QUETIAPINE 100MG:

Class: Atypical antipsychotic Agent,

Indications: Treatment of bipolar disorder

Major depressive disorder: Treatment of major depressive disorder (as adjunctive treatment) (extended release)

Schizophrenia: Treatment of schizophrenia (immediate release and extended release)

Delirium in the critically-ill patient; psychosis/agitation related to Alzheimer's dementia

Available dosage form in the hospital: TAB (25MD,100MG, 200MG)

Dosage:

-Bipolar disorder: Oral:

***Depressive episodes:*

-Immediate release: Initial: 50 mg once daily at bedtime on day 1; increase to 100 mg once daily on day 2, further increase by 100 mg daily each day until 300 mg once daily is reached by day 4. Usual dose: 300 mg once daily*; maximum dose:* 300 mg once daily.

-Extended release: Initial: 50 mg once daily on day 1; increase to 100 mg once daily on day 2, further increase by 100 mg once daily until 300 mg once daily is reached by day 4. Usual dose: 300 mg once daily*; maximum dose*: 300 mg once daily.

***Mania (monotherapy or as an adjunct to lithium or divalproex):*

-Immediate release: Initial: 50 mg twice daily on day 1, further increase by 100 mg daily (administered twice daily) until 200 mg twice daily is reached by day 4; may further increase to 800 mg daily by day 6 in increments of ≤200 mg daily. Usual dosage range: 400-800 mg daily; *maximum dose*: 800 mg daily.

-Extended release: Initial: 300 mg once daily on day 1; increase to 600 mg once daily on day 2 and increase dose to between 400-800 mg once daily on day 3; usual dosage range: 400-800 mg once daily; *maximum dose*: 800 mg once daily.

-*Maintenance therapy (adjunct to lithium or divalproex):* Immediate release or extended release: Usual dosage range: 400-800 mg daily; maximum dose: 800 mg daily. **Note:** In the maintenance phase, patients generally continue on the same dose on which they were stabilized. Average time of stabilization was 15 weeks in clinical trials. During maintenance treatment, periodically reassess need for continued therapy and the appropriate dose. Patients who have discontinued therapy for >1 week should generally be retitrated following reinitiation of therapy; patients who have discontinued <1 week, can generally be reinitiated on their previous maintenance dose.

-Major depressive disorder (adjunct to antidepressants): Oral: Extended release: Initial: 50 mg once daily on days 1 and 2; increase to 150 mg once daily on day 3. Usual dosage range: 150-300 mg daily; *Maximum dose*: 300 mg once daily.

-Schizophrenia: Oral:

-Immediate release: Initial: 25 mg twice daily; increase in increments of 25-50 mg divided 2-3 times daily on days 2 and 3 to a range of 300-400 mg daily in 2-3 divided doses by day 4. Further adjustments as needed at intervals of at least 2 days in increments of 25-50 mg twice daily. Usual dosage range: 150-750 mg daily; maximum dose: 750 mg daily.

-Extended release: Initial: 300 mg once daily; increase in increments of up to 300 mg once daily (in intervals of ≥1 day). Usual dosage range: 400-800 mg once daily; maximum dose: 800 mg once daily.

-*Maintenance therapy (monotherapy):* Extended release: Usual dosage range: 400-800 mg once daily; maximum dose: 800 mg once daily. **Note:** During maintenance treatment, periodically reassess need for continued therapy and the appropriate dose. Patients who have discontinued therapy for >1 week should generally be retitrated following reinitiation of therapy; patients who have discontinued <1 week, can generally be reinitiated on their previous maintenance dose.

-ICU delirium (unlabeled use): Oral: Immediate release: Initial: 50 mg twice daily; may increase as necessary on a daily basis in increments of 50 mg twice daily to a maximum dose of 400 mg daily (Devlin, 2010)

-Switching from immediate release to extended release: May convert patients from immediate release to extended release tablets at the equivalent total daily dose and administer once daily; individual dosage adjustments may be necessary.

-Dosage adjustment for concomitant therapy:

-Concomitant use with a strong CYP3A4 inhibitor (eg, ketoconazole, itraconazole, indinavir, ritonavir, nefazodone): Immediate release or extended release: Decrease quetiapine to one-sixth of the original dose; when strong CYP3A4 inhibitor is discontinued, increase quetiapine by sixfold.

-Concomitant use with a strong CYP3A4 inducer (eg, phenytoin, carbamazepine, rifampin, St John's wort): Immediate release or extended release: Increase quetiapine up to fivefold of the original dose when combined with chronic treatment (>7-14 days) of a strong CYP3A4 inducer; titrate based on clinical response and tolerance; when the strong CYP3A4 inducer is discontinued, decrease quetiapine to the original dose within 7-14 days.

Geriatric

-Bipolar disorder or schizophrenia: Oral:

-Immediate release: Initial: 50 mg daily; may increase in increments of 50 mg daily to an effective dose, based on individual clinical response and tolerability

-Extended release: 50 mg once daily; may increase by 50 mg once daily to an effective dose, based on individual clinical response and tolerability

-Psychosis/agitation related to Alzheimer's dementia (unlabeled use): Oral: Initial: 12.5-50 mg daily; if necessary, gradually increase as tolerated not to exceed 200-300 mg daily (Rabins, 2007)

Renal Impairment:

No dosage adjustment necessary.

Hepatic Impairment:

-Immediate release tablet: Initial: 25 mg daily, increase dose by 25-50 mg daily to effective dose, based on individual clinical response and tolerability

-Extended release tablet: Initial: 50 mg once daily; increase dose by 50 mg once daily to effective dose, based on individual clinical response and tolerability

Common side effect:

Cardiovascular: Diastolic blood pressure increased (children and adolescents, 41%), systolic blood pressure increased (children and adolescents, 15%)

Central nervous system: Somnolence (18% to 57%), headache (7% to 21%), agitation (5% to 20%), dizziness (1% to 18%), fatigue (3% to 14%), extrapyramidal symptoms (1% to 13%)

Endocrine & metabolic: Triglycerides increased (≥200 mg/dL, 8% to 22%), HDL cholesterol decreased (≤40 mg/dL, 6% to 19%), total cholesterol increased (≥240 mg/dL, 7% to 18%), LDL cholesterol increased (≥160 mg/dL, 4% to 17%), hyperglycemia (≥200 mg/dL post glucose challenge or fasting glucose ≥126 mg/dL, 2% to 12%)

Gastrointestinal: Xerostomia (9% to 44%), weight gain (dose related; 3% to 23%), appetite increased (2% to 12%), constipation (6% to 11%)

Pregnancy Risk Factor: C