# SPECIALTY GUIDELINE MANAGEMENT

# PONVORY (ponesimod)

#### POLICY

#### I. 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**

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.

# **II. CRITERIA FOR INITIAL APPROVAL**

#### A. Relapsing Forms of Multiple Sclerosis

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).

#### **B.** Clinically Isolated Syndrome

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

## **III. 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.

## **IV. OTHER**

Members will not use Ponvory concomitantly with other disease modifying multiple sclerosis agents (Note: Ampyra and Nuedexta are not disease modifying).

#### V. REFERENCES

1. Ponvory [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc; March 2021.

Ponvory 4631-A SGM P2021a.docx

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