

# GETTING YOUR PATIENT STARTED WITH NORTHERA™ (droxidopa)

NORTHERA is only available via Specialty Pharmacy and by using the enclosed NORTHERA Treatment and Prescription Forms. The NORTHERA Support Center works with you and your staff to ensure that your patients have access to treatment with NORTHERA.



**Complete the NORTHERA Treatment Form and the NORTHERA Prescription Form in their entirety and fax both to 844-601-0102.**

**In order to expedite your patient's prescription, please ensure that:**

- All required (**red**) fields are complete
- Patient (or caregiver) has signed STEP 1 of the NORTHERA Treatment Form
- Prescriber has signed STEP 3 of the NORTHERA Treatment Form
- Titration details on the NORTHERA Prescription Form are complete
- Prescriber's printed name and signature appear on STEP 5 of the NORTHERA Prescription Form



**Upon receipt of your patient's completed forms, the NORTHERA Support Center will begin a benefits investigation. They may contact your office via phone or fax for additional information necessary to expedite your patient's prescription.**

**Reasons the NORTHERA Support Center may contact your office include:**

- Missing information from the NORTHERA Treatment Form and/or Prescription Form
- Patient insurance requiring prior authorization for coverage

**Every effort is made to limit the number of calls to your office.**



**Please advise your patient that the NORTHERA Support Center will be calling them to help ensure prompt delivery of their NORTHERA prescription, answer their questions, and provide ongoing support.**

- Please note the NORTHERA Support Center requires verbal confirmation of the delivery address from your patient before sending the prescription
- These calls may appear as "Unknown Caller" on your patient's caller ID



**Upon completion of your patient's benefits investigation, the NORTHERA Support Center will triage your patient's prescription to the appropriate Specialty Pharmacy to ensure timely refills of NORTHERA. The Specialty Pharmacy may contact your office about using alternative strengths for the refill.**

# NORTHERA™ (droxidopa) TREATMENT FORM

Please complete this form in its entirety and fax to the NORTHERA Support Center at **844-601-0102**.  
Questions? Call toll-free **844-601-0101**.

*\*Indicates required field*



Step 1: Patient Information			
<b>*PATIENT NAME:</b>		<b>*DOB (DD/MM/YYYY):</b>	<b>*GENDER:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>*ADDRESS:</b>		<b>*PHONE:</b> (      )	
<b>*CITY:</b>	<b>*STATE:</b>	<b>*ZIP CODE:</b>	<b>ALTERNATE PHONE:</b> (      )
<b>*EMAIL:</b>		<b>PREFERRED CONTACT TIME:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Please read HIPAA Release statement on back.



<b>*PATIENT/GUARDIAN SIGNATURE:</b>	<b>*DATE:</b>
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RELATIONSHIP TO PATIENT:

Step 2: Patient Insurance	
Complete the information below OR include copies of insurance cards. <input type="checkbox"/> Patient is uninsured	
<b>*PRIMARY INSURANCE COMPANY:</b>	<b>*PHONE:</b> (      )
<b>*ID NUMBER:</b>	<b>PLAN NUMBER:</b>
<b>CARDHOLDER NAME:</b>	<b>GROUP NUMBER:</b>
RELATIONSHIP TO CARDHOLDER: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:	
<b>SECONDARY INSURANCE COMPANY:</b>	<b>PHONE:</b> (      )
<b>ID NUMBER:</b>	<b>PLAN NUMBER:</b>
<b>CARDHOLDER NAME:</b>	<b>GROUP NUMBER:</b>

## HIPAA Release

By signing this authorization, I authorize my health plans, physicians, and pharmacy providers to disclose my personal health information, including, but not limited to, information relating to my medical condition, treatment, care management, and health insurance, as well as information provided on this form and any prescription (“Personal Health Information”), to Lundbeck LLC (“Lundbeck”) and its representatives, agents, and contractors, including to Lundbeck’s NORTHERA Support Center operated by The Lash Group, Inc. on behalf of Lundbeck (collectively, “the Entities”) (1) for the processing of my prescriptions by the NORTHERA Support Center, my health plan, and my pharmacy providers; (2) to facilitate the provision of products, supplies or services by a third party including, but not limited to, specialty pharmacies; (3) to register me in any applicable product registration program required for my treatment; (4) to evaluate the effectiveness of NORTHERA’s education; and (5) to be contacted by third parties for research purposes. I understand that my pharmacy provider(s) will disclose to Lundbeck and/or its representatives, agents, and subcontractors certain personal health information regarding the dispensing of my NORTHERA prescription and that such disclosure will result in remuneration to my pharmacy provider(s). I understand that once my Personal Health Information is disclosed under this authorization, it is no longer protected by Federal privacy laws and may be further disclosed by the Entities; however, Lundbeck agrees to protect my information and only use and disclose it for the purposes described above, or as I may further authorize in writing, or as required by law. I understand that I may refuse to sign this authorization and that treatment, payment, enrollment, or eligibility for benefits is not conditioned on my signing this authorization. I understand that I am entitled to a copy of this authorization. I understand that I may cancel this authorization at any time by mailing a letter requesting such cancellation to Lash Group, Inc., 9717 Key West Avenue, Rockville, MD 20850, but that this cancellation will not apply to any information already used or disclosed through this authorization before notice of the cancellation is received by my health plans or healthcare providers. This authorization expires ten (10) years from the date signed.

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# NORTHERA™ (droxidopa) TREATMENT FORM



Please complete this form in its entirety and fax to the NORTHERA Support Center at **844-601-0102**.

Questions? Call toll-free **844-601-0101**.

*\*Indicates required field*

## Step 3: Prescriber Information

<b>*PRESCRIBER NAME:</b>		<b>*NPI #:</b>	STATE LICENSE #:
PRACTICE/FACILITY NAME:		<b>*PRIMARY CONTACT NAME:</b>	
<b>*ADDRESS:</b>		<b>*PHONE:</b> (       )	
<b>*CITY:</b>	<b>*STATE:</b>	<b>*ZIP CODE:</b>	<b>*FAX:</b> (       )
PRESCRIBER EMAIL:			

**Prescriber Certification:** I certify that I have obtained any legally required written permission of my patient (or the patient's legal representative) for the release of my patient's information here and such other health or personal information to the NORTHERA Support Center ("the Program") and Lundbeck LLC and/or its representatives or agents (collectively, "Lundbeck") as may be necessary for the patient's participation in the Program and for the Program and Lundbeck to use and disclose such information as necessary to provide reimbursement support and other services to me and my patient in connection with the patient's NORTHERA therapy. I authorize and appoint the Program and Lundbeck to convey on my behalf any prescription information delivered to the Program for NORTHERA to the dispensing pharmacy chosen by or for the patient. I understand that the Program and Lundbeck will use and disclose this information only in connection with the Program, including but not limited to performing a preliminary verification of my patient's insurance coverage for NORTHERA and assessing my patient's eligibility for participation in the Program and as otherwise required or permitted by law. I agree that the Program and Lundbeck may contact me for additional information relating to the Program or NORTHERA, including but not limited to via email, fax, and telephone.



<b>*PRESCRIBER SIGNATURE:</b>	<b>*DATE:</b>
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## Step 4: Clinical Information

<b>*PATIENT NAME:</b>	<b>*DOB (DD/MM/YYYY):</b>
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Please identify both 1) the primary diagnosis being treated with NORTHERA and 2) the symptomatic condition(s) being treated with NORTHERA.

**1) \*PRIMARY DIAGNOSIS:**

332 Parkinson's disease     
  337 Autonomic failure/neuropathy     
  333 Multiple system atrophy  
 Other:

**2) \*SYMPTOMATIC CONDITION (check all that apply):**

Neurogenic orthostatic hypotension (currently no NOH-specific ICD-9 exists)  
 458.0 Orthostatic hypotension     
  458.1 Chronic hypotension     
  458.9 Hypotension unspecified  
 780.2 Syncope and collapse     
  780.4 Dizziness and giddiness  
 Other:

**CHECK ALL THAT APPLY:**

<b>Nonpharmacologic therapy</b>	<input type="checkbox"/> Failure or inadequate response	Therapy description: _____
<b>Fludrocortisone</b>	<input type="checkbox"/> Failure <input type="checkbox"/> inadequate response	<input type="checkbox"/> contraindication <input type="checkbox"/> intolerance
<b>Midodrine</b>	<input type="checkbox"/> Failure <input type="checkbox"/> inadequate response	<input type="checkbox"/> contraindication <input type="checkbox"/> intolerance

By filling out this form, your patient will be automatically enrolled in the NORTHERA Support Center Nurse Program.

Check here if you choose not to enroll your patient in the NORTHERA Support Center Nurse Program.

Check here if you do not want your patient to learn whether they qualify for a free home blood pressure monitoring device.

Fax this side only  
to 844-601-0102.

## INDICATIONS AND USAGE

NORTHERA™ (droxidopa) 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, 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 demonstrated. The continued effectiveness of NORTHERA should be assessed periodically.

## IMPORTANT SAFETY INFORMATION

### WARNING: SUPINE HYPERTENSION

**Monitor supine blood pressure prior to and during treatment and more frequently when increasing doses. Elevating the head of the bed lessens the risk of supine hypertension, and blood pressure should be measured in this position. If supine hypertension cannot be managed by elevation of the head of the bed, reduce or discontinue NORTHERA.**

## CONTRAINDICATIONS

- None.

## WARNINGS AND PRECAUTIONS

- **Supine Hypertension:** NORTHERA therapy may cause or exacerbate supine hypertension in patients with NOH, which may increase cardiovascular risk if not well-managed.
- **Hyperpyrexia and Confusion:** Postmarketing cases of a symptom complex resembling neuroleptic malignant syndrome (NMS) have been reported in Japan with NORTHERA use. Observe patients carefully when the dosage of NORTHERA is changed or when concomitant levodopa is reduced abruptly or discontinued, especially if the patient is receiving neuroleptics. NMS is an uncommon but life-threatening syndrome characterized by fever or hyperthermia, muscle rigidity, involuntary movements, altered consciousness, and mental status changes. The early diagnosis of this condition is important for the appropriate management of these patients.

- **Ischemic Heart Disease, Arrhythmias, and Congestive Heart Failure:** NORTHERA therapy may exacerbate symptoms in patients with existing ischemic heart disease, arrhythmias, and congestive heart failure.
- **Allergic Reactions:** This product contains FD&C Yellow No. 5 (tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible persons. Although the overall incidence of FD&C Yellow No. 5 (tartrazine) sensitivity in the general population is low, it is frequently seen in patients who also have aspirin hypersensitivity.

## ADVERSE REACTIONS

- The most common adverse reactions (greater than 5%) were headache, dizziness, nausea, hypertension, and fatigue.

## DRUG INTERACTIONS

- Administering NORTHERA in combination with other agents that increase blood pressure (e.g., norepinephrine, ephedrine, midodrine, and triptans) would be expected to increase the risk for supine hypertension. Dopa-decarboxylase inhibitors may require dose adjustments for NORTHERA.

## USE IN SPECIFIC POPULATIONS

- Clinical experience with NORTHERA in patients with severe renal function impairment (GFR less than 30 mL/min) is limited. There are no adequate and well-controlled trials of NORTHERA in pregnant women. Women who are nursing should choose nursing or NORTHERA. The safety and effectiveness of NORTHERA in pediatric patients have not been established. No overall differences in safety or effectiveness were observed between subjects aged 75 years and older and younger subjects in clinical trials, but greater sensitivity of some older individuals cannot be ruled out.

**Please see the accompanying full Prescribing Information, including Boxed Warning, or go to [www.NORTHERA.com](http://www.NORTHERA.com).**



# NORTHERA™ (droxidopa) PRESCRIPTION



Please complete this form in its entirety and fax to the NORTHERA Support Center at **844-601-0102**.

Questions? Call toll-free **844-601-0101**.

*\*Indicates required field*

Lundbeck will provide NORTHERA at no cost during the course of your patient's benefits investigation and until the patient's prescription is triaged to the Specialty Pharmacy.

## Step 5: Prescription

\*Patient Name: \_\_\_\_\_ \*Patient DOB: \_\_\_\_\_  
(DD/MM/YYYY)

\*Patient Phone Number: (\_\_\_\_) \_\_\_\_\_

\*Please select titration option A, B, or C below. For option C, provide detailed dosing instructions in the Sig section.

Option A Increase dose <i>every 24 hours</i>  <input type="checkbox"/>	NORTHERA 24-Hour Titration Schedule						
	Dispense: NORTHERA 100 mg capsules QTY: 495 Sig: Take according to the 24-hour titration schedule						
	When to increase dose	Day 1	Day 2	Day 3	Day 4	Day 5	Days 6-30 <sup>a</sup>
	When you get up in the morning	100 mg	200 mg	300 mg	400 mg	500 mg	600 mg
At midday	100 mg	200 mg	300 mg	400 mg	500 mg	600 mg	
Late afternoon, at least 3 hours before bed	100 mg	200 mg	300 mg	400 mg	500 mg	600 mg	

Option B Increase dose <i>every 48 hours</i>  <input type="checkbox"/>	NORTHERA 48-Hour Titration Schedule						
	Dispense: NORTHERA 100 mg capsules QTY: 450 Sig: Take according to the 48-hour titration schedule						
	When to increase dose	Days 1 and 2	Days 3 and 4	Days 5 and 6	Days 7 and 8	Days 9 and 10	Days 11-30 <sup>a</sup>
	When you get up in the morning	100 mg	200 mg	300 mg	400 mg	500 mg	600 mg
At midday	100 mg	200 mg	300 mg	400 mg	500 mg	600 mg	
Late afternoon, at least 3 hours before bed	100 mg	200 mg	300 mg	400 mg	500 mg	600 mg	

Option C Increase dose <i>per schedule</i>  <input type="checkbox"/>	NORTHERA Custom Titration Schedule
	Dispense: NORTHERA 100 mg capsules QTY: Up to 500
Sig:	

<sup>a</sup>Continued effectiveness of NORTHERA should be assessed periodically.

\*Refills: \_\_\_\_\_ The Specialty Pharmacy may contact you about using alternative strengths for the refill[s].  
Refills can also be given verbally or by ePrescribing.

\*Prescriber Name: \_\_\_\_\_

\*Prescriber Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

Substitution Permitted  Dispense as Written

- Titrate to a symptomatic response
- Maximum daily dose required will vary by individual
- Monitor supine blood pressure prior to initiating NORTHERA and after increasing the dose
- Late afternoon dose must be at least 3 hours before bedtime
- Patients should take NORTHERA the same way each time, either with food or without food



Not actual sizes

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**Please see the accompanying full Prescribing Information, including Boxed Warning, or go to [www.NORTHERA.com](http://www.NORTHERA.com).**









# How to use the NORTHERA Support Center

The NORTHERA Support Center will help you with insurance coverage verification, financial assistance, and ongoing support. Your medication will be delivered right to your home through the use of a Specialty Pharmacy, which is different than the retail pharmacy because they are experts in providing support and education for patients like yourself.



## Your doctor has prescribed NORTHERA™ (droxidopa).

Here's what you can expect:




### Within 5 days of receiving your completed prescription, the NORTHERA Support Center will send you NORTHERA:

-  You will receive a phone call from the NORTHERA Support Center who will confirm your address and let you know that your treatment is on its way
-  A signature will be needed at time of delivery

### With your NORTHERA, you will also receive:

-  A brochure that provides more information about NORTHERA and the NORTHERA Support Center
-  A dosing titration card that reviews the instructions your doctor gave you about taking NORTHERA

### Meanwhile, the NORTHERA Support Center will:

-  Work with your insurance company to determine if NORTHERA is covered
-  Verify your eligibility for financial assistance options, if necessary
-  Call you if they have any questions



**Always return calls from the NORTHERA Support Center and your Specialty Pharmacy because they cannot send your medication without speaking to you first. Note, these calls will appear blocked or unavailable on your caller ID.**

**If you have questions about your insurance coverage and/or how you will be sent the NORTHERA prescribed by your doctor, or would like to speak with a registered nurse, please call the NORTHERA Support Center toll-free at 1-844-601-0101.**

To learn more about NORTHERA, talk with your doctor or visit [www.NORTHERA.com](http://www.NORTHERA.com).



## USE

NORTHERA (droxidopa) is a prescription medication to reduce dizziness, lightheadedness, or the “feeling that you are about to black out” in adults who experience a significant drop in blood pressure when changing positions or standing (called symptomatic neurogenic orthostatic hypotension) and who have Parkinson’s disease, multiple system atrophy, pure autonomic failure, dopamine beta-hydroxylase deficiency, or non-diabetic autonomic neuropathy. Effectiveness beyond 2 weeks of treatment has not been established, and your doctor will decide if you should continue taking NORTHERA.

### **WARNING: SUPINE HYPERTENSION**

**(this is high blood pressure while lying down)**

**Blood pressure should be checked while lying down before starting and during NORTHERA treatment. While lying down, elevating the head and upper body lowers the risk of high blood pressure. If high blood pressure while lying down is a problem, work with your doctor to either take less NORTHERA or stop it altogether.**

Please carefully read the Important Safety Information, including Boxed Warning for supine hypertension, on the back. Please refer to the accompanying NORTHERA full Prescribing Information.

For more information, you can also visit [www.NORTHERA.com](http://www.NORTHERA.com).

  
**Northera**<sup>™</sup>  
*(droxidopa) capsules*  
100 mg • 200 mg • 300 mg



# NORTHERA™ (droxidopa)

## USE

NORTHERA (droxidopa) is a prescription medication to reduce dizziness, lightheadedness, or the “feeling that you are about to black out” in adults who experience a significant drop in blood pressure when changing positions or standing (called symptomatic neurogenic orthostatic hypotension) and who have Parkinson’s disease, multiple system atrophy, pure autonomic failure, dopamine beta-hydroxylase deficiency, or non-diabetic autonomic neuropathy. Effectiveness beyond 2 weeks of treatment has not been established, and your doctor will decide if you should continue taking NORTHERA.

### **WARNING: SUPINE HYPERTENSION (this is high blood pressure while lying down)**

**Blood pressure should be checked while lying down before starting and during NORTHERA treatment. While lying down, elevating the head and upper body lowers the risk of high blood pressure. If high blood pressure while lying down is a problem, work with your doctor to either take less NORTHERA or stop it altogether.**

## IMPORTANT SAFETY INFORMATION

- Work with your doctor as NORTHERA may cause elevations in high blood pressure and increases the risk of supine hypertension, which could lead to strokes, heart attacks, and death.
- Neuroleptic Malignant Syndrome (NMS) is a potentially fatal side effect reported with NORTHERA. Call your doctor right away and go

to the nearest emergency room if you develop these signs and symptoms that do not have another obvious cause: high fever, stiff muscles, movements that you cannot control, problems thinking, very fast or uneven heartbeat, or increased sweating. NORTHERA should be stopped immediately if NMS is diagnosed.

- If you have coronary artery disease, irregular heartbeat, or heart failure, NORTHERA may worsen the symptoms of these disorders. If your symptoms become worse, call your doctor.
- NORTHERA contains tartrazine (FD&C Yellow No. 5). Taking NORTHERA could cause an allergic reaction, especially if you have a reaction to aspirin.
- The most common side effects in NORTHERA patients were headache, dizziness, nausea, high blood pressure, and being tired.
- Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements. Taking NORTHERA with other medications may cause side effects.
- If you plan to become or are currently pregnant or nursing, talk to your doctor as it is not known if NORTHERA could harm your unborn or nursing baby.

**Please see the accompanying full Prescribing Information, including Boxed Warning for Supine Hypertension, or go to [www.NORTHERA.com](http://www.NORTHERA.com).**

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.



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[www.NORTHERA.com](http://www.NORTHERA.com)

  
**Northera™**  
**(droxidopa) capsules**  
100mg•200mg•300mg