NUBAQUEL Tablets

(Quetiapine Tablet USP)

نوباکیول گولیاں

(کیوٹیاپین)

COMPOSITION: Each film coated tablet contains:
Quetiapine fumarate USP eq. to Quetiapine 25mg, 100mg or 200mg.
USP Specs.

DESCRIPTION: Nubaquel (Quetiapine) Tablet is an antipsychotic agent of dibenzothiazepine derivatives class.

PHARMACODYNAMICS: Quetiapine is an antagonist at multiple neurotransmitter receptors in the brain: Serotonin $5HT_1a$ and $5HT_2$, Dopamine D_1 and D_2, Histamine H_1, and Adrenergic α_1 and α_2 receptors. Quetiapine has no appreciable affinity at cholinergic, muscarinic and benzodiazepine receptors. The mechanism of action is unknown. However, it has been proposed that this drug's efficacy in schizophrenia is mediated through a combination of dopamine type 2 (D_2) and serotonin type 2 ($5HT_1$) antagonism.

PHARMACOKINETICS: Absorption: After oral administration, Quetiapine is rapidly absorbed after peak plasma concentrations in about 1.5 hours. Administration with food minimally influences the bioavailability of Quetiapine (C_{max} increased by 25% and AUC by 15%). Steady state is achieved in 24 hours post-dose.
Distribution: Quetiapine is widely distributed throughout the body. It has plasma proteins binding of approx. 83%.
Metabolism: Quetiapine is metabolized mainly via hepatic metabolism. It has terminal half-life of approx. 6 hours.
Elimination: The elimination half-lives of Quetiapine and norquetiapine are approximately 7 and 12 hours, respectively. 73% of Quetiapine dose is excreted in urine and 21% in faeces.

INDICATIONS AND USAGE: Bipolar Mania: Nubaquel (Quetiapine) Tablet is indicated for the treatment of acute manic episodes associated with bipolar disorder and for the prevention of recurrence of manic or depressed episodes in patients with bipolar disorder who previously responded to Quetiapine treatment.
Schizophrenia.

CONTRA-INDICATIONS: Quetiapine is contra-indicated in patients with a known hypersensitivity to Quetiapine or any of the excipient of the product.

DOSAGE AND ADMINISTRATION: Bipolar Mania: Starting dose: In bipolar mania therapy with Nubaquel Tablet should be started as follows in bid dose:

Day 1	Day 2	Day 3	Day 4
100mg/day	200mg/day	300mg/day	400mg/day

Maintenance dose: Dose of Nubaquel Tablet may be adjusted by up titrating to the maximum of 800mg/day in bid dose.
Schizophrenia: Starting dose: In schizophrenia, therapy with Nubaquel Tablet should be started as follows:

Day 1	Day 2	Day 3	Day 4
25mg bid	Increased by 25-50mg bid or tid		300-400mg/day in divided doses

The dose might be further adjusted in old age & debilitated patients. In old age and debilitated patients, and in those with a potential of going into hypotension, Nubaquel Tablet may be adjusted by up titration slowly & target dose should be set at lower level.

OVERDOSE: Acute overdoses of upto 30g reported. Most patients who overdosed experience no adverse reactions. In general, reported signs and symptoms were those resulting from an exaggeration of the active substance's known pharmacological effects, i.e., drowsiness and sedation, tachycardia, hypotension and anti-cholinergic effects. There is no specific antidote to Quetiapine. In case of acute over-dose, establish and maintain an airway and ensure adequate oxygenation and ventilation. Gastric lavage (after intubations, if patient is unconscious) and administration of activated charcoal together with laxative should be considered.

DRUG INTERACTIONS: Drug interactions of Quetiapine with the following have been reported: phenytoin, divalproex, thioridazine and cimetidine. Quetiapine renal clearance is increased by the prototype cytochrome P450 3A4 inducer, phenytoin, and decreased by the prototype cytochrome P450 3A4 inhibitor, ketoconazole. Dose adjustment of Quetiapine will be necessary if it is co-administered with phenytoin or ketoconazole.

SPECIAL WARNINGS AND PRECAUTIONS: Neuroleptic Malignant Syndrome: Neuroleptic malignant syndrome has been associated with antipsychotic treatment, including Quetiapine. Clinical manifestations include hyperthermia, altered mental status, muscular rigidity, autonomic instability, and increased creatine phosphokinase. In such an event, Quetiapine should be discontinued and appropriate medical treatment should be given.
Tardive Dyskinesia: If signs and symptoms of tardive dyskinesia appear, dose reduction or discontinuation of Quetiapine should be considered. The symptoms of tardive dyskinesia can worsen or even arise after discontinuation of treatment.
Hyperglycemia: Hyperglycemia and/or development or exacerbation of diabetes occasionally associated with ketoacidosis or coma has been reported rarely, including some fatal cases. In some cases, a prior increase in body weight has been reported which may be a predisposing factor.

Rev: 02-16/0

Patients treated with any antipsychotic agent including Quetiapine, should be observed for signs and symptoms of hyperglycemia (such as polydipsia, polyuria, polyphagia and weakness) and patients with diabetes mellitus or with risk factors for diabetes mellitus should be monitored regularly for worsening of glucose control. Weight should be monitored regularly.

Orthostatic Hypotension: Quetiapine may induce orthostatic hypotension associated with dizziness, tachycardia and, in some patients, syncope, especially during the initial dose-titration period. Quetiapine should be used with particular caution in patients with known cardiovascular disease (history of myocardial infarction or ischemic heart disease, heart failure or conduction abnormalities), cerebrovascular disease or conditions which would predispose patients to hypotension (dehydration, hypovolemia and treatment with antihypertensive medications), seizures or with conditions that potentially lower the seizure threshold, e.g., Alzheimer's dementia.

Suicide: The possibility of a suicide attempt is inherent in bipolar disorder and schizophrenia; close supervision of high risk patients should accompany drug therapy.

Somnolence and dizziness: Quetiapine treatment has been associated with somnolence and related symptoms, such as sedation. In clinical trials for treatment of patients with bipolar depression, onset was usually within the first 3 days of treatment and was predominantly of mild to moderate intensity. Patients experiencing somnolence of severe intensity may require more frequent contact for a minimum of 2 weeks from onset of somnolence, or until symptoms improve and treatment discontinuation may need to be considered.

Sleep apnoea syndrome: Sleep apnoea syndrome has been reported in patients using Quetiapine. In patients receiving concomitant central nervous system depressants and who have a history of or are at risk for sleep apnoea, such as those who are overweight/obese or are male, Quetiapine should be used with caution.

Seizures: In controlled clinical trials there was no difference in the incidence of seizures in patients treated with Quetiapine or placebo.

Lipids: Increases in triglycerides, LDL and total cholesterol, and decreases in HDL cholesterol have been observed in clinical trials with Quetiapine. Lipid changes should be managed as clinically appropriate.

Withdrawal: Acute withdrawal symptoms such as insomnia, nausea, headache, diarrhoea, vomiting, dizziness and irritability have been described after abrupt cessation of Quetiapine. Gradual withdrawal over a period of at least one to two weeks is advisable

SPECIAL POPULATIONS: Pregnancy: Quetiapine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: It is recommended that women receiving Quetiapine should not breast feed.

Pediatric Use: The safety and effectiveness of Quetiapine in pediatric patients have not been established.

Use in Old Age & Debilitated Patients: In old age and debilitated patients, Quetiapine should be up titrated slowly and target dose should be set at lower level.

Renal Insufficiency: Patients with severe renal impairment had a 25% lower mean renal clearance than normal subjects, but plasma Quetiapine concentrations in the subjects with renal insufficiency were within the range of concentrations seen in normal subjects receiving the same dose. Dose adjustment is therefore not needed in these patients.

Hepatic Insufficiency: Since Quetiapine is extensively metabolized by the liver, higher plasma levels are expected in the hepatically impaired population, and dose adjustment may be needed.

SIDE EFFECTS: More Common: Cold sweats, confusion, dizziness, faintness, or lightheadedness when getting up suddenly from a lying or sitting position, sleepiness or unusual drowsiness.

Less Common: Black, tarry stools, blurred vision, changes in patterns and rhythms of speech, chest pain, cough, fever, muscle aches, or sore throat, inability to move the eyes, increased blinking or spasms of the eyelid, loss of balance control, rapid or worm-like movements of the tongue, restlessness, slurred speech, sores, ulcers, or white spots on the lips or in the mouth, sweating, trembling and shaking of the hands and fingers, trouble with breathing, speaking, or swallowing, uncontrolled chewing movements, uncontrolled twisting movements of the neck, trunk, arms, or legs, unusual bleeding or bruising, unusual facial expressions, unusual tiredness or weakness.

Rare: Dry, puffy skin, fast, pounding, or irregular heartbeat, loss of appetite, menstrual changes, tiredness, unusual secretion of milk (in females), weight gain.

Incidence Not Known: Aching or discomfort in the lower legs or sensation of crawling in the legs, painful or prolonged erection of the penis, puffiness or swelling of the eyelids or around the eyes, face, lips, or tongue, skin rash, hives, itching, tightness in the chest, tingling of the hands or feet, unusual weight gain or loss.

INSTRUCTIONS: Store below 30°C. Protect from heat, light and moisture. Keep all medicines out of reach of children.

PRESENTATION:

Nubaquel 25mg (Quetiapine fumerate) tablets available in a Alu Alu pack of 10's tablets.
Nubaquel 100mg (Quetiapine fumerate) tablets available in a Alu Alu pack of 20's tablets.
Nubaquel 200mg (Quetiapine fumerate) tablets available in a Alu Alu pack of 30's tablets.

ہدایات: ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔ گرمی، روشنی اور نمی سے بچائیں۔ بچوں کی پہنچ سے دور رکھیں۔

PHARMA
Manufactured by:
NABIQASIM INDUSTRIES (PVT) LTD.
17/24, Korangi Industrial Area,
Karachi-Pakistan.

Rev: 02-16/0