



Allergy / Immunology Case Study

Reevaluating a Teen With Allergic Dermatitis, Lymphadenopathy, and Recurrent Epstein-Barr Virus (EBV) Infections

Please see below for full Indication and Important Safety Information.

APDS Expert:



Jolan E Walter, MD, PhD

Associate Professor, University of South Florida
Children's Research Institute
St Petersburg, FL

Discussion Topics:

- Patient Presentation & History
- Complexities of APDS
- Clinical Trial Results for Joenja
- Genetic Testing Information

MEETING DETAILS



Morton's The Steakhouse
Boardroom B
5050 Town Center Cir Ste 219
Boca Raton FL 33486-1020



Friday, June 12, 2026
6:30 PM - 7:30 PM EDT

REGISTER NOW: <https://www.pharmingevents.com/registration/events/3588>
REGISTRATION PROGRAM ID: 3588

Program Contact: j.penna@pharming.com
RSVP BY: Friday, June 5, 2026



Indications and Usage

JOENJA® (leniolisib) is a kinase inhibitor indicated for the treatment of activated phosphoinositide 3-kinase delta (PI3Kδ) syndrome (APDS) in adult and pediatric patients 12 years of age and older.

Important Safety Information

Verify pregnancy status in females of reproductive potential prior to initiating treatment with JOENJA.

JOENJA may cause fetal harm when administered to a pregnant woman. Advise patients of the potential risk to a fetus and to use highly effective methods of contraception during treatment with JOENJA and for 1 week after the last dose. Additionally, advise women not to breastfeed during treatment with JOENJA and for 1 week after the last dose.

Live, attenuated vaccinations may be less effective if administered during JOENJA treatment.

JOENJA may cause hypersensitivity reaction(s), including anaphylaxis. Advise patients to discontinue JOENJA and to seek immediate medical attention if they develop any signs and symptoms of serious allergic reactions.

Use of JOENJA in patients with moderate to severe hepatic impairment is not recommended. There is no recommended dosage for patients weighing less than 45 kg.

Avoid co-administration of JOENJA with other medications known to be strong CYP3A4 inhibitors, strong or moderate CYP3A4 inducers, or BCRP, OATP1B1, and OATP1B3 substrates.

The most common adverse reactions (incidence >10%) were headache, sinusitis, atopic dermatitis, and weight gain.

Seven (33%) patients receiving JOENJA developed an absolute neutrophil count (ANC) between 500 and 1500 cells/microL. No patients developed an ANC <500 cells/microL and there were no reports of infection associated with neutropenia.

Before prescribing JOENJA, please read the full Prescribing Information.

This non-CME program is sponsored by Pharming Healthcare, Inc.
Joenja and logo are registered trademarks of Pharming Intellectual Property, B.V.
©2026 Pharming Healthcare, Inc. JOE-US-2025-0040v2 04/26

