Generic Name: leniolisib

Therapeutic Class or Brand Name: Joenja

Applicable Drugs: N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/26/2024

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to VIII are met)

I. Diagnosis of activated phosphoinositide 3-kinase delta (PI3Kδ) syndrome (APDS) and the following criteria A through E are met:
   A. Documentation of genetic testing results confirming APDS-associated mutation with pathogenic variants in PIK3CD or PIK3R1 genes.
   B. Documentation of at least one measurable enlarged lymph node lesion observed by computed tomography or magnetic resonance imaging.
   C. Documentation of baseline naïve B cell percentage as assessed by flow cytometry.
   D. Documentation of ≥ 1 clinical finding consistent with APDS. Examples include:
      i. History of recurrent infections requiring long-term antibiotic or antiviral prophylaxis (eg, sinopulmonary infections, recurrent herpesvirus infections)
      ii. Organ dysfunction (eg, bronchiectasis, liver impairment, enteropathy)
      iii. History of nodal or extra-nodal lymphoproliferation (eg, lymphadenopathy, hepatomegaly, splenomegaly)
      iv. Autoimmune cytopenias
      v. Lymphoma
   E. Documentation of treatment failure, intolerance, or contraindication of ≥ 1 agent from each of the following classes:
      i. Systemic corticosteroids
      ii. Immunoglobulin G replacement therapy
      iii. Immunosuppressants (eg. rituximab, sirolimus)

II. Minimum age requirement: 12 years old

III. Minimum weight requirement: 45 kg

IV. Documentation that Joenja will not be used in combination with immunosuppressive therapy [eg, B lymphocyte depletion therapy, mTOR inhibitors, cyclosporine, mycophenolate, 6-mercaptopurine, azathioprine, methotrexate, glucocorticoids (doses > 25 mg/day prednisone equivalent)].

V. For women of childbearing potential: Documentation of a negative serum pregnancy test and attestation that highly effective methods of contraception will be used while on Joenja.

VI. Documentation that the member does not have moderate to severe hepatic impairment.

VII. Joenja is prescribed by, or in consultation with, an immunologist, geneticist, or a provider specializing in the management of immunodeficiencies.

VIII. The request is for a medication with the appropriate FDA labeling or current clinical practice guidelines supporting its use.

Exclusion Criteria

- Moderate to severe hepatic impairment
- Pregnancy

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Joenja 70 mg tablets: 60 tablets per 30 days

Approval Length

- **Authorization:** 6 months

Re-Authorization: 12 months with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and clinical benefits of treatment as documented by ≥ 1 of the following parameters: 1) Reduction in nodal or extra-nodal lymphoproliferation from pre-treatment baseline 2) Increase in naïve B cell percentage from pre-treatment baseline 3) Decrease in the frequency and severity of infections

Appendix

N/A

References

1. U.S. Food and Drug Administration. FDA approves first treatment for activated phosphoinositide 3-kinase delta syndrome. Published March 24, 2023. Accessed June 15, 2024. https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-first-treatment-activated-phosphoinositide-3-kinase-delta-syndrome
2. Joenja. Prescribing Information. Pharming Technologies BV; 2023. Accessed June 15, 2024. https://joenja-hcp.com/prescribing-information.pdf

3. Coulter TI, Cant AJ. The treatment of activated PI3Kδ syndrome. Front Immunol. 2018;9:2043. Published 2018 Sep 7. doi:10.3389/fimmu.2018.02043
4. Singh A, Joshi V, Jindal AK, Mathew B, Rawat A. An updated review on activated PI3 kinase delta syndrome (APDS). Genes Dis. 2019;7(1):67-74. Published 2019 Oct 14. doi:10.1016/j.gendis.2019.09.015
5. Rao VK, Webster S, Dalm VASH, et al. Effective "activated PI3Kδ syndrome"-targeted therapy with the PI3Kδ inhibitor leniolisib. Blood. 2017;130(21):2307-2316. doi:10.1182/blood-2017-08-801191
6. Study of Efficacy of CDZ173 in Patients With APDS/PASLI. ClinicalTrials.gov identifier: NCT02435173. Updated August 10, 2022. Accessed June 15, 2024. https://clinicaltrials.gov/study/NCT02435173?intr=Leniolisib&rank=4
7. Rao VK, Webster S, Šedivá A, et al. A randomized, placebo-controlled phase 3 trial of the PI3Kδ inhibitor leniolisib for activated PI3Kδ syndrome. Blood. 2023;141(9):971-983. doi:10.1182/blood.2022018546
8. Rao VK, Kulm E, Šedivá A, et al. Interim analysis: Open-label extension study of leniolisib for patients with APDS. J Allergy Clin Immunol. 2024;153(1):265-274.e9. doi:10.1016/j.jaci.2023.09.032
9. Extension to the Study of Efficacy of CDZ173 in Patients With APDS/PASLI. ClinicalTrials.gov identifier: NCT02859727. Updated March 22, 2024. Accessed June 15, 2024. https://clinicaltrials.gov/study/NCT02859727?intr=Leniolisib&rank=5