

## USUAL DOSAGES FOR OTHER LONG-TERM CONTROL MEDICATIONS\*

Medication	0–4 years of age	5–11 years of age	≥12 years of age
<b>Combined Medication (inhaled corticosteroid + long-acting beta<sub>2</sub>-agonist)</b>			
<b>Fluticasone/Salmeterol</b> — DPI† 100 mcg/50 mcg, 250 mcg/50 mcg, or 500 mcg/50 mcg MDI† 45 mcg/21 mcg, 115 mcg/21 mcg, or 230 mcg/21 mcg	N/A†	1 inhalation 2x/day; dose depends on level of severity or control	1 inhalation 2x/day; dose depends on level of severity or control
<b>Budesonide/Formoterol</b> — MDI† 80 mcg/4.5 mcg or 160 mcg/4.5 mcg	N/A†	2 puffs 2x/day; dose depends on level of severity or control	2 puffs 2x/day; dose depends on level of severity or control
<b>Mometasone/Formoterol</b> — MDI† 100 mcg/5 mcg	N/A†	N/A†	2 inhalations 2x/day; dose depends on severity of asthma
<b>Leukotriene Modifiers</b>			
<b>Leukotriene Receptor Antagonists (LTRAs)</b>			
<b>Montelukast</b> — 4 mg or 5 mg chewable tablet, 4 mg granule packets, 10 mg tablet	4 mg every night at bedtime (1–5 years of age)	5 mg every night at bedtime (6–14 years of age)	10 mg every night at bedtime
<b>Zafirlukast</b> — 10 mg or 20 mg tablet <i>Take at least 1 hour before or 2 hours after a meal. Monitor liver function.</i>	N/A†	10 mg 2x/day (7–11 years of age)	40 mg daily (20 mg tablet 2x/day)
<b>5-Lipoxygenase Inhibitor</b> <b>Zileuton</b> — 600 mg tablet <i>Monitor liver function.</i>	N/A†	N/A†	2,400 mg daily (give 1 tablet 4x/day)
<b>Immunomodulators</b>			
<b>Omalizumab (Anti IgE†)</b> — Subcutaneous injection, 150 mg/1.2 mL following reconstitution with 1.4 mL sterile water for injection <i>Monitor patients after injections; be prepared to treat anaphylaxis that may occur.</i>	N/A†	N/A†	150–375 mg subcutaneous every 2–4 weeks, depending on body weight and pretreatment serum IgE level
<b>Cromolyn</b>			
<b>Cromolyn</b> — Nebulizer: 20 mg/ampule	1 ampule 4x/day, N/A† <2 years of age	1 ampule 4x/day	1 ampule 4x/day
<b>Methylxanthines</b>			
<b>Theophylline</b> — Liquids, sustained-release tablets, and capsules <i>Monitor serum concentration levels.</i>	Starting dose 10 mg/kg/day; usual maximum: ▪ <1 year of age: 0.2 (age in weeks) + 5 = mg/kg/day ▪ ≥1 year of age: 16 mg/kg/day	Starting dose 10 mg/kg/day; usual maximum: 16 mg/kg/day	Starting dose 10 mg/kg/day up to 300 mg maximum; usual maximum: 800 mg/day
<b>Inhaled Long-Acting Beta<sub>2</sub>-Agonists (LABAs)</b> — used in conjunction with ICS† for long-term control; LABA is NOT to be used as monotherapy			
<b>Salmeterol</b> — DPI† 50 mcg/blister	N/A†	1 blister every 12 hours	1 blister every 12 hours
<b>Formoterol</b> — DPI† 12 mcg/single-use capsule	N/A†	1 capsule every 12 hours	1 capsule every 12 hours
<b>Oral Systemic Corticosteroids</b>			
<b>Methylprednisolone</b> — 2, 4, 8, 16, 32 mg tablets	▪ 0.25–2 mg/kg daily in single dose in a.m. or every other day as needed for control ▪ Short course “burst”: 1–2 mg/kg/day, max 60 mg/d for 3–10 days	▪ 0.25–2 mg/kg daily in single dose in a.m. or every other day as needed for control ▪ Short course “burst”: 1–2 mg/kg/day, max 60 mg/d for 3–10 days	▪ 7.5–60 mg daily in single dose in a.m. or every other day as needed for control ▪ Short course “burst”: to achieve control, 40–60 mg/day as single or 2 divided doses for 3–10 days
<b>Prednisolone</b> — 5 mg tablets; 5 mg/5 cc, 15 mg/5 cc			
<b>Prednisone</b> — 1, 2.5, 5, 10, 20, 50 mg tablets; 5 mg/cc, 5 mg/5 cc			

\* Dosages are provided for those products that have been approved by the U.S. Food and Drug Administration or have sufficient clinical trial safety and efficacy data in the appropriate age ranges to support their use.

† **Abbreviations:** DPI, dry powder inhaler; IgE, immunoglobulin E; MDI, metered-dose inhaler; N/A, not available (not approved, no data available, or safety and efficacy not established for this age group).

**The most important determinant of appropriate dosing is the clinician’s judgment of the patient’s response to therapy.** The clinician must monitor the patient’s response on several clinical parameters (e.g., symptoms; activity level; measures of lung function) and adjust the dose accordingly. Once asthma control is achieved and sustained at least 3 months, the dose should be carefully titrated down to the minimum dose necessary to maintain control.