

# PROVIDER Update



Health Net  
Access™

NEWS & ANNOUNCEMENTS | MAY 8, 2017 | UPDATE 17-365 | 4 PAGES

## Antipsychotic Medications and Diabetes Screening

According to the Centers for Disease Control and Prevention (CDC), 29.1 million people, or 9.3 percent of the U.S. population, have diabetes.<sup>1</sup> It is important to raise awareness and understanding of diabetes, its consequences, management, and prevention. Often overlooked in diabetes care and management is the relationship between the risk factors for developing diabetes and the use of antipsychotic medications for treating severe mental illness (SMI), such as schizophrenia and bipolar disorder.

### ASSOCIATION BETWEEN ANTIPSYCHOTIC MEDICATIONS AND DIABETES

While antipsychotic medications are essential in managing psychiatric conditions, these medications can also exacerbate medical illnesses, particularly diabetes. This is common among patients with SMI, specifically those receiving treatment for schizophrenia or bipolar disorder. Evidence shows that the prevalence of diabetes among patients with schizophrenia or bipolar disorder is two to three times higher than in the general population.<sup>2,3</sup> Many prescription antipsychotic medications increase the risk of weight gain, obesity and type 2 diabetes.

For children and adolescents specifically, use of antipsychotic medications may increase their risk for developing serious metabolic health complications<sup>4,5</sup> that are associated with poor cardio-metabolic outcomes in adulthood.<sup>6</sup> Given their particular risk and the potential lifelong consequences, metabolic screening and monitoring are especially important for youth who are prescribed these medications.

### SCREENING AND MONITORING RECOMMENDATIONS

Health Net Access, Inc. supports regular diabetes screening and monitoring for patients who use antipsychotic medications. Providers should obtain baseline values for weight, waist circumference, blood pressure, fasting plasma glucose, and fasting plasma lipid profile. Providers should then monitor these values using the following guidelines from the Center for Quality Assessment and Improvement of Mental Health.<sup>7,8</sup> Health Net encourages providers to inform prescribing physicians of members' diabetes status, so they can adjust and monitor their medications more closely. See next page for scheduling and monitoring recommendations.

### ADDITIONAL INFORMATION

Providers are encouraged to access Health Net's provider portal online at [provider.healthnet.com](http://provider.healthnet.com) for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact the Health Net Access Provider Services Center at 1-888-788-4408.

THIS UPDATE APPLIES TO  
HEALTH NET ACCESS  
(AHCCCS) PROVIDERS:

- Physicians
- Medical Groups/IPAs
- Hospitals
- Ancillary Providers

#### PROVIDER SERVICES

az\_internetproviderinquiries@  
healthnet.com  
1-888-788-4408  
[www.healthnet.com](http://www.healthnet.com)

#### PROVIDER DISPUTES

Health Net Access Provider Disputes  
1230 W Washington Street, Ste. 401  
Tempe, AZ 85281

#### STATE FAIR HEARINGS

Health Net Access Provider State  
Fair Hearings  
1230 W Washington Street, Ste. 401  
Tempe, AZ 85281

#### NATIONAL PROVIDER COMMUNICATIONS

provider.communications@  
healthnet.com  
fax 1-800-937-6086

## Recommended Screening & Monitoring Schedules

Measurement	Scheduling Recommendations	
	Adults	Children and Adolescents
<b>PERSONAL/FAMILY MEDICAL HISTORY</b>	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Annually</li> </ul>	N/A
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• At 4 weeks, 8 weeks and 12 weeks</li> <li>• Quarterly</li> </ul>	N/A
<b>WAIST CIRCUMFERENCE</b>	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• Annually</li> </ul>	N/A
<b>BLOOD PRESSURE</b>	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• At 12 weeks</li> <li>• Annually</li> </ul>	N/A
<b>FASTING PLASMA GLUCOSE</b>	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• At 12 weeks</li> <li>• Annually</li> </ul> <p>Measurement of fasting plasma glucose level is preferred; however, measurement of hemoglobin A1c is acceptable if a fasting plasma glucose test is not feasible.<sup>9</sup></p>	<ul style="list-style-type: none"> <li>• Annually</li> </ul> <p>At least one test for blood glucose (glucose tests value set) or HbA1c (HbA1c tests value set)</p>
<b>FASTING LIPID PROFILE</b>	<ul style="list-style-type: none"> <li>• Baseline</li> <li>• At 12 weeks</li> <li>• Every five years</li> </ul>	<ul style="list-style-type: none"> <li>• Annually</li> </ul> <p>At least one test for LDL-C (LDL-C tests value set) or cholesterol (cholesterol tests other than LDL value set)</p>

<sup>1</sup>National Diabetes Statistics Report 2014, [www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf](http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf).

<sup>2</sup>Druss BG, Walker ER. Mental Disorders and Medical Comorbidity. Robert Wood Johnson Foundation, Research Synthesis Report No. 21, February 2011. Available at [www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2011/rwjf69438/subassets/rwjf69438\\_1](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf69438/subassets/rwjf69438_1).

<sup>3</sup>Muench J, Hamer AM. Adverse Effects of Antipsychotic Medications. *American Family Physician*, vol. 81, no. 5, 2010. Available at [www.aafp.org/afp/2010/0301/p617.pdf](http://www.aafp.org/afp/2010/0301/p617.pdf).

<sup>4</sup>Correll, C. U., P. Manu, V. Olshanskiy, B. Napolitano, J.M. Kane, and A.K. Malhotra. 2009. "Cardiometabolic risk of second-generation antipsychotic medications during first-time use in children and adolescents." *Journal of the American Medical Association* 2009;302(16):1765-1773. doi:10.1001/jama.2009.1549.

<sup>5</sup>Andrade, S.E., J.C. Lo, D. Roblin, et al. December 2011. "Antipsychotic medication use among children and risk of diabetes mellitus." *Pediatrics* 128(6):1135-41.

<sup>6</sup>Srinivasan, S.R., L. Myers, G.S. Berenson. January 2002. "Predictability of childhood adiposity and insulin for developing insulin resistance syndrome (syndrome X) in young adulthood: the Bogalusa Heart Study." *Diabetes* 51(1):204-9. - See more at: <https://www.ncbi.nlm.nih.gov/pubmed/11756342?dopt=Abstract>.

<sup>7</sup>Center for Quality Assessment and Improvement in Mental Health. 2007. Metabolic Syndrome Monitoring Form. Stable Resource Toolkit. Retrieved from [www.cqaimh.org/pdf/tool\\_metabolic.pdf](http://www.cqaimh.org/pdf/tool_metabolic.pdf).

<sup>8</sup>Consensus Development Conference on Antipsychotic Drugs and Obesity and Diabetes, *Diabetes Care*, Volume 27, Number 2, February 2004. pps. 596-601.

<sup>9</sup>The Mount Sinai conference on the pharmacotherapy of schizophrenia, National Center for Biotechnology Information, U.S. National Library of Medicine, National Institutes of Health, [www.ncbi.nlm.nih.gov/pubmed/12047022](http://www.ncbi.nlm.nih.gov/pubmed/12047022).