journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Medication Safety Series: MSS 4

Clozapine

Initiation of clozapine:

Use the appropriate initiation checklist (inpatient or community) to ensure all actions are completed day by day.

Use the standard supplementary chart for the initial titration up to target dose. Target doses are:

- For female non-smokers: 250 mg per day
- For male non-smokers: 350 mg per day
- For female smokers 450 mg per day
- For male smokers 550 mg per day

Then adjust according to response and tolerance – BNF maximum daily dose = 900 mg per day.

(There are also checklists to follow when a patient is admitted to and discharged from an inpatient ward).

Continuing clozapine:

The Trust is fully responsible for the ongoing prescription, monitoring and supply of clozapine to all patients. Standard processes for the prescription, monitoring & supply via "one-stop" / other clinic models are available on the intranet.

Break in treatment – avoid missed doses; a break in treatment of >48 hours requires re-starting at 12.5–25 mg per day & re-titration (can be done at a faster rate, using a non-standard supplementary chart). A break of >72 hours also requires a return to weekly blood monitoring. Ask pharmacy / the relevant monitoring service for advice.

Therapeutic Drug Monitoring (plasma levels)

Trust guidance on the role of TDM in relation to clozapine is on the intranet here. Key points:

- Routine (annual) monitoring of plasma levels is not currently required
- Checking plasma levels is useful to:
  - Confirm non-compliance;
  - Inform dose adjustment if sub-optimal response (after 3-6 months)*;
  - Adjust dose after a change in smoking status, or if co-prescription of an enzyme-inducing or inhibiting drug is unavoidable or desirable*;
  - Diagnose and adjust dose in response to dose-related side-effects or signs of toxicity, particularly if the patient has pneumonia or other serious infection;
  - Inform if anticonvulsant prophylaxis is required with higher doses (>600 mg daily) – recommended at levels >0.6 mg/litre
  - Inform dose reviews and adjustments in older patients who are at higher risk of toxicity due to pharmacokinetic changes*

**aim for plasma levels in the range 0.35-0.50 mg/litre (12 hours post-dose)*

Safety monitoring:

Baseline / pre-treatment tests are covered in the initiation checklists – see above

The Trust Psychotropic Medication Monitoring Guidelines set out the minimum requirements for on-going monitoring of patients in relation to full blood counts (mandatory), weight, waist circumference, blood lipids, blood glucose (HbA1c), blood pressure, pulse and ECG.

Things to ask or check (using appropriate language/phrasing) whenever you see a patient who is taking clozapine

- What dose have you been taking? Has anyone told you to change dose? Have you missed any doses?
- Any changes to your other medication, prescribed or over-the-counter?
- Do you smoke? Have you recently stopped or started smoking? *[see Trust guidance for advice on what to do]*
- How is your bowel function? Any signs of constipation? *[see Choice & Medication handy fact sheet]*
- Do you drink alcohol or caffeine-containing drinks? If so, how much?
- Any other side-effects?.....sedation, hypersalivation, nausea, bed-wetting, reflux/heartburn, palpitations?
- Any fever or other signs of infection, e.g. sore throat?

For each question/response – **RECORD, ASSESS RISK & TAKE ACTION** as appropriate

NEVER events:

- NEVER initiate clozapine without a thorough physical health check, including an ECG
- NEVER issue a supply of clozapine to a patient following a confirmed RED blood result
- NEVER ignore the signs and symptoms of potentially life-threatening side-effects such as constipation

Title	MSS4: Clozapine v3	
Approved by	Drug & Therapeutics Committee	
Date of approval:	26th May 2022	Review date: 1st June 2025