Mass General Brigham
Health Plan

Droxidopa
Effective 09/01/2025

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Droxidopa is indicated for the treatment of orthostatic dizziness, lightheadedness, or the "feeling that you are about to black out" in adult patients with symptomatic neurogenic orthostatic hypotension (NOH) caused by primary autonomic failure (Parkinson's disease [PD], multiple system atrophy, and pure autonomic failure), dopamine beta-hydroxylase deficiency, and non-diabetic autonomic neuropathy. Effectiveness beyond 2 weeks of treatment has not been established. The continued effectiveness of droxidopa should be assessed periodically.

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when all of the following criteria are met:

1. Member has a persistent, consistent decrease in systolic blood pressure (SBP) of at least 20 mmHg or decrease in diastolic blood pressure (DBP) of at least 10 mmHg within 3 minutes of standing or head-up tilt test
2. Member has neurogenic orthostatic hypotension due to **ONE** of the following diagnoses:
    a. Primary autonomic failure due to Parkinson's disease, multiple system atrophy, and pure autonomic failure
    b. Dopamine beta hydroxylase deficiency
    c. Non-diabetic autonomic neuropathy

Continuation of Therapy
Requests for reauthorization will be approved when all of the following criteria are met:

1. Member has experienced a sustained decrease in dizziness
2. Member has neurogenic orthostatic hypotension due to **ONE** of the following diagnoses:

a. Primary autonomic failure due to Parkinson's disease, multiple system atrophy, and pure autonomic failure
b. Dopamine beta hydroxylase deficiency
c. Non-diabetic autonomic neuropathy

Limitations

1. Initial approvals will be granted for 3 months.
2. Reauthorizations will be granted for 6 months.
3. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Droxidopa 100 mg capsule	3 capsules per day
Droxidopa 200 mg, 300 mg capsules	6 capsules per day

References

1. Northera (droxidopa) [prescribing information]. Deerfield, IL: Lundbeck Inc.; July 2019.

Review History

12/13/2023 - Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024
08/13/2025 – Reviewed at August P&T. Updated title of policy to reflect generic availability of Northera. Updated language for members who are new to the Plan. Added quantity limits to Limitations section. Effective 09/01/2025.