



Reimbursement Policy:

Specialty Pharmacy Requirements Drug List

(Commercial, Medicare, Medicaid)

POLICY NUMBER	EFFECTIVE DATE:	APPROVED BY
RP20250024	7/14/2025	RPC (Reimbursement Policy Committee)

Reimbursement Guideline Disclaimer: We have policies in place that reflect billing or claims payment processes unique to our health plans. Current billing and claims payment policies apply to all our products, unless otherwise noted. EmblemHealth will inform you of new policies or changes in policies through postings to the applicable Reimbursement Policies webpage on emblemhealth.com. Further, we may announce additions and changes in our provider manual and/or provider newsletters which are available online and emailed to those with a current and accurate email address on file. The information presented in this policy is accurate and current as of the date of this publication.

The information provided in EmblemHealth's policies is intended to serve only as a general reference resource for services described and is not intended to address every aspect of a reimbursement situation. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, physician or other provider contracts, the member's benefit coverage documents and/or other reimbursement, and medical or drug policies. Finally, this policy may not be implemented the same way on the different electronic claims processing systems in use due to programming or other constraints; however, EmblemHealth strives to minimize these variations.

EmblemHealth follows coding edits that are based on industry sources, including, but not limited to, CPT® guidelines from the American Medical Association, specialty organizations, and CMS including NCCI and MUE. In coding scenarios where there appears to be conflicts between sources, we will apply the edits we determine are appropriate. EmblemHealth uses industry-standard claims editing software products when making decisions about appropriate claim editing practices. Upon request, we will provide an explanation of how we handle specific coding issues. If appropriate coding/billing guidelines or current reimbursement policies are not followed, EmblemHealth may deny the claim and/or recoup claim payment.

Policy Statement:

This specialty medication procurement reimbursement policy requires participating outpatient providers to obtain certain drugs from indicated specialty pharmacies unless otherwise authorized by EmblemHealth.

When one of these medications listed below in the [Medical Sourcing Policy Medication List](#) is appropriately obtained through the indicated specialty pharmacy, the specialty pharmacy will bill EmblemHealth directly for the drug under the member's medical benefit. Outpatient providers may only seek reimbursement for administering the medication. Outpatient providers may not bill the member for the medication.

This policy pertains to all **outpatient providers in following places of service: Outpatient hospital, physician office, member home and ambulatory infusion.**

Exclusions: This policy does not apply to Home Infusion providers.

Specialty Pharmacy(ies)
Applicable Codes/Drugs
Revision History

Reimbursement Policy:**Specialty Pharmacy Requirements Drug List****(Commercial, Medicare, Medicaid)****Specialty Pharmacies:**

Pharmacy Name	Address	Contact Information
Accredo	1620 Century Center Pkwy Memphis, TN 38134	Phone: 407-854-8035 Fax: 800-554-5545
CVS		Intake Call: 1-866-899-1661 Fax: 1-866-843-3221
Orsini		Phone: 1-800-410-8575 or the number listed on the enrollment form. Fax: 847-879-9551 or the number listed on the enrollment form. E-prescription: NPI #1073608998 Listed as "Orsini Pharmaceutical Services."

Applicable Codes:

Note: EmblemHealth Medicaid plans only reimburse codes if they are found on the Medicaid fee schedules. Codes that are not included on the Medicaid fee schedule(s) will be denied.

Disclaimer: Inclusion of a medication in this list does not indicate coverage. Any drug may be subject to other requirements, including but not limited to benefits, [Preauthorization](#) and/or [Site of Service](#) requirements. The list below is subject to change.

Medical Sourcing Policy Medication List			
Medication	Therapeutic Class	Code(s)	Specialty Pharmacy
Actemra	Inflammatory Conditions	J3262	Accredo
Adakveo	Sickle Cell Disease	J0791	CVS
Adzynma	Enzyme Replacement Therapy	J7171	Orsini
Aldurazyme	Enzyme Replacement Therapy	J1931	Accredo
Alyglo	Immune Globulin	J1552	Accredo

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Medication	Therapeutic Class	Code(s)	Specialty Pharmacy
Amondys-45	CNS agents	J1426	Orsini
Amvuttra	CNS agents	J0225	Accredo
Aralast NP	Alpha-1 proteinase inhibitor	J0256	Accredo
Asceniv	Immune Globulin	J1554	Accredo
Avsola	Inflammatory Conditions	Q5121	Accredo
Benlysta	Monoclonal antibody miscellaneous	J0490	Accredo
Beovu	VEGF	J0179	CVS
Beqvez	Gene Therapy	J1414	Accredo
Bivigam	Immune Globulin	J1556	CVS
Brineura	Enzyme Replacement Therapy	J0567	Orsini
Briumvi	Multiple Sclerosis	J2329	Accredo
Byooviz	VEGF	Q5124	Accredo
Cerezyme	Enzyme deficiency (Gaucher Disease)	J1786	Accredo
Cimzia	Inflammatory Conditions	J0717	Accredo
Cinqair	Asthma	J2786	CVS
Cosentyx IV	Inflammatory Conditions	J3247	Accredo
Crysvita	Endocrine	J0584	Accredo
Cuvitru	Immune Globulin	J1555	Accredo
Elaprase	Enzyme Replacement Therapy	J1743	Accredo
Elevidys	Gene Therapy	J1413	Accredo
Eleyso	Enzyme deficiency (Gaucher Disease)	J3060	Accredo
Elfabrio	Enzyme Replacement Therapy	J2508	Accredo

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Medication	Therapeutic Class	Code(s)	Specialty Pharmacy
Enjaymo	Blood-Modifying Agents	J1302	CVS
Entyvio	Inflammatory Conditions	J3380	Accredo
Evkeeza	Rare Conditions	J1305	Orsini
Exondys 51	CNS agents	J1428	Accredo
Eylea	Vascular Endothelial Growth Factor (VEGF) inhibitors	J0178	Accredo
Fabrazyme	Enzyme Replacement Therapy	J0180	Accredo
Fasenra	Asthma	J0517	Accredo
Gamifant	Immune Modulator	J9210	CVS
Gammagard Liquid	Immune Globulin	J1569	Accredo
Gammagard S/D	Immune Globulin	J1566	Accredo
Gammaked	Immune Globulin	J1561	Accredo
Gammaplex	Immune Globulin	J1557	Accredo
Gamunex-C	Immune Globulin	J1561	Accredo
Givlaari	Blood-Modifying Agents	J0223	Accredo
Glassia	Alpha-1 proteinase inhibitor	J0257	Accredo
Hemgenix	Gene Therapy	J1411	Accredo
Hemlibra	Humanized monoclonal modified immunoglobulin	J7170	Accredo
Hizentra	Immune Globulin	J1559	Accredo
HyQvia	Immune Globulin	J1575	Accredo
Ilaris	Immune Modulator	J0638	Accredo
Ilumya	Inflammatory Conditions	J3245	Accredo
Inflectra	Inflammatory Conditions	Q5103	Accredo

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Medication	Therapeutic Class	Code(s)	Specialty Pharmacy
Izervay	Complement inhibitor-ophthalmologic use	J2782	CVS
Kanuma	Enzyme Replacement Therapy	J2840	Accredo
Kisunla	CNS agents	J0175	CVS
Krystexxa	Anti-gout agents	J2507	Accredo
Lamzede	Enzyme Replacement Therapy	J0217	Orsini
Lemtrada	Multiple Sclerosis	J0202	Accredo
Leqembi	CNS agents	J0174	CVS
Leqvio	Cardiology	J1306	Accredo
Lumizyme	Enzyme Replacement Therapy	J0221	Accredo
Luxturna	Gene Therapy	J3398	Accredo
Lyfgenia	Gene Therapy	J3394	Accredo
Mepsevii	Enzyme Replacement Therapy	J3397	Accredo
Naglazyme	Enzyme Replacement Therapy	J1458	Accredo
Nexviazyme	Enzyme Replacement Therapy	J0219	Accredo
Nucala	Asthma	J2182	Accredo
Ocrevus	Multiple Sclerosis	J2350	Accredo
Ocrevus Zunovo	Multiple Sclerosis	J2351	Accredo
Octagam	Immune Globulin	J1568	Accredo
OmvoH IV	Inflammatory Conditions	J2267	Accredo
Onpattro	CNS agents	J0222	Accredo
Orencia IV	Inflammatory Conditions	J0129	Accredo
Oxlumo	Endocrine	J0224	Orsini

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Panzyga	Immune Globulin	J1576	Accredo
Panzyga	Immune Globulin	J1599	Accredo
Pombiliti	Enzyme Replacement Therapy	J1203	Accredo
Privigen	Immune Globulin	J1459	Accredo
Prolastin-C	Alpha-1 proteinase inhibitor	J0256	Accredo
Radicava	CNS agents	J1301	Accredo
Reblozyl	Anemia	J0896	CVS
Remicade	Inflammatory Conditions	J1745	Accredo
Renflexis	Inflammatory Conditions	Q5104	Accredo
Rivfloza	Endocrine	J3490	CVS
Roctavian	Gene Therapy	J1412	Accredo
Ryplazim	Rare Conditions	J2998	CVS
Rystiggo	CNS agents	J9333	CVS
Saphnelo	Immune Modulator	J0491	Accredo
Simponi Aria	Inflammatory Conditions	J1602	Accredo
Soliris	Blood-Modifying Agents	J1299	Accredo
Spevigo	Inflammatory Conditions	J1747	Accredo
Spinraza	Spinal Muscular Atrophy	J2326	Accredo
Syfovre	Complement inhibitor-ophthalmologic use	J2781	Accredo
Synagis	RSV prevention	90378	Accredo
Tepezza	Endocrine	J3241	Accredo
Tezspire	Asthma	J2356	Accredo

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Tremfya IV	Inflammatory Conditions	J1628	Accredo
Tysabri	Multiple Sclerosis	J2323	Accredo
Tzield	Immune Modulator	J9381	Orsini
Ultomiris	Blood-Modifying Agents	J1303	Accredo
Uplizna	Immune Modulator	J1823	Accredo
Veopoz	Blood-Modifying Agents	J9376	Orsini
Viltepso	CNS agents	J1427	Orsini
Vimzim	Enzyme Replacement Therapy	J1322	Accredo
VPRIV	Enzyme deficiency (Gaucher Disease)	J3385	Accredo
Vyepti	CNS agents	J3032	Accredo
Vyjuvek	Gene Therapy	J3401	CVS
Vyondys-53	CNS agents	J1429	Orsini
Vyvgart	CNS agents	J9332	Accredo
Vyvgart Hytrulo	CNS agents	J9334	Accredo
Xembify	Immune Globulin	J1558	Accredo
Xenpozyme	Enzyme Replacement Therapy	J0218	Accredo
Xiaflex	Peyronie's disease, Dupuytren's contracture	J0775	CVS
Xolair	Asthma	J2357	Accredo
Zemaira	Alpha-1 proteinase inhibitor	J0256	Accredo
Zolgensma	Gene Therapy	J3399	Accredo
Zynteglo	Gene Therapy	J3393	CVS

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1. Centers for Medicare and Medicaid Services (CMS), Place of Service Code Set. Available at: https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
2. Centers for Medicare and Medicaid Services (CMS), Medicare Claims Processing Manual. Chapter 12 §20.4.2. Available at: <http://www.cms.gov/manuals/downloads/clm104c12.pdf>

Revision history

DATE	REVISION
11/04/2025	• Xiaflex (J0775) Specialty Pharmacy corrected to CVS
4/2025	• New Policy Effective 7/14/2025