



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LENIOLISIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LENIOLISIB PHOSPHATE	JOENJA	48803		GPI-10 (9939154060)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of activated phosphoinositide 3-kinase delta (PI3Kdelta) syndrome (APDS) **AND** meet the following criterion?

- The patient is 12 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **LENIOLISIB (Joenja)** requires the following rule(s) be met for approval:

- A. You have activated phosphoinositide 3-kinase delta (PI3Kdelta) syndrome (APDS: a type of mutation that impacts the immune system)
- B. You are 12 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Joenja.

REFERENCES

- Joenja [Prescribing Information]. Leiden, The Netherlands: Pharming Technologies B.V.; March 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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P&T Approval: 04/23