Carvykti access from Pakistan

How patients in Pakistan reach Carvykti (ciltacabtagene autoleucel) for relapsed or refractory multiple myeloma through travel-to-treatment at REMS-certified CAR-T centers abroad.

Quick orientation

Carvykti is the brand name for ciltacabtagene autoleucel (cilta-cel), a BCMA-directed genetically modified autologous CAR T-cell therapy. Each dose is manufactured from the individual patient's own T cells, collected via leukapheresis, engineered ex vivo, expanded, and reinfused as a single intravenous dose. The U.S. FDA first approved Carvykti on February 28, 2022 for relapsed or refractory multiple myeloma after four or more prior lines of therapy, and on April 5, 2024 extended the indication to adults who have received at least one prior line of therapy including a proteasome inhibitor and an immunomodulatory agent and who are refractory to lenalidomide. Pakistan does not have a certified Carvykti treatment center. AKUH and Shaukat Khanum Memorial Cancer Hospital and Research Centre have bone marrow transplant capability and are the most likely future hosts of CAR-T capability in Pakistan, but the apheresis-to-infusion cycle, the REMS-equivalent monitoring infrastructure, and the manufacturer-qualified collection-and-infusion network do not currently exist in country. Reaching Carvykti for a Pakistani patient is a travel-to-treatment case to a qualified center in the U.S., EU, UK, or Japan. Reserve Meds is the upstream coordinator for that travel and the cost-envelope orientation. The treating hematologist at the destination remains the clinical authority. Reserved for you.

Why myeloma patients in Pakistan need Carvykti via travel-to-treatment

Four constraints converge to make Carvykti a travel-to-treatment case rather than a DRAP named-patient import. First, no local REMS-equivalent certified treatment center capable of safely administering BCMA CAR-T with the required cytokine release syndrome (CRS) and immune effector cell-associated neurotoxicity syndrome (ICANS) monitoring infrastructure currently operates in Pakistan. Second, no local Janssen-Legend qualified apheresis collection site exists. Third, no local manufacturing slot allocation runs through Pakistan; manufacturing occurs at Janssen and Legend facilities in the United States and Ghent, Belgium. Fourth, the cost envelope is prohibitive for the typical self-pay scenario where local public-payer coverage is unavailable, and Sehat Sahulat's Rs. 1,000,000 per family per year ceiling does not begin to approach the figure. The practical path for a Pakistani patient with relapsed or refractory multiple myeloma whose treating hematologist has set Carvykti as the plan is travel to a qualified Carvykti center, with apheresis collection, lymphodepleting chemotherapy, infusion, and at least the first four weeks of monitoring all performed in the destination country.

For Pakistani families, the destination question is shaped by visa accessibility, language, family network, and clinical referral pathway. Families with relatives in the U.S., the UK, or Germany often route to one of those countries because the family network supports the four-week post-infusion stay. Families with stronger Gulf ties sometimes route to the EU through Germany or France, where CAR-T capacity has expanded materially since 2022. The clinical authority sits with the destination hematologist, not with Reserve Meds and not with the Pakistani referring hematologist.

How Carvykti access actually works from Pakistan

There is no DRAP filing for Carvykti, because there is no Carvykti import into Pakistan. The medicine is manufactured at a Janssen-Legend facility from the patient's own cells collected at a qualified apheresis site, and the manufactured product is shipped only to REMS-certified treatment centers. The patient is the one who travels, not the medicine. The operational structure is therefore: referral acceptance at a qualified Carvykti center abroad, visa support for the patient and a caregiver, apheresis collection at the destination center (typically one day), a 30 to 45 day manufacturing wait during which the patient may receive bridging therapy at the destination or at a local center in Pakistan, lymphodepleting chemotherapy with cyclophosphamide 300 mg per square meter IV and fludarabine 30 mg per square meter IV daily for three days starting five to seven days before infusion, a single Carvykti IV infusion, daily monitoring for at least ten days following infusion at the REMS-certified facility, and a continued monitoring window of at least four weeks for CRS, ICANS, parkinsonism, Guillain-Barre syndrome, hemophagocytic lymphohistiocytosis or macrophage activation syndrome, and prolonged or recurrent cytopenia.

The CAR-T operational arc, from leukapheresis through the four-week monitoring window, runs approximately six to ten weeks in the destination country depending on manufacturing turnaround. Manufacturing slot allocation has historically been the binding constraint on patient access, though Janssen and Legend have expanded capacity at Raritan, NJ and Ghent, Belgium, and Q4 2025 sales of approximately USD 555 million per Legend's preliminary release reflect expanded throughput. Reserve Meds verifies slot availability with the destination center at the point of each firm quote rather than assuming on-hand capacity. Patients are advised against driving or operating heavy machinery for at least eight weeks after infusion given the risk of delayed neurotoxicity, which extends the destination stay or constrains the return flight timing.

For the Pakistani patient, the regulatory interface back home is light. There is no DRAP import permission required, because nothing is being imported into Pakistan. Post-infusion follow-up returns to the patient's referring hematologist at AKUH, Shaukat Khanum, Indus, Liaquat National, Shifa International, or wherever the patient was being treated, with periodic coordination back to the destination center for long-term durability follow-up (CAR-T long-term follow-up is generally 15 years per FDA guidance).

Where Carvykti gets administered (destination centers)

Carvykti is administered only at REMS-certified treatment centers, which in the U.S. are typically NCI-designated cancer centers and qualifying academic medical centers that have completed Carvykti REMS Program training in CRS and neurotoxicity management. EU certified centers operate under EMA-equivalent risk-management frameworks. UK MHRA aligns with the EMA position. PMDA Japan approved Carvykti in 2022 for relapsed and refractory multiple myeloma with its own certified-center framework. In the Reserve Meds patient archetype, the destination shortlist typically narrows by visa accessibility and family network: U.S. NCI-designated cancer centers for families with U.S. relatives, EU centers including major German and French university hospitals for families with European visa pathways, UK MHRA-aligned centers for families with UK relatives. King Faisal Specialist Hospital and Research Centre in Saudi Arabia has invested in CAR-T capacity and BCMA-directed CAR-T access has been growing under named-patient and compassionate-use frameworks, which has emerged as a regional option for Pakistani patients with Gulf connections.

Reserve Meds does not certify centers, does not infuse Carvykti, and does not select destination on clinical grounds. The destination decision is the treating hematologist's, with Reserve Meds providing the operational orientation around visa, travel logistics, and cost envelope at each candidate destination.

Real cost picture for Carvykti from Pakistan

The U.S. wholesale acquisition cost for Carvykti is approximately USD 465,000 per single-infusion dose per the manufacturer's launch pricing (Janssen, Fierce Pharma reporting). This covers the manufactured CAR-T product only. The total per-patient cost of care is materially higher and includes leukapheresis, bridging therapy during the manufacturing wait, lymphodepleting chemotherapy, the infusion itself, an inpatient or close-observation hospitalization window of one to two weeks, outpatient monitoring through week four, and management of any CRS, ICANS, or other adverse events. Real-world all-in costs reported in U.S. commercial and Medicare settings range from approximately USD 600,000 to over USD 1,000,000 per patient depending on complications and length of stay. EU and UK self-pay pricing varies meaningfully by country and is generally negotiated at the institutional level rather than at a published list price.

For a Pakistani family, the cost stack has additional categories. Visa support and travel for patient and one caregiver, accommodation for at least four weeks within proximity of the treatment center, ground transport, and meals add a destination-country living cost layer that varies materially by country. U.S. all-in self-pay typically runs USD 700,000 to USD 1,200,000 including the medicine, hospitalization, and outpatient monitoring window, before travel and accommodation. EU all-in self-pay typically runs lower, in the USD 500,000 to USD 800,000 range depending on the country, again before travel and accommodation. Reserve Meds presents the cost envelope with the destination institution's quote, not as a list-price republication.

Currency context matters in Pakistan. The PKR is in the 278 to 280 range to the USD as of May 2026, with April 2026 CPI inflation at 10.9 percent. Reserve Meds quotes in USD. The Pakistani diaspora funding pattern is particularly relevant for CAR-T because the absolute cost magnitude usually exceeds what any single Pakistani household can fund. Pakistan received roughly USD 4.4 billion in remittances from Saudi Arabia, USD 3.1 billion from the UAE, and USD 2.7 billion from the UK in recent reporting periods. Families pursuing Carvykti typically pool resources across multiple relatives in the Gulf, the UK, the U.S., and Canada, often consolidating funds in USD before the destination institution's deposit deadline. Adamjee, Jubilee, EFU, IGI, and State Life do not cover CAR-T travel-to-treatment in the typical case. Sehat Sahulat does not stretch. Cash-pay through pooled diaspora resources is the practical funding model.

Typical timeline for Carvykti from Pakistan

The end-to-end timeline from first inquiry to return-home post-infusion typically runs three to six months for a Pakistani patient. Reserve Meds intake and destination shortlist orientation typically runs three to seven days. Referral acceptance at a candidate destination center runs two to six weeks depending on slot availability and the destination's institutional acceptance process. Visa coordination runs two to twelve weeks depending on destination, with U.S. medical visas often the longer timeline and EU patient visas often the shorter. Patient travel and apheresis collection at the destination is one to two weeks. The manufacturing wait runs 30 to 45 days. Lymphodepleting chemotherapy and Carvykti infusion run approximately one to two weeks. The mandatory four-week post-infusion monitoring window is fixed. Total destination-country

residence typically runs eight to twelve weeks. Return home and post-infusion follow-up at the Pakistani referring center extend over years.

What your physician needs to provide

The Pakistani referring hematologist's role is the referral package for the destination center. This typically includes the multiple myeloma diagnosis with subtype, M-protein status, free light chain ratio, cytogenetics including any high-risk markers, prior lines of therapy with specific agents, dose, duration, and best response (minimum proteasome inhibitor, immunomodulatory agent, and anti-CD38 monoclonal antibody history for the original indication, or proteasome inhibitor and immunomodulatory agent with lenalidomide-refractory status for the second-line indication), the patient's current disease status with marrow infiltration, ECOG performance status, prior bone marrow transplant if any, and the rationale for BCMA CAR-T versus alternatives such as Abecma (idecabtagene vicleucel) or bispecific T-cell engagers targeting BCMA (Tecvayli) or GPRC5D (Talvey). The destination institution will conduct its own pre-CAR-T workup including cardiac, pulmonary, neurologic, and infectious-disease screening.

The Pakistani referring hematologist's PMDC license is verified by the destination institution as part of the referral acceptance. The Pakistani prescriber is not the infusing physician; the destination institution's hematologist is.

Common questions about Carvykti from Pakistan

Can Carvykti be administered at AKUH or Shaukat Khanum? Not currently. Both institutions have bone marrow transplant capability and are the most likely future hosts of certified CAR-T capability in Pakistan, but the Carvykti REMS-equivalent infrastructure, the manufacturer-qualified apheresis collection site, and the manufacturing slot allocation do not currently extend to Pakistan. The path is travel-to-treatment.

Will Adamjee, Jubilee, EFU, or State Life cover this? Pakistani health plans do not typically cover CAR-T travel-to-treatment. Cash-pay through pooled diaspora resources is the practical funding model.

Our family pools funds across the Gulf, the UK, and North America. How does Reserve Meds handle that? For CAR-T, multi-country funding coordination is the operating norm. Reserve Meds quotes in USD, accepts wire transfers from any USD-accessible source, and coordinates timing against the destination institution's deposit deadline. The pricing transparency on this page lets the family plan funding before contacting us, which matters because destination acceptance and visa coordination cannot start until the cost envelope is socialized within the family.

What about safety risks? Carvykti carries a boxed warning for cytokine release syndrome, immune effector cell-associated neurotoxicity syndrome (ICANS), parkinsonism and Guillain-Barre syndrome, hemophagocytic lymphohistiocytosis or macrophage activation syndrome, and prolonged or recurrent cytopenia. Second primary malignancies, including T-cell malignancies, have been reported in the BCMA CAR-T class and are part of post-marketing surveillance. These are clinical issues handled at the destination institution under the treating hematologist's authority, with the four-week post-infusion monitoring window structured around them.

Why Carvykti versus Abecma? Both are BCMA CAR-T therapies. The CARTITUDE trials (Carvykti) and KarMMa trials (Abecma) are separate programs with different patient populations and follow-up durations. Treatment selection turns on prior lines of therapy, manufacturing slot

availability, treatment center experience, and the treating hematologist's clinical judgment. Reserve Meds does not weigh in on this decision.

Is Carvykti a controlled substance? No. Carvykti is a cell therapy product and is not on any DEA schedule.

Where Reserve Meds fits in Carvykti cases

Reserve Meds is the upstream coordinator for travel-to-treatment. For a Carvykti case from Pakistan, Reserve Meds confirms eligibility and case fit within 24 to 48 hours of intake, orients the family on the apheresis-to-infusion cycle and the four-week post-infusion monitoring window, supports the referral package preparation, coordinates with the destination institution on slot availability and acceptance timing, and assigns a single named Concierge Patient Coordinator with Urdu- and English-language support who stays with the family throughout the three- to six-month travel-to-treatment arc. Reserve Meds does not administer Carvykti, does not certify centers, does not act as a clinical decision-maker, and does not perform any of the apheresis, manufacturing, or infusion steps. The clinical authority sits with the destination hematologist at the REMS-certified treatment center. The Pakistani referring hematologist remains the long-term follow-up partner after return home.

Next step

If your treating hematologist has set Carvykti as the plan, the waitlist is the entry point. Reserve Meds responds within 24 to 48 hours with a destination shortlist orientation and an indicative cost envelope by destination. The destination-specific quote follows after a candidate institution accepts the referral.

Reserved for you.