



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

## **All Provider Bulletin 412**

**DATE:** November 2025

**TO:** All Providers Participating in MassHealth

**FROM:** Mike Levine, Undersecretary for MassHealth

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

### **Introduction**

MassHealth is providing notice to all providers using 340B drugs that it will stop paying for the high-cost drugs listed in this bulletin, in addition to those outlined in [All Provider Bulletin 390](#) and [All Provider Bulletin 400](#) (except as otherwise described below), when purchased through the 340B Drug Pricing Program. This follows 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 will implement these changes no sooner than May 4, 2026, through a follow-up All Provider Bulletin. MassHealth is inviting comment about these changes.

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

Once finalized, MassHealth will no longer pay for the following drugs when purchased through the 340B Drug Pricing Program.

- Aucatzyl (obecabtagene autoleucel)
- Encelto (revakinagene taroretcel-lwey)
- Kebilidi (eladocagene exuparvovec-tneq)
- Zevaskyn (prademagene zamikeracel)

We will continue to pay providers for these drugs for MassHealth members when purchased outside of the 340B Drug Pricing Program, as long as these drugs are covered by MassHealth. See 130 CMR 406.412(A)(1): *Prescription Drugs*: “The MassHealth agency pays only for prescription drugs that are approved by the U.S. Food and Drug Administration and manufactured by companies that have signed rebate agreements with the U.S. Secretary of Health and Human Services pursuant to 42 U.S.C. 1396r-8.”

Each of these drugs is listed on the MassHealth Acute Hospital Carve-Out Drugs List section in the [MassHealth Drug List](#).

When the exclusion is implemented, MassHealth will only pay when providers use non-340B stock for the drugs designated above; payment will only be made for drugs covered by MassHealth.

For a list of current drugs that are excluded from 340B coverage, please see [All Provider Bulletin 390](#). Please also see [All Provider Bulletin 400](#) for a list of other drugs that MassHealth has provided notice will be excluded from 340B coverage.

## Information Needed

To better understand how this exclusion will affect providers, MassHealth invites input from affected providers. Please send comments about this policy in the format described below to [masshealthpublicnotice@mass.gov](mailto:masshealthpublicnotice@mass.gov) no later than December 3, 2025.

To assist in review, MassHealth asks that comments be provided in the following format.

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

Providers can provide input in an alternative format if necessary.

Each of the affected drugs is or is planned to be listed on the MassHealth Acute Hospital Carve-Out Drugs List on the MassHealth Drug List site. 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 higher amount. As such, MassHealth expects that any fiscal impact of this policy is limited to temporary cash-flow impact.

## MassHealth Website

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

[Sign up](#) 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:

## Long-Term Services and Supports

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

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

Portal: [MassHealthLTSS.com](https://MassHealthLTSS.com)

Mail: MassHealth LTSS  
PO Box 159108  
Boston, MA 02215

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## All Other Provider Types

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

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

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