

[GUIDE FOR HEALTHCARE PROFESSIONALS]

[Information on the risks of valproate use
in female patients and pregnant women]

[Contraception and pregnancy prevention]

Read this booklet carefully before any prescription of valproate to female patients.

This booklet is a risk minimisation measure part of the valproate Pregnancy Prevention Program aimed at minimising pregnancy exposure during treatment with valproate.

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PURPOSE OF THIS GUIDE

This Guide for healthcare professionals (HCPs) is an educational tool part of the **valproate Pregnancy Prevention Program**, which targets both healthcare professionals and patients.

Its objective is to provide information about the teratogenic risks associated with the use of valproate during pregnancy, the actions necessary to minimise the risks to your patients, and to ensure your patient has an adequate level of understanding of the risk.

It provides up-to-date information about the risks of **congenital malformations and neuro-developmental disorders** in children exposed to valproate during pregnancy.

The nature of the risks for children exposed to valproate during pregnancy are the same irrespective of the indication for which valproate has been prescribed. Therefore, the risk minimisation measures described in this Guide apply to the use of valproate regardless of the indication.

HCPs targeted by this Guide include, but are not limited to: Specialists involved in the treatment of epilepsy or bipolar disorder, Neurologists, Psychiatrists, Doctors, Nurses and Pharmacists.

The valproate educational tools developed specifically for girls and women of childbearing potential treated with valproate comprise:

- The Patient Guide
- The Annual Risk Acknowledgement Form, and
- The Patient Card.

Use this booklet together with the Patient Guide.

You should give a copy of the **Patient Guide** to all your female patients treated with valproate - girls and women of childbearing potential (or their parents/legal guardian or caregiver for patients who are minors or without the capacity to make an informed decision).

You should use the **Annual Risk Acknowledgement Form**, and properly document such use, at initiation of treatment with valproate, during each annual review of valproate treatment by the specialist, and in the case of any pregnancy that might occur whilst on treatment.

You should give the **Patient Card** to your female patients each time valproate is dispensed.

For patients who are minors or without the capacity to make an informed decision, provide the information and advice on effective methods of contraception and on the use of valproate during pregnancy to their parents/legal guardian/caregiver and make sure they clearly understand the content.

Please read the most up-to-date version of the Professional Information (PI)
before prescribing valproate.

EXECUTIVE SUMMARY

Valproate and valproic acid, when administered during pregnancy, are associated with an:

- **Increased risk of congenital malformations**
- **Increased risk of developmental disorders.**

DOCTORS AND PRESCRIBERS*:

Valproate may be initiated in female children only if other treatments are ineffective or not tolerated. Pregnancy must be excluded before initiation of treatment with valproate. Treatment with valproate must not be initiated in women of childbearing potential without a negative pregnancy test (i.e. plasma pregnancy test) result confirmed by a healthcare provider, to rule out unintended use in pregnancy.

If you decide to treat any female children, adolescents, or women of childbearing potential with valproate, the treatment should be reviewed regularly, at least annually.

Female patients - first prescription

1. Initiate valproate only if there is no suitable alternative treatment
2. Explain to your patient the risks related to valproate when used in pregnancy
3. Explain to your patient that the use of effective contraception without interruption during the entire duration of treatment with valproate is mandatory
4. Tell your patient to contact you immediately if she thinks she might be pregnant or becomes pregnant.

Women of childbearing potential - not planning a pregnancy

1. Reassess at each visit whether treatment with valproate is still appropriate for your patient
2. Remind the patient at each visit of the risks related to valproate when used in pregnancy
3. Remind your patient at each visit that effective contraception without interruption during the entire duration of treatment with valproate is mandatory
4. Remind your patient at each visit to contact you immediately if she thinks she might be pregnant or becomes pregnant.

Women of childbearing potential - planning pregnancy

1. Remind your patient of the risks related to valproate when used in pregnancy
2. Discontinue valproate treatment and switch to another alternative treatment if suitable for your patient (see section 5 in this Guide)
3. Remind your patient that switching takes time
4. Explain to your patient that contraception should only be stopped after complete cessation of valproate.

Women with unplanned pregnancy

1. Arrange an urgent consultation with your patient
2. Explain why she should continue with her treatment until the date of the appointment
3. Make sure your patient and her partner have understood the risks related to valproate and refer them to a specialist for further counselling
4. Discontinue valproate treatment and switch to another alternative treatment if suitable for your patient (see section 5 in this Guide).

EXECUTIVE SUMMARY

DOCTORS, PRESCRIBERS AND NURSES*

1. Provide counselling on contraception methods and pregnancy planning
2. Provide information about the risks of using valproate during pregnancy
3. When a patient consults for pregnancy refer the patient and her partner to a specialist for evaluation and counselling regarding the exposed pregnancy.

PHARMACISTS*:

1. Ensure that the patient card is provided every time valproate is dispensed and that the patient understands its content
2. Remind the patient of the safety messages including the need for effective contraception
3. Advise the patient not to stop valproate and to contact their doctor urgently when planning a pregnancy or in case of a suspected pregnancy.

*More details can be found in section 2 in this Guide.

[1] INFORMATION ON CONGENITAL MALFORMATIONS AND ON DEVELOPMENTAL DISORDERS

Valproate and valproic acid, active ingredients with known teratogenic effects which may result in congenital malformations. Available data also show that *in utero* exposure to valproate can be associated with an increased risk of developmental disorders. These risks are briefly described below.

1. CONGENITAL MALFORMATIONS

Data derived from two meta-analyses (including registries and cohort studies) have shown that 10.73% (95% Confidence Interval: 8.16 - 13.29%)¹ to 10.93% (95% Confidence Interval: 8.91 - 13.13%)² of children of epileptic women exposed to valproate monotherapy during pregnancy suffer from congenital malformations. This represents a greater risk of major malformations than for the general population, for whom the risk is equal to about 2 - 3%.¹ Available data show that the risk is dose-dependent. The risk is greatest at higher doses (above 1g daily). A threshold dose below which no risk exists cannot be established based on available data.

The most common types of malformations include neural tube defects, facial dysmorphism, cleft lip and palate, craniostenosis, cardiac, renal and urogenital defects, limb defects (including bilateral aplasia of the radius), and multiple anomalies involving various body systems.

2. DEVELOPMENTAL DISORDERS

Exposure to valproate *in utero* can have adverse effects on mental and physical development of the exposed children. The risk seems to be dose-dependent but a threshold dose below which no risk exists cannot be established based on available data. The exact gestational period of risk for these effects is uncertain and the possibility of a risk regardless of when during the pregnancy exposure occurs cannot be excluded.

Studies³⁻⁶ in preschool children show that up to 30-40% of children with a history of valproate exposure *in utero* experience delays in their early development such as talking and walking later, lower intellectual abilities, poor language skills (speaking and understanding) and memory problems.

Intelligence quotient (IQ) measured in school aged children (age 6 years old) with a history of valproate exposure *in utero* was, on average, 7-10 points lower than children exposed to other antiepileptic drugs.⁷ Although the role of confounding factors cannot be ruled out, there is evidence in children exposed to valproate that the risk of intellectual impairment may be independent from maternal IQ.

There are limited data on the long term outcomes.

Available data show that children with a history of valproate exposure *in utero* are at increased risk of autistic spectrum disorder (an approximately three-fold) and childhood autism (an approximately five-fold) compared with the general study population.⁸

Limited data suggests that children with a history of valproate exposure *in utero* may be more likely to develop symptoms of attention deficit/hyperactivity disorder (ADHD).⁹

[2.] THE ROLE OF THE DIFFERENT HCPs*

NEUROLOGIST OR PSYCHIATRIST:

- Diagnosis
- Treatment initiation after negative pregnancy test (i.e. plasma pregnancy test) result
- Explain the risks of congenital malformations and neurodevelopmental disorders when using valproate during pregnancy and ensure patient understanding
- Provide the Patient Guide
- Provide counselling on effective contraception and pregnancy prevention
- Annual treatment review, and ad-hoc treatment review as required
- Switching and discontinuation
- Complete and sign the Annual Risk Acknowledgement Form with your patient, at:
 - treatment initiation
 - every annual visit
 - when a patient consults for planned or unplanned pregnancy
- In case of exposed pregnancy, refer to a specialist for pregnancy monitoring and to a specialist for evaluation and counselling regarding the exposed pregnancy.

DOCTOR OR PRESCRIBER:

- Refer patient to the relevant specialist to confirm the diagnosis of epilepsy or bipolar disorder, and to initiate treatment
- Ensure appropriate treatment continuation
- Remind the patient of their annual visit to the specialist
- Provide full information about the risks of using valproate during pregnancy and ensure patient understanding
- Provide counselling on effective contraception and pregnancy prevention
- Refer the patient to their specialist when a patient consults for pregnancy
- Refer patient to their specialist for switching and discontinuation or if their condition worsens
- Provide the Patient Guide

DOCTOR/PRESCRIBER; NURSE:

- Provide counselling on effective contraception and pregnancy prevention counselling
- Provide full information about the risks of using valproate during pregnancy and ensure patient understanding
- Refer the patient to their specialist when a patient consults for pregnancy

[2.] THE ROLE OF THE DIFFERENT HCPs*

PHARMACIST:

- Ensure that the patient card is provided every time valproate is dispensed and that the patient understands its content
- Remind the patient of the safety messages including the need for effective contraception
- Ensure the patient has received the Patient Guide
- Advise the patient not to stop valproate medication and to urgently contact their doctor when planning or in the case of suspected pregnancy
- Dispense valproate in the original package with an outer warning. *Unpacking should be avoided. In situations where this cannot be avoided, always provide a copy of the package leaflet, patient card.*

*see also recommendations in section 4 in this Guide.

[3.] CONDITIONS OF VALPROATE PRESCRIPTION: PREGNANCY PREVENTION PROGRAM

Valproate is an effective treatment for epilepsy and bipolar disorder.

In female children and women of childbearing potential, valproate must be initiated and supervised by a specialist experienced in the management of epilepsy or bipolar disorder.

Valproate should not be used in female children and women of childbearing potential unless other treatments are ineffective or not tolerated.

Valproate may be initiated in **girls and women of childbearing potential** only if the conditions of valproate Pregnancy Prevention Program (outlined below) are fulfilled.

Conditions of the Pregnancy Prevention Program

The prescriber must ensure that:

- Individual circumstances should be evaluated in each case, involving the patient in the discussion, to guarantee her engagement, discuss therapeutic options and ensure her understanding of the risks and the measures needed to minimise the risks.
- The potential for pregnancy is assessed for all female patients.
- The patient has understood and acknowledged the risks of congenital malformations and neurodevelopmental disorders including the magnitude of these risks for children exposed to valproate *in utero*.
- The patient understands the need to undergo pregnancy testing prior to initiation of treatment and during treatment, as needed.
- The patient is counselled regarding contraception, and that the patient is capable of complying with the need to use effective contraception*, without interruption during the entire duration of treatment with valproate.
- The patient understands the need for regular (at least annual) review of treatment by a specialist experienced in the management of epilepsy or bipolar disorders.
- The patient understands the need to consult her physician as soon as she is planning pregnancy to ensure timely discussion and switching to alternative treatment options prior to conception and before contraception is discontinued.
- The patient understands the need to urgently consult her physician in case of pregnancy.
- The patient has received the Patient Guide.
- The patient has acknowledged that she has understood the hazards and necessary precautions associated with the use of valproate (Annual Risk Acknowledgement Form).

These conditions also concern women who are not currently sexually active unless the prescriber considers that there are compelling reasons to indicate that there is no risk of pregnancy.

* At least one effective method of contraception (preferably a user independent form such as an intra-uterine device or implant) or two complementary forms of contraception including a barrier method should be used. Individual circumstances should be evaluated in each case, when choosing the contraception method involving the patient in the discussion, to guarantee her engagement and compliance with the chosen measures. Even if she has amenorrhoea, she must follow all the advice on effective contraception.

[4.] TREATMENT OF FEMALE PATIENTS WITH VALPROATE

[A.] FEMALE PATIENT- FIRST PRESCRIPTION

This is what you should do if - after medical evaluation - you are considering prescribing valproate to your patient for the first time. You should:

FIRSTLY

1. Confirm that treatment with valproate is appropriate for your patient

- You must have confirmed that other treatments are ineffective or not tolerated.

2. Explain and make sure your patient or her parents/legal guardian/caregiver have perfectly understood the following:

- Prior to the first prescription a pregnancy must be excluded through a negative pregnancy test result (i.e. a plasma pregnancy test), and thereafter if needed
- The risks to pregnancy associated with the underlying condition
- The specific risks related to valproate when used in a pregnancy
- The need to comply with an effective contraception, without interruption, during the entire duration of treatment with valproate to avoid an unplanned pregnancy
- The need for regular (at least annual) review of the patient's treatment by a specialist
- The need to urgently consult her physician in case of pregnancy.

3. Recommendations when valproate is prescribed to female children:

- Assess the most appropriate time to give advice on contraception and prevention of pregnancy (refer your patient to a specialist for counselling if needed)
- Explain the risk of congenital malformations and neurodevelopmental disorders to the parents/legal guardian/caregiver (and to the child depending on her age)
- Explain to the parents/legal guardian/caregiver (and to the child depending on her age) the importance of contacting a specialist as soon as the female child treated with valproate experiences menarche
- Reassess the need for valproate therapy at least annually and consider alternative treatment options in female children who have experienced menarche
- Assess all options to switch female children to alternative treatment before they reach adulthood.

[4.] TREATMENT OF FEMALE PATIENTS WITH VALPROATE

SECONDLY you should give your patient additional information:

4. Prescribers: give a copy of the Patient Guide to your patient or her parents/legal guardian/caregiver.

5. Pharmacists:

- Ensure that the patient card is provided every time valproate is dispensed and that the patient understands its content
- Tell the patient to keep the Patient Card
- Reinforce the safety messages, including the need for effective contraception
- Advise patients not to stop the treatment with valproate and to immediately contact their doctor when planning a pregnancy or in case of a suspected pregnancy
- Dispense valproate in the original package with an outer warning. *Unpacking should be avoided. In situations where this cannot be avoided, always provide a copy of the package leaflet, patient card.*

FINALLY

6. For the Neurologist and Psychiatrist:

- Complete and sign the Annual Risk Acknowledgement Form with your patient or her parents/legal guardian/caregiver:
 - This form is to ensure your patient has fully understood the risks and recommendations associated with the use of valproate during pregnancy
 - Keep a copy of the signed Annual Risk Acknowledgement Form in the patient's medical records (if possible an electronic copy) and give a copy to the patient or her parents/legal guardian/caregiver.

7. Plan to review the need for treatment when your patient plans to become pregnant or when she is able to become pregnant.

[4.] TREATMENT OF FEMALE PATIENTS WITH VALPROATE

[B.] WOMEN OF CHILDBEARING POTENTIAL WHO ARE NOT PLANNING PREGNANCY

This is what you should do if - after medical evaluation - you are considering renewing a valproate prescription to your patient. You should:

FIRSTLY

1. Confirm that treatment with valproate is appropriate for your patient

- You must have confirmed that other treatments are ineffective or not tolerated
- Ensure regular (at least annual) review of treatment.

2. Explain and make sure your patient understands

- The risks to pregnancy that are associated with the underlying condition
- The risks related to valproate when used in pregnancy
- The need to comply with effective method of contraception without interruption during the entire duration of treatment with valproate to avoid an unplanned pregnancy, and consider a pregnancy test (plasma pregnancy test), if needed
- The need to urgently consult her physician in case of pregnancy
- The need for regular (at least annual) review of treatment.

3. Discuss contraception methods and direct as needed to preconception counselling.

SECONDLY you should give your patient additional information:

4. Prescribers: give a copy of the Patient Guide to your patient or her parents/legal guardian/caregiver.

5. Pharmacists:

- Ensure that the patient card is provided every time valproate is dispensed and that the patient understands its content
- Tell the patient to keep the Patient Card
- Reinforce the safety messages including the need for effective contraception
- Advise patients not to stop valproate medication and to urgently contact their specialist in case of suspected pregnancy
- Dispense valproate in the original package with an outer warning. *Unpacking should be avoided. In situations where this cannot be avoided, always provide a copy of the package leaflet, patient card.*

[4.] TREATMENT OF FEMALE PATIENTS WITH VALPROATE

FINALLY

6. For the Neurologist and Psychiatrist:

- Complete and sign the Annual Risk Acknowledgement Form with your patient or her parents/legal guardian/caregiver:
 - This form is to inform and ensure your patient has fully understood the risks and recommendations associated with the use of valproate during pregnancy
 - Keep a copy of the signed Annual Risk Acknowledgement Form in the patient's medical records (if possible an electronic copy) and give a copy to the patient or her parents/legal guardian/caregiver.

7. Plan to review the need for treatment with valproate when your patient plans a pregnancy.

[4.] TREATMENT OF FEMALE PATIENTS WITH VALPROATE

[C.] WOMEN OF CHILDBEARING POTENTIAL WHO ARE PLANNING PREGNANCY

FIRSTLY

1. Remind and make sure your patient understands the risks of birth defects and developmental disorders:

- Inform your patient that these can be seriously debilitating when taking valproate during pregnancy
- Folate supplementation before the pregnancy may decrease the risk of neural tube defects which may occur in all pregnancies. However the available evidence does not suggest it prevents the birth defects or malformations due to valproate exposure¹⁰
- But also inform your patient about the risks of untreated seizures or bipolar disorder.

2. Switch to other therapeutic alternatives and discontinue valproate if suitable:

- Read section 5 in this Guide on switching or discontinuing valproate
- Tell your patient not to stop contraception until the switch is achieved
- General Practitioners should refer their patient to the specialist for switching and discontinuation.

3. Refer your patient to specialist for preconception counselling.

4. Instruct your patient to consult their family doctor and specialist as soon as she suspects or confirms she is pregnant:

- This is to start appropriate pregnancy monitoring
- This includes prenatal monitoring to detect the possible occurrence of neural tube defects or other malformations
- When a patient consults for pregnancy refer the patient and her partner to a specialist for evaluation and counselling regarding the exposed pregnancy.

SECONDLY you should give your patient additional information:

5. Prescribers: give a copy of the Patient Guide to your patient or her parents/legal guardian/caregiver.

[4.] TREATMENT OF FEMALE PATIENTS WITH VALPROATE

6. Pharmacists:

- Ensure that the patient card is provided every time valproate is dispensed and that the patient understands its content
- Tell the patient to keep the Patient Card
- Reinforce the safety messages, including the need for effective contraception
- Advise patients not to stop valproate medication and to immediately contact their specialist when planning or in case of suspected pregnancy
- Dispense valproate in the original package with an outer warning. *Unpacking should be avoided. In situations where this cannot be avoided, always provide a copy of the package leaflet, patient card.*

FINALLY

7. For the Neurologist and Psychiatrist:

- Complete and sign the Annual Risk Acknowledgement Form with your patient or her parents/legal guardian/caregiver:
 - This form is to inform and ensure your patient has fully understood the risks and recommendations associated with the use of valproate during pregnancy
 - Keep a copy of the signed Annual Risk Acknowledgement Form in the patient's medical records (if possible an electronic copy) and give a copy to the patient or her parents/legal guardian/caregiver.

[4.] TREATMENT OF FEMALE PATIENTS WITH VALPROATE

[D.] WOMAN WITH AN UNPLANNED PREGNANCY

FIRSTLY

- 1. Arrange an urgent consultation with your patient to reassess her treatment as soon as possible.**
- 2. Explain why she should continue her treatment until you have seen her:**
 - Unless you are able to give other advice based on your assessment of the situation.
- 3. Switch to other therapeutic alternatives and discontinue valproate if suitable**
 - Read section 5 in this Guide on switching or discontinuing valproate.
- 4. Make sure that your patient:**
 - Has fully understood the risks related to valproate and
 - Consider further counselling.
- 5. Start specialised prenatal monitoring:**
 - This is to start appropriate pregnancy monitoring
 - This includes prenatal monitoring to detect the possible occurrence of neural tube defects or other malformations
 - Patient and her partner should be referred to a specialist for evaluation and counselling regarding the exposed pregnancy.
- 6. General Practitioners should refer their patient to the specialist for switching and discontinuation.**

SECONDLY you should give your patient additional information:

- 7. Prescribers: give a copy of the Patient Guide to your patient or her parents/legal guardian/caregiver.**

[4.] TREATMENT OF FEMALE PATIENTS WITH VALPROATE

8. Pharmacists:

- Ensure that the patient card is provided every time valproate is dispensed and that the patient understands its content
- Tell the patient to keep the Patient Card
- Reinforce the safety messages
- Advise patients not to stop valproate medication and to immediately contact their specialist
- Dispense valproate in the original package with an outer warning. *Unpacking should be avoided. In situations where this cannot be avoided, always provide a copy of the package leaflet, patient card.*

FINALLY

9. For the Neurologist and Psychiatrist

- Complete and sign the Annual Risk Acknowledgement Form with your patient or her parents/legal guardian/caregiver:
 - This form is to inform and to ensure your patient has fully understood the risks and recommendations associated with the use of valproate during pregnancy
 - Keep a copy of the signed Annual Risk Acknowledgement Form in the patient's medical records (if possible an electronic copy) and give a copy to the patient or her parents/legal guardian/caregiver.

[5.] SWITCHING OR DISCONTINUING VALPROATE

Patients with bipolar disorder

Valproate is contraindicated in pregnancy.

Valproate is contraindicated in women of childbearing potential unless the conditions of the pregnancy prevention program are fulfilled (see section 3 in this Guide).

If a woman is planning to become pregnant, the prescriber must switch the patient to another treatment. Switching should be achieved prior to conception and before contraception is discontinued.

If a woman becomes pregnant, treatment with valproate must be switched and discontinued to another treatment.

General considerations for bipolar disorder patients:

"If mood stabilisers are to be withdrawn, it is recommended that the dose be tapered down slowly as this reduces the risk of relapse."¹¹

"Therefore valproate is to be discontinued gradually, over few weeks, to reduce early recurrence. In the case of an acute manic episode in a pregnant woman taking valproate, a much faster cross tapering while installing the alternative is recommended."¹²

Patients with epilepsy

Valproate is contraindicated in pregnancy unless there is no suitable alternative treatment.

Valproate is contraindicated in women of childbearing potential unless the conditions of the pregnancy prevention program are fulfilled (see section 3 in this Guide).

If a woman is planning to become pregnant, a specialist experienced in the management of epilepsy, must reassess valproate therapy and consider alternative treatment options. Every effort should be made to switch to appropriate alternative treatment prior to conception and before contraception is discontinued.

If a woman becomes pregnant on valproate, she must be immediately referred to a specialist to consider alternative treatment options.

[5.] SWITCHING OR DISCONTINUING VALPROATE

General considerations for epileptic patients:

Issued by Task Force of Commission of European Affairs of International League Against Epilepsy (CEA-ILAE) and European Academy of Neurology (EAN):

- “Drug withdrawal is usually undertaken gradually over weeks to months, which allows an opportunity to identify the likely minimum required dose should a seizure occur during drug withdrawal” .
- “The switch of valproate to an alternative treatment will commonly occur over at least 2–3 months. The new medication is usually first gradually introduced as add on to valproate. This can take up to 6 weeks to reach a potentially effective dose of the new treatment; thereafter an attempt can be made to gradually withdraw valproate” .

If, despite the known risks of valproate in pregnancy and after careful consideration of alternative treatment, in exceptional circumstances a pregnant woman (or a woman planning to become pregnant) must receive valproate for epilepsy:

- There is no dose threshold considered to be without any risk. However, the risk of birth defects and developmental disorders is higher at greater doses
- Use the lowest effective dose and divide the daily dose of valproate into several small doses to be taken throughout the day
- The use of a prolonged release formulation may be preferable to other treatment formulations in order to avoid high peak plasma concentrations
- All patients with a valproate exposed pregnancy and their partners should be referred to a specialist for *evaluation and counselling regarding the exposed pregnancy*.

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This booklet is a risk minimisation measure part of the valproate Pregnancy Prevention Program aimed at minimising pregnancy exposure during treatment with valproate.