ROZEREM (ramelteon) Fact Sheet

Manufacturer: Takeda; patent expires 2017.

Indications:
- Indicated for both transient and chronic insomnia. Approved for sleep initiation but not for sleep maintenance.

Mechanism: A melatonin receptor agonist, with high affinity for the melatonin receptor subtypes MT1 and MT2. It has no affinity for the GABA receptors.

Dosing:
- Supplied as 8 mg orange-yellow tablets (breakable).
- Start at 8 mg QHS for most patients. Elderly may require only half that dose. While higher doses than 8 mg are safe, the major company-sponsored study indicated that 16 mg is paradoxically less effective than 8 mg for patients with transient insomnia.

Side Effects:
- Appears to cause little in the way of next day fatigue or other impairment.
- Abuse potential: One company-sponsored study showed that 14 patients with a history of drug abuse rated Rozerem as no more abusable than placebo.
- Increases serum prolactin in women by an average of 34%.
- Pregnancy Category C

Pharmacokinetics:
- Half life is somewhat confusing. While it is listed as “1-2.6 hours,” this refers only to the half-life of the parent drug. One of its metabolites, “M-II” is highly bioactive and has a half life of 2 to 5 hours. Thus, the overall half life may well be greater than 5 to 6 hours, depending on the individual. Since there is significant inter-individual variation in speed of metabolism, the duration of action will be very difficult to predict in a given patient.
- No active metabolites. Metabolized in the liver by aldehyde oxidase.
- Absorbed more slowly if taken after a meal.
- Cut dose in half in hepatic insufficiency. No adjustments needed in renal impairment.

Drug-drug interactions:
- Additive effect when combined with alcohol and other drugs or medications that have sedative effects.
- Fluvoxamine, ketoconazole, and fluconazole increase Rozerem levels.
- Rozerem does not affect levels of other drugs

Advantages/disadvantages compared to others in class:
- Major advantage is a lower abuse liability; Rozerem is the only hypnotic that is not classified as a controlled substance. Major disadvantages are its effects on increasing prolactin in women and possibly decreasing testosterone in men.