



*Aylesbury Vale Clinical Commissioning Group  
Bracknell and Ascot Clinical Commissioning Group  
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Newbury and District Clinical Commissioning Group  
North and West Reading Clinical Commissioning Group  
Oxfordshire Clinical Commissioning Group  
South Reading Clinical Commissioning Group  
Slough Clinical Commissioning Group  
Windsor, Ascot and Maidenhead Clinical Commissioning Group  
Wokingham Clinical Commissioning Group*

## **Thames Valley Priorities Committee Commissioning Policy Statement**

**Policy No. 274 (TVPC54)      Melatonin treatment in children**

**Recommendation made by  
the Priorities Committee:**      February 2017

**Date agreed by CCG**      6<sup>th</sup> April 2017

**Date of issue:**      **April 2017**

The Thames Valley Priorities Committee has considered the evidence for clinical and cost effectiveness of melatonin treatment in children and recommends that, in line with NICE<sup>1,2,3</sup> and SIGN<sup>4</sup> guidance, melatonin will only be funded as an intervention for sleep disorders in children with:

- learning disabilities and challenging behaviour
- autism
- chronic fatigue syndrome
- children undergoing sleep EEG
- cerebral palsy

Melatonin will only be funded where the following criteria are met:

- behavioural interventions have been tried and failed
- after consultation with a psychiatrist or a specialist paediatrician for a child or young person with expertise in its use in children with the condition being treated.
- it is used together with non-pharmacological interventions with regular reviews (to evaluate continuing need and ensure that the benefits continue to outweigh the risks)
- prescribing must be in line with local Medicines Optimisation prescribing formulary or guidance, including the choice of melatonin preparation.

<sup>1</sup> NICE NG11, 2015: Challenging behaviour and learning disabilities

<sup>2</sup> NICE CG170, 2013: Autism spectrum disorder in under 19s

<sup>3</sup> NICE CG53, 2007: Chronic fatigue syndrome/myalgic encephalomyelitis

<sup>4</sup> SIGN, 2016: Assessment, diagnosis and interventions for autism spectrum disorders(ASD)

There is a lack of evidence of clinical and cost effectiveness to support the use of melatonin in primary sleep disorders. Melatonin is therefore not normally funded for use in children with primary sleep disorders.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements>