











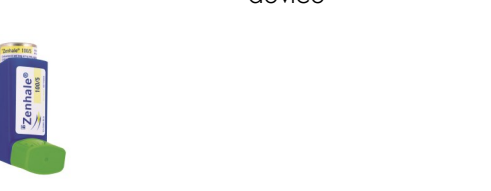





RESPIRATORY MEDICATIONS

Medications currently available in Ontario

Primary
Care
Asthma
Program

RELIEVERS	CONTROLLERS/MAINTENANCE			
Short-Acting Beta2-Agonist (SABA)	Inhaled Corticosteroids (ICS)	Long-Acting Bronchodilators	Combination ICS/LABA	Combination LABA/LAMA
 <p>Airmir®*†‡ (Salbutamol) (Valeant) Strength: 100mcg Capacity: 200 actuations/canister (100 actuations for hospital pack)</p> <p>Bricanyl® Turbuhaler®*† (Terbutaline) (AstraZeneca) Strength: 0.5mg Capacity: 100 or 200 doses/device</p>  <p>Ventolin® HFA *†‡ (Salbutamol) (GlaxoSmithKline)§ Strength: 100mcg Capacity: 200 actuations/canister</p> <p>Ventolin® Diskus®*†‡ (Salbutamol) (GlaxoSmithKline)§ Strength: 200mcg Capacity: 60 blisters/device</p> <p>Salbutamol HFA generic products such as: Apo-Salvent® (Apotex), Salbutamol HFA (Sanis), Novo-Salbutamol HFA (Teva)</p>	 <p>Alvesco®*‡ (Ciclesonide) (AstraZeneca) Use: OD or BID Strengths: 100mcg, 200mcg Capacity: 120 actuations/canister</p> <p>Arnuity™ Ellipta®* (Fluticasone Furoate) (GlaxoSmithKline)§ Use: OD Strengths: 100mcg, 200mcg Capacity: 14 or 30 blisters/device</p>  <p>Asmanex® Twisthaler®* (Mometasone) (Merck) Use: OD or BID Strengths: 100mcg, 200mcg, 400mcg Capacity: 30 (100 and 400mcg) or 60 (200 and 400mcg) doses/device</p> <p>Flovent® HFA*‡ (Fluticasone Propionate) (GlaxoSmithKline)§ Use: BID Strengths: 50mcg, 125mcg, 250mcg Capacity: 120 actuations/canister</p>  <p>Flovent® Diskus®* (Fluticasone Propionate) (GlaxoSmithKline)§ Use: BID Strengths: 100mcg, 250mcg, 500mcg Capacity: 60 blisters/device</p> <p>Pulmicort® Turbuhaler®* (Budesonide) (AstraZeneca)§ Use: BID Strengths: 100mcg, 200mcg, 400mcg Capacity: 200 doses/device</p>  <p>QVAR™*‡(Beclomethasone) (Valeant) Use: BID Strengths: 50mcg, 100mcg Capacity: 200 actuations/canister</p> <p>Spiriva®*†‡ Respimat® (Tiotropium) (Boehringer Ingelheim) Use: OD Strength: 2.5mcg/actuation Capacity: 28 or 60 actuations/cartridge</p>	<p>Long-Acting Beta2-Agonist (LABA)</p>  <p>Foradil®*†‡ via Aeralizer® (device) (Formoterol)(Novartis) Use: BID Strength: 12mcg Capacity: 60 capsules/carton</p> <p>Onbrez® Breezhaler®† (Indacaterol)(Novartis) Use: OD Strength: 75mcg Capacity: 10 or 30 capsules/carton</p> <p>Oxeze® Turbuhaler®* (Formoterol) (AstraZeneca) Use: BID Strengths: 6mcg, 12mcg Capacity: 60 doses/device</p>  <p>Serevent® Diskus®*† (Salmeterol) (GlaxoSmithKline)§ Use: BID Strength: 50mcg Capacity: 60 blisters/device</p> <p>Long-Acting Muscarinic Antagonist (LAMA) also known as: Long-Acting Anticholinergic (LAAC)</p>  <p>Incruse™ Ellipta®†‡ (Umeclidinium) (GlaxoSmithKline)§ Use: OD Strength: 62.5mcg Capacity: 7 or 30 blisters/device</p> <p>Seebri® Breezhaler®†‡ (Glycopyrronium) (Novartis) Use: OD Strength: 50mcg Capacity: 10 or 30 capsules/carton</p> <p>Spiriva®†‡ via HandiHaler® (device) (Tiotropium) (Boehringer Ingelheim) Use: OD Strength: 18mcg Capacity: 10 or 30 capsules/carton</p>  <p>Spiriva®*†‡ Respimat® (Tiotropium) (Boehringer Ingelheim) Use: OD Strength: 2.5mcg/actuation Capacity: 28 or 60 actuations/cartridge</p> <p>Tudorza® Genuair®† (Acclidinium) (AstraZeneca) Use: BID Strength: 400mcg Capacity: 30 or 60 actuations/device</p>	 <p>Advair® Diskus®*†‡ (Fluticasone Propionate/Salmeterol) (GlaxoSmithKline)§ Use: BID Strengths: 50/100mcg, 50/250mcg, 50/500mcg Capacity: 28 or 60 blisters/device</p> <p>Advair®*‡ (Fluticasone Propionate/Salmeterol/) (GlaxoSmithKline)§ Use: BID Strengths: 25/125mcg, 25/250mcg Capacity: 120 actuations/canister</p>  <p>Breo® Ellipta®*†‡ (Fluticasone Furoate/Vilanterol) (GlaxoSmithKline)§ Use: OD Strength: 100/25mcg*†‡ Capacity: 14 or 30 blisters/device</p> <p>Symbicort® Turbuhaler®*†‡ (Budesonide/Formoterol) (AstraZeneca) Use: OD or BID Strengths: 100/6mcg, 200/6mcg, 400/12mcg (FORTE) Capacity: 120 doses/device</p>  <p>Zenhale®*‡ (Mometasone/Formoterol) (Merck) Use: BID Strengths: 100/5mcg, 200/5mcg Capacity: 120 actuations/canister</p> <p>Combination SAMA/SABA®</p>  <p>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</p>	 <p>Anoro™ Ellipta®†‡ (Umeclidinium/Vilanterol) (GlaxoSmithKline)§ Use: OD Strength: 62.5/25mcg Capacity: 7 or 30 blisters/device</p> <p>Duaklir™ Genuair®†‡ (Acclidinium/Formoterol) (AstraZeneca) Use: BID Strength: 400mcg/12mcg Capacity: 60 actuations/device</p>  <p>Inspiro™ Respimat®†‡ (Tiotropium/Olodaterol) (Boehringer Ingelheim) Use: OD Strength: 2.5/2.5mcg per actuation Capacity: 28 or 60 actuations/cartridge</p> <p>Ultibro® Breezhaler®†‡ (Indacaterol/Glycopyrronium) (Novartis) Use: OD Strength: 110mcg/50mcg Capacity: 6 or 30 capsules/carton</p> <p>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 (e.g., Apotex, Teva, Jaapharm, Pro Doc Ltée) • Methylxanthines†‡: (Aminophylline, Oxtriphylline, Theophylline) • Phosphodiesterase-4 inhibitor: Daxas®† (Roflumilast) (AstraZeneca) • IL-5 Inhibitor: Cinqair™* (Reslizumab) (Teva), Nucala®* (Mepolizumab) (GlaxoSmithKline)

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. 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, QID = Four times daily.

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RESPIRATORY MEDICATIONS: AGE, MAXIMUM DOSE AND COVERAGE*

	Drug	Age	Maximum Daily Dose	Ontario Drug Benefit (ODB) coverage	Exceptional Access Program (EAP) coverage	Non-Insured Health Benefits (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 Bromide)	≥ 18 years	12 puffs (240mcg)/day	Yes	N/A	Yes	
CONTROLLERS/MAINTENANCE	SAMA/SABA	Combivent® Respimat® (Ipratropium/Salbutamol)	≥ 18 years	Up to 6 inhalations/day	No	No	Yes	
	ICS	Alvesco® pMDI (Ciclesonide)	≥ 6 years	800mcg/day	Yes	N/A	Yes	
		Arnuity™ Ellipta® (Fluticasone Furoate)	≥ 12 years	200mcg/day	Yes	No	Yes	
		Asmanex® Twister® (Mometasone)	4-11 years (100mcg) ≥ 12 years (200 and 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® device (Formoterol)	≥ 6 years	24mcg/day (6-16 yrs) 48mcg/day (≥16 yrs)	Yes, Limited Use (LU) code 132	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 and 391	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® device (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	
	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	
		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	
		Zenhale® pMDI (Mometasone/Formoterol)	≥ 12 years	4 puffs/day	Yes, LU code 330	N/A	Yes, LU	
	LABA/LAMA	Anoro™ Ellipta® (Vilanterol/Umeclidinium)	≥ 18 years	1 puff/day	Yes, LU 459	No	Yes, LU	
		Duaklir™ Genuair® (Formoterol/Aclidinium)	≥ 18 years	1 puff twice daily	Yes, LU 459	No	Yes, LU	
		Inspiralto™ Respimat® (Olodaterol/Tiotropium)	≥ 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	
	ADDITIONAL	LTRA	Accolate® (Zafirlukast) tablet	≥ 12 years	20mg twice daily	No	Yes	Yes, LU
			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 10 mg: Yes, LU
		Anti-IgE	Xolair® (Omalizumab) injection	≥ 6 years	Dose based on body weight (kg) and baseline IgE level	No	Yes	No
		OCS	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
IL-5 Inhibitor		Cinqair™ (Reslizumab), Nucala® (Mepolizumab)	≥ 18 years	Cinqair™ 3mg/kg IV infusion every 4 weeks Nucala® 100mg subcutaneous/4 weeks	No	No	No	

*Product monograph recommends: 1 inhalation 4 times/day for COPD

*Manufacturer's recommended maximum age and dose listed in table. 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_criteria_list.aspx.

Non-Insured Health Benefits (NIHB): <http://www.hc-sc.gc.ca/fnich-spnia/nihb-sna/index-eng.php>

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.

†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.

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) 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 LU codes 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 and 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

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

*Coverage: **Ontario Drug Benefit 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_criteria_list.aspx, **Non-Insured Health Benefits:** <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 is not 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 EAP: No NIHB: yes
Avamys® § (Fluticasone Furoate)		≥ 2 years	27.5mcg/metered spray	ODB: No EAP: No NIHB: No
Dymista® (Azelastine Hydrochloride and Fluticasone Propionate)		≥ 12 years	137mcg and 50mcg/metered spray	ODB: No EAP: No NIHB: No
Flonase® §, generic available (Fluticasone Propionate)		≥ 4 years	50mcg/metered spray	ODB: No EAP: No NIHB: Yes
Nasacort® AQ, generic available (Triamcinolone Acetonide)		≥ 4 years	55mcg/metered spray	ODB: No EAP: No NIHB: Yes
Nasonex®, generic available (Mometasone Furoate Monohydrate)		≥ 3 years	50mcg/metered spray	ODB: No EAP: No NIHB: Yes
Omnaris® (Ciclesonide)		≥ 12 years	50mcg/metered spray	ODB: Yes EAP: No 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 EAP: No NIHB: No
Rhinaris®-CS Anti-Allergic 2% Nasal Mist, generic available (Sodium Cromoglycate)		≥ 5 years	2.6mg/metered spray	ODB: No EAP: No NIHB: Yes
Rhinocort® AQUA™, generic available for 100mcg/metered spray (Budesonide)		≥ 6 years	64mcg/metered spray 100mcg/metered spray (only generic)	ODB: Yes EAP: No NIHB: Yes
Multiple brand names and generic available (Beclomethasone Dipropionate)		≥ 6 years (for all)	50mcg/metered spray	ODB: Only Mylan-Beclio AQ® EAP: No NIHB: Yes

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

Non-Insured Health Benefits: <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 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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