



**Drug Name:** Spiriva Handihaler

**Effective date:** 02/01/2020

**Reviewed:** 11/2019, 07/2020, 4/2021, 3/2022

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to Incruse Ellipta
<b>Coverage Duration:</b>	12 months
<b>Quantity Limit:</b>	Spiriva Handihaler: 1 capsule per day
<b>Coding Logic for Step Therapy:</b>	Spiriva Handihaler will pay if there is at least one paid claim within the last 365 days of formulary Incruse Ellipta or Spiriva Handihaler

**Investigational use:** Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.