Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

AIRSUPRA® (*albuterol and budesonide*) PA CRITERIA:

AIRSUPRA® (albuterol and budesonide) is a combination of albuterol, a beta$_2$-adrenergic agonist and budesonide, a corticosteroid, 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.

Prior authorization is required for AIRSUPRA® (albuterol and budesonide). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: 12 months

1. Age of the patient is within the age range as recommended by the FDA label; **AND**
2. Patient has a diagnosis of asthma; **AND**
3. Prescribed dose does not exceed the FDA-approved maximum; **AND**
4. Patient has one of the following:
    a. An inadequate response after a 90-day trial of an inhaled corticosteroid and formoterol combination; **OR**
    b. An intolerance or contraindication to the use of an inhaled corticosteroid and formoterol combination.

Re-Authorization: 12 months

1. Patient continues to meet initial authorization requirements; **AND**
2. Documentation of positive clinical response to therapy.

AIRSUPRA® Dosing:

- The recommended dosage is AIRSUPRA® 180 mcg/160 mcg (administered as 2 actuations of albuterol/budesonide 90 mcg/80 mcg) by oral inhalation as needed for asthma symptoms. Do not take more than 6 doses (12 inhalations) in a 24-hour period.

Formulation:

- AIRSUPRA® is available as a pressurized metered dose inhaler that delivers a combination of albuterol 90 mcg and budesonide 80 mcg per actuation.