Janet T. Mills
Governor

Sara Gagné-Holmes
Commissioner

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TO: MaineCare Drug Utilization Review Board
DATE: November 21, 2025
RE: November 4, 2025, MaineCare DUR Annual Meeting minutes

ATTENDANCE	UNEXCUSED	EXCUSED	IN-PERSON	REMOTELY
Erin Ackley, Pharm.D.		X		
John Deason, Pharm.D.				X
Michela Fiori, Pharm.D. (new member)				X
Linda Glass, MD		X		
Caitlin Morrow, Pharm.D.				X
Kathleen Polonchek, MD				X
Non –Voting				
Roberta Capp, MD, Optum			X	
Dan Mickool, R.Ph., M.S., Ed D, MaineCare			X	
Mike Ouellette, R.Ph., Optum			X	
Courtney Pladsen, MaineCare			X	
Jan Wright, MaineCare				X

Guests of the Board: Gavin Gillespie Pharm.D., Optum – attended in person

CLOSED SESSION

The meeting was called to order at 1:00 PM

OPEN SESSION

MAINECARE UPDATE

Dan Mickool, R.Ph., M.S., Ed D, MaineCare

- Announcement of new DUR board member Michela Fiori, Pharm.D., RPh, BCACP, CTTS
- OMS working with Maine CDC issued a standing order authorizing qualified health care professionals -- including pharmacists -- to administer the 2025- 2026 COVID-19 vaccine.
- Ongoing work related to provider status and rate determinations.

PUBLIC COMMENTS

- Thomas Leonard, RPh, MBA, PhD, Amgen (AstraZeneca): Highlighted the attributes of Tezspire.
- Joe Jones, Director, ARS Pharma: Highlighted the attributes of Neffy.
- Christine Dubé, Director, AstraZeneca: Highlighted the attributes of Airsupra and Fasenra.

- Christopher Yuen, Principal Scientific Account Lead, Janssen Pharmaceuticals: Highlighted the attributes of Tremfya and Caplyta.
- Corey O'Brien, Associate Director, Novo Nordisk: Highlighted the attributes of Rybelsus.
- Asma Sikder, Health Outcomes Liaison, and Dan O'Donnell, Director, Axsome: Highlighted the attributes of Symbravo.
- Carla McSpadden, Director, Galderma: Highlighted the attributes of Nemluvio.
- Jay Patel, Associate Director, Bristol Myers Squibb: Highlighted the attributes of Cobenfy.
- Paul Isikwe, Medical Account Director, Biogen: Highlighted the attributes of Tysabri and Vumerity.
- Jalal Nait Hammound, Medunik USA: Highlighted the attributes of Siklos.
- Annie Vong, Senior Medical Outcomes Liaison, Abbvie: Highlighted the attributes of Rinvoq, Skyrizi, Qulipta, and Ubrelvy.
- Elena Fernandez, Vertex Pharmaceuticals: Highlighted the attributes of Casgevy.
- John Miller MD, Medical Director, Brain Health: Highlighted the attributes of Auvelity.
- Leah Roq, NBI: Highlighted the attributes of Ingrezza.

OLD BUSINESS

DUR MINUTES

Approval of September DUR meeting minutes

Board Decision: The Board unanimously approved the above recommendation.

REVISED CLINICAL CRITERIA

There were no new or revised criteria for review at this time.

NEW BUSINESS

PROPOSED 2026 MEETING SCHEDULE

The DUR Committee will meet from 5:30pm to 8:30pm on:

- March 10, 2026
- June 9, 2026
- September 8, 2026
- November 3, 2026 (1:00pm to 2:30pm Closed Session, 2:30pm to 5:30pm Public Session)
- December 8, 2026

Board Decision: The Board unanimously approved all the above recommendations.

PROPOSED 2026 RETRODUR INITIATIVE

Six RetroDUR initiatives were proposed for the 2026 DUR meetings. Once identified, an introduction to a specific topic will be outlined at each meeting with the data presentation planned for the following meeting unless additional time is needed.

The following are the six initiatives that were proposed for 2026.

- Adherence to anti-psychotic medications for individuals diagnosed with schizophrenia
- Adherence to GLP-1 receptor agonist drugs for MACE prevention and OSA treatment

- Patterns of utilization among anti-TNF, anti-IL 17/23, and anti-IL 23 drugs in IBD
- Prescribing of immediate-release ADHD medications without extended-release ADHD medications in adults
- Co-prescribing of medium-high dose pregabalin and gabapentin among those on opioid drugs
- Concurrent opioid use among patients on Medications for Opiate Use Disorder (MOUD)

Board Decision: The board chose the following topics for RetroDURs for 2026:

- Adherence to anti-psychotic medications for individuals diagnosed with schizophrenia
- Adherence to GLP-1 receptor agonist drugs for MACE prevention and OSA treatment
- Patterns of utilization among anti-TNF, anti-IL 17/23, and anti-IL 23 drugs in IBD
- Co-prescribing of medium-high dose pregabalin and gabapentin among those on opioid drugs

Optum will create a presentation schedule that will be shared at the December meeting.

ANNUAL CATEGORY REVIEW

Anti-Asthmatic – Anti-inflammatory Agents

- No Change

Anticonvulsants

- CARBAMAZEPINE SUS to Preferred
- LYRICA SOL to Preferred – Dosing limits apply per strength as well as a maximum daily dose of 600mg. Please see Dose Consolidation List.
- OXCARBAZEPINE SUS to Preferred

Antipsychotic – LAI/Atypicals

- ARIPIPRAZOLE SOL to Preferred
- CAPLYTA: to Preferred – Prior Authorization required for 18 years or older. Will require a step through one (1) preferred drug for all indications.
- RYKINDO to Non-Preferred
- UZEDY to Preferred

Biosimilars – Antineoplastics, Humira, and Stelara

- ANTINEOPLASTICS – Biosimilar PDL
  - No Change

- HUMIRA BIOSIMILARS (See Cytokine and CAM Antagonists):
  - ADALIMUBAB-FKJP to Preferred – Will require a clinical PA unless one systemic drug (such as azathioprine, hydroxychloroquine, leflunomide, methotrexate, sulfasalazine tabs) are seen in the members drug profile. Dosing limits apply.
  - SIMLANDI to Preferred - Will require a clinical PA unless one systemic drug (such as azathioprine, hydroxychloroquine, leflunomide, methotrexate, sulfasalazine tabs) are seen in the members drug profile. Dosing limits apply.

- STELARA BIOSIMILARS
  - PYZCHIVA to Preferred – Will require a clinical PA unless one systemic drug such as methotrexate, cyclosporine, methoxsalen or acitretin is in members drug profile. Dosing Limits apply.

Bronchodilators, Beta Agonists

- ALBUTEROL HFA to Preferred except NDC 66993001968

Cytokine and CAM Antagonists

- TREMFYA to Preferred – will require a clinical PA if a trial of a preferred oral agents (such as methotrexate, cyclosporine, methoxsalen or acitretin is in members drug profile) are seen in the members drug profile. Dosing limits apply.
- XELJANZ XR SOL to Non-Preferred
- Remove ADALIMUMAB AACF, IDACIO, and REDITREX

Derm - Atopic Dermatitis

- EBGLYSS to Preferred – Will require a clinical PA. Preferred after a trial and failure of TCI. For treatment of patients ≥12yo.
- PIMECROLIMUS to Preferred
- Remove ELIDEL

DME – Diabetic Supplies

- No Change

Epinephrine

- AUVI-Q to Preferred

GI-Bowel Prep

- GAVILYTE to Preferred
- GOLYTELY SOLR to Preferred
- SUFLAVE to Preferred
- SUPREP SOL to Non-Preferred
- Remove MOVIPREP

Growth Hormones

- No Changes

Hematopoietics / CSF / ESA

- No Changes

Hemophilia

- No Changes

Hyperammonia Treatments

- CARBAGLU TAB to Preferred
- CARGLUMIC ACID to Non-Preferred

Hypoglycemics, Treatments

- ZEGALOGUE to Preferred

Hypoglycemics, Incretin Memetics

- No Changes

Hypoglycemics, Insulins & Related Agents

- SEMGLEE to Preferred

Hypoglycemics, SGLT2 Inhibitor & Misc. Agents
- INVOKAMET to Non-Preferred
- INVOKAMET XR to Non-Preferred

Migraine
- UBRELVY to Preferred – Quantities will be limited to 10 per month

Movement Disorders
- No Changes

Multiple Sclerosis Agents
- No Changes

Muscular Dystrophy Corticosteroids
- No Changes

Ophthalmic Anti-inflammatories
- No Changes

Opiate Dependence & Overdose Treatments
- Remove EVZIO
- Remove REVIA TABS

Resp. Anticholinergic/Asthma/COPD/Steroid/Beta Adrenergics/Misc.
- ALBUTEROL HFA (labeler 66993001968) to Non-Preferred
- Update Preferred ALBUTEROL HFA to remove Teva labeler 00093 and Sandoz 00781
- ASMANEX HFA - (remove age restriction)
- BREYNA to Non-Preferred
- AIRSUPRA – Move to Beta-Adrenergics

Sickle Cell Disease Agents
- No Changes

Stimulants & Related Agents
- LISDEXAMFETAMINE Capsules to Preferred

Uterine Fibroids
- ORIAHNN to Preferred

Vaginal Anti-infectives
- No Changes

Board Decision: The Board unanimously approved the above recommendations.

FDA SAFETY ALERTS

- Caprelsa Risk Removed: *FDA removes risk evaluation and mitigation strategies for Caprelsa (vandetanib)* – September 25, 2025

- Autism and Acetaminophen: *FDA Responds to Evidence of Possible Association Between Autism and Acetaminophen Use During Pregnancy* – September 22, 2025

Board Decision: No action needed.

ADJOURNMENT: 5:00 PM

The next meeting will be held on December 9, 2025.