East Surrey CCG
Guildford & Waverley CCG
North West Surrey CCG
Surrey Downs CCG
Surrey Heath CCG

Medicines Focus

Prescribing of Quetiapine as the Immediate Release (IR) preferred formulation

Aim: To increase the proportion of quetiapine prescribed as the immediate release (IR) generic formulation.

Background: The Prescribing Clinical Network (PCN) in May 2012[1,2] concluded that as part of the 'patent expiry strategy' for atypical antipsychotics, the recommendations for quetiapine were:

- All branded prescribing of the immediate release (IR) formulation of Seroquel® would be switched to generic quetiapine (IR). This change was considered suitable to be undertaken in general practice.
- Patients receiving modified release (MR)/extended release (XL) formulations of quetiapine (Seroquel® XL) should be reviewed to ascertain the continued requirement for an MR/XL formulation with a view to changing to the IR formulation. It was agreed that Surrey and Borders Partnership Foundation Trust (SABPFT) would lead on the switching of patients under their care from quetiapine XL to IR.

In February 2015 The Surrey Medicines Commissioning Group (MCG) agreed that for patients prescribed quetiapine XL where the initiation was not by a consultant at SABPT the GP could review (please see 'recommendations for review in primary care' on page 3)

The following is extracted from the SABP Trust Prescribing Guidelines for Quetiapine[3] which recommends to its clinicians that:

1. Quetapine IR is the 1st line formulation for quetiapine
2. Quetiapine XL is a 2nd 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 [refer to the full SABP guidance].*
New initiations in the community setting: (Quetiapine IR and XL Traffic Light Status = GREEN).*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.*

Produced February 2015

Maintenance prescribing

For patients currently on the XL formulation, where we [SABPT] continue to hold prescribing responsibility, the guidance (below) should be used to transfer patients 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.

Exceptions:

The XL preparation 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 patients known to us where the GP holds prescribing responsibility

For patients on the XL formulation who are known to us [SABPT] 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

The full SABP Trust prescribing Guidelines for Quetiapine together with the PIL (patient information leaflet)[#] described above are available on the PAD . Please note the PIL[#] would usually be provided by the SABP consultant to inform the patient of the change and is provided on the PAD for reference purposes.

Quetiapine XL vs the IR formulation:[4,5]The pharmacokinetic properties between the 2 formulations are very similar although there are differences in the time taken to achieve peak plasma concentrations after administration (T_{max}) is 6 hours for the XL formulation and approximately 1 hour for the IR product.

Costs:

Table 1.Cost comparison between Quetipne XL and equivalent dose of IR formulation

Quetiapine XL tablet formulation	Qty	Cost	Quetiapine IR tablet formulation	Qty	Cost	% Saving
Quetiapine 400mg XL	30	£113.10	Quetiapine 200mg (2x200mg)	60	£3.19	97%
Quetiapine 300mg XL	30	£85.00	Quetiapine 300mg	30	£2.20	97%
Quetiapine 200mg XL	30	£56.55	Quetiapine 200mg	30	£1.60	97%
Quetiapine 150mg XL	30	£56.55	Quetiapine 150mg	30	£1.35	98%
Quetiapine 50mg XL	30	£33.83	Quetiapine 25mg (2x25mg)	60	£1.53	95%

The above prices are from the Drug Tariff December 2014 and are based on the costs for 30 days treatment at the equivalent dose.

There is 95-98% potential saving if a patient is transferred from quetiapine XL to an IR generic formulation of quetiapine.

The potential annual savings if all quetiapine XL were to be prescribed as IR:
Guildford & Waverley CCG: £ 146,991
North West Surrey CCG: £120,183
Surrey Downs CCG: £112,940
East Surrey CCG: £71,034
Surrey Heath CCG: £31,073

The following information is intended to provide guidance to GPs in reviewing patients currently prescribed quetiapine XL. Please refer to the current Summary of Product Characteristics (SPCs) and the BNF for full prescribing recommendations:

Recommendations for review in Primary Care:

Table 2. Licensed Indications and doses for quetiapine IR and XL[4,6]

	Licensed Indication	Licensed dose
Quetiapine XL	➢ Treatment of Schizophrenia ➢ Treatment of moderate to severe manic episodes in bipolar disorder ➢ Prevention of recurrence in bipolar disorder ➢ Add on treatment (to an antidepressant) in major depressive disorder	**ONCE daily**
Quetiapine IR	➢ Treatment of Schizophrenia ➢ Treatment of moderate to severe manic episodes in bipolar disorder ➢ Prevention of recurrence in bipolar disorder	**TWICE daily**
	➢ Treatment of major depressive episodes in bipolar disorder	**ONCE daily**

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Table 3. Suggested dose conversions when switching from quetiapine XL to IR[4,7]

Current dose quetiapine XL	**Quetiapine IR dosing options**		
	For those who are tolerating quetiapine well and do not have compliance concerns	For those who are (or at risk of) experiencing sedation or postural hypotension following the switch#	For those who are tolerating quetiapine well but have compliance concerns.*
400mg XL ONCE daily	200mg TWICE daily	150mg in the morning, 250mg at night	400mg at NIGHT
300mg XL ONCE daily	150mg TWICE daily	100mg in the morning, 200mg at night	300mg at NIGHT
200mg XL ONCE daily	100mg TWICE daily	50mg in the morning, 150mg at night	200mg at NIGHT
100mg XL ONCE daily	50mg TWICE daily	25mg in the morning, 75mg at night	100mg at NIGHT
50mg XL ONCE daily	25mg TWICE daily		50mg at NIGHT

Quetiapine XL			**Quetiapine IR**
150mg XL			150mg at NIGHT

*****NB. The IR formulation is licensed ONCE daily for the treatment of major depressive episodes in bipolar disorder only and therefore if used ONCE daily for other indications the use would be 'off label'. The XL has a specific licensed indication for adjunctive treatment in major depressive disorder therefore the use of the IR product would again be 'off label'.

#Those at increased risk of experiencing sedation or postural hypotension following the switch to quetiapine IR may include: the elderly, those with learning disabilities, adolescents, concurrent cardiac medication and concurrent CNS depressants

Note: When switching: the first dose of the IR formulation should be given approximately 24 Hours after the last dose of the XL formulation[3]

The following options should be considered when reviewing patients:

A. **Patients under the care of SABP consultant and where SABP hold prescribing responsibility**: Prescribing recommendations included in the SABP Trust prescribing Guidance for Quetiapine should be followed by the SABPT consultant.

B. **Patients under the care of SABP consultant and where the GP holds prescribing responsibility:** Refer to review criteria below.

C. **Patients not under the care of SABP and where the GP holds prescribing responsibility:** Refer to review criteria below.

Review Criteria For patients where prescribing responsibility is held by the GP (as in B and C above).

1. Agree review with GP practice
2. Run a search for Patients on Quetiapine XL/MR and brands (e.g. Seroquel XL, Tenprolide XL, Zaluron XL)
3. Review the patients using the template in Appendix A
4. Recommendations:
   i)Patients under the care of SABP: The consultant should be contacted with a request to switch the patients quetiapine to the IR formulation at their next review with SABP – please refer to Appendix B for a template letter.
   ii)Patients who are not under the care of SABP: The GP should review to determine whether a referral is required for their condition. If the GP determines that the patient should remain on quetiapine and can be considered for a switch to the IR product – please refer to tables 2 & 3 under recommendations for review in primary care above for suggested dosing options.

   For patients prescribed quetiapine for behavioural and psychological symptoms of dementia (BPSD) – refer to 'Guidelines for the discontinuation of oral antipsychotics in patients with BPSD within the primary care setting-summary-Quetiapine (available on the PAD)

References

1) Atypical Antipsychotics: Maximising benefits to the Surrey healthcare economy from the loss of exclusivity of olanzapine and quetiapine: Surrey Prescribing Clinical Network May 2012.Prepared by: Kevin Solomons. Accessed 15.12.14 on the PAD (Prescribing Advisory Database)
2) Prescribing Clinical Network (PCN). Committee recommendations 23rd May 2012 for Patent Expiry Strategies for atypical antipsychotics and Quetiapine XL vs Quetiapine IR . Accessed 15.12.14 on the PAD
3) SABPFT: Trust Prescribing Guidance: Quetiapine. Date of approval March 12 (review date March 14). Accessed 15.12.14 on the PAD
4) Summary of Products Characteristics (SPC): http://www.medicines.org.uk/emc/search [search term Seroquel], accessed 15.12.14. Seroquel XL and standard formulations SPCs ; Date of revision of the test: 20th Nov 14.
5) MHRA Seroquel XL UKPAR evaluation http://www.mhra.gov.uk/home/groups/l-unit1/documents/websiteresources/con030966.pdf Accessed 15.12.14
6) NHS North Essex Partnership: Increasing Cost-effective use of Quetiapine by switching from quetiapine modified release (XL) to Immediate release (IR).
7) West Hampshire CCG: Medicines Optimisation detail aid:2013/2014 Medicines Optimisation LES. Intervention 4.1. Prescribe Quetiapine Modified Release tablets.

Appendix A: **Quetiapine XL - DATA COLLECTION FORM**

(This is optional. You may choose to export data for analysis)

Practice: _____ Date: _____ Pharmacist/Technician: _____

Patient Name & Patient Identifier Number	Age	Quetiapine XL/MR strength and dose	Pts under care of SABPT: Name of consultant and date initiated	Pts not under care of SABP: Name of initiating doctor and date initiated	Indication	Recommendation	Agreement to Action (Please tick)

GP Signature: _____

Appendix B

Dear [SABPT consultant name]……,

Re: Review for quetiapine/Seroquel XL to consider switch to standard formulation

I am requesting that a review is undertaken to determine whether [Insert patients name] current medication for quetiapine/Seroquel XL can be changed to the immediate release (IR)/standard release formulation of quetiapine.

This would be in line with a recommendation from the Prescribing Clinical Network (PCN) from March 2012. It was agreed that patients currently receiving modified release /XL preparations should be reviewed to ascertain continued need for modified release/XL product with a view to changing to IR/standard release tablets. It was also agreed that SABPFT (Surrey and Borders Partnership Foundation Trust) would lead on the switching of patients under their care from quetiapine/Seroquel XL to IR/standard release tablets. Further information regarding this recommendation is available on the Prescribing Advisory Database (PAD): http://pad.res360.net/ together with guidance from SABPFT (Trust Prescribing Guideline for Quetiapine March 2012).

Please could you (in line with the SABPT policy of March 2012) :

1) inform the patient at their next routine visit that you recommend the switch to the IR (immediate release) product.
2) give them the switching patient information leaflet (available on the PAD)
3) write to myself at the practice recommending a switch to the IR formulation and the proposed dosing regimen

NB. If the patient cannot be changed to the IR formulation please can this be clearly documented in the letter with the reason for remaining on the MR/XL formulation.