

PATIENT FAX ALERT!

WellCare Health Plans, Inc.

What is it? One of these alerts will be faxed to the attending physicians of our members who are hospitalized for AMI. Includes recommendations from the latest Treatment Guidelines and a list of preferred drugs.

Purpose: Help ensure that post-AMI members are started on Beta Blocker therapy upon discharge from hospital.

ATTACH TO PATIENT'S CHART

Dear Attending Physician: Your patient, Al Smith, ID#999999999, was hospitalized at Memorial Hospital in Clearwater on 4/3/07 with an Acute Myocardial Infarction (AMI). If in preparation for his discharge from the hospital, you are considering initiating beta blocker therapy, you may want to review the guidelines noted below. In addition, we have included lipid profile goals and our applicable preferred drug list for your convenience.

THE AMERICAN COLLEGE OF CARDIOLOGY / AMERICAN HEART ASSOCIATION GUIDELINES RECOMMENDS:

- **Beta Blocker** therapy should be given within 12 hours of onset of an AMI, and continued indefinitely thereafter, unless contraindicated.
- **Lipid Profile** (LDL-C screening) should be performed 60 to 365 days post-AMI.
(Desirable levels: LDL-C <100mg/dl, fasting triglycerides < 200 mg/dl, and total cholesterol < 200 mg/dl)
Adaptation & Excerpts from the 1999 ACC/AHA Guidelines for the Management of Patients with AMI. (Full text may be accessed via www.americanheart.org or www.acc.org)

THE MEDICAL LETTER ON DRUGS AND THERAPEUTICS RECOMMEND:

- Use of **beta blockers** after AMI has been associated not only with increased Survival, but also with lower rates of hospital readmission for heart failure.
Adaptation & Excerpts from The Medical Letter, Vol. 43 (Issue 1097), February 5, 2001. (Full text may be accessed via www.medicalletter.com)
- Three large trials in patients with clinical coronary artery disease have shown that treatment with statins can reduce mortality from all causes, lower cardiac mortality and morbidity, and reduce the incidence of stroke in patients with high or even average initial cholesterol levels.
- Preliminary research indicates statins, when started within 96 hours after hospital admission for AMI, are associated with a lower incidence of ischemic events in the subsequent 16 weeks.
Adaptation & Excerpts from *The Medical Letter*, Vol. 43 (Issue 1105), May 28, 2001. (Full text may be accessed via www.medicalletter.com)

Preferred Drug List

Beta Blocker Therapy: Atenolol, Metoprolol, Propranolol, Metoprolol ER, Coreg CR

For Lipid Management:

Statins: Lovastatin, Simvastatin[®], Pravastatin[®], Lescol XL[®], Crestor[®]

Bile Acid Sequestrants: Cholestyramine Resin

Niacin: Niacor[®]

Fibrates: Gemfibrozil, Fenofibrate, Lofibra

Combination: Vytorin[®]

ADDRESS QUESTIONS TO OUR HEART PARTNER PROGRAM (866) 593-2538.

PRIVACY NOTICE: This facsimile message and any attachment is intended for the exclusive use of the addressee(s) and may contain information that is proprietary, confidential and/or exempt from disclosure and may be Protected Health Information. If you are not the intended recipient, please notify us immediately by calling the number below and return the original message to us at the address below via the US Postal Service. We will reimburse you for your postage. If you are a regular recipient of our faxes, please notify us if you change your fax number.

Thank you.

• WellCare Health Plans, Inc. • Disease Management, P.O. Box 31401 • Tampa, FL 33631-3401 •

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