Ponvory™ (ponesimod) – New drug approval

- On March 19, 2021, Janssen announced the FDA approval of Ponvory (ponesimod), 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.

- MS is a chronic autoimmune inflammatory disease of the central nervous system (CNS) in which immune cells attack myelin, damaging or destroying it and causing inflammation.

- Ponvory is a sphingosine 1-phosphate (S1P) receptor 1 modulator. The mechanism by which Ponvory exerts therapeutic effects in MS is unknown but may involve reduction of lymphocyte migration into the CNS.

- The efficacy of Ponvory was established in a randomized, double-blind, active-controlled superiority study in 1,133 patients with relapsing forms of MS. Patients were randomized to receive either Ponvory or Aubagio® (teriflunomide). The primary endpoint was the annualized relapse rate (ARR) over the study period.

    — The ARR was 0.202 and 0.290 for Ponvory and Aubagio, respectfully. The relative risk reduction was 30.5% (p = 0.0003).

- Ponvory is contraindicated in patients who:

    — In the last 6 months, have experienced myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III or IV heart failure.
    — Have presence of Mobitz type II second-degree, third-degree atrioventricular (AV) block, or sick sinus syndrome, or sino-atrial block, unless patient has a functioning pacemaker.

- Warnings and precautions for Ponvory include infections; bradyarrhythmia and atrioventricular conduction delays; respiratory effects; liver injury; increased blood pressure; cutaneous malignancies; fetal risk; macular edema; posterior reversible encephalopathy syndrome; unintended additive immunosuppressive effects from prior treatment with immunosuppressive or immune-modulating therapies; severe increase in disability after stopping Ponvory; and immune system effects after stopping Ponvory.

- The most common adverse reactions (≥ 10%) with Ponvory use were upper respiratory tract infection, hepatic transaminase elevation, and hypertension.

- Ponvory should be initiated with a 14-day titration, starting with one 2 mg tablet orally once daily. After dose titration is complete, the recommended maintenance dosage of Ponvory is 20 mg taken orally once daily starting on day 15.

    — Because initiation of Ponvory treatment results in a decrease in heart rate, first-dose 4-hour monitoring is recommended for patients with sinus bradycardia, 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.
    — Refer to the Ponvory drug label for the complete titration schedule.

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- Janssen's launch plans for Ponvory are pending. Ponvory will be available as 2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7 mg, 8 mg, 9 mg, 10 mg, and 20 mg tablets