Chapter 3. Respiratory system

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For cost information please go to the most recent cost comparison charts

Key

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<tr>
<th></th>
<th>Red drug see GMMMG RAG list</th>
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<th>If a medicine is unlicensed this should be highlighted in the template as follows</th>
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<td>Drug name U</td>
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|   | Not Recommended |

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<tr>
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<th>Over the Counter</th>
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<tr>
<td></td>
<td>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</td>
</tr>
</tbody>
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Order of Drug Choice
Where there is no preferred 1st line agent provided, the drug choice appears in alphabetical order.
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<tr>
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### Greater Manchester Respiratory Management Plans:
- GM Asthma Management Plan and Inhaler Guide
- GM COPD Management Plan, inhaler guide, Step-Down Flowchart and Implementation aid

#### Section 3.1 Bronchodilators

#### Subsection 3.1.1 Adrenoreceptor agonists

**Short acting**

**First choice**
- **Salbutamol**
  - 100 micrograms/dose
  - CFC-free MDI: (Ventolin Evohaler®, Airomir® inhaler)
  - Dry powder: (Easyhaler®)

**Alternatives**
- **Salbutamol**
  - 100 micrograms/dose, 200 micrograms/dose
  - Breath-actuated: (Airomir® Autohaler, Salamol Easi-Breathe®)

- **Terbutaline** 500 micrograms/dose
  - DPI (Bricanyl® Turbohaler)

- **Salbutamol**
  - DPI capsules 200 micrograms /dose (Ventolin® Accuhaler)

**Nebuliser solutions**
- **Salbutamol**
  - Nebuliser solution 2.5mg /2.5ml, 5mg / 2.5ml

- **Terbutaline**
  - Nebuliser solution 5mg/2ml (Respules®)

**Injections**
- **Salbutamol**
  - Injection 500 microgram/ml
  - Solution for intravenous infusion 5mg/5ml

- **Terbutaline**
  - Injection 500 microgram/ml  2.5mg/5ml (Bricanyl®)

Respiratory solutions should be reserved for patients with distressing or disabling breathlessness despite maximum therapy with inhalers. The need for continued therapy with respiratory solutions should be reviewed by a specialist respiratory service.

**MHRA DSU: short-acting beta 2 agonists, Nov 2013**: the use of short-acting adrenoreceptor agonists for tocolysis in premature labour has been restricted to 48 hours’ maximum parenteral use under specialist supervision, after a European safety review.
MHRA DSU: Pressurised metered dose inhalers (pMDI): risk of airway obstruction from aspiration of loose objects, (July 2018)

Remind patients to check and remove the mouthpiece cover properly before inhaling a dose and to shake the inhaler to remove loose objects that may have become trapped in the inhaler during storage. The mouthpiece cover should be replaced securely after use. There are reports of patients who have inhaled objects into the back of the throat, resulting in coughing. In some cases objects were aspirated, causing airway obstruction.

### Long acting

**First choice**

- **Formoterol**
  - DPI 12 micrograms/dose: (Easyhaler®)
  - DPI 6 or 12 micrograms/dose: (Oxis® Turbohaler)

- **Indacaterol**
  - Inhalation powder capsules 150 microgram, 300 microgram, with inhaler device (Onbrez Breezhaler®)

**Alternatives**

- **Salmeterol**
  - MDI 25 micrograms/dose: (Serevent Evohaler®)
  - DPI 50 micrograms/dose: (Serevent Accuhaler®)

### MHRA update 2010:

Long-acting beta 2 agonists (LABAs) should always be prescribed with concomitant inhaled corticosteroids (ICS) and only when ICS alone is not sufficient to control asthma symptoms. Review LABA therapy regularly, prescribe the lowest effective dose, and stop if there is no benefit.

MHRA DSU: Pressurised metered dose inhalers (pMDI): risk of airway obstruction from aspiration of loose objects, (July 2018)

Remind patients to check and remove the mouthpiece cover properly before inhaling a dose and to shake the inhaler to remove loose objects that may have become trapped in the inhaler during storage. The mouthpiece cover should be replaced securely after use. There are reports of patients who have inhaled objects into the back of the throat, resulting in coughing. In some cases objects were aspirated, causing airway obstruction.

### Subsection 3.1.2  Antimuscarinic bronchodilators

**Short acting**

- **Ipratropium**
  - MDI 20 microgram/dose

**Long acting**

**First Choice**

- **Tiotropium**
  - 2.5 microgram inhalation solution (Spiriva Respimat®)

**Alternatives**

- **Aclidinium**
  - Inhalation powder, 400 microgram/metered inhalation (Eklira Genuair®)
### Glycopyrronium
Inhalation powder, 50 microgram capsules with inhaler device (Seebri Breezhaler®)

### Umeclidinium
Inhalation powder, 55 mcg per inhalation (Incruse Ellipta®)

**MHRA DSU: Braltus (tiotropium): risk of inhalation of capsule if placed in the mouthpiece of the inhaler, May 2018**

**Respiratory solutions**

#### Ipratropium
250micrograms/1ml, 500micrograms/2ml

**MHRA DSU: Pressurised metered dose inhalers (pMDI): risk of airway obstruction from aspiration of loose objects, (July 2018)**

Remind patients to check and remove the mouthpiece cover properly before inhaling a dose and to shake the inhaler to remove loose objects that may have become trapped in the inhaler during storage. The mouthpiece cover should be replaced securely after use. There are reports of patients who have inhaled objects into the back of the throat, resulting in coughing. In some cases objects were aspirated, causing airway obstruction.

### Subsection 3.1.3 Theophylline

**First choice**
Uniphyllin Continus® *(theophylline)*
Modified release tablets 200mg, 300mg, 400mg

**Alternatives**
Aminophylline *(Phyllocontin Continus®)*
Modified release tablets 225mg, 350mg
Injection 250mg/10ml

**For injection**

### Subsection 3.1.4 Compound bronchodilator preparations

#### Acidininium/formoterol 340/12 DPI
(Duaklir® Genuair®)

#### Glycopyrronium/indacaterol 85/43 DPI
(Ultibro Breezhaler®)

#### Umeclidinium/vilanterol 55/22 DPI
(Anoro Ellipta®)

#### Olodaterol/tiotropium 2.5/2.5
Soft mist inhaler (Spiolto Respimat®)

**GM COPD Management Plan**

### Subsection 3.1.5 Peak flow meters, inhaler devices and nebulisers

#### Spacer devices
A2A® Spacer
Aerochamber® Plus
Standard device with mouthpiece
Standard device with adult face mask
Volumatic®
Large volume device with mouth piece

**NICE TA10: Inhaler devices in children under 5**

**NICE TA38: Inhaler device**

### Additional notes
**MHRA DSU: inhaled corticosteroids and spacers, July 2008**

Spacers should not be regarded as interchangeable: patients who use a spacer with their inhaler should use the spacer device named in the Summary of Product Characteristics (where specified by name.)
### Nebuliser diluents

<p>| Sodium chloride | Nebuliser solution 0.9% 2.5ml |  |</p>
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<tr>
<td>Section</td>
<td>3.2</td>
<td>Corticosteroids</td>
</tr>
<tr>
<td><strong>First choice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Beclometasone dipropionate</strong></td>
<td></td>
<td>Prescribe beclometasone dipropionate by brand</td>
</tr>
<tr>
<td>MDI 50, 100, 200, 250 microgram/dose (Clenil Modulite®)</td>
<td></td>
<td>GM Asthma Management Plan</td>
</tr>
<tr>
<td>MDI 50, 100 microgram/dose (Qvar Easi-breathe®, Qvar Autohaler®)</td>
<td></td>
<td>GM COPD Management Plan</td>
</tr>
<tr>
<td><strong>Budesonide</strong></td>
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<td></td>
</tr>
<tr>
<td>DPI 100, 200, 400 micrograms/dose (Easyhaler®)</td>
<td></td>
<td>NICE NG80: Asthma diagnosis, monitoring and management</td>
</tr>
<tr>
<td><strong>Alternatives</strong></td>
<td></td>
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<tr>
<td><strong>Budesonide</strong></td>
<td></td>
<td>BTS/SIGN asthma guideline</td>
</tr>
<tr>
<td>DPI 100, 200, 400 micrograms / dose (Pulmicort® Turbohaler®)</td>
<td></td>
<td>NICE TA131: Corticosteroids asthma (children)</td>
</tr>
<tr>
<td><strong>Fluticasone propionate</strong></td>
<td></td>
<td>NICE TA138: Corticosteroids asthma (adult)</td>
</tr>
<tr>
<td>MDI 50, 125, 250 micrograms/dose (Flixotide® Evohaler®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPI 50,100, 250, 500 micrograms /dose (Flixotide® Accuhaler®)</td>
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<td></td>
</tr>
<tr>
<td><strong>Respiratory solutions</strong></td>
<td></td>
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<tr>
<td><strong>Budesonide</strong> 250micrograms/ml, 500micrograms/ml Respules®</td>
<td></td>
<td></td>
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<tr>
<td><strong>Fluticasone propionate</strong> 250micrograms/ml, 1mg/ml Nebules®</td>
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</tbody>
</table>

**MHRA DSU: inhaled corticosteroids and spacers (July 2008)**

The MHRA has advised that beclometasone dipropionate CFC-free inhalers should be prescribed by brand name. Clenil Modulite® and Qvar® are not interchangeable. Qvar® has extra fine particles, and is approximately twice as potent as Clenil Modulite®

**MHRA DSU: Corticosteroids: rare risk of central serous chorioretinopathy with local as well as systemic administration (August 2017)**

Advise patients to report any blurred vision or other visual disturbances during corticosteroid treatment

**MHRA DSU: Pressurised metered dose inhalers (pMDI): risk of airway obstruction from aspiration of loose objects, (July 2018)**

Remind patients to check and remove the mouthpiece cover properly before inhaling a dose and to shake the inhaler to remove loose objects that may have become trapped in the inhaler during storage. The mouthpiece cover should be replaced securely after use. There are reports of patients who have inhaled objects into the back of the throat, resulting in coughing. In some cases objects were aspirated, causing airway obstruction.

**Combination ICS/LABA inhalers**

<table>
<thead>
<tr>
<th>First choice</th>
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<tbody>
<tr>
<td><strong>Beclometasone/formoterol</strong></td>
<td></td>
<td>GM Asthma Management Plan</td>
</tr>
<tr>
<td>MDI 100/6, 200/6 (Fostair®)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DPI 100/6, 200/6 (Fostair NEXThaler®)</td>
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</tbody>
</table>
Budesonide/formoterol
DPI 80/4.5, 160/4.5, 320/9 (Fobumix Easyhaler®)

Fluticasone/vilanterol
DPI 92/22, 184/22 (Relvar Ellipta®)

Alternatives

Budesonide/formoterol
DPI 100/6, 200/6, 400/12 (Symbicort Turbuhaler®)
DPI 160/4.5, 320/9 (Duoresp Spiromax®)

Fluticasone/formoterol
MDI 50/5, 125/5, 250/10 (Flutiform®)

Fluticasone/salmeterol
MDI 125/25, 250/25 (Sirdupla®)
DPI 100/50, 250/50, 500/50 (Seretide Accuhaler®)
DPI 500/50 (AirfluSal Forspiro®)

Combination ICS/LABA/LAMA inhalers

Fluticasone/umeclidinium/vilanterol
DPI 92/55/22 (Trelegey Ellipta®)

Beclometasone/formoterol/glycopyrronium
MDI 87/5/9 (Trimbow®)

MHRA safety warnings:
MHRA DSU: inhaled corticosteroids and spacers, July 2008
MHRA DSU: Pressurised metered dose inhalers (pMDI): risk of airway obstruction from aspiration of loose objects, July 2018

Fostair® is a CFC-free, fixed-dose combination of beclometasone and formoterol, which is licensed for the management of asthma and COPD in patients aged 18 years or older. Similar to Qvar®, Fostair® contains an extra fine formulation of beclometasone and is more potent than traditional CFC-containing beclometasone inhalers.

Fostair NEXThaler® is licensed for the regular treatment of asthma in patients over the age of 18 years where a combination of ICS/LABA is appropriate. Unlike the pressurised metered dose inhaler Fostair NEXThaler® is not licensed for the management of COPD, or for maintenance and reliever therapy (MART) in adults with asthma.

Duoresp Spiromax® only indicated for use in those over the age of 18 years
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<td>3.3</td>
<td>Cromoglicate and related therapy and leukotriene receptor antagonists</td>
</tr>
<tr>
<td>Subsection</td>
<td>3.3.2</td>
<td>Leukotriene receptor antagonists</td>
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<tr>
<td>First choice</td>
<td>Montelukast</td>
<td>Tablets 10mg</td>
</tr>
<tr>
<td></td>
<td>NICE NG80: Asthma diagnosis, monitoring and management</td>
<td></td>
</tr>
<tr>
<td>Subsection</td>
<td>3.3.3</td>
<td>Phosphodiesterase type-4 inhibitors</td>
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<tr>
<td>Roflumilast (Daxas®)</td>
<td>500 microgram tablet</td>
<td></td>
</tr>
<tr>
<td>Gn</td>
<td>Following specialist initiation</td>
<td>TA461: Roflumilast for treating chronic obstructive pulmonary disease</td>
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<td>3</td>
<td>Respiratory system</td>
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<tr>
<td>Section</td>
<td>3.4</td>
<td>Antihistamines, hyposensitisation, and allergic emergencies</td>
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<tr>
<td>Subsection</td>
<td>3.4.1</td>
<td>Antihistamines</td>
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</tbody>
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**Do Not Prescribe**

<table>
<thead>
<tr>
<th></th>
<th>Insect bites and stings</th>
<th>Mild to moderate hay fever/seasonal rhinitis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</strong></td>
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<td></td>
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<td>See commissioning statement for exceptions</td>
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</tbody>
</table>

### Non-sedating antihistamines

**First choice**

- **Cetirizine**
  - Tablets 10mg
  - Oral solution<sup>SR</sup> 5mg / 5mL

**Second choice**

- **Loratadine**
  - Tablets 10mg
  - Oral solution 5mg / 5mL

**Do Not Prescribe**

- **Levocetirizine**
  - Tablets and oral solution

---

**Sedating antihistamines**

**First choice**

- **Chlorphenamine**
  - Tablets 4mg
  - Oral solution 2mg / 5mL

**Second choice**

- **Hydroxyzine**
  - Tablets 10mg, 25mg
  - Oral solution 10mg / 5mL

**Do Not Prescribe**

- **Alimemazine**
  - Tablets and oral solution

---

**Intramuscular steroid injections**

- **Triamcinolone**
  - 40 mg/mL IM injection (Kenalog)

**For management of allergic rhinitis. Limited place in therapy, see SPS evidence review.**

---

**GMMMG (2017): The management of chronic urticaria in primary care for adults and children**

**Criterion 2 (see RAG list)**

**MHRA DSU: Hydroxyzine: risk of QT prolongation and Torsade de Pointes, April 2015**

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<th>Subsection</th>
<th>3.4.2 Allergen immunotherapy</th>
</tr>
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</table>
| **Bee and Wasp Allergen Extracts**  
Pharmalgen®  
Subcutaneous injection, initial and maintenance treatment sets | R  
NICE TA246 Venom anaphylaxis - immunotherapy pharmalgen  
Specialist use only |
| **Benralizumab (Fasenra®▼)**  
Injection pre-filled syringe 30mg/1ml | R  
NICE TA565: Benralizumab for treating severe eosinophilic asthma  
(NHS England commissioned) |
| **Mepolizumab (Nucala®▼)**  
100 mg powder for solution for injection | R  
NICE TA431: Mepolizumab for treating severe refractory eosinophilic asthma  
(NHS England commissioned) |
| **Omalizumab**  
Injection pre-filled syringe 75mg/0.5ml, 150mg/1ml | R  
NICE TA339: Omalizumab for previously treated chronic spontaneous urticaria  
NICE TA278: asthma (severe, persistent, patients aged 6+, adults) - omalizumab  
(NHS England commissioned) |
| **Reslizumab (Cinqaero®▼)**  
10 mg/mL concentrate for solution for infusion | R  
NICE TA479: Reslizumab for treating severe eosinophilic asthma  
(NHS England commissioned) |

**Grey drugs**  
Items which are listed as Grey are deemed not suitable for routine prescribing but may be suitable for a defined patient population:

- **Tree and grass pollen extracts (Pollinex®)**  
Pollinex should only be prescribed in accordance with local commissioning arrangements.

<table>
<thead>
<tr>
<th>Do Not Prescribe</th>
<th>Grass pollen extract</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Grazax®</td>
<td>Criterion 2 (see RAG list)</td>
<td></td>
</tr>
</tbody>
</table>
| **Dupilumab**  
Dupixent®  
For chronic rhinosinusitis with nasal polyps | Criterion 1 (see RAG list)  
NICE TA648: Dupilumab for treating chronic rhinosinusitis with nasal polyps  
*Temporary DNP status* |
### Subsection 3.4.3 Allergic emergencies

#### Anaphylaxis

<table>
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<tr>
<th><strong>Adrenaline/epinephrine</strong></th>
<th><strong>Resuscitation Guidelines</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Intramuscular injection for self-administration</td>
<td>MHRA DSU (2017): Adrenaline auto-injectors: updated advice after European review</td>
</tr>
<tr>
<td>1 in 1000 - 0.5ml, 1ml</td>
<td></td>
</tr>
<tr>
<td><strong>Emerade</strong>® Auto-injector 300 microgram dose (adrenaline)</td>
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</tr>
<tr>
<td><strong>Epipen</strong>® Auto-injector 300 microgram dose (adrenaline)</td>
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</tr>
<tr>
<td><strong>Jext</strong>® Auto-injector 300 microgram dose (adrenaline)</td>
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</tbody>
</table>

**Note:** It is advisable to prescribe adrenaline auto-injector by brand to avoid confusion. There may be differences in the shelf life between brands, please check the SPC for details.

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#### BNF chapter 3 Respiratory system

#### Section 3.6 Oxygen

**Home Oxygen Provision**

Most patients who are prescribed oxygen have respiratory disease, typically COPD, Cystic fibrosis or pulmonary fibrosis. People with chronic asthma or sleep disordered breathing may also benefit. Oxygen therapy is also an effective treatment for some people with cardiac or neurological disease (e.g. cluster headaches) and is an important element in palliative medicine.

There is a requirement of CCGs to formally commission a HOS-AR (Home Oxygen Assessment and Review) service that will clinically deliver the full requirements of oxygen therapy to the community, ensuring that good assessment and review provision will impact positively on emergency hospital admissions and out-patient appointments.

For further advice and support please contact the clinical lead of your HOS-AR service or your regional oxygen lead; Karen Hatch on 07733 31 8436 or Karen.Hatch@lancashirecare.nhs.uk

Refer to additional notes document for further information.
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<td>3.7</td>
<td>Mucolytics</td>
</tr>
<tr>
<td></td>
<td><strong>Carbocisteine</strong>&lt;br&gt;Capsules 375mg, liquid 250mg/5ml</td>
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<tr>
<td><strong>Dornase alfa</strong></td>
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<tr>
<td></td>
<td><strong>Dornase Alfa</strong> nebuliser solution&lt;br&gt;2500 units/2.5mL</td>
<td>R</td>
</tr>
<tr>
<td><strong>Additional notes</strong></td>
<td></td>
<td></td>
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<tr>
<td>Dornase alfa must only be initiated within hospital for the treatment of cystic fibrosis.</td>
<td></td>
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<tr>
<td><strong>Hypertonic sodium chloride</strong></td>
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<tr>
<td></td>
<td><strong>Hypertonic sodium chloride</strong> for nebulisation&lt;br&gt;3%, 6% (MucoClear®) 4ml vials&lt;br&gt;7% (Nebusal®) 4mL vials</td>
<td>Prescribe by brand to avoid unlicensed special use.</td>
</tr>
<tr>
<td><strong>Mannitol</strong></td>
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<tr>
<td></td>
<td><strong>Mannitol</strong> inhalation powder&lt;br&gt;Hard capsules 40mg</td>
<td>R&lt;br&gt;NICE TA266: Mannitol for cystic fibrosis</td>
</tr>
<tr>
<td><strong>Additional notes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NICE TA398 (July 2016): Lumacaftor–ivacaftor for treating cystic fibrosis homozygous for the F508del mutation NOT RECOMMENDED</td>
<td></td>
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<tr>
<td>NICE NG78: Cystic fibrosis: diagnosis and management</td>
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## Section 3.9  Cough preparations

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<th>Do Not Prescribe</th>
<th>Cough medicines</th>
<th>Criterion 1 (see RAG list)</th>
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<tbody>
<tr>
<td></td>
<td>Simple linctus, codeine linctus, pholcodine linctus</td>
<td>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</td>
</tr>
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## Section 3.10  Systemic nasal decongestants

<table>
<thead>
<tr>
<th>Do Not Prescribe</th>
<th>Coughs, colds and nasal congestion</th>
<th>In line with NHS England guidance, GM do not routinely support prescribing for conditions which are self-limiting or amenable to self-care. For further details see GM commissioning statement.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pseudoephedrine nasal sprays and oral preparations</td>
<td></td>
</tr>
</tbody>
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