



MassHealth Acute Hospital Carve-Out Drugs List

This section of the MassHealth Drug List (MHDL) applies to participating in-state MassHealth Acute Hospital providers and, as applicable, to out-of-state MassHealth acute hospital providers pursuant to 130 CMR 450.233(D). It identifies the current list of “Adjudicated Payment Amount per Discharge (APAD) Carve-Out Drugs” and “Adjudicated Payment per Episode of Care (APEC) Carve-Out Drugs” for purposes of Sections 5.B.8.b and 5.C.9 of the current MassHealth Acute Hospital Request for Applications (Acute Hospital RFA) for in-state acute hospitals and regulations at 130 CMR 450.233(D) for out-of-state acute hospitals. APAD and APEC one-time cell and gene therapies on this list are part of the Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) unified pharmacy policy. Prior authorization (PA) requests for one-time cell and gene therapies for members with ACPP and MCO plans will be reviewed by the MassHealth Drug Utilization Review (DUR) Program.

Hospitals and prescribers must obtain PA from MassHealth for both APAD and APEC Carve-Out Drugs on this list (**see Table 1**). The associated treatments will also be subject to monitoring, as indicated below, and other requirements may apply. This list, along with the PA and other requirements, may be updated periodically. [Hospitals should review any special billing instructions for APAD Carve-Out Drugs and APEC Carve-Out Drugs posted in the "Billing Tips" section of the MassHealth website.](#)

For both APAD and APEC Carve-Out Drugs, the drugs and biologics are listed alphabetically by drug name (brand). Prescribers must submit a request for PA using a Prior Authorization Request form. Once the PA request is reviewed by the MassHealth DUR Program, the prescriber will be notified via fax if the request has been approved.

For APAD Carve-Out Drugs (administered in an acute inpatient hospital setting), if PA is granted, the admitting provider must submit a preadmission screening request for the acute inpatient hospital admission to the MassHealth acute hospital utilization review contractor, Permedion, in accordance with applicable MassHealth regulations and guidelines. Once both the PA and preadmission screening are adjudicated and approved, the treatment plan can be initiated.

In addition to PA and other requirements, both APAD and APEC Carve-Out Drugs require short- and long-term monitoring for efficacy and durability of response. MassHealth may conduct outreach to prescriber’s offices and/or hospitals to gather the necessary information.

FDA-Approved New-to-Market Drugs

FDA-approved new-to-market drugs and biologics that are not listed in the MHDL will be handled on a case-by-case basis until MassHealth has concluded its evaluation of the drug or biologic. Hospitals and prescribers should contact MassHealth to determine whether an FDA-approved new-to-market drug or biologic not listed in the MHDL is an “APAD Carve-Out Drug” or an “APEC Carve-Out Drug” for purposes of the Acute Hospital RFA (or MassHealth regulations, as applicable).

TABLE 1. MassHealth Acute Hospital Carve-Out Drugs List (APAD Carve-Out Drugs and APEC Carve-Out)

Drug	Generic Name	HCPCS Code	Therapeutic Class (Table on MHDL)	PA Request Form
Abecma	idecabtagene vicleucel	Q2055	Chimeric Antigen Receptor (CAR)-T Immunotherapies (Table 75)	One-Time Cell and Gene Therapies Prior Authorization Request form
Amtagvi	lifileucel	Unspecified*	Autologous T-Cell Immunotherapy (Table 75)	
Aucatzyl	obecabtagene autoleucel	Q2058	(CAR)-T Immunotherapies (Table 75)	
Beqvez	fidanacogene elaparvovec-dzkt	J1414	Hemophilia B Gene Therapy (Table 80)	
Breyanzi	lisocabtagene maraleucel	Q2054	(CAR)-T Immunotherapies (Table 75)	
Carvykti	ciltacabtagene autoleucel	Q2056	(CAR)-T Immunotherapies (Table 75)	
Casgevy	exagamglogene autotemcel	J3392	Beta Thalassemia Gene Therapy Sickle Cell Disease Gene Therapy (Table 45)	
Elevidys	delandistrogene moxeparvovec-rokl	J1413	Duchenne Muscular Dystrophy Agent (Table 76)	
Hemgenix	etranacogene dezaparvovec-drlb	J1411	Hemophilia B Gene Therapy (Table 80)	
Kebilidi	eladocogene exuparvovec-tneq	Unspecified*	Enzyme and Metabolic Disorder Therapy (Table 65)	
Kymriah	tisagenlecleucel	Q2042	(CAR)-T Immunotherapies (Table 75)	
Lenmeldy	atidarsagene autotemcel	J3391	Metachromatic Leukodystrophy Agent (Table 72)	
Luxturna	voretigene neparvovec-rzyl	J3398	Inherited Retinal Disease Gene Therapy (Table 72)	
Lyfgenia	lovotibeglogene autotemcel	J3394	Sickle Cell Disease Gene Therapy (Table 45)	

Drug	Generic Name	HCPCS Code	Therapeutic Class (Table on MHDL)	PA Request Form
Omisirge	omidubicel-only	Unspecified*	Stem Cell Therapy (Table 72)	One-Time Cell and Gene Therapies Prior Authorization Request form
Roctavian	valoctocogene roxaparvovec-rvox	J1412	Hemophilia A Gene Therapy (Table 80)	
Skysona	elivaldogene autotemcel	Unspecified*	Cerebral Adrenoleukodystrophy Agent (Table 72)	
Tecartus	brexucabtagene autoleucel	Q2053	(CAR)-T Immunotherapies (Table 75)	
Tecelra	afamitresgene autoleucel	Q2057	Autologous T-Cell Immunotherapy (Table 75)	
Yescarta	axicabtagene ciloleucel	Q2041	(CAR)-T Immunotherapies (Table 75)	
Zolgensma	onasemnogene abeparvovec-xioi	J3399	Spinal Muscular Atrophy Agent (Table 76)	
Zynteglo	betibeglogene autotemcel	J3393	Beta Thalassemia Gene Therapy (Table 45)	

*For drugs with an unspecified HCPCS code, please use J3490 (unclassified drugs), J3590 (unclassified biologics), or J9999 (not otherwise classified, antineoplastic drugs), as clinically appropriate.