



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

All Provider Bulletin 407

DATE: September 2025

TO: All Providers Participating in MassHealth

FROM: Mike Levine, Undersecretary for MassHealth

RE: Changes in Exclusion of Designated 340B Drugs from MassHealth Coverage

Background

Consistent with the policy announced in February 2025 in [All Provider Bulletin 400](#) 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 Primary Care Clinician (PCC Plan), and Primary Care Accountable Care Organizations.

New Drugs Excluded from MassHealth Coverage when Purchased through 340B Drug Pricing Program

Effective September 2, 2025, the following drugs 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.

- Casgevy (exagamglogene autotemcel)
- Elevidys (delandistrogene moxeparvovec-rokl)
- Lenmeldy (atidarsagene autotemcel)
- Lyfgenia (lovotibeglogene autotemcel)
- Omisirge (omidubicel-only)
- Roctavian (valoctocogene roxaparvovec-rvox)
- Tecelra (afamitresgene autoleucel)

Each of the seven affected drugs is listed on the [Acute Hospital Carve-Out Drugs List](#). MassHealth currently pays providers the actual acquisition cost for such drugs 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.

Additionally, Beqvez (fidanacogene eleparvovec) was previously included in the list of drugs noted in [All Provider Bulletin 400](#). However, as of February 2025, Beqvez (fidanacogene eleparvovec) has been discontinued by the manufacturer. So, MassHealth will no longer exclude it from 340B coverage. For a list of other drugs that are excluded from 340B coverage, please see [All Provider Bulletin 390](#).

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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Questions?

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

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