



**GEORGIA MEDICAID FEE-FOR-SERVICE
NEUROGENIC ORTHOSTATIC HYPOTENSION AGENTS PA SUMMARY**

Preferred	Non-Preferred
Midodrine generic	Droxidopa generic

LENGTH OF AUTHORIZATION: Initial: 14 days; repeat: 3 months

PA CRITERIA:

Droxidopa Generic

- ❖ Approvable for members 18 years of age and older with symptomatic neurogenic orthostatic hypotension (nOH) caused by primary autonomic failure (Parkinson's disease, multiple system atrophy and pure autonomic failure), dopamine beta-hydroxylase deficiency or non-diabetic autonomic neuropathy

AND

- ❖ Member must have experienced a decrease in systolic blood pressure of at least 20 mm Hg or a decrease in diastolic blood pressure of at least 10 mm Hg within 2 to 5 minutes after standing

AND

- ❖ Member must have experienced inadequate response with at least two nonpharmacologic interventions and experienced inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects with midodrine and fludrocortisone.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.