

# Albuterol-Budesonide (AIRSUPRA) Inhaler

## Criteria for Use

### March 2024

#### Pharmacy Benefits Management Services and National Formulary Committee

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

See the VA National PBM-MAP-VPE Monograph on this drug at the [PBM INTRAnet](#) site for further information.

#### Exclusion Criteria

**If the answer to ANY item below is met, then the patient should NOT receive albuterol/budesonide.**

- Diagnosis of chronic obstructive pulmonary disease (COPD) alone ^1

#### Inclusion Criteria

**All of the following criteria must be met.**

- Initial prescription is by or in consult with a VA/VA Community Care pulmonologist, allergist/immunologist, or designated expert
- Diagnosis of asthma
- Receiving medium- to high-dose inhaled corticosteroids (or maximally tolerated dose) AND at least 3 months of a long-acting beta-agonist and/or other controller medication such as tiotropium if appropriate
- One or more severe asthma exacerbations in the prior 12 months ^2
- Inadequate symptom control (e.g., short-acting beta-agonist use more than 2 days per week, nighttime awakening due to asthma more than 1 time per week, limitation with normal activity, Asthma Control Test less than 19)
- Adherent to asthma medications as evidence by a review of prescription refill history during the last 12 months
- Patient has demonstrated correct inhaler technique (documented in chart) ^3

1. Patients with asthma/COPD overlap should be adjudicated locally

2. Severe asthma exacerbation is defined as requiring systemic corticosteroids for at least 3 days, emergency room or urgent care visit during which systemic corticosteroids were used, or hospitalization due to asthma exacerbation

3. Poor technique frequently is a cause of poor results in asthma

Note: In appropriate patients with asthma, consider a trial of maintenance and reliever therapy (SMART) with ICS-formoterol before attempting albuterol/budesonide (AIRSUPRA). SMART should only be prescribed by providers with experience using this therapy.