

Respiratory

MEDICATIONS REFERENCE



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 (6-11yrs) = 4 puffs (400mcg)/day†	Yes	N/A	Yes
		Bricanyl® Turbuhaler® (terbutaline)	≥ 6 years	6 puffs (3mg)/day	Yes	N/A	Yes
		Ventolin® HFA pMDI (salbutamol)	≥ 4 years	Adults (12 yrs) = 8 puffs (800mcg)/day† Children (4-11yrs) = 4 puffs (400mcg)/day†	Yes	N/A	Yes
		Ventolin® Diskus (salbutamol)‡	≥ 4 years	4 puffs (800mcg)/day†	No	N/A	No
	SAMA	Atrovent® HFA pMDI (ipratropium)	≥ 18 years	12 puffs (240mcg)/day	Yes	N/A	No
	SAMA/SABA	Combivent™ Respimat® (ipratropium/salbutamol)	≥ 18 years	Up to 6 inhalations/day	No	No	Yes
CONTROLLERS/MAINTENANCE	ICS	Alvesco® pMDI (ciclesonide)	≥ 6 years	800mcg/day	Yes	N/A	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)	N/A	Yes (200 & 400mcg only)
		Flovent® HFA pMDI (fluticasone propionate)	≥ 1 year	2000mcg/day	Yes	N/A	Yes
		Flovent® Diskus® (fluticasone propionate)	≥ 4 years	2000mcg/day	Yes	N/A	Yes
		Pulmicort® Turbuhaler® (budesonide)	≥ 6 years	2400mcg/day	Yes	N/A	Yes
		Qvar™ pMDI (beclomethasone)	≥ 5 years	800mcg/day	Yes	N/A	Yes
	LABA	Foradil® via Aerolizer® (formoterol)	≥ 6 years	24mcg/day (6-16 yrs) 48mcg/day (≥16 yrs)	Yes	N/A	Yes, LU
		Onbrez® Breezhaler®(indacaterol)	≥ 18 years	75mcg/day	Yes, LU code 443	N/A	Yes, LU
		Oxeze® Turbuhaler® (formoterol)	≥ 6 years	24mcg/day (6-16 yrs) 48mcg/day (≥16 yrs)	Yes, LU code 132	N/A	Yes, LU
		Serevent® Diskus® (salmeterol)	≥ 4 years	100mcg/day	Yes, LU code 132	N/A	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	N/A	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
		Advair® pMDI (fluticasone propionate/salmeterol)	≥ 12 years	See max dose of Serevent® and Flovent®	Yes, LU code 330	N/A	Yes, LU
	ICS/LABA	Advair® Diskus® (fluticasone propionate/salmeterol)	≥ 4 years	See max dose of Serevent® and Flovent®	Yes, LU code 330	N/A	Yes, LU
		Breo® Ellipta® (fluticasone furoate/vilanterol)	≥ 18 years	1 puff/day	Yes, LU code 456 (for COPD), LU code 330 (for asthma)	No	Yes, LU
		Symbicort® Turbuhaler® (budesonide/formoterol)	≥ 12 years	8 puffs/day (4 puffs BID)	Yes, LU code 330	N/A	Yes, LU
		Wixela® Inhub® (fluticasone propionate/salmeterol)	≥ 4 years	see max dose for Serevent and Flovent	Yes (LU code 330 for 250/50mcg and 500/50mcg doses only)	N/A	No
		Zenhale® pMDI (mometasone/formoterol)	≥ 12 years	4 puffs/day	Yes, LU code 330	N/A	Yes, LU
	LAMA/LABA	Anoro™ Ellipta® (umeclidinium/vilanterol)	≥ 18 years	1 puff/day	Yes, LU 459	No	Yes, LU
		Duaklir™ Genuair® (aclidinium/formoterol)	≥ 18 years	1 puff twice daily	Yes, LU 459	No	Yes, LU
		Inspiralto™ Respimat® (tiotropium/olodaterol)	≥ 18 years	2.5mcg x 2 inhalations (5mcg)/day	Yes, LU 459	No	Yes, LU
		Ultibro® Breezhaler® (indacaterol/glycopyrronium)	≥ 18 years	1 puff/day	Yes, LU 459	No	Yes, LU
	ICS/LABA/LAMA	Trelegy® Ellipta® (fluticasone furoate/umeclidinium/vilanterol)	≥ 18 years	1 puff/day	Yes, LU code 567	No	No
ADDITIONALS	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 for 4mg only, LU code 382	Yes for 5mg and 10mg	4mg: Yes, LU 5mg: Yes, LU 10mg: Yes, LU
	Anti-IgE	Xolair® (omalizumab) injection	≥ 6 years	Dose based on body weight (kg) and baseline IgE level	No	Yes	No
	IL-5 Inhibitor	Cinqair™ (reslizumab), Nucala® (mepolizumab), Fasenra® (benralizumab)	≥ 18 years	Cinqair™ 3mg/kg IV infusion every 4 weeks subcutaneous/4 weeks Fasenra® 30mg/mL subcutaneous/4 weeks for first 3 doses then once/8 weeks	No	No	No
	Oral Corticosteroids	Prednisone (for exacerbations)	Please refer to CTS guidelines**	Please refer to CTS guidelines**	Yes	N/A	Yes
	Methylxanthines	Aminophylline (tablet, injection), Oxtriphylline (liquid, tablet), Theophylline (liquid, tablet)	Based on chosen product (refer to product monograph)	Based on chosen product (please refer to product monograph)	Yes	N/A	Yes
	PDE-4 Inhibitor	Daxas® (roflumilast) tablet	≥ 18 years	One dose/day (Dosing: 500mcg)	No	N/A	No
	Macrolides	Azythromycin	Please refer to CTS guidelines**	Please refer to CTS guidelines**	may not be covered long-term	N/A	Yes
	Mucolytic	Oral N-acetylcysteine	≥ 18 years	600mg po BID**	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 <http://www.respiratoryguidelines.ca> 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		CONTROLLERS / MAINTENANCE			
Short-Acting Beta2-Agonist (SABA)		Inhaled Corticosteroids (ICS)	Long-Acting Bronchodilators also known as: Long-Acting Beta2-Agonist (LABA)	Combination ICS/LABA	Combination LAMA/LABA
 Aeromir®†† (salbutamol) Valeant Strength: 100mcg Capacity: 200 actuations/canister, 100 actuations for hospital pack  Bricanyl® Turbuhaler®†† (terbutaline) AstraZeneca Strength: 0.5mg Capacity: 100 or 200 doses/device  Ventolin® HFA †† (salbutamol) GlaxoSmithKline§ Strength: 100mcg Capacity: 200 actuations/canister  Ventolin® Diskus®†† (salbutamol) GlaxoSmithKline§ Strength: 200mcg Capacity: 60 blisters/device Salbutamol HFA generic products such as: Apo-Salvent® Apotex, Salbutamol HFA Sanis, Novo-Salbutamol HFA Teva		 Alvesco®*† (ciclesonide) AstraZeneca Use: OD or BID Strength: 100mcg, 200mcg Capacity: 120 actuations/canister  Arnuity™ Ellipta®* (fluticasone furoate) GlaxoSmithKline§ Use: OD Strengths: 100mcg, 200mcg Capacity: 14 or 30 blisters/device  Asmanex® Twisthaler®* (mometasone) Merck Use: OD or BID Strength: 100mcg, 200mcg, 400mcg Capacity: 30 (100 & 400mcg) or 60 (200 & 400mcg) doses/device  Flovent® HFA*† (fluticasone propionate) GlaxoSmithKline§ Use: BID Strength: 50mcg, 125mcg, 250mcg Capacity: 120 actuations/canister	 Foradil®*† via Aerolizer® (formoterol) Novartis Use: BID Strength: 12mcg Capacity: 60 capsules/carton  Onbrez® Breezhaler®† (indacaterol) Novartis Use: OD Strength: 75mcg Capacity: 10 or 30 capsules/carton  Serevent® Diskus®*† (salmeterol) GlaxoSmithKline§ Use: BID Strength: 50mcg Capacity: 60 blisters/device  Oxeze® Turbuhaler®* (formoterol) AstraZeneca Use: BID Strength: 6mcg, 12mcg Capacity: 60 doses/device	 Advair® Diskus®*† (fluticasone propionate/salmeterol) GlaxoSmithKline§ Use: BID Strength: 100/50mcg, 250/50mcg, 500/50mcg Capacity: 28 or 60 blisters/device  Advair®*† (fluticasone propionate/salmeterol) GlaxoSmithKline§ Use: BID Strength: 125/25mcg, 250/25mcg Capacity: 120 actuations/canister  Breo® Ellipta®*† (fluticasone furoate/vilanterol) GlaxoSmithKline§ Use: OD Strength: 100/25mcg*†, 200/25mcg* Capacity: 14 or 30 blisters/device  Symbicort® Turbuhaler®*† (budesonide/formoterol) AstraZeneca Use: OD or BID Strength: 100/6 mcg, 200/6mcg (FORTE) Capacity: 120 doses/device  Zenhale®*† (mometasone/formoterol) Merck Use: BID Strength: 100/5mcg, 200/5mcg Capacity: 120 actuations/canister  Wixela® Inhub®*† (fluticasone propionate/salmeterol) Mylan Inc. Use: BID Strength: 100/50mcg, 250/50mcg, 500/50mcg Capacity: 60 blisters/device Other Fluticasone/salmeterol products: pms-Fluticasone propionate/Salmeterol DPI	 Anoro™ Ellipta®† (umeclidinium/vilanterol) GlaxoSmithKline§ Use: OD Strength: 62.5/25mcg Capacity: 7 or 30 blisters/device  Duaklir™ Genuair®† (acclidinium/formoterol) AstraZeneca Use: BID Strength: 400mcg/12mcg Capacity: 60 actuations/device  Inspiro™ Respimat®† (tiotropium/glodaterol) Boehringer Ingelheim Use: OD Strength: 2.5/2.5mcg per actuation Capacity: 28 or 60 actuations/cartridge  Ultibro®Breezhaler®† (indacaterol/glycopyrronium) Novartis Use: OD Strength: 110mcg/50mcg Capacity: 6 or 30 capsules/carton
Short-Acting Muscarinic Antagonist (SAMA) (Anti-cholinergic)		Long-Acting Muscarinic Antagonist (LAMA) also known as: Long-Acting Anticholinergic (LAAC)		Combination ICS/LABA/LAMA	Additional Medications
 Atrovent® HFA†† (ipratropium) Boehringer Ingelheim Strength: 20mcg Capacity: 200 actuations/canister		 Flovent® Diskus®* (fluticasone propionate) GlaxoSmithKline§ Use: BID Strength: 100mcg, 250mcg, 500mcg Capacity: 60 blisters/device  Pulmicort® Turbuhaler®* (budesonide) AstraZeneca Use: BID Strength: 100mcg, 200mcg, 400mcg Capacity: 200 doses/device  Qvar™*† (beclomethasone) Valeant Use: BID Strength: 50mcg, 100mcg Capacity: 200 actuations/canister	 Incruse™ Ellipta®† (umeclidinium) GlaxoSmithKline§ Use: OD Strength: 62.5mcg Capacity: 7 or 30 blisters/device  Seebri® Breezhaler®† (glycopyrronium) Novartis Use: OD Strength: 50mcg Capacity: 10 or 30 capsules/carton  Spiriva®† via HandiHaler® (tiotropium) Boehringer Ingelheim Use: OD Strength: 18mcg Capacity: 10 or 30 capsules/carton  Spiriva®*† Respimat® (tiotropium) Boehringer Ingelheim Use: OD Strength: 2.5mcg/actuation Capacity: 28 or 60 actuations/cartridge  Tudorza® Genuair®† (acclidinium) AstraZeneca Use: BID Strength: 400mcg Capacity: 30 or 60 actuations/device	 Trelegy® Ellipta® (fluticasone furoate/umeclidinium/vilanterol) GlaxoSmithKline§ Use: OD Strength: 100/62.5/25mcg Capacity: 7 or 30 blisters/canister  Combivent® Respimat®† (ipratropium/salbutamol) Boehringer Ingelheim Use: QID Strength: 20/100mcg Capacity: 120 actuations/cartridge Product monograph recommends: 1 inhalation 4 times/day for COPD	• Leukotriene Receptor Antagonists (LTRA)*: Accolate® (zafirlukast) AstraZeneca, Singulair® (montelukast) Merck • IL-5 Inhibitor*: Cinqair™* (reslizumab) Teva, Nucala®* (mepolizumab) GlaxoSmithKline§, Fasenra® (benralizumab) AstraZeneca • Anti-IgE*: Xolair® (omalizumab) Novartis • Oral Corticosteroid (Oral Corticosteroids)*†: Prednisone e.g. Apotex, Teva, Jaapharm, Pro Doc Ltée • Methylxanthines†: (aminophylline, oxtriphylline, theophylline) • Phosphodiesterase-4 inhibitor†: Daxas®† (roflumilast) AstraZeneca • Macrolides†: e.g. Azithromycin • Mucolytic†: oral N-acetylcysteine †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—respiratoryguidelines.ca)

Antibiotics
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) 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, 600mg tab (600mg tab not covered under ODB but covered under NIHB)	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
Flouroquinolones	Moxifloxacin (available as Avelox®) Dose: 400mg tab (not covered under NIHB)	ODB: Yes with limited use (LU) code EAP: No NIHB: No
	Ciprofloxacin (multiple brand names and generic available) Dose: 250mg, 500mg tab	ODB: Yes with limited use (LU) code EAP: No 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 EAP: No NIHB: yes with LU codes
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: No 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/fniiah-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, 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 acetone) 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
Omnisar® (ciclesonide)		≥ 12 years	50mcg/metered spray	ODB: Yes EAP: No NIHB: No
Rhinalar® Nasal Mist (flunisolide) Generic Available		≥ 6 years (for all)	25mcg/metered spray	ODB: For generic only No coverage for Rhinalar® Nasal Spray 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) Generic Available - for 100mcg/metered spray		≥ 6 years	64mcg/metered spray 100mcg/metered spray (only generic)	ODB: Yes EAP: No NIHB: Yes
Multiple Brand Names (beclomethasone Dipropionate) Generic Available		≥ 6 years (for all)	50mcg/metered spray	ODB: Only Mylan-Beclo 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/fniiah-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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