

Caring for clozapine clients in self-isolation for COVID-19 Care in the Community Programme

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Introduction

This guidance helps clinicians to provide care for clients taking clozapine in mandatory home self-isolation. It includes clients tested positive for COVID-19 as well as clients who live with someone tested positive for COVID-19. This guidance has been produced by the Ministry of Health, in collaboration with sector representatives.

Blood monitoring is a mandatory requirement for clients taking clozapine to manage their risk of experiencing agranulocytosis. Blood tests are generally taken weekly during the first 18 weeks of treatment. If no abnormalities are detected in the first 18 weeks, the interval is normally increased to four-weekly. However, clients who are self-isolating due to COVID-19 infection will not be able to leave home to get a blood test.

In June 2020, Medsafe published international consensus stating it may be appropriate to relax clozapine monitoring requirements [1], potentially to three-monthly, on a case-by-case basis if a client meets all the following criteria:

- receiving continuous clozapine treatment for longer than 12 months
- never had an ANC (absolute neutrophil count) $< 2,000/\text{mm}^3$ ($< 2.0 \times 10^9/\text{L}$) (or $< 1,500/\text{mm}^3$ ($< 1.5 \times 10^9/\text{L}$) with history of benign ethnic neutropenia)
- no safe or practical access to testing.

All other clients should continue with weekly/monthly monitoring.

Clozapine clients with symptoms of infection, including fever, sore throat and flu-like symptoms, should contact their doctor immediately.

The Medicines Adverse Reactions Committee (MARC), in March 2021, expressed concern about reducing frequency of testing in the absence of evidence of safety [2]. MARC considered regular contact between the client and the clinician should be maintained, and it is important to educate clients on symptoms of infection. MARC recommended the risks and benefits be reviewed before departing from the standard recommended blood monitoring frequency.

Service providers

1. The testing provider is the district health board's (DHB) phlebotomy service provider for venous sampling
2. The DHB will decide how pharmacy services are commissioned to enable medicines supply to clients self-isolating at home. It is preferable to select the client's regular clozapine-dispensing pharmacy to maintain continuity of care. Where this is not possible, the commissioned pharmacy must liaise with the client's usual clozapine-dispensing pharmacy
3. The client's usual prescriber prescribes clozapine.

Monitor for infection and other adverse effects

Clients with symptomatic COVID-19 infection should be:

- prioritised for a complete blood count
- closely monitored for other clozapine adverse effects [1].

Note that some of the symptoms of COVID-19 and agranulocytosis overlap. Self-isolating clients may:

- change their diet and activity levels and thus be more susceptible to constipation
- change their smoking habits, affecting plasma clozapine levels.

Plasma clozapine levels should be considered in COVID-positive clients as clozapine metabolism is likely to be affected by infection. The client should be monitored for symptoms of clozapine toxicity, eg, sedation, constipation, new onset hypersalivation. If severe respiratory symptoms develop, the client should be referred for an urgent medical and mental health team review, and a dose reduction should be considered.

Process for clozapine supply:

The recommended process for clozapine supply is:

1. The COVID-19 Care in the Community clinician notifies the client's case worker that the client is in mandatory self-isolation.
1. The case worker checks the client's medicines adherence, whether they're experiencing any adverse effects from clozapine [1] and whether they've changed their smoking habits. Actively question clients about their bowel habits and any signs of constipation [3]. Inform the client's usual prescriber of any changes.
2. The case worker checks with the client how many doses of clozapine they have left at home, and whether it will be enough to last the expected isolation period:
 - a. If the client has a sufficient supply, reassess 5 days prior to supply running out, as isolation period may be extended
 - b. If not, calculate if a potential blood test delay will allow the client to resume normal testing once they complete self-isolation:
 - i. If yes, contact the client's usual prescriber and inform them of this option. The prescriber will need to consult with the client before prescribing a top-up supply
 - ii. If no, or the client refuses a delay in their blood tests, liaise with the testing provider to organise blood test at an appropriate time.
3. Any adverse events arising from delayed blood test must be reported as such to the New Zealand Pharmacovigilance Centre. A link to their website is available [here](#).
4. Inform the COVID-19 Care in the Community clinician, the client's usual prescriber, the commissioned pharmacy, and the client's usual clozapine-dispensing pharmacy of the plan.
5. The client's usual prescriber generates and sends a prescription for clozapine to the commissioned pharmacy for dispensing
6. The commissioned pharmacy will dispense clozapine in accordance with the Community Pharmacy protocol [4]. If a blood test is delayed, this will need to be documented in the clozapine manufacturer's online blood test monitoring tool.
7. Clozapine is delivered to the client's home, according to the pharmacy's delivery protocol. Ensure appropriate infection prevention and control protocols are followed [5].
 - a. It may be appropriate to leave the delivered medicines at the door then call the client to pick up, to maintain physical distancing.
8. Counselling and advice are provided to the client in accordance with the Community Pharmacy protocol [4] by the pharmacy who provided dispensing services, over the phone if necessary.
9. Inform the client when the next blood test will be and whether their next blood test will be taken at their regular laboratory or by the DHB mobile phlebotomy service.
10. The delivery person leaves client's residence, doffing PPE as per IPC protocols.

References

- [1] "Important updates to clozapine data sheets and monitoring during covid-19 pandemic," [Online]. Available: <https://www.medsafe.govt.nz/safety/Alerts/ClozapineDatasheetUpdates.asp>.
- [2] "MINUTES OF THE 185th MEDICINES ADVERSE REACTIONS COMMITTEE MEETING," [Online]. Available: <https://www.medsafe.govt.nz/profs/adverse/Minutes185.htm>.
- [3] "The Porirua Protocol: Guidance to prevent clozapine-related constipation," [Online]. Available: <https://ourarchive.otago.ac.nz/handle/10523/6763>.
- [4] "Protocol for the Dispensing of Clozapine by Community Pharmacies," [Online]. Available: <https://tas.health.nz/assets/Uploads/Clozapine-Dispensing-Protocols-Effective-1-October-2018.pdf>.
- [5] "COVID-19: Infection prevention and control recommendations for health and disability care workers," [Online]. Available: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-specific-audiences/covid-19-personal-protective-equipment-central-supply/covid-19-infection-prevention-and-control-recommendations-health-and-disab>.