Quetiapine modified-release tablets: Limited Supplies

This information has been produced in collaboration with the NHS Grampian adult mental health specialist service.

Shortage information
Supply constraints impacting on all strengths (50mg, 150mg, 200mg, 300mg & 400mg) of modified release quetiapine have been identified.

Prescribing in NHS Grampian[1]
382 patients have been prescribed the affected medicines in Primary Care since November 2024.

Stock information & availability
Supply constraints are across all strengths of modified release quetiapine. Variance in branded availability and resupply dates. Full details can be found on SPS Medicine Supply Tool.
It should be noted that information on availabilities is continually evolving and therefore real-time stock information may not be reflective of information available online.

Formulary status
Modified release quetiapine is not recommended for use within NHS Grampian (see Grampian Area Formulary).

Actions for primary care

New patients
Do not start any new patients on modified release quetiapine. Where quetiapine is required, immediate release should be prescribed.

Current patients
Proactive switching should not be undertaken as for some patient's, personal stock as well as stock within the community pharmacy network may mean that no change to prescribing is required.

Where appropriate stocks of modified release quetiapine cannot be sourced to ensure timely supplies to patients, consideration should be given to switching patients to prescribing of immediate release quetiapine (see further information below).

Where primary care require further advice or support for patients for whom medicine cannot be sourced, contact should be made with the recommending clinician/service.

Actions for community pharmacy

Due to timelines and limited stocks being available, not all patients will require an intervention.

[1] November 2024 – February 2025

Where community pharmacy are unable to source any modified release quetiapine to ensure a timely supply to the patient, the patients GP practice should be consulted without delay to highlight this (include details of how many days medication remain available to patient, from personal and community pharmacy stocks).

Community pharmacies are reminded that all wholesalers should be contacted to obtain stocks.

Actions for primary & secondary care clinicians switching from modified to immediate release quetiapine

Appendix 1 provides a summary of suggested dose conversions when switching from modified release to immediate release quetiapine.

Immediate release quetiapine can be taken once or twice daily, dependant on patient factors (e.g. potential side effects and compliance). If the immediate release formulation is to be used once a day, then this should be taken at night to minimise side effects such as hypotension.

Upon switching, the first dose of immediate release quetiapine should be given approximately 24 hours after the last dose of the modified release quetiapine.

The pharmacokinetic parameters of the two formulations are similar. Immediate and modified release formulations reach the same peak plasma concentration however the time taken to reach this is different (1.5 hours and 6 hours respectively).

There is very little difference in terms of side-effects between modified and immediate release quetiapine. A switch to immediate release may be associated with a slightly higher risk of sedation and postural hypotension. If this is a concern then a larger proportion of the daily dose could be given at night, e.g. quetiapine XL 600mg at night could be changed to immediate release quetiapine 200mg in the morning and immediate release quetiapine 400mg at night.

Further information

- Shortage of Quetiapine 50mg, 150mg, 200mg, 300mg and 400mg modified-release tablets – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice (NHS email required to access)
- Quetiapine 50mg, 150mg, 200mg, 300mg and 400mg modified-release tablets
- https://www.prescqipp.info/media/1055/b135-antipsychotics-update-briefing-b-20.pdf

Data information
Data provided is ePrescribed (November 2024 – February 2025, run 14/02/25)
The data provides prescribing information. It does not confirm that the prescription has been dispensed by community pharmacy or collected by the patient.
The data only captures general practitioner electronic prescribing information – any other prescription type (e.g. nurse, pharmacist or hospital prescriptions) will not be included.

Appendix 1. Suggested conversions from modified release to immediate release quetiapine

Current dose modified release quetiapine	For those who tolerate quetiapine well and don't have compliance concerns	For those who are (or are at risk of) experiencing sedation or postural hypotension following switch*	For those who tolerate quetiapine well but there are compliance concerns
Quetiapine modified release 100mg once daily	Quetiapine immediate release 50mg twice daily	Quetiapine immediate release 25mg in the morning and 75mg at night	Quetiapine immediate release 100mg at night
Quetiapine modified release 200mg once daily	Quetiapine immediate release 100mg twice daily	Quetiapine immediate release 50mg in the morning and 150mg at night	Quetiapine immediate release 200mg at night
Quetiapine modified release 300mg once daily	Quetiapine immediate release 150mg twice daily	Quetiapine immediate release 100mg in the morning and 200mg at night	Quetiapine immediate release 300mg at night
Quetiapine modified release 400mg once daily	Quetiapine immediate release 200mg twice daily	Quetiapine immediate release 100mg in the morning and 300mg at night	Quetiapine immediate release 400mg at night
Quetiapine modified release 600mg once daily	Quetiapine immediate release 300mg twice daily	Quetiapine immediate release 200mg in the morning and 400mg at night	Quetiapine immediate release 600mg at night

* 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.