

Droxidopa
Effective 09/01/2025

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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.

