Reference number(s)
4631-A

Specialty Guideline Management
Ponvory

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Ponvory	ponesimod

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication[1]

Ponvory is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

All other indications are considered experimental/investigational and not medically necessary

Prescriber Specialties

This medication must be prescribed by or in consultation with a neurologist.

Coverage Criteria

Relapsing forms of multiple sclerosis[1]

Authorization of 12 months may be granted to members who have been diagnosed with a relapsing form of multiple sclerosis (including relapsing-remitting and secondary progressive disease for those who continue to experience relapse).

Clinically isolated syndrome[1]

Authorization of 12 months may be granted to members for the treatment of clinically isolated syndrome of multiple sclerosis.

Continuation of Therapy

For all indications:

Authorization of 12 months may be granted to members who are experiencing disease stability or improvement while receiving Ponvory

Other

- Members will not use Ponvory concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).
- Authorization may be granted for pediatric members less than 18 years of age when benefits outweigh risks.

Reference

1. Ponvory [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc; June 2024.