



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

PONESIMOD

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PONESIMOD	PONVORY	47221		GPI-10 (6240706000)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of a relapsing form of multiple sclerosis (MS), including clinically isolated syndrome, relapsing remitting disease, and active secondary progressive disease, **AND** meet the following criteria?
  - The patient is 18 years of age or older
  - The patient had a trial and failure of ONE sphingosine-1-phosphate receptor modulator (e.g., Gilenya, Mayzent) **AND** ONE other agent indicated for the treatment of MS

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 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 **PONESIMOD (Ponvory)** requires the following rule(s) be met for approval:

- A. You have a relapsing form of multiple sclerosis (type of disease where body attacks its own nerves and symptoms return after treatment) to include clinically isolated syndrome (occurs once), relapsing-remitting disease (periods of symptoms and no symptoms), and active secondary progressive disease (advanced disease)
- B. You are 18 years of age or older
- C. You had a trial of one sphingosine-1-phosphate receptor modulator (such as Gilenya or Mayzent) **AND** one other agent indicated for the treatment of multiple sclerosis (**Please note:** Other multiple sclerosis agents may also require prior authorization)

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 Ponvory.

**REFERENCES**

- Ponvory [Prescribing Information]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; March 2021.

Library	Commercial	NSA
Yes	Yes	No

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