

Droxidopa (Northera)

Coverage Criteria:

1. Prescribed by or in consultation with a cardiologist or neurologist; and,
2. Member has symptomatic neurogenic orthostatic hypotension (NOH) caused by one of the following:
 - a. Primary autonomic failure (i.e., Parkinsons disease, multiple system atrophy, or pure autonomic failure); or,
 - b. Dopamine beta-hydroxylase deficiency; or,
 - c. Non-diabetic autonomic neuropathy; and,
3. No improvement demonstrated with supportive measures (e.g., hydration, physical positioning, wraps) AND at least two first-line drug therapies (e.g., fludrocortisone, midodrine, pseudoephedrine, pyridostigmine).

Reauthorization Criteria:

1. Member has shown sustained increase in BP within 3 minutes of standing; and,
2. Medical record documentation of continued effectiveness.

COVERAGE DURATION

Initial authorizations and reauthorizations will be for 6 months.

OTHER CRITERIA

Brand name drugs for which there is an equivalent generic are reserved for patients with a documented allergic reaction to the equivalent generic. Patients must meet all other coverage criteria.