

ponesimod tablet (PONVORY)

Diagnosis Considered for Coverage:

- Multiple sclerosis (MS)

Coverage Criteria:

For diagnosis listed above:

- Dose does not exceed FDA label maximum, **and**
- Not being used in combination with another multiple sclerosis disease modifying therapy, **and**
- Inadequate response or intolerable side effects with TWO preferred MS disease-modifying agents including: Extavia, fingolimod (Gilenya), dimethyl fumarate (Tecfidera), and a glatiramer containing products (Glatopa 20 mg, Glatopa 40 mg, glatiramer 20 mg, glatiramer 40 mg), or contraindication to all preferred MS agents.

Coverage Duration: one year

Effective Date: 1/31/2024