



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Midodrine
Brand Name: Proamatine
Medication Class: long-acting, selective alpha-adrenergic agonist
FDA Approved Uses: symptomatic orthostatic hypotension
Usual Dose: 10mg three times a day
Duration of Therapy: indefinite

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Must have symptomatic orthostatic hypotension
- Must have tried and failed/intolerant to fludrocortisone

Not Approved if:

- Patient has any contraindications to the use of Proamatine
- Patient does not meet the above criteria

Monitoring:

- Supine and sitting blood pressure

P&T Approval: _____ Date: _____