Berkshire West Area Prescribing Committee Policy Statement

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Melatonin (Circadin® and unlicensed brands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indication under review</td>
<td>Treatment of sleep disorders in paediatric patients</td>
</tr>
<tr>
<td>Policy No:</td>
<td>APC 031</td>
</tr>
<tr>
<td>Date of Issue:</td>
<td>January 2014, July 2018</td>
</tr>
<tr>
<td>Review Date:</td>
<td>January 2017 - extended to May 2019 to allow for review</td>
</tr>
</tbody>
</table>

**Policy Statement:**

Melatonin is NOT routinely recommended as an option for prescribing within primary care EXCEPT when Circadin® (modified release melatonin) is initiated by a specialist who maintains overall responsibility for the patient.

**Traffic Light Status**

- **Amber for Circadin®**
- **Red for other forms of melatonin**

**Key Points considered:**

- Local experience indicates that the prescribing of Circadin® is cost-effective when the right patients are selected.
- Circadin® should be the preferred brand for treating patients when the care of the patient will be shared with the GP.
- All patients and their carers should be given a medication information leaflet by the specialists.
- The leaflet will also advise patients and carers that treatment is being used off-label.
- This policy has been produced as a guide for GPs. Evidence and information was carefully considered and consulted upon by clinicians who concluded that this treatment is not a cost effective use of scarce NHS resources. There are situations where this policy may not apply to an individual patient due to their clinical exceptionality. This policy statement does not overrule an individual GPs clinical decision making and therefore each GP would be need to make the final decision on whether treatment is a cost effective use of their CCG budget.

**References:**


**Date taken to APC:**

8th January 2014

**Date Ratified by MMC on Behalf of the Board:**

15th January 2014

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.