This policy statement is approved by Halton, Knowsley, Liverpool, South Sefton, Southport and Formby, St Helens, Warrington, West Lancashire, and Wirral CCGs

Ha | Kn | Li | ~~SS~~ | ~~SF~~ | SH | Wa | WL | Wi

PAN MERSEY APC

PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT
FIRST BOARD DATE: 29 SEP 2014
LAST BOARD DATE: 26 SEP 2018

NHS Pan Mersey
Area Prescribing Committee

QUETIAPINE Immediate Release I/R Tablets (All Brands)

AMBER

The Pan Mersey Area Prescribing Committee recommends that IMMEDIATE RELEASE QUETIAPINE is the preferred formulation of quetiapine for prescribing across the Pan Mersey Area.

INITIATED

AMBER RETAINED NHS Southport and Formby CCG, NHS South Sefton CCG

The Pan Mersey Area Prescribing Committee recommends that all new patients for whom QUETIAPINE is considered an appropriate choice of antipsychotic should be prescribed QUETIAPINE IMMEDIATE RELEASE (I/R) tablets.

Consideration should be given to switching patients currently prescribed QUETIAPINE modified release (M/R) tablets to QUETIAPINE I/R tablets, where clinically appropriate.

Use of QUETIAPINE M/R tablets should be reserved for individual patients identified as having a defined clinical need for the modified release formulation. Justification of the decision to continue prescribing the QUETIAPINE M/R formulation should be documented in the clinical notes and made clear in any discharge/appointment letters to the GP. The most common reasons for prescribing the M/R preparation include adherence, hypotension, over-sedation or other adverse effects.

- QUETIAPINE is a second generation antipsychotic indicated for the treatment of schizophrenia, bipolar disorder and as add-on treatment for major depressive episodes.
- Modified release formulations of QUETIAPINE cost considerably more than immediate release formulations. Therefore, switching from modified release to immediate release quetiapine will result in significant cost savings.
- Immediate-release QUETIAPINE and modified release QUETIAPINE tablets are considered equivalent and can be switched at the same total daily dose.
- A recommended procedure for switching from QUETIAPINE M/R to QUETIAPINE I/R is included below, under implementation notes.

Note: Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. If appropriate an exceptional funding request will be required following the usual locally defined process.

QUETIAPINE Immediate Release I/R Tablets (All Brands)

EFFECTIVENESS

Quetiapine is a second generation antipsychotic agent. Clinical trials have shown that quetiapine M/R and I/R formulations are interchangeable at the same total daily dose[1,2]. In clinical studies, there were no statistically significant differences between the M/R and I/R formulations in terms of efficacy or adverse events[3] and the formulations were considered bioequivalent[4] and therapeutically equivalent.

SAFETY

Contraindications include hypersensitivity to the active substance or to any of the excipients; concomitant administration of cytochrome P450 3A4 inhibitors and is not approved for dementia-related psychosis. The most commonly reported adverse effects of quetiapine are somnolence, orthostatic hypotension, dizziness, tachycardia, headache, dry mouth, constipation, dyspepsia, dyslipidaemia and extrapyramidal effects. Refer to the current BNF for a full list of adverse effects.

COST (July 2018 Drug Tariff; 60 tablets)

Quetiapine I/R Tablets	Quetiapine M/R Tablets
25mg - £4.54	50mg - £67.66
100mg - £17.01	150mg - £113.10
150mg - £20.31	200mg - £113.10
200mg - £20.76	300mg - £170.00
300mg - £28.56	400mg - £226.20

A 50% switch from quetiapine M/R to quetiapine I/R would save approx. £230,000 based on Pan-Mersey 2017/18 costs.

PATIENT FACTORS

Quetiapine should be used with caution in elderly patients and in those with hepatic impairment or cardio-vascular or cerebrovascular conditions.

A swap to quetiapine I/R may be associated with a slightly higher risk of sedation[5] and postural hypotension. This risk may be mitigated by giving a larger proportion of the total daily dose in the evening[6].

PRESCRIBING INFORMATION

Quetiapine M/R and I/R formulations can be switched at the equivalent total daily dose. The patient should be monitored and the dose adjusted as necessary. **NB**: Dosing schedules for individual formulations and licensed indications vary. See quetiapine summaries of product characteristics at http://www.medicines.org.uk/emc/.

IMPLEMENTATION NOTES

Recommended Switching Procedure

Secondary Care

- Identify all patients currently prescribed quetiapine M/R tablets either proactively or at review
- Consultant/Prescriber reviews clinical records and decides if quetiapine M/R is clinically necessary
- Where there is a defined clinical need, continue with quetiapine M/R formulation. Document reason in the clinical record and ensure the GP is informed of decision.
- For all other cases, discuss with patient and/or carer and switch from quetiapine M/R to quetiapine I/R.
- Document in clinical record and ensure the GP is informed of decision
- Review after 4-6 weeks for response, side effects (e.g. sedation, postural hypotension, dizziness) and adjust dose as appropriate.
- Monitor as appropriate.

Primary Care

- Obtain agreement from practice
- Identify all patients currently prescribed quetiapine M/R tablets
- Review patient records and identify cases where there is a defined clinical need for the M/R formulation. These patients will continue with quetiapine M/R tablets.
- All other cases should be considered for switching from quetiapine M/R to I/R.
  - For patients on quetiapine M/R who remain under secondary care services the GP can wait until the patient is reviewed by secondary care or stimulate a secondary care review for this purpose.
  - The consultant or prescriber should review the request and communicate decision to GP
  - For patients on quetiapine M/R NOT under secondary care services the GPs may switch patients currently on quetiapine M/R to I/R~~.~~ unless there is a reason not to e.g. adherence, hypotension and over-sedation.
- If suitable for switching, discuss with patient and/or carer and switch
- Review after 4-6 weeks for response, adverse effects (e.g. sedation, postural hypotension, dizziness) Adjust dose as appropriate.
- Advise community pharmacy according to local CCG protocol.
- Monitor as appropriate.

REFERENCES

1. SEROQUEL or SEROQUEL XL summary of product characteristics, AstraZeneca UK Ltd http://www.medicines.org.uk/emc/
2. Möller et al. Evaluation of the feasibility of switching from immediate release quetiapine to extended release quetiapine fumarate in stable outpatients with schizophrenia. International Clinical Psychopharmacology 2008; 23: 95-105.
3. Meulien D, Huizar K, Brecher M. Safety and tolerability of once-daily extended release quetiapine fumarate in acute schizophrenia: pooled data from randomized, double-blind, placebo-controlled studies. Hum Psychopharmacol Clin Exp. 2010;25:103-115.
4. Figueroa et al. Pharmacokinetic profiles of extended release quetiapine fumarate compared with quetiapine immediate release. Progress in Neuro-Psychopharmacology and Biological Psychiatry 2009; 33: 199-204
5. Datto C1, Berggren L, Patel JB, Eriksson H. Self-reported sedation profile of immediate-release quetiapine fumarate compared with extended-release quetiapine fumarate during dose initiation: a randomized, double-blind, crossover study in healthy adult subjects. Clin Ther. 2009 Mar;31(3):492-502.
6. Bui K. Earley W. Nyberg S. Pharmacokinetic profile of the extended-release formulation of quetiapine fumarate (quetiapine XR): Clinical implications. Current Medical Research and Opinion 2013: 29(7): 813-825