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# Respiratory

**MEDICATIONS REFERENCE**

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**B R E A T H E**  
the lung association

	Drug	Age	Maximum Daily Dose	ODB* coverage	EAP* coverage	NIHB* Coverage	
<b>RELIEVERS</b>	<b>SABA</b>	Airomir® pMDI (salbutamol)	≥ 6 years	Adults (≥ 12 yrs) = 8 puffs (800mcg)/day <sup>†</sup> Children (6-11yrs) = 4 puffs (400mcg)/day <sup>†</sup>	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 <sup>†</sup> Children (4-11yrs) = 4 puffs (400mcg)/day <sup>†</sup>	Yes	N/A	Yes
	<b>SAMA</b>	Ventolin® Diskus® (salbutamol)	≥ 4 years	4 puffs (800mcg)/day <sup>†</sup>	No	N/A	No
		Atrovent® HFA pMDI (ipratropium)	≥ 18 years	12 puffs (240mcg)/day	Yes	N/A	No
<b>SAMA/SABA</b>	Combivent™ Respimat® (ipratropium/salbutamol)	≥ 18 years	Up to 6 inhalations/day	No	No	Yes	
<b>CONTROLLERS/MAINTENANCE</b>	<b>ICS</b>	Alvesco® pMDI (ciclesonide)	≥ 6 years	800mcg/day	Yes	N/A	Yes
		Arnuity™ Ellipta® (fluticasone furoate)	≥ 12 years	200mcg/day	Yes	No	Yes
	<b>LABA</b>	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
	<b>LAMA</b>	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
	<b>ICS/LABA</b>	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
	<b>LABA/LAMA</b>	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	
<b>ICS/LABA/LAMA</b>	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	
	Inspiro™ 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	
<b>ADDITIONALS</b>	<b>LTRA</b>	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
	<b>Anti-IgE</b>	Xolair® (omalizumab) injection	≥ 6 years	Dose based on body weight (kg) and baseline IgE level	No	Yes	No
	<b>IL-5 Inhibitor</b>	Cinqair™ (reslizumab), Nucala® (mepolizumab), Fasenna® (benralizumab)	≥ 18 years	Cinqair™ 3mg/kg IV infusion every 4 weeks Nucala® 100mg subcutaneous/4 weeks Fasenna® 30mg/mL subcutaneous/4 weeks for first 3 doses then once/8 weeks	No	No	No
	<b>Oral Corticosteroids</b>	Prednisone (for exacerbations)	Please refer to CTS guidelines**	Please refer to CTS guidelines**	Yes	N/A	Yes
	<b>Methylxanthines</b>	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
	<b>PDE-4 Inhibitor</b>	Daxas® (roflumilast) tablet	≥ 18 years	One dose/day (Dosing: 500mcg)	No	N/A	No
	<b>Macrolides</b>	Azythromycin	Please refer to CTS guidelines**	Please refer to CTS guidelines**	may not be covered long-term	N/A	Yes
	<b>Mucolytic</b>	Oral N-acetylcysteine	≥ 18 years	600mg po BID**	No	No	No



<sup>†</sup>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.

\***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](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 LABA/LAMA	
 <p><b>Aiomir</b>*** (salbutamol) <i>Valeant</i> Strength: 100mcg Capacity: 200 actuations/canister, 100 actuations for hospital pack</p>  <p><b>Bricanyl<sup>†</sup> Turbuhaler</b>*** (terbutaline) <i>AstraZeneca</i> Strength: 0.5mg Capacity: 100 or 200 doses/device</p>  <p><b>Ventolin<sup>†</sup> HFA</b> ** (salbutamol) <i>GlaxoSmithKline</i> Strength: 100mcg Capacity: 200 actuations/canister</p>  <p><b>Ventolin<sup>†</sup> Diskus</b>*** (salbutamol) <i>GlaxoSmithKline</i> Strength: 200mcg Capacity: 60 blisters/device</p> <p><b>Salbutamol HFA generic products such as:</b> Apo-Salvent<sup>†</sup> <i>Apotex</i>, Salbutamol HFA <i>Sanis</i>, Novo-Salbutamol HFA <i>Teva</i></p>	 <p><b>Alvesco</b>** (ciclesonide) <i>AstraZeneca</i> Use: OD or BID Strength: 100mcg, 200mcg Capacity: 120 actuations/canister</p>  <p><b>Arnuity<sup>™</sup> Ellipta</b>** (fluticasone furoate) <i>GlaxoSmithKline</i> Use: OD Strengths: 100mcg, 200mcg Capacity: 14 or 30 blisters/device</p>  <p><b>Asmanex<sup>®</sup> Twisthaler</b>** (mometasone) <i>Merck</i> Use: OD or BID Strength: 100mcg, 200mcg, 400mcg Capacity: 30 (100 &amp; 400mcg) or 60 (200 &amp; 400mcg) doses/device</p>  <p><b>Flovent<sup>®</sup> HFA</b>** (fluticasone propionate) <i>GlaxoSmithKline</i> Use: BID Strength: 50mcg, 125mcg, 250mcg Capacity: 120 actuations/canister</p>	 <p><b>Foradil</b>** via <b>Aerolizer</b>** (formoterol) <i>Novartis</i> Use: BID Strength: 12mcg Capacity: 60 capsules/carton</p>  <p><b>Onbrez<sup>®</sup> Breezhaler</b>** (indacaterol) <i>Novartis</i> Use: OD Strength: 75mcg Capacity: 10 or 30 capsules/carton</p>  <p><b>Serevent<sup>®</sup> Diskus</b>*** (salmeterol) <i>GlaxoSmithKline</i> Use: BID Strength: 50mcg Capacity: 60 blisters/device</p>  <p><b>Oxeze<sup>®</sup> Turbuhaler</b>** (formoterol) <i>AstraZeneca</i> Use: BID Strength: 6mcg, 12mcg Capacity: 60 doses/device</p>	 <p><b>Advair<sup>®</sup> Diskus</b>*** (fluticasone propionate/salmeterol) <i>GlaxoSmithKline</i> Use: BID Strength: 100/50mcg, 250/50mcg, 500/50mcg Capacity: 28 or 60 blisters/device</p>  <p><b>Advair</b>** (fluticasone propionate/salmeterol) <i>GlaxoSmithKline</i> Use: BID Strength: 125/25mcg, 250/25mcg Capacity: 120 actuations/canister</p>  <p><b>Breo<sup>®</sup> Ellipta</b>*** (fluticasone furoate/vilanterol) <i>GlaxoSmithKline</i> Use: OD Strength: 100/25mcg*, 200/25mcg* Capacity: 14 or 30 blisters/device</p>  <p><b>Symbicort<sup>®</sup> Turbuhaler</b>*** (budesonide/formoterol) <i>AstraZeneca</i> Use: OD or BID Strength: 100/6 mcg, 200/6mcg (FORTE) Capacity: 120 doses/device</p>  <p><b>Zenhale</b>** (mometasone/formoterol) <i>Merck</i> Use: BID Strength: 100/5mcg, 200/5mcg Capacity: 120 actuations/canister</p>	 <p><b>Anoro<sup>™</sup> Ellipta</b>** (umeclidinium/vilanterol) <i>GlaxoSmithKline</i> Use: OD Strength: 62.5/25mcg Capacity: 7 or 30 blisters/device</p>  <p><b>Duaklir<sup>™</sup> Genuair</b>** (aclidinium/formoterol) <i>AstraZeneca</i> Use: BID Strength: 400mcg/12mcg Capacity: 60 actuations/device</p>  <p><b>Inspiroto<sup>™</sup> RespiMat</b>** (tiotropium/olodaterol) <i>Boehringer Ingelheim</i> Use: OD Strength: 2.5/2.5mcg per actuation Capacity: 28 or 60 actuations/cartridge</p>  <p><b>Ultibro<sup>®</sup> Breezhaler</b>** (indacaterol/glycopyrronium) <i>Novartis</i> Use: OD Strength: 110mcg/50mcg Capacity: 6 or 30 capsules/carton</p>	
<p><b>Short-Acting Muscarinic Antagonist (SAMA) (Anticholinergic)</b></p>  <p><b>Atrovent<sup>®</sup> HFA</b>** (ipratropium) <i>Boehringer Ingelheim</i> Strength: 20mcg Capacity: 200 actuations/canister</p>  <p><b>Flovent<sup>®</sup> Diskus</b>** (fluticasone propionate) <i>Novartis</i> Use: BID Strength: 100mcg, 250mcg, 500mcg Capacity: 60 blisters/device</p>  <p><b>Pulmicort<sup>®</sup> Turbuhaler</b>** (budesonide) <i>AstraZeneca</i> Use: BID Strength: 100mcg, 200mcg, 400mcg Capacity: 200 doses/device</p>  <p><b>Qvar</b>** (beclomethasone) <i>Valeant</i> Use: BID Strength: 50mcg, 100mcg Capacity: 200 actuations/canister</p>	<p><b>Long-Acting Muscarinic Antagonist (LAMA) also known as: Long-Acting Anticholinergic (LAAC)</b></p>  <p><b>Incruse<sup>™</sup> Ellipta</b>** (umeclidinium) <i>GlaxoSmithKline</i> Use: OD Strength: 62.5mcg Capacity: 7 or 30 blisters/device</p>  <p><b>Seebri<sup>®</sup> Breezhaler</b>** (glycopyrronium) <i>Novartis</i> Use: OD Strength: 50mcg Capacity: 10 or 30 capsules/carton</p>  <p><b>Spiriva</b>** via <b>HandiHaler</b>** (tiotropium) <i>Boehringer Ingelheim</i> Use: OD Strength: 18mcg Capacity: 10 or 30 capsules/carton</p>  <p><b>Spiriva</b>*** <b>RespiMat</b>** (tiotropium) <i>Boehringer Ingelheim</i> Use: OD Strength: 2.5mcg/actuation Capacity: 28 or 60 actuations/cartridge</p>  <p><b>Tudorza<sup>®</sup> Genuair</b>** (aclidinium) <i>AstraZeneca</i> Use: BID Strength: 400mcg Capacity: 30 or 60 actuations/device</p>	<p><b>Combination ICS/LABA/LAMA</b></p>  <p><b>Trelegy<sup>®</sup> Ellipta</b>** (fluticasone furoate/umeclidinium/vilanterol) <i>GlaxoSmithKline</i> Use: OD Strength: 100/62.5/25mcg Capacity: 7 or 30 blisters/canister</p> <p><b>Combination SAMA/SABA</b></p>  <p><b>Combivent<sup>®</sup> RespiMat</b>** (ipratropium/salbutamol) <i>Boehringer Ingelheim</i> Use: QID Strength: 20/100mcg Capacity: 120 actuations/cartridge</p> <p><b>Product monograph recommends:</b> 1 inhalation 4 times/day for COPD</p>	<p><b>Additional Medications</b></p> <ul style="list-style-type: none"> <li><b>Leukotriene Receptor Antagonists (LTRA)*:</b> Accolate<sup>®</sup> (zafirlukast) <i>AstraZeneca</i>, Singular<sup>®</sup> (montelukast) <i>Merck</i></li> <li><b>IL-5 Inhibitor*:</b> Cinqair<sup>™</sup> (reslizumab) <i>Teva</i>, Nucala<sup>™</sup> (mepolizumab) <i>GlaxoSmithKline</i>, Fasenra<sup>®</sup> (benralizumab) <i>AstraZeneca</i></li> <li><b>Anti-IgE*:</b> Xolair<sup>®</sup> (omalizumab) <i>Novartis</i></li> <li><b>Oral Corticosteroid (Oral Corticosteroids)**:</b> Prednisone e.g. <i>Apotex</i>, <i>Teva</i>, <i>Jaapharm</i>, <i>Pro Doc Ltée</i></li> <li><b>Methylxanthines*:</b> (aminophylline, oxtriphylline, theophylline)</li> <li><b>Phosphodiesterase-4 inhibitor*:</b> Daxas<sup>®</sup> (roflumilast) <i>AstraZeneca</i></li> <li><b>Macrolides*:</b> e.g. Azithromycin</li> <li><b>Mucolytic*:</b> oral N-acetylcysteine</li> </ul>		

**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).

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.

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(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](http://www.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](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. 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
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-Beclonase 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](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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