**Please check if your patient is suitable for inclisiran:**

1. **Does the patient have a CVD history?** (Tick all that apply)

□ Acute Coronary Syndrome (ACS) eg NSTEMI/STEMI or Coronary Heart Disease (CHD) eg angina

□ Previous coronary/arterial revascularisation eg PCI/CABG

□ Ischaemic stroke/transient ischaemic attack (TIA)

□ Peripheral arterial disease (PAD)

1. **Check fasting LDL** (if fasting sample is possible):

Is LDL ≥2.6mmol/L? Enter result here……………………………………. and attach lipid profile results: *include triglycerides, HDL cholesterol, total cholesterol and non-HDL cholesterol and dates of test results*

**Check LFTs:** *add full liver function test profile and dates of test results*

1. Has the patient taken a **maximum tolerated dose of a high intensity statin such as atorvastatin or rosuvastatin and, preferably, ezetimibe for at least 3 months** prior to this referral?

Yes- add medicines and doses here:

No- indicate why- intolerance/non-adherence/hesitancy?

1. If **statin intolerance**- have you followed the SEL or NHSE/AAC statin intolerance pathway? Yes/No

Which statins and doses have been prescribed previously? List here:

1. **Is the patient adherent** to their medication regime and lifestyle interventions?

Please detail here:

1. Have you discussed the **risks and benefits of inclisiran therapy** with your patient? Yes/No (See summary of lipid lowering options table on page 9 in *SEL lipid pathways guidance*). **Please ensure that your patient is aware that inclisiran does not have long term safety data or cardiovascular outcome data yet**. Detail any discussions in the medical record and add key information here:
2. Is your patient aware of the **need for injections at least every 6 months** with this therapy (initial dose is repeated at 3 months and 9 months in first year- then 6 monthly thereafter) and the requirement to attend regular appointments for inclisiran? Yes/No
3. Does your patient have any **cautions/contra-indications** to inclisiran? (tick any that apply)

□ Severe renal impairment (eg CrCl <30ml/min) or requiring haemodialysis

□ Severe liver impairment (eg Child-Pugh score >3)

□ Pregnancy/breastfeeding

□ Age <18 years

1. Does your patient have any **special circumstances/needs** eg housebound, requires a carer, has oxygen therapy? Yes/No. Detail here:
2. Send this request via eRS (e-Referral Service advice and guidance) to the relevant lipid specialist at GSTT, KCH or LGT to receive advice concerning your patient’s suitability for inclisiran initiation in primary care.