

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	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 (4-11 yrs) = 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	Aermony Respiclick™ (fluticasone propionate)	≥ 12 years	464mcg/day	No	No	No
		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 and 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
	ICS/LABA	Advair® pMDI (fluticasone propionate/salmeterol)	≥ 12 years	See max dose of Serevent® and Flovent®	Yes, LU code 330	N/A	Yes, LU
		Advair® Diskus® (fluticasone propionate/salmeterol)	≥ 4 years	See max dose of Serevent® and Flovent®	Yes, LU code 330	N/A	Yes, LU
		Atectura® Breezhaler® (indacaterol acetate/mometasone furoate)	≥ 12 years	1 puff/day	No	No	No
		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 of Serevent® and Flovent®	Yes, LU code 330	N/A	Yes, LU
		Zenhale® pMDI (mometasone/formoterol)	≥ 12 years	4 puffs/day	Yes, LU code 330	N/A	Yes, LU

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CONTROLLERS/MAINTENANCE	LAMA/LABA	Anoro™ Ellipta® (umeclidinium/vilanterol)	≥ 18 years	1 puff/day	Yes, LU code 459	No	Yes, LU
		Duaklir™ Genuair® (aclidinium/formoterol)	≥ 18 years	1 puff twice daily	Yes, LU code 459	No	Yes, LU
		Inspiro™ RespiMat® (tiotropium/olodaterol)	≥ 18 years	2.5mcg x 2 inhalations (5mcg)/day	Yes, LU code 459	No	Yes, LU
		Ultibro® Breezhaler® (indacaterol/glycopyrronium)	≥ 18 years	1 puff/day	Yes, LU code 459	No	Yes, LU
	ICS/LABA/LAMA	Energair® Breezhaler® (indacaterol acetate/glycopyrronium bromide/mometasone furoate)	≥ 18 years	1 puff/day	No	No	No
Trelegy® Ellipta® (fluticasone furoate/umeclidinium/vilanterol)		≥ 18 years	1 puff/day	Yes, LU	No	Yes, LU	
ADDITIONALS	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 Nucala® 100mg subcutaneous/4 weeks Fasenra® 30mg/mL subcutaneous/4 weeks for first 3 doses then once/8 weeks	No	No	No
	Immunomodulator, Interleukin Inhibitor	Dupixent® (dupilumab)	≥ 12 years	Please refer to product monograph	No	No	No
	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
	Macrolides	Azythromycin	Please refer to CTS guidelines**	Please refer to CTS guidelines**	May not be covered long-term	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 (refer to product monograph)	Yes	N/A	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	N/A	Yes
	PDE-4 Inhibitor	Daxas® (roflumilast) tablet	≥ 18 years	One dose/day (Dosing: 500mcg)	No	N/A	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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