



Monitoring and Supply of Clozapine during the Covid-19 Pandemic

Clozapine requires regular monitoring of Full blood count (FBC) to identify where there is a risk of agranulocytosis. During the pandemic some patients may not be able to attend their usual testing location for a blood test and to collect their normal supply of medication.

If clozapine is stopped suddenly it can lead to relapse. Where clozapine is missed for >48 hours it must be re-titrated with intensive support from a Home Treatment Team, or an inpatient admission.

A supply of clozapine can be given beyond the designated monitoring frequencies if necessary as below:

Period from last test until when clozapine can no longer be given

- | | |
|--------------------------|---------|
| ○ Weekly monitoring | 10 days |
| ○ Fortnightly monitoring | 21 days |
| ○ 4-weekly monitoring | 42 days |

Any decision to supply clozapine outside of these periods, i.e. without a valid blood test result, would be off-license and should involve a discussion between a consultant psychiatrist and a senior member of the pharmacy team. Clozapine should not be supplied to any patient with unexplained fever without a valid blood test result.

Managing patients who have a fever

Neutropenia and Agranulocytosis with clozapine can present as a fever or sore throat in patients taking clozapine and this would normally require urgent FBC testing to rule out any blood dyscrasias. Myocarditis can also present with chest pain and a fever. Antipsychotics including clozapine can put patients at an increased risk of developing severe respiratory tract infections including pneumonia.

Where patients are in isolation or have confirmed COVID-19 and develop a fever the team involved in their care will need to decide when to carry out the next test, this decision will look at when the patient was last tested, the frequency of their blood testing, and when the symptoms developed.

Clozapine levels may rise in an infection therefore consideration should be given to completing a clozapine plasma level for patients who have respiratory symptoms or fever, especially those with severe respiratory symptoms or where their most recent level was at the higher end of the range. Where patients are presenting with symptoms of clozapine toxicity such as drowsiness, sedation, lethargy, confusion, agitation, tachycardia, hypotension, respiratory depression and seizures, a clozapine plasma level should be taken as soon as possible, and a temporary dose reduction should be considered.

Managing patients unable to attend for their blood test

If a patient is unable to attend their usual clozapine clinic for a blood test it is important to rearrange it as soon as possible. Patients who are on weekly blood tests or those who have an amber result should be a priority and have their blood test rearranged urgently. Options may include:

- Attending the clinic on a different day

- Attending a different clinic elsewhere
- Nurse/ doctor attend patient to take bloods
- A community team may be able to attend to take bloods
- Attending GP practice (if phlebotomy service is available)
- Attending a blood test centre (e.g. community hospital, district general hospital, patient will need a blood form)

Wherever possible, patients who are isolating should have their blood samples taken at the place they are staying. Where staff are attending patients, who have symptoms of Covid-19 they should wear full protective equipment in line with the Trust's infection control policy.

Arrangements outside of normal practice also need to include arrangements for communication of the FBC to the appropriate monitoring service. The Pharmacy team may be able to assist with this.

Supply of clozapine

Where it is anticipated that a patient will be unable to attend a blood test on time and they are likely to run out of medication this should be communicated with their supplying Pharmacy as soon as possible to arrange for an interim supply. Note that this will often be a hospital pharmacy, not their usual community pharmacy.

Pharmacy staff may have to assist patients to obtain the medication e.g. by arranging delivery to the patient directly or to a nominated person. Posting medication may also be considered in some circumstances.