

# QUETIAPINE (Seroquel, Seroquel XR) Fact Sheet [G]

## Bottom Line:

Quetiapine's low risk for EPS and broad spectrum of efficacy make it an appealing first-choice agent. However, sedation, weight gain, and orthostasis may limit use. Dosing at bedtime, or switching to XR, may help reduce daytime sedation.

## FDA Indications:

**Schizophrenia** (adults and children  $\geq 13$  years); **bipolar**, manic/mixed episodes (adults and children  $\geq 10$  years); **bipolar I or II depression; maintenance treatment for bipolar; major depression**, as adjunct.

## Off-Label Uses:

Insomnia; anxiety disorders; behavioral disturbances; impulse control disorders.

## Dosage Forms:

- **Tablets (G):** 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg.
- **XR tablets (G):** 50 mg, 150 mg, 200 mg, 300 mg, 400 mg.

## Dosage Guidance:

- Schizophrenia (adults): Start 25 mg BID or 300 mg XR QHS. Target dose: 400–800 mg/day.
- Bipolar (adults): Start 50 mg BID or 300 mg XR QHS. Target dose: 400–800 mg/day (mania, maintenance), 300 mg/day (depression).
- Adolescents: Start 25 mg BID or 50 mg XR QHS, increase to 100 mg/day (IR divided BID, XR taken QHS) on day two, then increase by 100 mg/day daily to target dose 400–600 mg/day (mania) or 400–600 mg/day (schizophrenia).
- Depression: Start 50 mg IR/XR QHS. Target dose: 150–300 mg/day.
- For all indications: May  $\uparrow$  dose by 50–100 mg/day increments, given in divided doses, every one to four days (or as much as 300 mg/day XR increments in intervals of greater than one day) to target dose.
- Max daily dose in adults: 800 mg/day.
- Consider dosing slower and lower in pediatric, elderly, or debilitated patients.
- Dose timing: Usually dosed at bedtime due to sedation, but the XR formulation has been shown to be less sedating than IR and is often tolerated with morning dosing.

**Monitoring:** Fasting glucose, lipids.

**Cost:** \$

## Side Effects:

- Most common: Somnolence, hypotension, dry mouth, dizziness, constipation, weight gain, fatigue.
- Serious but rare: Orthostatic hypotension, particularly at high dose or with rapid titration.
- Pregnancy/breastfeeding: Considered relatively safe.

## Mechanism, Pharmacokinetics, and Drug Interactions:

- Dopamine D2 and serotonin 5-HT<sub>2A</sub> receptor antagonist.
- Metabolized by CYP3A4;  $t_{1/2}$ : 6 hours (XR: 7 hours).
- Avoid or use caution with agents that may cause additional orthostasis. CYP3A4 inducers (eg, carbamazepine) may lower quetiapine levels; CYP3A4 inhibitors (eg, erythromycin, ketoconazole) may increase quetiapine levels. Adjust quetiapine dose in presence of CYP3A4 inducers or inhibitors.

## Clinical Pearls:

- Swallow XR tablet whole; do not break, crush, or chew; switch between IR and XR at the same total daily dose; dose adjustments may be necessary based on response and tolerability.
- If patient discontinues drug for more than one week, re-titrate dose as with initial therapy.
- Quetiapine abuse has been reported, particularly in incarcerated populations.

## Fun Fact:

Cataracts developed in initial studies with beagle dogs; human studies have not shown an association. However, the label still recommends a slit-lamp exam every six months.