**Missouri Pharmacy Program – Preferred Drug List**

**ACE Inhibitors**

**Effective 01/10/2013**  
**Revised 01/04/2018**

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benazepril</td>
<td>Aceon®</td>
</tr>
<tr>
<td>Enalapril</td>
<td>Accupril®</td>
</tr>
<tr>
<td><strong>Fosinopril</strong></td>
<td>Altace® Caps/Tabs</td>
</tr>
<tr>
<td>Lisinopril</td>
<td>Captopril</td>
</tr>
<tr>
<td><strong>Quinapril</strong></td>
<td>Epaned®</td>
</tr>
<tr>
<td>Ramipril</td>
<td>Lotensin®</td>
</tr>
</tbody>
</table>

*Preferred Agents*  
*Non-Preferred Agents*

- **Qbrelis®**  
- Trandolapril  
- Univasc®  
- Vasotec®  
- Zestril®

**Approval Criteria**

- Failure to achieve desired therapeutic outcomes with trial on **4 or more** preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

**Denial Criteria**

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030