

**Northera (droxidopa)**  
**Effective 01/01/2024**

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

### Overview

Northera 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 Northera should be assessed periodically.

All other indications are considered experimental/investigational and not medically necessary.

### Coverage Guidelines

Authorization may be granted for members new to the plan 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 the following criteria is 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, OR
  - b. Dopamine beta hydroxylase deficiency, OR
  - c. Non-diabetic autonomic neuropathy

### Continuation of Therapy

Authorization may be granted for continued treatment of neurogenic orthostatic hypotension 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, OR
  - b. Dopamine beta hydroxylase deficiency, OR
  - c. Non-diabetic autonomic neuropathy

**Limitations**

1. Initial approvals will be granted for 3 months.
2. Reauthorizations will be granted for 6 months.

**References**

1. Northera [package insert]. Deerfield, IL: Lundbeck Inc.; July 2019.
2. AHFS Drug Information. <http://online.lexi.com/lco>. Accessed August 19, 2020.

**Review History**

12/13/2023: Reviewed at Dec P&T, switched from SGM to Custom. Effective 1/1/2024

