



SCREENING MEMBERS WITH SCHIZOPHRENIA AND BIPOLAR DISORDER ON ATYPICAL ANTIPSYCHOTIC MEDICATIONS FOR DIABETES

1. Eligibility Criteria:
 - a. Adults 18-64 years old with schizophrenia and bipolar disorder on atypical antipsychotic medications or being started on atypical antipsychotic medication(s)
 - b. Males and females;
 - c. Exclusions: Enrollee/members already diagnosed with diabetes and enrollee/members with schizophrenia and bipolar disorder for which atypical antipsychotic medications are not dispensed.
2. Screening for diabetes:
 - a. HbA1c or fasting blood sugar(FBS) should be ordered or performed prior to the first prescription of atypical antipsychotic medication(s) for new patients not currently on atypical antipsychotic medication(s);
 - b. For enrollee/members currently on atypical antipsychotic medications who have never been screened, HbA1c or FBS will be ordered or drawn at next medication review appointment.
3. Treatment and Follow-up:
 - a. Educate the enrollee/member and supports about treatment options, self-management and supports, lifestyle changes including nutrition and exercise, coping skills and spiritual support;
 - b. Treatment planning must be individualized and person-centered;
 - c. Follow up will be done with enrollee/member within fourteen (14) days of labs being ordered to ensure enrollee/member has had it drawn. If no, discuss importance and address any barriers.
 - d. If initiating atypical antipsychotic medications, ensure that informed consent has been documented.
 - i. Make efforts to draw baseline laboratory studies and follow-up as clinically appropriate.
 - ii. Educate enrollee/members about side effects, including those following abrupt discontinuation.
 - iii. Address any side effects at each appointment and adjust or change medications as needed to ensure compliance.
 - e. Ensure the appropriate frequency of follow-up contacts, which should be more frequent during the initiation of treatment, or following increases or tapering of medications.



- f. Enrollee/members on atypical antipsychotics will be weighed prior to starting atypical antipsychotics and at all subsequent medication review appointments.
 - g. For enrollee/members with HbA1c greater than 5.7% provide referral to a primary care provider if enrollee/member does not have one and assist in obtaining an appointment with primary care provider for follow up and sharing of lab results;
 - h. For enrollee/member with fasting blood sugar (FBS) greater than or equal to 100 mg/DL provide referral to a primary care provider if enrollee/member does not have one and assist in obtaining an appointment with primary care provider for follow up and sharing of lab results;
 - i. For enrollee/member who gains 5% or more of their initial weight at any time during therapy, consider switching to a different antipsychotic medication;
 - j. Ensure enrollee member has an assigned primary care provider and is obtaining regular medical care;
 - k. Follow up with enrollee/member to ensure that they kept appointment with primary care provider. If no, educate on importance and address any barriers;
 - l. For enrollee/members with normal baseline tests, it is recommended that HbA1c or FBS are repeated at 12 weeks after initiation of treatment; and annually thereafter.
4. Monitoring
- a. HEDIS measure diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications to monitor compliance with lab draws will be run at least annually.
 - b. Clinicians should Document changes to target symptoms
 - c. Lack of significant response to treatment should result in an adjustment to treatment.

Clinical guidelines based on the following articles:

1. American Heart Association article, "Symptoms and Diagnosis of Metabolic Syndrome," September 15, 2016.
2. American Diabetes Association article, "Metabolic Screening after the American Diabetes Association's Consensus Statement on Antipsychotic Drugs and Diabetes," June 2009.
3. International Journal of Endocrinology article, "An Overview of Diabetes Management in Schizophrenia Patients: Office Based Strategies for Primary Care Practitioners and Endocrinologists,"