



**\*\*Attach to Patient's Chart\*\***

### Acute Myocardial Infarction Patient Fax Alert\*

#### Patient Information

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

If in preparation for 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.

#### Preferred Drug List\*

Beta Blocker Therapy: Atenolol, Metoprolol, Propranolol  
For Lipid Management:  
Statins: Lovastatin, Simvastatin<sup>®</sup>, Pravastatin<sup>®</sup>, Lescol XL<sup>®</sup>, Crestor<sup>®</sup>, Lipitor<sup>®</sup>  
Bile Acid Sequestrants: Cholestyramine Resin, Colestid  
Niacin: Niacor<sup>®</sup>  
Fibrates: Gemfibrozil, Fenofibrate, Lofibra

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

#### Guidelines and Recommendations\*

#### The American College of Cardiology and the American Heart Association Guidelines Recommend:

- 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 less than 100mg/dl, fasting triglycerides less than 200 mg/dl and total cholesterol less than 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](http://www.americanheart.org) or [www.acc.org](http://www.acc.org))

#### The Medical Letter on Drugs and Therapeutics Recommends:

- 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](http://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 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](http://www.medicalletter.com) )

#### Address questions to our Heart Partner Program (866) 593-2538.

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