ABOUT YOUR MEDICINE

Clozapine

Clozaril, Versacloz, FazaClo, an antipsychotic medicine

This medicine works when others have not, and the regular blood tests and bowel care are what keep it safe.

WHAT IT TREATS	HOW YOU TAKE IT	WHEN IT WORKS	HABIT FORMING
Hard-to-treat schizophrenia	Daily, often at bedtime	Weeks; full try 6-12 months	No

⚠ IMPORTANT SAFETY WARNING

This medicine can drop the white blood cells that fight infection, so blood tests are required. It can also cause seizures, swelling of the heart muscle, a big fall in blood pressure or a slow heart rate, and more deaths in older adults with dementia.

WHAT THIS MEDICINE DOES

- **Clozapine** is the one medicine proven to help when two others have failed, so being offered it means you still have options.
- It is also the only one shown to lower the risk of suicide in schizophrenia, which is a real reason to take it seriously.
- About **1 in 100** people on it lose the white blood cells that fight infection, and the blood tests catch that before you get sick.
- That is the trade: it asks for regular blood draws, daily attention to your bowels, and honesty about smoking.

WHAT TO EXPECT

- Blood tests run **weekly for 6 months**, then every 2 weeks for 6 months, then monthly for as long as you keep taking it.
- Those tests are not red tape. They are the reason this medicine can be used at all, and the schedule eases as you go.
- Improvement is gradual. Give it weeks to start and **6 to 12 months** for a full answer about how much it can do.
- Sleepiness, drooling, and dizziness are heaviest in the first weeks and usually ease as your body adjusts to a steady dose.

HOW TO TAKE IT

- Your dose starts small and climbs slowly over weeks. That slow build is what keeps your blood pressure from bottoming out.
- Most people take the larger share at bedtime, because that puts the heaviest sleepiness where it is actually useful.
- Your blood is tested before each refill, and the pharmacy needs that result, so a missed test becomes a missed supply.
- If you miss **2 days or more**, call before taking any. You have to restart low, because a full dose can drop your pressure hard.
- Miss a single dose? Take it when you remember unless the next one is close, and never take two doses together.

COMMON SIDE EFFECTS

- Constipation is the most dangerous common effect here, not a small annoyance, and it needs a plan from your very first day.
- Ask for a stool softener or laxative on day one, drink water, eat fiber, move daily, and track your bowel movements.
- Drooling, especially on the pillow at night, is common. A towel helps, and there are medicines that reduce it if it persists.
- Weight gain is the largest of any medicine in this group, with real rises in blood sugar, cholesterol, and triglycerides.
- Those are tracked with weigh-ins and blood work, and a dietitian, a walking habit, or metformin can be added early to help.
- Unchosen mouth, tongue, or hand movements and a cannot-sit-still feeling are less likely here, but report either one early.

⚠ CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Call **911** for muscle stiffness with a high fever and confusion, or for a seizure.
- Go to the **ER** if you have gone 3 days without a bowel movement, or have belly pain, swelling, or vomiting.
- Call your prescriber today for fever, chills, or a sore throat, which can mean your white cells have dropped.
- Go to the **ER** for chest pain or trouble breathing in your first 2 months, and call **988** for thoughts of suicide.

WHAT TO AVOID

- Tell your prescriber if you start or quit smoking. Quitting can push the level in your blood up enough to make you very sleepy.
- Cutting back on cigarettes counts too, so mention any change rather than waiting for your next scheduled visit.
- Avoid alcohol and be careful with opioids and sleep medicines, since together they slow breathing and worsen constipation.
- Tell your prescriber before starting fluvoxamine, ciprofloxacin, or carbamazepine, which all change your level or your counts.
- Do not drive until you know how sleepy this makes you, which usually means waiting through each dose increase.

STOPPING IT SAFELY

- Never stop **clozapine** suddenly. It can bring sweating, nausea, agitation, and a fast return of the symptoms it was holding back.
- If stopping is the right call, your prescriber will taper it over **1 to 2 weeks** or longer and watch you closely.
- If the blood draws are wearing you down, say so. Home draws, lab timing, and the easing schedule are all worth asking about.
- Restarting later is possible but means beginning at a low dose again, so a pause is never as simple as picking back up.

QUESTIONS TO ASK

- When is my next blood test, and how does the result reach my pharmacy?
- What should I take every day to stay ahead of constipation?
- I smoke, or I want to quit. How does that change my dose?
- How long should we give this before we judge how well it works?

Where this information comes from

American Psychiatric Association. (2023). *What is schizophrenia?* https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia

HLS Therapeutics (USA), Inc. (2025). *CLOZARIL (clozapine) tablets [Prescribing information]*. U.S. Food and Drug Administration. https://dailymed.nlm.nih.gov/dailymed/

National Alliance on Mental Illness. (2023). *Clozapine (Clozaril and Versacloz)*. https://www.nami.org/about-mental-illness/treatments/mental-health-medications/types-of-medication/clozapine-clozaril-and-versacloz/

National Institute of Mental Health. (2024). *Mental health medications*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/mental-health-medications

National Institute of Mental Health. (2024). *Schizophrenia*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/schizophrenia

U.S. Food and Drug Administration. (n.d.). *Drugs@FDA: FDA-approved drugs*. https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm

U.S. National Library of Medicine. (2025). *Clozapine*. MedlinePlus. https://medlineplus.gov/druginfo/meds/a691001.html

NOTE

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.