

PATIENT FAX ALERT



WellCare Health Plans, Inc.

** ATTACH TO PATIENT'S CHART **

Physician: _____ Today's Date: _____
Patient: _____ Admitted To: _____
Member ID: _____ Admit Date: _____
Diagnosis: _____ Discharge Date: _____

This member was recently hospitalized and our records reflect the following lab results.

HbA1C Date: **2/4/2007** Level: **8.5** LDL-C Date: **12/12/2007** Level: **128**

If you are considering medication therapy changes or additions please refer to our applicable preferred drug list below.

Preferred Drug List:

Sulfonylureas: glipizide, glyburide, glimepiride, glipizide XL, chlorpropamide, tolazamide, tolbutamide

Biguanides: metformin

Thiazolidinediones: Avandia®

Combination Medications: Avandamet®, Avandaryl®, Glucovance®

Meglitinides: Starlix, Prandin

Alpha-Glucosidase Inhibitors

Insulins: Humulin®, Humulin Pens®, Humalog®, and Lantus®

For lipid management:

Statins: Lovastatin, Simvastatin®, Pravastatin®, Lescol XL®, Crestor®, Lipitor®, Vytorin (combination of simvastatin and Zetia)

Bile Acid Sequestrants

Niacin: Niacor®

Fibrates: gemfibrozil, fenofibrate, Lofibra

***Note medication coverage is subject to generic, brand and co-pay benefit structure.**

American Diabetes Association Guidelines* Recommend:

- HbA1C measured two times per year, if stable; quarterly if not stable
- HbA1C Level: <6.0%
- Lipid Profile (LDL-C screening) at least once a year
- LDL-C <100mg/dl, fasting triglycerides < 150 mg/dl, and total cholesterol < 200 mg/dl
- Retinal eye exam performed annually (Refer to Primary Plus for Medicaid 1-800-749-5855)
- Urinalysis for Microalbuminuria: at least annually (dipstick or quantitative)
- Annual dental exam, and thorough foot exam by a physician/podiatrist
- Regular counseling on tobacco cessation, diet and exercise modification

* Adaptation & Excerpts from the 2004 Clinical Practice Guidelines of the American Diabetes Association (Full text may be accessed via www.diabetes.org or 1-800-DIABETES).

Address questions to our Diabetes Disease Management Program 1-866-593-2538.

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.

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