

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use WAYRILZ™ safely and effectively. See full prescribing information for WAYRILZ.

**WAYRILZ™ (rilzabrutinib) tablets, for oral use
Initial U.S. Approval: 2025**

INDICATIONS AND USAGE

WAYRILZ 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 immunoglobulins, anti-D therapy, or corticosteroids. (1)

DOSAGE AND ADMINISTRATION

Recommended dosage: 400 mg orally twice daily; swallow whole with water, with or without food. Do not cut, crush, or chew tablets. (2.1)

DOSAGE FORMS AND STRENGTHS

Tablets: 400 mg (3)

CONTRAINDICATIONS

None

WARNINGS AND PRECAUTIONS

Serious Infection: Monitor patients for signs and symptoms of infection, evaluate promptly, and treat. (5.1)

ADVERSE REACTIONS

Most common adverse reaction (incidence ≥10%) were diarrhea, nausea, headache, abdominal pain, and COVID-19. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Genzyme Corporation at 1-800-633-1610 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- CYP3A Inhibitors: Avoid co-administration with moderate or strong CYP3A inhibitors. (7)
- CYP3A Inducers: Avoid co-administration with moderate or strong CYP3A inducers. (7)
- Gastric Acid Reducing Agents: Avoid co-administration with proton pump inhibitors (PPIs). WAYRILZ should be administered at least 2 hours before taking H2 receptor antagonist. (7)

USE IN SPECIFIC POPULATIONS

- Lactation: Advise not to breastfeed. (8.2)
- Hepatic Impairment: Avoid use of WAYRILZ in patients with moderate or severe hepatic impairment. (8.6)
- Renal impairment: Avoid use in patients with severe renal impairment. (8.7)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: x/2025

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

- 2.1 Recommended Dosage
- 2.2 Monitoring for Safety
- 2.3 Dose Modification for Adverse Reactions

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

- 5.1 Serious Infections
- 5.2 Use in Women of Childbearing Potential

6 ADVERSE REACTIONS

- 6.1 Clinical Trials Experience

7 DRUG INTERACTIONS

- 7.1 Effect of Other Drugs on WAYRILZ
- 7.2 Effect of WAYRILZ on Other Drugs

8 USE IN SPECIFIC POPULATIONS

- 8.1 Pregnancy
- 8.2 Lactation

- 8.3 Females and Males of Reproductive Potential
- 8.4 Pediatric Use
- 8.5 Geriatric Use
- 8.6 Hepatic Impairment
- 8.7 Renal Impairment

10 OVERDOSAGE

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

- 12.1 Mechanism of Action
- 12.2 Pharmacodynamics
- 12.3 Pharmacokinetics

13 NONCLINICAL TOXICOLOGY

14 CLINICAL STUDIES

16 HOW SUPPLIED/STORAGE AND HANDLING

17 PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

WAYRILZ is indicated for the treatment of adult patients with persistent or chronic immune thrombocytopenia (ITP) who have had an insufficient response to immunoglobulins, anti-D therapy, or corticosteroids.

2 DOSAGE AND ADMINISTRATION

2.1 Recommended Dosage

The recommended dosage of WAYRILZ is 400 mg taken orally twice daily.

WAYRILZ can be taken at approximately the same time each day with or without food. In patients who experience gastrointestinal symptoms, taking WAYRILZ with food may improve tolerability. Advise patients to swallow tablets whole with a glass of water. Advise patients not to cut, crush or chew the tablets.

If a dose is missed, patients should take the missed dose of WAYRILZ as soon as possible on the same day and at least 2 hours apart from the next regular scheduled dose.

2.2 Monitoring for Safety

Evaluate bilirubin and transaminases at baseline and as clinically indicated during treatment with WAYRILZ. For patients who develop abnormal liver tests after WAYRILZ, continue to monitor for liver test abnormalities as well as clinical signs and symptoms as clinically indicated.

2.3 Dose Modification for Adverse Reactions

If at any time during treatment, alanine aminotransferase (ALT) is greater than 5 times the upper limit of normal (ULN) or ALT is greater than 3 times ULN and total bilirubin is greater than 2 times ULN, then permanently discontinue WAYRILZ. For ALT increases greater than 3 times ULN, monitor closely and use clinical judgment for frequency of testing.

3 DOSAGE FORMS AND STRENGTHS

Tablets: Each 400 mg film-coated tablet is orange, capsule-shaped, and debossed with “P” on one side and “400” on the other side.

4 CONTRAINDICATIONS

None

5 WARNINGS AND PRECAUTIONS

5.1 Serious Infections

WAYRILZ may increase the risk of serious infections (including bacterial, viral, or fungal). In the LUNA-3 trial, fatal pneumonia occurred in one participant in the WAYRILZ group. Other serious infections [one each (0.8%)] included COVID-19 infection, wound infection, and one patient experienced urinary tract infection and kidney abscess. Monitor patients for signs and symptoms of infection and treat appropriately.

5.2 Use in Women of Childbearing Potential

Women of childbearing potential must use highly effective method of contraception while taking rilzabrutinib [see *Use in Specific Populations (8.3)*]. Pregnancy status of females of childbearing potential should be verified prior to initiating treatment.

6 ADVERSE REACTIONS

The following clinically important adverse reactions are described elsewhere in the labeling:

- Serious Infections [see *Warnings and Precautions (5.1)*]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of WAYRILZ was evaluated in a randomized, double-blind (DB), placebo-controlled, parallel-group study (LUNA-3), in which 202 adult patients with persistent or chronic ITP received either WAYRILZ (n=133) or placebo (n=69) [see *Clinical Studies (14)*].

During the 24-week DB period, the median duration of WAYRILZ exposure was 98 days (range: 22 to 182).

The most common adverse reactions ($\geq 10\%$) were diarrhea, nausea, headache, abdominal pain, and COVID-19. Adverse reactions resulting in discontinuation of WAYRILZ occurred in 6 patients (4.5%) and each reaction (erythema nodosum, neutropenia, arthralgia, dyspepsia, headache, pain in extremity, abdominal discomfort, diarrhea, nausea, and pneumonia) occurred once.

Table 1 presents adverse reactions from the LUNA-3 Study with a $\geq 5\%$ patient frequency in the WAYRILZ group in the DB period.

Table 1: Common Adverse Reactions^a in Patients with ITP During Double-Blind Period of the LUNA-3 Study

Adverse Reactions	WAYRILZ (N=133)		Placebo (N=69)	
	All Grades	Grade 3 or Higher	All Grades	Grade 3 or Higher
	%	%	%	%
Diarrhea	32	0	10	0
Nausea	20	0	6	0
Headache	18	0	7	0
Abdominal Pain ^b	14	0	1	0
COVID-19	14	0.8	4	0

Adverse Reactions	WAYRILZ (N=133)		Placebo (N=69)	
	All Grades	Grade 3 or Higher	All Grades	Grade 3 or Higher
	%	%	%	%
Arthralgia	9	0	4	0
Dizziness	8	0	1	0
Nasopharyngitis ^b	7	0	3	0
Vomiting	7	0	1	0
Dyspepsia	5	0	0	0
Cough ^a	5	0	0	0

^a Adverse reactions that occurred in at least 5% of WAYRILZ treated patients and at least 3% higher than placebo-treated patients.

^b Grouped term

Specific Adverse Reactions

Gastrointestinal Events

In the LUNA-3 Study DB period, the most common gastrointestinal (GI) adverse reactions were diarrhea (32%), nausea (20%), and abdominal pain (14%) in the WAYRILZ group. These events were Grade 1 or 2. Of those who experienced GI adverse reactions, 2 patients discontinued due to GI adverse reactions. Recovery or resolution with supportive treatment allowing continuation of WAYRILZ treatment occurred in 91% of patients with diarrhea, 85% with nausea and 79% with abdominal pain.

7 DRUG INTERACTIONS

7.1 Effect of Other Drugs on WAYRILZ

Strong and Moderate CYP3A Inhibitors

Avoid concomitant use of WAYRILZ with strong or moderate CYP3A inhibitors. If a strong or moderate CYP3A inhibitor cannot be avoided, and these inhibitors will be used short term (such as anti-infectives for seven days or less), interrupt treatment with WAYRILZ. Avoid concomitant use of grapefruit, starfruit and products containing these fruits, and Seville oranges with WAYRILZ, as these are moderate and strong inhibitors of CYP3A.

Rilzabrutinib is a CYP3A substrate. Concomitant use with a strong or moderate CYP3A inhibitor increases rilzabrutinib C_{max} and AUC [see *Clinical Pharmacology (12.3)*], which increases the risk of WAYRILZ adverse reactions.

Strong and Moderate CYP3A Inducers

Avoid concomitant use with a strong or moderate CYP3A inducer.

Rilzabrutinib is a CYP3A substrate. Concomitant use with a strong or moderate CYP3A inducer decreases rilzabrutinib C_{max} and AUC [see *Clinical Pharmacology (12.3)*], which may reduce WAYRILZ efficacy.

Gastric Acid Reducing Agents

Administer the dose of WAYRILZ at least 2 hours before administration of a histamine H₂ receptor antagonist. Avoid concomitant use of proton pump inhibitors with WAYRILZ.

Rilzabrutinib exhibits pH-dependent solubility. Acid reducing agents decrease rilzabrutinib exposure [see *Clinical Pharmacology (12.3)*], which may reduce WAYRILZ efficacy.

7.2 Effect of WAYRILZ on Other Drugs

CYP3A Substrates

Monitor for adverse reactions of the concurrently administered CYP3A substrate more frequently and consider dosage adjustment in accordance with the Prescribing Information of the CYP3A substrate.

Rilzabrutinib is a moderate inhibitor of CYP3A and increases exposure of these substrates [see *Clinical Pharmacology (12.3)*], which increases the risk of adverse reactions related to these substrates.

P-gp, BCRP, and OATP1B Substrates

Monitor for adverse reactions of the concurrently administered P-gp, BCRP, or OATP1B substrate more frequently, unless otherwise recommended in the substrate Prescribing Information, when WAYRILZ is used concomitantly with P-gp, BCRP, or OATP1B substrates where minimal substrate concentration changes may lead to serious adverse reactions.

Rilzabrutinib is an inhibitor of P-gp, BCRP and OATP1B *in vitro*. The effect of concomitant use of WAYRILZ with OATP1B and BCRP substrates has not been established in clinical studies. However, based on *in vitro* inhibitory potential [see *Clinical Pharmacology (12.3)*], concomitant use of WAYRILZ may increase the risk of adverse reactions related to these substrates.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available clinical data on the use of WAYRILZ during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes.

In confirmatory animal reproduction studies, oral administration of rilzabrutinib to pregnant rats and rabbits during organogenesis at exposures 4 to 10-times the human exposure (based on AUC) at the maximum recommended human dose (MRHD) of 400 mg twice daily did not cause adverse developmental effects (*see Data*). In a preliminary study, adverse visceral and skeletal findings occurred in rat fetuses at a maternally toxic dose at exposures 22-times the human exposure (based on AUC) at the MRHD (*see Data*). Advise pregnant women of the potential risk to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defects, loss, and other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

In a confirmatory study, rilzabrutinib given to pregnant rats by oral gavage at 50, 150 or 300 mg/kg/day during the period of organogenesis (gestation day 7 to 17) did not cause adverse effects on embryo-fetal development at exposures approximately 10-times the clinical exposure at the maximum recommended human dose (MRHD), based on AUC. Increased incidence of post-implantation loss (25%), delayed ossification associated with a markedly lower (24%) mean fetal weight, and increased skeletal (scoliosis) and visceral malformations (abnormalities of major vessels, urogenital tract, and kidney) occurred in a preliminary study in rats at a maternally toxic dose of 500 mg/kg/day that resulted in exposures 22-times the clinical exposure at the MRHD, based on AUC.

In a confirmatory study, rilzabrutinib given to pregnant rabbits by oral gavage at 10, 30 or 100 mg/kg/day during the period of organogenesis (gestation day 7 to 19) did not cause adverse effects on embryo-fetal development at exposures approximately 4-times the clinical exposures at the MRHD, based on AUC. In the preliminary rabbit study, visceral malformations (renal) occurred at 150 mg/kg/day that resulted in exposures 5.6-times the clinical exposure at the MRHD, based on AUC.

In a pre- and postnatal developmental toxicity study, pregnant rats were given rilzabrutinib by oral gavage at doses of 50, 150 or 300 mg/kg/day during the periods of gestation, parturition, and lactation (gestation day 7 to lactation day 21). Decreased body weight was observed in pups in the presence of maternal toxicity at 300 mg/kg/day, at exposures approximately 18-times the MRHD based on AUC. There were no effects of rilzabrutinib on the ability of F1 offspring to reproduce or on subsequent F2 development at any dose.

8.2 Lactation

Risk Summary

There are no data on the presence of rilzabrutinib or its metabolites in either human or animal milk, the effects on the breastfed child, or the effects on milk production. Due to the potential for adverse reactions in a breastfed child from WAYRILZ, advise lactating women not to breastfeed while taking WAYRILZ and for at least one day after the final dose.

8.3 Females and Males of Reproductive Potential

Pregnancy Testing

Pregnancy status of females of child-bearing potential should be verified prior to initiating treatment.

Contraception

Females

Advise female patients of child-bearing potential to use highly effective contraception during rilzabrutinib treatment and for 1 month after stopping treatment; it is not known what impact rilzabrutinib may have on oral contraceptives concentration.

8.4 Pediatric Use

Safety and effectiveness of WAYRILZ have not been established in pediatric patients.

8.5 Geriatric Use

Of the 202 patients in the LUNA-3 study [*see Clinical Studies (14)*], 36 (18%) patients were 65 years of age and older, and 9 (5%) patients were 75 years of age and older. No overall differences in safety and efficacy were observed between patients 65 years of age and older and younger adult patients.

8.6 Hepatic Impairment

Avoid administration of WAYRILZ in patients with moderate or severe hepatic impairment (Child-Pugh class B-C) because of potential for increased rilzabrutinib exposures. Dose modification is not required for patients with mild hepatic impairment (Child-Pugh class A) [*see Clinical Pharmacology (12.3)*].

8.7 Renal Impairment

Avoid use in patients with severe renal impairment. Patients with severe renal impairment were not studied. Dose modification is not required for patients with mild or moderate renal impairment [*see Clinical Pharmacology (12.3)*].

10 OVERDOSAGE

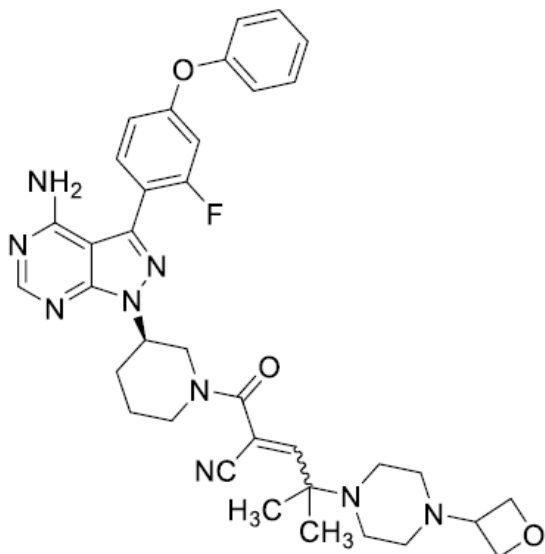
In the event of overdosage, closely monitor the patient for any signs or symptoms of adverse reactions and institute appropriate symptomatic treatment immediately.

Consider contacting the Poison Help line (1-800-222-1222) or a medical toxicologist for additional overdose management recommendations.

11 DESCRIPTION

WAYRILZ (rilzabrutinib) is a kinase inhibitor. Rilzabrutinib is a white to off-white solid, which is freely soluble in ethanol, sparingly soluble in isopropyl alcohol and practically insoluble in water.

The chemical name for rilzabrutinib is 1-Piperidinepropanenitrile, 3-[4-amino-3-(2-fluoro-4-phenoxyphenyl)-1H-pyrazolo[3,4-d]pyrimidin-1-yl]- α -[2-methyl-2-[4-(3-oxetanyl)-1-piperazinyl]propylidene]- β -oxo-, (3R)-. The molecular formula is C₃₆H₄₀FN₉O₃ and the molecular weight is 665.77. The chemical structural formula of rilzabrutinib is shown below:



Each WAYRILZ film-coated tablet for oral administration contains 400 mg rilzabrutinib. The inactive ingredients in the tablet core are croscopvidone (Type A), microcrystalline cellulose, and sodium stearyl fumarate. The inactive ingredients in the tablet coating are FD&C yellow #6/Sunset yellow FCF aluminum lake, macrogol/polyethylene glycol (PEG), polyvinyl alcohol, talc, and titanium dioxide.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Rilzabrutinib is a small-molecule, selective, covalent, reversible kinase inhibitor targeting Bruton's tyrosine kinase (BTK). Rilzabrutinib mediates its therapeutic effect in ITP through immune modulation including 1) inhibition of B cell activation, and 2) interruption of antibody-coated cell phagocytosis by Fc γ receptor (Fc γ R) in spleen and liver. In vitro, rilzabrutinib reduced autoantibody signaling mediated through the Fc γ R pathway, blocked B cell signaling, and decreased autoantibody generation through effects on B cell activation.

12.2 Pharmacodynamics

Plasma Exposure and BTK Occupancy

WAYRILZ has a short duration of systemic exposure with a long duration of action on the target due to its slow dissociation from BTK. At therapeutic doses in healthy participants, durable BTK occupancy in peripheral blood mononuclear cells was observed over a 24-hour period.

Cardiac Electrophysiology

In a Thorough QT study, concentration dependent shortening in the QTc interval was observed. Following a single dose of rilzabrutinib 400 mg, the mean maximum QTcF decrease of -7 msec (90% confidence interval: -9 msec to -5 msec) was observed at 2 hours post-dose. The mean maximum QTcF decrease at exposures 4-fold the highest recommended dose, i.e., 400 mg BID, was -10 msec (90% confidence interval: -12 msec to -8 msec) at 2 hours post-dose.

12.3 Pharmacokinetics

The pharmacokinetics of rilzabrutinib are presented as geometric mean (% coefficient of variation) unless otherwise specified. The C_{max} and AUC of rilzabrutinib increase proportionally following administration of multiple doses of 300 mg to 600 mg. Steady-state plasma levels are reached within 3 days with accumulation up to 1.3-fold at the approved recommended dosage. Following daily doses of 400 mg rilzabrutinib twice daily, the steady-state C_{max} and AUC_{24h} are 150 ng/mL (56%) and 1540 ng.h/mL (57.5%), respectively.

Absorption

The absolute oral bioavailability of rilzabrutinib is 4.7%. Following a single oral dose of 400 mg rilzabrutinib, the median time to peak plasma concentration (T_{max}) is approximately 2 hours.

Effect of Food:

Rilzabrutinib AUC and C_{max} decreased by 20% and 31%, respectively, following administration of a single oral 400 mg dose with a high fat meal (approximately 1,000 calories with 50% of total caloric content from fat).

Distribution

The volume of distribution at terminal phase (V_z) after IV administration is 149L. Rilzabrutinib is 97.5% bound to plasma proteins and the blood-to-plasma ratio is 0.786.

Metabolism

Rilzabrutinib is predominantly metabolized by cytochrome P450 3A.

Elimination

The clearance of rilzabrutinib is time-independent. Following multiple doses of 400 mg twice daily rilzabrutinib in patients with ITP, mean CL/F ranged from 246 to 911 L/h. Based on the population pharmacokinetic analysis in patients with ITP, the mean CL/F was 516 L/h.

In Phase 1 studies, the half-life of rilzabrutinib ranged between 1.6 to 4.5 hours.

Excretion

Following administration of a single 400 mg ¹⁴C-labeled rilzabrutinib dose in healthy subjects, approximately 86% of the dose was recovered in feces (9% unchanged) and to a lesser extent in urine (~5%) and bile (~6%). Approximately 0.03% of rilzabrutinib was excreted unchanged in the urine.

Special Populations

No clinically significant differences in the pharmacokinetics of rilzabrutinib were observed based on age (12 to 80 years), sex, race, mild to moderate renal impairment (CL_{CR} 46 to 89 mL/min), or mild hepatic impairment (Child-Pugh class A). Rilzabrutinib exposure (both C_{max} and AUC) increased by approximately 4.5-fold in participants with moderate hepatic impairment (Child-Pugh class B). Patients with severe hepatic impairment (Child-Pugh class C) and CL_{CR} <46 mL/min have not been studied.

Drug Interaction Studies

Clinical Studies and Model-Informed Approaches

Effect of Other Drugs on Rilzabrutinib

Strong CYP3A inhibitors: Concomitant use with ritonavir (strong CYP3A inhibitor) increased rilzabrutinib C_{max} by approximately 5-fold and AUC by 8-fold at steady state.

Moderate CYP3A inhibitors: Concomitant use with moderate CYP3A inhibitors (fluconazole, erythromycin and verapamil) is predicted to increase rilzabrutinib C_{max} and AUC by approximately 3-fold at steady state.

Weak CYP3A inhibitors: Cimetidine is predicted to increase rilzabrutinib C_{max} by approximately 2-fold and AUC by 1.6-fold.

Strong CYP3A inducers: Coadministration of rifampin (strong CYP3A inducer) decreased rilzabrutinib C_{max} and AUC by approximately 80% at steady state.

Moderate CYP3A inducers: Coadministration of moderate CYP3A inducers (efavirenz, rifabutin) is predicted to reduce rilzabrutinib C_{max} and AUC by up to 70% at steady state.

Weak CYP3A inducers: Modafinil is predicted to reduce rilzabrutinib C_{max} and AUC by 20%.

Proton pump inhibitor: Coadministration of esomeprazole (proton pump inhibitor) decreased rilzabrutinib C_{max} by 55% and AUC by 51%.

H2 receptor antagonist: Administration of famotidine (H2 receptor antagonist) two hours after the evening dose of rilzabrutinib decreased the next morning dose of rilzabrutinib C_{max} by 35% and AUC by 28%.

P-glycoprotein (P-gp) inhibitor: Coadministration of quinidine (P-gp inhibitor) increased rilzabrutinib C_{max} and AUC by approximately 13% at steady state.

Effect of Rilzabrutinib on Other Drugs

CYP3A4 substrates: Concomitant use of a single dose of rilzabrutinib 400 mg with midazolam (sensitive CYP3A inhibitor) increased midazolam C_{max} and AUC by 2.2-fold as observed in study with healthy participants. Midazolam AUC is predicted to increase up to 3.04-fold in patients with immune thrombocytopenia following coadministration with 400 mg rilzabrutinib twice daily.

In Vitro Studies

CYP Enzymes: Rilzabrutinib is a substrate of CYP3A. Rilzabrutinib is both an inhibitor and inducer of CYP3A.

Transporters: Rilzabrutinib is a substrate of P-gp and BCRP, but not a substrate for OAT1, OAT3, OCT1, OCT2, OATP1B1, OATP1B3, or BSEP. Rilzabrutinib inhibits P-gp, BCRP, OATP1B1, OATP1B3, and BSEP at clinically relevant concentrations.

13 NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Rilzabrutinib was not carcinogenic in a 6-month study in Tg.rasH2 mice at doses up to 300 mg/kg/day. In a 2-year rat carcinogenicity study at doses of 10, 30 or 100 and 5, 15 or 50

mg/kg/day in males and females, respectively, rilzabrutinib-related thyroid adenomas and carcinomas were observed in male rats at 100 mg/kg/day, considered related to a carcinogenic mechanism in rats that is not relevant to humans. The non-carcinogenic dose was 30 mg/kg/day for males and 50 mg/kg/day for females.

Rilzabrutinib was not mutagenic in an *in vitro* bacterial reverse mutagenicity (Ames) assay, was not clastogenic in an *in vitro* human peripheral lymphocyte chromosomal aberration assay, nor was it clastogenic in an *in vivo* bone marrow micronucleus assay in rats.

In a fertility study in male and female rats, rilzabrutinib was administered for a minimum of 28 days (males) and 15 days (females) prior to cohabitation and continued through gestation day 7 at doses of 50, 150 or 300 mg/kg/day by oral gavage. Rilzabrutinib had no effect on mating, estrous cycle, fertility, sperm parameters, or any ovarian and uterine parameters at any dose.

14 CLINICAL STUDIES

Immune Thrombocytopenia (ITP)

The safety and efficacy of WAYRILZ in adult patients with primary persistent or chronic ITP was evaluated in a randomized, double-blind (DB), placebo-controlled, parallel-group study consisting of 24 weeks of blinded treatment followed by an open-label (OL) period [LUNA-3 Study (NCT04562766)]. Patients received an initial 12 weeks of DB period treatment. Those who achieved platelet count response at 12 weeks were eligible to continue the full 24 week DB period. The patients enrolled in this study had an unsustained response to either intravenous immunoglobulin (IVIg/anti-D) or corticosteroid (CS), or had a documented intolerance or insufficient response to any appropriate course of standard-of-care ITP therapy.

Patients were randomized 2:1 to receive WAYRILZ 400 mg or placebo twice daily and randomization was stratified based on prior splenectomy (yes/no) and severity of thrombocytopenia (platelet count $<15 \times 10^9/L$ or $\geq 15 \times 10^9/L$).

Concomitant ITP medicines [oral CS and/or thrombopoietin receptor agonist (TPO-RA)] were allowed at stable doses at least 2 weeks before the start of the study and throughout the DB period.

In the LUNA-3 Study, 202 patients were randomized and treated, 133 to the WAYRILZ group and 69 to the placebo group. At baseline, the median age was 47 years (range: 18 to 80 years), 63% were female, 62% were Caucasian, 32% Asian, 1% were Black or African American, 2% were American Indian or Alaska native, 20% were Hispanic or Latino/a, and 77% were not Hispanic or Latino/a. Baseline demographics were generally similar across groups with the exception of sex which was 59% female in the WAYRILZ group and 71% in the placebo group.

At baseline 93% of patients had chronic ITP (i.e., for 1 year or longer), with a median time since ITP diagnosis of 7.69 years (range: 0.3, 52.2), and 28% had undergone splenectomy. The median platelet count was $15.3 \times 10^9/L$, with almost half (48%) less than $15 \times 10^9/L$. The median number of prior therapies, including splenectomy, was 4 (range: 1, 15). Prior ITP treatments varied, with the most common prior therapies being CS (96%), TPO-RAs (69%), IVIg or anti-D immunoglobulins (55%), and anti-CD20 monoclonal antibody/rituximab (35%). In addition, at baseline 66% of patients received both CS and TPO-RAs. Baseline disease characteristics were generally similar across both groups.

During the DB period, the median duration of exposure was 98 days (range: 22 to 182) and 84 days (range: 17 to 173) for the WAYRILZ group and placebo group, respectively. The cumulative duration of treatment exposure was 44 participant-years and 18 participant-years for the WAYRILZ and placebo groups, respectively. Concomitant use of CS and/or TPO-RA with study drug occurred in 60% and 67% of patients in the WAYRILZ and placebo arms, respectively.

During the first 12 weeks of the DB period, 85 (63.9%) patients and 22 (31.9%) patients in the WAYRILZ group and placebo group, respectively, achieved platelet count response ($\geq 50 \times 10^9/L$ or between $30 \times 10^9/L$ and $< 50 \times 10^9/L$ and doubled from baseline). Those who achieved platelet count response were eligible to continue the DB period.

The efficacy of WAYRILZ was based on durable platelet response. A durable platelet response was defined as a weekly platelet count $\geq 50 \times 10^9/L$ for \geq two-thirds of at least 8 non-missing weekly scheduled platelet measurements during the last 12 weeks of the 24-week DB period in the absence of rescue therapy, provided that at least 2 non-missing weekly scheduled platelet measurements were $\geq 50 \times 10^9/L$ during the last 6 weeks of the DB period.

The results of the major efficacy endpoints during the DB period are summarized in Table 2.

Table 2: LUNA-3 Study Outcomes During the 24-week DB Period – Adult Population

Study Outcomes	Statistic	WAYRILZ 400 mg BID (N=133)	Placebo (N=69)
Durable Platelet Response^a	n (%)	31 (23.3)	0 (0)
	95% CI	16.12, 30.49	0.00, 0.00
	Risk difference (95% CI) vs placebo	23.1 (15.95, 30.31)	
	p-value	<0.0001	
Number of Weeks with Platelet Response^b			
$\geq 50 \times 10^9/L$ or between $30 \times 10^9/L$ and $< 50 \times 10^9/L$ and doubled from baseline	LS Mean (SE)	7.18 (0.75)	0.72 (0.35)
	LS Mean difference (SE) vs placebo	6.46 (0.78)	
	95% CI	4.92, 7.99	
	p-value	<0.0001	
$\geq 30 \times 10^9/L$ and doubled from baseline	LS Mean (SE)	6.95 (0.75)	0.64 (0.34)
	LS Mean difference (SE) vs placebo	6.31 (0.78)	
	95% CI	4.79, 7.83	

	p-value	<0.0001	
Time to First Platelet Response^c	Median number of days to first platelet count (95% CI)	36 (22, 44)	NR
	Hazard ratio (95% CI) vs placebo	3.10 (1.95, 4.93)	
	p-value	<0.0001	

Abbreviations: LS=Least Square; NR=Not Reached; CI=Confidence Interval; SE=Standard Error.

^a p-value was derived by Cochran-Mantel-Haenszel (CMH) test adjusted by stratification factors.

^b Numbers of weeks with platelet response was based on 24-week blinded treatment period. Platelet counts assessed within 4 weeks of rescue medication intake are considered as no response; missing weekly platelet counts due to any reasons are considered as no response. p-value was derived by a mixed-effect model with repeated measures on longitudinal binary data with treatment, stratification factors, week (Weeks 2 to 25), treatment-by-week interaction as categorical fix effects.

^c Platelet count $\geq 50 \times 10^9/L$ or between $30 \times 10^9/L$ and $< 50 \times 10^9/L$ and at least doubled from baseline in absence of rescue therapy; p-value was derived by log-rank test adjusted by stratification factors.

Rescue medication was required by 33% and 58% of patients receiving WAYRILZ and placebo, respectively. The median time to first use of rescue therapy was not reached in the WAYRILZ group and 56 days in the placebo group.

During the OL period, 7/73 (10%) patients who received WAYRILZ during the DB period achieved a durable response for the first time.

16 HOW SUPPLIED/STORAGE AND HANDLING

The 400 mg WAYRILZ film-coated tablets are orange, capsule-shaped, and debossed with “P” on one side and “400” on the other side.

How Supplied:

Package Size/Type	Content	NDC Number
60-count bottle	Bottle containing 60 film-coated tablets with a child-resistant closure	58468-0251-6
56-count carton	Carton containing 2 blister packs. Each blister pack (58468-0251-0) contains 28 film-coated tablets.	58468-0251-5

Storage

Store at room temperature between 20°C to 25°C (68°F to 77°F); excursions are permitted between 15°C to 30°C (59°F to 86°F) [see USP Controlled Room Temperature]. Store and dispense in the original package. Protect from light and moisture.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Storage Instructions

Instruct patients to store WAYRILZ at room temperature in the original package and to protect from light and moisture.

Administration Instructions

Instruct patients to take WAYRILZ orally twice daily at approximately the same time each day with or without food. Advise patients that WAYRILZ tablets should be swallowed whole, and not to cut, crush or chew the tablets [see *Dosage and Administration (2.1)*].

Missed Dose

Advise patients that if they miss a dose of WAYRILZ, they should take it as soon as possible on the same day and at least 2 hours apart from the next regular scheduled dose.

Drug Interactions

Advise patients to inform their healthcare providers of all concomitant medications, including over-the-counter medications, vitamins, and herbal supplements [see *Drug Interactions (7)*].

Serious Infections

Advise patients of the possibility of serious infection, and to report any signs or symptoms [see *Warnings and Precaution (5.1)*].

Use in Women of Childbearing Potential

Advise females of reproductive potential to use highly effective contraception during treatment with WAYRILZ and for 1 month after the last dose. Pregnancy status of females of child-bearing potential should be verified prior to initiating treatment [see *Warnings and Precautions (5.2)*, *Use in Specific Populations (8.1)*].

Lactation

Advise women not to breastfeed during treatment with WAYRILZ and for at least one day after the final dose [see *Use in Specific Populations (8.2)*].

Manufactured for:

Genzyme Corporation

Cambridge, MA 02141

A SANOFI COMPANY

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For patent information: <https://www.sanofi.us/en/products-and-resources/patents>

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