April 2026 This month's policy changes and reminders

We regularly review and adapt our clinical payment policies to ensure they remain aligned with current clinical guidance and support safe, appropriate care.

Payer Spaces > Resources > Expanded Clinic Info

Policy changes

Changes to commercial drug lists

On July 1, 2026, with quarter one pharmacy drug lists. These changes may include things like:

- Adding or removing specialty, brand name and generic drugs
- Changing preferred or non-preferred drug status
- Changing quantity limits, step therapy, prior auth and other clinical requirements

You'll be able to view the changes as early as May 1, 2026. They'll be on our **Formularies and Pharmacy Clinical Policy Bulletins** page.

Ways to request a drug PA:

- Submit your request through **CoverMyMeds**.
- For requests for non-specialty drugs, call **1-866-264-8011 (TTY 711)** or fax your completed form to **1-866-270-1279**.
- For requests for drugs on the Aetna Specialty Drug List, contact **specialty pharmacy** or **specialty provider** and request a **Prior Authorization (PA)** form.
- Request **drug formulary** or **specialty pharmacy** form.

Medications on the Aetna Drug Guide, prescription, step therapy and quantity limits list are subject to change.

More information

For more information, refer to the **Contact Aetna** page.

Important pharmacy updates

Medicare

Visit our **Medicare drug list** page to view the most current Medicare plan formularies (drug lists). We update these formularies on a monthly basis. Medicare members can also access a **quarterly formulary change report**.

Visit our **Medicare Part B Formulary** page to view the most current Preferred Drug Lists for Medicare Advantage (MA) and Medicare Advantage Prescription Drug (MAPD) formulary members. We update these lists on a quarterly basis (four times per year).

Commercial — refer changes to prior authorization (PA) requirements

Visit our **Formularies and Pharmacy Clinical Policy Bulletins** page to view:

- Commercial pharmacy drug guides with new to commercial drug lists
- Clinical policy bulletins with the most current PA requirements for each drug

Student Health

Visit **Aetna Student Health** to view the most current Aetna Student Health™ formularies (drug lists). We update these lists:

- Select your college or university and click "View your formulary"
- Select the "Medicine" link at the top of the page
- Click the "Prescriptions" link under Resources for Students
- Scroll down to the Aetna Pharmacy Clinical Policies section

Aetna™ Dental employee plans

Visit our **Aetna Dentaquest Plans** website to view the most current formularies (drug lists).

Combined Benefit Management drug list changes

This information doesn't apply to Aetna Health Exchange and federal employee plans.

On July 1, 2026, we'll update the drugs covered on the Combined Benefit Management drug list. This list applies to certain specialty medications that are covered by medical benefits in members with Aetna® medical and pharmacy benefit plans, subject to applicable state laws.

With these updates, certain drugs may move from a member's medical benefit to their pharmacy benefit, or vice versa.

These updates support our commitment to high-quality, cost-effective health care.

What's behind the updates

The updates focus on drugs known as provider-administered specialty drugs.

Your patients may see lower costs for those drugs and may have more options for how they receive medical care. Some of your patients may already be receiving these drugs.

Supporting you and your patients

We'll notify patients affected by these changes. Beginning May 1, 2026, we'll also provide a **Provider-administered specialty drugs list and medical and behavioral health drugs**.

No action required for existing prior authorizations (PA)

We're committed to smooth transitions for you and your patients. For medical management, we'll honor PA requests remain in place until the current expiration. We'll proactively reach out to members who will need the same information date as the member's existing PA.

Your next steps

- Review your patients' current treatment plans and the drug list changes.
- If you're currently offering a drug on the medical benefit that's now moving to the pharmacy benefit, you may need to place a prescription for the drug through a pharmacy. Or, if you determine it's clinically appropriate and your patient's current medical benefit plan allows an alternate drug under a medical benefit, you'll need to submit a new PA.
- If your patient is receiving a drug through the pharmacy benefit and it's now covered by the medical benefit, you may continue to receive the drug from the pharmacy benefit. Or, if your patient's current plan allows, change their billing from pharmacy to medical coverage.

Changes to medical plan drug lists

On July 1, 2026, we'll update our medical plan drug lists. These updates may include things like adding or removing specialty, effective health care, brand name and generic drugs, or adjusting step therapy. If your patients have an existing authorization in place for medical management, they'll keep their current authorization and their current authorization's expiration date.

Starting May 1, 2026, you'll be able to view the changes on our **Formularies and Pharmacy Clinical Policy Bulletins** page. We'll also post a **quarterly formulary change report** that shows what's changed.

Why Aetna's commercial drug lists

Aetna's commercial drug lists are all the following requirements are met:

- Eligible conditions
- Monitoring is appropriate when the member has one of these conditions
  - Heart failure
  - Hypertension
  - Diabetes
- Technology requirements
  - The member must be using a Food and Drug Administration (FDA)-approved device for the indication. The device must be capable of automatically transmitting physiologic data.

Clinical requirements

- The data collected must be used to inform and adjust the member's treatment plan.
- The data must be reviewed by a professional must order and supervise the service.
- The member must provide documented consent for RPM.

When RPM isn't covered

RPM won't be covered when:

- It's used for conditions other than heart failure, hypertension or diabetes.
- The device isn't FDA-approved or doesn't meet FDA standard.

Transition guidance for members already using RPM

Members who were prescribed RPM and were actively monitored during the last quarter (October 1 – December 31), continue receiving RPM through August 31, 2026, even if they don't meet the updated criteria.

Beginning September 1, 2026, the new clinical policy requirements will apply to all members.

More information

Refer to **Clinical Policy Bulletin (CPB) 0155 Remote Physiologic Monitoring.** CPBs are always available in **Aetna.com** > **> Formularies and Pharmacy**.

Billing update for neuromodulation and surgical services

These changes apply to both commercial and Medicare members.

What's changing

Effective July 1, 2026, we'll bary certain neuromodulation surgical codes as inclusive and bundled into the main date of service as specific breast or digestive system surgical codes by different providers.

This update applies to the following code ranges:

- 43770–43774 – Laparoscopic gastric restrictive procedure (laparoscopic vertical banding)
- 19355–19357 – Breast tissue expander or reconstruction/ prosthesis
  - 19364–19369 – Breast surgery procedures
  - 43496–43497 – Digestive system surgery procedures

Why the change

When a surgical procedure inherently includes neuromodulation, any clinical justification for a separate procedure is incorrectly coded or the primary procedure and not separately billable.

This change aligns payment with standard surgical bundling principles.

What this means for you

- Choose procedure codes based on proper surgeon's primary breast or digestive system surgery procedure, not neuromodulation.
- Claims for codes 43770–43774 and 19355–19357 will be denied as incidental when billed with the primary codes listed above on the same date of service.

This update applies regardless of your specialty.

More information

Beginning July 1, 2026, you can find these details in the Incidental Claim Edits payment policy on our **provider portal as Aetna.com** > **> > > >