

# **Clozapine: Proposed changes to blood monitoring and prescribing requirements – consultation questions for consumers and families**



**Consultation outcome**

**June 2026**



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## About the consultation

Clozapine is an antipsychotic medicine used to treat schizophrenia that has not responded to other antipsychotics (treatment-resistant schizophrenia). For safety reasons, there are restrictions around clozapine use in New Zealand and other countries. In some people, clozapine can lower the number of white blood cells, such as neutrophils (neutropenia), which increases the risk of severe infections. Currently, people taking clozapine must have regular blood tests throughout treatment to check for this side effect. The blood test results are required before the pharmacist can dispense clozapine to the person.

From 13 August to 15 October 2025, Medsafe sought feedback from people taking clozapine and their family and caregivers on possible changes to the blood monitoring for clozapine. The aim of the changes is to reduce barriers for people taking clozapine and reduce unnecessary interruptions to treatment that could have a negative impact on someone's mental health.

This report is a summary of the submissions that we received.

We would like to thank everyone who contributed to this consultation. Medsafe received 10 submissions to the consultation sharing the views and experiences of people taking clozapine (30%) and their family and caregivers (70%). We ran a separate consultation at the same time to gather feedback from healthcare professionals.

There was a range of feedback on stopping regular blood tests after several years for people who are stable on clozapine and can self-monitor for signs of infection. Some people were comfortable with this option, while other preferred to keep the current ongoing monitoring requirements due to their past experiences or concerns about safety. Other concerns were missing early signs of neutropenia, reduced clinical oversight and contact with health services, and increased pressure on individuals to identify problems themselves with possible delays in seeking help. People told us that decisions should be made by healthcare professionals on a case-by-case basis, and blood tests are just one aspect of clozapine safety monitoring.

Confidence about self-recognition and reporting of infection symptoms varied. Some people felt comfortable to do this, while others said that many people taking clozapine would find it difficult to recognise symptoms of infection and get help. Most people preferred to learn about recognising signs of infection through conversations with health professionals, supported by written information.

The responses were mainly in support of having the option to continue clozapine with extra blood tests after a 'red' result, as long as investigations happened quickly and decisions were made carefully. Most respondents supported the option to restart clozapine if it had been stopped due to blood results, provided it remained the best treatment option and close monitoring was available. Most respondents were interested in the option of finger-prick testing.

## What happens next?

Medsafe will carefully consider all feedback received when deciding on updates to the blood monitoring requirements for clozapine. We are still working through the possible changes.

We will publish the final outcome as part of the consultation with healthcare professionals on the [Outcome of Consultations](#) web page on the Medsafe website.

It will take time to implement any changes to the clozapine monitoring requirements. This will include time to support healthcare professionals and help people to understand and be ready for the changes.

## Overview of respondents

Thank you to everyone who responded to the consultation. We have analysed the responses and summarised the results.

We received 10 submissions via the consultation tool. You can [view the submissions](#) that we have permission to publish.

As shown in Table 1, most responses were submitted by family members or caregivers of people who take clozapine (70%) and the remaining responses were from individuals who take clozapine (30%).

**Table 1: Respondent types**

Respondent	Total	Percent
Person who takes clozapine	3	30.0%
Family member or caregiver of someone who takes clozapine	7	70.0%

## Summary of responses

### Question 4: Would it help you if your blood tests happen less often?

Agree Y/N

- Yes: n=4
- No: n=6

### Comments from respondents

Some people who take clozapine were open to reducing the frequency of clozapine blood monitoring, while family members and caregivers were more cautious. One consumer suggested reducing tests to every three months after the first year, and another was happy with the current testing frequency.

Family members and caregivers considered that testing frequency should depend on the individual's medical needs, not convenience, and that regular testing provides reassurance. One respondent noted that blood tests can be painful or distressing for some people. Another noted that regular blood tests are an important tool to monitor health and identify changes early. Less frequent blood tests could mean that more people could become both physically and mentally unwell.

### Question 5: Would you feel comfortable if your regular blood tests stopped after a few years of taking clozapine?

Option	Total	Percent
No – not comfortable	4	40%
Yes – after 1 year	1	10%
Yes – after 2 years	3	30%
Yes – after 3 years	1	10%
Other	1	10%

### Comments from respondents

Some respondents indicated they would feel comfortable with stopping regular blood tests after a specified period on clozapine. Among patients, one person who had remained stable on clozapine supported the option to stop, while another who had previously become unwell while taking it felt that continuing regular testing was important.

Family and caregivers expressed a mix of views. Some who supported stopping regular tests emphasised that decisions should be made individually between the patient and doctor rather than through blanket rules. One caregiver felt their family member had been on clozapine long enough to stop testing. Another noted that dose adjustments can continue for a considerable period of time. One respondent highlighted the difficulty of relying on patients with negative symptoms of schizophrenia to self-report side effects such as symptoms of infection. Another strongly opposed reducing monitoring, arguing that the existing system is essential for preventing serious harm and reflects established, evidence-based practice.

### Question 6: Do you feel confident that you can tell if you have an infection?

Agree Y/N

- Yes: n=6
- No: n=4

### Comments from respondents

Some respondents felt confident they could recognise when they had an infection. Family and caregivers noted that people experiencing social isolation, with limited medical knowledge or with ongoing schizophrenia symptoms may not notice symptoms of infection. One respondent pointed out that when someone has significant mental health challenges or neurotransmitter imbalances, an infection can further impair thinking and problem-solving, making self-recognition of infection symptoms difficult. Another emphasised that people taking clozapine often have substantial mental health and cognitive disabilities and typically need more clinical oversight.

### Question 7: Do you feel confident to tell your health professional you might have an infection?

Option	Total	Percent
Yes – I know how to tell if I have an infection and who to tell	6	60%
Somewhat – I know how to tell if I have an infection, but not who to tell	0	0%
Somewhat – I don't know how to tell if I have an infection, but I know who to talk to	2	20%
No	1	10%
Not answered	1	10%

### Comments from respondents

Most respondents (60%) felt confident they could recognise an infection and knew who to tell, while 20% said they knew who to talk to but were not confident recognising symptoms. One person (10%) said they were not confident, and one did not answer.

Some family members and caregivers expressed concern that some people with schizophrenia would not be able to reliably recognise and report signs of infection. The challenges involved in the care of people

taking clozapine are broad and go beyond blood monitoring. One respondent explained that people who have experienced trauma in healthcare may avoid telling health professionals that they are unwell due to fear and distrust. People may avoid reporting symptoms because they fear being readmitted to hospital.

**Question 8: How would you like to learn about signs of an infection?**

Option	Total	Percent
I don't need any information	2	20%
Conversation with a health professional	6	60%
Written information	4	40%
Website information	2	20%
Phone app	2	20%
Other	1	10%

**Comments from respondents**

Most respondents preferred to learn about signs of infection through a conversation with a health professional and through written information. One respondent said that regular patient-initiated contact with family was a helpful way for family to stay aware of health changes. Another commented that they would prefer to continue using the current monitoring system.

**Question 9: Are there any downsides of not having regular blood tests?**

Agree Y/N

- Yes: n=7
- No: n=3

**Comments from respondents**

Most respondents felt there could be some downsides to not having regular blood tests. One patient said they wouldn't be certain if they were at risk of becoming unwell. Family members and caregivers told us that although blood tests can be inconvenient, they should continue if they are medically necessary due to the risks of clozapine. Blood tests are a way of maintaining check-ins with people taking clozapine. Reducing tests could result in less contact with community mental health services and contribute to greater social isolation. Some people may delay seeking help if GP visits are costly.

A caregiver thought that the existing protocols clearly define the roles and responsibilities of clinicians, pharmacists and the patient monitoring system, and that relaxing these rules could lead to a dangerous erosion of accountability. A move towards relying self-reporting of symptoms would place an undue burden on vulnerable individuals, with the current system providing a robust safety net for all parties.

**Question 10: If you have a 'red' blood test result (meaning that your white blood cells levels are too low), would you feel comfortable continuing to take clozapine but have extra blood tests while your health professional finds the cause of the red test result?**

Agree Y/N

- Yes: n=7
- No: n=3

**Comments from respondents**

Most respondents said they would feel comfortable about continuing clozapine with extra blood tests while their health professional investigates the cause of a 'red' blood test result. Abruptly stopping clozapine can have serious repercussions. Respondents noted that investigations would need to happen quickly to minimise the risks of continuing clozapine. The decision to continue treatment but have extra blood tests should be made by healthcare professionals, and on a case-by-case basis.

**Question 11: If your health professional stopped your clozapine treatment because of a blood test result, would you be willing to try clozapine again in the future?**

Agree Y/N

- Yes: n=9
- No: n=0
- Not answered: n=1

**Comments from respondents**

Nine respondents supported the option to try clozapine again in the future if it had been stopped because of a blood test result, and one person did not answer.

One respondent said restarting clozapine could be considered if it was medically indicated, but the decision should be made on a case-by-case basis and only if clozapine is the best option for that person. Another respondent said they would only feel comfortable restarting if it was clear that the reaction was a one-off event and not something they were likely to be prone to.

Close contact with mental health teams while restarting clozapine is important. If the neutropenia was clozapine-induced, the dose could be reduced when restarting treatment. One person said that ongoing monitoring reduces the risks associated with abrupt clozapine withdrawal.

**Question 12: Would you be interested in having a finger prick (point-of-care) blood test, for example in the pharmacy, instead of the current blood test procedure?**

Agree Y/N

- Yes: n=9
- No: n=1

**Comments from respondents**

Most respondents were interested in the option of finger-prick tests.

### **Question 13: Is there anything else you would like to tell us about clozapine monitoring?**

#### **Comments from respondents**

Family members and caregivers offered a range of perspectives.

- Changing monitoring requirements should be guided by evidence and expert opinion.
- Clozapine can be very effective for treating schizophrenia and it's important to avoid delays in starting treatment.
- There is a need for regular medical and mental health reviews. People on clozapine should not only have their blood monitored but also have periodic assessments of their mental health, quality of life, and ability to participate in work and daily activities.
- There is a loss of doctor oversight with pharmacist and nurse practitioner prescribing of clozapine.
- Keep the current monitoring system, as it is a necessary safeguard against rare but serious risks. The benefits of reducing testing requirements for patient convenience do not outweigh the risks of unmonitored treatment.