MHS MRG 03.04 - Developing a Treatment Plan for Managing the Off-Licence use of Clozapine with a Contraindicated Treatment

Clozapine is associated with around a 3-4% risk of developing neutropenia. Due to its potential myelosuppressive effect, the use of clozapine with other medications known to suppress white blood cell production is contraindicated. However, there are occasions where medication that would be otherwise contraindicated with clozapine needs to be managed, e.g. cytotoxic chemotherapy.

Experience with developing treatment plans over a number of years has demonstrated that robust planning with key information sharing is advantageous in minimising risk of adverse outcomes.

It is essential that mental health pharmacy services based at Leverndale hospital are involved at the earliest opportunity with regards to the treatment plan.

The following is the minimum information that should be included in a treatment plan submitted to the clozapine monitoring service for approval of using a contraindicated medication with clozapine.

1. Contraindicated concomitant treatment
   - indication and rationale for contraindicated treatment
   - name of treatment
   - predicted treatment course and provisional end date
   - potential impact of this treatment on haematological factors
   - name and designation of physician responsible for the relevant treatment (haematologist, oncologist, etc.)

2. Altered monitoring parameters for WCC/ neutrophils/ platelets (if these are to differ from standard clozapine monitoring parameters) including;
   - threshold for stopping/ making alterations to concomitant treatment
   - and threshold for stopping clozapine therapy.

NB Although the intention would be to continue management with clozapine throughout the treatment plan, consideration must be given to what is done in the event of a catastrophic reduction in neutrophils and the development of agranulocytosis.

If the patient's management is to include the use of G-CSF (granulocyte-colony stimulating factor) to manage a neutropenic episode, the treatment plan should clearly state the thresholds for initiating this.

Standard clozapine monitoring parameters	
Result	**Blood parameters**
Green	WBC ≥ 3.5 x 10^9/L and neutrophils ≥2 x 10^9 /L
Amber	WBC ≥ 3 and <3.5 x 10^9/L and/or neutrophils ≥1.5 and <2 x 10^9 /L
Red	WBC < 3 x 10^9 /L and/or neutrophils <1.5 x 10^9 /L

Approved by PMG-MH – February 2026
Review date- April 2029

3. Altered frequency for FBCs whilst on treatment plan (if different to standard monitoring). Frequency of monitoring often increases to at least weekly during management with concomitant treatment and for a period of time after treatment has ceased.

4. Any other monitoring that is to be put in place e.g. closer monitoring of standard observations.

5. Roles and responsibilities of all disciplines involved in the ongoing management of the treatment plan.

6. Names and contact numbers for key personnel in case of issues out of hours; e.g. appropriate clozapine monitoring service, haematology/oncology on call contact numbers, etc

7. The 3 UK clozapine manufacturers have different procedures for rechallenge so the clozapine monitoring service that the patient will be registered with should be contacted to confirm what process and further documentation is required.

8. A copy of the treatment plan should be sent to Leverndale pharmacy and copies kept within the patient's care plan