Tiapine™ XR

Quetiapine

Presentation

Tiapine™ 50 XR Tablet: Each extended release film coated tablet contains Quetiapine 50 mg (as Quetiapine Fumarate USP).
Tiapine™ 200 XR Tablet: Each extended release film coated tablet contains Quetiapine 200 mg (as Quetiapine Fumarate USP).
Tiapine™ XR 300 Tablet: Each extended release film coated tablet contains Quetiapine 300 mg (as Quetiapine Fumarate USP).

Pharmacodynamic properties

Quetiapine Fumarate is an atypical antipsychotic agent. Quetiapine Fumarate is an antagonist at multiple neurotransmitter receptors in the brain: serotonin 5HT1A and 5HT2, dopamine D1 and D2, histamine H1 and adrenergic α1 and α2 receptors. Quetiapine Fumarate has no appreciable affinity at cholinergic muscarinic and benzodiazepine receptors. The efficacy of Quetiapine Fumarate in schizophrenia is mediated through a combination of dopamine (D2) and serotonin (5HT2) antagonism. Quetiapine's antagonism of histamine H1 receptors causes somnolence and antagonism of adrenergic α1 receptors causes orthostatic hypotension.

Pharmacokinetic properties

Quetiapine Fumarate is rapidly absorbed after oral administration, reaching peak plasma concentrations in 1.5 hours. The tablet formulation is 100% bioavailable relative to solution. The bioavailability of Quetiapine Fumarate is marginally affected by administration with food. Quetiapine Fumarate is widely distributed throughout the body. It is 83% bound to plasma proteins at therapeutic concentrations. Approximately 73% and 20% of the dose was recovered in the urine and feces, respectively. Elimination of Quetiapine Fumarate is mainly via hepatic metabolism with a mean terminal half-life of about 6 hours within the proposed clinical dose range. Steady-state concentrations are expected to be achieved within two days of dosing.

Indications

- Schizophrenia
- Acute manic episodes associated with bipolar I disorder, as monotherapy or adjunct therapy to mood stabilizers

Dosage & Administration

Quetiapine should be administered once daily, with or without food.

Indications	Initial Dose and Titration	Recommended Dose	Maximum Dose
Schizophrenia – Adults	Day 1: 300 mg/day Dose increases can be made at intervals as short as 1 day and in increments of up to 300 mg/day	400 - 800 mg/day	800 mg/day
Schizophrenia – Adolescents (13 to 17 Years)	Day 1: 50 mg/day Day 2: 100 mg/day Day 3: 200 mg/day Day 4: 300 mg/day Day 5: 400 mg/day	400 - 800 mg/day	800 mg/day
Schizophrenia Maintenance – Monotherapy – Adults	n/a	400 - 800 mg/day	800 mg/day
Bipolar I Disorder, manic or mixed – Acute monotherapy or adjunct to lithium or divalproex – Adults	Day 1: 300 mg/day Day 2: 600 mg/day Day 3: between 400 and 800 mg /day	400-800 mg/day	800 mg/day
Bipolar I Disorder, manic – Acute monotherapy – Children and Adolescents (10 to 17 years)	Day 1: 50 mg/day Day 2. 100 mg/day Day 3: 200 mg/day Day 4: 300 mg/day Day 5: 400 mg/day	400-600 mg/day	600 mg/day
Bipolar Disorder, Depressive Episodes – Adults	Day 1: 50 mg/day Day 2: 100 mg/day Day 3: 200 mg/day Day 4: 300 mg/day	300 mg/day	300 mg/day
Bipolar I Disorder, Maintenance – Adjunct to lithium or divalproex – Adults	n/a	400 - 800 mg/day	800 mg/day
Major Depressive Disorder – Adjunctive Therapy with Antidepressants – Adults	Day 1: 50 mg/day Day 2: 50 mg/day Day 3: 150 mg/day	150-300 mg/day	300 mg/day

Contraindications

Quetiapine is contraindicated in patients with a known hypersensitivity to this medication or any of its ingredients.

Precautions

Quetiapine should be used with caution in patients with cardiovascular disease and cerebrovascular disease, seizures, tardive dyskinesia and neuroleptic malignant syndrome. In such an event dose reduction or discontinuation of Quetiapine should be considered.

Acute withdrawal reactions

Acute withdrawal symptoms including nausea, vomiting and insomnia have very rarely been described after abrupt cessation of high doses of antipsychotic drugs. Therefore, gradual withdrawal is advisable.

In hepatic and renal impairment

Patients with hepatic or renal impairment should be started on 25 mg/day. The dose should be increased daily, in increments of 25 to 50 mg, to an effective dose.

Side Effects

The very commonly reported side effects with Quetiapine is dizziness; commonly reported side effects are somnolence, leucopenia, neutropenia, tachycardia, neuroleptic malignant syndrome, dry mouth, mild asthenia, constipation, orthostatic hypotension, dyspepsia, syncope, peripheral edema, weight gain, elevation in serum transaminases and rhinitis.

Drug interactions

Quetiapine should be used with caution in combination with other centrally acting drugs and alcohol. Co-administration of Quetiapine with phenytoin, thioridazine and carbamazepine increases clearance of Quetiapine. Co-administration with potent CYP3A4 inhibitors such as azole antifungals and macrolide antibiotics increases plasma concentration of Quetiapine. Quetiapine may antagonize the effects of levodopa and dopamine agonists.

Use in pregnancy and lactation

Pregnancy category C. The safety and efficacy of Quetiapine during human pregnancy have not been established. Therefore, Quetiapine should only be used during pregnancy if the benefits justify the potential risks. Women receiving Quetiapine should not breast feed.

Overdose

In human, experience with Quetiapine Fumarate in acute overdoses was limited with estimated doses ranging from 1200 mg to 9600 mg and no fatalities were reported. In general, reported signs and symptoms were drowsiness and sedation, tachycardia and hypotension. In case of acute overdoses, ensure adequate oxygenation and ventilation. Close medical supervision with cardiovascular monitoring should continue until the patient recovers.

Storage

Store in a cool (below 30˚C) and dry place, away from light. Keep out of the reach of children.

Packing

Tiapine™ 50 XR Tablet: Each box contains 5 blister packs with each blister of 10 Tablets.
Tiapine™ 200 XR Tablet: Each box contains 3 blister packs with each blister of 10 Tablets.
Tiapine™ XR 300 Tablet: Each box contains 3 blister packs with each blister of 10 Tablets.

Manufactured by:
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