

How to prescribe RYSTIGGO



[Prescribing information can be found here](#), and adverse event reporting information is at the end of this guide.

RYSTIGGO® (rozanolixizumab) is indicated as an add-on to standard therapy for the treatment of generalised myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or anti-muscle-specific tyrosine kinase (MuSK) antibody positive.¹

Model is not a real patient.

GB-RZ-2600011 | May 2026

RYSTIGGO is administered in minutes as a once-weekly subcutaneous infusion over a 6-week cycle by using manual push with a syringe or by using a syringe pump¹

Total weekly dose by body weight range

Body weight (kg)	35 to <50 kg	50 to <70 kg	70 to <100 kg	≥100 kg
Weekly dose (mg)	280 mg	420 mg	560 mg	840 mg
Dosage volume (mL)	2 mL*	3 mL*	4 mL*	6 mL*

One or more vials might be needed to meet the appropriate volume to be administered, depending on vial size availability.

No dose adjustment is required for elderly patients or for patients with renal or hepatic impairment.¹

Monitoring should occur during treatment and for 15 minutes after the administration of RYSTIGGO for clinical signs and symptoms of hypersensitivity reactions.¹

Treatment should be initiated and supervised by specialist healthcare professionals experienced in the management of patients with neuromuscular or neuroinflammatory disorders where appropriate.¹

For missed doses, RYSTIGGO can be administered up to 4 days after the missed date. Thereafter, the original dosing schedule should be resumed until the treatment cycle is completed.¹

*One mL of solution for injection contains 140 mg of RYSTIGGO. Each vial contains excess volume for priming of the infusion line.¹

RYSTIGGO treatment cycle

RYSTIGGO is administered by a healthcare professional as a subcutaneous infusion once-weekly in 6-week cycles¹



RYSTIGGO treatment-free interval



Subsequent treatment cycles should be administered according to clinical evaluation. The frequency of treatment cycles may vary by patient¹



Treatment-free intervals were typically 4–13 weeks in the clinical development programme¹



From cycle to cycle, ~10% of patients had a treatment-free interval of <4 weeks¹

How to administer RYSTIGGO



During admission of the first treatment cycle and administration of the first dose of the second treatment cycle of RYSTIGGO, appropriate treatment for injection and hypersensitivity-related reactions should be readily available.¹



RYSTIGGO should only be self-administered by the patient or their caregiver after receiving appropriate training from a HCP, which may be provided in the inpatient, outpatient or home setting.¹



It is recommended that RYSTIGGO is administered subcutaneously preferably into the lower right or lower part of the abdomen, below the belly button. Infusions should not be given into areas where the skin is tender, erythematous or indurated.¹



For subcutaneous use or for subcutaneous infusion using a pump. Infusion pumps, syringes and infusion sets appropriate for subcutaneous administration of medicinal products should be used. It is recommended to use pumps that allow the administered volume to be preset.¹

Self-administration of subcutaneous infusion of RYSTIGGO



Your patient should be fully prepared and confident before they self-administer RYSTIGGO



Your patient may prefer to have another person with them, whenever they administer RYSTIGGO



It is essential that your patient is given up-to-date contact details of where they can seek assistance, should they need it

Discover how to infuse RYSTIGGO

Get practical support on:

- ✓ what to prepare before infusion
- ✓ step-by-step HCP administration support
- ✓ monitoring during treatment and after administration

Download the HCP infusion guide

RYSTIGGO is generally well tolerated and has an acceptable safety profile to date¹

The most commonly reported adverse reactions were headache (48.4%), diarrhoea (25.0%) and pyrexia (12.5%)

MedDRA System Organ Class	Adverse Reactions	Frequency Category
Infections and infestations	Upper respiratory tract infections*	Common
	Herpes viral infection ^{†‡}	Not known
Nervous system disorders	Headache [§]	Very common
	Aseptic meningitis [†]	Not known
	Diarrhoea	Very common
Gastrointestinal disorders	Nausea [†]	Common
	Vomiting [†]	Common
Skin and subcutaneous tissue disorders	Rash [¶]	Common
	Angioedema**	Common
Musculoskeletal and connective tissue disorders	Arthralgia	Common
General disorders and administration site conditions	Pyrexia	Very common
	Injection site reactions ^{††}	Common

For full information on adverse reactions with RYSTIGGO, please refer to the Summary of Product Characteristics.

*Includes cases of nasopharyngitis; [†]From spontaneous post-marketing reporting; ^{††}Includes cases of Herpes Zoster, simplex and oral; [§]Includes headache and migraine; [¶]Includes rash, rash papular and rash erythematous; **Includes swollen tongue; ^{††}Includes injection site rash, reaction, erythema, inflammation, discomfort, and infusion site erythema, pain.

Warnings and precautions

Aseptic meningitis (drug-induced aseptic meningitis) has been reported following RYSTIGGO treatment. If symptoms consistent with aseptic meningitis (headache, pyrexia, neck stiffness, nausea, vomiting) occur, diagnostic workup and treatment should be initiated as per standard of care.¹

All vaccines should be administered according to immunisation guidelines and at least 4 weeks before initiation of treatment. For patients who are on treatment, vaccination with live or live-attenuated vaccines is not recommended. For all other vaccines, they should take place at least 2 weeks after the last infusion of a treatment cycle and 4 weeks before initiating the next cycle.¹

This medicinal product contains 29 mg of proline per millilitre. The use in patients suffering from hyperprolinaemia should be restricted where no alternative treatment is available.¹

Treatment of pregnant or breastfeeding women with RYSTIGGO should only be considered if the clinical benefit outweighs the risks.¹

The effect of RYSTIGGO on human fertility has not been evaluated.¹

RYSTIGGO could help a broad gMG adult population who are anti-AChR or anti-MuSK antibody positive^{1,2*}



Once-weekly subcutaneous infusion administered in **6-week treatment cycles**^{1,†}



RYSTIGGO enables HCPs to take a **customisable approach to gMG management and tailor treatment cycles to their patients' needs and symptom patterns**³



RYSTIGGO's dual method of administration (HCP- or self-infusion) can **reduce the burden of care, increase treatment satisfaction and improve QoL for patients**^{4,5}

Want to discover more about RYSTIGGO?

Get in touch with your UCB colleague

*The key Phase 3 study (MycarinG) included 200 adult patients who were anti-AChR Ab+ or anti-MuSK Ab+ and who had Myasthenia Gravis Foundation of America (MGFA) Class II–IVa disease, a Myasthenia Gravis Activities of Daily Living (MG-ADL) score of ≥ 3 and a Quantitative Myasthenia Gravis (QMG) score of ≥ 11 at baseline.¹ †Infusion times will vary depending on body weight and infusion rate. Patients should be monitored for 15 minutes following completion of the infusion. Please refer to the SmPC for further information on administration of RYSTIGGO.¹ ⁴For subcutaneous use or for subcutaneous infusion using a pump. Infusion pumps, syringes and infusion sets appropriate for subcutaneous administration of medicinal products should be used. It is recommended to use pumps for which administered volume can be preset.¹

Abbreviations

AChR, acetylcholine receptor; gMG, generalised myasthenia gravis; HCP, healthcare professional; MuSK, muscle-specific tyrosine kinase.

References

1. RYSTIGGO® (rozanolixizumab) Summary of Product Characteristics.
2. Bril Vet al. Lancet Neurol. 2023;22(5):383–94.
3. Habib AA, et al. Efficacy and safety of rozanolixizumab treatment cycles in patients with generalised myasthenia gravis: Final pooled analysis of Phase 3 studies. MGFA SS 2024. Poster MG35.
4. Bril V, et al. Self-administration of rozanolixizumab in patients with generalized myasthenia gravis: The MG0020 study. AAN 2025. Poster P1-11-018.
5. Overton PM, et al. Patient Prefer Adherence. 2021;15:811–834.

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. Healthcare professionals are asked to report any suspected adverse reactions. Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to UCB Pharma Ltd at ucbcares.uk@ucb.com or 0800 2793177.