

COMMISSION ON STEP THERAPY PROTOCOLS
Minutes of Virtual Meeting Held December 11, 2025

Call to Order

Kevin Beagan, Deputy Commissioner of the Health Care Access Bureau, presided over the Fourth Meeting of the Commission on Step Therapy Protocols (Commission) held virtually on December 11, 2025, beginning at 10:00 AM EST. Kevin called the meeting to order and introduced the following agenda items:

Agenda

1. Welcome
2. Approval of Minutes
3. Schedule of Future Meetings
4. Review Draft – Exception Requests for Prescription Drugs
5. Continuity of Coverage Plans
6. Turnaround Times
7. DOI Pharmacy Benefit Manager Regulation
8. Other Matters
9. Adjournment

1. Welcome - Attendees

Commission Members	Member Information
Nancy Ryan	Designee of Executive Director David Seltz of the Health Policy Commission (OPP)
Caitlin Sullivan	Designee of Executive Director Lauren Peters of the Center for Health Information and Analysis
Cheryl Bartlett	A representative of the Massachusetts Public Health Association
Paul Jones	A representative of Blue Cross and Blue Shield of Massachusetts, Inc.
Sarah Chiaramida	A representative of the Massachusetts Association of Health Plans, Inc.
Darlene Sawicki, CNP	A licensed clinician, other than a physician who has prescribing authority under the scope of her license (MGH)
Marc Hymovitz	A representative of a patient advocacy organization (ACSCan)
Clinton Pong	A licensed physician in the Commonwealth (PCP, Family Practice)
Eileen McAnneny	A representative of an employer organization

Commission Members Not in Attendance	Member Information
Kimberly Lenz	Designee of Assistant Secretary for MassHealth Michael Levine

Guests	Guest Information
Rebecca Butler	Counsel to the Commissioner, Division of Insurance
Shannon Lynch	Health Research Analyst, Healthcare Access Bureau, Division of Insurance
Rita Gallo (Meeting Minutes)	Health Analyst, Bureau of Managed Care, Division of Insurance

2. Approval of Minutes

Motion to Amend the Minutes of the Third Meeting of the Commission, Held June 12, 2025 – Nancy moved to change “external” to “internal” in the 5th bulleted statement under Item 2 on Page 3 of the pending Minutes of the June 12, 2025, Meeting of the Commission.

- Introduced by Nancy; seconded by Eileen; no discussion requested

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- Motion passed unanimously by all Commission members in attendance:

Voting Member Name	Yes	No	Other
Kevin Beagan	X		
Nancy Ryan	X		
Caitlin Sullivan	X		
Cheryl Bartlett			No Vote; Late Arrival
Paul Jones	X		
Sarah Chiaramida	X		
Marc Hymovitz	X		
Clinton Pong	X		
Darlene Sawicki, CNP	X		

Motion to Approve the Minutes of the Third Meeting of the Commission, Held June 12, 2025, as amended

- Introduced by Nancy; seconded by Sarah; no discussion requested
- Motion passed unanimously by all Commission members in attendance:

Voting Member Name	Yes	No	Other
Kevin Beagan	X		
Nancy Ryan	X		
Caitlin Sullivan	X		
Cheryl Bartlett			No Vote; Late Arrival
Paul Jones	X		
Sarah Chiaramida	X		
Marc Hymovitz	X		
Clinton Pong	X		
Darlene Sawicki, CNP	X		

Upon approval of the Minutes, Kevin proceeded with the Agenda.

3. Schedule of Future Meetings

Kevin advised the group that future meetings are currently scheduled for 10:00 AM on March 12, 2026, June 11, 2026, and September 10, 2026 (at which meeting the Commission will vote to finalize the report due October 1, 2026, as required by Massachusetts law). Kevin recommended that the Commission review today’s presentation materials and plot out the best use of the Commission’s time in future meetings. Kevin also invited comments regarding any scheduling changes required by Commission members. The group agreed, pending some final confirmations, that the meeting start time should be changed from 10:00 AM to 9:00 AM for ease of scheduling.

4. Review Draft – Exception Requests for Prescription Drugs

Kevin and Shannon presented the aggregate report of Exception Requests for Prescription Drugs for calendar year 2024 with the following explanation:

- Carriers were required to submit their individual data reports for 2024 in the agreed upon format to the Division of Insurance (Division) by October 1, 2025. Going forward, carriers will be required to submit their data annually in May to facilitate review and discussion by the Commission at its June meeting.

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- The Division will publish the aggregate report on its website annually; however, the Division can make the individual carrier reports available to the Commission, if needed.

Kevin invited a discussion with Commission members regarding any challenges shared with members by carriers, as well as comments and suggestions:

- Sarah cited the following challenges for carriers: 1) categorizing the exception data based on provider type (Medical/Surgical vs. Behavioral Health), and 2) reporting on the reason for the exception, as the standardized prior authorization form allows providers to check multiple reasons for a single exception request. Sarah proposed revisiting categorization of exceptions in the future based on drug type rather than provider type (acknowledging this would not be perfect either) and possibly revising the standardized prior authorization form to limit the options for exception reason.
- Paul concurred, confirming that carriers base their reporting on information submitted on the standardized prior authorization form, cautioning that the provider descriptions are also open to carrier interpretation.
- Nancy also noted that the aggregate report does not reflect any external appeals, but the Office of Patient Protection (OPP) has a record of handling 17 external appeals related to step therapy in 2024.
- Eileen indicated that it would be interesting to see if any particular carrier is driving the results reflected in the aggregate report.

Kevin asked Shannon to forward the carrier-specific data to Commission members after the meeting to validate the external appeal numbers and identify any apparent outliers. Kevin also proposed that the Division prepare an internal summary of the carrier data for review and comparison. Further discussion followed:

- Caitlin asked if a denominator, such as total pharmacy claims, is available to add context to the data. Caitlin suggested that one helpful metric might be the percentage of denied exception requests that were appealed and subsequently overturned on appeal.
- Clinton expressed interest in reviewing the background data for the Previously Tried and Ineffective categories, particularly the classes of drugs involved, and alternatives approved, to identify and address potential procedural delays for patients resulting from lengthy appeals.
- Paul concurred that metrics pertaining to denied exception requests that were either upheld or overturned on appeal would be helpful in this regard, particularly the drugs most often approved following the “2-step process.”
- Sarah and Paul agreed that the overall number of prescription drugs subject to step therapy is relatively small and likely larger for Medical/Surgical than Behavioral Health.
- Kevin confirmed that the Division will request that carriers provide the denominator data and drug classes, as discussed, to supplement their 2024 submissions.
- Shannon presented the Excel workbook containing the carriers’ exception data submitted to the Division. At Caitlin’s request, Shannon confirmed that, although one carrier submitted separate reports for exceptions submitted under medical benefits and pharmacy benefits, this was not part of the request.

Kevin proposed that the Commission discuss the carrier-specific data submitted for the report, together with any additional background information, claim numbers, denominators and drug classes received based on the Division’s proposed update request to carriers, at the March 12, 2026, meeting (to begin at 9:00 AM).

5. Continuity of Coverage Plans

Kevin presented a sample Continuity of Coverage plan for one carrier as an example of the type of information required by the Division and explained that:

- The purpose of the Continuity of Coverage plans is to ensure that members do not experience a lapse in coverage when transitioning between health plans.
- The goal of this Commission is to be aware of carriers’ Continuity of Coverage plans and to offer suggestions regarding content and format based on each member’s experience and expertise.

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Kevin invited discussion regarding Continuity of Coverage plans generally:

- Paul and Sarah indicated that they had no concerns at this time.
- Darlene asked whether carriers are all following a similar approach. Kevin explained that each carrier follows its own format, but that the format is similar for all carriers. While the Division has not specified a format that carriers are required to use, the Division may be open to standardizing the approach in response to any recommendations from the Commission.
- Paul explained that the minimum requirement under applicable Massachusetts law is coverage for members transitioning between plans for a 30-day fill of a prescribed medication that the member is currently taking as prescribed with no adverse effects.

Kevin indicated that the Commission would continue its discussion regarding Continuity of Coverage plans at the meeting on March 12, 2026.

6. Turnaround Times

Kevin explained that this topic was carried over from the prior meeting, having been raised for discussion by Cheryl. Cheryl explained that she had been concerned that patients transitioning between plans would be required to submit a new exception request upon enrollment in the new plan and, as a result, would experience lapses or delays in receiving their medication. Cheryl indicated that her concern appears to have been addressed satisfactorily by the Continuity of Coverage plans discussed earlier.

7. DOI Pharmacy Benefit Manager Regulation

Kevin provided the following information to the group regarding newly enacted licensing requirements for Pharmacy Benefit Managers (PBMs):

- The Division established an interim 1-year licensing term for PBMs, effective January 1, 2026, under the new PBM law until the accompanying PBM regulation, which outlines the more robust licensing requirements for a full 3-year term, is adopted. (The proposed text of the new regulation is not yet published, but Rebecca shared a copy of the Hearing Notice, noting a hearing date of January 8, 2026.)
- The Division has received 32 PBM licensing applications for the 1-year term. The Division is aware of 2 additional applications that have yet to be submitted for licensing effective January 1, 2026.
- Commission members are invited to comment on the new PBM regulation and provide insight and suggestions regarding PBM oversight as the Division obtains more information on their processes.

Following Kevin's introduction, Caitlin shared an update on CHIA's oversight in the PBM space:

- CHIA was charged with collecting information from PBMs, including process documentation, rebate amounts collected from prescription drug manufacturers, how such rebates may be passed to patients and/or carriers, and how rebates may be adjusted or clawed back.
- CHIA proposed a regulation in October, which is also expected to be adopted in January, outlining (by NDC level) which prescription drugs are subject to step therapy. CHIA will also be collecting formularies for PBMs and carrier clients and will be able to provide aggregate data by early summer 2026.

8. Other Matters

Kevin invited Commission members to propose any other data information that they would like the Division to introduce into the discussion at future meetings.

Kevin summarized the intent of future Commission meetings as follows:

- March 12, 2026: 1) Focus on getting the exception reports right (i.e., carrier details and summary reports with added information from carriers), 2) reaction to carrier Continuity of Coverage plans, and 3) any other information the Division should collect from carriers or other sources.
- June 11, 2026: Discussion on presentation of the final report in October 2026.

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There were no other matters proposed for discussion, and Kevin entertained a Motion to Adjourn the Meeting.

9. Motion to Adjourn Meeting

- Introduced by Eileen; seconded by Darlene; no discussion requested
- Motion passed unanimously, and Kevin closed the meeting at 10:59 AM EST.

Voting Member Name	Yes	No	Other
Kevin Beagan	X		
Nancy Ryan	X		
Caitlin Sullivan	X		
Cheryl Bartlett	X		
Paul Jones	X		
Sarah Chiaramida	X		
Marc Hymovitz	X		
Clinton Pong	X		
Darlene Sawicki, CNP	X		

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