

Valproate (Epilim): New contraindications, strengthened warnings and measures to prevent exposure during pregnancy

Valproate-containing medicines (licensed in Ireland as Epilim) are now contraindicated in women of childbearing potential (WCBP) unless the terms of a special pregnancy prevention programme are followed. Valproate should not be used in female children and WCBP unless other treatments are ineffective or not tolerated.

In 2014 the warnings and restrictions regarding the use of valproate in women and girls were strengthened to minimise these risks. The European Medicines Agency's (EMA) Pharmacovigilance Risk Assessment Committee (PRAC) has now reviewed the impact of these and has recommended important new contraindications, strengthened warnings and measures to further prevent valproate exposure during pregnancy.

Advice to Healthcare Professionals

- Children exposed to valproate *in utero* are at high risk of serious developmental disorders (in up to 30-40% of cases) and of congenital malformations (in approximately 10% of cases).
- Valproate should only be used in female children, girls and WCBP if other treatments are ineffective or not tolerated.
- In pregnancy and in WCBP, new contraindications apply:
 - o In epilepsy
 - valproate is contraindicated in pregnancy unless there is no suitable alternative treatment.
 - valproate is contraindicated in WCBP, unless all the conditions of the pregnancy prevention programme (described below) are met.
 - o In bipolar disorder
 - valproate is contraindicated in pregnancy.
 - valproate is contraindicated in WCBP, unless all the conditions of the pregnancy prevention programme (described below) are met.
- In female children and WCBP valproate must be initiated and supervised by a specialist experienced in the management of epilepsy or bipolar disorder.
- Healthcare professionals should prescribe and dispense valproate according to the Valproate pregnancy prevention programme (described below).
- For WCBP who are currently using valproate, prescribers should re-evaluate treatment to ensure that the conditions of the pregnancy prevention programme are met and that valproate remains the most appropriate therapeutic option for them.
- Prescribers should discuss the risk with their patients and ensure that relevant patients receive and understand the patient guide.
- Pharmacists should ensure that relevant patients are aware of and understand the risk and provide them with the package leaflet and patient card when dispensing valproate.

Key elements of the new Valproate Pregnancy Prevention Programme

The prescriber should ensure that:

- The potential for pregnancy is assessed for all female patients.
- For each patient, individual circumstances should be evaluated and the patient should be involved in the discussion to guarantee her engagement, discuss her therapeutic options, ensure she understands the risks and the measures needed to minimise the risks.
- The patient understands the need to undergo pregnancy testing before commencing treatment and during treatment, as needed.
- The patient has fully understood and acknowledged the risks of congenital malformations and neurodevelopment disorders associated with the use of valproate, including the magnitude of these risks for children exposed to valproate *in utero*.
- The patient is counselled and understands the need for effective contraception throughout treatment and is capable of complying with this need, without interruption during the entire duration of treatment.
- The patient understands the need for regular (at least annual) review of treatment by a specialist experienced in the management of her condition.
- The patient understands the need to consult her physician as soon as she is planning a pregnancy to ensure timely discussion and switching to an alternative treatment 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 and understood the patient guide and other materials designed to provide her with information on the risks and necessary precautions associated with valproate use (see below).
- The patient has acknowledged that she has understood the risks and necessary precautions associated with valproate use by signing the Annual Risk Acknowledgement Form (see below).
- These conditions are also applicable to females who are not sexually active unless the prescriber considers there are compelling reasons to indicate that there is no risk of pregnancy.

Annual treatment reviews

The prescribing specialist should review the patient at least annually and decide whether valproate remains the most suitable treatment for the patient. The specialist should discuss the annual risk acknowledgement form, at initiation and during each annual review and ensure that the patient has understood its content.

Pregnancy test

Pregnancy must be excluded before treatment with valproate commences.

Contraception

Women taking valproate who are of childbearing potential must use effective contraception without interruption for the entire duration of treatment with valproate.

Pregnancy planning

If a woman being treated with valproate for epilepsy is planning a pregnancy, then a specialist must reassess the need for valproate and consider alternative therapies. Every effort should be made to switch the patient to another treatment prior to conception and before contraception is discontinued.

If a woman is being treated with valproate for bipolar disorder the prescribing specialist should be consulted prior to conception so that treatment with valproate can be discontinued and an alternative treatment commenced, if necessary, before contraception is discontinued.

In case of pregnancy

If a woman using valproate becomes pregnant, she must immediately be seen by a specialist to review and re-evaluate her treatment, to consider alternative treatment options and switching. In epilepsy, maternal tonic-clonic seizures and status epilepticus with hypoxia may carry a particular risk of death for mother and baby.

If, despite the known risks of valproate in pregnancy and after careful consideration of alternative treatment, in exceptional circumstances, a pregnant woman must receive valproate for epilepsy, it is recommended to use the lowest effective dose and divide the daily dose into at least 2 single doses. The use of a prolonged release formulation may be preferable to other treatment formulations in order to avoid high peak plasma concentrations.

Patients (and their partners) with a valproate exposed pregnancy should be referred to a specialist for evaluation and counselling regarding the exposed pregnancy. Specialised prenatal monitoring should take place to detect the possible occurrence of neural tube defects and other physical malformations.

Female children

- Valproate should not be prescribed to girls unless there is no suitable alternative.
- The prescribing specialist must ensure that parents/caregivers of girls being prescribed valproate understand the need to contact the specialist once the child begins menstruation.
- The prescribing specialist must ensure that the parents/caregivers of girls who have commenced menstruation are provided with comprehensive information about the risks.
- The prescribing specialist must reassess the need for valproate therapy annually in female children who have commenced menstruation and consider alternative treatment options. Patients should be switched to alternative treatment before they reach adulthood. If valproate is the only suitable treatment, the need for effective contraception and all conditions of the pregnancy prevention programme should be discussed.

Educational materials

In order to assist healthcare professionals and patients to mitigate the risk of exposure to valproate during pregnancy, revised educational materials have been developed and circulated by the market authorisation holder (MAH i.e. license holder) for Epilim following approval by the HPRa. The revised educational materials include:

- A guide for prescribers, pharmacists and other healthcare professionals potentially involved in the care of girls and WCBP treated with valproate.
- A guide for patients which the prescriber should provide to all girls and WCBP who start treatment with valproate or who are already on treatment.
- A patient reminder card attached to the outer packaging of valproate to facilitate discussions between the pharmacist and the patient each time the medicine is dispensed.
- These materials are available on the HPRa website (www.hpra.ie) and from the MAH for Epilim.

Key Message

- Children exposed to valproate *in utero* are at a high risk of serious developmental disorders (up to 30-40% of cases) and of congenital malformations (in approximately 10% of cases).
- A valproate pregnancy prevention programme is being implemented nationally and across the EU.
- In pregnancy and in WCBP, new contraindications apply:
 - Valproate is contraindicated in WCBP, unless all conditions of the pregnancy prevention programme are met.
 - In epilepsy, valproate is contraindicated in pregnancy unless there is no suitable alternative treatment.
 - In bipolar disorder, valproate is contraindicated in pregnancy.
- For WCBP currently using valproate, treatment may need to be re-evaluated to ensure that the conditions of the pregnancy prevention programme are met.
- A Direct Healthcare Professional Communication (DHPC) has been circulated by the MAH, following approval by the HPRa, to relevant healthcare professionals.
- Revised educational materials including the new recommendations are available from the HPRa website (www.hpra.ie).
- Valproate-containing medicines are subject to additional monitoring requirements and healthcare professionals are requested to report any suspected adverse reactions associated with use to the HPRa via the usual methods (www.hpra.ie).

Valproate-containing medicines are approved in Ireland under the brand name Epilim, to treat epilepsy and bipolar disorder. Further information on valproate-containing medicines is available from www.hpra.ie.

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