



# Medicine Supply Notification

MSN/2025/041

## Salbutamol 100micrograms/dose breath actuated inhalers CFC free

Tier 2 – medium impact\*

Date of issue: 04/07/2025

Link: [Medicines Supply Tool](#)

## Summary

- Salbutamol (Salamol Easi-Breathe<sup>®</sup>) 100micrograms/dose **breath actuated inhaler** CFC free is out of stock until mid-September 2025; following resupply, stock will be limited until December 2025.
- Salbutamol (Aiomir<sup>®</sup>) 100micrograms/dose **breath actuated inhaler** CFC free has been discontinued.
- Salbutamol (Salamol<sup>®</sup>) 100micrograms/dose inhaler CFC free **pressurised metered-dose inhaler (pMDIs)** remains available and can support increased demand.
- Salbutamol (Easyhaler<sup>®</sup>) 100micrograms/dose **dry powder inhaler (DPI)** remains available and can support increased demand.
- Salbutamol (Ventolin Evohaler<sup>®</sup>) 100microgram/dose inhaler CFC free pMDI and salbutamol (Salbulin Novolizer<sup>®</sup>) 100micrograms/dose inhalation powder remain available however cannot support any increase in demand.

## Actions Required

Clinicians should not initiate new patients on salbutamol 100microgram/dose breath actuated inhalers CFC free until the supply issue has fully resolved.

When patients currently prescribed these inhalers present for a new prescription, clinicians should consider prescribing either a salbutamol pressurised metered-dose inhaler (pMDI), reviewing if a spacer device is required, or a salbutamol dry powder inhaler (DPI), taking into account:

- choice of a DPI or a pMDI will be determined by which of these inhaler devices is already being used to deliver the preventer therapy, as well as patient's ability to operate the device correctly, its suitability for the patient's lifestyle, their preference, and the environmental impact of the device;
- where alternative inhalers are prescribed, ensure that the patient is not intolerant to any of the excipients, and is counselled on how to use the inhaler (including spacer if required for pMDI) and the dose to be administered;
- for patients aged 12 and over with asthma, consider whether first line 'Maintenance And Reliever Therapy' (MART) or 'Anti-inflammatory reliever' (AIR) therapy is more appropriate than use of salbutamol (see Supporting Information), and
- if the above options are not considered appropriate, advice should be sought from specialists on management options.

\*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

## Supporting information

### Available alternatives

|   |                                  |
|---|----------------------------------|
| Easyhaler® Salbutamol sulfate<br>100micrograms/dose | Dry powder inhaler               |
| Salamol® 100micrograms/dose inhaler CFC free        | Pressurised metered dose inhaler |

### Clinical Information

Pressurised MDIs require dexterity and the ability to coordinate actuation with inhalation. In all children and in patients who may struggle with this, a spacer device and counselling on its use should be provided.

DPIs require a minimum inspiratory effort to be able to generate enough inspiratory flow to allow effective drug delivery, which may not be achievable for some children, particularly younger ones. On changing from a pMDI inhaler to a DPI, patients may notice a lack of sensation in the mouth and throat previously associated with each actuation; coughing may also occur.

Salbutamol (Easyhaler®) 100micrograms/dose DPI contains lactose; the SmPC states that a dose contains less than 10 mg lactose, which probably does not cause symptoms in lactose intolerant patients. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

[NICE asthma guidance](#) on transferring patients with uncontrolled asthma from other treatment pathways, recommends that those aged 12 years and above, who are only using a short-acting beta-2-agonist (SABA) should be offered a low-dose inhaled corticosteroid (ICS)/formoterol combination inhaler to be used as needed (as-needed AIR therapy). It recommends changing treatment to low-dose MART for people with asthma that is not controlled on regular low-dose ICS plus SABA as needed.

### Links to further information

[SmPC – Salbutamol 100microgram/dose presentations](#)

[NICE Guidance – Asthma: diagnosis, monitoring and chronic asthma management \(BTS, NICE, SIGN\)](#)

[Asthma and Lung UK – Using your inhalers](#)

[Asthma and Lung UK – Spacer advice](#)

[BNF: Inhaler devices](#)

[BNF: Chronic asthma](#)

## Enquiries

If you have any queries, please contact [DHSCmedicinesupplyteam@dhsc.gov.uk](mailto:DHSCmedicinesupplyteam@dhsc.gov.uk).