



CLINICAL MAILING NOTIFICATION

Type of Mailing: Formulary Change

Drugs Affected: SPIRIVA HANDIHALER, SPIRIVA RESPIMAT INHALER

Projected Mailing Date:** Week of March 27, 2017

The purpose of this letter is to tell you that as of 4/1/2017, the following medication will be changing on your formulary: SPIRIVA HANDIHALER, SPIRIVA RESPIMAT INHALER.

Our records show you may be taking or using SPIRIVA HANDIHALER, SPIRIVA RESPIMAT INHALER.

If you are currently taking or using this prescription you will be able to get it at the current coverage until 6/30/2017.

What to do if you take the medication[s] listed above:

- Show this letter to your prescriber before 7/1/2017
- Discuss with your prescriber whether one of the following covered alternatives is right for you:

Drug Name	New Status Effective 7/1/2017 for Current Members	Covered Alternatives*
SPIRIVA HANDIHALER	Not Covered	Tier 2: Incruse Ellipta Inhaler
SPIRIVA RESPIMAT INHALER	Not Covered	Tier 2: Incruse Ellipta Inhaler

**Note: All possible covered alternatives may not be listed.*

**This is an estimated date