Part VI: Summary of the risk management plan

Summary of risk management plan for Melatonin AGB (melatonin)

This is a summary of the risk management plan (RMP) for Melatonin AGB. The RMP details important risks of the medicinal product Melatonin AGB, how these risks can be minimised, and how more information will be obtained about Melatonin AGB's risks and uncertainties (missing information).

The Summary of Product Characteristics (SmPC) and its package leaflet provide essential information to healthcare professionals and patients on how Melatonin AGB should be used.

Important new concerns or changes to the current ones will be included in updates of Melatonin AGB RMP.

I. The medicine and what it is used for

Melatonin AGB is authorised for short-term treatment of jet lag in adults and insomnia in children and adolescents aged 6-17 years with ADHD, where sleep hygiene measures have been insufficient (see SmPC for the full indication). It contains melatonin as the active substance, and it is administered orally (tablet).

II. Risks associated with the medicine and activities to minimise or further characterise the risks

Important risks of Melatonin AGB, together with measures to minimise such risks and the proposed studies for learning more about the risks, are outlined below.

Measures to minimise the risks identified for medicinal products can be:

- Specific information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine’s packaging;
- The authorised pack size - the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine’s legal status - the way a medicine is supplied to the patient (e.g., with or without prescription) can help to minimise its risks.

Together, these measures constitute *routine risk minimisation* measures.

In addition to these measures, information about adverse reactions is collected continuously and regularly analysed, so that immediate actions can be taken as necessary. These measures constitute routine pharmacovigilance activities.

II.A List of important risks and missing information

Important risks of Melatonin AGB are risks that need special risk management activities to further investigate or minimise the risk, so that the medicinal product can be safely taken. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Melatonin AGB. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g., on the long-term use of the medicine).

Table VI.1: Summary of safety concerns

List of important risks and missing information	
Important identified risks	None
Important potential risks	None
Missing information	Long-term safety in children and adolescents

II.B Summary of important risks

Missing Information	
Long-term safety in children and adolescents	
Evidence for linking the risk to the medicine	Data for long-term safety Children and adolescents for treatment with melatonin are not extensive
Risk factors and risk groups	Children and adolescents
Risk minimisation measures	Routine risk minimisation measures: SmPC section 4.2 states that limited data are available for up to 3 years of treatment. After at least 3 months of treatment, the physician should evaluate the treatment effect and consider stopping treatment if no clinically relevant treatment effect is seen. The patient should be monitored at regular intervals (at least every 6 months) to check that Melatonin Tablets is still the most appropriate treatment. SmPC section 4.8 Melatonin causes few, and no serious, adverse reactions in the short term, up to three months. Long-term effects are poorly studied. Included in PL section 3: Treatment should be followed up regularly by a doctor (at least every 6 months is recommended) to see if it is still appropriate. Additional risk minimisation measures: No additional risk minimisation measures.

II.C Post-authorisation development plan

Not applicable

II.C.1 Studies which are conditions of the marketing authorisation

Not applicable; there are no studies which are conditions of the marketing authorisation.

II.C.2 Other studies in post-authorisation development plan

Not applicable