

Shortage of Quetiapine 150mg, 200mg and 300mg tablets

Published 6 June 2024

Provided by DHSC and NHS England Medicines Supply Teams · Not formally reviewed by SPS

This content has been developed jointly by the Medicines Supply Team in the [Department of Health and Social Care](#) (DHSC) and the Medicines Value and Access Team, NHS England. It provides information on primary and secondary care medicine supply issues the teams are working on.



Information

Status	Supply Returning
Impact tier	2 · Medium impact
Shortage start	–
Anticipated re-supply date	30 August 2024
BNF chapters	04 - Central Nervous System

Actions

Clinicians should not initiate new patients on standard release quetiapine 150mg, 200mg and 300mg tablets until the supply issues resolve.

Where patients have insufficient supply of quetiapine 150mg, 200mg, 300mg tablets to last until the resupply date, clinicians should consider prescribing where available:

- quetiapine 25mg, 50mg or 100mg tablets, using the largest strength tablet(s) available to provide the required dose; or
- quetiapine XL prolonged-release tablets, adjusting the dose frequency to once daily, counselling patients on the change to formulation and dosing regimen, and to take the dose without food (see Supporting information); or
- quetiapine 20mg/ml oral solution, only where tablets are not appropriate ensuring there is no intolerance to the excipients; and
- if the above options are not considered appropriate, advice should be sought from specialists on alternative management options.

Alternatives

Quetiapine 25mg, 50mg and 100mg tablets currently remain available and can support a partial increase in demand.

Quetiapine XL prolonged release tablets (50mg, 150mg, 200mg, 300mg, 400mg and 600mg) remain available and can support a partial increase in demand.

Quetiapine 20mg/ml oral suspension remains available and can support a partial increase in demand.

Considerations and background

Supporting information

Quetiapine is licensed for the treatment of schizophrenia, bipolar disorder, moderate to severe manic episodes in bipolar disorder, major depressive episodes in bipolar disorder, and for the prevention of recurrence of manic or depressed episodes in patients with bipolar disorder, who previously responded to quetiapine treatment.

Although food has a minimal effect on quetiapine absorption in the immediate release (IR) formulations, consumption of a high-fat meal increases bioavailability of quetiapine in the XL formulation.

The IR tablets and oral suspension are administered twice a day with or without food across the indications, except in the treatment of major depressive episodes in bipolar disorder where the dose is administered once daily at bedtime.

The XL prolonged release tablets are administered once daily without food, at least one hour before a meal.

When switching patients from IR tablets to XL prolonged release tablets, the total daily dose of quetiapine is taken once daily; individual dosage adjustments may be necessary.

Supply Summary

There are limited supplies of quetiapine 150mg, 200mg and 300mg tablets until the date shown above.

Medicine Supply Notification Number

MSN/2024/070

Links

[SmPC quetiapine](#)

[BNF quetiapine](#)

[BNFC quetiapine](#)

Enquiries about page or supply issue

You can send any enquiries about this page or the individual supply issue raised to: DHSCmedicinesupplyteam@dhsc.gov.uk

Impact tiers

1 - Low impact

These supply issues are likely to carry low risk and management options and should result in patients being maintained on the same licensed medicine.

2 - Medium impact

These supply issues will require more intense manage options (such as using therapeutic alternatives, unlicensed imports or alternative strengths or formulations), which may carry a greater risk to patients/health providers than Tier 1 issues, but which are considered safe to be implemented at sub-regional level without further escalation.

3 - High impact

These supply issues will be more critical, with potential change in clinical practice or patient safety implications that require clinical or operational direction to the system. They will be expected to generate public and clinician concern. The response will be nationally coordinated and guided and the NHS may invoke its Emergency Preparedness Resilience and Response (EPRR) function.

4 - Critical impact

These supply issues will require additional support from outside the health system and will trigger the use of dedicated national NHS EPRR incident processes and procedures in order to provide additional support for the management of the shortage. Clear links and command and control mechanisms between the Medical Devices and Clinical Consumables Clinical Response Group, NHSE&I Central EU Exit Team, EPRR functions at both NHSE&I and ORC/DHSC, and Cabinet Office will be utilised.