

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE PROCEDURE

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I. APPLICATION:

- ☐ SCCCMHA Board
- ☒ SCCCMHA Providers and Subcontractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall ensure a coordinated management system regarding the prescribing and monitoring of the medication Clozaril (Clozapine). For all prescribing management and monitoring guidelines for the use of Clozaril also referred to as clozapine from this point forward in this document, refer to Clozapine REMS (Risk Evaluation and Mitigation Strategy) Program at <https://www.newclozapinerems.com/pr/patient/patientenroll> Furthermore, SCCCMHA shall comply with the Clozapine REMS Registry which is an FDA-mandated program implemented by the manufacturers of clozapine which is intended to assist Health Care Providers (HCP) ensure the safety of patients on clozapine. Clozapine REMS is a single shared registry with requirements for prescribers, pharmacists, patients and distributors. It shall always be the administrative procedure and directive that when prescribing clozapine, prescriber is to follow the requirements and guidelines set forth in the Clozapine REMS Registry Program.

III. DEFINITIONS:

- A. ANC (Absolute Neutrophil Count): Neutrophils are a type of white blood cell. Clozaril can induce neutropenia, which is a decrease in the absolute neutrophil count and can be life threatening, which is why scheduled lab monitoring is a requirement. The ANC is specified (or it can be referred to as the PMN count, which is the polymorphonuclear count) in the listed results of the differential. It may also be calculated by multiplying the total white blood cells (WBC) by the total percentage of neutrophils from the differential.
- B. Benign Ethnic Neutropenia (BEN): An ethnic-specific condition which results in a normally low baseline neutrophil count. Refer to the Clozaril REMS algorithm for the adjusted acceptable ANC guidelines.
- C. Clozaril (Clozapine): An atypical anti-psychotic used for treatment resistant schizophrenia, and reducing suicidal behaviors in patients with schizophrenia or schizoaffective disorder which typically have not responded to traditional pharmaco-therapeutic agents. It may also be prescribed

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as adjunct treatment with other diagnoses.

- D. Clozaril Nurse: A Registered Nurse assigned to monitor and execute a smooth, efficient and safe clinic for individuals receiving Clozaril. All Nurses, Pharmacists and Prescribers must be certified in the REMS Program. To complete this go to <https://www.newclozapinerems.com/home>
- E. REMS Program (Clozapine Risk Evaluation and Mitigation Strategy): Clozapine can induce neutropenia which is a reduced number of neutrophils and can be life-threatening. The requirements to prescribe, dispense, and receive clozapine are incorporated into a single shared program called the Clozapine Risk Evaluation and Mitigation Sharing Strategy (REMS). A REMS is a strategy to manage known or potential risks associated with a drug or group of drugs, and is required by the FDA for clozapine to ensure that the benefits of the drug outweigh the risk of severe neutropenia.
- F. WBC (White Blood Cell Count): Total number of white blood cells (leukocytes) in 1 cubic millimeter of peripheral venous blood specimen.

IV. STANDARDS:

INDIVIDUAL SELECTION

- A. Clozapine is an atypical antipsychotic indicated for treatment resistant schizophrenia or schizoaffective disorder, and in reducing suicidal behavior in patients with these diagnoses. Patients must be enrolled in the Clozapine REMS Program by the Prescriber or Prescribers Certified Designee.
- B. Individuals being considered for treatment with clozapine, should demonstrate unsatisfactory response to at least 2 typical or atypical anti-psychotic agents at prescribed doses and for a duration of time as determined by the treating Psychiatrist, prior to being considered for Clozaril therapy.
- C. Before starting treatment with clozapine, the baseline ANC must be at least 1000/uL1500/uL for the general population and at least 1000uL for patients diagnosed with BEN (benign ethnic neutropenia).
- D. After initiation of treatment with Clozaril, the ANC counts need to be monitored as per guidelines in the Clozapine REMS which also provide recommendations for Clozapine long-term treatment

V. PROCEDURES:

A. Pre-Clozaril Treatment

Prescriber

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1. Determines individual's appropriateness for Clozaril treatment and orders baseline laboratory test – CBC with differential. *ANC must be within the stated ranges as put forth in the Clozaril REMS guidelines.*

Prescriber/Registered Nurse

2. Acquires written Informed Consent and provides oral/written educational information related to Clozaril, by offering access to the video “Is It Time to Consider Clozaril, and by providing the handout, “A Guide for Patients and Caregivers: What You Need to Know about Clozapine and Neutropenia”. This is available to be downloaded from the website. Nurse or Prescriber must register patient into the Clozapine REMS before prescribing and baseline ANC entered.

Contractual Pharmacy

3. Enters electronically the individual beginning Clozaril into the Clozapine REMS Program and receives Predispense Authorization (PDA) before Clozapine can be dispensed. A PDA is an electronic code that indicates the Clozapine REMS program has verified:
 - a. The Prescriber is certified in the Clozapine REMS Program.
 - b. The Pharmacy is certified in the Clozapine REMS Program.
 - c. The Patient is enrolled in the Clozapine REMS Program.
 - d. The ANC is current (results are within 7 days of dispensing) and acceptable according to the patient's monitoring schedule, or the prescriber has authorized the continuation of Clozapine treatment.

Clozaril Nurse

4. Reviews pre-Clozaril baseline CBC/Diff results and links to Prescriber.
5. Records the results of the baseline WBC and ANC count on the individual's WBC and ANC History (form #0110) in the Clozaril Nurse reference book. Enters lab data from each draw and within the required guideline frequencies in the Clozaril Registry. Sends laboratory report to the individual's Pharmacy for dispense. SCCCMHA utilizes Genoa Pharmacy or Kroger Pharmacy if the individuals insurance does not allow Genoa to fill Clozaril.
6. Sends the following information to the Contractual Pharmacy preferably 24 hours before Clozaril treatment is to start:
 - a. Ensure that Contractual Pharmacy has received original Prescriber's order in written form or by electronic script.

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- b. Lab results completed within 7 days of dispensing.
- c. May send a copy of insurance/Medicaid card or other approved payment method.

Prescriber/Nurse Practitioner

- 7. Prescribes Clozaril dosage titration. Prescriber order is maintained in electronic file.

Clozaril Nurse

- 8. Ensures individuals and assigned Case Managers are aware of site, time, and day of the Clozaril Clinic.

B. Active Clozaril Treatment

Prescriber

- 1. Reviews the medication at least every ninety (90) days or as clinically indicated. Prescribes Clozaril (Clozapine) with refills.

Clozaril Nurse

- 2. Maintains CBC with differential order in the electronic file.
- 3. Assesses individual during Clozaril clinic as to tolerance and side effects associated with Clozaril.
- 4. Reviews results of CBC (in accordance with Section IV. D.) and records WBC and ANC on individual's Clozaril record (form #110). Inputs results into Clozaril registry with each scheduled blood draw.
- 5. Signs off on CBCs. Must scan labs into the individual's Electronic Health Record.
- 6. Informs Prescriber and individual's assigned treatment staff of abnormal laboratory results or any pertinent clinical information.
- 7. Discusses with provider/individual if emergency supply is needed; and obtains order from prescriber appropriate.
- 8. Completes all the appropriate case record documentation. Completes a Progress/Contact Note for face-to-face contacts.

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Home Provider

9. Contacts the prescriber/nurse practitioner for dosing instructions, **if Clozaril treatment is stopped for two (2) days or more. ***

*The FDA recognizes that during the COVID 19 Pandemic it may not be safe for individuals to complete the required bloodwork for Clozaril to be dispensed, thus health care providers/pharmacies may waive the bloodwork requirement unless there are compelling reasons to deem it necessary to be drawn.

Case Manager/Home Provider/Patient

10. Notifies Clozaril Nurse one (1) week in advance of individual's vacation plans if vacation is outside of St. Clair County and longer than two (2) weeks.

C. Individuals Transferred into St. Clair County CMH during Clozaril Treatment

SCCCMHA Institutional Liaison, Placement Coordinator, or Outpatient Intake Clinician

1. Notifies Clozaril Nurse at least seven (7) days prior to placement to ensure a smooth transition for continued Clozaril therapy.
2. Provides the Clozaril Nurse with the following information:
 - a. Social Security number.
 - b. Copy of insurance or Medicaid card.
 - c. Current Clozaril dosage with copy of current prescriber order.
 - d. ANC counts from last four (4) blood tests.
 - e. List of other medications individual is currently receiving.
3. Requests CBC with Differential to be drawn on the day of discharge from previous Clozaril monitoring program (i.e., institution, OP labs, etc.).
4. Ensures laboratory results are faxed immediately to the Clozaril Nurse.
5. Ensures individual is placed into SCCCMA system with a seven (7) day supply of Clozaril.

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Clinician/Case Manager

- Ensures individual is seen by SCCCMHA Contractual Prescriber within seven (7) days of placement or transfer into SCCCMHA system.

Clozaril Nurse

- Follows procedures as outlined in Section (V.B) ACTIVE CLOZARIL TREATMENT for the remaining steps.

D. Termination of Clozaril Treatment**Prescriber**

- Writes the order to discontinue Clozaril in the EHR.

Registered Nurse/Designee

- Receives notification of intent to discontinue Clozaril. Notifies caregiver, if applicable, that the medication is being discontinued.
- Documents discontinuation of Clozaril on individual's Nursing Progress Note.
- Directs individual/caregiver that a post CBC/Diff is required to assure individual is not experiencing post Clozaril neutropenia. Once lab results are available they are entered into the Clozaril Registry. Once post Clozaril CBC with Differential obtained, patient needs to be removed as under SCCCMHA Prescriber in the Registry.
- Ensures that the contractual pharmacy has received electronic script for discontinuation of Clozaril.

VI. REFERENCES:

- Clozaril REMS <https://www.clozapinerems.com/CpmgClozapineUI/home.u>
- Clozaril & Risk of Neutropenia: A Guide for Health Care Providers
https://www.clozapinerems.com/CpmgClozapineUI/remss/pdf/resources/Clozapine_REMS_A_Guide_for_Healthcare_Providers.pdf

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VII. EXHIBITS:

A. Clozapine REMS Guidelines

VIII. REVISION HISTORY:

Dates issued 09/90, 12/91, 07/94, 09/97, 08/05, 08/07, 08/09, 08/11, 11/12, 11/13, 11/14, 11/15, 11/16, 01/18, 01/19, 03/20, 03/21, 05/22.

Clozapine and the Risk of Neutropenia:
A Guide for Healthcare Providers

CLOZAPINE REMS
The Single Shared System for Clozapine
No Head, No DrugSM



Before starting treatment with clozapine, the baseline ANC must be:

- at least 1500/ μ L for the general population
- at least 1000/ μ L for patients diagnosed with BEN

During treatment, monitor ANC regularly as described in [Table 1](#) below.

Table 1: Recommended Monitoring Frequency and Clinical Decisions by ANC Level

ANC Level	Treatment Recommendation	ANC Monitoring
Normal Range for a New Patient GENERAL POPULATION • ANC \geq 1500/ μ L	• Initiate treatment • If treatment interrupted: - < 30 days, continue monitoring as before - \geq 30 days, monitor as if new patient	• Weekly from initiation to six months • Every two weeks from 6 to 12 months • Monthly after 12 months
BEN POPULATION • ANC \geq 1000/ μ L • Obtain at least two baseline ANC levels before initiating treatment	• Discontinuation for reasons other than neutropenia	• See Section 2.4 of the full Prescribing Information
Mild Neutropenia (1000 - 1499/ μ L)*	GENERAL POPULATION • Continue treatment	GENERAL POPULATION • Three times weekly until ANC \geq 1500/ μ L • Once ANC \geq 1500/ μ L return to patient's last "Normal Range" ANC monitoring interval**
	BEN POPULATION • Mild neutropenia is normal range for BEN population, continue treatment • Obtain at least two baseline ANC levels before initiating treatment • If treatment interrupted: - < 30 days, continue monitoring as before - \geq 30 days, monitor as if new patient • Discontinuation for reasons other than neutropenia	BEN POPULATION • Weekly from initiation to six months • Every two weeks from 6 to 12 months • Monthly after 12 months • See Section 2.4 of the full Prescribing Information
Moderate Neutropenia (500 - 999/ μ L)*	GENERAL POPULATION • Recommend hematology consultation • Interrupt treatment for suspected clozapine-induced neutropenia • Resume treatment once ANC normalizes to \geq 1000/ μ L	GENERAL POPULATION • Daily until ANC \geq 1000/ μ L, then • Three times weekly until ANC \geq 1500/ μ L • Once ANC \geq 1500/ μ L check ANC weekly for 4 weeks, then return to patient's last "Normal Range" ANC monitoring interval**
	BEN POPULATION • Recommend hematology consultation • Continue treatment	BEN POPULATION • Three times weekly until ANC \geq 1000/ μ L or \geq patient's known baseline. • Once ANC \geq 1000/ μ L or patient's known baseline, check ANC weekly for 4 weeks, then return to patient's last "Normal BEN Range" ANC monitoring interval**
Severe Neutropenia (< 500/ μ L)*	GENERAL POPULATION • Recommend hematology consultation • Interrupt treatment for suspected clozapine-induced neutropenia • Do not rechallenge unless prescriber determines benefits outweigh risks	GENERAL POPULATION • Daily until ANC \geq 1000/ μ L • Three times weekly until ANC \geq 1500/ μ L • If patient rechallenged, resume treatment as a new patient under "Normal Range" monitoring once ANC \geq 1500/ μ L
	BEN POPULATION • Recommend hematology consultation • Interrupt treatment for suspected clozapine-induced neutropenia • Do not rechallenge unless prescriber determines benefits outweigh risks	BEN POPULATION • Daily until ANC \geq 500/ μ L • Three times weekly until ANC \geq patient's established baseline • If patient rechallenged, resume treatment as a new patient under "Normal BEN Range" monitoring once ANC \geq 1000/ μ L or at patient's baseline

* Confirm all initial reports of ANC less than 1500/ μ L (ANC < 1000/ μ L for BEN patients) with a repeat ANC measurement within 24 hours

** If clinically appropriate