



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

One Federal Street, Suite 700 • Boston, MA 02110
(617) 521-7794 • (877) 563-4467 • www.mass.gov/doi

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Prescription Benefits for Chronic Conditions
Pursuant to Sections 32-36 of Chapter 342 of the Acts of 2024
Filing Guidance Notice 2026-M

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 Beagan, Deputy Commissioner, Health Care Access Bureau

DATE: September 17, 2026

RE: Prescription Benefits for Chronic Conditions Pursuant to Sections 32-36 of Chapter 342 of the Acts of 2024 – Updated Guidance Regarding 2026 Submission of Revised Materials

The Division of Insurance ("Division") distributes this Filing Guidance Notice 2026-M to inform insured health carriers ("Carriers") regarding the filing requirements associated with Chapter 342 of the Acts of 2024 ("Chapter 342"), which amended 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. These sections establish requirements for prescription drug coverage in insured health benefit plans issued or renewed within or without Massachusetts. This Filing Guidance supplements chronic condition prescription benefit information provided within Filing Guidance Notices 2025-E: [Filing Guidance Notice 2025-E](#) and 2025-L: [Filing Guidance Notice 2025-L](#).

Prescription Drug Coverage

Within Chapter 342, the following terms are as defined as follows:

“ ‘Brand name drug’, a drug that is: (i) produced or distributed pursuant to an original new drug application approved under 21 U.S.C. 355(c) except for:

- (A) any drug approved through an application submitted under section 505(b)(2) of the Federal Food, Drug, and Cosmetic Act that is pharmaceutically equivalent, as that term is defined by the United States Food and Drug Administration, to a drug approved under 21 U.S.C. 355(c);
- (B) an abbreviated new drug application that was approved by the United States Secretary of Health and Human Services under section 505(c) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 355(c), before the date of the enactment of the Drug Price Competition and Patent Term Restoration Act of 1984, Public Law 98-417, 98 Stat. 1585; or
- (C) an authorized generic drug as defined in 42 C.F.R. 447.502;
 - (i) produced or distributed pursuant to a biologics license application approved under 42 U.S.C. 262(a)(2)(C); or
 - (ii) identified by the health benefit plan as a brand name drug based on available data resources, including Medi-Span.”

Chapter 342 requires that 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.” In determining the 1 generic drug and 1 brand name drug used to treat each chronic condition, the “carrier shall consider whether the drug is:

- (i) of clear benefit and strongly supported by clinical evidence;
- (ii) likely to:
 - (A) reduce hospitalizations or emergency department visits;
 - (B) reduce future exacerbations of illness progression; or
 - (C) improve quality of life;
- (iii) cost effective for the carrier and its enrollees;
- (iv) at low risk for overutilization, abuse, addiction, diversion or fraud; and
- (v) one of the most widely utilized as a treatment for the chronic condition.”

It is further noted that, for plans subject to M.G.L. c. 176O, “[t]he commissioner shall review the drugs to verify that the selected drugs meet the criteria identified in those sections...[and s]hould a selected drug be deemed by the commissioner to not meet the criteria, the commissioner may require a different drug to be selected.”

Division of Insurance Expectations

When making the determination of the generic and the brand name drug, Carriers are expected to take into account the following:

- Selected generic prescription drugs are expected to be identified according to the medical or scientific name associated with the selected prescription drug. Selected brand name prescription drugs are expected to be identified according to the label or marketing name associated with the selected brand-name prescription drug.
- There are no updates to the identification of insulin as the drug used to treat diabetes as originally set forth within Chapter 342. (See also Filing Guidance Notices 2025-E and 2025-L.)

- Generic and brand name drugs selected by the Carriers for the treatment of heart conditions may or may not be therapeutically equivalent. Carriers are to select generic and brand name prescription drugs for the two most prevalent heart conditions among their members. Carriers should limit the identification of these heart conditions to those that are specifically defined by the Social Security Administration (SSA) as a cardiovascular impairment at DI 34005.104 Cardiovascular System, A.1.a.: SSA Cardiovascular Impairment. According to the SSA, at 34005.104, A.1.b, b. Cardiovascular impairment results from one or more of four consequences of heart disease: (i) Chronic heart failure or ventricular dysfunction; (ii) Discomfort or pain due to myocardial ischemia, with or without necrosis of heart muscle; (iii) Syncope, or near syncope, due to inadequate cerebral perfusion from any cardiac cause, such as obstruction of flow or disturbance in rhythm or conduction resulting in inadequate cardiac output; and (iv) Central cyanosis due to right-to-left shunt, reduced oxygen concentration in the arterial blood, or pulmonary vascular disease.
- The generic and brand name prescription drugs selected for the treatment of asthma will be expected to be both (1) acute/reliever therapy used as needed to treat asthma symptoms, exacerbations, or attacks; and (2) maintenance/controller therapy used to manage asthma and reduce the risk of future symptoms or exacerbations. This may be done by selecting one acute and one maintenance chronic medication when choosing the generic and, separately, the brand-name drugs; or, where clinically appropriate, a medication that can be used for both maintenance and acute relief when choosing the generic and, separately, the brand name drugs. Carriers may decide how to fulfill these requirements, so long as both the selected brand name and the selected generic medications are clinically appropriate choices to address both asthma acute relief and asthma maintenance.

Filing Requirements

As required under 211 CMR 52.05(7), for coverage that is offered, issued, or renewed in Massachusetts, Carriers are to submit annually the 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: (1) no copayment for the identified generic drug; and (2) no more than a \$25 copayment for an identified brand-name drug. Please update your company's 2026 managed care accreditation renewal filing, prior to September 30, 2026, by forwarding to the Division your carrier's list of prescription drugs.

Carriers may submit their proposed medications in a table format for review to the Division in advance of submitting revised materials in SERFF.

If you have any questions about Filing Guidance Notice 2026-M, please contact Niels Puetthoff, Director, Bureau of Managed Care, at Niels.Puetthoff@mass.gov.