

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Albuterol/budesonide (Airsupra)

Notes:

- Quantity Limits: Yes (maximum 2 inhalers/ month)
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for *members already taking the medication who have not been reviewed previously (e.g., new members)*: Non-formulary **albuterol/budesonide (Airsupra)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 18 years of age
- Patient has a diagnosis of asthma
- Patient is taking at least a medium dose ICS or a low dose of ICS/LABA combination
- A documented, clinically significant reason why the patient cannot use an ICS/LABA combination, or specific individual ICS and a short-acting beta2 agonist (SABA) as two separate inhalers