

# QIPP Detail Aid

Providing support for quality in prescribing

## QUETIAPINE: USE PLAIN TABLETS

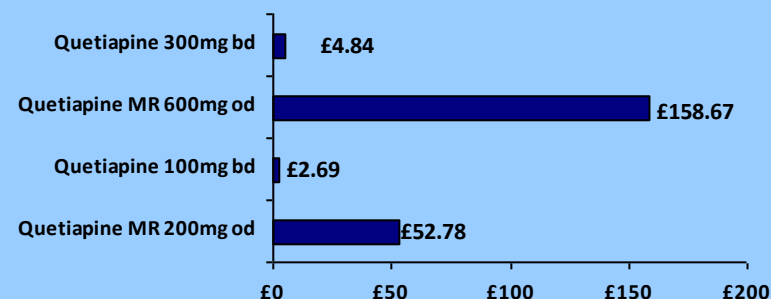
### WHAT IS THE PROBLEM?

- In 2012 quetiapine came off patent and the price of the immediate release (IR) tablets has fallen dramatically due to the availability of generics; 60 quetiapine tablets 150mg cost £113 in May 2012 and currently costs £3.29 (October 2013).
- However, generic modified release (MR) tablets have only recently started to become available and are currently a similar price to the branded product (see chart).
- In the first quarter of 2013, 25% of scripts for quetiapine in South Yorkshire were for the MR formulation but these made up 87% of the cost.
- If all scripts were written generically and were for the immediate release rather than the MR formulation, the South Yorkshire area would save £0.5 million per annum.

### WHAT IS THE EVIDENCE?

- Quetiapine is licensed for the treatment and prevention of relapse in schizophrenia and treatment and prevention of mania and depression in bipolar disorder. It is available as immediate release and modified release formulations. The MR formulation is additionally licensed for add-on treatment of major depressive episodes in patients with Major Depressive Disorder (MDD).
- In 2012, the patent for quetiapine expired and generic formulations of the IR tablets became available. Availability of MR formulations has been slower and have only recently become available.
- The MR formulation is taken once daily. The IR tablets are taken twice daily although should be taken once daily for the treatment of depression in bipolar disorder.
- There are minimal differences between the formulations. The maximum plasma concentration and the total amount of drug absorbed for quetiapine MR administered once daily are comparable to those achieved for the same total daily dose of IR quetiapine administered twice daily<sup>1</sup>. The onset of action for the IR tablets may be more rapid than the MR formulation which may result in a higher incidence of sedation with the IR formulation. If necessary, this can be mitigated by splitting the total daily dose to give a greater proportion at bedtime.
- In schizophrenia, one study which assessed switching between the formulations found efficacy was maintained with no significant differences in safety/tolerability between the two formulations<sup>2</sup>.
- Many local health communities have protocols in place to ensure the majority of prescribing of quetiapine uses IR tablets.

### WHAT ARE THE COSTS?



Costs for 28 days treatment from Drug Tariff October 2013  
Doses given are a guide only and are based on licensed doses.

### KEY MESSAGES

- **In 2012, quetiapine came off patent; however the modified release (MR) tablets are still priced similarly to the branded product.**
- **The price differential is now considerable. Just over £0.5 million could be saved in the South Yorkshire area annually by prescribing generic immediate release (IR) tablets rather than MR or branded tablets.**
- **There are minimal differences between the formulations. The total daily dose can usually be split to be taken twice daily as the IR formulation, unless for the treatment of depression in bipolar disorder when the IR formulation should be given once daily.**
- **If sedation is an issue, the dose can be split asymmetrically to give a greater proportion of the dose in the evening. Patients should be fully involved in the decision regarding which formulation to use.**
- **Many local health communities have protocols in place to ensure the majority of prescribing uses IR tablets and these should be followed to maximise cost-effectiveness.**

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#### References:

1. 13<sup>th</sup> November 2012 Seroquel XL prolonged-release tablets Summary of Product Characteristics [online] AstraZeneca Ltd. Available from [www.medicines.org.uk](http://www.medicines.org.uk) [accessed on-line 20/9/13]
2. Möller HJ et al Evaluation of the feasibility of switching from immediate release quetiapine to extended release quetiapine fumarate in stable outpatients with schizophrenia. *Int Clin Psychopharmacol.* 2008; 23: 95-105

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