



CORPORATE FACT SHEET

CORPORATE OVERVIEW

Rigel Pharmaceuticals, Inc. is a biotechnology company dedicated to discovering, developing and providing novel small molecule drugs that significantly improve the lives of patients with immune and hematological disorders, cancer and rare diseases. Rigel's pioneering research focuses on signaling pathways that are critical to disease mechanisms.

The company's first FDA approved product is TAVALISSE[®] (fostamatinib disodium hexahydrate), the only oral spleen tyrosine kinase (SYK) inhibitor for the treatment of adult patients with chronic immune thrombocytopenia (ITP) who have had an insufficient response to a previous treatment. ITP is a rare autoimmune disease where the body's own immune system attacks and destroys platelets in the blood.

Rigel's clinical programs include an upcoming Phase 3 study with fostamatinib in autoimmune hemolytic anemia. In addition, Rigel has product candidates in development with partners BerGenBio ASA, Aclaris Therapeutics, Daiichi Sankyo and AstraZeneca.

See page 2 for Important Safety Information for TAVALISSE. Please see www.TAVALISSE.com for full Prescribing Information.

PRODUCT PIPELINE

PRODUCT / INDICATION	PRE CLINICAL	PHASE 1	PHASE 2	PHASE 3	FDA APPROVED
Commercialized					
TAVALISSE Indication: Immune Thrombocytopenia Target: SYK					
Clinical Trials*					
Fostamatinib - AIHA Indication: Autoimmune Hemolytic Anemia Target: SYK					
R835 Indication: Immune Disease Target: IRAK					
BGB324 - BerGenBio Indication: Cancer Target: AXL					
ATI-50001 & 50002 - Aclaris Indication: Dermatology Target: JAK					
DS-3032 - Daiichi Sankyo Indication: Cancer Target: MDM2					
AZD0449 - AstraZeneca Indication: Chronic Asthma Target: JAK					

● Company-sponsored Trials ● Partner-sponsored Trials

* Investigational compounds in these indications have not been submitted for FDA review

RIGEL MANAGEMENT TEAM

Raul Rodriguez
President and Chief Executive Officer

Dean Schorno
EVP and Chief Financial Officer

Anne-Marie Duliege, MD
EVP and Chief Medical Officer

Eldon Mayer
EVP and Chief Commercial Officer

Dolly Vance
EVP, Corporate Affairs, General Counsel and
Corporate Secretary

Stacy Markel
EVP, Human Resources

Esteban Masuda, PhD
SVP, Research

Joseph Lasaga
SVP, Business Development & Alliance Mgmt.

OUTSIDE BOARD OF DIRECTORS

Gary A. Lyons
Chairman of the Board, Rigel and
Director, Neurocrine Biosciences

Bradford S. Goodwin
CEO, CharlestonPharma

Keith A. Katkin
CEO, Urovant Sciences

Brian Kotzin
SVP, Clinical Development,
Nektar Therapeutics

Gregg Lapointe
CEO & Co-founder, Cerium Pharmaceuticals

Walter H. Moos, PhD
CEO, ShangPharma Innovation and
Retired President, SRI Biosciences

Peter S. Ringrose, PhD
Retired Chairman of the Biotechnology
and Biological Sciences Research Council (UK)

ANALYST LIST

- BMO Capital - Do Kim
- Cantor Fitzgerald & Co - Elemer Piros
- Citigroup - Yigal Nochomovitz
- H.C. Wainwright & Co - Joseph Pantginis
- J.P. Morgan - Anupam Rama
- Jefferies & Company - Eun Yang
- Piper Jaffray & Co - Christopher Raymond

KEY INFORMATION - Nasdaq: RIGL

- \$128.5M in cash (as of 12/31/18)
- 167.2M common shares outstanding (as of 12/31/18)

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www.rigel.com/index.php/home/disclaimer/



TAVALISSE® (fostamatinib disodium hexahydrate) Tablets

Indication and Important Safety Information

Indication

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

Important Safety Information

Warnings and Precautions

- Hypertension can occur with TAVALISSE treatment. Patients with pre-existing hypertension may be more susceptible to the hypertensive effects. Monitor blood pressure every 2 weeks until stable, then monthly, and adjust or initiate antihypertensive therapy for blood pressure control maintenance during therapy. If increased blood pressure persists, TAVALISSE interruption, reduction, or discontinuation may be required.
- Elevated liver function tests (LFTs), mainly ALT and AST, can occur with TAVALISSE. Monitor LFTs monthly during treatment. If ALT or AST increase to >3 x upper limit of normal, manage hepatotoxicity using TAVALISSE interruption, reduction, or discontinuation.
- Diarrhea occurred in 31% of patients and severe diarrhea occurred in 1% of patients treated with TAVALISSE. Monitor patients for the development of diarrhea and manage using supportive care measures early after the onset of symptoms. If diarrhea becomes severe (\geq Grade 3), interrupt, reduce dose or discontinue TAVALISSE.
- Neutropenia occurred in 6% of patients treated with TAVALISSE; febrile neutropenia occurred in 1% of patients. Monitor the ANC monthly and for infection during treatment. Manage toxicity with TAVALISSE interruption, reduction, or discontinuation.
- TAVALISSE can cause fetal harm when administered to pregnant women. Advise pregnant women the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment and for at least 1 month after the last dose. Verify pregnancy status prior to initiating TAVALISSE. It is unknown if TAVALISSE or its metabolite is present in human milk. Because of the potential for serious adverse reactions in a breastfed child, advise a lactating woman not to breastfeed during TAVALISSE treatment and for at least 1 month after the last dose.

Drug Interactions

- Concomitant use of TAVALISSE with strong CYP3A4 inhibitors increases exposure to the major active metabolite of TAVALISSE (R406), which may increase the risk of adverse reactions. Monitor for toxicities that may require a reduction in TAVALISSE dose.
- It is not recommended to use TAVALISSE with strong CYP3A4 inducers, as concomitant use reduces exposure to R406.
- Concomitant use of TAVALISSE may increase concentrations of some CYP3A4 substrate drugs and may require a dose reduction of the CYP3A4 substrate drug.
- Concomitant use of TAVALISSE may increase concentrations of BCRP substrate drugs (eg, rosuvastatin) and P-Glycoprotein (P-gp) substrate drugs (eg, digoxin), which may require a dose reduction of the BCRP and P-gp substrate drug.

Adverse Reactions

- Serious adverse drug reactions in the ITP double-blind studies were febrile neutropenia, diarrhea, pneumonia, and hypertensive crisis, which occurred in 1% of TAVALISSE patients. In addition, severe adverse reactions occurred including dyspnea and hypertension (both 2%), neutropenia, arthralgia, chest pain, diarrhea, dizziness, nephrolithiasis, pain in extremity, toothache, syncope, and hypoxia (all 1%).
- Common adverse reactions ($\geq 5\%$ and more common than placebo) from FIT-1 and FIT-2 included: diarrhea, hypertension, nausea, dizziness, ALT and AST increased, respiratory infection, rash, abdominal pain, fatigue, chest pain, and neutropenia.

Please see www.TAVALISSE.com for full Prescribing Information.

To report side effects of prescription drugs to the FDA, visit www.fda.gov/medwatch or call 1-800-FDA-1088 (1-800-332-1088).

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