

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 1514-1
Program	Prior Authorization/Notification
Medication	Wayrilz™ (rilzabrutinib)
P&T Approval Date	2/2026
Effective Date	5/1/2026

1. Background:

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.

2. Coverage Criteria^a:

<p>A. <u>Initial Authorization</u></p> <p>1. Wayrilz will be approved based on both of the following criteria:</p> <p style="margin-left: 40px;">a. Diagnosis of persistent or chronic immune thrombocytopenia (ITP)</p> <p style="text-align: center;">-AND-</p> <p style="margin-left: 40px;">b. Patient has had an insufficient response to a previous treatment (e.g., corticosteroids, immunoglobulins, thrombopoietin receptor agonists, splenectomy)</p> <p style="margin-left: 40px;">Authorization will be issued for 12 months.</p> <p>B. <u>Reauthorization</u></p> <p>1. Wayrilz will be approved based on the following criterion:</p> <p style="margin-left: 40px;">a. Documentation of positive clinical response to Wayrilz therapy</p> <p style="margin-left: 40px;">Authorization will be issued for 12 months.</p> <p>^aState 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.</p>

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.
- Supply limits, Medical Necessity, and/or Step Therapy may be in place.

4. References:

1. Wayrilz [Package Insert]. Cambridge, MA: Genzyme Corporation; August 2025.

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Change Control	
2/2026	New program.