

NORTHERA (droxidopa)
Preferred product: generic droxidopa

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Neurogenic orthostatic hypotension caused by **ONE** of the following:

1. Primary autonomic failure (Parkinson's disease, multiple system atrophy, and pure autonomic failure)
2. Dopamine beta-hydroxylase (DBH) deficiency
3. Non-diabetic autonomic neuropathy (NDAN)

AND ALL of the following:

1. Patient will be monitored for supine hypertension prior to and during treatment
2. **Brand Northera ONLY:** Patient **MUST** have tried the preferred product (generic Northera: droxidopa) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval Limits

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

Neurogenic orthostatic hypotension



Federal Employee Program.

NORTHERA (**droxidopa**)

Preferred product: generic droxidopa

AND ALL of the following:

1. The patient has experienced a sustained decrease in dizziness AND an increase in systolic blood pressure within 3 minutes of standing
2. Patient will be monitored for supine hypertension during treatment
3. **Brand Northera ONLY:** Patient **MUST** have tried the preferred product (generic Northera: droxidopa) unless the patient has a valid medical exception (e.g., inadequate treatment response, intolerance, contraindication)

Prior - Approval *Renewal* Limits

Duration 6 months