

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 3201-1
Program	Step Therapy
Medication	Wayrilz™ (rilzabrutinib)
P&T Approval Date	2/2026
Effective Date	5/1/2026

1. Background:

Step therapy programs are utilized to encourage use of lower cost alternatives for certain therapeutic classes. This program requires a member to try preferred products before providing coverage for Wayrilz.

Wayrilz (rilzabrutinib) is a kinase inhibitor indicated for the treatment of adult patients with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment.

Eltrombopag is a thrombopoietin receptor agonists indicated for the treatment of thrombocytopenia in adult and pediatric patients with persistent or chronic immune thrombocytopenia (ITP) who have experienced an insufficient response to corticosteroids, immunoglobulins, or splenectomy.

Doptelet (avatrombopag) is a thrombopoietin receptor agonist indicated for the treatment of thrombocytopenia in pediatric patients 1 year and older with persistent or chronic immune thrombocytopenia who have had an insufficient response to a previous treatment.

Tavalisse (fostamatinib) is a kinase inhibitor indicated for the treatment of thrombocytopenia in adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment.

2. Coverage Criteria^a:

A. **Wayrilz** will be approved based on the following criterion:

1. History of failure/inadequate response, contraindication, or intolerance, to **two** of the following (document drug, date, and duration of trial):
 - a. Eltrombopag (e.g. Alvaiz, generic Promacta)
 - b. Doptelet (avatrombopag)
 - c. Tavalisse (fostamatinib)

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Medical Necessity, Supply limits and/or Notification may be in place.

4. References:

1. Wayrilz [Package Insert]. Cambridge, MA: Genzyme Corporation; August 2025.
2. Promacta [Package Insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2025.
3. Alvaiz [Package Insert]. Parsippany, NJ: Teva Pharmaceuticals; July 2024
4. Doptelet [Package Insert]. Morrisville, NC: AkaRx, Inc.; July 2025.
5. Tavalisse [package insert]. South San Francisco, CA: Rigel Pharmaceuticals; November 2020

Program	Step Therapy - Wayrilz (rilzabrutinib)
Change Control	
2/2026	New program.