

Chronic Medications for Maintenance of Lung Health

Medication	Strength of Evidence	Estimate of Net Benefit	Recommendation
Inhaled tobramycin Moderate – severe lung disease	Good	Substantial	A
Asymptomatic – mild disease	Fair	Moderate	B
Other inhaled antibiotics (colistin, gentamicin, ceftazidime)	Poor	Small	B
Dornase alfa Moderate – severe lung disease	Good	Substantial	A
Asymptomatic – mild lung disease	Fair	Moderate	B
Hypertonic saline	Fair	Moderate	B
Inhaled corticosteroids	Fair	Zero	D
Oral corticosteroids Age, 6–18 yr	Good	Negative	D
Age, >18 yr	Poor	None	I
Oral nonsteroidal antiinflammatory drugs	Fair	Moderate	B
Leukotriene modifiers	Poor	None	I
Cromolyn	Poor	None	I
Macrolide antibiotics	Fair	Substantial	B
Antistaphylococcal antibodies	Fair	Negative	D
Inhaled β_2-adrenergic receptor agonists	Good	Moderate	B
Inhaled anticholinergics	Poor	None/small	I
Oral <i>N</i>-acetylcysteine	Poor	None	I

Recommendation Grade Definitions

- A The Committee recommends the service. There is high certainty that the net benefit is substantial.
- B The Committee recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.
- C The Committee recommends against routinely providing the service. There may be considerations that support providing the service to an individual patient. There is moderate or high certainty that the net benefit is small.
- D The Committee recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harm out weighs the benefits.
- I The Committee concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.