



**MONTANA STATE HOSPITAL
POLICY AND PROCEDURE**

**CLOZARIL STANDARD
TITRATION SCHEDULES**

Effective Date: September 8, 2016

Policy #: PS-01

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- I. PURPOSE:** To establish a procedure to use special Licensed Independent Practitioner (LIP) Orders and Medication Administration Records when initiating Clozaril (Clozapine) therapy.
- II. POLICY:** When the standard Clozaril Titration Schedule recommended by Clozapine REM is ordered by the LIP, the LIP may use the Clozaril Titration Schedule, or Physician Order. If Clozaril is ordered by the standard titration schedule the nurse may use the Clozaril Titration Schedule – MAR.
- III. DEFINITIONS:**
 - A. MAR - Medication Administration Record
- IV. RESPONSIBILITIES:**
 - A. LIP: When ordering Clozaril, the LIP needs to state in detail the schedule of the medication.
 - B. Nurse: When Clozaril is ordered, the nurse will clarify dosing schedule of the medication.
- V. PROCEDURE:**
 - A. Before Clozaril can be ordered or dispensed the LIP must first order a CBC and send the results to the pharmacy for registration of the patient in the Clozaril REMS registry.
 - B. Once the patient is approved the LIP may write “Clozaril Standard Titration” on the LIP’s Order Sheet indicating a start date and time.
 - C. The pharmacy will send a Clozaril Titration Schedule MAR along with the amount of medication needed to start the patient until the desired dose is reached to the unit.

ATTACHMENT A
CLOZARIL 300 MG/DAY TITRATION SCHEDULE MAR

| DATE | DAY # | 8 AM DOSE | BLOOD PRESSURE | PULSE | NURSE INITIAL | 8 PM DOSE | BLOOD PRESSURE | PULSE | NURSE INITIAL |
|------|--------|---|----------------|-------|---------------|---|----------------|-------|---------------|
| | DAY 1 | 25 MG (#1 OF 25 MG) | / | | | XXXXX | / | | |
| | DAY 2 | 25 MG (#1 OF 25 MG) | / | | | XXXXX | / | | |
| | DAY 3 | 25 MG (#1 OF 25 MG) | / | | | 25 MG (#1 OF 25 MG) | / | | |
| | DAY 4 | 25 MG (#1 OF 25 MG) | / | | | 50 MG (#2 OF 25 MG) | / | | |
| | DAY 5 | 50 MG (#2 OF 25 MG) | / | | | 50 MG (#2 OF 25 MG) | / | | |
| | DAY 6 | 50 MG (#2 OF 25 MG) | / | | | 75 mg (#3 OF 25 MG) | / | | |
| | DAY 7 | 50 MG (#2 OF 25 MG) | / | | | 100 MG (#1 OF 100 MG) | / | | |
| | DAY 8 | 75 mg (#3 OF 25 MG) | / | | | 100 MG (#1 OF 100 MG) | / | | |
| | DAY 9 | 100 MG (#1 OF 100 MG) | / | | | 100 MG (#1 OF 100 MG) | / | | |
| | DAY 10 | 100 MG (#1 OF 100 MG) | / | | | 125 MG (#1 OF 100 MG #1 OF 25 MG) | / | | |
| | DAY 11 | 100 MG (#1 OF 100 MG) | / | | | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | |
| | DAY 12 | 125 MG (#1 OF 100 MG #1 OF 25 MG) | / | | | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | |
| | DAY 13 | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | |
| | DAY 14 | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | |

| NURSES SIGNATURES: | | | |
|---------------------------|-----------|---------------|-----------|
| NURSE INITIAL | SIGNATURE | NURSE INITIAL | SIGNATURE |
| | | | |
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Dosage Changes:

After Week 2, subsequent dosage increments should be made no more than once or twice weekly, in increments not to exceed 100 mg.

Reference:

Clozapine [package insert]. Sellersville, PA: Teva Pharmaceuticals USA; 2010 Jan.

ATTACHMENT B
CLOZARIL 450MG/DAY TITRATION SCHEDULE MAR

| DATE | DAY # | 8 AM DOSE | BLOOD PRESSURE | PULSE | NURSE INITIAL | 8 PM DOSE | BLOOD PRESSURE | PULSE | NURSE INITIAL |
|------|--------|--|----------------|-------|---------------|---|----------------|-------|---------------|
| | DAY 1 | 25 MG (#1 OF 25 MG) | / | | | XXXXX | / | | |
| | DAY 2 | 25 MG (#1 OF 25 MG) | / | | | 25 MG (#1 OF 25 MG) | / | | |
| | DAY 3 | 25 MG (#1 OF 25 MG) | / | | | 50 MG (#2 OF 25 MG) | / | | |
| | DAY 4 | 50 MG (#2 OF 25 MG) | / | | | 50 MG (#2 OF 25 MG) | / | | |
| | DAY 5 | 75 MG (#3 OF 25 MG) | / | | | 75 MG (#3 OF 25 MG) | / | | |
| | DAY 6 | 75 MG (#3 OF 25 MG) | / | | | 100 MG (#1 OF 100 MG) | / | | |
| | DAY 7 | 100 MG (#1 OF 100 MG) | / | | | 100 MG (#1 OF 100 MG) | / | | |
| | DAY 8 | 125 MG (#1 OF 100 MG #1 OF 25 MG) | / | | | 125 MG (#1 OF 100 MG #1 OF 25 MG) | / | | |
| | DAY 9 | 125 MG (#1 OF 100 MG #1 OF 25 MG) | / | | | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | |
| | DAY 10 | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | |
| | DAY 11 | 175 MG (#1 OF 100 MG #3 OF 25 MG)) | / | | | 175 MG (#1 OF 100 MG #3 OF 25 MG) | / | | |
| | DAY 12 | 175 MG (#1 OF 100 MG #3 OF 25 MG) | / | | | 200 MG (#2 OF 100 MG) | / | | |
| | DAY 13 | 200 MG (#2 OF 100 MG) | / | | | 200 MG (#2 OF 100 MG) | / | | |
| | DAY 14 | 225 MG (#2 OF 100 MG #1 OF 25 MG) | / | | | 225 MG (#2 OF 100 MG #1 OF 25 MG) | / | | |

| NURSES SIGNATURES: | | | |
|---------------------------|-----------|---------------|-----------|
| NURSE INITIAL | SIGNATURE | NURSE INITIAL | SIGNATURE |
| | | | |
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Dosage Changes:

After Week 2, subsequent dosage increments should be made no more than once or twice weekly, in increments not to exceed 100 mg.

Reference:

Clozapine [package insert]. Sellersville, PA: Teva Pharmaceuticals USA; 2010 Jan.

**ATTACHMENT C
CLOZARIL 300 MG/DAY TITRATION SCHEDULE MAR**

| DATE | <u>8PM DOSE</u> | BLOOD PRESSURE | PULSE | NURSE INITIAL |
|------|---|----------------|-------|---------------|
| | 25 MG (#1 OF 25 MG) | / | | |
| | 50 MG (#2 OF 25 MG) | / | | |
| | 75 mg (#3 OF 25 MG) | / | | |
| | 100 MG (#1 OF 100 MG) | / | | |
| | 125 MG (#1 OF 100 MG #1 OF 25 MG) | / | | |
| | 150 MG (#1 OF 100 MG #2 OF 25 MG) | / | | |
| | 175 MG (#1 OF 100 MG #3 OF 25 MG) | / | | |
| | 200 MG (#2 OF 100 MG) | / | | |
| | 225 MG (#2 OF 100 MG #1 OF 25 MG) | / | | |
| | 250 MG (#2 OF 25 MG #1 OF 200MG) | / | | |
| | 275 MG (#3 OF 25 MG #1 OF 200MG) | / | | |
| | 300MG (#1 OF 100mg #1 OF 200mg) | / | | |

NURSES SIGNATURES:

| NURSE INITIAL | SIGNATURE | NURSE INITIAL | SIGNATURE |
|---------------|-----------|---------------|-----------|
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Reference: After Week 2, subsequent dosage increments should be made no more than once or twice weekly, in increments not to exceed 100 mg. Source: Teva Clozapine Package Insert.