

User guide

Maintenance And Reliever Therapy (MART)

What is Fostair® and what is it used for?

Your doctor, nurse or pharmacist has prescribed this inhaler to help control your asthma.

This inhaler is a combination inhaler. Combination inhalers contain two medicines.

- "Maintenance" medication is called a steroid (beclometasone) that helps to reduce inflammation
- "Reliever" medication is called a long-acting bronchodilator (formoterol) that helps to open up the airways



What is MART?

MART stands for Maintenance And Reliever Therapy

This means that your inhaler can be used to **maintain** your asthma control and relieve any sudden symptoms you have in between your usual morning and evening doses. You may previously have used a blue inhaler as a reliever inhaler but your Fostair® inhaler can now do the job of both your usual maintenance therapy and your blue reliever inhaler.

Your inhaler can help treat symptoms such as:

- Shortness of breath
- Wheezing
- Coughing

How often should I use my inhaler?

Take 1 PUFF in the morning and 1 PUFF in the evening every day.

You should also use your inhaler as a reliever inhaler to treat sudden symptoms, so please ensure you keep it with you at all times.

If you get sudden asthma symptoms, take 1 PUFF of your inhaler and wait a few minutes. If you do not feel better, take another puff.

FOR MAINTENANCE THERAPY, TAKE YOUR INHALER:

puff in the morning



puff in the evening



FOR RELIEVER THERAPY, TAKE YOUR INHALER:

puff at any time in response to symptoms, but no more than 6 a day



You should not take more than 6 reliever puffs per day

This means that in total you cannot take more than 8 puffs per day:

Maintenance puffs



Maximum reliever puffs



Maximum total puffs

If you feel you need more reliever puffs each day to control your asthma symptoms, seek medical advice from your doctor, nurse or pharmacist as they may need to change your treatment.



For when you have been prescribed Fostair* pressurised metered dose inhaler 100/6 (beclometasone + formoterol) in a MART regime. This is a quick guide to your inhaler and how to use it. Please refer to the patient information leaflet for detailed information about your medicine.

Provided by Chiesi Limited.







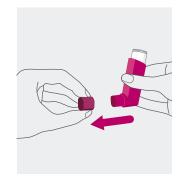
How do I use my inhaler?

Follow the next five steps to use your inhaler, making sure not to rush yourself.

Before using your inhaler for the first time or if it has not been used for 14 days or more, release 1 puff into the air to make sure it is working properly. Whenever possible, sit or stand in an upright position when using your inhaler.



Remove the protective cap from the mouthpiece and check that the mouthpiece is clean and free from dust, dirt or any foreign objects.



STEP 2

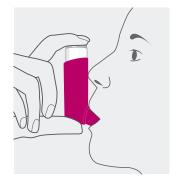
Breathe out as slowly and deeply as possible.



STEP 3

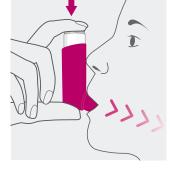
Hold the inhaler upright as shown and put your lips around the mouthpiece.

Do not bite the mouthpiece.



STEP 4

Breathe in slowly and deeply through your mouth and, just after starting to breathe in, press down on the top of the inhaler to release 1 puff whilst continuing to breathe in slowly and deeply.



STEP 5

Hold your breath for as long as is comfortable and, finally remove the inhaler from your mouth and breathe out slowly.

Do not breathe into the inhaler.



To take a second puff, keep your inhaler in the upright position for about half a minute, then repeat steps 2 to 5.

IMPORTANT: Do not repeat steps 2 to 5 too quickly. After use, close your inhaler again with the protective cap.

The dose counter decreases by one with every puff. You should get a replacement prescription when the counter shows '20'.



Stop using the inhaler when the counter shows '0' as any puffs left in the device may not be enough to give you a full dose.







How do I use my inhaler with a spacer?

Your doctor, nurse or pharmacist may have prescribed a spacer called the **AeroChamber Plus®** to be used with your inhaler. Your spacer may look like a long chamber with a mouthpiece at one end and a hole at the other where it attaches to your inhaler.

Follow the next 7 steps to use your inhaler with a spacer. Don't forget to refer to the information leaflet that comes with the **AeroChamber Plus**®, or speak to your doctor, nurse or pharmacist for more information or help.

Spacer: AeroChamber Plus®



AeroChamber Plus® is a registered trademark of Trudell Medical International.

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STEP 1

Remove the protective cap from your inhaler and the spacer mouthpiece.



STEP 2

Make sure the spacer is clear and there are no objects that could block the flow of air.



STEP 5

Push down on the top of the inhaler and start breathing in slowly. Keep a good seal around the spacer mouthpiece and take 5 breaths after pushing down on the top of the inhaler.



STEP 3

Insert your inhaler into the hole in the back of the spacer.



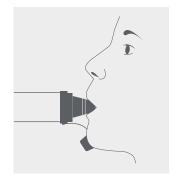
STEP 6

Slow down your breathing if you hear a whistle sound.



STEP 4

Put the spacer mouthpiece into your mouth.

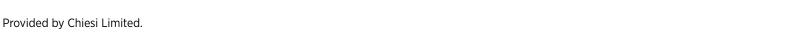


STEP 7

Wait 30 seconds before repeating steps 4–6 as prescribed.







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How do I know if I'm having an asthma attack?

You are having an asthma attack if:

- 1. You're wheezing a lot, have a very tight chest, or you're coughing a lot
- Your symptoms (coughing, wheezing, tightness in the chest and shortness of breath) continue to get worse after you have used your reliever inhalations
- **3.** Your breathing is getting faster and it feels like you can't get your breath in properly
- 4. You are breathless and find it difficult to walk or talk



Remember to always keep this inhaler with you for reliever use

What should I do if I'm having an asthma attack?

1. What to do in an asthma attack:

- Sit up straight don't lie down. Try to keep calm
- Use your Fostair® inhaler immediately
- Loosen tight clothing
- Try to take slow, steady breaths

2. If there is no immediate improvement:

 Continue to take 1 PUFF of your Fostair® inhaler every few minutes, up to a maximum of 6 PUFFS (no more than 8 PUFFS in total should be taken per day)

If you do not feel better after taking your inhaler as instructed above:

- Call 999 or a doctor urgently
- If the ambulance has not arrived after 10 minutes, contact 999 again immediately

4. If your symptoms improve and you do not need to call 999 or a doctor

 You should call your GP and ask the receptionist for an URGENT SAME DAY APPOINTMENT, tell them 'my asthma is getting worse, and I need to see someone for urgent advice'. If you cannot get an appointment, or your GP is closed, you should call 111 for advice

Please also refer to your personalised asthma action plan.

Where can I find more information?

To find out more about asthma and using your inhaler, you may find the following contacts and websites useful:

Please note: these links may take you to a website that is not owned or controlled by Chiesi Limited. Chiesi Limited is not responsible for the content provided on such websites.

Asthma + Lung UK Helpline:

0300 222 5800 (9am-5pm, Monday-Friday)
Call to speak confidentially to an asthma nurse specialist.

Asthma + Lung UK WhatsApp Service:

07378 606 728 (9am-5pm, Monday-Friday) Chat with our asthma nurse team, we try to respond within 24 hours.

NHS 111 service (non-emergency):

www.england.nhs.uk/ourwork/pe/nhs-111 | Telephone: 111 Call 111 when it's less urgent than 999. If you're worried about an urgent medical concern, call 111 and speak to a fully trained advisor. For less urgent health needs, contact your GP or local pharmacist.

Chiesi Air:

www.ChiesiAir.co.uk
This website has been provided by Chiesi Limited.

This leaflet is not intended to replace the advice of your healthcare professional. If you have any questions about your medication, please speak to your doctor, nurse or pharmacist.

Reporting of side effects: If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at:

www.mhra.gov.uk/vellowcard

By reporting side effects you can help provide more information on the safety of this medicine.



