Clinical Policy: Droxidopa (Northera)

Reference Number: ERX.NPA.125
Effective Date: 12.01.19
Last Review Date: 11.21
Line of Business: Commercial, Medicaid

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Droxidopa (Northera®) is a synthetic amino acid precursor of norepinephrine.

FDA Approved Indication(s)
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.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Northera is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Neurogenic Orthostatic Hypotension (must meet all)**:**

1. Diagnosis of symptomatic nOH caused by one of the following (a, b, or c):
   a. Primary autonomic failure (PD, multiple system atrophy, or pure autonomic failure);
   b. Dopamine beta-hydroxylase deficiency;
   c. Non-diabetic autonomic neuropathy;
2. Age ≥ 18 years;
3. Failure of midodrine or fludrocortisone at up to maximally indicated doses, unless clinically significant adverse are experienced or both are contraindicated;
4. Dose does not exceed 1,800 mg (6 capsules) per day.

Approval duration: 14 days

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Neurogenic Orthostatic Hypotension (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 1,800 mg (6 capsules) per day.

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 or 2)**:**
1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
   Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
nOH: neurogenic orthostatic hypotension
PD: Parkinson's disease

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
midodrine	10 mg PO TID at 3 to 4 hour intervals (during daytime hours)	30 mg/day
fludrocortisone	0.1 to 0.2 mg PO QD	0.2 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings
- Contraindication(s): history of hypersensitivity to the drug or its ingredients
- Boxed warning(s): supine hypertension

Appendix D: General Information
- Symptoms of nOH may include lightheadedness, dizziness, visual disturbances, presyncope, and syncope in response to sudden postural change.
- Effectiveness of Northera beyond two weeks of treatment has not been established. Per package labeling for Northera, continued effectiveness of Northera should be assessed periodically.
- The package labeling for Northera includes a Black Box warning for reduction or discontinuation of Northera if supine hypertension cannot be managed by elevation of the head of the bed.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
nOH	100 mg PO TID during the day Titrate to symptomatic response, in increments of 100 mg PO TID every 24-48 hours up to a maximum dose of 600 mg PO TID.	1,800 mg/day

VI. Product Availability

Capsules: 100 mg, 200 mg, 300 mg

VII. References

1. Northera Prescribing Information. Deerfield, IL: Lundbeck; July 2019. Available at: http://www.northera.com. Accessed August 1, 2021.

2. Vijayan J, Sharma VK. Neurogenic orthostatic hypotension - management update and role of droxidopa. Ther Clin Risk Manag. 2015 Jun 8;11:915-23.
3. 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.
4. 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.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	08.13.19	11.19
4Q 2020 annual review: no significant changes; references reviewed and updated.	08.21.20	11.20
4Q 2021 annual review: no significant changes; references reviewed and updated.	08.01.21	11.21

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.