

**QUETiapine (Rx)**

(kwe-tie'a-peen)

**SEROquel, SEROquel XR***Func. class.:* Antipsychotic, atypical*Chem. class.:* Dibenzothiazepine**Do not confuse:**

QUETiapine/OLANZapine

SEROquel/Serzone/SINEquan

**ACTION:** Functions as an antagonist at multiple neurotransmitter receptors in the brain, including 5HT<sub>1A</sub>, 5HT<sub>2</sub>, dopamine D<sub>1</sub>, D<sub>2</sub>, H<sub>1</sub>, and adrenergic  $\alpha_1$ ,  $\alpha_2$  receptors

**USES:** Bipolar disorder, bipolar I disorder, depression, mania, schizophrenia, borderline personality disorder

**CONTRAINDICATIONS:** Hypersensitivity, breastfeeding

**Precautions:** Pregnancy, geriatric patients, hepatic/cardiac disease, breast cancer, long-term use, seizures, QT prolongation, brain tumor, hematologic disease, torsades de pointes, cataracts, dehydration, abrupt discontinuation

**Black Box Warning:** Children, suicidal ideation, increased mortality in elderly patients with dementia-related psychosis

**DOSAGE AND ROUTES**

**Bipolar disorder, depressed phase, monotherapy in acute management:**

• **Adult: PO** (Regular release and extended release) 50 mg/day on day 1, 100 mg/day on day 2, 200 mg/day on day 3, then 300 mg/day on day 4. Max 300 mg/day. All doses given at bedtime

**Bipolar disorder, maintenance, in combination with lithium or divalproex**

• **Adult: PO** (Regular-release tablets) 400-800 mg/day divided bid, max 800 mg/day; (ext-rel tablets) 400-800 mg/day in the evening, max 800 mg/day. Periodically reassess for need and appropriate dose for maintenance treatment

• **Geriatric, debilitated, or at risk for hypotension: PO** 25 mg bid, titrate upward slowly; **ext rel** 50 mg in evening, max 800 mg/day

• **Child  $\geq 10$  yr/adolescent: PO** 25 mg bid day 1, 50 mg bid day 2, 100 mg bid day 3, 150 mg bid day 4, 200 mg bid beginning day 5, max 600 mg/day; **ext rel** 50 mg day 1, 100 mg day 2, 200 mg day 3, 300 mg day 4, 400 mg day 5, give in evening

**Schizophrenia**

• **Adult: PO** (not at risk for hypotension) 25 mg bid on day 1, increase by 25-50 mg divided 2 to 3 $\times$  on day 2 and day 3 to a target of 300-400 mg/day in divided doses by day 4, further dosage adjustment can be made in 25-50 mg bid increments, max 800 mg/day; (**XR**) 300 mg/day in PM, range 400-800 mg/day, max 800 mg/day

• **Adolescent 13-17 yr: PO** 25 mg bid on day 1, 50 mg bid on day 2, 100 mg bid on day 3, 150 mg bid on day 4, 200 mg bid on day 5; **ext rel** 50 mg on day 1, then 100 mg on day 2, 200 mg on day 3, 300 mg on day 4, 400 mg on day 5

• **Geriatric: PO EXT REL** 50 mg/day may increase in 50 mg/day increments

**Depressive disorder**

• **Adult: PO EXT REL** 50 mg/day in PM on days 1, 2; on day 3, give 150 mg in PM

• **Geriatric, debilitated or at risk for hypotension: PO EXT REL** 50 mg on day 1 and 2, may increase by 50 mg/day based on response

**Available forms:** Tabs 25, 50, 100, 200, 300, 400 mg; ext rel tab 50, 150, 200, 300, 400 mg

**Administer:**

- Reduced dose to geriatric patients
- Avoid use of CNS depressants
- Store in tight, light-resistant container
- If there is a wk or more absence of therapy, initiate at beginning dose
- **Immediate release:** without regard to meals

• **Ext rel:** without food or with light meal  $\leq 300$  calories; swallow whole; do not split, crush, chew; can switch from immediate release to extended release by giving total daily dose daily