



11 July 2025

Medicine Supply Alert Notice

Salbutamol 100micrograms/dose breath actuated inhalers CFC free

Priority: Level 2*

Valid until: December 2025

Issue

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

Advice and Actions

6. Clinicians should not initiate new patients on salbutamol 100microgram/dose breath actuated inhalers CFC free until the supply issue has fully resolved.
7. 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 Additional Information section), and

*<https://www.nss.nhs.scot/media/1842/medicine-supply-alert-notices-definitions-of-classifications-21-october-2019.pdf>

- if the above options are not considered appropriate, advice should be sought from specialists on management options.

Additional Information

Available alternatives

Easyhaler® Salbutamol sulfate 100micrograms/dose	Dry powder inhaler
Salamol® 100micrograms/dose inhaler CFC free	Pressurised metered dose inhaler

Clinical Information

8. 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.
9. 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.
10. 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.
11. [BTS/NICE/SIGN 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 \(BTS, NICE, SIGN\)](#)
- [SIGN 245 Asthma: diagnosis, monitoring and chronic asthma management](#)
- [Asthma and Lung UK – Using your inhalers](#)
- [Asthma and Lung UK – Spacer advice](#)
- [BNF: Inhaler devices](#)
- [BNF: Chronic asthma](#)

Specialist Pharmacy Service (SPS) website

12. The UK Department of Health and Social Care (DHSC) in conjunction with SPS have launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues. To access the online Medicines Supply Tool you need to register with the [SPS website](#). Registration for access to the website is available to UK healthcare professionals and organisations providing NHS healthcare. The tool is located under the Tools tab and then click on the Medicines Supply option.
13. We encourage prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland to register with the SPS website and use its Medicine Supply Tool to stay up to date concerning medicines supply disruptions. Please be aware that while medicines supply issues will appear on the SPS website, some of the recommended actions may not always be appropriate / relevant within the Scottish context.

Enquiries

14. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to PharmacyTeam@gov.scot (primary care) or NSS.NHSSMedicineShortages@nhs.scot (secondary care).