Supplementary Table 1: Key inclusion and exclusion criteria

Inclusion Criteria	Exclusion Criteria
≥40 years of age	Acute idiopathic pulmonary fibrosis (IPF) exacerbation requiring hospitalisation in the previous 3 months
Forced vital capacity (FVC) ≥40% and ≤90% predicted *	Alternative diagnoses of interstitial lung disease or history of significant environmental exposure that could cause pulmonary fibrosis
Forced expiratory volume in 1 second (FEV_1)/FVC ratio ≥0.7	Connective tissue disease, asthma, chronic obstructive pulmonary disease, or active infection
Not taking oral pirfenidone or nintedanib due to national formulary restrictions, or were intolerant to/unwilling to, if previously offered	High likelihood of death or requiring significant surgery within 6 months
A confident diagnosis of IPF according to American Thoracic Society/European Respiratory Society criteria ** within the previous 5 years	End-stage renal disease requiring dialysis; end-stage liver disease; alanine aminotransferase or aspartate aminotransferase >5 times the upper limit of normal
If IPF diagnosis ≥1 year Diagnosis was based on high-resolution computed tomography (HRCT) and/or surgical lung biopsy findings consistent with usual interstitial pneumonia (UIP). If honeycombing was not present on the HRCT, then evidence of disease progression by HRCT and/or an absolute loss of FVC % predicted ≥5% over the previous 12 months was required. IPF diagnosis <1 year Typical or probable UIP pattern by HRCT within the previous 12 months was required. If surgical lung biopsy was available, a definite, probable, or possible UIP pattern was required.	Participated in a clinical study within the previous 30 days or 5 half-lives of the previous investigational product
Clinical symptoms consistent with IPF ≥1 year duration	Pregnant or breastfeeding
A diffusion capacity to carbon monoxide ≥30% and ≤90% predicted	
Fibrotic changes on HRCT scan greater than the extent of emphysema	
No evidence of improvement in IPF disease severity over the preceding year	
<10% relative change in FVC between screening and first dose	

* Quanjer PH, Stanojevic S, Cole TJ, *et al*. Multi-ethnic reference values for spirometry for the 3-95-yr age range: the global lung function 2012 equations. ERS Global Lung Function Initiative. *Eur Respir J* 2012;40:1324–1343.
** Raghu G, Remy-Jardin M, Myers JL, *et al*. Diagnosis of Idiopathic Pulmonary Fibrosis. An Official ATS/ERS/JRS/ALAT Clinical Practice Guideline. *Am J Respir Crit Care Med* 2018; 198: e44-e68.