

Criteria for clozapine initiation at VCH/Vancouver sites

These are guidelines and each case should be considered individually.

The CPA Schizophrenia Guidelines are available at <https://journals.sagepub.com/toc/cpab/62/9>

Early Psychosis Intervention, Adult Mental Health Teams and ACT

- Has a primary care provider (a regular walk-in clinic OK)
- Not homeless (has a fixed address/place to live for the duration of initiation at least)
- Is reliable or has a reliable family/friend's support
- Not actively using substances in the immediate 4 weeks before, except possibly for cannabis and tobacco
- No medical complications, e.g., poorly controlled diabetes, active liver disease, active seizure disorder, cardiovascular disease, blood dyscrasia, thromboembolic disease, pregnancy, past history of clozapine-induced serious cardiac or hematologic complication

Venture

- Has a primary care provider (a regular walk-in clinic OK)
- Low-level substance use, e.g., cannabis, alcohol –not in withdrawal
- Mild medical complications, e.g., stable cardiovascular disease, well-controlled seizure disorder, history of “yellow alerts” on clozapine, history of constipation, stable diabetes (NIDDM)
- History of nonadherence or not always reliable

Acute Inpatient

- Acute risk to self or others
- Complex polypharmacy
- Moderate medical complications, e.g., active diabetes, history of seizures, hepatitis C, multiple cardiovascular risk factors
- Complex substance use problems
- Cannot be managed at Venture
- Certification required for unwilling patient with no other options

BC Psychosis Program/Tertiary Mental Health

- Diagnostic uncertainty
- Unresolved questions about appropriateness of clozapine
- More severe medical complications
- History of myocarditis or neutropenia
- History of clozapine resistance

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