Missouri Pharmacy Program – Preferred Drug List

Ace Inhibitors
Ace Inhibitors Diuretic Combinations

Effective 11/01/2004
Revised 01/06/2011

Preferred Agents

- Captopril
- Enalapril
- Lisinopril
- Benazepril
- Captopril/HCTZ
- Enalapril/HCTZ
- Lisinopril/HCTZ
- Benazepril/HCTZ

Non-Preferred Agents

- Zestril®/Prinivil®
- Mavik®
- Aceon®
- Univasc®
- Monopril®
- Vasotec®
- Altace® Caps/Tabs
- Moexipril
- Lotensin®
- Accupril®
- Quinapril®
- Fosinopril
- Trandolapril
- Ramipril Caps
- Perindopril
- Capozide®
- Vaseretic®
- Zestoretic®
- Prinzide®
- Uniretic®
- Monopril HCT®
- Lotensin HCT®
- Accuretic®
- Quinaretic
- Fosinopril/HCTZ
- Quinapril/HCTZ
- Moexipril/HCTZ

Approval Criteria	Denial Criteria
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.