

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*

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|--------------|---|---|
| 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*

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| 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

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| 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 | These are dosed differently than the CFC Aerobid inhalers due to differences in dosage delivery characteristics. 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 |

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| 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

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| 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

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| 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

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| 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)

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| 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.