



**Kansas Medical Assistance Program
Preferred Drug List Advisory Committee Meeting
June 4, 2008 10:00 am - Adjournment**

EDS -- Wichita/Kansas City Room
White Lakes Mall 3600 SW Topeka Blvd., Suite 204
Topeka, KS 66611

Open Session (Semi-Annual Review)

- I. Call to Order**
- II. Announcements**
- III. Review and Approval of Meeting Minutes**
- IV. Non-Sedating Antihistamines**
 - a. Xyzal[®] -new medication to class
 - b. Public Comment*
 - c. Committee Discussion
 - d. Committee Recommendation/Action
- V. Triptans**
 - a. Public Comment*
 - b. Committee Discussion
 - c. Committee Recommendation/Action
- VI. Intranasal Corticosteroids**
 - a. Omnaris[®] -new medication to class
 - b. Public Comment*
 - c. Committee Discussion
 - d. Committee Recommendation/Action

**Public comment is limited to five minutes per medication*

Rm. 900-N, Landon Building, 900 SW Jackson Street, Topeka, KS 66612-1220

www.khpa.ks.gov

Medicaid and HealthWave:
Phone: 785-296-3981
Fax: 785-296-4813

State Employee Health
Benefits and Plan Purchasing:
Phone: 785-368-6361
Fax: 785-368-7180

State Self Insurance Fund:
Phone: 785-296-2364
Fax: 785-296-6995

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Page 2 of 2

VII. Beta Blockers

- a. Bystolic[®] -new medication to class
- b. Public Comment*
- c. Committee Discussion
- d. Committee Recommendation/Action

VIII. Hepatitis C

- a. Public Comment*
- b. Committee Discussion
- c. Committee Recommendation/Action

IX. Glaucoma Medications

- a. Travatan Z[®] –new medication to class
- b. Public Comment*
- c. Committee Discussion
- d. Committee Recommendation/Action

X. Adjournment

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****12:00 pm to 12:45 pm – Lunch for Committee Members**

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