# All Provider Bulletin 390

Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** April 2024

**TO:** All Providers Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth [signature of Mike Levine]

RE: Exclusion of Designated 340B Drugs from MassHealth Coverage

## Background

Consistent with the policy announced in May 2023 in [All Provider Bulletin 366](https://www.mass.gov/doc/all-provider-bulletin-366-drugs-designated-for-exclusion-from-340b-coverage-0/download) and the requirements in M.G.L. c. 118E, § 13L, 130 CMR 405.000: *Community Health Center Services*, 130 CMR 406.000: *Pharmacy Services*, and 130 CMR 410.000: *Outpatient Hospital Services*, MassHealth will not pay for certain high-cost drugs if purchased through the 340B Drug Pricing Program. This change applies to claims for MassHealth members in Fee-for Service, the PCC Plan, and Primary Care Accountable Care Organizations.

Providers serving MassHealth members enrolled in Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), One Care plans, Senior Care Organizations, or the MassHealth behavioral health vendor should refer to [Managed Care Entity Bulletin 7](https://www.mass.gov/doc/managed-care-entity-bulletin-7-masshealth-accountable-care-partnership-plan-and-managed-care-0/download) for additional information regarding payment policies applicable to those plans.

## Summary

Effective July 1, 2024, the drugs on the list below are excluded from being purchased through the 340B Program for applicable MassHealth members. Payment will be available from MassHealth only when providers use non-340B stock for these drugs when those drugs are provided to applicable MassHealth members.

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

Each of the 11 affected drugs is listed on the Acute Hospital Carve-Out Drugs List. MassHealth currently pays providers the actual acquisition cost for such drugs regardless of whether the drug is acquired through the 340B Drug Pricing Program or not. 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.

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

[Sign up](https://www.mass.gov/forms/email-notifications-for-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## Questions

If you have questions about the information in this bulletin, please contact:

## 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

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com/s/?language=en_US)

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

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