



Missouri Pharmacy Program – Preferred Drug List



Ace Inhibitors Ace Inhibitors Diuretic Combinations

Effective 11/1/2004

Revised 01/05/2012

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

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