

**State of Kansas Medicaid Program  
Preferred Drug List Advisory Committee Meeting**  
December 12, 2007, 10:00 am – Adjournment

EDS/White Lakes Mall  
Wichita/Kansas City Room  
3600 S.W. Topeka Blvd., Suite 204  
Topeka, Kansas 66611

**Open Session Agenda (Semi-Annual Review)**

- I. Call to Order
- II. Announcements
- III. Review and Approval of March 27, 2007 Meeting Minutes
- IV. Long Acting Opioid Analgesics – New Review  
(oxycodone, fentanyl, morphine sulfate, oxymorphone)
  1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- V. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) (re-review)  
(all oral forms of celecoxib, diclofenac, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, mefenamic acid, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, salsalate, sulindac, tiaprofenic acid, tenoxicam, tolmetin )
  1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action

Agency Website: [www.khpa.ks.gov](http://www.khpa.ks.gov)  
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- VI. Sedative/Hypnotics (re-review)  
(all oral forms eszopiclone, ramelteon, zaleplon, zolpidem, zolpidem extended-release)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- VII. Proton Pump Inhibitors (PPIs) (re-review)  
(All oral forms of: omeprazole, lansoprazole, rabeprazole, pantoprazole, esomeprazole)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- VIII. Non-Sedating Antihistamines (re-review)  
(cetirizine, desloratadine, fexofenadine, loratadine)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- IX. Triptans (re-review)  
(almotriptan, eletriptan, frovatriptan, naratriptan, rezatriptan, sumatriptan, zolmitriptan)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- X. Bisphosphonates for Osteoporosis (re-review)  
(alendronate, ibandronate, risedronate)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- XI. Growth Hormone for indication of growth hormone deficiency (re-review)  
(Excluding Zorbtive®, Serostim®, Serostim LQ®)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action

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Medicaid and HealthWave:  
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State Self Insurance Fund:  
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- XII. Inhaled Corticosteroids (re-review)  
(beclomethasone, budesonide, flunisolide, fluticasone, mometasone, triamcinolone)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- XIII. Intranasal Corticosteroids (re-review)  
(beclomethasone, budesonide, flunisolide, fluticasone, mometasone, triamcinolone)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- XIV. Insulins (re-review)  
(All multi-dose vials, cartridges, syringes, pens and any other alternative delivery device)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- XV. 5-hydroxytryptamine receptor antagonists (re-review)  
(ondansetron, dolasetron, granisetron)
1. Public Comment\*
  2. Committee Discussion
  3. Committee Recommendation/Action
- XVI. Adjournment

\*Public comment is limited to five minutes per drug

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

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