Barts Health NHS Trust
Homerton Healthcare NHS Foundation Trust
Barking, Havering and Redbridge University Hospitals NHS Trust
East London NHS Foundation Trust
North East London NHS Foundation Trust

NEL Primary and Secondary Care Adult Asthma Prescribing Guidelines 2025

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Abbreviations	
ACT	Asthma Control Test
AIR	Anti-Inflammatory Reliever
ACQ6	Asthma Control Questionnaire 6
BD	Twice daily
DPI	Dry Powder Inhaler
FeNO	Fractional Exhaled Nitric Oxide
ICS	Inhaled corticosteroid
LAMA	Long-acting muscarinic antagonist
LABA	Long-acting beta 2 agonist
MART	Maintenance and Reliever Therapy
mcg	micrograms
MDI	Metered Dose Inhaler
OCS	Oral Corticosteroids
OD	Once daily
SABA	Short acting beta2 agonist
SE	Side effects

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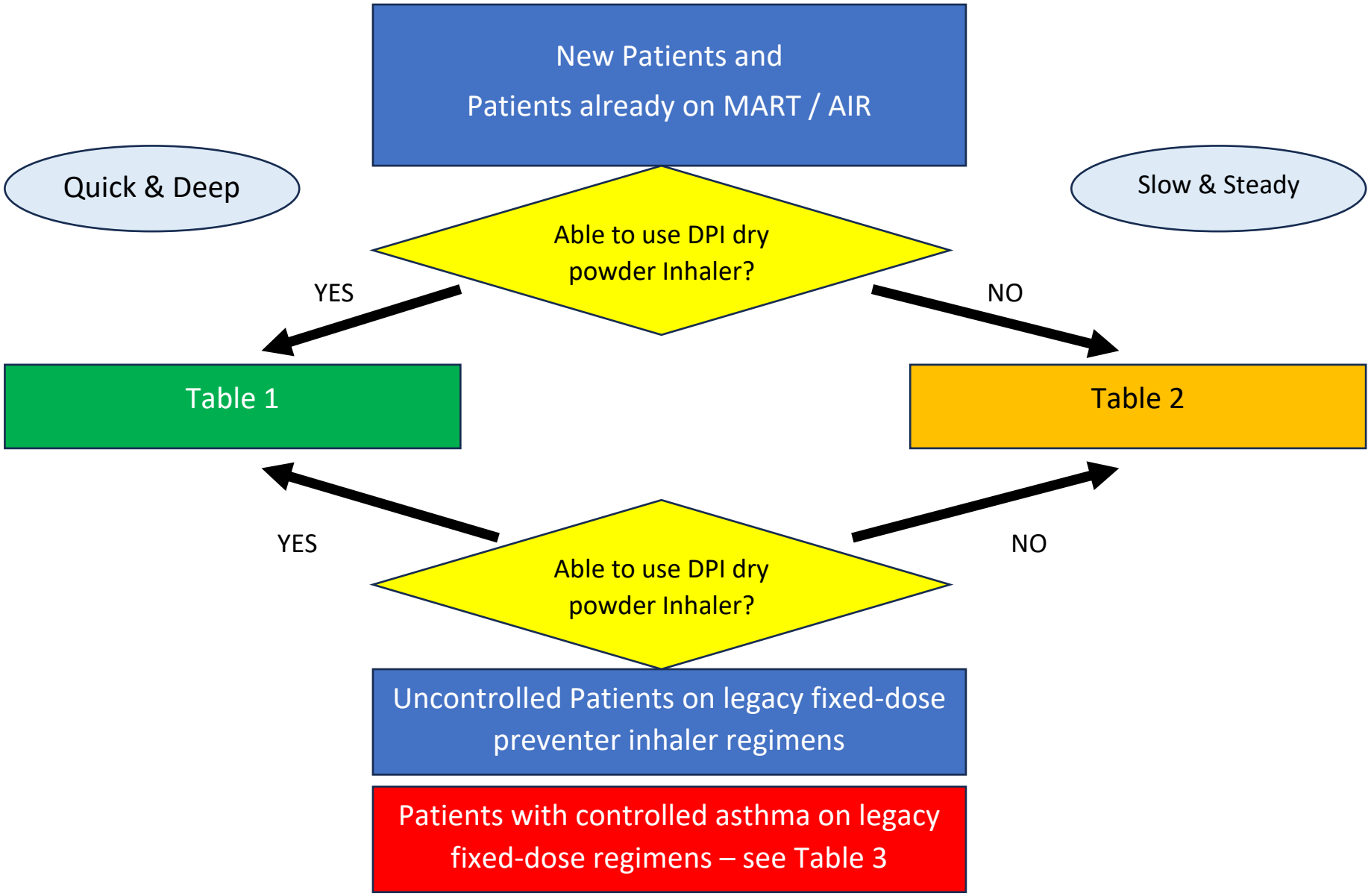
Version	Date
1.0	12/2022
2.0	06/2023

Introduction

This updated guideline focuses on ensuring that the most clinically effective, green, and cost-effective asthma treatments are those that a patient will and can take correctly. It highlights the importance of competent inhaler technique assessment and adherence considerations before deciding on the drug molecule. The guide also promotes prescribing by brand and device as well as combination inhalers over separate inhalers prescribing. It supports choosing inhalers devices requiring similar inhalation technique. These will in turn drive our agenda of improved asthma care and greener inhaler outcomes. In addition, we also advise on AIR/MART therapy as per current updated NICE/BTS/SIGN. This will support the drive away from SABA reliance and positively impact clinical care and the NHS low carbon agenda.

Figure 1. Flow chart to support use of guidelines based on patient's inhaler technique ability (See Pg. 6 for Inhaler technique considerations)



First assess Inhaler Technique to decide if patients could use Dry Powder Inhaler devices.
See Table 1 for patients with ability and shared decision to use Dry Powder Inhaler (DPI) devices as first line supporting the green agenda.

Table 1. Adult Asthma Guidelines DPI options				
Review patient 8 to 12 weekly and consider moving patients across treatment pathway if symptoms remain uncontrolled despite optimising patient's personalised asthma care. **Refer to secondary care if patients are uncontrolled at Step 4/5 or have ≥ 2 exacerbations despite optimising all modifiable risk factors and treatment.**				
Step 1 and New Diagnosis (AIR therapy)	**Step 2 Low-Dose MART**	**Step 3 Moderate-dose MART**	**Steps 4 and 5 consider referral to secondary care for asthma phenotyping and consideration for biologics.**	
NICE GUIDELINE NG245 RECOMMENDED ANTI-INFLAMMATORY RELIEVER/ MART REGIMENS				
Patients with infrequent symptoms and with no exacerbation risk factors Symbicort® Turbohaler® 200/6 ***Dose: 1 puff as needed*** **(max 8 puffs daily) ***	Fostair® NEXThaler® 100/6 (max 8 puffs daily) * Symbicort® Turbohaler® 200/6 (max 12 puffs daily)* ***Dose: 1 puff BD and as needed***	Fostair® NEXThaler® 100/6 (max 8 puffs daily) * Symbicort® Turbohaler® 200/6 (max 12 puffs daily) * ***Dose: 2 puffs BD and as needed***	Consider a trial of the following in addition to STEP 3 MART. Give for a trial period of 8 to 12 weeks unless there are side effects. Stop if not effective. **LAMA**: Add Incruse 55mcg Ellipta 1 puff OD to MART. Most likely beneficial in context of fixed airflow obstruction **LTRA**: Add Montelukast Tab 10mg ON (**caution neuropsychiatric SEs**) to MART. Most likely to be beneficial in the context of allergic rhinitis.	*Specialist care may prescribe a high-dose ICS containing fixed-dose preventer with MART reliever for selected high-risk patients with concerns of adherence and life-threatening exacerbations (off license).*
Do not prescribe a SABA inhaler to adult asthma patients on MART *** In an emergency can use more than the max 8 or 12 puffs whilst awaiting urgent medical review**				

N.B. Inhalers are listed in alphabetical order and not in order of preferences.

For patients unsuitable for DPI devices, see Table 2 for Metered Dose Inhaler (MDI) options to be used via spacers

Table 2. Adult Asthma Guidelines MDI options				
Review patient 8 to 12 weekly and consider moving patients across treatment pathway if symptoms remain uncontrolled despite optimising patient's personalised asthma care. **Refer to secondary care if patients have ≥ 2 exacerbations despite optimising all modifiable risk factors and treatment.**				
Step 1 New Diagnosis **(AIR therapy)**	**Step 2** **Low-dose MART**	**Step 3** **Moderate-dose MART**	**Steps 4 and 5 consider referral to secondary care for asthma phenotyping and consideration for biologics.**	
NICE GUIDELINE NG245 RECOMMENDED ANTI-INFLAMMATORY RELIEVER/ MART REGIMENS				
Patients with infrequent symptoms and with no exacerbation risk factors: **Luforbec® MDI 100/6 ***Dose: 1 puff as needed via spacer*** **(max 8 puffs daily)***	Luforbec® MDI 100/6 ***Dose: 1 puff BD and as needed via spacer (max 8 puffs daily in total)****	Luforbec® MDI 100/6 ***Dose: 2 puffs BD and as needed via spacer (max 8 puffs daily in total) ****	Consider a trial of the following in addition to STEP 3 MART. Give for a trial period of 8 to 12 weeks unless there are side effects. Stop if not effective. **LAMA**: Add Tiotropium Respimat® 2.5mcg 2 puffs OD to MART. Most likely beneficial in context of fixed airflow obstruction **LTRA**: Add Montelukast Tab 10mg ON (**caution neuropsychiatric SEs**) to MART. Most likely to be beneficial in the context of allergic rhinitis.	*Specialist care may prescribe a high-dose ICS containing fixed-dose preventer with MART reliever for selected high-risk patients with concerns of adherence and life-threatening exacerbations off license.*
Do not prescribe a SABA inhaler to adult asthma patients on MART *** In an emergency can use more than the max 8 or 12 puffs whilst awaiting urgent medical review**				

N.B. Inhalers are listed in alphabetical order and not in order of preferences. **** Current unlicensed use but equivalent to Symbicort Turbohaler on DPI section (NEL respiratory network consensus to include the use of a combination ICS-formoterol MDI product in Step 1 for PRN use).**

<table>
<tr><th colspan="6">Table 3. LEGACY FIXED-DOSE PREVENTER AND RELIEVER REGIMENS (NOT RECOMMENDED FOR NEW PATIENTS)</th></tr>
<tr><td colspan="6">Patients on DPI options</td></tr>
<tr><td>Step 1
Low Dose ICS</td><td>Step 2
Low Dose ICS/LABA</td><td>Step 3
Medium Dose ICS/LABA</td><td colspan="3">Steps 4 and 5 consider referral to secondary care for asthma phenotyping and consideration for biologics.</td></tr>
<tr><td rowspan="2">Beclometasone Easyhaler® 200mcg 1 puff BD

Pulmicort® Turbohaler® 200mcg
1 puff BD</td><td rowspan="2">Fostair® NEXThaler® 100/6 mcg
1 puff BD

Symbicort® Turbohaler® 200/6 mcg
1 puff BD</td><td rowspan="2">Fostair® NEXThaler® 100/6 mcg
2 puffs BD

Relvar® Ellipta® 92/22mcg 1 puff OD

Symbicort® Turbohaler® 200/6 mcg 2 puffs BD</td><td>Eosinophils ≥0.3 on treatment
→</td><td>High Dose ICS/LABA

Fostair® NEXThaler® 200/6 mcg (note contains 120 doses) 2 puffs BD

Relvar® Ellipta® 184/22 mcg 1 puff OD</td><td rowspan="2">High Dose Triple ICS/LABA/LAMA

Enerzair® Breezhaler® 114/46/136 mcg
1 puff OD</td></tr>
<tr><td>Eosinophils <0.3 and / or with obstructive spirometry
→</td><td>Medium Dose Triple (Note licensing for COPD i.e. airways obstruction) ICS/LABA/LAMA

Trelegy® Ellipta® 92/55/22 mcg 1 puff OD

Trimbow® NEXThaler® 88/5/9 mcg 2 puffs BD</td></tr>
<tr><td colspan="3">With Salbutamol 100 Easyhaler® (DPI) as needed</td><td colspan="3"></td></tr>
<tr><td colspan="6">Patients on MDI options</td></tr>
<tr><td rowspan="2">Soprobec® MDI 200 mcg
1 puff BD
Via spacer</td><td rowspan="2">Luforbec® MDI 100/6 mcg
1 puff BD via spacer

Combisal® MDI 50/25mcg
2 puffs BD via spacer</td><td rowspan="2">Luforbec® MDI 100/6 mcg
2 puffs BD via spacer

Combisal ®MDI 125/25mcg
2 puffs BD via spacer</td><td>Eosinophils ≥0.3 on treatment
→</td><td>High Dose ICS/LABA

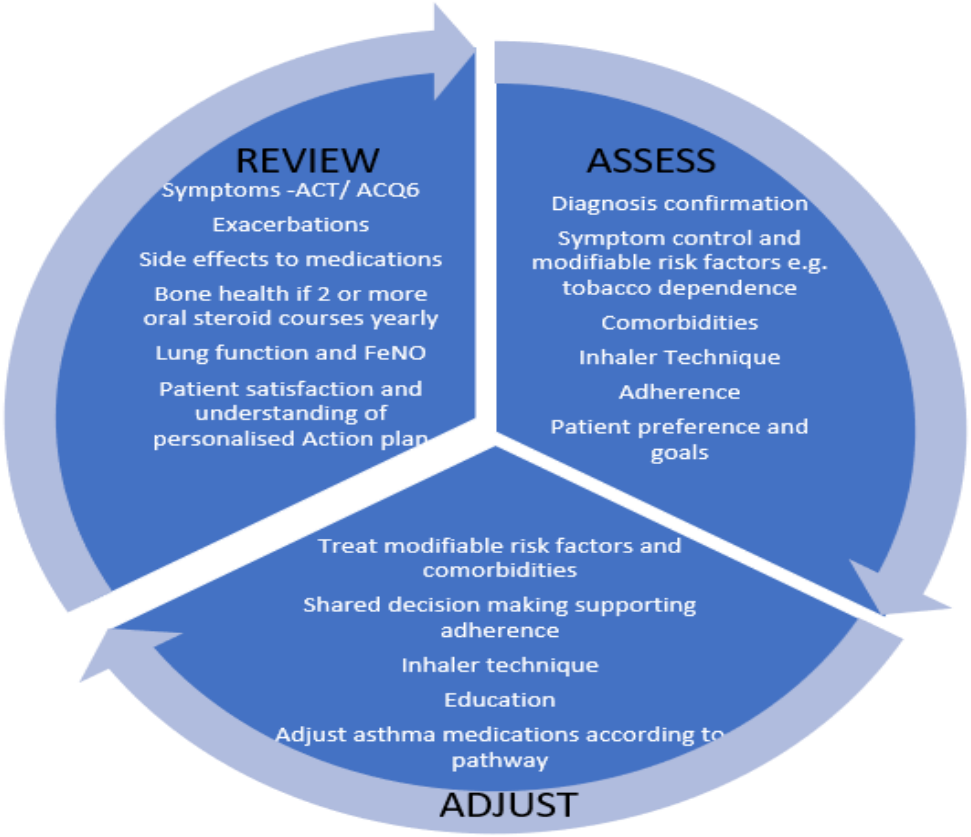
Luforbec® MDI 200/6 mcg 2 puffs BD via spacer

Combisal® MDI 250/25 mcg 2 puffs BD via spacer</td><td rowspan="2">High Dose Triple ICS/LABA/LAMA

Trimbow® MDI 172/5/9 mcg
2 puffs BD via spacer</td></tr>
<tr><td>Eosinophils <0.3 and / or with obstructive spirometry
→</td><td>Medium Dose Triple ICS/LABA/LAMA

Trimbow® MDI 87/5/9 mcg 2 puffs BD via spacer</td></tr>
<tr><td colspan="3">With Salamol® 100 inhaler (MDI) as needed via spacer</td><td colspan="3"></td></tr>
<tr><td colspan="6">All patients reporting any SABA use must be on inhaled steroids. PRN SABA DPI / MDI to be used alongside fixed dose ICS containing options above depending on inhaler technique. At step 2 and 3, Consider 6-week trial of Montelukast 10mg ON and stop if no benefit; caution neuropsychiatric SEs.</td></tr>
<tr><td colspan="6">If poorly controlled on Legacy regimen, then switch to MART as below (see Tables 1 & 2)</td></tr>
<tr><td>MART inhaler one puff twice daily and as needed</td><td>MART inhaler two puffs twice daily and as needed</td><td>MART inhaler two puffs twice daily and as needed</td><td colspan="3">If poorly adherent to preventer inhalers may benefit from switch to MART inhaler two puffs twice daily and as needed, otherwise will need referral to secondary care. Do not switch adherent patients on high-dose ICS to MART in primary care.</td></tr>
</table>

Asthma checklist cycle for personalised asthma care for all patients (Adapted from GINA 2021)



Inhaler Technique Considerations on Initiation of Inhalers	
Does the patient have the right inspiratory effort to inhale the contents from a Dry Powder Inhaler Device? Ask patient to breathe out comfortably and lift chin up Can patient take a QUICK DEEP breath in 2 to 3 seconds? If unsure after observing patient, consider using training devices e.g. training whistles, in-check dial to assess	
YES Consider a DPI [Low carbon option] Consider dexterity ability, adherence and patient preference, benefit of OD vs BD dosing for drug and device decisions.	NO Consider Metered Dose Inhalers (MDI) [High carbon option] via an aerochamber® plus flow vu and /or Soft Mist Inhalers (SMI) [Low carbon option]
TRAIN: If healthcare professional (HCP) is competent, show using placebos and provide links to videos. If HCP is not competent in inhaler technique checks, to provide links to videos and refer to a competent HCP	
Prescribe a consistent device type for all inhalers	
Prescribe combination inhalers where possible	
Prescribe by Brand and Device	
Ongoing Inhaler Technique Reviews should be assessed and optimised with standardised seven step checks based on UK Inhaler Group Standards by a competent HCP.	
Right Breathe- Inhaler prescribing information https://www.rightbreathe.com/ **Asthma & Lung UK- How to use your inhaler https://www.asthma.org.uk/advice/inhaler-videos/**	

Adherence Monitoring and Support

FeNO suppression readings where available

Inhaler dose counter checks and electronic sensors data where available

Non-adherence is normal. In practice, patients who manage to pick up and use 75% of their ICS containing inhalers are considered to have good adherence.

As a guide to alert HCP to non-adherence:
Patients at Step 3 of treatment pathway who pick up 7 or less ICS containing inhalers in the last year= non- adherence

Patients at Step 1 or 2 of treatment pathway who pick up less than 3 ICS containing inhalers in the last year = non-adherence

Example questions to understand patients' non-adherence:
In a week, how many times will you miss using your inhaler?

You have a list of different medicines to take daily- kindly explain your usual routine with them and which do you find most difficult to fit in your busy day?

Non-judgemental statements and normalising non-adherence is the best way build positive HCP-patient relationships to support non-adherence.

Examples of unintentional non-adherence	Suggested Support
Critical errors with inhaler technique	Correction and optimising technique via a competent HCP
Financial barriers	Suggest pre-payment certificates; increasing quantities of inhalers per prescription
Forgets	Phone reminders, consider inhalers with OD dosing pending suitable inhaler technique
Poor understanding of disease and treatment	Education support

Steroids

Gradual withdrawal of oral steroids should be considered in the following patients:

- Received more than 40mg prednisolone (or equivalent) daily for more than 1 week.
- Been given repeated doses in the evening
- Received more than 3 weeks' treatment
- Recently received repeated courses
- Taken a short course within 1 year of stopping long term therapy

A Blue steroid treatment card and a Red Steroid Emergency Card with Sick day rule counselling should be issued to the following patients

- Receiving high dose ICS (>1000BDP or equivalent)
- On long term oral steroids e. prednisolone 5mg daily or equivalent for 4 weeks or longer and for 12 months after stopping oral steroids
- Taking 40mg prednisolone daily or equivalent for longer than 1 week or repeated short courses of oral corticosteroids.
- Patients taking concurrent steroids via multiple routes (e.g. inhaled and/ or oral steroids with intramuscular or intra-articular glucocorticoid injections)

https://www.england.nhs.uk/2020/08/steroid-emergency-card-to-support-early-recognition-and-treatment-of-adrenal-crisis-in-adults/

https://www.endocrinology.org/adrenal-crisis

Patient review and asthma treatment changes

1. Check patients' asthma control based on symptoms, limitation of activities and use of rescue medication
2. Numerical asthma control tools for assessing symptom control are Asthma Control Questionnaire(ACQ) and Asthma Control Test (ACT).
3. All patients should have their inhaler technique checked and optimised by a competent HCP and adherence reviewed prior to increasing or commencing new asthma treatments.
4. Any patients not responding to ICS/LABA treatment should have their diagnoses confirmed before increasing treatment.
5. Review if symptoms are due to comorbid conditions e.g. chronic rhinitis, gastroesophageal reflux.
6. If on MART, step up if extra doses are used on most days.
   If on legacy fixed dose regimen and using SABA/ exacerbating, either switch to MART or step up
7. Consider stepping down when good asthma control has been achieved and maintained for 12 months, to find the lowest treatment that controls patients' symptoms and minimised exposure to side effects.
8. Choose an appropriate time to step back treatment (no respiratory infection, patient is not travelling, not pregnant)

References

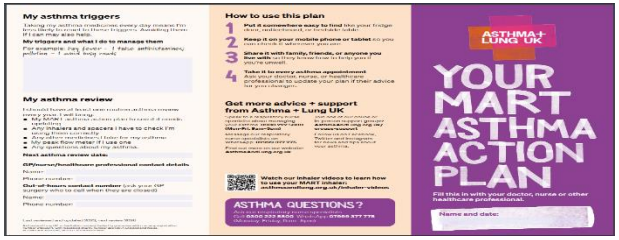
- NG245 BTS/SIGN/NICE Joint Guideline for the Diagnosis, Monitoring and Management of Chronic Asthma 2024.
- UK Inhaler group. Inhaler standards and competency document. Scullion J, Respiratory Nurse Consultant, University hospital of Leicester NHS Trust. Contributors Murphy, Anna. Consultant Pharmacist, University Hospitals of Leicester. Published December 2019.
- Global Initiative for Asthma. Global Strategy for Asthma management and prevention. 2024 update.
- Electronic British National Formulary. BMJ Group and Pharmaceutical Press. Accessed Dec 2024
- Electronic Medicines Compendium. Medicines.org.uk/emc/ Accessed December2024
- QOL Tech. Measurement of Health-Related Quality of life & Asthma control. 1999; Available at: https://www.qoltech.co.uk/miniaqlq.html. Accessed December 2024.
- Asthma.com. Asthma Control Test Available at: http://www.asthma.com/additional-resources/asthma-control-test.html. Accessed December 2024.

NHS
North East London

North East London Health & Care Partnership

Appendix 1 MART Action Plan

Both AIR and MART action plans can be accessed via: https://shop.asthmaandlung.org.uk/collections/new-shop-hcp



ASTHMA Maintenance and Reliever Therapy (MART) ACTION PLAN

MART is a combined ICS and LABA treatment in a single inhaler, containing both ICS and a fast-acting LABA. It is used for both daily maintenance therapy and the relief of symptoms as required. Licensed MART Inhalers include: Fostair® NEXThaler® 100/6; Symbicort® Turbohaler® 200/6; Duoresp® Spiromax 160/4.5; Fobumix® Easyhaler 160/4.5; Luforbec® MDI 100/6; Fostair® MDI 100/6

1 Every day asthma care:

With this daily routine:

- I should have few or no asthma symptoms during the day and none at night (wheeze, tight chest, feeling breathless, cough).
- I should be able to do everything I normally do in my day-to-day life (working, being active, socialising).
- My personal best peak flow score is:

  Date taken

My Maintenance and Reliever Therapy (MART) inhaler is called (insert name):

I need to take my MART inhaler every day even when I feel well.

I take puff(s) in the morning

and puff(s) at night.

I use my MART inhaler as my reliever inhaler if I get asthma symptoms.

I take one puff of my MART inhaler if:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing.

I can take up to a **maximum** of puffs a day (including my morning and night puffs).

Other medicines and devices (for example, spacer, peak flow meter) I use for my asthma every day:

2 When I feel worse:

My asthma is getting worse if I'm experiencing any of these:

- My symptoms are getting worse (wheeze, tight chest, feeling breathless, cough).
- My symptoms are waking me up at night.
- My symptoms are affecting my day-to-day life (working, being active, socialising).
- My peak flow score drops to below:

If my asthma gets worse:
I can continue to take **one** puff of my MART inhaler as needed to deal with my asthma symptoms, up to a **maximum** of puffs a day (including my morning and night puffs).

URGENT! Contact your doctor, nurse or other healthcare professional if:

- You need to use the **maximum** daily dose of your MART inhaler and your symptoms are not improving **or**
- You're regularly using extra doses of your MART inhaler most days for weeks (as advised by your healthcare professional) **or**
- You're worried about your asthma.

Other advice from my doctor, asthma nurse or healthcare professional about what to do if my asthma is worse:

3 When I have an asthma attack:

I'm having an asthma attack if I'm experiencing any of these:

- My MART inhaler is not helping.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot.
- My peak flow score is below:

What to do in an asthma attack

1. Sit up straight – try to keep calm.
2. Take one puff of your MART inhaler **every 1 to 3 minutes up to six puffs**.
3. If you feel worse at any point **or** you don't feel better after six puffs **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, **repeat step 2**.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

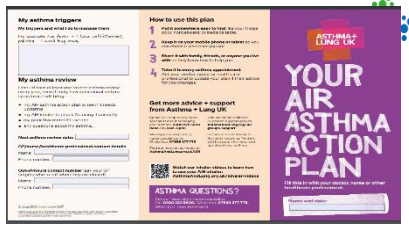
After an asthma attack
Follow this advice to make sure you recover well and to prevent further asthma attacks:

- If you dealt with your asthma attack at home, see your doctor or nurse today.
- If you were treated in hospital, see your doctor or nurse within 48 hours of being discharged.
- Finish any medicines they prescribe you, even if you start to feel better.
- If you don't improve after treatment, see your doctor, nurse or other healthcare professional urgently.

If you don't have your MART inhaler with you and need to use a blue reliever inhaler, take one dose every 30–60 seconds up to a maximum of 10 puffs and call 999 for an ambulance.

Appendix 2 AIR Action plan

Both AIR and MART action plans can be accessed via: https://shop.asthmaandlung.org.uk/collections/new-shop-hcp



1 Every day asthma care:

My AIR (anti-inflammatory reliever) inhaler contains:

- a steroid medicine to treat inflammation in my airways
- a reliever medicine called formoterol to open up my airways.

My AIR inhaler is called (insert name)

I carry my AIR inhaler with me every day so I can use it if I get asthma symptoms.

I take **one puff** of my AIR inhaler if:

- I'm wheezing
- My chest feels tight
- I'm finding it hard to breathe
- I'm coughing.

If my symptoms have not improved after a few minutes, I can take another puff.

I should not take more than ____ puffs at any one time.

I can continue to use my AIR inhaler as needed if:

- I have few or no asthma symptoms during the day, and none at night.
- I can do everything I normally do (e.g. working, being active, socialising).
- My peak flow score stays at or around ____
- I only need to use my AIR inhaler occasionally, as advised by my GP or nurse.

Other advice for managing my asthma every day:

2 When I feel worse:

I need to contact my doctor, nurse or other healthcare professional as soon as possible if I feel worse.

I should contact them if I have any of these signs and symptoms:

- My symptoms are getting worse (wheeze, tight chest, feeling breathless, cough).
- My symptoms are waking me up at night.
- My symptoms are affecting my day-to-day life (working, being active, socialising).
- My peak flow score drops to below: ____

I should also contact my GP, nurse or healthcare professional as soon as possible if:

I regularly need to use ____ puffs or more of my AIR inhaler in a day.

The **maximum daily dose** of my AIR inhaler is ____ **puffs**.

Other advice about what to do if my asthma gets worse:

3 When I have an asthma attack:

I'm having an asthma attack if I'm experiencing any of these:

- My AIR inhaler is not helping.
- I find it difficult to walk or talk.
- I find it difficult to breathe.
- I'm wheezing a lot, or I have a very tight chest, or I'm coughing a lot.
- My peak flow score is below: ____

What to do in an asthma attack

1. Sit up straight – try to keep calm.
2. Take one puff of your AIR inhaler **every 1 to 3 minutes up to six puffs**.
3. If you feel worse at any point **or** you don't feel better after six puffs **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, **repeat step 2**.
5. If your symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately**.

If you do not have your AIR inhaler with you, call 999.

After an asthma attack

Follow this advice to make sure you recover well and to prevent further asthma attacks:

- If you dealt with your asthma attack at home, speak to your doctor or nurse today.
- If you were treated in hospital, speak to your doctor or nurse within 48 hours of being discharged.
- Finish any medicines they prescribe you, even if you start to feel better.
- If you don't improve after treatment, speak to your doctor, nurse or other healthcare professional urgently.

Appendix 3 Example Inhalers used in asthma management with images. See NEL formulary for full list.

[North East London Joint Formulary Formulary (nel-jointformulary.nhs.uk);](https://nel-jointformulary.nhs.uk)

https://primarycare.northeastlondon.icb.nhs.uk/home/meds/medicines-guidelines-respiratory/

<table>
<tr><th colspan="2">ICS</th><th colspan="2">ICS/LABA</th><th colspan="2">ICS/LABA/LAMA</th></tr>
<tr><th>DPI</th><th>MDI</th><th>DPI</th><th>MDI</th><th>DPI</th><th>MDI</th></tr>
<tr>
<td>Beclometasone Easyhaler® 200mcg
 

Pulmicort Turbohaler® (Budesonide) 100, 200, 400mcg
  </td>
<td>Soprobec® MDI (Beclometasone) 100, 200, 250mcg
  </td>
<td>Symbicort Turbohaler® (Budesonide/ Formoterol)
100/6 (MART); 200/6 (MART); 400/12
 

Fostair NEXThaler® 100/6 (MART); 200/6 (Beclometasone/ Formoterol)
 

Relvar Ellipta® 92/22; 184/22mcg (Fluticasone Furoate/ Vilanterol)
  </td>
<td>Beclometasone/ Formoterol
Fostair® MDI 100/6 (MART); 200/6
 

Luforbec® MDI 100/6 (MART); 200/6
 

Fluticasone propionate/ Salmeterol
Combisal® MDI 50/25; 125/25; 250/25
  </td>
<td>Enerzair Breezhaler® 114/46/136mcg (Indacaterol/ Glycopyrronium/ Mometasone)
 

Trimbow ®NEXThaler 88/5/9 mcg (Beclometasone/ Formoterol/ Glycopyrronium)
  </td>
<td>Trimbow ®MDI 87/5/9; 172/5/9mcg (Beclometasone/ Formoterol/ Glycopyrronium)
 
  </td>
</tr>
</table>

SABA	
DPI	MDI
Salbutamol Easyhaler® 100mcg 	Salamol® MDI 100mcg (Salbutamol) 
Bricanyl Turbohaler® 100mcg (Terbutaline) 	

Spacer to prescribe with MDIs:
Aerochamber Plus Flow-Vu Mouthpiece


Low carbon footprint device choice