Please note: a bone marrow biopsy may be required in order to perform an assessment of minimal residual disease (MRD). This test looks for cancer cells that may still be present following CAR-T cell therapy and can help determine the effectiveness of the treatment
- Having ciltacabtagene autoleucel in your blood may cause some commercial HIV tests to incorrectly give you an HIV positive result even though you may be HIV negative²
- Do not donate blood, organs, tissues or cells for transplants after you have had ciltacabtagene autoleucel²

*Pay close attention to these and ask your carer to do the same

1. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).

1. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).

2. Medicines and Healthcare products Regulatory Agency. CARVYKTI® Package Leaflet, July 2024. Available at: <https://products.mhra.gov.uk/product/?product=CARVYKTI%203.2%20X%2010%5E6%20-%2010%20X%2010%5E8%20CELLS%20DISPERSION%20FOR%20INFUSION> (last accessed September 2025).



CAR-T cell therapy appointments guide

How to best plan for your CAR-T cell procedures and treatments

During CAR-T cell therapy, you will visit your healthcare team for the necessary procedures and treatments detailed in the previous pages. It is recommended that someone accompanies you to each visit and that you or your carer prepare questions for your healthcare team.

Common questions to consider asking your healthcare team before each procedure or treatment:

IN PREPARATION

- **How should I prepare?**
(e.g. How long will I be in the hospital for? Should I prepare for an overnight?)
- **Is there any medical history I should disclose in preparation?**
(e.g. I have a pacemaker; will this affect my treatment? I have asthma and am worried about lung disease/infections). Please refer to pages 16–17 (Before your CAR-T cell infusion) for more information
- **Can I take any other medications?**
(e.g. Can I continue to take other prescribed medications during CAR-T cell therapy? What about herbal or vitamin supplements? What about topical medication – creams?). Please refer to pages 16–17 (Before your CAR-T cell infusion) for more information
- **Are there any diet restrictions before or during the procedure/treatment?**
(e.g. Do I have to come in a fasted state or remain fasted for a prolonged period of time because a central line or another procedure is scheduled later in the day?)
- **Should I plan to stay longer than the actual day of the procedure or treatment?**
(e.g. Will any of the procedures or treatments require hospitalisation? If I am hospitalised, can carers visit or stay with me?)

DAY OF

- **What will the set-up be like?**
(e.g. Will I have to lie down, or can I sit in a chair to have my leukapheresis, bridging therapy, lymphodepletion therapy or CAR-T cell infusion?)
- **Is there anything specific I should pack to bring with me?**
(e.g. If I am preparing for a long day, is it possible to bring books/iPad and other forms of entertainment? Can I bring food/drinks? Can my carer or travel partner stay with me during the treatment or procedure?)
- **Where will it take place?**
(e.g. Will it be a routine visit at my normal CAR-T treatment centre at the hospital or will it be in a separate department/building for leukapheresis? Will some of the visits take place at my GP surgery or oncologist/haematologist's office?)
- **Who will administer the procedure or treatment?**
(e.g. If a central line needs to be placed, will it be an anaesthesiologist/radiologist or my normal oncologist or haematologist who will do this?)

AFTER

- **What are the potential side effects?**
(e.g. What are the potential side effects from leukapheresis? What are common side effects of bridging and lymphodepletion therapy? What are common side effects of CAR-T cell therapy, when are they expected to occur, and for how long are they expected to last? Can I take paracetamol if I have a headache?). Please refer to pages 19–23 (Safety and monitoring after your CAR-T cell infusion) for more information

More space for your own notes is provided towards the end of this guide, on pages 41–43.

ACTIVITIES AND TRAVEL

- **What activities should I avoid before or after?**
(e.g. Should I refrain from driving myself to and from the appointment because I will receive a medication that may cause drowsiness?). Please refer to pages 19–23 (Safety and monitoring after your CAR-T cell infusion) for more information
- **Can I resume normal daily activities after?**
(e.g. Can I continue to pursue daily exercise or outdoor activities? Is it OK to drink alcohol or smoke cigarettes?)
- **Will there be any limitations after?**
(e.g. Should I take any precautions in terms of social distancing in order to avoid contracting an infectious disease during a time when my blood counts are low?)
- **Are there any movement or travel restrictions after?**
(e.g. When can I plan to attend family events or schedule holidays further away from my treatment location?)

RESOURCES

- **What can I do to support my emotional well-being during this period?**
(e.g. How have other patients managed the time between leukapheresis and CAR-T cell therapy? Will my healthcare team have information about where my cells are in the manufacturing process?)
- **What resources are available for me during this period?**
(e.g. Can you recommend resources on your site or from patient advocacy groups that could help me and my family during this journey? How can I best plan my travel during this therapy?)

SAFETY AND EMERGENCY CONTACT INFORMATION

- **What happens if I catch a cold or other illness at any point?**
(e.g. When should I notify my healthcare team of an illness and what should I do?)
- **Who can I contact if I have any further questions?**
(e.g. Can you provide me with a 24/7 available point of contact that I can reach via phone in case of an emergency?)

CAR-T cell manufacturing

What happens during CAR-T cell manufacturing?

After your cells are collected during leukapheresis, they are frozen in liquid nitrogen and shipped to a manufacturing centre. At the cell manufacturing centre, your T cells will be engineered into CAR-T cells using non-infectious viruses called lentiviral vectors to change the way they express proteins on their surface. The CAR-T cells will then express new proteins which allow them to recognise and attack your cancer cells. In the case of ciltacabtagene autoleucel, the CAR-T cells have been engineered to target cells expressing B cell maturation antigen (BCMA), a protein found in large amounts on multiple myeloma cells.¹ Once the CAR-T cells are ready and have been checked for safety and quality, they will be reintroduced to your body during infusion.

A member of your healthcare team will notify you when your CAR-T cells have completed the manufacturing process.

Timing: while ciltacabtagene autoleucel is made (this takes about 4–7 weeks) you may get other medicines to treat the multiple myeloma (this is called bridging therapy). This is so it does not get worse.¹

1. Electronic Medicines Compendium. CARVYKT[®] SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).

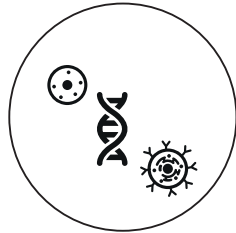
CAR-T cell manufacturing

The diagram below shows the journey your T cells take to become the CAR-T cells you will receive during infusion:^{1,2}



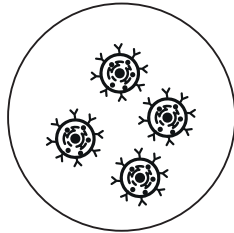
STEP 1

White blood cells are frozen and shipped to manufacturing site



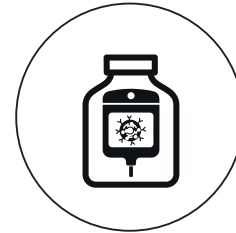
STEP 2

Cells are thawed and engineered to make CAR-T cells



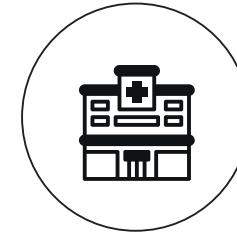
STEP 3

Cells are grown and undergo several quality and safety control checks



STEP 4

CAR-T cells are frozen and shipped to infusion centre



STEP 5

CAR-T cells arrive at infusion centre



Timing: it will take about 4–7 weeks to manufacture your CAR-T cells.¹

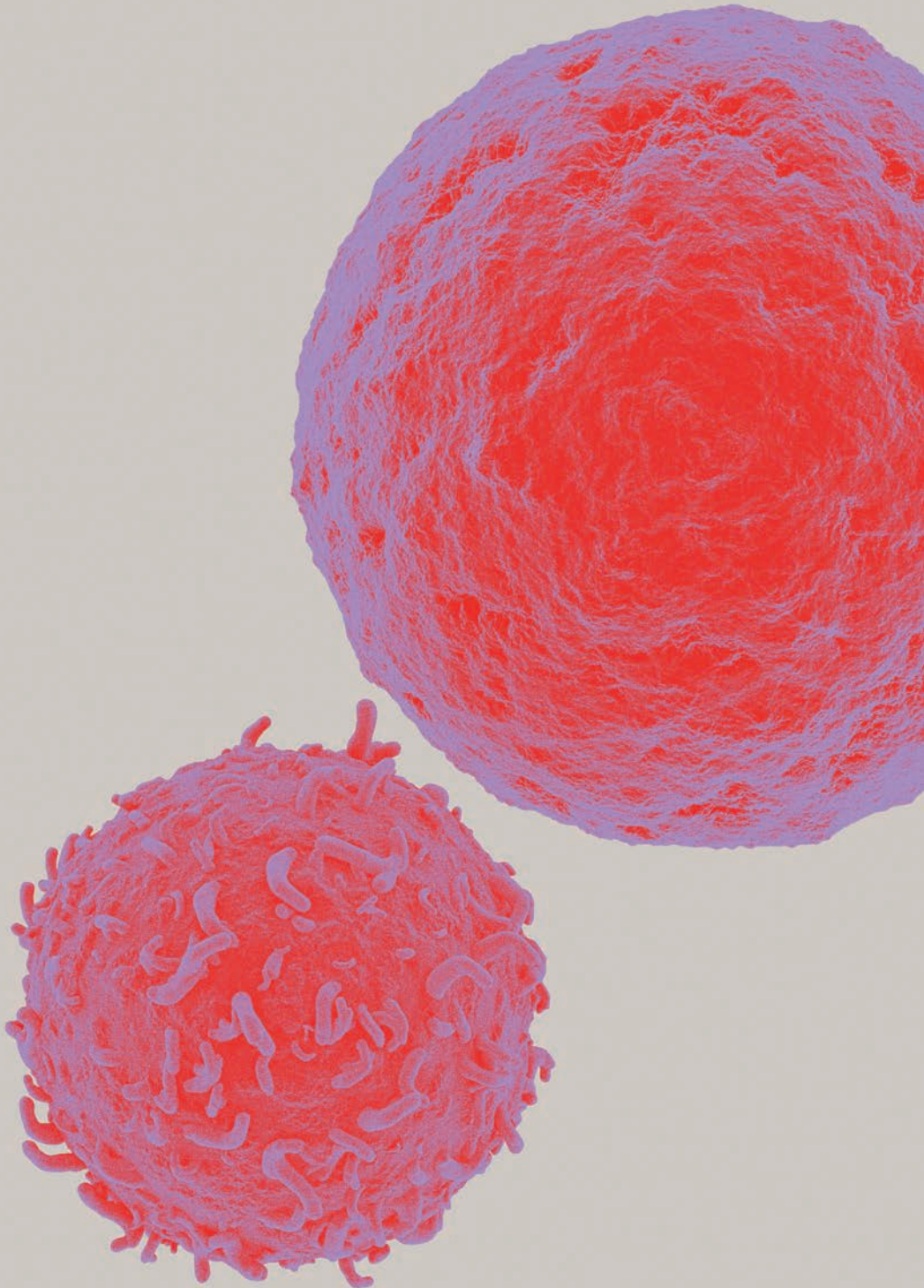
1. Electronic Medicines Compendium. CARVYKTI® SmPC, September 2025. Available at: <https://www.medicines.org.uk/emc/product/100341/smpc> (last accessed September 2025).
2. Reddy OL *et al. Semin Hematol* 2020; 57(2):33–38.

Patient support and resources

Travel assistance

We know setting up travel for your CAR-T journey can be a burden that adds to the stress of getting therapy. There may be resources available to help make this process easier. Talk to your healthcare team to learn more about your options.

Notes from your healthcare team



Healthcare team information

Healthcare team contact information

It is important to know who is on your healthcare team and how to get in contact with them. Please use the space below to write down their contact information and function/title (e.g. CAR-T cell therapy nurse, CAR-T cell therapy coordinator, CAR-T cell therapy physician)

Contact details of the CAR-T treatment centre

24/7 EMERGENCY PHONE NUMBER:	PRIMARY CAR-T CELL THERAPY HEALTHCARE PROFESSIONAL:
<div></div>	<div></div>

ADDRESS:

NAME:	PHONE NUMBER:
<div></div>	<div></div>

FUNCTION/TITLE:	BEST TIME TO REACH:
<div></div>	<div></div>

EMAIL:

NAME:	PHONE NUMBER:
<div></div>	<div></div>

FUNCTION/TITLE:	BEST TIME TO REACH:
<div></div>	<div></div>

EMAIL:

NAME:	PHONE NUMBER:
<div></div>	<div></div>

FUNCTION/TITLE:	BEST TIME TO REACH:
<div></div>	<div></div>

EMAIL:

These notes are for your personal use. You may wish to write down questions to raise with your healthcare team. This could include questions about any side effects that you have experienced and these should always be discussed with your doctor or healthcare team.

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My CAR-T cell therapy timeline



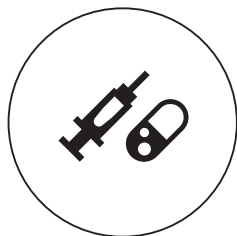
START

Start of my CAR-T therapy journey



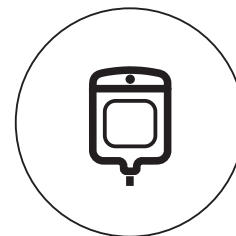
STEP 1

Leukapheresis



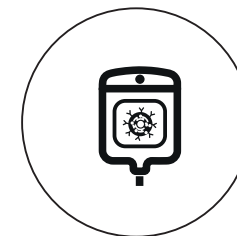
STEP 2

Bridging therapy



STEP 3

Pre-treatment
(lymphodepleting regimen)



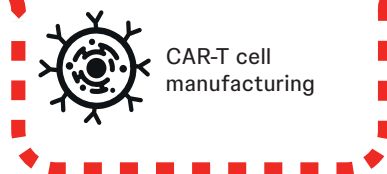
STEP 4

CAR-T cell infusion



STEP 5

Monitoring
after infusion



CAR-T cell
manufacturing

Date of leukapheresis:

Start date of
bridging therapy:

End date of
bridging therapy:

First infusion of
pre-treatment
(lymphodepleting regimen):

Second infusion of pre-treatment
(lymphodepleting regimen):

Third infusion of
pre-treatment
(lymphodepleting regimen):

Date of CAR-T
cell infusion:

Monitoring during the 4 weeks after CAR-T cell infusion

Date of CAR-T cell infusion: _____

Week 1 (date): _____

	Temperature check 1	Temperature check 2	Blood pressure	Symptoms/side effects	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 1.	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 2.	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 3.
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							

Monitoring during the 4 weeks after CAR-T cell infusion

Date of CAR-T cell infusion: _____

Week 2 (date): _____

	Temperature check 1	Temperature check 2	Blood pressure	Symptoms/side effects	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 1.	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 2.	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 3.
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							

Monitoring during the 4 weeks after CAR-T cell infusion

Date of CAR-T cell infusion: _____

Week 3 (date): _____

	Temperature check 1	Temperature check 2	Blood pressure	Symptoms/side effects	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 1.	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 2.	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 3.
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							

Monitoring during the 4 weeks after CAR-T cell infusion

Date of CAR-T cell infusion: _____

Week 4 (date): _____

	Temperature check 1	Temperature check 2	Blood pressure	Symptoms/side effects	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 1.	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 2.	Other changes that you or your carer feel should be captured (pain, fatigue, mood, appetite, etc.): 3.
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							

CAR-T Patient Card for ciltacabtagene autoleucl

Please fill in your information and keep this card with you at all times. In the event of an emergency, call the numbers provided on your card and go to the CAR-T treatment centre or local hospital right away. Show this card to any healthcare professional who sees you if you must go to a hospital outside of your normal treatment visits.

Patient Card CARVYKTI®▼ (ciltacabtagene autoleucl)

▼ This medicinal product is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card website www.mhra.gov.uk/yellowcard, the free Yellow Card app or by calling 0800 731 6789 for free. Adverse events and pregnancies should also be reported to Johnson & Johnson Innovative Medicine on 01494 567447 or at dsafety@its.jnj.com.

PATIENT'S NAME:

FOLD HERE

Emergency contact

PATIENT CARER'S NAME:

PATIENT CARER'S PHONE NUMBER:

Primary CAR-T healthcare professional

HEALTHCARE PROFESSIONAL'S NAME:

HEALTHCARE PROFESSIONAL'S PHONE NUMBER:

CAR-T CENTRE ADDRESS:

CAR-T CENTRE PHONE NUMBER:

FOLD HERE

CP-455018 v1.0, DECEMBER 2024

important information for patients

Carry this card with you at all times. Show it to any doctor who sees you and when you go to the hospital. Tell any healthcare professional who sees you that you have been treated with ciltacabtagene autoleucl.

You may either be admitted to hospital or expected to stay local to the CAR-T treatment centre for at least 4 weeks after you are given ciltacabtagene autoleucl.

Do not drive or use tools or machines until at least 8 weeks after ciltacabtagene autoleucl infusion. Refer to the Patient Information Leaflet for more information.

FOLD HERE

If you experience any newly occurring symptoms, especially any of the symptoms listed on this card, please immediately notify your physician, your treating healthcare professional or any healthcare professional available.

Ciltacabtagene autoleucl can cause serious side effects in different parts of your body. These symptoms can be life threatening or even fatal and need to be addressed immediately.

Symptoms that appear mild may quickly worsen. Symptoms may be delayed and may occur weeks after your infusion.

**Call your treating healthcare professional
straight away if you have any of these symptoms:**

Cytokine release syndrome (CRS)

Fever (38 °C or higher)
Chills
Fast heartbeat
Difficulty breathing
Feeling dizzy or lightheaded

Neurological toxicity

Feeling confused
Feeling less alert, disorientated, anxious or
having memory loss
Having difficulty speaking or slurred speech
Slower movements or changes in handwriting

FOLD HERE

Information for healthcare team to fill in

Please give this card to your CAR-T healthcare team to fill in the information and return to you.

ON (DATE)

this patient received ciltacabtagene autoleucel, which is a chimeric antigen receptor T cell therapy (CAR-T cell therapy) for multiple myeloma.

(BATCH ID)

FOLD HERE

CP-455018 v1.0, DECEMBER 2024

Important information for healthcare professionals

This patient has received an engineered autologous T cell immunotherapy product that can lead to severe and even fatal CRS and neurological toxicity. CRS may involve any organ system. Assess the patient for signs and symptoms of CRS and neurological toxicity.

See Summary of Product Characteristics for full details.

FOLD HERE

Before providing any treatment, call the primary healthcare professional at the number on the front of the card.

This patient should not donate blood, organs, tissues or cells for transplantation.

