



RESPIRATORY MEDICATIONS REFERENCE

RESPIRATORY MEDICATIONS Age, Maximum Dose, and Coverage

	Drug	Age	Maximum Daily Dose	ODB* Coverage	EAP* Coverage	NIHB* Coverage	
RELIEVERS	SABA	Airomir® pMDI (salbutamol)	≥ 6 years	Adults (≥ 12 yrs) = 8 puffs (800mcg)/day† Children (6-11 yrs) = 4 puffs (400mcg)/day†	Yes	No	Yes
		Bricanyl® Turbuhaler® (terbutaline)	≥ 6 years	6 puffs (3mg)/day	Yes	No	Yes
		Ventolin® HFA pMDI (salbutamol)	≥ 4 years	Adults (12 yrs) = 8 puffs (800mcg)/day† Children (4-11 yrs) = 4 puffs (400mcg)/day†	Yes	No	Yes
		Ventolin® Diskus (salbutamol)‡	≥ 4 years	4 puffs (800mcg)/day†	No	No	Yes
	SAMA	Atrovent® HFA pMDI (ipratropium)	≥ 18 years	12 puffs (240mcg)/day	Yes	No	No
	SAMA/SABA	Combivent™ Respimat® (ipratropium/salbutamol)	≥ 18 years	Up to 6 inhalations/day	No	No	Yes
CONTROLLERS/MAINTENANCE	ICS	Aermony Resplick™ (fluticasone propionate)	≥ 12 years	464mcg/day	Yes	No	Yes
		Alvesco® pMDI (ciclesonide)	≥ 6 years	800mcg/day	Yes	No	Yes
		Arnuity™ Ellipta® (fluticasone furoate)	≥ 12 years	200mcg/day	Yes	No	Yes
		Asmanex® Twisthaler® (mometasone)	4-11 years (100mcg) ≥ 12 years (200mcg & 400mcg)	800mcg/day	Yes (200 and 400mcg only)	No	Yes (200 and 400mcg only)
		Flovent® HFA pMDI (fluticasone propionate)	≥ 1 year	2000mcg/day	Yes	No	Yes
		Flovent® Diskus® (fluticasone propionate)	≥ 4 years	2000mcg/day	Yes	No	Yes
		Pulmicort® Turbuhaler® (budesonide)	≥ 6 years	2400mcg/day	Yes	No	Yes
		Qvar™ pMDI (beclomethasone)	≥ 5 years	800mcg/day	Yes	No	Yes
	LABA	Onbrez® Breezhaler® (indacaterol)	≥ 18 years	75mcg/day	Yes	No	Yes, LU
		Oxeze® Turbuhaler® (formoterol)	≥ 6 years	24mcg/day (6-16 yrs) 48mcg/day (≥16 yrs)	Yes	No	Yes, LU
		Serevent® Diskus® (salmeterol)	≥ 4 years	100mcg/day	Yes	No	Yes, LU
	LAMA	Incruse™ Ellipta® (umeclidinium)	≥ 18 years	62.5mcg/day	Yes	No	Yes
		Seebri® Breezhaler® (glycopyrronium)	≥ 18 years	50mcg/day	Yes	No	Yes, LU
		Spiriva® via HandiHaler® (tiotropium)	≥ 18 years	18mcg/day	Yes	No	Yes, LU
		Spiriva® Respimat® (tiotropium)	≥ 18 years	2.5mcg x 2 inhalations (5mcg)/day	Yes	No	Yes, LU
		Tudorza® Genuair® (aclidinium)	≥ 18 years	800mcg/day (400mcg BID)	Yes	No	Yes, LU
	ICS/LABA	Advair® pMDI (fluticasone propionate/salmeterol)	≥ 12 years	See max dose of Serevent® and Flovent®	Yes	No	Yes, LU
		Advair® Diskus® (fluticasone propionate/salmeterol)	≥ 4 years	See max dose of Serevent® and Flovent®	Yes	No	Yes, LU
		Atectura® Breezhaler® (indacaterol acetate/mometasone furoate)	≥ 12 years	1 puff/day	Yes	No	Yes
		Breo® Ellipta® (fluticasone furoate/vilanterol)	≥ 18 years	1 puff/day	Yes	No	Yes, LU
		Symbicort® Turbuhaler® (budesonide/formoterol)	≥ 12 years	8 puffs/day (4 puffs BID)	Yes	No	Yes, LU
		Wixela® Inhub® (fluticasone propionate/salmeterol)	≥ 4 years	See max dose of Serevent® and Flovent®	Yes	No	Yes, LU
		Zenhale® pMDI (mometasone/formoterol)	≥ 12 years	4 puffs/day	Yes	No	Yes, LU

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CONTROLLERS/MAINTENANCE	LAMA/LABA	Anoro™ Ellipta® (umeclidinium/vilanterol)	≥ 18 years	1 puff/day	Yes	No	Yes, LU
		Duaklir™ Genuair® (aclidinium/formoterol)	≥ 18 years	1 puff twice daily	Yes	No	Yes, LU
		Inspiro™ Respimat® (tiotropium/olodaterol)	≥ 18 years	2.5mcg x 2 inhalations (5mcg)/day	Yes	No	Yes, LU
		Ultibro® Breezhaler® (indacaterol/glycopyrronium)	≥ 18 years	1 puff/day	Yes	No	Yes, LU
	ICS/LABA/LAMA	Breztri™ Aerosphere® (budesonide/glycopyrronium/formoterol fumarate dihydrate)	≥ 18 years	2 puffs/twice daily	Yes	No	Yes, LU
		Energair® Breezhaler® (indacaterol acetate/glycopyrronium bromide/mometasone furoate)	≥ 18 years	1 puff/day	Yes	No	Yes
		Trelegy® Ellipta® (fluticasone furoate/umeclidinium/vilanterol)	≥ 18 years	1 puff/day	Yes	No	Yes, LU
ADDITIONALS	Anti-IgE	Xolair® (omalizumab) injection	≥ 6 years	Dose based on body weight (kg) and baseline IgE level	No	Yes	Yes
	Anti-Thymic Stromal Lymphopoietin	Tezspire™ tezepelumab injection	≥ 12 years	210mg SQ every 4 weeks	No	No	No
	IL-5 Inhibitor	Cinqair™ (reslizumab),	≥ 18 years	3mg/kg IV infusion every 4 weeks	No	No	No
		Nucala® (mepolizumab)	≥ 6 years (for asthma)	100mg subcutaneous/4 weeks	No	Yes	Yes
		Fasenra® (benralizumab)	≥ 18 years	30mg/mL subcutaneous/4 weeks for first 3 doses then once/8 weeks	No	Yes	Yes
	Immunomodulator, Interleukin Inhibitor	Dupixent® (dupilumab)	≥ 6 years (for asthma)	Please refer to product monograph	No	Yes	Yes
	LTRA	Singulair® (montelukast) oral granules (4mg), chewable tablet (4mg and 5mg), tablet (10mg)	≥ 2 years	One dose/day (Dosing: 2-5 years: 4mg, 6-14 years: 5mg, ≥ 15 years: 10mg)	Yes	Yes for 5mg and 10mg	4mg: Yes, LU 5mg: Yes, LU 10mg: Yes, LU
	Macrolides	Azythromycin	Please refer to CTS guidelines**	Please refer to CTS guidelines**	Yes	No	Yes
	Methylxanthines	Aminophylline (tablet, injection), Oxtriphylline (liquid, tablet), Theophylline (liquid, tablet)	Based on chosen product (refer to product monograph)	Based on chosen product (refer to product monograph)	Yes	No	Yes
	Mucolytic	Oral N-acetylcysteine	≥ 18 years	600mg po BID**	No	No	No
	Oral Corticosteroids	Prednisone (for exacerbations)	Please refer to CTS guidelines**	Please refer to CTS guidelines**	Yes	No	Yes
	PDE-4 Inhibitor	Daxas® (roflumilast) tablet	≥ 18 years	One dose/day (Dosing: 500mcg)	No	No	No
	Thymic stromal lymphopoietin (TSLP) inhibitor	Pr Tezspire™ tezepelumab injection	≥ 12 years	210mg SQ every 4 weeks	No	No	No

†Maximum daily dose of salbutamol is according to the product monograph. Additional doses may be required in the event of an asthma exacerbation/flare-up. ‡ Generics also available

*Coverage: Ontario Drug Benefit (ODB) Formulary Search: <https://www.formulary.health.gov.on.ca/formulary/> Exceptional Access Program (EAP): http://www.health.gov.on.ca/en/pro/programs/drugs/eap_mn.aspx

Non-Insured Health Benefits (NIHB): <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php> - 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 <https://cts-sct.ca/guideline-library/> for CTS respiratory treatment guidelines.

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 informational purposes only. Medications are listed in alphabetical order.

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RELIEVERS

Drug	Use	Strength	Capacity
Short-Acting Beta2-Agonist (SABA)			
Airomir®*†‡ (salbutamol) Bausch Health		100mcg	200 actuations/canister, 100 actuations for hospital pack
Bricanyl® Turbuhaler®*† (terbutaline) AstraZeneca		0.5mg	120 actuations/canister
Ventolin® HFA *†‡ (salbutamol) GlaxoSmithKline		100mcg	200 actuations/canister
Ventolin® Diskus®*† (salbutamol) GlaxoSmithKline		200mcg	60 blisters/device
Salbutamol HFA generic products available			
Short-Acting Muscarinic Antagonist (SAMA) (Anticholinergic)			
Atrovent® HFA†‡ (ipratropium) Boehringer Ingelheim		20mcg	200 actuations/canister

CONTROLLERS/MAINTENANCE

Inhaled Corticosteroids (ICS)			
Aermony Respiclick™* (fluticasone propionate) Teva		BID	55mcg, 113mcg, 232mcg
Alvesco®*‡ (ciclesonide) Covis Pharma GmbH		OD or BID	100mcg, 200mcg
Arnuity™ Ellipta®* (fluticasone furoate) GlaxoSmithKline		OD	100mcg, 200mcg
Asmanex® Twisthaler®* (mometasone) Organon		OD or BID	100mcg, 200mcg, 400mcg
Flovent® Diskus®* (fluticasone propionate) GlaxoSmithKline		BID	100mcg, 250mcg, 500mcg
Flovent® HFA*‡ (fluticasone propionate) GlaxoSmithKline		BID	50mcg, 125mcg, 250mcg
Pulmicort® Turbuhaler®* (budesonide) AstraZeneca		BID	100mcg, 200mcg, 400mcg
Qvar™*‡ (beclomethasone) Bausch Health		BID	50mcg, 100mcg

Acronyms: OD = Once daily, BID = Twice Daily, QID = Four times daily Symbols: *Indicated for the treatment of Asthma, †Indicated for the treatment of COPD, ‡Indicated for use with a valved-holding chamber (spacer).

CONTROLLERS/MAINTENANCE

Drug	Use	Strength	Capacity
Long-Acting Bronchodilators also known as: Long-Acting Beta2-Agonist (LABA)			
Onbrez® Breezhaler®† (indacaterol) Novartis		OD	75mcg
Oxeze® Turbuhaler®* (formoterol) AstraZeneca		BID	6mcg, 12mcg
Serevent® Diskus®*† (salmeterol) GlaxoSmithKline		BID	50mcg
Combination ICS/LABA			
Advair®*‡ (fluticasone propionate/salmeterol/) GlaxoSmithKline		BID	125/25mcg, 250/25mcg
Advair® Diskus®*† (fluticasone propionate/salmeterol) GlaxoSmithKline		BID	100/50mcg, 250/50mcg, 500/50mcg
Atectura® Breezhaler®* (indacaterol acetate/mometasone furoate) Novartis		OD	150/80mcg, 150/160mcg, 150/320mcg
Breo® Ellipta®*† (fluticasone furoate/vilanterol) GlaxoSmithKline		OD	100/25mcg*†, 200/25mcg*
Symbicort® Turbuhaler®*† (budesonide/formoterol) AstraZeneca		OD or BID	100/6 mcg, 200/6mcg (FORTE)
Wixela® Inhub®*† (fluticasone propionate/salmeterol) Mylan Inc.		BID	100/50mcg, 250/50mcg, 500/50mcg
Zenhale®*‡ (mometasone/formoterol) Organon		BID	100/5mcg, 200/5mcg
Fluticasone/salmeterol generic products available Fluticasone HFA generic products available			

This is not 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: <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>. This chart is provided for information purposes only.

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CONTROLLERS/MAINTENANCE

Drug	Use	Strength	Capacity
Combination LAMA/LABA			
Anoro™ Ellipta®† (umeclidinium/vilanterol) GlaxoSmithKline	OD	62.5/25mcg	30 blisters/device
Duaklir™ Genuair®† (aclidinium/formoterol) Covis Pharma GmbH	BID	400mcg/12mcg	60 actuations/device
Inspiro™ Respimat®† (tiotropium/olodaterol) Boehringer Ingelheim	OD	2.5/2.5mcg per actuation	60 actuations/cartridge
Ultibro®Breezhaler®† (indacaterol/glycopyrronium) Novartis	OD	110mcg/50mcg	30 capsules/carton
Combination ICS/LABA/LAMA			
Breztri™ Aerosphere® (budesonide/glycopyrronium/ formoterol fumarate dihydrate) AstraZeneca	BID	160/7.2/5 mcg	120 actuations/device
Energair® Breezhaler®* (indacaterol acetate/ glycopyrronium bromide/ mometasone furoate) Novartis	OD	150/50/160mcg	30 capsules/carton
Trelegy® Ellipta® (fluticasone furoate/ umeclidinium/vilanterol) GlaxoSmithKline	OD	100/62.5/25mcg 200/62.5/25mcg	30 blisters/canister
Combination SAMA/SABA			
Combivent® Respimat®† (ipratropium/salbutamol) Boehringer Ingelheim	BID	20/100mcg	120 actuations/cartridge Product monograph recommends: 1 inhalation 4 times/day for COPD

CONTROLLERS/MAINTENANCE

Drug	Use	Strength	Capacity
Long-Acting Muscarinic Antagonist (LAMA) also known as: Long-Acting Anticholinergic (LAAC)			
Incruse™ Ellipta®† (umeclidinium) GlaxoSmithKline	OD	62.5mcg	30 blisters/device
Seebri® Breezhaler®† (glycopyrronium) Novartis	OD	50mcg	30 capsules/carton
Spiriva®† via HandiHaler® (tiotropium) Boehringer Ingelheim	OD	18mcg	30 capsules/carton
Spiriva®†† Respimat® (tiotropium) Boehringer Ingelheim	OD	2.5mcg/ actuation	60 actuations/cartridge
Tudorza® Genuair®† (aclidinium) Covis Pharma GmbH	BID	400mcg	60 actuations/device

ADDITIONALS

Additional Medications
Anti-IgE*: Xolair® (omalizumab) Novartis
Anti-Thymic Stromal Lymphopoietin*: Tezspire™ (tezepelumab) AstraZeneca
IL-5 Inhibitor*: Cinqair™ (reslizumab) Teva, Nucala® (mepolizumab) GlaxoSmithKline, Fasenra® (benralizumab) AstraZeneca
Immunomodulator, Interleukin Inhibitor*: Dupixent® (dupilumab) Sanofi-aventis
Macrolidest†: e.g. Azithromycin
Methylxanthinest†: (aminophylline, oxtriphylline, theophylline)
Mucolytic†: oral N-acetylcysteine
Oral Corticosteroid (Oral Corticosteroids)*†: Prednisone e.g. Apotex, Teva, Jaapharm, Pro Doc Ltée
Phosphodiesterase-4 Inhibitor†: Daxas® (roflumilast) AstraZeneca

<https://cts-sct.ca/guideline-library/>



∅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 – <https://cts-sct.ca/guideline-library/>)

Acronyms: OD = Once daily, BID = Twice Daily, QID = Four times daily Symbols: *Indicated for the treatment of Asthma, †Indicated for the treatment of COPD, ‡Indicated for use with a valved-holding chamber (spacer).

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Antibiotics for Purulent Acute Exacerbations of COPD

Antibiotic Family	Antibiotics ϕ	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) EAP: No NIHB: Yes
	Ampicillin (multiple brand names and generic available) Dose: 250mg, 500mg capsule	ODB: Yes EAP: No 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 EAP: No NIHB: Yes
Cephalosporins 2nd or 3rd gen	Cefuroxime (multiple brand names and generic available) Dose: 250mg, 500mg tab	ODB: Yes EAP: No NIHB: Yes
	Cefixime (available as Suprax®) Dose: 400mg tab	ODB: Yes EAP: No NIHB: Yes
	Cefaclor (multiple brand names and generic available) Dose: 250mg, 500mg capsule	ODB: Yes EAP: No NIHB: Yes
	Cefprozil (multiple brand names and generic available) Dose: 250mg, 500mg tab	ODB: Yes EAP: No NIHB: Yes
Macrolides, extended spectrum	Azithromycin (multiple brand names and generic available) Dose: 250mg	ODB: Yes (only 250mg tab) EAP: No 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) EAP: No NIHB: Yes
	Erythromycin (multiple brand names and generic available) Dose: 250mg, 333mg tab	ODB: only 250mg dose EAP: No NIHB: Yes
Fluoroquinolones	Moxifloxacin (available as Avelox®) Dose: 400mg tab (not covered under NIHB)	ODB: Yes EAP: No NIHB: No
	Ciprofloxacin (multiple brand names and generic available) Dose: 250mg, 500mg tab	ODB: Yes EAP: No NIHB: No
	Levofloxacin (multiple brand names and generic available) Dose: 250mg, 500mg, 750mg (750mg tab not covered under ODB but covered under NIHB)	ODB: Yes EAP: No NIHB: Yes
Sulfa Combination	Trimethoprim/Sulfamethoxazole (multiple brand names & generic available) Dose: 80mg/400mg, 160mg/800mg tab	ODB: Yes EAP: No NIHB: Yes
Tetracyclines	Doxycycline (multiple brand names and generic available) Dose: 100mg tab or 100mg capsule	ODB: Yes EAP: No NIHB: Yes
	Tetracycline HCL (multiple brand names and generic available) Dose: 250mg capsule	ODB: Yes EAP: No NIHB: Yes

Coverage: Ontario Drug Benefit (ODB) Formulary Search: <https://www.formulary.health.gov.on.ca/formulary/> Exceptional Access Program (EAP): http://www.health.gov.on.ca/en/pro/programs/drugs/eap_mn.aspx Non-Insured Health Benefits (NIHB): <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php> - for medications not covered under NIHB, special circumstances may be taken into consideration. This is not a complete list of respiratory medications. ϕ Please refer to the respective product monographs for detailed information on indications, contraindications, adverse events, dosage forms, dosing and administration and patient selection. Repeat prescription of the same antibiotic class should be avoided within a three-month interval. This chart is provided for information purposes only. Medications are listed in alphabetical order.

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Nasal Sprays for Allergic Rhinitis

Drug		Age	Dose	Coverage
Atrovent® Nasal Spray (ipratropium bromide) Generic Available		≥ 12 years	0.03% (21mcg/metered spray)	ODB: Yes, for 0.03% (21mcg) only EAP: No NIHB: Yes
Avamys® (fluticasone furoate)		≥ 2 years	27.5mcg/metered spray	ODB: No EAP: No NIHB: No
Dymista® (azelastine hydrochloride & fluticasone propionate) Generic Available		≥ 12 years	137mcg & 50mcg/metered spray	ODB: No EAP: No NIHB: No
Flonase® (fluticasone propionate) Generic Available		≥ 4 years	50mcg/metered spray	ODB: No EAP: No NIHB: Yes
Nasacort® AQ (triamcinalone acetonide) Generic Available		≥ 4 years	55mcg/metered spray	ODB: No EAP: No NIHB: Yes
Nasonex® (mometasone furoate monohydrate) Generic Available		≥ 3 years	50mcg/metered spray	ODB: No EAP: No NIHB: Yes
Omnaris® (ciclesonide)		≥ 12 years	50mcg/metered spray	ODB: Yes EAP: No NIHB: No
Ryaltris® (olopatadine hydrochloride and mometasone furoate nasal spray)		≥ 6 years	665 mcg of olopatadine hydrochloride and 25 mcg of mometasone furoate per metered spray	ODB: No EAP: No NIHB: No
Rhinaris®-CS Anti-Allergic 2% Nasal Mist Generic Available		≥ 5 years	2.6mg/metered spray	ODB: No EAP: No NIHB: Yes
Rhinocort® AQUA™ (budesonide)		≥ 6 years	64mcg/metered spray	ODB: Yes EAP: No NIHB: Yes
Multiple Brand Names (beclomethasone dipropionate)		≥ 6 years (for all)	50mcg/metered spray	ODB: Apo-Beclomethasone, Mylan-Beclio AQ EAP: No NIHB: Yes

Coverage: Ontario Drug Benefit (ODB) Formulary Search: <https://www.formulary.health.gov.on.ca/formulary/> Exceptional Access Program (EAP): http://www.health.gov.on.ca/en/pro/programs/drugs/eap_mn.aspx Non-Insured Health Benefits (NIHB): <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php> - for medications not covered under NIHB, special circumstances may be taken into consideration. This is not 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. Medications are listed in alphabetical order.



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