

## Trust Prescribing Guidance

Drug	Quetiapine
Approving Committee	Medicines Management Committee
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### Background

Quetiapine immediate release (IR) tablets and modified release (MR) tablets are both available as generic medicines.

Immediate release tablets have been priced at around £2-3 per pack of 60 in the drug tariff, although more recently the cost has increased to around £50- 60 a pack of 60 due to the impact of stock shortages.

However, the modified release version still costs the same as the original Seroquel XL version and is likely to continue at this price for some time.

So for example:

150mg immediate release tablets are £61.75 for 60 in the January 2018 drug tariff, **but** the tariff price for 60 x 150mg Modified Release tabs is £113.10.

**Therefore Quetiapine immediate release (IR) tablets remain the most cost effective formulation of quetiapine**

To maximise the savings offered from generic versions of quetiapine the following guidance has been developed.

1. Quetiapine IR is the 1st line formulation for quetiapine
2. Quetiapine XL is a 2<sup>nd</sup> line formulation for quetiapine subject to the restrictions described below

#### New initiations in the inpatient setting

Quetiapine XL may be used for rapid treatment initiation on days 1 and 2 of treatment. On day 3 the prescription should be changed to Quetiapine IR\* either as a once daily or twice daily regime depending on the indication (see tables below)

#### New initiations in the community setting

***(Quetiapine IR and XL Traffic Light Status = BLUE)***

In **urgent** situations where rapid titration is clinically warranted Quetiapine XL may be prescribed for treatment initiation for the first 7 days of treatment.

Following the first 7 days of initiation once daily IR\* quetiapine or twice daily IR quetiapine may then be recommended to the GP for maintenance therapy.

In **non urgent** situations the IR formulation is to be used or recommended to the GP.

\*IR quetiapine is licensed for once daily dosing for the treatment of depression in bipolar disorder and therefore it is not unreasonable to use IR once daily for other indications, which was common clinical practice prior to the availability of the XL formulation. However, the recommendation of the PCN is for the routine use of licensed twice daily IR dosing in mania and schizophrenia and to only use once daily IR dosing only where absolutely necessary. The reasoning for this must be communicated in the correspondence to the GP.

### **Maintenance prescribing**

The IR formulation is the treatment of choice but the XL formulation may continue to be prescribed for patients with compliance problems who cannot tolerate once daily IR treatment. This needs to be clearly documented in the clinical record.

### **Switching guidance for patients currently prescribed the XL formulation but do not need to be on the XL formulation**

For patients currently on the XL formulation, where we continue to hold prescribing responsibility, the guidance (below) should be used to transfer safely to the IR formulation. The IR formulation does have the advantage that the total daily dose can be divided asymmetrically to give a larger proportion of the dose at night which can aid sleep.

For patients on the XL formulation, who are known to us but the GP holds the prescribing responsibility, the following action is recommended:

- 1) inform the patient at their next routine visit that you recommend a switch
- 2) give them the switching patient information leaflet
- 3) write to the GP recommending a switch to the IR formulation and the proposed dosing regimen

**Table 1: summary of initiation dosing for adults for quetiapine XL and IR<sup>1, 2</sup>**

Day	Schizophrenia		Acute mania		Depression in bipolar disorder	
	XL	IR	XL	IR	XL	IR
1	300mg od	25mg bd	300mg od	50mg bd	50mg on	50mg on
2	600mg od	50mg bd	600mg od	100mg bd	100mg on	100mg on
3	Dose then adjusted according to response, range 400mg to 800mg od	100mg bd	Dose then adjusted according to response, range 400mg to 800mg od	150mg bd	200mg on	200mg on
4		150mg bd		200mg bd	300mg on	300mg on
5		Adjusted according to response, usual effective dose range of 300 to 450 mg/day given in two divided doses. Max dose 750mg daily		Further dosage adjustments up to 800 mg per day (given in two divided doses) by day 6 can be made. Should be in increments of no greater than 200 mg per day.	300mg on	No benefit in trials seen beyond this dose

**Table 2: Summary of example switching regimens from XL to IR formulations for patients being treated for schizophrenia, acute mania, or for preventing relapse in bipolar disorder**

Current XL dose	IR dose with no sleeping problems	IR dose with sleeping problems
400mg od	200mg bd	150mg om + 250mg on
600mg od	300mg bd	250mg om + 350mg on

The first dose of the IR formulation should be given approximately 24 hours after the last dose of the XL formulation.

**Table 3: Summary of example switching regimes from XL to IR formulations for patients being treated for depression in bipolar or for major depressive episodes**

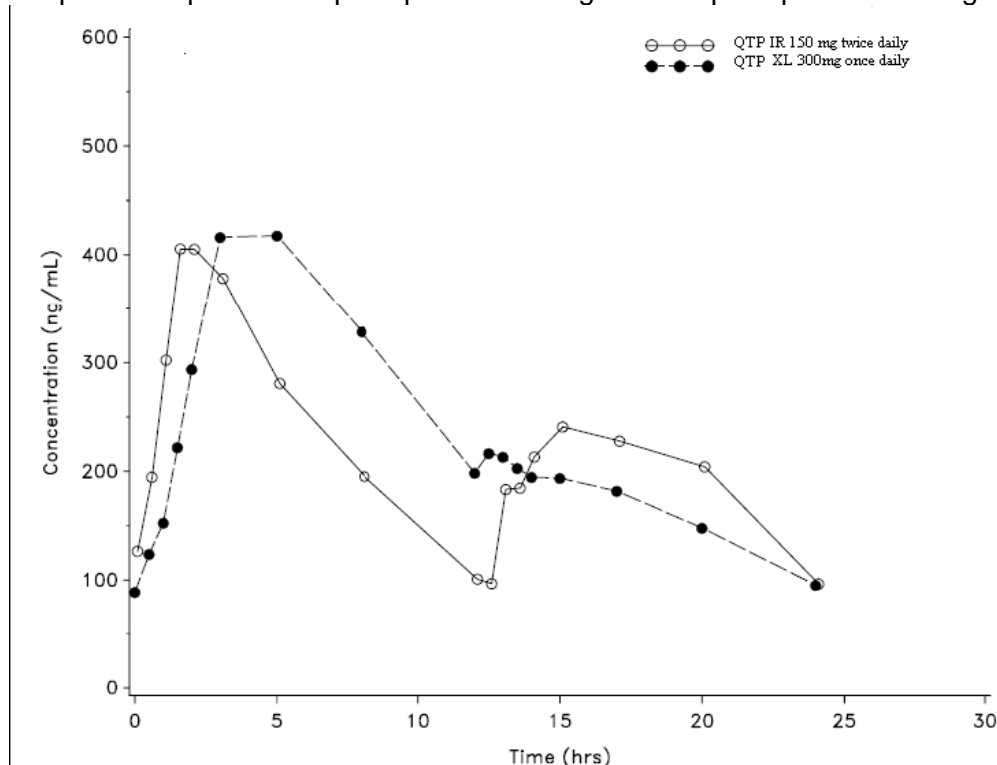
Current XL dose	IR dose
200mg od	200mg on
300mg od	300mg on

The first dose of the IR formulation should be given approximately 24 hours after the last dose of the XL formulation.

# Switching from XL to IR quetiapine

At the launch of Quetiapine XL AstraZeneca released data showing that the IR and XL products at the same total daily dose were interchangeable (see graph one).

Graph 1: comparison of quetiapine IR 150mg bd and quetiapine XL 300mg od<sup>iii</sup>



This means that a conversion from XL to IR can be made by prescribing the patient the IR formulation at half the numerical dose twice a day. For example a patient currently on 600mg XL at night can be converted to 300mg IR bd. This will result in the same concentrations in the blood, and therefore the same level of side effects (quetiapine XL has never been shown to improve the side effect profile compared to the IR formulation).

Alternatively if a patient is having trouble sleeping then the total daily dose could be biased towards the night time dose. For example a patient currently on 600mg XL at night can be converted to 250mg IR each morning and 350mg IR each night.

When treating depressive episodes associated with bipolar disorder or major depressive episodes in major depressive disease, lower doses of both formulations (of up to 300mg daily) are used and the same dose of IR may be given just once a day (at night) as the alternative to Quetiapine XL. For example 300mg XL daily can be converted to 300mg IR at night.

The first dose of the IR formulation should be given approximately 24 hours after the last dose of the XL formulation.

<sup>1</sup> SPC for Seroquel XL 50 mg, 150mg, 200 mg, 300 mg, 400 mg prolonged-release tablets last updated 16/03/2011. Accessed 08/04/2011 [www.medicines.org.uk](http://www.medicines.org.uk)

<sup>2</sup> SPC for SEROQUEL 25 mg, 100 mg, 150 mg, 200 mg, 300 mg film-coated tablets last updated 04/03/2011. Accessed 08/04/2011 [www.medicines.org.uk](http://www.medicines.org.uk)

<sup>iii</sup> AstraZeneca Pharmaceuticals product information for Seroquel XL 2009

Acknowledgement:

4 Our thanks go to Alastair Raynes, Medicines information Pharmacist, BHFT