

## Asthma Medication and Dosage List

### Symptom Relievers or Quick-Relief Medications “Rescue Medications”

Medication Name	Brand Name	Dosage
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#### **Bronchodilators – Beta 2 Agonists – Nebulized: every 4-6 hours as needed\***

Albuterol (pre-mixed)	Ventolin, Proventil, Accuneb	0.63mg/3mL unit dose vial 1.25mg/3mL unit dose vial 2.5mg/3mL unit dose vial
Albuterol (concentrate)		2.5mg/0.5mL – must be mixed with saline or another solution
Levalbuterol	Xopenex	0.31mg/3mL unit dose vial 0.63mg/3mL unit dose vial 1.25mg/3mL unit dose vial
Levalbuterol (concentrate)		1.25/0.5mL – must be mixed with saline or another solution

\* Per NHLBI:EPR3 Guidelines for “Home” management of asthma exacerbations – Up to two nebulized treatments 20 minutes apart may be administered, assessing condition throughout both treatments to determine if emergency transport/emergency department treatment is necessary.

#### **Bronchodilators – Beta 2 Agonists – Metered Dose Inhalers (MDIs) every 4-6 hours as needed\***

Albuterol	Ventolin HFA, Proventil HFA, ProAir HFA	2-6 puffs per dose (always use a spacer)
Levalbuterol	Xopenex HFA	2-6 puffs per dose (always use a spacer)
Pirbutrol	Maxair	2-6 inhalations per dose (breath activated – do not use spacer)

\* Per NHLBI:EPR3 Guidelines for “Home” management of asthma exacerbations – Up to two treatments 20 minutes apart may be administered, assessing condition throughout both treatments to determine if emergency transport/emergency department treatment is necessary.

#### **Bronchodilators – Anticholinergics – Nebulized: every 4-6 hours as needed – usually as adjunctive treatment in asthma\***

Ipratropium bromide	Atrovent	0.02% solution as a 2.5mL unit dose vial
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\* Per NHLBI:EPR3 Guidelines for “Home” management of asthma exacerbations – Up to two nebulized treatments 20 minutes apart may be administered, assessing condition throughout both treatments to determine if emergency transport/emergency department treatment is necessary.

#### **Bronchodilators – Anticholinergics – Metered Dose Inhalers (MDIs) every 4-6 hours as needed – Not for use alone in asthma**

Ipratropium bromide	Atrovent HFA	4-8 puffs every 20 minutes as needed up to 3 hours for exacerbation
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Budesonide inhalation suspension for nebulization 0.25mg/2ml and 0.5mg/2ml	Pulmicort Respules	Low dose: 0.5mg total per day to be given in one or two treatments Medium dose: 1mg total per day to be given in one or two treatments High dose: 2mg total per day to be given in two treatments
Flunisolide 250mcg/puff	Aerobid, Aerobid M	Low dose: 500mcg-750mcg total per day to be divided and given every 12 hours Medium dose: 1000mcg-1250mcg total per day to be divided and given every 12 hours High dose: >1250mcg total per day to be divided and given every 12 hours
Flunisolide HFA 80mcg/puff	Aerospan	<b>These are dosed differently than the CFC Aerobid inhalers due to differences in dosage delivery characteristics.</b> Low dose: 1 puff twice daily (given every 12 hours) Medium dose: 2 puffs twice daily (given every 12 hours) High dose: 4 puffs twice daily (given every 12 hours)
Fluticasone HFA 44mcg, 110mcg, 220mcg/puff	Flovent HFA	Low dose: 88-176mcg total per day to be divided and given every 12 hours Medium dose: 176-352mcg total per day to be divided and given every 12 hours High dose: >352mcg total per day to be divided and given every 12 hours
Fluticasone DPI 50mcg, 100mcg, or 250mcg per inhalation	Flovent Diskus	Low dose: 100-200mcg total per day to be divided and given every 12 hours Medium dose: 200-400mcg total per day to be divided and given every 12 hours High dose: >400mcg total per day to be divided and given every 12 hours
Triamcinolone acetonide 75 mcg/puff	Azmacort	Low dose: 300-600mcg total per day divided and given every 6-8 hours Medium dose: 600-900mcg total per day divided and given every 6-8 hours High dose: >900mcg total per day divided and given every 6-8 hours

Per the NHLBI EPR3 Guidelines: Estimated comparative daily dosages for inhaled corticosteroids in children Figure 4-4b

### Combination Medications Inhaled – Beta2 Agonist and Corticosteroid

Fluticasone/Salmeterol DPI 100mcg-50mcg	Advair Diskus	1 inhalation twice daily (12 hours apart)
Fluticasone/Salmeterol HFA 45mcg-21mcg	Advair HFA	Not approved for children <12 years

115mcg-21mcg 230mcg-21mcg		
Budesonide/formoterol HFA 80mcg-4.5mcg 160mcg-4.5mcg	Symbicort HFA	2 puffs twice daily (12 hours apart)

### Long Acting Beta 2 Bronchodilators – not recommended for use alone in asthma without an inhaled corticosteroid

Salmeterol DPI 50mcg/inhalation	Serevent Diskus	1 inhalation every 12 hours
Formoterol DPI 12mcg/single use capsule for inhalation	Foradil	Inhale the contents of one capsule every 12 hours

### Mast Cell Stabilizers

Cromolyn sodium 0.8 mg/actuation 20mg/ampule nebulizers	Intal	2 puffs four times a day 1 vial nebulized four times a day
Nedocromil MDI 1.75mg/puff	Tilade	2 puffs four times a day

### Oral Medications

#### Oral Corticosteroids

Methylprednisolone 2, 4, 5, 6, 16, 32mg tablets	Medrol	0.25-2mg/kg daily in single morning or every other day as needed for control
Prednisolone 5mg tablets 5mg/5mL liquid 15mg/5ml 10mg ODT (Oral disintegrating tablet) 15mg ODT 30mg ODT	Prelone, Pediapred Prelone, Orapred Orapred ODT	0.25-2mg/kg daily in single morning or every other day as needed for control
Prednisone 1, 2.5, 5, 10, 20, 50mg tablets 5mg/mL 5mg/5mL		0.25-2mg/kg daily in single morning or every other day as needed for control

#### Leukotriene Receptor Antagonist (LTRAs)

Montelukast 4mg or 5mg chewable tablet, 10mg tablet	Singulair	5mg at bedtime (6-14 years of age)
Zafirlukast 10mg, 20mg	Accolate	10mg twice daily (7-11 years of age)

Dosages listed above for all medications are from the NHLBI EPR3 Guidelines, Clinical Pharmacology, and Micromedex.

Compiled by Dr. Krista Capehart, WVAC Vice President, July 2009.