



Health Facts for You



**CAR T-cell therapy
medicine guide**

UWHealth

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Contact Information

CAR-T Doctor:

Nurse Navigator:

Phone:

Email:

Phone Numbers	
UW Health Carbone Cancer Clinic Nurse Triage Line	(608) 915-0100 or 1-800-622-8922
Guest Services/Lodging	(608) 263-0315
Inpatient Nurses Station (B6/6)	(608) 263-8196
Inpatient Case Manager	(608) 262-0857 or (608) 267-8105
Nutrition	(608) 275-1700 (clinic)
	(608) 263-8230 (inpatient)
Pharmacist (clinic)	(608) 261-1708
Social Worker	(608) 262-7894
Spiritual Care Services	(608) 263-8574

Medicine Overview

Taking your medicine helps you stay healthy. It can prevent problems like infection, side effects, and other treatment issues. Some medicine is taken only when needed. Other medicine is taken on a set schedule each day. For every medicine, be sure you know:

- The name
- When to take it
- Why you need it
- The correct dose
- How to take it, including any safety measures

Medicine comes in different shapes and sizes. It might look different from month to month depending on the manufacturer. If you are ever unsure, call your pharmacist to verify that you have the correct medicine.

We suggest a pill box to help you keep track of your medicine. If you need help getting one, ask your pharmacist.

If paying for medicine is hard, tell your care team. UW Health has a medicine cost help team that can support you.

If you have side effects, tell your care team. They can help you manage them.

Herbal and Over-the-Counter (OTC) Medicine

Tell your care team if you take over-the-counter medicine or herbal supplements.

Pain Relievers

Many pain relievers sold without a prescription can thin your blood or hide a fever.

Herbal Supplements

Even if a product is called “natural,” it may not be safe. Herbal supplements can be risky if you take them alone, mix them with other products, or use large amounts. They may change how other medicines work or make your blood thinner.

The Food and Drug Administration (FDA) does not review these products before they are sold. Ads may say a product has been used for many years, but that does not mean it is safe or works as promised.

Common Questions

How many new medicines will I receive?

Most patients get up to 10 new medicines as part of CAR-T therapy. Some are needed for only a short time. Others may be medicines you already take.

Should I continue the medicines that I am currently taking?

Talk to your doctor. They must review anti-cancer medicine and steroids like prednisone or dexamethasone. Blood pressure or diabetes medicine is often safe to take. **Do not start or stop any medicine without talking to your care team.**

I am being admitted to the hospital, do I need to bring my medicines with me?

The hospital provides most regular medicines. If you take rare medicines, the hospital may not have them, so bring those with you. Ask your pharmacist if you are not sure.

How often will I see a pharmacist?

You will meet with a pharmacist before and after chemotherapy and when you get your CAR-T infusion. The pharmacist will check in with you during treatment. Even if you do not meet in person, they review your chart and talk with your care team. Contact them if you have questions about your medicine.

Medicines to Prevent and Treat Side Effects

Allopurinol (Xyloprim)

This lowers uric acid levels, which can rise when treatment starts.

Instructions: 300 mg (1 tablet) by mouth once a day for 1 to 2 weeks

Side effects:

- Rash

Tell your care team if you get a rash.

Levetiracetam (Keppra)

This lowers the risk of seizures caused by CAR-T cells.

Instructions: 500 mg (1 tablet) by mouth twice a day for 1 to 2 months

Side effects:

- Fatigue
- Mood changes (rare)

Tell your care team if mood changes occur.

Dexamethasone (Decadron)

This may be used to prevent or treat side effects from CAR-T therapy. If you have already been prescribed this medicine, ask if you should keep taking it. This is a steroid and affects many parts of the body.

Instructions: Take with food in the morning when possible.

Side effects:

- Upset stomach
- Feeling jittery
- Trouble sleeping

Tocilizumab (Actemra)

This calms down the immune system and treats CAR-T side effects. You get it through an IV in the clinic or hospital.

Anti-Infective Medicines

A weak immune system raises your infection risk. These medicines help prevent infection.

Acyclovir (Zovirax)

This helps prevent viral infections like shingles.

Instructions: 400 mg (1 tablet or 2 capsules) by mouth twice a day. Take for at least 12 months after CAR-T.

Side effects:

- Tiredness

Levofloxacin (Levaquin)

This helps prevent bacterial infections when white blood cells are low.

Instructions: 500 mg (1 tablet) by mouth once a day. Start the day of your CAR-T infusion. Take at least 2 hours apart from dairy products and medicines with calcium, iron, or magnesium. Stop when blood counts recover.

Side effects:

- Upset stomach
- Diarrhea
- Sun sensitivity
- Tendon or nerve pain (rare)

Tell your doctor if you notice these problems.

Fluconazole (Diflucan)

This helps prevent fungal infection.

Instructions: 400 mg (2 tablets) by mouth once a day. Take until blood counts recover, about 2 weeks.

Side effects:

- Nausea
- Upset stomach

Sulfamethoxazole-Trimethoprim (SMX-TMP or Bactrim)

This helps prevent pneumocystis jirovecii pneumonia (PJP). CAR-T therapy raises lung infection risk. If you have a sulfa allergy, your doctor may change the plan. This medicine can lower blood counts, so it may start 4 weeks after CAR-T therapy.

Instructions:

One tablet by mouth on Mondays, Wednesdays, and Fridays.

Side effects:

- Nausea
- Rash
- Sun sensitivity

Anti-Constipation Medicines

Constipation can occur after therapy due to nausea or pain medicine. Eat fiber-rich foods and drink water. Use these on a schedule or as needed. Aim for 1 to 3 bowel movements each day. Keep using until constipation improves.

Polyethylene Glycol (Miralax®)

Available over the counter.

Instructions: 1 capful (17 g) in 8 ounces of liquid 1 to 2 times a day as needed. Higher doses may be used for ongoing constipation.

Side effects:

- Diarrhea
- Stomach cramps

Senna-Docusate (Senokot S)

Available over the counter.

Instructions: 1 to 2 tablets 1 to 2 times a day as needed. Higher doses may be used for ongoing constipation.

Side effects:

- Diarrhea
- Stomach cramps

Anti-diarrheal Medicines

Diarrhea may happen with chemotherapy. Use these on a schedule or as needed. Stop once diarrhea improves.

Loperamide (Imodium)

Available over the counter.

Instructions: 2 to 4 mg (1 to 2 tablets) by mouth as needed. Do not exceed 16 mg (8 tablets) in 24 hours

Side effects:

- Nausea
- Dry mouth
- Dizziness

Heartburn Medicine

Famotidine (Pepcid)

Available over the counter. This lowers stomach acid.

Instructions: 20 mg (1 tablet) by mouth 1 to 2 times a day. Take as needed until reflux improves.

Side effects:

- Headache

Anti-Nausea Medicines

Ondansetron (Zofran)

This is often the first nausea medicine used. You usually get a long-acting dose when chemotherapy starts. Wait 3 days after the start of chemo before taking more. Take it at the first sign of nausea or before an activity that may cause nausea.

Instructions: Take on a schedule or as needed. Do not exceed 24 mg per day.

Side effects:

- Headache
- Constipation

Prochlorperazine (Compazine)

Instructions: Take as needed.

Side effects:

- Dizziness
- Drowsiness
- Dry mouth
- Dry eyes

Olanzapine (Zyprexa)

This helps with nausea when other medicines are not enough.

Instructions: Take on a schedule or as needed.

Side effects:

- Drowsiness
- Sedation

Pain Medicine**Acetaminophen (Tylenol)**

Instructions: 650 mg by mouth every 6 hours as needed.

Side effects:

- Nausea

Ibuprofen/Naproxen (Advil, Motrin, Aleve)

These thin the blood and may harm the kidneys. Talk with your care team before use.

Instructions: This varies. Talk to your doctor.

Side effects:

- Upset stomach
- Bleeding

Oxycodone (Roxicodone)

Instructions: 5-10 mg (1-2 tablets) by mouth every 4 hours as needed.

Side effects:

- Nausea
- Constipation
- Drowsiness

Blood Cell Recovery Medicine**TBO-filgrastim (Granix)**

This helps your bone marrow make white blood cells and shortens the time your blood counts are low.

Instructions: 300 mcg or 480 mcg (1 syringe) under the skin once a day. Continue until blood counts recover.

Side effects:

- Bone pain
- Redness (near injection site)

Common Medicines and Their Durations	
To Prevent CAR-T Side Effects	
Levetiracetam	Begin with chemo and continue for 1-2 months
Allopurinol	Begin with chemo and continue for 7-14 days
Anti-nausea	
Ondansetron	Wait until 72 hours after start of chemo to use, then may use every 8 hours as needed
Prochlorperazine	May use every 6 hours as needed
Anti-infective medicines	
Acyclovir	Begin with chemotherapy and continue for at least 1 year
Fluconazole	Begin with CAR-T infusion and continue for the duration of low counts
Levofloxacin	
Sulfamethoxazole-trimethoprim (Bactrim)	Begin after blood count recovery (typically around day 28) and continue for at least 3 months after cellular therapy
Other medicines	
Growth factor Tbo-filgrastim	Start date and duration depend on blood count recovery

My Medicines	
To prevent CAR-T side effects	
Levetiracetam	
Allopurinol	
Anti-nausea	
Ondansetron	
Prochlorperazine	
Anti-infective medicines	
Anti-viral Acyclovir	
Anti-fungal Fluconazole	
Anti-bacterial Levofloxacin	
Anti-bacterial: PJP Sulfamethoxazole- trimethoprim (Bactrim)	
My other medicines	

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#8492

CAR-T Medicine Quiz

This is not graded, just circle your best guess!

1. **Which medicine is used to treat and prevent nausea?**
 - a) Acyclovir (Zovirax[®])
 - b) Fluconazole (Diflucan[®])
 - c) Ondansetron (Zofran[®])
 - d) Tacrolimus (Prograf[®])
2. **Which medicine prevents viral infections such as shingles?**
 - a) Acyclovir (Zovirax[®])
 - b) Sulfamethoxazole/Trimethoprim (Bactrim[®])
 - c) Fluconazole (Diflucan[®])
 - d) Mycophenolate (Cellcept[®])
3. **How should prochlorperazine (Compazine[®]) be taken?**
 - a) Every Saturday and Sunday
 - b) As needed for nausea
 - c) One time daily
 - d) Will be adjusted based on drug levels
4. **Why is fluconazole used?**
 - a) To prevent fungal infections
 - b) To prevent viral infections
 - c) To prevent bacterial infections
 - d) To prevent pain
5. **How should sulfamethoxazole/trimethoprim (Bactrim[®]) be taken?**
 - a) Every morning and evening
 - b) One time daily
 - c) Once daily on Mon, Wed, Fri
 - d) Will be adjusted based on drug levels
6. **If you are feeling slightly nauseous and have never tried medicine for nausea, which would be a good one to try first?**
 - a) Famotidine (Pepcid[®])
 - b) Olanzapine (Zyprexa[®])
 - c) Ondansetron (Zofran[®])
 - d) Haloperidol (Haldol[®])
7. **Which medication may help if you are having heartburn?**
 - a) Famotidine (Pepcid[®])
 - b) Olanzapine (Zyprexa[®])
 - c) Ondansetron (Zofran[®])
 - d) Haloperidol (Haldol[®])

Glossary

Anemia: A condition where you have too few red blood cells.

Apheresis (Leukapheresis): A process that collects T-cells from your blood.

Bone marrow: The soft tissue inside bones where blood cells are made.

Chemotherapy: Treatment that uses medicine to slow or stop cancer growth.

CAR T-cell therapy: Doctors take T-cells from your blood and change them to better find and kill cancer. The cells are put back into your body to fight cancer.

Complete blood count (CBC): A blood test that checks red cells, white cells, platelets, hemoglobin, and hematocrit. Bone marrow makes all of these cells.

Cytokine: Proteins immune cells use to send messages to each other.

Cytokine release syndrome (CRS): A reaction that happens when CAR-T cells attack cancer. Symptoms may include fever, chills, low blood pressure, or trouble breathing.

Granulocyte colony-stimulating factor (G-CSF): A medicine that helps your body make more white blood cells.

Hematocrit: The part of your blood made up of red blood cells.

Hemoglobin: The part of red blood cells that carries oxygen.

Immune compromised: A state where your immune system is weak and infection risk is high.

Immune effector cell-associated neurotoxicity syndrome (ICANS): Also called neurotoxicity. This happens when CAR-T cells affect the brain or nerves. It is usually short term and may cause headaches, confusion, speech trouble, seizures, or sleepiness.

Immunosuppressed: When your body cannot fight illness well. This can happen with low white cells or after chemo.

Leukocytes: White blood cells that fight infection.

Lymphocytes: A type of white blood cell that helps protect your body.

Lymphodepletion: Chemotherapy given before CAR-T therapy to prepare your body for the cells.

Platelets (Plts): Blood cells that help stop bleeding.

Red blood cells (RBC): Cells that carry oxygen through your body.

Relapse: When cancer comes back after treatment.

T-cell: A type of immune cell that finds and destroys abnormal cells like cancer. Also called a T-lymphocyte.

Thrombocytopenia: A low platelet count.

White blood cells (WBC): Cells that help fight infection and disease.