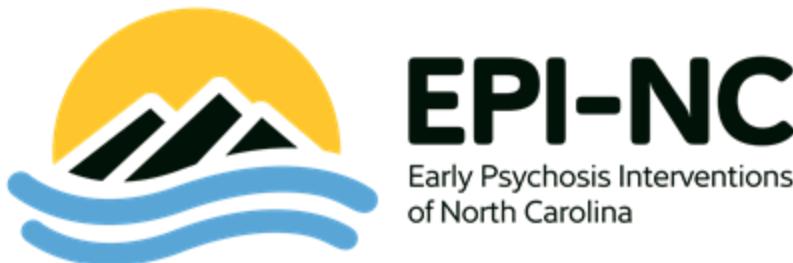


Early Psychosis Interventions of North Carolina



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Clozapine for FEP

EPI-NC
Onboarding Presentation
7/2024
Updated 2/2026

When to Consider Clozapine

- Clozapine can be a very effective medication for patients who have not responded to other antipsychotic trials.
- Per APA practice parameter guidelines, Clozapine should be offered and discussed following **two unsuccessful trials** of other antipsychotics.
- Discussion around clozapine should be started early, we do not want to delay initiating clozapine if it is indicated.

Discussing Clozapine with Patients and Families

- Balance discussion around benefits and risks
- Discuss rare but life-threatening side effects and share with them how you plan to monitor for the development of them
 - Neutropenia – weekly ANC for the first six months
 - Myocarditis – weekly Troponin, CRP for the first 8 weeks + review of systems weekly for myocarditis
- See our [resource page](#) for additional guidance

2025 Update

- Clozapine REMS system is no longer active and not required
- Recommendation for now is to continue monitoring per REMS guidelines
 - Weekly ANC x 1-6 months
 - Every 2 weeks ANC 6-12 months
 - Monthly ANC 12+ months

Baseline Evaluation:

- Vital signs: blood pressure, heart rate, height, weight, BMI
- Review history including any concern for constipation, history of seizures, history of cardiac disease/arrhythmia, smoking status, review medication list for potential drug interactions
- Labs:
 - CBC with differential
 - CMP
 - A1c and lipid panel
 - ECG – evaluate for rhythm issues and QTc

Example Outpatient Titration Schedules

- This can vary widely based on individual patient characteristics
- Generally, it is recommended to start low and titrate slowly

Example titration schedule:

<https://www.med.unc.edu/psych/cecmh/education-and-training/north-carolina-clozapine-network-nccn/clozapine-toolkit/>

Early Monitoring for Side Effects

- REMS requires weekly ANC monitoring for neutropenia which must be entered into the system
- In addition to ANC, consider weekly Troponin and CRP for the first 8 weeks to monitor for early signs of myocarditis. BMP can also be obtained the first 8 weeks to monitor for acute interstitial nephritis.
- Consider orthostatic vital sign monitoring, if possible, daily during early titration
- Monitor for changes to frequency of bowel movements

Sample monitoring schedule

Clozapine Serum Levels

- Serum levels can be very helpful during the titration process.
- Consider obtaining an initial serum level once at 100mg oral daily dosage
- The serum concentration of 350 ng/ml is considered the mean threshold at which someone would respond to clozapine
- Trough levels should be obtained 12 hours after last dose to be most accurate
- Clozapine reaches a steady state after 5-7 days following a dosage change.

Additional Resources

- The Clozapine Handbook, [Jonathan M. Meyer, University of California, San Diego](#), [Stephen M. Stahl, University of California, San Diego](#)
- [Additional Resources on Our Website:](#)
 - [North Carolina Clozapine Network](#)
 - [Leveraging Knowledge of Clozapine's Pharmacodynamics and Pharmacokinetics to Improve Outcomes, SMI Adviser](#)
 - [Motivating Clozapine Use: An Aid for Prescribers, Center for Practice Innovations.](#)