

Please note that this document has not been updated for the 2026-27 incentive scheme. Standard Operating Procedures (SOPs) for medicines optimisation switches/reviews, along with other supporting materials, were originally developed for use by Medicines Optimisation Team staff within NHS South Yorkshire Integrated Care Board (ICB). Other organisations or groups choosing to use this resource does so at their own risk and NHS SY ICB accepts no liability for its use or application.

Melatonin oral solution 1mg in 1ml to Ceyesto® (melatonin 1mg/ml oral solution)

For the purpose of this workstream, a switch from melatonin 1mg/ml oral solution to Ceyesto® is restricted to children and adolescents aged 6-17 years and over with ADHD.

Background

The current Sheffield Shared Care Protocol (SCP)¹ for the treatment of sleep disorders in children is being updated and will shortly become a SY wide SCP This will include Ceyesto®² as the brand of choice when prescribing melatonin 1mg/ml oral solution.

Ceyesto® contains a lower amount of excipient propylene glycol³ per ml than does the current SCP recommendation Colonis® (52mg v 150.5mg)

Ceyesto® is licensed for insomnia in children and adolescents aged 6-17 years with attention deficit hyperactivity disorder (ADHD), where sleep hygiene measures have been insufficient.

Food can enhance the increase in plasma melatonin concentration. Intake of melatonin with carbohydrate-rich meals may impair blood glucose control for several hours. It is recommended that food is not consumed 2 hours before and 2 hours after intake of Ceyesto®

Actions

- Send patient letter (Appendix 1) to help facilitate the switch.
- Ceyesto® should be prescribed for patients prescribed melatonin 1mg/ml oral solution via a feeding tube.
- As Ceyesto® has an expiry date of 1 month upon opening and some other generic melatonin 1mg/ml oral solutions have a 2 month expiry date upon opening, please ensure that repeat prescriptions are being issued every month. The expiry date on opening is stated in the patient letter.

References

1. [Melatonin prescribing guideline.pdf \(sheffieldccg.nhs.uk\)](#)
2. [Ceyesto 1mg/ml Oral Solution - Summary of Product Characteristics \(SmPC\) - \(emc\) \(medicines.org.uk\)](#)
3. [Background review for the excipient propylene glycol \(europa.eu\)](#)

Appendix 1: Letter Melatonin 1mg/ml oral Solution to Ceyesto 1mg/ml oral solution switch

PRACTICE ADDRESS
LIST OF GPs ETC

Private and Confidential

PATIENT NAME
PATIENT ADDRESS
PATIENT ADDRESS
PATIENT ADDRESS

NHS Number:

DATE

Dear Parent / Guardian of (Insert Child's Name)

The doctor has agreed a change to your child's prescription medication.

Prescribing at the practice is regularly reviewed to make sure patients are receiving the most suitable medication.

At the moment your child takes melatonin 1mg/ml oral solution -[dose]

This has been changed to

Ceyesto 1mg/ml oral solution -[dose]

Please note: This oral solution contains the same medication at the same dose.

- The change will not affect the way your child's condition is managed and will continue to be monitored by the doctor as before.
- Their next repeat prescription will be changed to **Ceyesto 1mg/ml oral solution**. Please continue to use their current supply of **melatonin 1mg/ml oral solution** as prescribed by the doctor until the pack is finished and you collect your child's new prescription. **Do not use both together.**
- Please read the patient information leaflet provided with the new medication.

- It is recommended that food is not consumed 2 hours before and 2 hours after **Ceyesto** is taken.
- The new **Ceyesto 1mg/ml oral solution** should be used within 1 month of opening.
- This letter only refers to the change to **melatonin 1mg/ml oral solution**. All other medications your child takes should continue to be taken as prescribed by the GP.

If you have any concerns or notice any changes in your condition, please contact the surgery.

Yours sincerely,

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Pharmacy Technician / Clinical Practice Pharmacist

On behalf of the doctors at XXXXXXXXXXXXX