

## **Quetiapine Modified-Release Tablets Shortage**

### **Introduction and Background**

Quetiapine is commonly prescribed for bipolar disorder, depression, schizophrenia and other psychiatric disorders. The Department of Health and Social Care (DHSC) has issued a medicine supply notification for quetiapine 50mg, 150mg, 200mg, 300mg and 400mg modified-release (MR) tablets. Stock levels of available brands are limited, and resupply dates vary across manufacturers, with some expected to be unavailable until late 2025.

A disruption in supply may impact patients' treatment continuity, requiring alternative prescribing strategies. **Immediate-release (IR) quetiapine tablets are the preferred alternative where clinically appropriate**; they remain available and can support the increased demand.

### **Actions**

- **Avoid initiating new patients on quetiapine MR formulations** until supply issues are resolved.
- **Consider switching existing patients to quetiapine IR at an equivalent daily dose**, ensuring appropriate counselling regarding changes in dose frequency.
- If continuing MR treatment, prescribe generically as an acute medicine to allow for any available brand to be dispensed. Once supply disruption eases, please switch patients to a cost-effective branded generic on repeat where appropriate.
- See the SPS medicine's supply tool for more information and alternatives.
- For management options of complex cases, seek specialist advice in the usual way ([see Remedy](#))

### **Recommendations**

For new initiations of quetiapine, **IR tablets are the preferred alternative due to its continued availability, and lower relative cost**. Quetiapine IR is typically dosed twice-daily, compared to once-daily dosing for MR formulations. When switching from MR to IR tablets:

- **The total daily dose should remain the same** (e.g. quetiapine MR 400mg once daily = quetiapine IR 200mg twice daily). Doses should be split evenly across the day, typically morning and evening, unless otherwise indicated. See BNF for dosing information for each indication.
- **Patients should be counselled** regarding the change in frequency and administration timing, to ensure adherence.
- **Clinical monitoring is essential**, particularly in patients at risk of adverse effects or relapse.
- Some patients may require individual dosage adjustments to avoid adverse effects such as sedation or orthostatic hypotension, particularly if on higher doses.

These recommendations are in line with advice from our specialist colleagues within Avon and Wiltshire Mental Health Partnership NHS Trust and their Medicines Information Bulletin.

### **References**

- [DHSC & NHS England Medicines Supply Tool](#), provided by the Specialist Pharmacy Service (login required)
- [Quetiapine Monograph: BNF | BNF](#)