



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: budesonide

Brand Name: Pulmicort respules

Medication Class: inhaled corticosteroid

FDA Approved Uses: maintenance treatment of asthma and as prophylactic therapy

Usual Doses: 12 months to 8 years of age

Duration of Therapy: through 8 years of age only

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Clinically diagnosed asthma
- Patient must be 8 years old or younger
- Must be unable to use an oral aerosol inhaler.

Not approved if:

- Patient does not meet the above stated criteria.

P&T Approval: _____ Date: _____