

**Switching from Quetiapine Modified Release to
Quetiapine Immediate Release : Advice for Health
Professionals Paper**

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September 2016

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Quetiapine is available in two formulations: quetiapine immediate release (IR) and quetiapine modified release (XL). There are significant price differences between the two formulations and there is scope to achieve a substantial cost saving across the whole health economy by changing from the use of XL to IR.

The following advice has been developed to aid clinicians to switch patients from quetiapine XL to quetiapine IR. It is important to consider individual patient circumstances before attempting a switch as remaining on quetiapine XL may be in the best interest of some patients. When initiating quetiapine prescribers are asked to use the IR preparation and where possible switch existing patients from XL to IR.

There is little published evidence to guide clinicians on the best method of switching between quetiapine XL and quetiapine IR tablets. Any switch should be fully discussed with the individual and there should be increased monitoring for adverse events.

Reasons for prescribing quetiapine XL in preference to the IR preparation are given in the LCFT prescribing guideline however the main patient groups are:

- Patients who have experienced problems on commencement of plain quetiapine with either low BP or relapse during titration
- Patients who have been identified as having problems with adherence of medication
- Patients with pre-existing low blood pressure or postural hypotension

For those who are not covered by the above a switch should be considered.

Switching Advice:

- Patients currently stabilised on XL formulation should where possible be switched to IR formulation, unless there are significant clinical reasons not to do so, such as side-effects.
- In general a straight swap from once daily XL to twice daily IR is appropriate ⁽¹⁾ but may be associated with a slightly higher risk of sedation and postural hypotension following the switch.
- The first dose of the IR formulation should be given approximately 24 hours after the last dose of the XL formulation.
- If sedation and postural hypotension are a concern then clinicians may wish to consider giving a higher dose in the evening (see table 1)
- If adherence with twice a day treatment regime with IR formulation is likely to be a problem then a once a day regime using IR tablets could be considered.
- Quetiapine IR is usually administered twice a day; however, it is licensed to be used once a day for the treatment of depressive episodes in bi-polar

disorder. There have been some small, short-term studies supporting quetiapine IR once daily for schizophrenia and this is occasionally done in practice. It would therefore not be unreasonable to consider using IR preparations once a day for other licensed indications when compliance with twice a day is likely to be a problem, although this would be considered off-label use.

- If the IR formulation is to be used once a day, then this should be taken at night to minimise side effects
- Although other pharmacokinetic parameters are similar the peak plasma concentration for quetiapine XL = 5-6 hours while for the IR = 1 hour.

Table 1 Suggested dose conversions when switching quetiapine XL-IR

Current Dose Quetiapine XL	Quetiapine IR Dosing Options		
	For those who are tolerating quetiapine well and who 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. NB IR not licensed once a day except for those with a depressive episode in bipolar
100mg XL OD	50mg BD	25mg am, 75mg pm	100mg nocte
200mg XLOD	100mg BD	50mg am, 150mg pm	200mg nocte
300mg XL OD	150mg BD	100mg am, 200mg pm	300mg nocte
400mg XL OD	200mg BD	150mg am, 250mg pm	400mg nocte
600mg XL OD	300mg BD	200mg am, 400mg pm	-
800mg XL OD	400mg BD		-

*Those at increased risk of experiencing sedation or postural hypotension following the switch to quetiapine IR may include the elderly, those with learning disabilities, adolescents, concurrent cardiac medication and concurrent CNS depressants.

Table 2 Current licensed indications for quetiapine IR and XL (See SPC for further information)

	Current Licensed Indication	No of Daily Doses
Quetiapine XL	<ul style="list-style-type: none"> • Schizophrenia including prevention of relapse • Mania or depression in bipolar disorder • Prevention of relapse in bipolar • Add on treatment (to an antidepressant) in major depressive disorder 	ONCE daily
Quetiapine IR	<ul style="list-style-type: none"> • Schizophrenia including prevention of relapse • Mania in bipolar disorder • Prevention of relapse in bipolar 	TWICE daily
	<ul style="list-style-type: none"> • Depression in bipolar 	ONCE daily

- Although unlicensed in schizophrenia as a once daily preparation there are 3 small, short term studies supporting quetiapine IR once daily and this is occasionally done in practice

References

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