

# Drug and Biologic Coverage Policy



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## Pyridostigmine

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### Related Coverage Resources

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

### Overview

This policy supports medical necessity review for pyridostigmine 30 mg tablet.

Coverage for pyridostigmine 30 mg tablet varies across plans and requires the use of preferred products in addition to the criteria listed below. Refer to the customer's benefit plan document for coverage details.

Receipt of sample product does not satisfy any criteria requirements for coverage.

### Initial Approval Criteria

Coverage criteria are listed for product in below table:

Non-Covered Product	Criteria
pyridostigmine tablet 30 mg	<p><b>Pyridostigmine 30 mg tablet is considered medically necessary for the treatment of myasthenia gravis when the individual meets the following criteria:</b></p> <p>Documented inability to use pyridostigmine 60 mg tablet (a scored tablet)</p>

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

## Continuation of Therapy

Continuation of pyridostigmine 30 mg tablet is considered medically necessary for treatment of myasthenia gravis when initial criteria are met AND beneficial response is demonstrated.

## Authorization Duration

Initial and reauthorization approval duration: up to 12 months

## Conditions Not Covered

Any other use is considered experimental, investigational or unproven.

## Background

### OVERVIEW

Pyridostigmine is indicated for the treatment of myasthenia gravis and pretreatment for Soman nerve gas exposure (military use only)<sup>1</sup>.

### Guidelines

The American Academy of Neurology (AAN), International Consensus Guidance for Management of Myasthenia Gravis (MG), states that pyridostigmine should be part of the initial treatment in most individuals with MG. Corticosteroids or immunosuppressive therapy should be used in all individuals with MG who have not met treatment goals after an adequate trial of pyridostigmine<sup>2</sup>.

## References

1. Pyridostigmine bromide tablets, 30 mg [product information]. Montreal, Quebec, Canada: ICN Canada Limited. July 2019
2. Sanders DB, Wolfe GI, Benatar M, et al. International consensus guidance for management of myasthenia gravis: Executive summary. *Neurology*. 2016 Jul 26; 87(4):419-25.

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