Neighborhood Health Plan of Rhode Island
Formulary Change Document

September 2026 Updates:

The following changes to the Neighborhood Commercial 6Tier Formulary were recently approved by the Pharmacy and Therapeutics (P&T) Committee or a recent generic became available for a formulary medication. All changes to the formulary are effective immediately unless otherwise noted.
Please call Member Services at 1-855-321-9244 for pharmacy authorization requests or for further information on the Neighborhood Commercial formulary.

Drug Name	**Benefit**	**Description of Coding Change**
BREZTR AERO AER SPHERE	Pharmacy Benefit	Adding product to formulary
MIRABEGRON GRANULES FOR ORAL EXTENDED RELEASE SUSP 8 MG/ML	Pharmacy Benefit	Adding product to formulary
SITAGLIPTIN PHOSPHATE TAB 25 MG (BASE EQUIV)	Pharmacy Benefit	Adding product to formulary
SITAGLIPTIN PHOSPHATE TAB 50 MG (BASE EQUIV)	Pharmacy Benefit	Adding product to formulary
SITAGLIPTIN PHOSPHATE TAB 100 MG (BASE EQUIV)	Pharmacy Benefit	Adding product to formulary
SITAGLIPTIN PHOSPHATE-METFORMIN HCL TAB 50-1000 MG	Pharmacy Benefit	Adding product to formulary
SITAGLIPTIN PHOSPHATE-METFORMIN HCL TAB 50-500 MG	Pharmacy Benefit	Adding product to formulary