

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

rilzabrutinib (Wayrilz)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria, criteria for new members, AND current Kaiser Permanente members already taking the medication who have not been reviewed

previously: Non-formulary rilzabrutinib (Wayrilz) will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of chronic immune thrombocytopenia (ITP)
- Prescribed by hematology oncology
- Patient is at least 18 years of age
- Patient has failed an adequate trial of these 5 listed lines of therapy OR if patients had an allergy or intolerance to these therapies including but not limited to steroids, IVIG, rituximab, TPO-RA (e.g. romiplostim, eltrombopag) and fostamatinib