

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC062

NAME: CLOZAPINE TREATMENT

INITIAL APPROVAL DATE:	10/31/1995	BY: Sanilac CMH Board
(LAST) REVISION DATE:	02/18/2014	BY: Clinical Policy Committee
(LAST) REVIEW DATE:	05/25/2023	BY: Policy Committee
DISCONTINUED DATE:		REPLACED BY: NA

I. **PURPOSE**

To assure appropriate treatment guidelines are followed.

II. **APPLICATION**

Populations: **All**

Programs: **All Direct and Contracted**

III. **POLICY**

- A. Clozapine is an atypical antipsychotic drug indicated for the management of severely ill individuals who fail to respond adequately to other antipsychotic drug treatment.
- B. Because of the significant risk of agranulocytosis and seizure associated with its use, Clozapine will be used only in individuals who have failed to respond adequately to treatment with appropriate courses of other antipsychotic drugs, either:
 - a. Because of insufficient effectiveness, or
 - b. The inability to achieve an effective dose due to intolerable adverse effects from those drugs.

IV. **DEFINITIONS**

None

V. **STANDARDS**

- A. In order to optimize safe use of Clozapine, Clozapine REMS system is utilized.

VI. **ATTACHMENTS**

None

VII. **REFERENCES**

Pharmaceutical Manufacturer Requirement