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.

Name:  Ward:  NHI:  Long-acting muscarinic antagonists with long-acting beta-adrenoceptor agonists  INITIATION  Re-assessment required after 2 years  Prerequisites (tick boxes where appropriate)  O Patient has been stabilised on a long acting muscarinic antagonist  and  O The prescriber considers that the patient would receive additional benefit from switching to a combination product	PRESCRIBER	PATIENT:		
Long-acting muscarinic antagonists with long-acting beta-adrenoceptor agonists  INITIATION Re-assessment required after 2 years Prerequisites (tick boxes where appropriate)  Patient has been stabilised on a long acting muscarinic antagonist and	Name:	Name:		
INITIATION Re-assessment required after 2 years Prerequisites (tick boxes where appropriate)  O Patient has been stabilised on a long acting muscarinic antagonist and	Ward:	NHI:		
Re-assessment required after 2 years  Prerequisites (tick boxes where appropriate)  O Patient has been stabilised on a long acting muscarinic antagonist and	Long-acting muscarinic antagonists with long-acting beta-adrenoceptor agonists			
and	Re-assessment required after 2 years			
CONTINUATION Re-assessment required after 2 years Prerequisites (tick boxes where appropriate)	Re-assessment required after 2 years			
Patient is compliant with the medication  Patient has experienced improved COPD symptom control (prescriber determined)	and	rescriber determined)		

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