



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**All Provider Bulletin 366**  
**May 2023**

**TO:** All Providers Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth

**RE: Drugs Designated for Exclusion from 340B Coverage**

**Summary**

In accordance with M.G.L. c. 118E, §13L, 130 CMR 405.000: *Community Health Centers*, 130 CMR 406.000: *Pharmacy Services*, and 130 CMR 410.000: *Outpatient Hospital Services*, MassHealth is providing notice to all providers utilizing 340B drugs that it is limiting payment for the following drugs for MassHealth members when purchased through the 340B Drug Pricing Program, as defined in 130 CMR 406.402:

- Abecma (idecabtagene vicleucel)
- Breyanzi (lisocabtagene maraleucel)
- Carvykti (ciltacabtagene autoleucel)
- Kymriah (tisagenlecleucel)
- Tecartus (brexucabtagene autoleucel)
- Yescarta (axicabtagene ciloleucel)
- Luxturna (voretigene neparvovec)
- Zolgensma (onasemnogene abeparvovec-xioi)
- Hemgenix (etranacogene dezaparvovec)
- Zynteglo (betibeglogene autotemcel)
- Skysona (elivaldogene autotemcel)

MassHealth will continue to pay providers for these drugs for MassHealth members when purchased outside of the 340B Drug Pricing Program. Each of these drugs is or is expected to be listed on the MassHealth Acute Hospital Carve-Out Drugs List section in the MassHealth Drug List.

When the exclusion is implemented, payment will only be available from MassHealth when providers use non-340B stock for the drugs designated above when such drugs are provided to MassHealth members. Providers may continue to provide 340B stock for these drugs to eligible patients who are not MassHealth members.

MassHealth will implement this exclusion no sooner than November 15, 2023.

**Information Needed**

In order to better understand how this exclusion will affect providers, MassHealth invites input from affected providers. Please send any input regarding this policy in the format described below to [masshealthpublicnotice@mass.gov](mailto:masshealthpublicnotice@mass.gov) no later than June 2, 2023.

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To assist in review, MassHealth asks that input be provided in the following format, though providers can provide input in an alternative format if necessary.

- Plan (MCO/FFS)
- ICN/TCN
- NDC
- Drug name
- Amount paid
- Quantity
- 340B acquisition cost
- Potential loss

Each of the 11 affected drugs is or is expected to be listed on the Acute Hospital Carve-Out Drugs List. MassHealth pays the actual acquisition cost for such drugs regardless of whether the drug is acquired through the 340B Drug Pricing Program. MassHealth will continue to pay providers the actual acquisition cost for such drugs after this policy is implemented. Providers will pay more to purchase the drug outside of the 340B Drug Pricing Program but will be reimbursed at a corresponding higher amount. As such, MassHealth expects that any fiscal impact of this policy is limited to temporary cash-flow impact.

### **MassHealth Website**

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### **Questions**

#### **Dental Services**

Phone: (800) 207-5019, TTY: (800) 466-7566

#### **Long-Term Services and Supports**

Phone: (844) 368-5184 (toll free)

Email: [support@masshealthltss.com](mailto:support@masshealthltss.com)

Portal: [www.MassHealthLTSS.com](http://www.MassHealthLTSS.com)

Mail: MassHealth LTSS  
PO Box 159108  
Boston, MA 02215

Fax: (888) 832-3006

#### **All Other Provider Types**

Phone: (800) 841-2900, TDD/TTY: 711

Email: [provider@masshealthquestions.com](mailto:provider@masshealthquestions.com)