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 ZTAS 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

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; eg ZTAS, haematology/oncology on call contact numbers, etc

7. ZTAS off licence treatment form signed by consultant psychiatrist. (Attached)

The treatment plan and signed off licence treatment form should be submitted to ZTAS for approval as well as a copy being sent to Leverndale pharmacy and copies kept within the patient's care plan.

NHS Greater Glasgow & Clyde
Mental Health Services

Leyden Delta

Off-Licence Agreement for Zaponex® treatment

Patient …… Date of Birth……..

ZTAS PIN …… Indication for use ……

One or more of the contraindications for Zaponex (clozapine) treatment apply to the above-named patient. In order to treat this patient with Zaponex© (clozapine), I, the undersigned, agree to the following conditions for use and acknowledge that the criteria listed below apply:

1. The patient is considered to be on off-licence treatment with Zaponex®. The use of Zaponex© will be outside of the marketing authorisation and is at the request and the responsibility of myself, the patient's consultant. I will absolve Leyden Delta from any liability should the patient's condition deteriorate during Zaponex© treatment.

2. It is my opinion, as the consultant, that the benefit of Zaponex© treatment outweighs any possible risks to the patient. It would, indeed, be considered detrimental to withhold Zaponex© treatment.

3. The patient has been informed of the risks involved in being treated with Zaponex© and is in agreement with me that Zaponex© treatment outweighs any possible risks. If the patient is not competent to provide informed consent, I confirm that I have taken all necessary steps to reach the decision that Zaponex© treatment is in the best interests of this patient. In reaching this decision, I have taken into account the views of the patient's relatives/carers and, where appropriate, have sought a second opinion from another consultant psychiatrist.

Normal ZTAS reference ranges will be observed for Off-Licence treatment:

Classification	**WBC ($x10^9$/L)**	**Neutrophils ($x10^9$/L)**	
Green	≥ 3.5	≥ 2.0	- The result is valid to initiate or continue Zaponex treatment.
Amber	≥ 3.0 and < 3.5	≥ 1.5 and < 2.0	- Result not valid to initiate Zaponex treatment. - Zaponex may be continued at the discretion of the consultant. - ZTAS starts the Amber Warning procedure. - Increase of monitoring frequency to twice a week.
Red	< 3.0	< 1.5	- Result not valid to initiate OR continue Zaponex treatment. - STOP ongoing Zaponex treatment immediately. - ZTAS starts the Red Alert procedure (daily blood monitoring).

Should adjusted references ranges be necessary (i.e. for concomitant use of myelosuppressive therapies such as chemotherapy, etc.), please state the adjusted cut-off values below.

WBC: ..... Neutrophils: .....

Signature consultant psychiatrist: .....

Name: .....

Dated: ……