Rystiggo

Bahrain · access guide

How to access Rystiggo from Bahrain, the named-patient import pathway, 2026

By Reserve Meds · Clinical & regulatory team · Last reviewed 2026-04-23

A Bahrain patient living with generalised myasthenia gravis (gMG) may receive a prescription for Rystiggo (rozanolixizumab-noli) from their treating neurologist or neuromuscular specialist. Rystiggo is FDA-approved for gMG in adult patients who are anti-acetylcholine receptor (AChR) antibody positive or anti-muscle-specific tyrosine kinase (MuSK) antibody positive, and it is manufactured by UCB. It is notable as one of the first FcRn antagonists with a specific MuSK-positive indication, an important advance because MuSK-positive gMG is a clinically distinct and often more severe subtype. Rystiggo is administered as a subcutaneous infusion. In Bahrain, Rystiggo may not yet be broadly registered, which is why your neurologist may be navigating a named-patient import pathway with you.

This guide explains the legal pathway, what your physician needs to provide, typical timelines, and where Reserve Meds fits in.

The clinical situation

Rystiggo is administered as a weekly subcutaneous infusion over 15 minutes for six weeks (one treatment cycle), with additional cycles initiated based on clinical response and symptom fluctuation. Eligibility typically requires confirmed AChR- or MuSK-antibody seropositivity, an MGFA clinical classification, and pre-treatment screening. Your treating neurologist confirms diagnosis, screening status, and the cycle plan per FDA labeling.

Is Rystiggo legally importable into Bahrain?

Yes, through the National Health Regulatory Authority (NHRA) named-patient import framework. The pathway allows a Bahrain-licensed physician to request import of a medicine not broadly registered locally when: (a) the medicine is approved by a recognised reference authority (FDA qualifies), (b) no locally registered alternative is clinically equivalent for the patient, (c) the physician takes clinical responsibility, and (d) chain of custody is documented through a licensed importing entity.

For Rystiggo specifically, the application benefits from the subcutaneous infusion route, it can be administered in a clinic or an infusion centre, and each session is brief.

How the pathway works, step by step

1. **Consultation with your treating neurologist.** AChR or MuSK antibody confirmation, gMG clinical diagnosis, MGFA classification, and pre-treatment screening.
2. **Administration facility identification.** The administering facility must be equipped for subcutaneous infusions and to manage any reaction.
3. **NHRA named-patient application.** Your physician files the application including clinical letter, patient identifier, and product details.
4. **US-side sourcing.** Reserve Meds coordinates with our US-licensed specialty wholesale partner.
5. **Cold-chain shipment.** Rystiggo ships at 2-8°C with continuous temperature monitoring.
6. **Arrival and cycle administration.** The licensed facility administers the six-weekly cycle; additional cycles per clinical response.

What documentation your physician needs

Your physician will typically need to provide:

- Clinical rationale letter confirming gMG diagnosis, AChR or MuSK antibody positivity, MGFA class, and prior therapy history
- Verification of Bahrain medical licence
- Identification of the administering facility
- Patient identifier
- Pre-treatment screening results and vaccination record
- Planned cycle schedule

Reserve Meds provides a physician documentation kit that bundles the templates NHRA reviewers expect to see for FcRn-antagonist therapy.

Costs and timing

Rystiggo's US cash-pay drug-only reference price sits in a broad indicative range, the annualised treatment cost varies with cycle frequency but falls in the USD 400,000-600,000 range in US list pricing. International cold-chain logistics, NHRA documentation, and concierge coordination add incremental cost; Reserve Meds issues a full transparent quote at the start of intake. Indicative range.

Indicative timing for the first cycle after cohort intake opens is 7-14 days from the moment a complete application is submitted.

Fulfillment availability is limited to our first cohort, and all timelines published on this site are indicative. If your clinical situation is time-sensitive, tell us at intake. We triage accordingly.

Reserve Meds's role

Reserve Meds is a US-based concierge coordinator for cross-border specialty medicine. For Rystiggo specifically, we provide:

- **Sourcing.** Through our US-licensed specialty wholesale partner, operating under DSCSA chain-of-custody.
- **Documentation.** Regulatory package for your physician and for NHRA review.
- **Logistics.** Cold-chain, temperature-monitored shipment.
- **Concierge case lead.** A named point of contact.

What we do not do: We are not the prescriber. We do not practise medicine. We are not the dispensing pharmacy. All clinical decisions remain with your treating neurologist.

Frequently asked

Is this legal in Bahrain? Yes, when executed through the NHRA named-patient framework with appropriate documentation.

How does Rystiggo compare with Vyvgart for gMG? Both are FcRn antagonists. Vyvgart is approved specifically for AChR-antibody-positive gMG and is administered IV (one hour) or as a Hytrulo subcutaneous formulation. Rystiggo is approved for both AChR-antibody- and MuSK-antibody-positive gMG and is administered as a weekly 15-minute subcutaneous infusion in six-week cycles. Patients with MuSK-positive disease often have Rystiggo specifically considered because of the broader approved label.

What about MuSK-positive myasthenia gravis? MuSK-positive gMG tends to have a more severe bulbar and respiratory phenotype and typically responds less well to conventional acetylcholinesterase inhibitors (pyridostigmine). The availability of an FcRn antagonist approved for MuSK-positive disease is clinically meaningful for this subgroup.

Will private insurance cover this? Cash-pay is the default. Some Bahrain private insurers reimburse gMG biologic therapy on escalated review; we supply documentation but do not process insurance claims directly.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

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