



Clozapine: taking levels during early titration – is it a has-been?

An audit of clozapine levels taken at the RBWH during the titration phase

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Background

Clozapine levels are best performed after the initial titration stage, once the dose has been stable for at least a week.^{1,2} There is no state-wide or local guideline advising on frequency of clozapine level monitoring during the titration phase.

Aim

To evaluate current practice at the RBWH of clozapine monitoring during early titration (day 0 to 14), to assess appropriateness of clozapine level measurements and to explore the cost-effectiveness of clozapine measurements during the early titration phase.

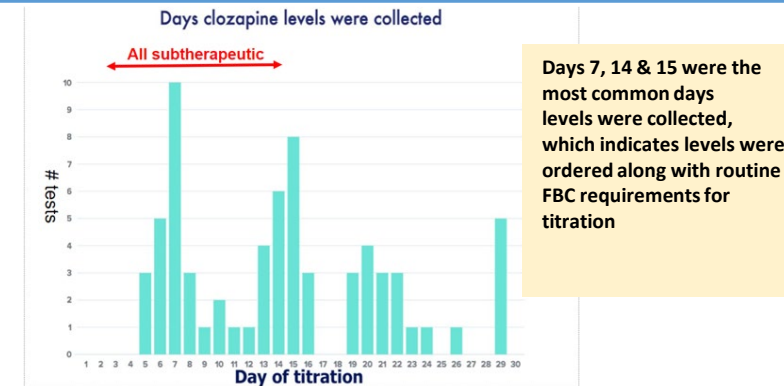
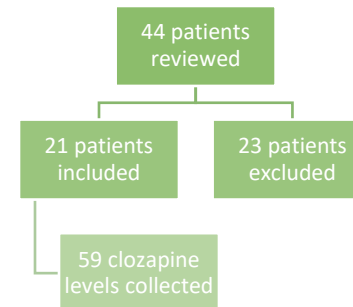
Methods

Data was taken from the CPMS database to identify RBWH patients initiated on clozapine between June 2018 to October 2020. AUSLAB, iEMR and CIMHA were used to collect information on: day the clozapine level was taken, reason for taking level and if the result had an effect on dose titration.

References

1. Greenwood-Smith C, Lubman D, Castle D. Serum clozapine levels: a review of their clinical utility. J Psychopharmacol 2003; 17: 234-8.
2. Bleakley S, Taylor D. Clozapine Handbook. 2013.

Results



Only subtherapeutic clozapine levels occurred in the first 14 days of titration and none of the clozapine dose adjustments during early titration were documented to be influenced by clozapine level results. Each clozapine level test costs \$38.26, the total cost for levels during days 0-14 was \$1339.

Discussion

Routine clozapine level testing in the first 14 days of treatment is not necessary; the patient has not been on a consistent dose long enough to reach steady state. Exceptions could be made at the discretion of the treating team, for example, to monitor concordance or in the case of suspected toxicity. Avoiding unnecessary testing, such as routine clozapine levels during early titration has the potential for significant cost savings to our health service.