Hematological quick reference chart¹¹

How CSAN® defines results associated with ANC‡ laboratory values

Green (normal values for clozapine treatment)

• ANC ≥2.0 × 10⁹/L

- Continue to dispense CLOZARIL®
- Monitor as follows for eligible patients:§
 - Weekly for the first 26 weeks
 - Every 2 weeks for the next 26 weeks
 - Every 4 weeks as of 52 weeks

Yellow Alert(s)

ANC in the range of:

• $1.5 \times 10^9/L \le ANC < 2.0 \times 10^9/L$

- · Hematological monitoring at least twice a week until absolute neutrophil count (ANC) stabilize or increase
- Continue to dispense CLOZARIL®

Red Alert(s)

• ANC <1.5 × 109/L

Consider protective isolation when:

• ANC $< 0.5 \times 10^9 / L$

Should evidence of infection develop, appropriate cultures should be performed, and an appropriate antibiotic regimen be instituted.

Immediately withhold CLOZARIL® and monitor patient closely.

Confirmation of the haematological values is recommended within 24 h.

Stop CLOZARIL® therapy immediately if results are confirmed.

Blood monitoring should occur at least weekly following discontinuation of CLOZARIL® therapy until ANC is ≥2.0 × 109/L, irrespective of the cause of discontinuation.

Particular attention should be paid to any flu-like complaints or other symptoms which might suggest infection (i.e. fever, sore throat, or any other signs of infection).

CLOZARIL® therapy must not be resumed.

A Non-rechallengeable status is immediately assigned to the patient's profile.

Consult with a CSAN® hematologist.

Consider hematology consultation before initiating or during CLOZARIL® treatment as necessary.

For any additional information regarding CLOZARIL® hematological guidelines, Benign Ethnic Neutropenia (BEN) Guidelines, or Special Case Guidelines please reach out to CSAN® at 1-800-267-2726

Questions?

Don't hesitate to contact us:

CSAN®

Phone: 1-800-267-2726
Fax: 1-800-465-1312



[†] Please consult the prescribing information for complete hematological monitoring information.

ANC=Absolute Neutrophil Count; Neutropenia

[§] The change from a weekly to a "once every two weeks" or from "once every two weeks" to a "once every four weeks" schedule should be based upon the hematological profile of the patient as well as the clinical judgement of the treating physician, and if deemed appropriate, a consulting hematologist and on the patient's willingness to pursue a given frequency of blood monitoring. The clinical evaluation should take into consideration possible factors that would place the patient in a higher risk group.

CLOZARIL® (clozapine) tablet is indicated in the management of symptoms of treatment-resistant schizophrenia.

Please consult the CLOZARIL® Product Monograph at clozaril.ca/clozaril monograph for important information about:

- Contraindications in patients with myeloproliferative disorders, active liver disease, severe central nervous system depression or comatose states, severe renal or cardiac disease (e.g., myocarditis), paralytic ileus, uncontrolled epilepsy, and others.
- Serious warnings and precautions regarding severe neutropenia (agranulocytosis), myocarditis and cardiomyopathy and mitral valve incompetence, and increased mortality in elderly patients with dementia.
- Conditions of clinical use, adverse reactions, drug interactions and dosing instructions.

The Product Monograph is also available by calling 1-800-267-2726.

ANC=Absolute Neutrophil Count:

Please note: All cell counts are expressed in units of 109/L.

Reference:
1. CLOZARIL® Product Monograph, HLS Therapeutics Inc. May 31st 2021.

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