

# RYSTIGGO® 6-WEEK APPOINTMENT PLAN

**RYSTIGGO** Pronunciation: rist\*eeeh\*goh



## HEALTHCARE PROVIDER

Name:

Office Address:

Office Phone:



## SITE OF CARE (SOC)

Name of Infusion Center:

Name of Infusion Nurses  
and SOC Specialists:

Center Address:

Center Phone:

## TREATMENT SCHEDULE

Week	Date	Time	Notes
1	/ /	____:____	
2	/ /	____:____	
3	/ /	____:____	
4	/ /	____:____	
5	/ /	____:____	
6	/ /	____:____	
Post-cycle check-in	/ /	____:____	

**RYSTIGGO®**  
(rozanolixizumab-noli)  
Injection For Subcutaneous Use



# WHAT'S NEXT?



## TRACK YOUR SYMPTOMS

Tracking your symptoms is an important part of your treatment plan. By making note of your symptoms regularly, you can provide your healthcare provider with a more complete picture of how symptoms impact your life. You can document your symptoms with a [tracking tool](#). You can also reference your Starting Strong RYSTIGGO (rozanolixizumab-noli) Treatment Journal and the [Doctor Discussion Guide](#) for tips on symptom tracking and prompts for communicating with your healthcare provider.

## STAY IN TOUCH

Check in with your healthcare provider to assess your treatment progress and decide when to plan for your next 6-week cycle, if necessary.

# SUPPORT REMINDERS



## QUESTIONS?

Reach out to your healthcare provider if you have questions or concerns about your treatment plan.

## SUPPORT EVERY STEP OF THE WAY

Your ONWARD™ Care Coordinator reaches out periodically to provide support and encouragement at key moments of your RYSTIGGO treatment. They're always here for you. Save their number (shown below) if you'd like to contact them in between check-ins.

### ONWARD Care Coordinator

Name:

Phone:



To download more copies of this printable form and access additional resources, scan the QR code or visit [ONWD.care/Discussion](https://ONWD.care/Discussion).

To download a symptom tracking tool, scan the QR code or visit [ucbONWARD.com](https://ucbONWARD.com).



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