INDICATIONS AND USAGE

1.1 Schizophrenia
Quetiapine fumarate extended-release tablets are indicated for the treatment of schizophrenia. The efficacy of quetiapine fumarate extended-release tablet for schizophrenia was established in two 6-week, one monotherapy trial in adults with schizophrenia. Efficacy was supported by three 6-week, one maintenance trial in adults with schizophrenia and six 6-week, one monotherapy trial in children and adolescents with schizoaffective disorder (13-17 years).

1.2 Bipolar Disorder
Quetiapine fumarate extended-release tablets are indicated for the acute treatment of manic or mixed episodes associated with bipolar I disorder, both as monotherapy and in combination with lithium or valproate. The efficacy of quetiapine fumarate extended-release tablet for manic or mixed episodes associated with bipolar I disorder was established in a 12-week double-blind, placebo-controlled trial in which 605 patients were randomized to quetiapine fumarate extended-release tablet (300 mg to 800 mg/day) or placebo, as-needed. The mean change from baseline in Young Mania Rating Scale (YMRS) total score for the quetiapine fumarate extended-release tablet group was -16.4 (range: -5 to -41) and for the placebo group was -5.1 (range: -16 to -20).

1.3 Adjunctive Treatment of Major Depressive Disorder (MDD)
Quetiapine fumarate extended-release tablets are indicated for use as an adjunct to an antidepressant in the treatment of depressive episodes associated with bipolar I disorder. The efficacy of quetiapine fumarate extended-release tablets as an adjunct to an antidepressant in the treatment of depressive episodes associated with bipolar I disorder was established in one 8-week trial in adults with bipolar I disorder and supported by two 8-week trials in adolescents with bipolar I disorder (12 to 17 years).

2. DOSAGE AND ADMINISTRATION

2.1 Important Administration Instructions
Quetiapine fumarate extended-release tablets should be swallowed whole and not chewed, divided, or crushed.

2.2 Recommended Dosing
The recommended initial dose, titration, dose range and maintenance quetiapine fumarate extended-release tablet dose for each approved indication is displayed in Table 1. After initial dosing, adjustment of each indication is based on response, monitoring for the clinical response and tolerability of the patient [see CLINICAL STUDIES (14.2, 14.3)].

2.3 Dose Modifications

2.3.1 In Elderly Patients
Elderly patients should be started on quetiapine fumarate extended-release tablet 50 mg/day and the dose can be increased in increments of 10 mg up to 150 mg/day, pending on the clinical response and tolerability of the patient [see CLINICAL STUDIES (14.1.1, 14.1.2)].

2.3.2 In Hepatically Impaired Patients
Patients with hepatic impairment should be started on quetiapine fumarate extended-release tablet 50 mg/day and the dose can be increased in increments of 10 mg up to 150 mg/day, pending on the clinical response and tolerability of the patient [see CLINICAL STUDIES (14.1.1, 14.1.2)].

2.3.3 In Patients with Seizures
Quetiapine fumarate extended-release tablets should be started in a one half of original dose when a patient with epilepsy is started on quetiapine fumarate extended-release tablets to avoid a precipitous drop in serum concentration of the anticonvulsant therapy [see WARNINGS AND PRECAUTIONS (5.2)].

2.4 Dose Modifications when used with CYP3A4 Inducers
Quetiapine fumarate extended-release tablets should be decreased in 50 mg increments every 2 weeks with CYP3A4 inducers [see CLINICAL PHARMACOLOGY (12.3) and CLINICAL STUDIES (14.2)].

2.5 Dose Management for Patients Previously Discontinued

2.5.1 When Initiating Treatment
Quetiapine fumarate extended-release tablets should be started in a one half of original dose when a patient with schizophrenia is started on quetiapine fumarate extended-release tablets to avoid a precipitous drop in serum concentration of the antipsychotic therapy [see WARNINGS AND PRECAUTIONS (5.2)].

2.5.2 When Initiating Treatment
Quetiapine fumarate extended-release tablets should be started in a one half of original dose when a patient with schizophrenia is started on quetiapine fumarate extended-release tablets to avoid a precipitous drop in serum concentration of the antipsychotic therapy [see WARNINGS AND PRECAUTIONS (5.2)].

2.5.3 When Initiating Treatment
Quetiapine fumarate extended-release tablets should be started in a one half of original dose when a patient with schizophrenia is started on quetiapine fumarate extended-release tablets to avoid a precipitous drop in serum concentration of the antipsychotic therapy [see WARNINGS AND PRECAUTIONS (5.2)].

2.6 Dose Modifications when used with CYP3A4 Inducers
Quetiapine fumarate extended-release tablets should be decreased in 50 mg increments every 2 weeks with CYP3A4 inducers [see CLINICAL PHARMACOLOGY (12.3) and CLINICAL STUDIES (14.2)].

2.7 Re-initiation of Treatment in Patients Previously Discontinued
Quetiapine fumarate extended-release tablets should be started in a one half of original dose when a patient with schizophrenia is started on quetiapine fumarate extended-release tablets to avoid a precipitous drop in serum concentration of the antipsychotic therapy [see WARNINGS AND PRECAUTIONS (5.2)].

2.8 Switching from Antipsychotics
There are no systematically conducted studies specifically addressing switching patients from other antipsychotics to quetiapine fumarate extended-release tablets in correcting concurrent antipsychotic administration with other antipsychotics. While gradual discontinuation of the prior antipsychotic treatment may be acceptable in some patients, most guideline discontinuation may be too inappropriate for others. In adult patients with schizophrenia (16 years and older), quetiapine fumarate extended-release tablets should be started within 1 day of discontinuation of the prior antipsychotic treatment. Use of quetiapine fumarate extended-release tablets within 1 day of discontinuation of the prior antipsychotic treatment for patients with schizophrenia (16 years and older) has not been systematically evaluated in controlled clinical trials [see CLINICAL STUDIES (14.1, 14.2)].

2.9 Switching from Antipsychotics
Quetiapine fumarate extended-release tablets are not recommended for use in opioid-dependent patients when used for the treatment of opioid dependence [see CONTRAINDICATIONS (5.2), WARNINGS AND PRECAUTIONS (5.2), and DRUG INTERACTIONS (7.2)].

3. DOSAGE FORMS AND STRENGTHS

3.1 Dosage Forms
Quetiapine fumarate extended-release tablets are available as light pink, oval, film-coated tablets containing 100 mg, 200 mg, 300 mg, 400 mg, or 600 mg of quetiapine fumarate. Each tablet contains the following inactive ingredients: sodium starch glycolate, magnesium stearate, and/or talc. The 100 mg tablet also contains titanium dioxide and FD&C Yellow No. 6.

3.2 Strengths
The strengths of quetiapine fumarate extended-release tablets are 100 mg, 200 mg, 300 mg, 400 mg, and 600 mg.
A pooled analysis of placebo-controlled trials in children and adolescents with MDD, obsessive compulsive disorder (OCD), or other psychiatric disorders included a total of 24 short-term trials of 9 antidepressants compared to placebo in adults beyond age 24; there was a reduction with antidepressants compared to placebo in adults aged 65 and older.

The following symptoms, anxiety, agitation, panic attacks, increased or new motor restlessness, irritability, hostility, hypomania, or mania have been reported with antidepressants and may represent a precursory to suicidality and/or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes, either increases or emerges, in behavior.

Table 2: Drug-Placebo Difference in Number of Cases of Suicidality per 1000 Patients Treated

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Drug</th>
<th>Difference to Placebo</th>
<th>p Value</th>
<th>No. of Patients Treated</th>
<th>No. of Suicidal Events</th>
<th>Drug</th>
<th>Difference to Placebo</th>
<th>p Value</th>
<th>No. of Patients Treated</th>
<th>No. of Suicidal Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-17 years</td>
<td>Escitalopram</td>
<td>14 cases (4.5% increase)</td>
<td>&lt;0.001</td>
<td>1500</td>
<td>10</td>
<td>Placebo</td>
<td>Decreases to Placebo</td>
<td>64 cases (12.8% decrease)</td>
<td>0.027</td>
<td>1500</td>
</tr>
<tr>
<td>18-24 years</td>
<td>Quetiapine fumarate extended-release tablet</td>
<td>5 cases (1.5% decrease)</td>
<td>0.882</td>
<td>500</td>
<td>3</td>
<td>Placebo</td>
<td>Decreases to Placebo</td>
<td>64 cases (12.8% decrease)</td>
<td>0.027</td>
<td>2000</td>
</tr>
<tr>
<td>25-64 years</td>
<td>Citalopram</td>
<td>No suicides in any study</td>
<td>0.053</td>
<td>500</td>
<td>0</td>
<td>Placebo</td>
<td>Decreases to Placebo</td>
<td>64 cases (12.8% decrease)</td>
<td>0.027</td>
<td>2000</td>
</tr>
</tbody>
</table>

Suicidality risk extends to long-term use, and either the emergence of new symptoms and/or the恶化ment of symptoms already present, represent important warning signs requiring close monitoring...
to changing the therapeutic regimen, including discontinuing the medication in patients whose symptoms persist or worsen or who are experiencing unacceptable adverse events. Care should be taken to withdraw quetiapine fumarate extended-release tablet gradually, as discussed above, to minimize the risk of withdrawal symptoms.

5.3 Cerebrovascular Adverse Reactions, Including Stroke, in Elderly Patients with Dementia-Related Psychosis

In placebo-controlled trials with risperidone, aripiprazole, and olanzapine in elderly subjects with dementia, there was a higher incidence of cerebrovascular adverse reactions (cerebrovascular accidents and transient ischemic attacks), including fatalities, compared to placebo-treated subjects. Quetiapine fumarate extended-release tablet is not approved for the treatment of patients with dementia-related psychosis (see BOXED WARNING and WARNINGS AND PRECAUTIONS (5.1)).

5.4 Neuroleptic Malignant Syndrome (NMS)

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs, including quetiapine. Some cases of NMS have been reported with quetiapine. Clinical trials of NMS in patients who are not in the hospital setting have found NMS can occur within several days to several weeks after the beginning of treatment with antipsychotic drugs, including quetiapine.

Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (e.g., tachycardia, diaphoresis, and hyperactive deep tendon reflexes). Additional signs may include elevated creatine phosphokinase, rhabdomyolysis, and acute renal failure.

The diagnosis of NMS should be considered when at least three of the following are present: hyperpyrexia, muscle rigidity, altered mental status, evidence of autonomic instability, and evidence of multisystem involvement (e.g., rhabdomyolysis, renal failure). The diagnostic evaluation of patients with this syndrome is complicated. In arriving at a diagnosis, it is important to exclude cases where the clinical presentation includes both serious medical illness (e.g., pneumonia, sepsis) and untreated or inadequately treated extrapyramidal symptoms (EPS) or other atypical symptoms (e.g., sexual dysfunction, mood abnormalities, unexplained weight loss). In such cases, EPS or other atypical symptoms could be manifestations of a serious medical illness and should be treated as such. It is important to rule out other disorders that may mimic NMS, such as head trauma, intracranial lesions, or stroke.

The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no agreement about the specific pharmacological treatment regimen for NMS. In general, supportive and symptomatic treatment is the mainstay of therapy.

If treatment is required, antipsychotic drug treatment may be re-introduced, but at a lower dose than previously prescribed, and should be carefully monitored. Other treatments that have been used include benzodiazepines, anticholinergics, and parenteral neuroleptics.
Table 11 shows the incidence of these shifts in short term placebo-controlled clinical trials. Shifts in total T<sub>4</sub> (<0.8 LLN), 2.0% (357/17513); decrease in total T<sub>4</sub> monotherapy studies. Some patients with TSH increases needed replacement thyroid treatment. In quetiapine fumarate extended-release tablet versus 3.4% (18/534) on placebo experienced increased thyroid stimulating hormone (TSH). Decreased free thyroxine (<0.8 LLN) and 1.6% (21/1346) on quetiapine fumarate extended-release tablet. Therefore, both TSH and free T<sub>4</sub> progression during more chronic therapy. In nearly all cases, cessation of quetiapine treatment was dose range was maximal in the first six weeks of treatment and maintained without adaptation or 5.12 QT Prolongation This time. Therefore, examination of the lens by methods adequate to detect cataract formation, such as 5.11 Cataracts The development of cataracts was observed in association with quetiapine treatment in chronic dog systolic blood pressure (≥20 mmHg) was 15.2% (51/335) for quetiapine fumarate tablet and 5.5% increases at any time in diastolic blood pressure (≥10 mmHg) was 46.7% (43/92) for quetiapine in a placebo-controlled quetiapine fumarate extended-release tablet clinical trial (8 weeks duration) in 5.7 Hypotension The incidence of hypotension was less than 1% in placebo-controlled clinical trials. Patients with a history of seizures or with conditions that potentially lower the seizure threshold, e.g., 5.6 Allergic Reactions Anaphylaxis has been reported in patients treated with quetiapine fumarate extended-release tablet. The risk of developing cataracts was observed in association with quetiapine treatment in chronic dog hypertension was observed in association with quetiapine treatment in chronic dog 5.10 Pregnancy and Lactation 5.11 Cataracts The development of cataracts was observed in association with quetiapine treatment in chronic dog 5.12 QT Prolongation This time. Therefore, examination of the lens by methods adequate to detect cataract formation, such as 5.11 Cataracts The development of cataracts was observed in association with quetiapine treatment in chronic dog hypertension was observed in association with quetiapine treatment in chronic dog
Table 10: Incidence of Shifts in Thyroid Hormone Levels and TSH in Short Term Placebo-Controlled Clinical Trials

<table>
<thead>
<tr>
<th>Group</th>
<th>Incident (1/Number of Patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quetiapine</td>
<td>Placebo</td>
</tr>
<tr>
<td>Adults</td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>Placebo</td>
</tr>
<tr>
<td>Adults</td>
<td>Adults</td>
</tr>
<tr>
<td>Adults</td>
<td>Adults</td>
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<tr>
<td>Adults</td>
<td>Adults</td>
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<td>Adults</td>
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<td>Adults</td>
<td>Adults</td>
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<tr>
<td>Adults</td>
<td>Adults</td>
</tr>
<tr>
<td>Adults</td>
<td>Adults</td>
</tr>
</tbody>
</table>

Includes quetiapine fumarate tablet and quetiapine fumarate extended-release tablet data.

In acute placebo-controlled trials in children and adolescent patients with 10 to 17 years of age (N=2190), the incidence of reciprocal shifts in TSH was 0.0% (0/219) for quetiapine (1/4800) and placebo (0/2190) and for T₄ and T₃ the shifts were 0.1% (4/390) for quetiapine versus 0.0% (0/390) for placebo.

5.15 Adverse Reactions

5.15.1 General</no父亲>
Quetiapine fumarate is extensively metabolized by the liver, and higher plasma levels are expected in patients coadministered with strong CYP3A4 inducers (see CLINICAL PHARMACOLOGY (14.3) and DOSAGE AND ADMINISTRATION (2) and CLINICAL PHARMACOLOGY (12.5)).

Patients with quadriplegia and hypothermia, a CYP3A4 inhibitor, increased the mean clearance of quetiapine by 50%. In a study of quetiapine fumarate extended-release tablets up to 400 mg/d, the dose of quetiapine fumarate extended-release tablets should be reduced to 50% of the original dose in the elderly (75 years and older) (see DOSAGE AND ADMINISTRATION (2.2)) and CLINICAL PHARMACOLOGY (12.5). Methyl alcohol tablets are formulated, the dose of quetiapine fumarate extended-release tablets should be reduced to half of the original dose for 2 or 3 doses before reevaluation (see DOSAGE AND ADMINISTRATION (2.2)) and CLINICAL PHARMACOLOGY (12.5)).

The potential effects of concomitant cardiovascular, antipsychotic, and antidepressant medications were studied.

2.2.2 Effects of Drug Interactions

Coadministration of hepatic enzyme inducers may increase drug clearance and decrease drug exposure, while coadministration of potent inhibitors of hepatic enzyme metabolism may decrease drug clearance and increase drug exposure. In clinical studies, quetiapine blood levels increased approximately 2-fold in patients coadministered with ketoconazole, a potent inhibitor of cytochrome CYP3A4, and decreased approximately 50% in patients coadministered with a strong CYP3A4 inducer (see CLINICAL PHARMACOLOGY (14.3) and DOSAGE AND ADMINISTRATION (2.2)) and CLINICAL PHARMACOLOGY (12.5)).

Coadministration of quetiapine and phenytoin, a CYP3A4 inhibitor, increased the mean clearance of quetiapine by 75%. In a study of quetiapine fumarate extended-release tablets up to 400 mg/d, the dose of quetiapine fumarate extended-release tablets should be reduced to 1/3 of the original dose for 1 to 2 doses before reevaluation (see DOSAGE AND ADMINISTRATION (2.2)) and CLINICAL PHARMACOLOGY (12.5)).

Coadministration of quetiapine and cimetidine, a CYP3A4 inhibitor, increased the mean clearance of quetiapine by 50%. In a study of quetiapine fumarate extended-release tablets up to 400 mg/d, the dose of quetiapine fumarate extended-release tablets should be reduced to 1/3 of the original dose for 1 to 2 doses before reevaluation (see DOSAGE AND ADMINISTRATION (2.2)) and CLINICAL PHARMACOLOGY (12.5)).
Quetiapine fumarate extended-release tablets are, when used for its intended purpose, harmless to animals or humans for the period for which it is intended to be used. While the clinical trials have not demonstrated a lack of drug-related adverse effects, the information is not available and, in some cases, it is not possible to predict the effects in this limited experience on the oral dose of 800 mg/day in the two-year studies. However, the clinical trials have demonstrated a lack of drug-related adverse effects on the oral dose of 800 mg/day in the one-year study.

10 OVERDOSAGE

10.1 Human Experience

In a clinical trial, quetiapine has been reported to cause a maximum of 20 mg/day of quetiapine. The final treatment was stopped and the patients were treated with occur (in the treatment of this condition). The mean serum quetiapine level was 800 mg/kg for two years. These doses are equivalent to 0.1, 0.5, 1.5, and 4.5 times the maximum human dose on mg/m² based on predicted body surface area. A complete blood count showed no abnormalities.

Quetiapine is a very potent drug and may cause severe adverse effects. The mean serum quetiapine level was 800 mg/kg for two years. These doses are equivalent to 0.1, 0.5, 1.5, and 4.5 times the maximum human dose on mg/m² based on predicted body surface area. A complete blood count showed no abnormalities.

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Table 24: Receptor Affinities (Ki, nM) for Quetiapine and Norquetiapine

<table>
<thead>
<tr>
<th>Receptor</th>
<th>Quetiapine</th>
<th>Norquetiapine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dopamine D1</td>
<td>130</td>
<td>10</td>
</tr>
<tr>
<td>Dopamine D2</td>
<td>&lt;100</td>
<td>10</td>
</tr>
<tr>
<td>Dopamine D3</td>
<td>&lt;100</td>
<td>10</td>
</tr>
<tr>
<td>Dopamine D4</td>
<td>&lt;100</td>
<td>10</td>
</tr>
<tr>
<td>Serotonin 5HT1A</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Serotonin 5HT2A</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Serotonin 5HT2C</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Muscarinic M1</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Muscarinic M2</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Muscarinic M3</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Muscarinic M4</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Histamine H1</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Histamine H2</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Histamine H3</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Adrenergic α1</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Adrenergic α2</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

11 NONCLINICAL TOXICOLOGY

11.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

11.1.1 Carcinogenesis

Quetiapine was not tested in the standard battery of in vitro mutagenicity tests or in vivo clastogenicity tests. In post-marketing surveillance, cases of quetiapine have been reported in 21 cases (see PRECAUTIONS, ALCOHOL AUDIT). However, the clinical trials have demonstrated a lack of drug-related adverse effects on the oral dose of 800 mg/day in the one-year study.

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14.1 Schizophrenia

Table 29: Depressive Episodes Associated with Bipolar Disorder

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment Group</th>
<th>Total Number</th>
<th>LS Mean Baseline Score (SD)</th>
<th>LS Mean Change from Baseline Score (SD)</th>
<th>CI 95% Lower Bound</th>
<th>CI 95% Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Placebo</td>
<td>32</td>
<td>11.9 (1.2)</td>
<td>-11.9 (1.2)</td>
<td>-17 (1.2)</td>
<td>-6 (1.2)</td>
</tr>
<tr>
<td>2</td>
<td>Quetiapine fumarate extended-release tablet 400 mg/day</td>
<td>31</td>
<td>10.5 (1.2)</td>
<td>-10.5 (1.2)</td>
<td>-15 (1.2)</td>
<td>-5 (1.2)</td>
</tr>
<tr>
<td>3</td>
<td>Quetiapine fumarate extended-release tablet 600 mg/day</td>
<td>30</td>
<td>10.0 (1.2)</td>
<td>-10.0 (1.2)</td>
<td>-15 (1.2)</td>
<td>-5 (1.2)</td>
</tr>
<tr>
<td>4</td>
<td>Quetiapine fumarate extended-release tablet 800 mg/day</td>
<td>29</td>
<td>9.5 (1.2)</td>
<td>-9.5 (1.2)</td>
<td>-14 (1.2)</td>
<td>-4 (1.2)</td>
</tr>
</tbody>
</table>

The primary endpoint was the change from baseline in total YMRS score. Quetiapine fumarate extended-release tablet was superior to placebo in the reduction of the YMRS total score at week 3.
300 mg Tablets are pale yellow colored, capsule shaped, biconvex, film coated tablets debossed with

Bottle of 100 tablets (NDC 68180-614-01).

Bottle of 60 tablets (NDC 68180-614-07).

Bottle of 100 tablets (NDC 68180-613-01).

Bottle of 60 tablets (NDC 68180-613-07).

50 mg Tablets are peach to red colored, capsule shaped, biconvex, film coated tablets debossed with

“LU” on one side and “K71” on the other side

Bottle of 100 tablets (NDC 68180-612-01).

Bottle of 60 tablets (NDC 68180-612-07).

14.3 Major Depressive Disorder, Adjunctive Therapy to Antidepressants

The efficacy of quetiapine fumarate extended-release tablet as adjunctive therapy to antidepressants in the treatment of MDD was demonstrated in two 6-week placebo-controlled, fixed-dose trials (Studies 1 and 2 in Table 30).

The primary endpoint in these trials was change from baseline to week 6 in the Montgomery-Asberg Depression Rating Scale (MADRS), quetiapine fumarate extended-release tablet 150 mg once daily as

adjunctive treatment was superior to antidepressant therapy alone in reduction of MADRS total score in both trials. Quetiapine fumarate extended-release tablet 300 mg once daily as

the treatment of MDD was demonstrated in two 6-week placebo-controlled, fixed-dose trials (n=936).

Doses that are

From baseline.

Doses that

are

significantly

superior to

placebo) in

reduction of

MADRS score is

statistically

significant

at the 5% level. (studies 1 and 2 in Table 30)

AD:

placebo

AD:

placebo

‡

†

Table 30: Major Depressive Disorder, Adjunctive Therapy to Antidepressants

<table>
<thead>
<tr>
<th>Study</th>
<th>Treatment Group</th>
<th>Placebo</th>
<th>Change from Baseline Mean (SE)</th>
<th>AD</th>
<th>Placebo</th>
<th>Change from Baseline Mean (SE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Placebo Control</td>
<td>29.6(5.4)</td>
<td>-3.4 (1.6)</td>
<td>AD:</td>
<td>Placebo Control</td>
<td>29.6(5.4)</td>
</tr>
<tr>
<td></td>
<td>Placebo Control</td>
<td>30.6(5.3)</td>
<td>-2.4 (1.5)</td>
<td>AD:</td>
<td>Placebo Control</td>
<td>30.3(5.3)</td>
</tr>
<tr>
<td></td>
<td>Placebo Control</td>
<td>31.1(5.7)</td>
<td>-1.9 (1.5)</td>
<td>AD:</td>
<td>Placebo Control</td>
<td>30.6(5.3)</td>
</tr>
<tr>
<td>Study 2</td>
<td>Placebo Control</td>
<td>32.4(5.9)</td>
<td>-0.8 (1.5)</td>
<td>AD:</td>
<td>Placebo Control</td>
<td>32.3(5.9)</td>
</tr>
<tr>
<td>Study 2</td>
<td>Placebo Control</td>
<td>33.3(7.1)</td>
<td>-1.6 (1.5)</td>
<td>AD:</td>
<td>Placebo Control</td>
<td>33.1(7.1)</td>
</tr>
</tbody>
</table>

Table 29: Major Depressive Disorder, Adjunctive Therapy to Antidepressants

| AD | Antidepressant Group | Placebo | Table 39: Indications for Administration and Handling

8.4 HOW SUPPLIED/STORAGE AND HANDLING

25 mg Tablets are peach to red colored, capsule shaped, licorice, film coated tablets debossed with "LU" on one side and "K74" on the other side

Bottle of 60 tablets (NDC 61810-318-01).

Bottle of 100 tablets (NDC 61810-318-07).

Bottle of 60 tablets (NDC 61810-319-01).

Bottle of 100 tablets (NDC 61810-319-07).

Bottle of 60 tablets (NDC 61810-313-01).

Bottle of 100 tablets (NDC 61810-313-07).

Bottle of 60 tablets (NDC 61810-312-01).

Bottle of 100 tablets (NDC 61810-312-07).
INDICATIONS AND USAGE (will depend upon the physician's assessment of the chronicity and severity of the patient's symptoms and whether the patient is likely to benefit from treatment with an antipsychotic drug.) Quetiapine fumarate extended-release tablet is indicated as an integral part of a total treatment program designed to control symptoms of schizophrenia (psychotic disorder characterized by a disturbance in the perception of reality, especially in the form of delusions or hallucinations). Quetiapine fumarate extended-release tablet may also be used for the treatment of the manic symptoms of bipolar I disorder (major depressive episode with mixed features or manic episode) (Quetiapine fumarate extended-release tablet is not approved for the treatment of bipolar I disorder). Patients should be advised to talk to their doctors as soon as possible if they have a fever, flu-like symptoms, sore throat, or any other infection as this could be a result of a very low white blood cell count.

Patients should be advised of the risk of orthostatic hypotension (symptoms include feeling dizzy or lightheaded upon standing, which may lead to falls) especially during the period of initial dose titration, and periodically during treatment.

Patients should be advised of the risk of weight gain. Patients should be aware of the symptoms of hyperglycemia (high blood sugar) and diabetes mellitus. Patients should be advised of the possible changes in behavior in children and adolescent patients who take quetiapine fumarate extended-release tablets. Parents and caregivers should be advised that elderly patients with dementia-related psychoses treated with atypical antipsychotic drugs are at increased risk of death compared with placebo. Quetiapine fumarate extended-release tablet is not approved for elderly patients with dementia-related psychosis.

Medication Guide and to obtain answers to any questions they may have. The complete text of the Medication Guide is reprinted at the end of this document.
## Quetiapine Fumarate Tablet, Extended Release

### Product Information

**Product Type:** HUMAN PRESCRIPTION DRUG  
**Item Code (Source):** NDC:70518-1935 (NDC:68180-616)

### Route of Administration

**ORAL**

### Active Ingredient/Active Moiety

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Basis of Strength</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUETIAPINE FUMARATE</td>
<td>(UNII: 2S3PL1B6UJ)</td>
<td>QUETIAPINE - UNII:BGL0JSY5SI</td>
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<tr>
<td>QUETIAPINE</td>
<td></td>
<td>400 mg</td>
</tr>
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### Inactive Ingredients

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELLULOSE, MICROCRYSTALLINE</td>
<td>(UNII: OP1R32D61U)</td>
</tr>
<tr>
<td>HYPROMELLOSE 2208 (15000 MPA.S)</td>
<td>(UNII: Z78RG6M2N2)</td>
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<tr>
<td>HYPROMELLOSE 2910 (6 MPA.S)</td>
<td>(UNII: 0WZ8WG20P6)</td>
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<tr>
<td>HYPROMELLOSE</td>
<td>(UNII: 3NXW29V3WO)</td>
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<tr>
<td>LACTOSE MONOHYDRATE</td>
<td>(UNII: EWQ57Q8I5X)</td>
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<tr>
<td>MAGNESIUM STEARATE</td>
<td>(UNII: 70097M6I30)</td>
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<tr>
<td>POLYETHYLENE GLYCOL 400</td>
<td>(UNII: B697894SGQ)</td>
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<tr>
<td>TITANIUM DIOXIDE</td>
<td>(UNII: 15FIX9V2JP)</td>
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<tr>
<td>TRISODIUM CITRATE DIHYDRATE</td>
<td>(UNII: B22547B95K)</td>
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</table>

### Product Characteristics

**Color:** white  
**Score:** no score  
**Shape:** CAPSULE ((biconvex))  
**Size:** 19mm  
**Flavor:**  
**Imprint Code:** LU;K75

### Packaging

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<th>#</th>
<th>Item Code</th>
<th>Package Description</th>
<th>Marketing Start Date</th>
<th>Marketing End Date</th>
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<td>30</td>
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### Marketing Information

**Marketing Category:** ANDA  
**Application Number or Monograph Citation:** ANDA204203  
**Marketing Start Date:** 03/06/2019

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**Labeler:** REMEDYREPACK INC.  
**Revised:** 3/2019