ABOUT YOUR MEDICINE

# Ramelteon

Rozerem, a sleep medicine that works on your body clock

**Ramelteon** nudges your body clock toward sleep. It is not habit forming and it is not a controlled medicine.

| WHAT IT TREATS | HOW YOU TAKE IT | WHEN IT WORKS | HABIT FORMING |
|---|---|---|---|
| Trouble falling asleep | 30 minutes before bed | Some the first week | No, and not controlled |

This medicine carries **no special FDA safety warning** of that kind.

## WHAT THIS MEDICINE DOES

- **Ramelteon** works on the same brain signal melatonin uses, telling your body clock that it is time for sleep.
- Unlike most sleep medicines, it does not sedate you into sleep. It shifts the timing, so the effect feels gentler.
- It is not habit forming and it is not a controlled medicine, so there is no taper and no prescription monitoring.
- It helps you fall asleep. It does much less for waking up at 3 a.m. and not being able to drop off again.

## HOW TO TAKE IT

- Take **ramelteon** about **30 minutes** before bed, and take it at the same time every night. Consistency is the whole point.
- Do not take it with or right after a high-fat meal. Fatty food changes how much reaches you and delays the effect.
- Swallow the tablet whole. Give yourself a dark, quiet wind-down afterward, because this one needs your help to work.
- If you forget it until you are already in bed and it is late, skip that night rather than taking it very late.
- Store it at room temperature, out of light and damp. There is no need to lock it up the way you would other sleep aids.

## WHAT TO EXPECT

- The effect is subtle. Many people fall asleep only **10 to 20 minutes** faster, which still adds up over a week.
- Give it a real trial. It may take **1 to 2 weeks** of nightly use before you can tell whether it helps you.
- You should not feel drugged. If you feel knocked out, that is unusual here and worth mentioning to your prescriber.
- It does not lose its effect over months, and there is no rebound when you stop, which sets it apart from other options.

## COMMON SIDE EFFECTS

- Sleepiness is the main effect, and some people carry a little of it into the morning. It is usually mild.
- Dizziness and tiredness are the next most common. Stand up slowly for the first few nights until you know.
- Headache happens for some people. Water and a steady bedtime often help more than reaching for a pain reliever.
- Nausea can happen, especially if you took it with a big meal. Try leaving more space after dinner instead.
- Unusual dreams can show up. They are harmless, and for most people they settle down after the first week or two.
- Rarely, periods can change or milk production can start. It is not dangerous, but do tell your prescriber.

## CALL YOUR PRESCRIBER OR GET HELP RIGHT AWAY IF

- Swelling of the face, lips, or tongue, or sudden trouble breathing: call **911**.
- Sleepwalking, or doing things at night with no memory of them: stop and call your prescriber before the next night.
- New or worse depression, or thoughts of hurting yourself: call your prescriber today, or call or text **988**.
- Yellowing of your eyes or skin, or dark urine with belly pain: call your prescriber the same day.

## WHAT TO AVOID

- Do not take **ramelteon** with fluvoxamine, an antidepressant. Together they raise your levels far too high.
- Alcohol multiplies the sleepiness and undoes the benefit for your sleep. Skip it on nights you take this.
- Do not drive until you have had a full night of sleep and feel awake, especially during your first week on it.
- If you have serious liver disease, this may not be a good fit. Make sure your prescriber knows your liver history.
- Tell your prescriber if you are pregnant, nursing, or planning a pregnancy, since there is limited information here.

## STOPPING IT SAFELY

- You can stop without a taper. There is no withdrawal and no rebound sleeplessness with this medicine.
- Still, tell your prescriber you stopped, so your sleep problem can be looked at again rather than left alone.
- If it has not helped after a few weeks of steady use, that is useful information and worth a conversation.
- Keeping a fixed wake time and getting morning daylight helps whether you stay on this medicine or not.

## QUESTIONS TO ASK

- How many weeks should I try this before we call it a fair test?
- Does this interact with anything else on my medicine list?
- Should I be checked for sleep apnea before we go further?
- Would sleep coaching, CBT for insomnia, be worth adding here?

# Where this information comes from

American Academy of Sleep Medicine. (2024). *Sleep education*. https://sleepeducation.org/

MedlinePlus. (2021). *Ramelteon*. U.S. National Library of Medicine. https://medlineplus.gov/druginfo/meds/a605038.html

MedlinePlus. (2024). *Insomnia*. U.S. National Library of Medicine. https://medlineplus.gov/insomnia.html

National Alliance on Mental Illness. (2023). *Mental health medications*. https://www.nami.org/treatments-and-approaches/mental-health-medications/

National Institute on Aging. (2024). *Medicines and medication management*. National Institutes of Health. https://www.nia.nih.gov/health/medicines-and-medication-management

U.S. Food and Drug Administration. (n.d.). *Drugs@FDA: FDA-approved drugs*. https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm

U.S. National Library of Medicine. (2024). *DailyMed*. https://dailymed.nlm.nih.gov/dailymed/

**NOTE**

Sources are listed in APA 7th edition style. This handout is general information about a medicine, not medical advice, and it does not replace the instructions from your own prescriber or pharmacist. Never start, change, or stop a medicine on your own. If you think you are having a serious reaction, call your prescriber; if you cannot breathe, cannot stay awake, or are thinking of harming yourself, call 911 or 988 right away.