

# In Focus: Quetiapine MR

## Reducing prescribing of quetiapine modified-release in primary care.

### Introduction

Quetiapine is available in two tablet formulations: quetiapine immediate release (IR) and quetiapine modified release (MR).

Quetiapine IR is classified as amber, with shared care guidance, on the pan-Dorset formulary while quetiapine MR is classified as red (hospital prescribing only).

There is still a significant amount of quetiapine MR being prescribed in primary care across Dorset and this has been consistent over the last year.

### Prescribing Data for latest year

May 16 to April 17

Form	No. of Items	Total Cost
MR Tablets	1587	£ 119,000
Tablets	29,131	£ 46,271
<b>Total</b>	<b>30,718</b>	<b>£ 165,272</b>

There are significant price differences between the two formulations. Prescribers in secondary care have been asked to prescribe the quetiapine IR formulation when initiating treatment and consider moving existing patients stabilised on MR to the IR formulation where possible.

More detailed information about this topic can be found on the pan Dorset formulary [here](#)

### Background

The pharmacokinetic parameters of the 2 formulations are similar. IR and MR formulations reach the same peak plasma concentration (C<sub>max</sub>); however, the time taken to reach C<sub>max</sub> is 1.5 hours and 6 hours respectively.

Patients currently stabilised on MR formulation should where possible, be switched to IR formulation, unless there are significant clinical reasons not to do so, such as side-effects

- GPs may switch patients currently on quetiapine MR to IR; however, they should seek approval from the relevant psychiatrist for each patient before doing so. Otherwise they can refer to patients to DHUFT clinicians for review and who can then make the decision to switch.
- All changes to medication must be fully discussed, explained and agreed with the patient (and or their carer as appropriate).
- It is important that all prescriptions and any communication clearly indicate which formulation is intended by using the abbreviations MR and IR. This is especially important when IR is prescribed once a day as it may be incorrectly assumed that the MR version is required.
- Quetiapine IR is usually administered twice a day however; it is licensed once a day for the treatment of depressive episodes in bipolar disorder. There have also been some small, short-term studies supporting quetiapine IR once daily for schizophrenia and this is occasionally done in practice.
- The switch may be associated with a risk of sedation and postural hypotension. If these are a concern then a larger proportion of the daily dose could be given at night e.g. 600 mg MR at night could be changed to 200 mg IR in the morning and 400 mg IR at night. For safety reasons the recommended maximum single dose of IR formulation should not exceed 400mg.

GPs are reminded that there is a form to facilitate the communication of their willingness to prescribe medications recommended by secondary care [here](#).

### References

[DHUFT Guidelines](#) Published 2016 last accessed July 2017

### Contact us

Medicines Management Team  
[medicine.question@dorsetccg.nhs.uk](mailto:medicine.question@dorsetccg.nhs.uk)