



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Office of Medicaid
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Dear Prescriber,

MassHealth and the Massachusetts Department of Mental Health are continuing to update you on the usage of atypical antipsychotics in the MassHealth population. In previous letters we have written about the usage and significant costs that these medications have placed on the MassHealth Pharmacy budget. This letter is specifically about Seroquel® (quetiapine) and its use in low doses and for indications other than schizophrenia and bipolar disorder. Approximately 23% of patients taking quetiapine are using less than 200mg per day (see chart), which is on the low end of the dosing range for the approved use of quetiapine for schizophrenia and bipolar disorder.^{1,2} While there are certainly some patients with those disorders who require lower dosing for appropriate clinical reasons, the doses most commonly used in efficacy studies of quetiapine for schizophrenia and bipolar disorder are significantly higher.^{1,2,3} Alternatively, several studies reveal that most of the low-dose quetiapine prescriptions are associated with other indications for which there are safer and more cost-effective alternatives.^{4,5} Furthermore, law enforcement reports indicate that quetiapine has become a drug of abuse that is often diverted and misused by the public.

Well documented cardiac (sudden death), metabolic, and other risk factors associated with the use of the atypical antipsychotics, including quetiapine, give this class of medications a higher serious-risk side-effect burden for the treatment of major depressive disorder (MDD) and generalized anxiety disorder (GAD) than FDA-approved agents in other therapeutic categories (as noted by the FDA advisory committee in April 2009).⁶ The use of low-dose quetiapine for sleep carries the potential risk of diabetes, hyperlipidemia, weight gain, and tardive dyskinesia.^{1,2,7} Given these facts, it is concerning that a significant number of patients are being treated with this agent at low doses for unlabeled uses, particularly for insomnia and depression, despite the availability of better-studied, safer, and efficacious options.^{4,5,8} These medications include SSRIs, SNRIs, and non-benzodiazepine hypnotics.

Thank you for joining us in this important and focused effort to help ensure that our members receive medically necessary prescriptions that are safe and effective, and result in high quality and cost-effective care.

Sincerely,

Mary Ellen Foti, MD
 Deputy Commissioner
 Clinical and Professional Services
 Massachusetts Department of Mental Health

Paul L. Jeffrey, PharmD
 Senior Director Office of
 Clinical Affairs Director
 of Pharmacy
 MassHealth

continued ►

1-Seroquel® (quetiapine fumarate) [package insert on the Internet]. Wilmington (DE): AstraZeneca Pharmaceuticals LP: www1.astrazeneca-us.com/pi/seroquel.pdf. Accessed August, 2009.

2-Seroquel XR® (quetiapine fumarate) [package insert on the Internet]. Wilmington (DE): AstraZeneca Pharmaceuticals LP: www1.astrazeneca-us.com/pi/seroquelxr.pdf. Accessed August, 2009.

3-Sparshatt A, Jones S, Taylor D. Quetiapine: dose-response relationship in schizophrenia. *CNS Drugs*. 2008;22:49-68.

4- Philip, N. Mello, K. Carpenter, L. Patterns of quetiapine use in psychiatric inpatients: an examination of off-label use. *Annals of Clinical Psychiatry*. 2008;20:15-20.

5-Hartung, DM. Wisdom, JP. Pollack, et al. Patterns of atypical antipsychotic subtherapeutic dosing among Oregon Medicaid patients. *Journal of Clinical Psychiatry*. 2008;69:1540-7.

6-FDAnews Drug Daily Bulletin, April 10, 2009 Vol. 6 No. 70.

7-Cates ME, Jackson CW, Feldman JM, et al. Metabolic consequences of using low-dose quetiapine for insomnia in psychiatric patients. *Community Ment Health J*. 2009;45:251-4.

8-Sleep disorders can be complex and difficult to treat. John Winkelman's pamphlet, *10 Tips For a Good Night's Sleep* is available on the MassHealth Pharmacy Web site at www.mass.gov/masshealth/pharmacy.

