

POLICY NAME	Northera (droxidopa)	POLICY #	2276P
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Criteria

Coverage Criteria

- ☐ **1.1** Diagnosis of Neurogenic Orthostatic Hypotension caused by primary autonomic failure (Parkinson's Disease, Multiple System Atrophy, or Pure Autonomic Failure), dopamine beta-hydroxylase deficiency, or non-diabetic autonomic neuropathy
 - Documentation must include objective autonomic and laboratory testing data
- ☐ **1.2** Ordered by a neurologist or cardiologist
- ☐ **1.3** Documented failure, intolerance, or contraindication to midodrine
- ☐ **1.4** Documented failure, intolerance, or contraindication to fludrocortisone