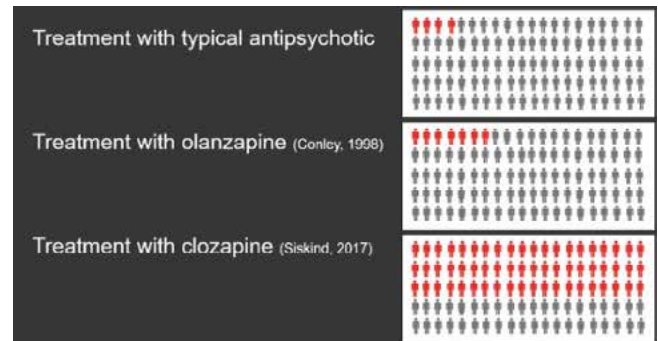
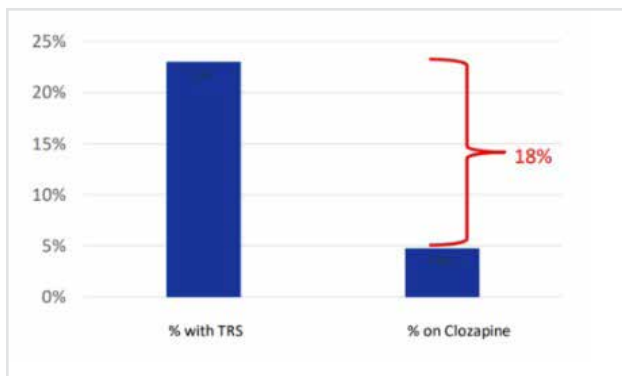


Fact Sheet: Efficacy of Clozapine

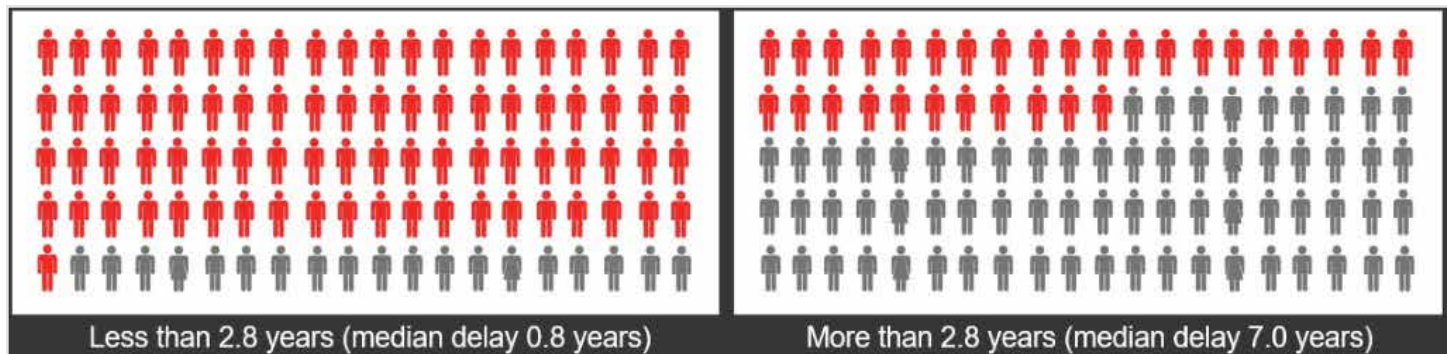
Treatment-resistant schizophrenia (TRS): When TRS is rigorously defined using all three Kane criteria, the response rate to most antipsychotics is less than 5% and 7% with olanzapine. Clozapine has a response rate of 40-60% (Conley, 1998; Siskind, 2017).



Studies in patients with chronic schizophrenia show that up to 30% meet criteria for treatment-resistant schizophrenia (Diniz, 2023) but clozapine remains underutilized (de Leon, 2025).



- Clozapine use has remained relatively static from 2016-2023
 - 2016: 142K
 - 2020: 130K
 - 2023: 147K
- Among Medicaid patients, there was a 13-fold variation across the states in clozapine prescriptions
- Lower average clozapine prescription rates in the Southeast and Southwest



Time is of the essence: there is a critical time period for clozapine to be most effective (Yoshimura, 2017). If clozapine is started within 2.8 years of diagnosing the treatment resistance, there was an 81% response rate. If the treatment is delayed beyond 2.8 years, the response rate drops to 31%. Response is defined by convention as a 20% to 30% decline in psychotic symptoms, e.g., as measured using the PANSS.

Suicide: In addition to treatment-resistant schizophrenia, clozapine also has FDA approval for reducing suicide in patients with schizophrenia. Studies in schizophrenia and schizoaffective disordered patients have shown an approximately 5-fold decrease in suicide rates compared to psychotic individuals treated with first generation antipsychotics (Chen, 2024; Taipale, 2021).

Clozapine has also been shown to be effective for:

- psychogenic polydipsia (Canuso, 1999)
- persistent impulsive aggression (Faden, 2024)
- treatment refractory mania (Green, 2000) and schizoaffective disorder (Peraire, 2025)
- Parkinson disease psychosis (in low dosages, 25-50 mg/d) (Thames, 2023)

Furthermore, clozapine:

- Despite its adverse side effect profile, clozapine reduces all-cause mortality (Tiihonen, 2009; Kane, 2017; Cho, 2019; Vermeulen, 2019; Cummings, 2021). Mortality reduction is not due to increased monitoring; Mortality rates are 44% lower in clozapine patients and the protective effect is lost when clozapine is discontinued (Wimberley, 2017)
- Lowers the risk of rehospitalization rates and treatment failure (Tiihonen, 2017)

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