Healthcare professional guide: Pregnancy

Using Topiramate-Actavis (topiramate) in women of childbearing potential

This guide provides an overview of critical information relevant to using topiramate in women of childbearing potential. It does not contain all the information available and should not be used as a substitute for the full prescribing information. Please refer to the complete Data Sheet before prescribing.

For New Zealand Use Only

What are the risks of taking topiramate during pregnancy?[1]

Topiramate is known to be teratogenic and should not be used during pregnancy. Children who have been exposed to topiramate *in utero* have an increased risk of congenital malformations, low birth weight, being small for gestational age (SGA) and neurodevelopmental disorders.[1]

Congenital malformations[1]

Exposure to topiramate *in utero* increases the risk of congenital malformations including craniofacial defects, cleft lip/palate, hypospadias and anomalies involving various body systems. In the North American Antiepileptic Drug Pregnancy Registry there was a relative risk of 21.3 (95% confidence interval [CI], 7.9 to 57.1) of cleft palate relative to untreated women. Similarly, in the UK Epilepsy and Pregnancy Register there was a 3.2% increased prevalence of cleft palate (16 times the background rate). In New Zealand, the background incidence rate of cleft palate is higher for Māori populations (2.37 per 1,000 live births) compared with the overall population (1.79 per 1,000 live births).

Studies indicate that, compared with monotherapy, there is an increased risk of teratogenic effects associated with the use of antiepileptic drugs in combination therapy.

Fetal growth restriction[1]

A higher prevalence of low birth weight (<2,500 g) and of being small for gestational age (birth weight below the 10th percentile corrected for their gestational age, stratified by sex) was found in topiramate exposed children compared with a reference group. Small for gestational age may occur at all doses of topiramate but the prevalence increases with higher doses. The prevalence is also higher for women who continue taking topiramate later in pregnancy compared to women who stop taking it before the third trimester.

Neurodevelopmental disorders[1]

Data from two Nordic observational population-based registry studies of almost 300 children of mothers with epilepsy exposed to topiramate *in utero*, compared with children of mothers with epilepsy not exposed to antiepileptic drugs, suggest there may be a 2- to 3-fold higher prevalence of neurodevelopmental disorders.

A third observational cohort study from the United States did not suggest an increased cumulative incidence of autism spectrum disorder by 8 years of age in 1,030 children of mothers with epilepsy exposed to topiramate *in utero*, compared with children of mothers with epilepsy not exposed to topiramate, after adjustment for indication and other confounders.

What you must know about the conditions of topiramate prescription in female patients[1]

Prophylaxis of migraine[1]

For migraine prophylaxis, topiramate is contraindicated in pregnancy and in women of childbearing potential if not using a highly effective method of contraception.

Epilepsy[1]

In women of childbearing potential, it is recommended to consider alternative therapeutic options. Use during pregnancy for epilepsy is only appropriate if no safer alternative achieves adequate seizure control.

If topiramate is used in women of childbearing potential, it is recommended that highly effective contraception be used and the woman is fully informed of the known risks of uncontrolled epilepsy to the pregnancy and the potential risks of the medicinal product to the fetus. Highly effective contraception includes a long-acting reversible contraceptive or oral contraception in combination with a barrier method (see section on contraception for further details).[2]

If a woman plans a pregnancy, a periconceptional visit is recommended in order to reassess the treatment, and to consider other therapeutic options.

In case of administration during the first trimester, careful prenatal monitoring should be performed.

Treatment with topiramate should be initiated and supervised by physicians experienced in the management of epilepsy or migraine. Ensure that your patient is fully informed and aware of the potential risks related to topiramate use during pregnancy. Fully inform your patient with epilepsy about the risks of untreated epilepsy to her and the unborn child.

Consider other treatment options in female children and women of childbearing potential in all indications. The need for topiramate treatment in these populations should be reassessed at least annually.

Female children taking topiramate for epilepsy[1]

Make every effort to switch female children to an alternative treatment before they reach menarche. Explain the risks due to topiramate use during pregnancy to the parents / caregivers (and their children depending on their age). Explain the importance of contacting you once a female child experiences menarche and about the need to use highly effective contraception as soon as it is relevant.

Pregnancy planning[1]

Explain the need for pregnancy planning in all women of childbearing potential who are prescribed topiramate. Reassess topiramate treatment and if possible, switch to an alternative treatment before contraception is discontinued.

Explain that switching to an alternative treatment in epilepsy takes time, as the new treatment might be gradually introduced as an add-on to topiramate and then topiramate is gradually withdrawn. For patients prescribed topiramate for migraine prophylaxis, treatment may be stopped immediately.

Advise the patient to promptly contact you if they have become pregnant or think they might be pregnant or if their menstrual bleeding changes while on contraceptives.[3]

Contraception[1]

Perform a pregnancy test prior to initiation of topiramate in a woman of childbearing potential.

Counsel on the need for highly effective contraception throughout treatment and for 4 weeks after treatment discontinuation. Guidance on contraceptive methods should be provided, preferably in collaboration with a specialist (e.g., gynaecologist). At least one highly effective method of contraception (such as an intrauterine device) or two complementary forms of contraception including a barrier method (such as an oral contraceptive pill and male or female condom or diaphragm) should be used.[2]

Inform your patient about the possibility of decreased contraceptive efficacy if taking systemic hormonal contraceptive products with topiramate. Women using systemic hormonal contraceptives should also add a barrier method.

If your patient has become pregnant while treated with topiramate[1]

In the case of administration during the first trimester, careful prenatal monitoring should be performed. Specialist prenatal diagnosis including detailed mid-trimester ultrasound should be offered.

In patients with migraine, stop treatment with topiramate.

In patients with epilepsy, reassess the need for treatment with topiramate. Sudden discontinuation of antiepileptic therapy should be avoided as this may lead to breakthrough seizures that could have serious consequences for the woman and the unborn child.

Ensure that your patient is fully informed about and understands the risks of topiramate during pregnancy using the Risk Awareness Form. Should treatment continue during pregnancy, monotherapy should be used, if possible, at the lowest effective dose. Folic acid supplementation (5 mg) should be commenced for four weeks prior to and continue for 12 weeks after conception.

Additional consideration: use in breastfeeding[1]

The excretion of topiramate into breastmilk has not been evaluated in controlled studies. However, limited observation in patients suggests an extensive excretion into breast milk. Diarrhoea and somnolence have been reported in breastfed infants whose mothers receive topiramate treatment. Therefore, a decision should be made whether to discontinue breastfeeding or to discontinue the medicine, considering the benefit of breastfeeding for the child and the benefit of the medicine to the mother.

Assess / Reassess the need for topiramate therapy by completing the Risk Awareness Form with the patient at initiation, annual review, when your patient plans a pregnancy or has become pregnant.

Also provide the Patient guide: Pregnancy, what females who could become pregnant need to know about Topiramate-Actavis (topiramate) to the patient.

Before prescribing, assess / reassess the need for topiramate therapy by completing the Risk Awareness Form with the patient at initiation, annual review, when your patient plans a pregnancy or has become pregnant and review the full Data Sheet available at: https://www.medsafe.govt.nz/profs/Datasheet/t/topiramateactavistab.pdf

References: 1. Topiramate-Actavis Data Sheet. Available at: https://www.medsafe.govt.nz/profs/Datasheet/t/topiramateactavistab.pdf (accessed July 2025). **2.** BPAC NZ. Contraception: which option for which patient? Available at: https://bpac.org.nz/2021/contraception/options.aspx (accessed July 2025). **3.** Topiramate-Actavis Consumer Medicine Information. Available at: https://www.medsafe.govt.nz/Consumers/CMI/t/topiramateactavis.pdf (accessed July 2025).

Risk Awareness Form for female children and women who are able to become pregnant while treated with topiramate

Part A – To be completed and signed by the treating physician.

This form is intended to facilitate the annual reassessment of your female patients prescribed topiramate.

As the prescribing doctor, you must ensure that female patients or their caregiver(s) / legal representative(s) have been fully informed about and understand the risks related to the use of topiramate during pregnancy.

Complete the Risk Awareness Form with your patient at initiation, at annual review, when your patient plans a pregnancy or has become pregnant.

This form should be used together with the healthcare professional guide and the Data Sheet. A copy of this completed and signed form shall be kept / recorded by the physician as confirmation of the discussion.

Name and ID of patient (if appropriate also the name of caregiver / legal representative):	
The need for topiramate treatment has been evaluated for the above-named patient. The following points have been discussed with the patient and / or parent / caregiver / legal representative:	✓
Risks to children exposed to topiramate during pregnancy	
(If applicable) Risk of untreated epilepsy to mother and to an unborn child	
Pregnancy test before treatment initiation (if the patient has already reached menarche)	
Need for regular (at least annually) review by a specialist	
Need for highly effective contraception during treatment and 4 weeks after discontinuation	
Importance of pregnancy planning	
Importance of contacting physician in case of (suspected) pregnancy	
Provision of patient guide	
In case of pregnancy:	✓
Need for prenatal monitoring of the child	
Evaluation of alternative treatment or treatment change	
When used for epilepsy: evaluation of alternative treatment or treatment change	
When used to prevent migraine: importance of immediately stopping treatment	

Name of physician: _____

Signature*: _____ **Date:** _____

Risk Awareness Form for female children and women who are able to become pregnant while treated with topiramate

Part B – To be completed and signed by the patient or caregiver / legal representative.

- Read and complete this form during a visit with your doctor: at treatment start, at the annual visit, when you are planning a pregnancy or if you are pregnant.
- This is to make sure that you have discussed with your doctor and understand the risks related to the use of topiramate during pregnancy.
- Keep a copy of this form completed and signed.

I have discussed the following points with my doctor:	✓
Why I need topiramate rather than another medicine	
That children whose mothers took topiramate during pregnancy: • Have a higher risk of birth defects, • Have a higher risk of being smaller and weighing less than expected at birth • May have a higher risk of developmental problems.	
(If you take topiramate for epilepsy) That untreated epilepsy can also put me and my unborn child at risk	
Why I need a negative pregnancy test before treatment with topiramate is started	
That I must use highly effective contraception without interruption during the entire duration of my treatment with topiramate and for 4 weeks after stopping treatment	
(If applicable) That the doctor is informed as soon as I experience my first period during treatment with topiramate	
That I should visit a doctor regularly (at least annually) to review whether topiramate treatment remains the best treatment option for me	
The need to consult my doctor if I plant to become pregnant, to evaluate if it is possible to switch to alternative treatment before I stop my contraception	
That I should promptly talk to my doctor if I think I am pregnant	
In case pregnancy: that I need appropriate monitoring of my unborn child	

Name of patient / caregiver / legal representative: _____

Signature*: _____ **Date:** _____

Adverse event reporting

Please ensure any suspected adverse events and other safety information related to Topiramate-Actavis are reported through the appropriate channels, including Medsafe (https://pophealth.my.site.com/carmreportnz/s) and/or Teva's Medical Information (email: Medinfo.ANZ@tevapharm.com), to support patient safety and continuous quality improvement.

Before prescribing, please review full Data Sheet available at:
https://www.medsafe.govt.nz/profs/Datasheet/t/topiramateactavistab.pdf

Teva Pharma (New Zealand) Limited.

PO Box 128 244, Remuera, Auckland 1541.
T: 0800 800 097.

Date of Preparation: July 2025.
Date of Expiration: July 2027. NPS-NZ-NP-00014