



10 April 2026

Circular 011/26

RE: Quetiapine Prolonged-Release Presentations

Dear Pharmacist,

Please find enclosed Clinical Advice from the HSE Office of the National Clinical Advisor and Group Lead for Mental Health regarding the current limited supply of authorized presentations of quetiapine prolonged-release tablets.

I wish to remind you of Circular 16/24 in relation to mental health services prescriptions. A mental health services prescription (traditional paper prescription or electronically transferred via Healthmail to the pharmacy) will continue to be accepted for reimbursement for patients who hold GMS eligibility.

Prescriptions transferred via Healthmail from hospitals / healthcare agencies that are recognised as securely connected to Healthmail are accepted for GMS eligible patients.

In order to claim for these prescriptions appropriately under the GMS scheme, the prescriber number '55555' is assigned. This code is for mental health services prescription claiming only and is not valid for any other prescriber type.

Yours faithfully,

Shaun Flanagan
Assistant National Director
Primary Care Reimbursement Service



Clinical advice due to the current limited supply of authorised presentations of quetiapine prolonged-release tablets:

Clinical Advice from the HSE Office of the National Clinical Advisor and Group Lead for Mental Health 26/03/2026

Background: Due to multiple shortages of prolonged-release quetiapine, clinicians are advised to follow the guidance below.

Advice for clinicians on the management of:

1. New patients:

In order to ensure available supply can be optimised and support continuity of care of patients established on treatment with prolonged-release quetiapine tablets, do not start any new patients on prolonged-release quetiapine for the duration of the current supply constraints, expected to extend until Q2 2026.

Where treatment with quetiapine is required, immediate release should be prescribed.

Initiating prolonged-release quetiapine should be only considered if patient has a risk of oversedation or hypotension and/or significant issues with drug adherence. It is also advisable to check available supply with pharmacy before initiating prolonged-release quetiapine in these situations.

2. Patients currently prescribed prolonged-release quetiapine tablets:

The current notified shortages of authorised presentations of quetiapine prolonged release tablets are dynamic in nature and there is intermittent supply being made available when shortages are resolved. Proactive switching may therefore not be necessary depending on individual circumstances, in particular where supply is available at pharmacy level.

In the cases where it is established that appropriate stocks of prolonged release quetiapine cannot be sourced to ensure timely supplies to patients, consideration should be given to switching patients to immediate release presentations of quetiapine. See 'Switching Guidance' for further supporting information.

Where primary care clinicians are unable to support continuity of care and/or prescribe prolonged release quetiapine, they should contact the healthcare specialist service team

under which an individual patient is being managed, for advice on switching where appropriate.

Switching Guidance:

Immediate release quetiapine can be taken once or twice daily. Product information and Summary of Product Characteristics (SmPC) can be accessed via the HPRA find a medicine webpage. The chosen dosing profile can also depend on individual patient factors (e.g. potential side effects and compliance). If the immediate release formulation is to be taken by the patient once a day, then this is recommended to be taken at night to minimise side effects such as hypotension.

Monitoring After Switching:

Upon switching, immediate- release quetiapine should usually be started the day after the last modified-release dose. 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).

A switch to immediate release quetiapine 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 prolonged release tablets 600mg at night could be changed to immediate release quetiapine tablets 200mg in the morning and immediate release quetiapine tablets 400mg at night.

Following a switch to immediate- release quetiapine clinicians should monitor for:

- Increased sedation
- Dizziness or postural hypotension
- Worsening psychiatric symptoms during the transition

Groups at Higher Risk of Side Effects:

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

References

1. NHS North East London City and Hackney GP Website. Algorithm to aid review and switching from quetiapine modified release. Available at: <https://gps.cityandhackneyccg.nhs.uk/cdn/serve/medicines-management-general/1533292754-fc33d584aea31cfae40fbb105d03adf0.pdf>
2. NHS Barnsley Trent Medicines Information Service *Quetiapine QIPP Detail Aid*. South Yorkshire ICB Medicines Optimisation Team. Available at:

<https://mot.southyorkshire.icb.nhs.uk/barnsley/files/Barnsley%20Guideline%20Quetiapine%20QIPP%20Detail%20Aid.pdf>

Authorised quetiapine brands

Authorised brands of immediate-release quetiapine	Authorised brands of prolonged-release quetiapine
Geroquel film-coated tablets (25mg, 100mg, 200mg) Viatris	
Quetiapine (Accord) film-coated tablets (25mg, 100mg, 200mg, 300mg)	Notiabolfen XL prolonged-release tablets (50mg, 150mg, 200mg, 300mg, 400mg) Accord
Quetex film-coated tablets (25mg, 100mg, 200mg, 300mg) Rowex	Quetex XR prolonged-release tablets (50mg, 200mg, 300mg, 400mg) Rowex
Quetiapine Krka Film-coated Tablets (25mg, 100mg, 200mg, 300mg)	Quentiax SR prolonged-release tablets (50mg, 150mg, 200mg, 300mg, 400mg) Krka
Seropia film-coated tablets (25mg, 100mg, 200mg, 300mg) Clonmel	Seropia XR prolonged-release tablets (50mg, 150mg, 200mg, 300mg, 400mg) Clonmel
Seroquel film-coated tablets (25mg, 100mg) Cheplapharm	Seroquel XR prolonged-release tablets (50mg, 150mg, 200mg, 300mg, 400mg) Cheplapharm
Tevaquel Film-coated Tablets (25mg, 100mg, 200mg, 300mg) Teva	Tevaquel XL prolonged-release tablets (50mg, 200mg, 300mg, 400mg) Teva