



PATIENT FAX ALERT

****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: [redacted] Level: [redacted] **LDL-C** Date: [redacted] Level: [redacted]

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, and glipizide XL

Biguanides: metformin

Thiazolidinediones: Avandia®

Combination Medications: Avandamet®, Glucovance®

Alpha-Glucosidase Inhibitors: Precose®

Insulins: Novolog®, Novolin®, Novolin Pens®, and Lantus®

For lipid management:

Statins: Lovastatin, Altacor®, Lescol XL®, Zocor®

Bile Acid Sequestrants: Questran®, Questran Light®

Niacin: Slo-Niacin®

Fibrates: gemfibrozil

***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 Avesis for Medicaid: 1-800-952-6674)
- 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 1-800-951-7719.

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