

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

PATIENT:

Name:

Name:

Ward:

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: