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Norfolk and Waveney Integrated Care System

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Medicines Optimisation *Key Messages* – *Bulletin 16*

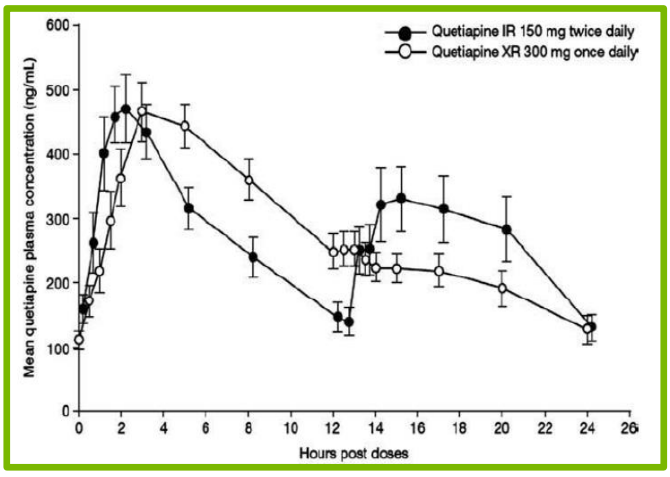
Quetiapine XL (Slow Release) to IR (Immediate Release)

KEY MESSAGE: Only use quetiapine XL if IR formulation not tolerated

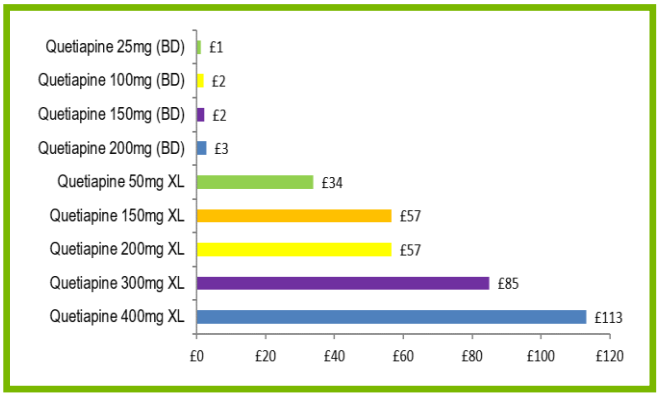
- **In 2017** the NSFT agreed that all new patients who require treatment with quetiapine should be treated with quetiapine IR. **From 1st December 2017 -** quetiapine XL became *non-formulary* across NSFT and the Norfolk and Waveney area for all patients *except*:
  - in acutely unwell patients with schizophrenia or mania where XL can be initiated for the first **3 days only**
  - after the 3 days titration period (as an inpatient) the IR formulation **must** be used [1]
- Where a patient is not suitable for quetiapine IR formulation due to intolerance (e.g. due to severe sedation affecting functionality or postural hypotension / dizziness with increased risk of falls) a **request must be made** to prescribe the XL formulation with **specific details** of intolerance or unsuitability (words to the effect of *"Adverse effect"* or *"Not tolerated"* without specific details **will not be accepted**)[1]
- Where the XL formulation is required this should be prescribed as a *cost-effective brand*

There are significant price differences between the two formulations and there is a scope to achieve substantial cost savings by changing from use of XL to IR formulation **without clinical impact** as the pharmacokinetic parameters of the two formulations are so similar (figure 1 below) [1,2]

Figure 1: Arithmetic Mean Plasma Quetiapine Concentrations Measured Over a 24-Hour Dosing Interval for Quetiapine IR and XR [3]



Cost comparison between Quetiapine XL and equivalent dose of IR* [Dec 2023 Drug Tariff]



*Based on the costs for 30 days treatment at the equivalent doses written generically *(NB branded XL generics are less expensive)*

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

Switching from XL to IR preparations

- Patients **currently stabilised on XL** preparations:
  - should where possible be switched to IR formulation, unless there are *significant clinical reasons* not to do so (see first box) [1]
- **Compliance/adherence** concerns:
  - If adherence to **twice a day** treatment regime is likely to be a problem then a **once a day** regime using **IR tablets** could be considered for up to 400mg IR [1]
- **GPs may switch** patients currently on quetiapine XL to IR as per suggestions in the table below. [1]

Current dose of 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
150mg XL ONCE daily	50mg in the morning, 100mg at night	50mg in the morning, 100mg at night	150mg 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	50mg at NIGHT

- 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 of major depressive disorder, therefore, the use of the IR product would again be **'off label'**.
- Where current practice supports the use of a medicine outside the terms of its licence as in this case, it may not be necessary to draw attention to the licence when seeking consent from the patient. However, it is good practice to give as much information as patients or carers require or which they may see as relevant [4]

Monitoring and patient advice [1]

- The switch may be associated with a *slightly* higher risk of sedation, tachycardia and postural hypotension although orthostatic hypotension is a common side effect with **both** XL and IR formulations of quetiapine
- It is advisable to monitor BP after two weeks following a switch between formulations if the patient reports any unexplained dizzy spells, light headedness or any other symptoms of hypotension.
- Most importantly the patient should be advised to exercise caution until they get used to the IR formulation of quetiapine (e.g. when standing up from a seated position).
- Patients who have been switched to the immediate release should be provided with a patient information leaflet which can be found here
- Patients can also access information on quetiapine here

References

1. Switching Quetiapine XL (Slow Release) to IR (Immediate Release) Formulation: Implementation Plan (v2 Jul 2017). Norfolk and Suffolk NHS Foundation Trust Drugs and Therapeutics Committee
2. Drug Tariff December 2023 accessed 20.12.23
3. Figueroa et al. Prog Neuropsychopharmacol Biol Psychiatry. 2009;33:199-204
4. Off-label or unlicensed use of medicines: prescribers' responsibilities accessed via 28.11.17 https://www.gov.uk/drug-safety-update/off-label-or-unlicensed-use-of-medicines-prescribers-responsibilities

Patient Information Leaflet

Switching from quetiapine XL (Slow Release) to quetiapine plain tablets

Why are you asking me to switch?

In March 2012, quetiapine plain tablets started to become much less expensive. This has not happened with quetiapine XL tablets. The NHS is trying very hard not to waste money so it can continue to provide the same level of services. Switching preparations can be a safe way to do this.

How much does quetiapine cost?

There is a big price difference between quetiapine XL tablets and quetiapine plain tablets. This price difference will vary depending on the dose taken, however, at usual doses, XL tablets can cost around 30 times more than the plain tablets.

Why has the price of plain tablets become cheaper?

The Government allows the price of a new medicine to be set at a relatively high price and for only one brand to be available. This is to reward the company for investing in research. The higher price allows further research to take place. After a set number of years, this protection (patent) is removed and other companies are allowed to make and sell the same medicine in the UK. This competition results in the price falling dramatically. However, this has not happened with XL.

What is the difference between the plain and XL tablets?

Both types of the tablet have the same active ingredient: quetiapine. The XL (Slow Release) tablets release quetiapine more slowly into the body than the plain tablets. However, they both work equally well when given at equivalent doses. This means switching is unlikely to affect how well the tablet works. Should you feel the new tablets are not working as well, please discuss this with your doctor.

Will I have to change how I take my tablets?

Plain tablets are usually taken twice a day. You may need to change from taking the XL tablets once a day to taking the plain tablets twice a day. However, plain tablets can be taken once a day, like the XL tablet, if your doctor thinks it would be appropriate and you feel it will help you. Some people prefer to take their quetiapine once a day to help them remember to take it.

Will any of the side-effects I might experience change?

Some of the side-effects some people experience while taking quetiapine is feeling sleepy during the day, feeling dizzy when sudden standing up from seated position. Plain quetiapine tablets if taken once a day may make you feel a little sleepier than your XL tablet did. This is not necessarily a problem if the quetiapine is taken in the evening so you are in bed when it starts to take effect. If you are concerned about any new side-effects that last than more than a few days, please contact your doctor to discuss.

Title	KEY MESSAGES Bulletin 16 - Quetiapine XL (Slow Release) to IR (Immediate Release)
Description of policy	*To inform healthcare professionals*
Scope	*Prescribing information on switching quetiapine formulation from XL to IR*
Prepared by	Prescribing & Medicines Management Team
Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* *Positive impact* *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
Approved by	*Norfolk & Waveney Prescribing Reference Group (07.12.17) v1.2 (07.02.19)*
Authorised by	*Norfolk & Waveney Drug & Therapeutics Commissioning Group (18.01.18)*
Review date and by whom	December 2022 Prescribing & Medicines Optimisation Team
Date of issue	January 2024

Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
0.1	19.10.17	Prescribing & Medicines Management Team, E Kirkham	Draft	Based on implementation plan for switch from quetiapine XL to quetiapine IR from NSFT.
0.2	28.11.17	Prescribing & Medicines Management Team, E Kirkham, M Crossland	Draft	Clarified information has come from NSFT, more detail added (figure 1) about similarity of IR and XL formulation release profiles. Sentence added about if XL required then should be a cost effective brand.
0.3	27.12.17	Prescribing & Medicines Management Team, E Kirkham, M Crossland	Draft	Updated as per Prescribing Ref Group comments
1.0	12.02.18	Prescribing & Medicines Management Team, E Kirkham, M Crossland	FINAL	Ratified by D&T Commissioning Group 18.1.18
1.1	20.8.18	Prescribing & Medicines Management Team, M Crossland	update	Costs amended and minor wording re: cost changes
1.2	07.02.19	Prescribing & Medicines Management Team, M Crossland	update	Following feedback from NSFT references to contacting NSFT removed. Agreed at Prescribing Ref Group 7.2.19
2.0	20.12.23	N&W ICB Prescribing & Medicines Optimisation Team, F Marshall	update	Logos updated Minor changes to introductory wording Updated to reflect December 2023 DT prices. Link to NSFT Choice and Medication added