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| Effective Date: 3/1/2021 |
| Reviewed: 12/2020, 06/2021, 05/2022 Scope: Medicaid |

NORTHERA (droxidopa)

POLICY

I. CRITERIA FOR INITIAL APPROVAL

Neurogenic Orthostatic Hypotension

Authorization of 1 month may be granted for treatment of neurogenic orthostatic hypotension when all of the following criteria are met:

- A. Member is 18 years of age or older
- B. Member has symptomatic neurogenic orthostatic hypotension due to **ONE** of the following diagnoses:
 - (1) Primary autonomic failure due to Parkinson's disease, multiple system atrophy, or pure autonomic failure; OR
 - (2) Dopamine beta hydroxylase deficiency; OR
 - (3) Non-diabetic autonomic neuropathy; AND
- C. Member has a documented persistent, consistent decrease in SBP of at least 20 mmHg or decrease in DBP of at least 10 mmHg within 3 minutes of standing; AND
- D. Diagnostic evaluation has excluded other causes of orthostatic hypotension such as congestive heart failure, fluid restriction, and malignancy; AND
- E. The patient has tried at least two of the following non-pharmacologic interventions:
 - (1) Discontinuation of drugs which can cause orthostatic hypotension [e.g., diuretics, antihypertensive medications, anti-anginal drugs (nitrates), alpha-adrenergic antagonists, and antidepressants] if appropriate
 - (2) Raising the head of the bed 10 to 20 degrees
 - (3) Compression garments worn on the lower extremities or abdomen
 - (4) Physical maneuvers to improve venous return (e.g., regular moderate intensity exercise)
 - (5) Increased salt and water intake, if appropriate; AND
- F. No previous diagnosis of supine hypertension; AND
- G. Therapy has been prescribed by or in consultation with one of the following specialists:
 - (1) Cardiologist
 - (2) Neurologist
 - (3) Nephrologist
- H. There has been an adequate trial of at least 30 days, an intolerance, or contraindication to both the following medications: fludrocortisone and midodrine

II. CONTINUATION OF THERAPY

Authorization of 2 months may be granted for the treatment of neurogenic orthostatic hypotension when all of the following criteria are met:

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- A. Therapy has been prescribed by or in consultation with one of the following specialists:
 - (1) Cardiologist
 - (2) Neurologist
 - (3) Nephrologist
- B. Northera therapy has resulted in a positive clinical response (e.g., symptom improvements and documented sustained increase in orthostatic blood pressure)

III. COVERAGE DURATION

- Initial Approval: 1 months
- Continuation Approval: 2 months