Psychosis Australia

w. psychosisaustralia.com.au
e. contact@pat.org.au
p. 07 2145 7332

Psychosis Australia – Policy Position on Clozapine Monitoring Reform

Psychosis Australia calls on the Therapeutic Goods Administration (TGA) to modernise clozapine monitoring requirements to reflect contemporary evidence.

1. Update ANC thresholds:

- Use ANC $<1.0\times10^9$/L as the cessation threshold.
- Apply ANC $<0.5\times10^9$/L for people with Duffy-null status to ensure culturally safe care.

2. Reduce ANC monitoring burden:

- Weekly ANC for 18 weeks.
- Monthly to 2 years.
- Discontinue routine ANC monitoring after 2 years unless clinically indicated.

3. Strengthen ADR monitoring:

- Require quarterly structured ADR assessment, covering metabolic syndrome, constipation, reflux, sialorrhoea, enuresis, sedation, tachycardia, sleep apnoea, pneumonia risk, seizures, and heart failure.
- Annual FBC for haematological malignancy screening.
- Annual ECGs optional.

4. Support shared-care models:

- GPs conduct quarterly physical health and ADR monitoring.
- Psychiatrists review every 6–12 months.

5. Promote consumer-centred care:

- Accessible education at initiation, stabilisation, and long-term follow-up.
- Shared decision-making and culturally safe communication.

Expected Outcomes:

- Safer, more effective clozapine care.
- Reduced unnecessary treatment cessation and hospitalisation.
- Improved access for people with treatment-resistant schizophrenia.
- Reduced burden on consumers and health systems.