



Melatonin for sleep disorders in children and adolescents – update

In November 2013, new prescribing arrangements were put in place for prescribing of melatonin for sleep disorders in children and adolescents:-

- The CCGs commissioned a sleep service, “Sleep Solutions”, so that behavioural interventions, which have a better evidence base than melatonin, would be the first-line treatment
- Melatonin was categorised as “double red – prior approval” and is only agreed if the child / family had fully participated in behavioural interventions but these had not been successful

Since April 2013 Sleep Solutions have seen 457 “successful closures” with no melatonin prescribed – an average of 183 per year. The average annual cost of melatonin prescribing per child is approximately £900 so Sleep Solutions is likely to have saved approximately £165K (gross) or £90K (net) in avoided melatonin costs each year.

Unfortunately, although new initiations have substantially reduced, the overall number of melatonin prescriptions and associated costs in primary care have fallen less than anticipated which appears to be due to 2 main factors:-

- Existing long-term prescribing which has not been reviewed
- Continued use of highly expensive “specials” formulations by some community pharmacists

In order to address these factors the following changes have been agreed:-

- GPs can now refer patients who may benefit from a review of their melatonin treatment to Sleep Solutions with a view to weaning them off melatonin with support. Please prioritise those children who have been on melatonin for the longest duration in order to stagger the referrals. The referral form is available on Pathfinder at [Sleep Solutions Referral Form](#)
- The normal duration of treatment for new patients will be 3 months only; 2 months to help establish an improved sleep pattern and 1 month to reduce and wean off melatonin.
- The specialist who initiates the treatment will retain the prescribing responsibility for the full 3 months and will liaise with Sleep Solutions to stop the melatonin during month 3 as above.
- Prescribing will only continue beyond 3 months in exceptional cases if both the consultant and Sleep Solutions practitioner deem this necessary. In such cases prescribing may be passed to the GP under shared care arrangements, with clear plans for review.
- Circadin® is the only licensed melatonin preparation available in the UK, licensed for the short term treatment of primary insomnia in adults who are aged 55 years or over. The manufacturers of Circadin®, have submitted a licence extension for use in children, which is expected in 2016.
- **All new melatonin prescribing will be for “off label” use of Circadin® 2mg M/R, rather than unlicensed “specials”.** This approach is supported by PrescQIPP.
- The in-vitro release from a crushed tablet is expected to provide an immediate release profile similar to that from an unlicensed immediate release tablet, capsule or oral liquid and as such provides an alternative to either of these options. However, as Circadin® is a licensed product, its use outside of licence (in so far as the tablet is crushed) is considered preferable to using an unlicensed presentation of melatonin.
- Advice on switching of existing prescribing (where this cannot be stopped) is under consideration.

The revised shared care guidelines were agreed by NPAG on October 21st 2015 and are available on Pathfinder at [Melatonin Shared Care](#)

This edition is also available on PathfinderRF via the following link <http://www.pathfinder-rf.northants.nhs.uk/nene> and on the Nene CCG and Corby CCG websites

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