

Ramelteon

Rozerem • a medicine for trouble falling asleep

Works with the brain's sleep-timing signals. Expect help getting to sleep, not a guarantee of sleeping through the night.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

ADULT SLEEP-ONSET INSOMNIA

TABLET: 8 mg · NOT A CONTROLLED MEDICINE

MT1 and MT2 are melatonin receptors. The diagram shows the targets, not a separate proven benefit for each.

What it is used for

Treats insomnia when the main problem is falling asleep. It is not primarily a medicine for repeated nighttime waking.

Other uses, including jet lag, have limited evidence. Ask what your prescription is intended to help.

How it works

Melatonin is one of the body's signals that it is time for sleep. Ramelteon activates two of the same receptors.

It works differently from some other sleeping pills. It can still cause drowsiness, dizziness and unusual sleep behaviors.

What to expect over time

FIRST NIGHTS

It may begin helping the first night. The effect is usually modest.

WITHIN 7–10 DAYS

Call if sleep is worse or not improving; another cause may need attention.

ONGOING

Review sleep and daytime function. Keep it only while the benefit is worthwhile.

Taking your medication

Take your prescribed 8 mg dose within 30 minutes before bed, only with a full night's sleep available. Swallow the tablet whole. Do not take extra or split it.

Do not take it with or right after a meal, especially a high-fat meal. After the dose, only do activities needed to get ready for bed.

Avoid alcohol. Ask your prescriber before combining it with any other sleep aid or medicine that makes you drowsy.

When to get help

Hold the next dose and call right away: sleepwalking, sleep-driving, eating or other activities while not fully awake, even without a memory of them.

Call 911: throat or tongue swelling, severe trouble breathing, collapse or immediate self-harm danger.

Too much medicine? Call Poison Control at 1-800-222-1222 right away. Do not wait for symptoms.

Early side effects

Sleepiness, tiredness, dizziness, nausea or headache may occur; sometimes insomnia gets worse. Tell your team if symptoms persist, bother you or interfere with your day.

Other effects to discuss

Report missed or irregular periods, unexpected milk from the nipples, reduced interest in sex or fertility concerns. Also report new confusion, hallucinations, unusual energy or worsening mood promptly.

What to keep track of

Do not drive or do hazardous work after taking it, or the next day if you are not fully alert. Track sleep and morning function. Routine blood tests are not usually needed; symptoms may call for testing.

Before you start

Tell your team about allergies, liver or breathing problems, sleep apnea, unusual sleep behaviors, falls, depression, suicidal thoughts, bipolar symptoms, pregnancy or breastfeeding. Discuss overnight caregiving and early-morning driving needs.

Medicines & interactions

Fluvoxamine (Luvox)

Do not combine: this antidepressant can greatly raise ramelteon levels.

Other prescription medicines

Ciprofloxacin, certain antifungals, rifampin, donepezil and doxepin need review. Ask before starting or stopping medicines; tell your team about changes in smoking.

Alcohol, sedatives and sleep products

Do not drink alcohol. Check anxiety medicines, opioids, allergy pills, other sleeping pills, melatonin and supplements with your team before combining them.

Everyday tips

Keep a steady wake-up time and enough time to sleep.

Ask about sleep-focused therapy called CBT-I.

Limit late caffeine, nicotine and bright light.

Keep the bedroom quiet, dark and comfortable.

Your questions, answered

What if I miss a dose?

Skip a forgotten dose if bedtime has passed or a full night's sleep is no longer possible. Never take two doses or a middle-of-night catch-up dose.

Is it habit-forming? Can I stop?

It is not controlled and has not shown physical dependence in studies. A taper is usually unnecessary, but discuss your sleep plan. It does not prevent withdrawal from a different sleeping pill.

Will it change how I feel or act?

It should not leave you feeling impaired. Tell your team about memory gaps, unusual behavior, worsening mood or feeling unlike yourself; do not dismiss these changes.

What about pregnancy or breastfeeding?

Discuss a plan before use. Infant effects are uncertain. Your team may advise interrupting breastfeeding and discarding pumped milk during treatment and for 25 hours after a dose. If breastfeeding during treatment, watch for unusual infant sleepiness or poor feeding.

Storage & safety

Keep tablets in a tightly closed container at room temperature, protected from moisture and out of reach of children and pets. Never share your prescription; use pharmacy take-back for unused tablets.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=9de82310-70e8-47b9-b1fc-6c6848b99455>
 2. <https://psycho.farm/guides/ramelteon>
-

Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

thoughtscape NP Psychiatry
Jeffrey Panko, PMHNP-BC