



COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation

DIVISION OF INSURANCE

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FILING GUIDANCE NOTICE 2025-L

TO: Commercial Health Insurers; Blue Cross Blue Shield of Massachusetts, Inc.; and Health Maintenance Organizations Offering or Renewing Insured Health Products in Massachusetts (“Carriers”) subject to M.G.L. c. 176O

FROM: Kevin P. Beagan, Deputy Commissioner, Health Care Access Bureau

DATE: April 8, 2025

RE: Additional Guidance Regarding Prescription Benefits for Chronic Conditions for Insured Health Coverage Issued or Renewed between July 1, 2025 and December 31, 2025 Pursuant to Sections 32-36 of Chapter 342 of the Acts of 2024

The Division of Insurance (“Division”) distributes this Filing Guidance Notice 2025-L to give additional guidance to Carriers regarding the filing requirements for insured health coverage issued or renewed between July 1, 2025 and December 31, 2025 that is associated with Chapter 342 of the Acts of 2024 (“Chapter 342”), which amends Massachusetts laws to add M.G.L. c. 175, §47CCC; M.G.L. c. 176A, §8DDD; M.G.L. c. 176B, §4DDD; M.G.L. c. 176G, §4VV, and M.G.L. c. 176O, §30. This Filing Guidance Notice 2025-L is in addition to the requirements set forth within Filing Guidance Notice 2025-E, Prescription Benefits for Chronic Conditions Pursuant to Sections 32-36 of Chapter 342 of the Acts of 2024, <https://www.mass.gov/doc/filing-guidance-notice-2025-e-prescription-benefits-for-chronic-conditions-pursuant-to-sections-32-36-of-chapter-342-of-the-acts-of-2024/download>.

The new sections establish requirements for prescription drug coverage in insured health benefit plans issued or renewed within or without Massachusetts. As noted in Section 39 of Chapter 342, these provisions are effective for all insured health plan contracts entered into or renewed on or after July 1, 2025. In order to comply with the statutory requirements, please note that the following is stated in Filing Guidance Notice 2025-E:

Insured health benefit plans issued, delivered, or renewed in Massachusetts “shall identify 1 generic drug and 1 brand name drug [where available] used to treat each of the following chronic conditions: (i) diabetes; (ii) asthma; and (iii) the 2 most prevalent heart conditions among its enrollees.” It is also noted that the Carrier “shall identify insulin as the drug used to treat diabetes....”

Filing Requirements

As required under 211 CMR 52.05(7), for coverage that is offered, issued, or renewed in Massachusetts between July 1, 2025 and December 31, 2025, Carriers are to submit material change documents - amendments to Carrier's Evidence of Coverage, including for example, policy amendments as described in 211 CMR 52.05(4)(i), and the list of the chronic condition drugs that the Carrier identifies as requiring no copayment for the identified generic drug and no more than a \$25 copayment for an identified brand-name drug. Please forward all form filings to update the Evidence of Coverage on file and the list of prescription drugs, using SERFF (the System for Electronic Rate and Form Filing), with the SERFF Project Name: Chapter 342 of the Acts of 2024.

As Carriers prepare their material change filings, they are to take the following into consideration: currently, the chronic conditions are (1) Diabetes; (2) Asthma; and (3) the two most prevalent heart conditions among the Carrier's enrollees. For Diabetes, Carriers are to categorize the following insulin types: rapid acting, short acting, intermediate-acting, long-acting, ultra-long-acting, and premixed.

Carriers may submit their proposed medications in a table format for review to the Division in advance of making a material change filing in SERFF. Carriers have the discretion to submit the material changes as part of an amended Evidence(s) of Coverage or as a policy amendment or endorsement by no later than May 15, 2025.

If you have any questions about Filing Guidance Notice 2025-L, please contact Niels Puetthoff at Niels.Puetthoff@mass.gov.