



Commercial/Healthcare Exchange PA Criteria Effective: November 9, 2023

Prior Authorization: Airsupra (albuterol budesonide)

Products Affected: Airsupra (albuterol budesonide) oral inhalation aerosol

Medication Description: AIRSUPRA is indicated for the as-needed treatment or prevention of bronchoconstriction and to reduce the risk of exacerbations in patients with asthma 18 years of age and older.

Covered Uses:

1. As-needed treatment or prevention of bronchoconstriction and to reduce the risk of exacerbations in patients with asthma

Exclusion Criteria: None

Required Medical Information:

1. Diagnosis
2. Previous Therapies Tried and Failed

Prescriber Restriction: None

Age Restriction: 18 years and older

Coverage Duration: 12 months

Other Criteria:

Initial Approval Criteria

1. Asthma

Approve if the patient meets **BOTH** of the following (A AND B):

A. Patient has tried one of a budesonide-formoterol inhaler (Symbicort, Breyna, generics) or Dulera: **AND**

B. Patient has tried one albuterol-containing inhaler (or levalbuterol-containing inhaler) taken concomitantly with one inhaled corticosteroid.

Note: Albuterol-containing inhalers include ProAir HFA, Proventil HFA, albuterol HFA, Ventolin HFA. Levalbuterol-containing inhalers include Xopenex HFA and levalbuterol HFA.

Note: Examples of inhalers containing corticosteroids: Alvesco, ArmonAir Digihaler, Arnuity Ellipta, Asmanex HFA, Asmanex Twisthaler, Flovent Diskus, Flovent HFA, Pulmicort Flexhaler, Qvar RediHaler.

November 2023



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References:

1. Product Information: AIRSUPRA™ oral inhalation aerosol, albuterol budesonide oral inhalation aerosol. AstraZeneca Pharmaceuticals LP (per FDA), Wilmington, DE, 2023.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/9/2023