

Budesonide Inhalation Suspension for Nebulization in Asthma or COPD

Criteria for Use

April 2026

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

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.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive Budesonide Inhalation Suspension.

- Used for treatment of status asthmaticus or other acute episodes of asthma where intensive measures are required

Inclusion Criteria

All of the following criteria must be met.

- Patient unable to use oral inhalers including metered dose, soft mist and dry powder due to dexterity or other issues

Revised: N/A

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Contact: Catherine Kelley, PharmD, National Program Manager, VA Pharmacy Benefits Management Services – Formulary Management (12PBM)
