HOSPITAL MEDICINES LIST
RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER

Name: .....

Ward: .....

PATIENT:

Name: .....

NHI: .....

Budesonide with glycopyrronium and eformoterol

INITIATION

Prerequisites (tick boxes where appropriate)

○ Patient has a diagnosis of COPD confirmed by spirometry or spirometry has been attempted and technically acceptable results are not possible

and

○ Patient is currently receiving an inhaled corticosteroid with long acting beta-2 agonist (ICS/LABA) or a long acting muscarinic antagonist with long acting beta-2 agonist (LAMA/LABA)

and

Clinical criteria:

○ Patient has a COPD Assessment Test (CAT) score greater than 10

or

○ Patient has had 2 or more exacerbations in the previous 12 months

or

○ Patient has had one exacerbation requiring hospitalisation in the previous 12 months

or

○ Patient has had an eosinophil count greater than or equal to 0.3 × 10^9 cells/L in the previous 12 months

or

○ Patient is currently receiving multiple inhaler triple therapy (inhaled corticosteroid with long-acting muscarinic antagonist and long-acting beta-2 agonist – ICS/LAMA/LABA) and met at least one of the clinical criteria above prior to commencing multiple inhaler therapy

I confirm that the above details are correct:

Signed: ..... Date: .....