



Pharmacy Drug Policy & Procedure

Policy Name:	Northera (droxidopa)	Policy #:	2276P
---------------------	-----------------------------	------------------	--------------

Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of Northera.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Northera under the Specialty Pharmacy benefit when the criteria below have been met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of Neurogenic Orthostatic Hypotension caused by primary autonomic failure (Parkinson's Disease, Multiple System Atrophy, or Pure Autonomic Failure), dopamine beta-hydroxylase deficiency, or non-diabetic autonomic neuropathy
 - Documentation must include objective autonomic and laboratory testing data
- 1.2 Ordered by a neurologist or cardiologist
- 1.3 Documented failure, intolerance, or contraindication to midodrine
- 1.4 Documented failure, intolerance, or contraindication to fludrocortisone

2. Approval Period

- 2.1 Initial approval period will be for 2 weeks of therapy over a 6 month approval duration
- 2.2 Monthly re-approval requires documentation of continued effectiveness

CPT Codes

--	--

HCPCS Codes

--	--

References

1. Northera (droxidopa) [prescribing information]. Deerfield, IL: Lundbeck; December 2021.
2. Hauser RA, Biaggioni I, Hewitt LA, Vernino S. Integrated Analysis of Droxidopa for the Treatment of Neurogenic Orthostatic Hypotension in Patients with Parkinson Disease. *Mov Disord Clin Pract* 2018; 5:627.
3. Wieling W, Kaufmann H, Claydon VE, et al. Diagnosis and treatment of orthostatic hypotension. *Lancet Neurol* 2022; 21:735.

Created Date: 12/03/14
 Effective Date: 12/03/14
 Posted to Website: 01/01/22
 Revision Date: 08/07/24

DISCLAIMER This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage