Ponvory (ponesimod)

Summary

Multiple sclerosis (MS) is a chronic, inflammatory, demyelinating disease of the central nervous system. It typically presents in young adults (generally diagnosed before 50 years of age) with symptoms such as vision problems, muscle weakness, numbness, and difficulty with balance and coordination. The most common form is relapsing-remitting MS (occurring in about 85% of patients), characterized by acute attacks followed by periods of remission. Treatment goals include reducing relapses, slowing disability progression, and managing symptoms. Disease-modifying therapies are the primary treatment approach and include injectable medications (e.g., interferons, glatiramer acetate), oral medications (e.g., dimethyl fumarate, fingolimod, teriflunomide, etc.), and infusion therapies (e.g., natalizumab, ocrelizumab).

Ponvory (ponesimod) is a disease-modifying therapy approved for treating relapsing forms of multiple sclerosis (MS) in adults, including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease. It selectively binds to the sphingosine 1-phosphate (S1P) receptor , preventing lymphocytes from leaving lymph nodes and reducing circulating lymphocytes. Ponesimod has demonstrated superiority to teriflunomide in reducing annualized relapse rates and MRI lesions in clinical trials. It requires dose titration to mitigate initial heart rate effects and is generally used after inadequate response to or intolerance of other MS therapies due to its safety profile. It is recommended that those with sinus bradycardia (heart rate less than 55 beats per minute), first- or second-degree [Mobitz type I]

AV block, or a history of myocardial infarction or heart failure occurring more than 6 months prior to treatment initiation and in stable condition, be monitored for at least the first 4 hours after the initial dose of Ponvory (ponesimod) because it can lower heart rate. In those prescribed Ponvory (ponesimod), anti-neoplastic, non-corticosteroid immunosuppressive, or immune-modulating therapies should co-administered with caution due to the additive immunosuppressive effects.

Definitions

"Clinically isolated syndrome" refers to a first episode of neurologic symptoms lasting at least 24 hours caused by inflammation or demyelination in the central nervous system.

"Disease-modifying therapy" is a medication that modifies the course of MS by reducing relapses and slowing disability progression.

"Multiple sclerosis" is a chronic autoimmune disease of the central nervous system characterized by inflammation, demyelination, and neurodegeneration.

"Primary progressive MS" refers to worsening neurologic function from the onset of symptoms, without early relapses or remissions.

"Relapse" is defined as the appearance of new symptoms or the worsening of existing symptoms lasting at least 24 hours in the absence of fever or infection.

"Relapsing-remitting MS" refers to a disease course characterized by clearly defined attacks of new or increasing neurologic symptoms followed by periods of partial or complete recovery.

"Secondary progressive MS" is a disease course following relapsing-remitting MS that is characterized by a progressive worsening of neurologic function over time with or without relapses.

Medical Necessity Criteria for Initial Authorization

The Plan considers Ponvory (ponesimod) medically necessary when recent (within the last 3 months) clinical chart documentation provided indicates the member meets ALL of the following:

1. Prescribed by or in consultation with a neurologist or physician who specializes in the treatment of multiple sclerosis; *AND*
2. Is 18 years of age or older; *AND*
3. Has ONE of the following forms of multiple sclerosis:
    a. relapsing-remitting (RRMS)*; or*
    b. active secondary progressive disease (SPMS)*; or*
    c. clinically isolated syndrome (CIS); *AND*
4. Is unable to use, or has tried and failed at least TWO of the following:

a. An interferon beta product (Avonex, Betaseron, Plegridy, or Rebif)*; and/or*
b. Dimethyl Fumarate (generic Tecfidera)*; and/or*
c. Fingolimod (generic Gilenya)*; and/or*
d. Glatiramer acetate (Copaxone)*; and/or*
e. Teriflunomide (generic Aubagio); *AND*

5. Does not have any of the following contraindications:
    a. Recent (within last 6 months) myocardial infarction, unstable angina, stroke, transient ischemic attack (TIA), or decompensated heart failure requiring hospitalization*; and/or*
    b. Class III or IV heart failure*; and/or*
    c. Mobitz type II second-degree, third-degree AV block, sick sinus syndrome, or sino-atrial block, unless member has a functioning pacemaker; *AND*
6. Ponvory (ponesimod) will be used as monotherapy for multiple sclerosis (i.e., member is not using and will not use other disease-modifying MS therapies while on Ponvory); *AND*
7. Ponvory (ponesimod) is being prescribed within the manufacturer's published dosing guidelines or falls within dosing guidelines found in a compendia of current literature.
    - *Initial titration: Use the 14-day starter pack, titrating from 2 mg to 20 mg over 14 days*
        i. *Initial fill: One 14-day starter pack*
        ii. *Those with sinus bradycardia (heart rate less than 55 beats per minute), first- or second-degree [Mobitz type I] AV block, or a history of myocardial infarction or heart failure occurring more than 6 months prior to treatment initiation and in stable condition, should be monitored for at least the first 4 hours after the initial dose of Ponvory (ponesimod) in a health care setting.*
            1. *Monitoring should include at least hourly pulse and blood pressure measurements and an ECG should be obtained prior to initiation and at the end of the 4-hour observation period. Additional monitoring may be required, and consultation with a cardiologist may be required at the discretion of the treating provider.*
    - *Maintenance: 20 mg orally once daily*
        i. *Maintenance: 30 tablets per 30 days*

<u>If the above prior authorization criteria are met, the requested medication will be authorized for up to 12-months.</u>

Medical Necessity Criteria for Reauthorization

Reauthorization for up to 12-months will be granted if the member has recent (within the last 6-months) clinical documentation showing BOTH of the following:

1. The requested medication is prescribed by or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; *AND*
2. The member has experienced at least ONE of the following:

a. Improvement in at least ONE objective measure, such as:
    i. Reduced disease activity on MRI*; and/or*
    ii. Improved or stable disability scores*; and/or*
    iii. Reduced relapse rate*; and/or*
    iv. Improved fatigue or walking assessments; *AND/OR*
b. The member has shown stabilization or improvement in at least ONE MS symptom, such as:
    i. Motor function*; and/or*
    ii. Fatigue*; and/or*
    iii. Vision*; and/or*
    iv. Bowel/bladder function*; and/or*
    v. Spasticity*; and/or*
    vi. Walking/gait*; and/or*
    vii. Pain/numbness/tingling.

Experimental or Investigational / Not Medically Necessary

Ponvory (ponesimod) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Use for the treatment of non-relapsing forms of multiple sclerosis, such as primary progressive MS (PPMS). Current evidence and FDA approval are limited to relapsing forms of MS.
- Treatment of other autoimmune or inflammatory conditions not specifically approved by the FDA.
- Use in combination with other disease-modifying therapies for multiple sclerosis.
- Use in individuals under 18 years of age.
- Chronic graft versus host disease

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Clinical Guideline Revision / History Information

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