

May 21, 2020

Medical Director Institute
National Council for Behavioral Health
MDI@TheNationalCouncil.org

Position Statement on Clozapine Blood Test Monitoring During the COVID-19 Emergency

The coronavirus disease 2019 (COVID-19) pandemic has forced behavioral health organizations and clinicians to make difficult decisions that balance the need for ongoing patient access to medically necessary services with infection control measures that protect patients and staff. The antipsychotic, clozapine, is a critical element of treatment protocol for many individuals who are prescribed the drug. However, administering clozapine during COVID-19 is challenging because it requires close medical monitoring and patient access may be more limited.

The National Council for Behavioral Health's Medical Director Institute (MDI) recommends a modified blood test monitoring protocol that addresses patient safety while being responsive to infection control practices. These recommendations align with a consensus statement regarding the use of clozapine released by an international group of psychiatric researchers and clinicians on April 3, 2020,¹ The New York State Office of Mental Health endorsed the same [recommendations](#) on April 16, 2020.²

The MDI recommends:

1. The frequency of absolute neutrophil count (ANC) reporting may be reduced to every three months, with dispensation of up to a 90-day supply, if it can be safely stored, for patients who fulfill all the following criteria:
 - a. Continuous clozapine treatment for > 1 year.
 - b. Never had an ANC < 2000/ μ L (or < 1500/ μ L if there is a history of benign ethnic neutropenia).
 - c. No safe or practical access to ANC testing.
2. For patients taking clozapine with any symptoms of infection (including those reported for severe acute respiratory syndrome coronavirus 2 [SARSCoV-2] such as cough, fever and chills, sore throat or other flu-like symptoms), conduct an urgent physician assessment including a complete blood count (with ANC).
3. If patients on clozapine become symptomatic with fever and flu-like symptoms, signs and symptoms of clozapine toxicity may require clinicians to reduce the dose of clozapine by as

¹ Siskind et al. (2020). Consensus statement on the use of clozapine during the COVID-19 pandemic. *Journal of Psychiatry Neuroscience*, 45(4):200061. doi: 10.1503/jpn.200061.

² New York State Office of Mental Health (2020). *Update: clozapine blood test monitoring recommendations*. Accessed May 7, 2020: <https://omh.ny.gov/omhweb/guidance/omh-covid-19-guidance-clozapine-blood-test-monitoring.pdf>.

much as a half. Continue the lower dose until three days after the fever has subsided, then increase clozapine incrementally to the pre-fever dose.

Following review and discussion, the MDI concludes these recommendations better balance the risk of clozapine induced agranulocytosis with the risk of COVID-19 infection, morbidity and mortality. The recommendations are the community standard of care for the duration of the COVID 19 emergency.

Approval History

MDI review and approval: May 2020

Position statements of the MDI are passed by a two-thirds majority of the voting membership and require that more than 50% of MDI members register a vote.

Policy expires on April 2021, unless the MDI determines the community standard of care changes prior to this date.

If the policy remains active until April 2021, the MDI will review and vote to renew or terminate the statement.

About Medical Director Institute Position Statements

Position statements are developed based on expert understanding of current accepted standards of care in behavioral health. MDI members are uniquely qualified to develop position statements based on their ongoing clinical and operational leadership roles in the field. They are all board-certified psychiatrists with multiple specialty certifications, including general psychiatry, child and adolescent psychiatry, addiction psychiatry and emergency psychiatry. Members practice within organizations that include freestanding community mental health centers, addiction treatment centers, academic centers and large multi-hospital systems. They have specialized experience in health systems policy, practice and financing (including commercial insurance, Medicaid and Medicare).

MDI members possess demonstrated skill in applying multiple sources of evidence that determine the generally accepted standard of care including peer-reviewed studies in academic journals, consensus guidelines from professional organizations, and guidelines and materials distributed by government agencies.