

Antipsychotic drugs - Quetiapine modified release (MR)

This briefing focuses on quetiapine. In England and Wales, £27.4 million is spent on generic and branded (Seroquel®) quetiapine modified release (XL) products (ePACT Dec 2015 to Feb 2016). This briefing provides guidance on switching from quetiapine modified release (XL) to quetiapine immediate release (IR) preparations. Organisations may also wish to consider prescribing a modified release branded generic as a cost effective option when an IR preparation is not suitable.

Key recommendations

- Local trust policy needs to be established for patients initiated on quetiapine. Quetiapine IR is the preferred option however exceptions include acutely unwell patients in whom the simplified titration and rapid dose escalation of the XL formulation (to achieve a therapeutic dose) can be used for the first three days after which the IR preparation may be used.
- Patients currently stabilised on quetiapine XL formulation should where possible be switched to the IR twice daily formulation in line with local trust policy unless there are compelling clinical reasons not to do so. If adherence with a twice a day treatment regime with the IR formulation is likely to be a problem, then a once a day regime using IR tablets could be considered although this will be an unlicensed indication except for those with the depressive episode in bipolar disorder.
- The switch from quetiapine XL to IR may be associated with a slightly higher risk of sedation and postural hypotension. If these are a concern or the patient is at risk, then a larger proportion of the dose may be taken in the evening. Table 3 in the bulletin provides details of dosing regimens.
- If once daily quetiapine XL is needed, organisations may wish to consider prescribing a modified release branded generic as a cost effective option; Biquelle® XL, Zaluron® XL, Mintreleq® XL and Sondate® XL have the lowest cost. See <https://www.prescqipp.info/branded-generic-drugs/category/269-branded-generic-drugs>
- It will be necessary for each CCG to gain consensus as to how the switch is communicated to mental health specialists. In discharge letters, mental health specialists should advise on the clinical justification of using an XL preparation if these are to be continued.
- All changes to medication must be fully discussed, explained and agreed with the patient (and or their carer as appropriate). A patient information leaflet is available to help explain the reasons for the switch (attachment 1). The first dose of the IR formulation should be given approximately 24 hours after the last dose of the XL formulation. As with all switches, these should be tailored to the individual patient.

Additional resources available via: <http://www.prescqipp.info/resources/viewcategory/248-antipsychotic-drugs>



Bulletin



Data pack



Audit, letters

Supporting evidence

Since the patent for Seroquel expired in 2012, generic quetiapine has been available in two dosage forms: quetiapine immediate release (IR) and quetiapine modified release (XL). There is a significant price difference between the two formulations and there is scope to achieve substantial cost savings by changing from XL to IR (or IR once daily in the depressive episode of bipolar disorder).

The pharmacokinetics of the two formulations are similar: although the IR and XL reach the same peak plasma concentration (C_{max}), the time taken to reach C_{max} is 1.5 hours for IR and 6 hours for XL.^{1,2}

There is very little difference in terms of side effects between quetiapine XL and quetiapine IR. There may however be patients who do not tolerate quetiapine IR but are able to tolerate XL which could justify the use of the XL formulation. Although unlicensed in schizophrenia as a once daily preparation, there are three small short term studies supporting quetiapine IR once daily and this is occasionally done in practice.^{3,4,5}

Savings available

Switching from quetiapine XL (including Seroquel XL) to quetiapine IR **could save £26.5 million nationally over 12 months (ePACT Dec 2015 – Feb 2016). This is equivalent to £43,700 per year per 100,000 patients.**

If an IR preparation is deemed unsuitable switch to a branded generic modified release preparation. For organisations wishing to prescribe branded generics as a cost effective option switching from quetiapine XL (including Seroquel® XL) to the most cost effective quetiapine XL preferred preparations (i.e. Zaluron® XL, Biquelle® XL, Sondate® XL or Mintreleq® XL) **could save £10.3 million nationally over 12 months. This is equivalent to £16,979 per year per 100,000 patients (ePACT Dec 2015-Feb 2016).**

Table 1: Comparison of quetiapine costs⁶

Quetiapine XL	Drug Tariff cost per 28 days	Quetiapine IR	Drug Tariff cost per 28 days
Quetiapine 50mg XL daily	£31.57	Quetiapine 25mg twice daily	£1.15
Quetiapine 150mg XL daily	£52.78	Quetiapine 75mg twice daily (3 x 25mg twice daily)	£3.44
Quetiapine 200mg XL daily	£52.78	Quetiapine 100mg twice daily	£1.85
Quetiapine 300mg XL daily	£79.33	Quetiapine 150mg twice daily	£2.34
Quetiapine 400mg XL daily	£105.56	Quetiapine 200mg twice daily	£2.59
Quetiapine 600mg XL daily (400mg and 200mg)	£158.34	Quetiapine 300mg twice daily	£3.31
Quetiapine 800mg XL daily (2 x 400mg daily)	£211.12	Quetiapine 400mg twice daily (2 x 200mg twice daily)	£5.18

References

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