

Clinical Policy Title:	droxidopa
Policy Number:	RxA.420
Drug(s) Applied:	Northera®
Original Policy Date:	03/06/2020
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Neurogenic Orthostatic Hypotension (must meet all):

1. Diagnosis of symptomatic neurogenic orthostatic hypotension caused by one of the following (a, b, or c):
 - a. Primary autonomic failure (Parkinson’s Disease, multiple system atrophy, or pure autonomic failure);
 - b. Dopamine beta-hydroxylase deficiency;
 - c. Non-diabetic autonomic neuropathy;
2. Individual has initiated non-pharmacological measures including but not limited to elevation of the head of the bed, orthostatic compression garments, and appropriate physical training;
3. Trial and failure of midodrine or fludrocortisone, unless both are contraindicated or clinically significant adverse are experienced.

Approval Duration

All Lines of Business (except Medicare): 14 days

II. Continued Therapy Approval

A. Neurogenic Orthostatic Hypotension (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Vijayan J, Sharma VK. Neurogenic orthostatic hypotension - management update and role of droxidopa. *Ther Clin Risk Manag.* 2015 Jun 8;11:915-23. Available at: <https://pubmed.ncbi.nlm.nih.gov/26089676/>. Accessed August 28, 2024.
2. Jones PK, Shaw BH, Raj SR. Orthostatic hypotension: managing a difficult problem. *Expert Rev Cardiovasc Ther.* 2015 Nov;13(11):1263-76. doi: 10.1586/14779072.2015.1095090. Epub 2015 Oct 1. Available at: <https://pubmed.ncbi.nlm.nih.gov/26427904/>. Accessed August 28, 2024.
3. Shibao C, Lipsitz LA, Biaggioni I et al. Evaluation and treatment of orthostatic hypotension. *J Am Soc Hypertens.* 2013 Jul-Aug;7(4):317-24. doi: 10.1016/j.jash.2013.04.006. Epub 2013 May 27. Available at: <https://pubmed.ncbi.nlm.nih.gov/23721882/>. Accessed August 28, 2024.

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: <ol style="list-style-type: none"> 1. Policy title table was updated. 2. Continued therapy criteria II.A.1 was rephrased to “Currently receiving medication that has been authorized by RxAdvance...”. 3. References were updated. 	07/19/2020	09/14/2020
Policy was reviewed: <ol style="list-style-type: none"> 1. References were reviewed and updated. 	06/03/2021	09/14/2021
Policy was reviewed: <ol style="list-style-type: none"> 1. Initial Approval Criteria, I.A.3: Updated to include new prescriber criteria Prescribed by or in consultation with a cardiologist or a neurologist. 2. Initial Approval Criteria I.A.4: Updated to add Individual has initiated non-pharmacological measures including but not limited to elevation of the head of the bed, orthostatic compression garments, and appropriate physical training; 3. References were reviewed and updated. 	03/25/2022	07/18/2022
Policy was reviewed: <ol style="list-style-type: none"> 1. References were reviewed and updated. 	04/19/2023	07/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: <ol style="list-style-type: none"> 1. Removed age restrictions. 2. Removed prescriber restrictions. 3. Removed dose restrictions. 4. Updated Continued therapy approval with auto-approval based on lookback functionality within the past 120 days. 5. Removed reauthorization requirement for positive response to therapy. 6. Updated approval duration verbiage. 7. References were reviewed and updated. 	08/28/2024	09/13/2024