	ASTH	IMA TREA	TME	NTS: INHALATIONS (Part 1 of 2)
Generic	Brand	Strength	Form	Dosage
ANTICHOLINE	RGIC			
ipratropium bromide	_	0.02%	soln	Children: Not recommended. Adults: 500mcg orally by nebulization 3–4 times daily; separate doses by 6–8hrs.
	Atrovent HFA	17mcg	MDI	Children: Not established. Adults: 2 inh 4 times daily; max 12 inh/day.
tiotropium bro- mide monohydrate	Spiriva Respimat	1.25mcg, 2.5mcg	soln	Children: Not established.  Adults: 2 inh of 1.25mcg/actuation (2.5mcg) once daily.
BETA <sub>2</sub> -AGONIST				
albuterol sulfate	_	0.5%	soln	Children: Use other forms. Adults: Use nebulizer. 2.5mg 3–4 times daily.
		0.083% 90mcg	soln MDI	<4yrs: Not recommended. ≥4yrs: Bronchospasm: 2 inh every 4—6hrs as needed; 1 inh every 4hrs may suffice. EIB: 2 inh 15min before exercise.
	ProAir HFA	90mcg	MDA	<4yrs: Not established. ≥4yrs: Bronchospasm: 2 inh every 4–6hrs; 1 inh every 4hrs may suffice. EIB: 2 inh 15–30min before exercise.
	ProAir RespiClick	90mcg	dry pwd	<4yrs: Not established. ≥4yrs: Bronchospasm: 2 inh every 4—6hrs; in some patients: 1 inh every 4hrs may suffice. EIB: 2 inh 15—30min before exercise.
	Proventil HFA	90mcg		<4yrs: Not established. ≥4yrs: Bronchospasm: 2 inh every 4—6hrs as needed; 1 inh every 4hrs may suffice. EIB: 2 inh 15—30min before exercise.
	Ventolin HFA	90mcg	MDA	
levalbuterol HCl	Xopenex	0.31mg/3mL, 0.63mg/3mL, 1.25mg/3mL	soln	<6yrs: Not recommended. 6—11yrs: 0.31mg by nebulization 3 times daily; max 0.63mg 3 times daily. >12yrs: Initially 0.63mg 3 times daily at 6—8hr intervals; may increase
	Xopenex Concentrate	1.25mg/0.5mL	soln	to 1.25mg 3 times daily.
levalbuterol tartrate	Xopenex HFA	45mcg	MDI	<4yrs: Not established. ≥4yrs: 2 inh every 4–6hrs; 1 inh every 4hrs may suffice.
LONG-ACTING BETA <sub>2</sub> -AGONIST				
salmeterol xinafoate	Serevent Diskus	50mcg	dry pwd	<4yrs: Not recommended. ≥4yrs: Asthma/Bronchospasm: 1 inh every 12hrs. E/B: 1 inh at least 30min before exercise. Max 2 doses/day.
MAST CELL STABILIZER				
cromolyn sodium	_	20mg/2mL	soln	<2yrs: Not recommended. ≥2yrs: Use nebulizer. 20mg 4 times a day.
STEROID				
beclomethasone diproprionate	Qvar Redihaler	40mcg, 80mcg	MDI	<4yrs: Not established. 4–11yrs: Initially 40mcg twice daily (approx. 12hrs apart); max 80mcg twice daily. Adults: Previously not on inhaled corticosteroids: Initially 40–80mcg twice daily (approx. 12hrs apart). Previously on inhaled corticosteroids: Initially 40–320mcg twice daily. Both: Max 320mcg twice daily.
budesonide	Pulmicort Flexhaler	90mcg, 180mcg	dry pwd	<6yrs: Not recommended. 6–17yrs: Initially 180mcg twice daily; may start at 360mcg twice daily; max 360mcg twice daily. ≥18yrs: Initially 360mcg twice daily; 180mcg twice daily may suffice; max 720mcg twice daily.
	Pulmicort Respules	0.25mg/2mL, 0.5mg/2mL, 1mg/2mL	susp	<ul> <li>-6mos: Not recommended.</li> <li>6-12mos: Not established.</li> <li>12mos-8yrs: Previously on bronchodilators alone: 0.5mg once daily or</li> <li>0.25mg twice daily. Previously on inhaled corticosteroids: 0.5mg once daily</li> </ul>

or 0.25mg twice daily; max 1mg/day. Previously on oral corticosteroids:

≥12yrs: Previously on bronchodilators alone: Initially 80mcg twice daily, max 160mcg twice daily. Previously on inhaled corticosteroids: Initially 80mcg twice daily; max 320mcg twice daily. Previously on oral corticosteroids (see

6-11yrs: Initally 80mcg twice daily (approx. 12hrs apart); may increase

≥12yrs: Initially 160mcg twice daily (approx. 12hrs apart); may increase

(continued)

0.5mg twice daily or 1mg once daily.

full labeling): 320mcg twice daily.

MDA : <12yrs: Not recommended.

MDI : <6yrs: Not recommended.

to max 160mcg twice daily.

to max 320mcg twice daily.

ciclesonide

flunisolide

Alvesco

Aerospan

80mcg,

160mcg

80mcg/inh

## Children: Not established. fluticasone Arnuity 100mcg, Ellipta 200mcg pwd Adults: Base initial dose on previous asthma therapy and disease severity. furoate Not on inhaled corticosteroid: usually initiate at 100mcg once daily; may increase to 200mcg once daily if inadequate response after 2 weeks. Max 200mcg/day.

<12yrs: Not established.

Both: Max 232mcg twice daily.

<4yrs: Not recommended.

max 1000mcg twice daily.

Children: Not established.

<4yrs: Not established.

<6yrs: Not established.

<12yrs: Not established.

<12yrs: Not established.

Key: dry pwd = dry powder for inhalation; EIB = exercise induced bronchospasm; MDI = metered-dose inhaler; MDA = metered dose aerosol;

Max 1 inh of 232/14mcg twice daily.

4-11yrs: 110mcg once in PM; max 110mcg/day.

6—<12yrs: 2 inh of 80/4.5 twice daily (AM & PM).</p>

Children: ≤17yrs: Not established.

4-11yrs: max 88mcg twice daily.

MDI <4yrs: Not established.

≥12yrs: Previously on inhaled steroids: Initially 1 inh of 55mcg, 113mcg,

or 232mcg twice daily (approx. 12hrs apart) based on asthma severity and

previous steroid dose. Not on inhaled steroid: Initially 55mcg twice daily.

4-11yrs: Previously on bronchodilators alone or on inhaled corticosteroids:

≥11yrs: Previously on bronchodilators alone: Initially 100mcg twice daily; max 500mcg twice daily. Previously on inhaled corticosteroids: initially 100-250mcg twice daily; max 500mcg twice daily. Previously on oral corticosteroids (wean gradually): initially 500-1000mcg twice daily;

≥12yrs: Previously on bronchodilators alone: Initially 88mcg twice daily; max 440mcg twice daily. Previously on inhaled steroids: Initially 88-220mcg twice daily; max 440mcg twice daily. Previously on oral steroids: Initially 440mcg twice daily; max 880mcg twice daily.

Adults: Previously on inhaled medium-dose corticosteroids: use 100mcg strength. Previously on inhaled high-dose or oral corticosteroids (wean gradually): use 200mcg strength. For both: 2 inh twice daily (AM & PM).

≥12yrs: Previously on bronchodilators alone or inhaled steroids: Initially 220mcg once in PM; max 440mcg/day (as 2 inh once daily or 1 inh twice daily). Previously on oral steroids: Initially 440mcg twice daily; max 880mcg/day.

≥12yrs: Base initial dose on asthma severity. 2 inh of 80/4.5 or 160/4.5

Adults: Initially 1 inh of 100/25mcg or 200/25mcg once daily, based on disease

severity and previous asthma therapy. Max 1 inh of 200/25mcg once daily.

twice daily (AM & PM). If insufficient response after 1-2wks of 80/4.5 strength, may switch to 160/4.5 strength. Max 2 inh of 160/4.5 twice daily.

Initially 50mcg twice daily; max 100mcg twice daily.

ASTHMA TREATMENTS: INHALATIONS (Part 2 of 2)

Form Dosage

dry

drv

: pwd

MDI

dry

pwd

pwd

fluticasone propionate

mometasone

budesonide/

formoterol

fluticasone

furoate/

vilanterol

fluticasone

propionate/

salmeterol

mometasone furoate/formoterol

**NOTES** 

fumarate dihydrate:

fumarate dihydrate

furoate

Generic

**Brand** 

ArmonAir

RespiClick

Flovent

Diskus

Flovent HFA : 44mcg,

Asmanex

Asmanex

**Twisthaler** 

STEROID + LONG-ACTING BETA<sub>2</sub>-AGONIST Symbicort

Breo Ellipta

Advair

Diskus

Advair HFA

AirDuo

Dulera

soln = solution for inhalation; susp = suspension for inhalation

RespiClick

HFA

STEROID (continued)

Strength

55mcg,

113mcg,

232mcq

50mcg,

100mcg,

250mcg

110mcg,

220mcg

100mcg,

200mcg

110mcg,

220mcg

80mcg/4.5mcg, : MDI

100mcg/25mcg, dry

200mcg/25mcg pwd

100mcg/50mcg,: dry

250mca/50mca, pwd

45mcg/21mcg, : MDI

500mca/50mca

115mcg/21mcg,

230mcg/21mcg

55mcg/14mcg,

232mcg/14mcg

200mcg/5mcg

113mcg/14mcg,; pwd

100mcg/5mcg, :MDI

160mcg/4.5mcg

<4yrs: Not established. 4-11vrs: 1 inh of 100/50 twice daily. ≥12vrs: Initially 1 inh of 100/50, 250/50 or 500/50 twice daily, based on disease severity and previous asthma therapy; if insufficient response after 2wks, use next higher strength. Max 1 inh of 500/50 twice daily. <12yrs: Not established. ≥12yrs: Initially 2 inh of 45/21, 115/21 or 230/21 twice daily, based on disease severity and previous asthma therapy; if insufficient response after 2wks, use next higher strength. Max 2 inh of 230/21 twice daily.

≥12yrs: Not previously on ICS: initially 1 inh of 55/14mcg twice daily.

≥12yrs: Initially 2 inh of 100mcg/5mcg or 200mcg/5mcg twice daily

(AM & PM), based on disease severity and previous asthma therapy. Max 2 inh of 200mcg/5mcg twice daily (max 800mcg/20mcg per day).

113/14mcg or 232/14mcg twice daily, based on disease severity and previous asthma therapy. If insufficient response after 2wks, use next higher strength.

(Rev. 3/2018)

Switching from an ICS or combination product: 1 inh of 55/14mcg,