

Clozapine Initiation and Monitoring Guidelines

Timeline	CBC w/diff ^{a,b,c}	Myocarditis panel ⁱ	ECG	HbA1C	Lipid panel (non-fasting)	Glucose, random	Vitals ^g	Myocarditis Review of Systems (ROS) ^j
Baseline	x	x	x	x	x	x	x	x
Start Clozapine								
Weeks 1-4	x ^a	x ⁱ					x	x
Week 5	x						x	x
Week 6	x					x ^d	x	x
Weeks 7-8	x						x	x
Weeks 9-11	x						x	
Week 12	x			x	x	x	x	
Weeks 13 - 25	x ^a						x	
Week 26	x			x ^e	x ^e	x ^e	x	
Weeks 27-50	x ^b						x	
Week 52	x			x	x	x ^h	x	
Beyond 1 year	x ^c			x ^f	x ^f	x ^h	x	

^a weekly CBC w/diff for first 26 weeks (highest risk of agranulocytosis is within 3 months of clozapine initiation)

^b q2week CBC w/diff from weeks 26 to 52

^c q4week CBC w/diff from 1 year and beyond

^d 6 week glucose is optional but recommended to screen for rapid onset hyperglycemia

^e 6 month metabolic labs only recommended for children and adolescents

^f Beyond 1 year, obtain annual metabolic labs; more frequently if abnormal. Refer abnormal values to PCP for management

^g Vitals should be obtained at each clinic appointment, not needed for “laboratory-only” appointments

^h Glucose at 1 year and beyond is optional, only required if HbA1C is not performed

ⁱ **Weekly myocarditis panel for Weeks 1-4: troponin I, CK, CK-MB, pro-BNP, CRP. Consider adding during Weeks 5-8 only if myocarditis ROS suggest concerns.**

^j **Myocarditis review of systems (ROS) at each appointment during the first 8 weeks of clozapine (highest risk period)**

Myocarditis ROS: chest pain, dyspnea, orthopnea, palpitations, edema, fatigue, fever

Instruct patient to call with any concerns between appts, consider calling patient between appts if not seen weekly.

IMPORTANT: If concerned about possible myocarditis and patient is not in distress, obtain ECG and consult cardiology. With any symptomatic distress, have low threshold for bringing patient to ED or instructing patient to go to ED if not in clinic. Must call ED to provide history and clinical details.