**Ramelteon (ra-mel-te-on)**

**Brand name.**

**Canadian drug name.**

**Genetic Implication.** CAPI TALS indicate life-threatening, underline indicate most frequent. Strikethrough.

**Discontinued.**

**Classification**

Therapeutic: sedative/hypnotics
Pharmacologic: melatonin receptor agonists

**Pharmacokinetics**

**Absorption:** Well absorbed (84%), but bioavailability is low (1.8%) due to extensive first pass liver metabolism. Absorption **↑** by a high-fat meal.

**Distribution:** Widely distributed to body tissues.

**Metabolism and Excretion:** Extensively metabolized by the liver; mainly by CYP1A2 enzyme system. Metabolites are excreted mostly in urine (88%); 4% excreted in feces.

**Half-life:** 1–2.6 hr.

**TIME/ACTION PROFILE (blood levels)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>rapid</td>
<td>30–90 min</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity, History of angioedema with previous use/same, severe hepatic impairment. Concurrent use of fluvoxamine, lactation, pregnancy, pediatric use, safety not established.

**Use Cautiously in:** Depression or history of suicidal ideation; Moderate hepatic impairment; Concurrent use of CYP3A4 inhibitors, such as fluconazole; Concurrent use of CYP2C9 inhibitors, such as fluconazole; OB: Use only if maternal benefit outweighs fetal risk.

**Adverse Reactions/Side Effects**

**CNS:** abnormal thinking, behavior changes, dizziness, fatigue, hallucinations, headache, insomnia (worsened), sleep—driving, blurred vision. Rare: ↑ prolactin levels, ↑ testosterone levels. Misc: angioedema.

**Interactions**

**Drug-Drug:** Blood levels and effects are ↑ by fluvoxamine; concurrent use in contraindicated. Levels and effects may be ↓ by rifampin. Concurrent use of CYP3A4 inhibitors, such as ketoconazole may ↓ levels and effects; use cautiously. Concurrent use of CYP2C9 inhibitors, such as fluconazole may ↓ levels and effects; use cautiously. Donepezil and doxepin may ↑ levels. Risk of excessive CNS depression with other CNS depressants including alcohol, benzodiazepines, opioids, and other sedatives/hypnotics.

**Route/Dosage**

**PO (Adults):** 8 mg within 30 min of going to bed.

**NURSING IMPLICATIONS**

**Assessment**

- Assess sleep patterns before and periodically throughout therapy.

**Potential Nursing Diagnoses**

- Insomnia (Indications)

**Implementation**

- Do not confuse Rozerem (ramelteon) with Razadyne (galantamine).
- Do not administer with or immediately after a high-fat meal.
- Before administering, reduce external stimuli and provide comfort measures to increase effectiveness of medication.
- PO: Administer within 30 min prior to going to bed.

**Patient/Family Teaching**

- Instruct patient to take ramelteon as directed, within 30 min of going to bed and to continue activities in those necessary to prepare for bed. Instruct patient to read the Medication Guide before starting and with each Rx refill, changes may occur.
- Caution patient to avoid driving and other activities requiring alertness until response to medication is known.
● Caution patient that complex sleep-related behaviors (sleep-driving, making phone calls, preparing and eating food, having sex, sleep walking) may occur while asleep. Inform patient to notify health care professional if sleep-related behaviors, (may include sleep-driving—driving while not fully awake after ingestion of a sedative-hypnotic product, with no memory of the event) occur.

● Advise patient to notify health care professional immediately if signs of anaphylaxis (swelling of the tongue or throat, trouble breathing, and nausea and vomiting) or angioedema (severe facial swelling) occur; may occur as early as the first time the product is taken.

● Caution patient to avoid concurrent use of alcohol or other CNS depressants.

● Advise female patient to notify health care professional if pregnancy is planned or suspected or if breast feeding.

Evaluation/Desired Outcomes

● Relief of insomnia.

Why was this drug prescribed for your patient?