

RESPIRATORY MEDICATIONS

RELIEVERS	CONTROLLERS/MAINTENANCE			
Short-Acting Beta2-Agonist (SABA)	Inhaled Corticosteroids (ICS)	Long-Acting Bronchodilators	Combination ICS/LABA	Combination LABA/LAMA
 <p>Aiomir™**† (Salbutamol) (Valeant) Dose: 100mcg Capacity: 200 doses/ canister (100 doses for hospital pack)</p>  <p>Bricanyl® Turbuhaler®**† (Terbutaline) (AstraZeneca) Dose: 0.5mg Capacity: 100 or 200 doses/device</p>  <p>Ventolin® HFA **† (Salbutamol) (GlaxoSmithKline) Dose: 100mcg Capacity: 200 doses/ canister</p>  <p>Ventolin® Diskus®**† (Salbutamol) (GlaxoSmithKline) Dose: 200mcg Capacity: 60 doses/ device</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Salbutamol HFA generic products such as: Apo-Salvent® (Apotex), Salbutamol HFA (Sanis), Novo-Salbutamol HFA (Teva)</p> </div>	 <p>Alvesco®**†(Ciclesonide) (Takeda) Use: OD or BID Doses: 100mcg, 200mcg Capacity: 120 doses/ canister</p>  <p>Asmanex™ Twisthaler™**† (Mometasone)(Merck) Use: OD or BID Doses: 200mcg, 400mcg Capacity: 30 or 60 doses/ device</p>  <p>Flovent® HFA*† (Fluticasone) (GlaxoSmithKline) Use: BID Doses: 50mcg, 125mcg, 250mcg Capacity: 120 doses/ canister</p>  <p>Flovent® Diskus®* (Fluticasone) (GlaxoSmithKline) Use: BID Doses: 50mcg, 100mcg, 250mcg, 500mcg Capacity: 60 doses/ device</p>  <p>Pulmicort® Turbuhaler®* (Budesonide) (AstraZeneca) Use: BID Doses: 100mcg, 200mcg 400mcg Capacity: 200 doses/ device</p>  <p>QVAR®*† (Beclomethasone) (Valeant) Use: BID Doses: 50mcg, 100mcg Capacity: 200 doses/ canister</p>	<p style="text-align: center;">Long-Acting Beta2-Agonist (LABA)</p>  <p>Foradil®**† via Aerolizer® (device) (Formoterol)(Novartis) Use: BID Dose: 12mcg Capacity: 60 capsules/ device</p>  <p>Oxeze®Turbuhaler®* (Formoterol) (AstraZeneca) Use: BID Doses: 6mcg, 12mcg Capacity: 60 doses/ device</p>  <p>Onbrez® Breezhaler®† (Indacaterol)(Novartis) Use: OD Dose: 75mcg Capacity: 30 capsules/box</p>  <p>Serevent® Diskus®**† (Salmeterol) (GlaxoSmithKline) Use: BID Dose: 50mcg Capacity: 60 doses/ device</p> <p style="text-align: center;">Long-Acting Muscarinic Antagonist (LAMA) also known as: Long-Acting Anticholinergic (LAAC)</p>  <p>Seebri® Breezhaler®† (Glycopyrronium) (Novartis) Use: OD Dose: 50mcg Capacity: 30 doses/box</p>  <p>Spiriva®† via Handihaler® (device) (Tiotropium) (Boehringer Ingelheim) Use: OD Dose: 18mcg Capacity: 30 capsules/ box</p>  <p>Tudorza™ Genuair™ † (Aclidinium) (Almirall) Use: BID Dose: 400mcg Capacity: 30 or 60 doses/device</p>	 <p>Advair® Diskus®**† (Salmeterol/Fluticasone) (GlaxoSmithKline) Use: BID Doses: 50/100mcg, 50/250mcg, 50/500mcg Capacity: 28 or 60 doses/device</p>  <p>Advair®*† (Salmeterol/Fluticasone) (GlaxoSmithKline) Use: BID Doses: 25/125mcg, 25/250mcg Capacity: 120 doses/ canister</p>  <p>Breo™ Ellipta™† (Fluticasone/Vilanterol) (GlaxoSmithKline) Use: OD Doses: 100/25mcg Capacity: 14 or 30 doses/ device</p>  <p>Symbicort® Turbuhaler®**† (Budesonide/Formoterol) (AstraZeneca) Use: OD or BID Doses: 100/6mcg, 200/6mcg Capacity: 120 doses/ device</p>  <p>Zenhale™*† (Mometasone/Formoterol) (Merck) Use: BID Doses: 50/5mcg, 100/5mcg, 200/5mcg Capacity: 120 doses/canister</p>	 <p>Anoro™ Ellipta™† (Umeclidinium/Vilanterol) (GlaxoSmithKline) Use: OD Dose: 62.5/25mcg Capacity: 30 doses/device</p>  <p>Ultibro®Breezhaler®† (Indacaterol/Glycopyrronium) (Novartis) Use: OD Dose: 110mcg/50mcg Capacity: 30 capsules/box</p>
				<p style="text-align: center;">Additional Medications</p> <ul style="list-style-type: none"> • Leukotriene Receptor Antagonists (LTRA)**: Accolate® (Zafirlukast) (AstraZeneca), Singulair® (Montelukast) (Merck) • Anti-IgE*: Xolair® (Omalizumab) (Novartis) • Oral Corticosteroid (OCS)**†: Prednisone (Apotex, Teva, Jaapharm, Pro Doc Ltée) • Methylxanthines†: (e.g., Theophylline, Oxytriphylline, etc.) • Phosphodiesterase-4 inhibitor: Daxas®† (Roflumilast) (Takeda)
				 <p><small>†Note: The addition of a valved-holding chamber (spacer) with a pMDI is helpful in improving coordination, reducing side effects and increasing drug delivery and deposition (CTS 2010 Asthma Guidelines—www.respiratoryguidelines.ca)</small></p>

This may not be a complete list of respiratory medications. Please refer to the respective product monographs for detailed information on indications, contraindications, adverse events, dosing and administration and patient selection. Health Canada Drug Product Database: <http://webprod5.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp>
 This chart is provided for information purposes only. Medications are listed in alphabetical order.
 *Indicated for the treatment of Asthma; †Indicated for the treatment of COPD;
 Acronyms used: OD = Once daily, BID = Twice Daily

Respiratory Medications: Age, Maximum Dose and Coverage*

	Drug	Age	Maximum Dose	ODB/Limited Use	Non-Insured Health Benefits		
Relievers	SABA	Airomir™ pMDI (Salbutamol)	≥ 6 years	Adults (≥ 12 yrs) = 8 puffs (800mcg)/day Children (6-11yrs) = 4 puffs (400mcg)/day	Yes/No	Yes, DIN: 02232570	
		Bricanyl® Turbuhaler® (Terbutaline)	≥ 6 years	All = 6 puffs (3mcg)/day	Yes/No	Yes, DIN: 00786616	
		Ventolin® HFA pMDI (Salbutamol)	≥ 4 years	Adults = 8 puffs (800mcg)/day Children = 4 puffs (400mcg)/day	Yes/No	Yes, DIN: 02241497	
		Ventolin® Diskus® (Salbutamol)	≥ 4 years	All = 4 puffs (800mcg)/day	No	No	
	SAMA	Atrovent® HFA pMDI (Ipratropium Bromide)	≥ 18 years	All = 12 puffs (240mcg)/day	Yes/No	Yes, DIN: 02247686	
Controllers/Maintenance	ICS	Alvesco® pMDI (Ciclesonide)	≥ 6 years	All = 800mcg/day	Yes/No	Yes, DIN separate for each concentration	
		Asmanex™ Twistedhaler™ (Mometasone)	≥ 12 years	All = 800mcg/day	Yes/No	Yes, DIN separate for each concentration	
		Flovent® HFA pMDI (Fluticasone)	≥ 1 year	All = 2000mcg/day	Yes/No	Yes, DIN separate for each concentration	
		Flovent® Diskus® (Fluticasone)	≥ 4 years	All = 2000mcg/day	Yes/No	Yes, DIN separate for each concentration	
		Pulmicort® Turbuhaler® (Budesonide)	≥ 6 years	All = 2400mcg/day	Yes/No	Yes, DIN separate for each concentration	
		QVAR® pMDI (Beclomethasone)	≥ 5 years	All = 800mcg/day	Yes/No	Yes, DIN separate for each concentration	
	LABA	Foradil® via Aerolizer® device (Formoterol)	≥ 6 years	Adults (>16 yrs) = 48mcg/day Children (6-16yrs) = 24mcg/day	Yes/Yes (code 132)	Yes, limited Use (LU), DIN: 02230898	
		Onbrez® Breezhaler®(Indacaterol)	≥ 18 years	75mcg/day	Yes/Yes (code 443)	No	
		Oxeze® Turbuhaler® (Formoterol)	≥ 6 years	All = 24mcg/day	Yes/Yes (code 132)	Yes, LU,DIN separate for each concentration	
		Serevent® Diskus® (Salmeterol)	≥ 4 years	All = 100mcg/day	Yes/Yes (code 132, 391)	Yes, LU, DIN: 02231129	
	LAMA	Seebri® Breezhaler® (Glycopyrronium)	≥ 18 years	50mcg/day	Yes/No (DIN: 02394936)	No	
		Spiriva® via Handihaler® device (Tiotropium)	≥ 18 years	18mcg/day	Yes/No	Yes, LU, DIN: 02246793	
		Tudorza™ Genuair™ (Aclidinium)	≥ 18 years	800mcg/day	Yes/ No (DIN: 02409720)	No	
	ICS/LABA	Advair® pMDI (Salmeterol/Fluticasone)	≥ 12 years	See max dose of Serevent® and Flovent®	Yes/Yes (code 330)	Yes, LU, DIN separate for each concentration	
		Advair® Diskus® (Salmeterol/Fluticasone)	≥ 4 years	See max dose of Serevent® and Flovent®	Yes/Yes (code 330)	Yes, LU, DIN separate for each concentration	
		Breo® Ellipta® (Fluticasone/Vilanterol)	≥ 18 years	1 puff/day	No/ -	No	
		Symbicort® Turbuhaler® (Budesonide/Formoterol)	≥ 12 years	8 puffs/day (4 puffs BID)	Yes/Yes (code 330)	Yes, LU, DIN separate for each concentration	
		Zenhale™ pMDI (Mometasone/Formoterol)	≥ 12 years	4 puffs/day	Yes/Yes (code 330)	No	
	LABA/LAMA	Anoro® Ellipta® (Umeclidinium/Vilanterol)	≥ 18 years	1 puff/day	No/ -	No	
		Ultibro® Breezhaler® (Indacaterol/Glycopyrronium)	≥ 18 years	1 puff/day	No/ -	No	
	Additional	LTRA	Accolate® (Zafirlukast)	20mg: ≥ 12 years	40mcg/day (twice daily)	No/ -	Yes, LU, DIN: 02236606
			Singulair® (Montelukast)	4mg: 2-5 years 5mg: 6-14 years 10 mg: ≥ 15 years	One capsule/day	Yes/Yes (Code 382) No/ - No/ -	Yes, LU, DIN: 02243602 Yes, LU, DIN: 02238216 Yes, LU, DIN: 02238217
		Anti-IgE	Xolair® (Omalizumab)	≥ 12 years	Dose based on body weight (kg)	No/ -	No
OCS (Oral Corticosteroids)		Prednisone (for exacerbations)	Please refer to CTS guidelines**	Please refer to CTS guidelines**	Yes/No	No	
PDE-4 Inhibitor		Daxas® (Roflumilast)	500mcg: ≥ 18 years	One capsule/day	No/ -	No	

*Ontario Drug Benefit Formulary Search: <https://www.healthinfo.moh.gov.on.ca/formulary/SearchServlet> , Non-Insured Health Benefits: http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/nihb-ssna/provide-fourir/pharma-prod/med-list/list_drug_med_2013-eng.pdf.

For those medications not covered under NIHB, special circumstances may be taken into consideration

**<http://www.respiratoryguidelines.ca>. This may not be a complete list of respiratory medications. Please refer to the respective product monographs for detailed information on indications, contraindications, adverse events, dosing and administration and patient selection. This chart is provided for information purposes only.

Respiratory Medications: Dose and Coverage*

Antibiotics Used For Purulent Acute Exacerbations of COPD**		
Antibiotic Family	Antibiotics	Coverage
Aminopenicillins	Amoxicillin (Multiple brand names and generic available) Dose: 125mg, 250mg, 500mg capsule (125mg chew tab not covered under ODB but covered under Non-insured Health Benefit)	ODB: yes (only 250mg and 500mg capsule) Non-Insured Health Benefit (NIHB): yes
	Ampicillin (Multiple brand names and generic available) Dose: 250mg, 500mg capsule	ODB: Yes NIHB: Yes
Beta-lactams/beta-lactamase inhibitors	Amoxicillin/Clavulanic Acid (Multiple brand names and generic available) Dose: 250mg/125mg, 500mg/125mg, 875mg/125mg tab	ODB: Yes NIHB: Yes
Cephalosporins 2nd or 3rd gen	Cefuroxime (Multiple brand names and generic available) Dose: 250mg, 500mg tab	ODB: yes NIHB: Yes
	Cefixime (available as Suprax®) Dose: 400mg tab	ODB: yes NIHB: Yes
	Cefaclor (Multiple brand names and generic available) Dose: 250mg, 500mg capsule	ODB: yes NIHB: Yes
	Cefprozil (Multiple brand names and generic available) Dose: 250mg, 500mg tab	ODB: yes NIHB: Yes
Macrolides, extended spectrum	Azithromycin (Multiple brand names and generic available) Dose: 250mg, 600mg tab (600mg tab not covered under ODB but covered under NIHB)	ODB: yes (only 250mg tab) NIHB: yes
	Clarithromycin (Multiple brand names and generic available) Dose: 250mg, 500mg tab (500mg tab not covered under ODB but covered under NIHB)	ODB: yes (only 250mg tab) NIHB: yes
	Erythromycin (Multiple brand names and generic available) Dose: 250mg, 333mg tab	ODB: only 250mg dose NIHB: yes
Flouroquinolones	Moxifloxacin (available as Avelox®) Dose: 400mg tab (not covered under NIHB)	ODB: yes with limited use (LU) code NIHB: no
	Ciprofloxacin (Multiple brand names and generic available) Dose: 250mg, 500mg tab	ODB: yes with LU codes NIHB: yes
	Levofloxacin (Multiple brand names and generic available) Dose: 250mg, 500mg, 750mg (750mg tab not covered under ODB but covered under NIHB)	ODB: yes, with LU codes. No coverage for 750mg tab NIHB: yes with LU codes
Sulfa Combination	Trimethoprim/Sulfamethoxazole (Multiple brand names and generic available) Dose: 80mg/400mg, 160mg/800mg tab	ODB: yes NIHB: yes
Tetracyclines	Doxycycline (Multiple brand names and generic available) Dose: 100mg tab or 100mg capsule	ODB: No NIHB: yes
	Tetracycline HCL (Multiple brand names and generic available) Dose: 250mg capsule	ODB: yes NIHB: yes
Other	Trimethoprim (Multiple brand names and generic available) Dose: 100mg, 200mg tab	ODB: yes NIHB: yes










Repeat Prescription of the same antibiotic class should be avoided within a three-month interval

*Ontario Drug Benefit Formulary Search: <https://www.healthinfo.moh.gov.on.ca/formulary/SearchServlet>, Non-Insured health Benefits: http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/nihb-ssna/provide-fourir/pharma-prod/med-list/list_drug_med_2013-eng.pdf. For those medications not covered under NIHB, special circumstances may be taken into consideration

**This may not be a complete list of respiratory medications. Please refer to the CTS 2008 COPD guidelines for treatment guidelines: <http://www.respiratoryguidelines.ca>. Please refer to the respective product monographs for detailed information on indications, contraindications, adverse events, dosing and administration and patient selection. This chart is provided for information purposes only. Antibiotic Families are listed in alphabetical order.

Respiratory Medications

Nasal Sprays for Allergic Rhinitis**

Drug		Age	Dose	Coverage
Atrovent® Nasal Spray, generic available (Ipratropium Bromide)		≥ 12 years	0.03% (21mcg/metered spray)	ODB: yes for 0.03% (21mcg) only NIHB: yes
Avamys® (Fluticasone Furoate)		≥ 2 years	27.5mcg/metered spray	ODB: No NIHB: No
Flonase®, generic available (Fluticasone Propionate)		≥ 4 years	50mcg/metered spray	ODB: No NIHB: Yes
Nasacort® AQ, generic available (Triamcinolone Acetonide)		≥ 4 years	55mcg/metered spray	ODB: No NIHB: Yes
Nasonex®, generic available (Mometasone Furoate Monohydrate)		≥ 3 years	50mcg/metered spray	ODB: No NIHB: Yes
Omnaris® (Ciclesonide)		≥ 12 years	50mcg/metered spray	ODB: Yes NIHB: No
Rhinalar® Nasal Mist, generic available (Flunisolide)		≥ 6 years (for all)	25mcg/metered spray	ODB: For generic only. No coverage for Rhinalar® Nasal Mist NIHB: No
Rhinaris®-CS Anti-Allergic 2% Nasal Mist, generic available (Sodium Cromoglycate)		≥ 5 years	2.6mg/metered spray	ODB: No NIHB: No
Rhinocort® AQUA™, generic available for 100mcg/metered spray (Budesonide)		≥ 6 years	64mcg/metered spray 100mcg/metered spray (only generic)	ODB: Yes NIHB: Yes
Multiple brand names and generic available (Beclomethasone Dipropionate)	No image available	≥ 6 years (for all)	50mcg/metered spray	ODB: Only Mylan-Becl AQ® Non-Insured Health Benefit (NIHB): Yes

*Ontario Drug Benefit Formulary Search: <https://www.healthinfo.moh.gov.on.ca/formulary/SearchServlet>, Non-Insured health Benefits: http://www.hc-sc.gc.ca/fniah-spnia/alt_formats/pdf/nihb-ssna/provide-fourir/pharma-prod/med-list/list_drug_med_2013-eng.pdf

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Medications are listed in alphabetical order

Images used were obtained through Internet searches

Document Created and Developed in partnership with PCAP and the Ontario Lung Association

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