

Federal Employee Program.

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# 5.21.204

Section: Prescription Drugs Effective Date: October 1, 2024

Subsection: Antineoplastic Agents Original Policy Date: April 28, 2023

Subject: Joenja Page: 1 of 4

Last Review Date: September 6, 2024

# Joenja

#### Description

Joenja (leniolisib)

#### **Background**

Joenja (leniolisib) inhibits phosphoinositide 3-kinase delta (PI3K $\delta$ ) by blocking the active binding site of PI3K $\delta$ . Gain-of-function variants in the gene encoding the p110-delta catalytic subunit or loss of function variants in the gene encoding the p85-alpha regulatory subunit each cause hyperactivity of PI3K $\delta$ . Joenja inhibits the signaling pathways that lead to increased production of PIP3, hyperactivity of the downstream mTOR/AKT pathway, and to the dysregulation of B and T cells (1).

#### **Regulatory Status**

FDA-approved indication: Joenja is a kinase inhibitor indicated for the treatment of activated phosphoinositide 3-kinase delta (PI3K $\delta$ ) syndrome (APDS) in adult and pediatric patients 12 years of age and older (1).

Joenja has a warning regarding vaccinations. Live, attenuated vaccinations may be less effective if administered during Joenja treatment (1).

Joenja may cause fetal harm when administered to a pregnant woman. Verify the pregnancy status of patients of reproductive potential prior to starting treatment. Females of reproductive potential should be advised to use highly effective methods of contraception during treatment and for 1 week after the last dose (1).

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The safety and effectiveness of Joenja in pediatric patients less than 12 years of age have not been established (1).

#### **Related policies**

Vijoice

### Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Joenja may be considered **medically necessary** if the conditions indicated below are met.

Joenja may be considered **investigational** for all other indications.

## **Prior-Approval Requirements**

Age 12 years of age or older

#### **Diagnosis**

Patient must have the following:

Activated phosphoinositide 3-kinase delta (PI3Kδ) syndrome (APDS)

#### **AND ALL** of the following:

- 1. Confirmed APDS-associated genetic PI3Kδ mutation with a documented variant in either PIK3CD or PIK3R1
- 2. Patient weight ≥ 45 kg
- Female patients of reproductive potential only: Patient has had a negative pregnancy test AND prescriber agrees to advise patient to use effective contraception during treatment and for 1 week after the last dose

# Prior - Approval Renewal Requirements

Age 12 years of age or older

#### **Diagnosis**

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Patient must have the following:

Activated phosphoinositide 3-kinase delta (PI3Kδ) syndrome (APDS)

#### **AND ALL** of the following:

- Patient has had a clinical benefit from therapy (e.g., increased B cells and T cells)
- 2. Female patients of reproductive potential **only**: Prescriber agrees to advise patient to use effective contraception during treatment and for 1 week after the last dose

### **Policy Guidelines**

### **Pre - PA Allowance**

None

## **Prior - Approval Limits**

#### Quantity

Strength	Quantity Limit
70 mg	180 tablets per 90 days

**Duration** 12 months

# Prior - Approval Renewal Limits

Same as above

#### Rationale

#### **Summary**

Joenja is indicated for the treatment of activated PI3Kδ syndrome (APDS). Joenja contains warnings regarding live vaccinations and embryo-fetal toxicity. The safety and effectiveness of Joenja in pediatric patients less than 12 years of age have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Joenja while maintaining optimal therapeutic outcomes.

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#### References

1. Joenja [package insert]. Fallavier, France: Pharming Technologies B.V.; March 2023.

Policy History		
Date	Action	
April 2023 June 2023 September 2023 March 2024 September 2024	Addition to PA Annual review Annual review Annual review Annual review	
Keywords		

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on September 6, 2024 and is effective on October 1, 2024.