

Healthcare Professional Guide

TOPAMAX® (Topiramate)

Healthcare professional guide including a Physician checklist

Guide for healthcare professionals who manage female children and women of childbearing potential treated with topiramate

Guide on topiramate pregnancy prevention program

What are the risks of topiramate if taken during pregnancy?

Topiramate is teratogenic. Children exposed in utero to topiramate have a higher risk for congenital malformations, low birth weight and being small for gestational age (SGA).

There may also be an increased risk for neurodevelopmental disorders.



Congenital malformations

- In the North American Antiepileptic Drug pregnancy registry about 4.3% of children exposed to topiramate monotherapy had a major congenital malformation compared to 1.4% in a reference group not taking antiepileptic drugs (AEDs).
- The most common types of malformation included: cleft lip and cleft palate, hypospadias and anomalies involving various body systems.
- A population-based registry study from the Nordic countries also showed a 2 to 3-fold higher prevalence of major congenital malformations (up to 9.5 %), compared with a reference group not taking AEDs (3.0%).
- Studies indicate that, compared with monotherapy, there is an increased risk of teratogenic effects associated with the use of AEDs in combination therapy. The risk has been reported to be dose dependent; adverse effects were observed even with low doses.



Foetal growth restriction

- A higher prevalence of low birth weight (<2500 grams) and of being small for gestational age (SGA; defined as 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. In the North American Antiepileptic Drug Pregnancy Registry, the risk of SGA in children of women receiving topiramate was 18%, compared with 5% for women without epilepsy not receiving an antiepileptic drug.



Neurodevelopmental disorders

- Data from two observational population-based registry studies undertaken in largely the same dataset from the Nordic countries suggest that there may be a 2-to-3-fold higher prevalence of autism spectrum disorders, intellectual disability or attention deficit hyperactivity disorder (ADHD) in almost 300 children of mothers with epilepsy exposed to topiramate in utero, compared with children of mothers with epilepsy not exposed to an AED.
- A third observational cohort study from the U.S.A. did not suggest an increased prevalence of these outcomes in approximately 1000 children of mothers with epilepsy exposed to topiramate in utero, compared with children of mothers with epilepsy not exposed to an AED in utero.

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

Pregnancy prevention programme:

Topiramate is **contraindicated** in the following conditions:



Prophylaxis of migraine

- in pregnancy.
- in women of childbearing potential not using highly effective contraception.



Epilepsy

- in pregnancy, unless there is no suitable alternative treatment.
- in women of childbearing potential not using highly effective contraception. The only exception is a woman for whom there is no suitable alternative but who plans a pregnancy and who is fully informed about the risks of taking topiramate during pregnancy.
- 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.** (See box at the end of this guide)
- Advise the patient to **promptly contact you if** she has become **pregnant** or thinks she might be pregnant.



Female children

- The need for continued topiramate therapy should be reassessed and alternative treatment options should also be considered.
- **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.

What you must know about the conditions of topiramate prescription in female patients (Cont'd)



Contraception

- Perform a **pregnancy test** prior to treatment initiation.
- Counsel on the need for highly **effective contraception** throughout the treatment and 4 weeks after treatment discontinuation. Guidance on contraceptive methods should be provided, preferably in collaboration with a specialist (e.g. gynecologist).
- At least one highly effective method of contraception (such as an intrauterine device) or two complementary forms of contraception including a barrier method should be used.
- Inform your patient about the possibility of decreased contraceptive efficacy if taking **systemic hormonal contraceptives products** with topiramate. Women using systemic hormonal contraceptives should **add a barrier method**.



Pregnancy planning

- Explain the need for **pregnancy planning**.
- **Reassess topiramate treatment**. If possible, **switch** to alternative treatment **before contraception is discontinued**.
- Explain that **switch** to alternative treatment in epilepsy **takes time**, as the new treatment might be gradually introduced as add-on to topiramate and then topiramate is gradually withdrawn.
- Advise the patient to **promptly contact you** if she has become **pregnant** or thinks she might be pregnant.



If your patient has become pregnant while treated with topiramate

- In patients with **migraine, stop treatment** with topiramate.
- In patients with **epilepsy, reassess topiramate treatment**. Consider alternative treatment options or promptly refer your patient to a specialist for reassessment. Inform your patient to keep taking her treatment until her next consultation due to the **risk of breakthrough seizures** having serious consequences for the women and the unborn child.
- Ensure that your patient is **fully informed about and understands the risks** of topiramate during pregnancy.
- If topiramate has been or is used during pregnancy, careful **prenatal monitoring** should be performed, and the patient should be referred to a specialist for evaluation and counselling regarding the exposed pregnancy.

What you must know about the conditions of topiramate prescription in female patients (Cont'd)

- During pregnancy topiramate should preferably be prescribed:
 - as monotherapy,
 - at the lowest effective dose.

- (Re-)Assess the need for topiramate therapy by completing the **physician checklist** with the patient at initiation, annual review, when your patient plans a pregnancy or has become pregnant.
- **Ensure that patients are informed about the Patient Card during their consultation.**

HCPs are asked to report any suspected adverse reactions via the national reporting system at the following: To the Ministry of Health according to the National Regulation by using an online form <https://sideeffects.health.gov.il/> or to be reported to J-C Health Care Ltd. on telephone 09-9591111.

Detailed information on this medicinal product is available in the TOPAMAX[®] Prescribing Information. For any further information on the use of TOPAMAX, please contact J-C Health Care Ltd. Medical Information Services on telephone 09-9591111.

The format and the content of this HCP Guide was reviewed and approved by the Ministry of Health in October 2025.

Physician Checklist

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

Physician checklist for female children and women who are able to become pregnant while treated with topiramate

To be completed by the treating physician.

- This form is intended to facilitate the annual reassessment of your female patients, to make sure 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 following checklist 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, which contains detailed information.
- A copy of this checklist shall be kept / recorded by the physician.

Name and ID of patient (if appropriate also 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	<input type="checkbox"/>
(If applicable:) Risk of untreated epilepsy to mother and to an unborn child	<input type="checkbox"/>
Pregnancy test before treatment initiation (if the patient has already reached menarche)	<input type="checkbox"/>
Need for regular (at least annually) review by a specialist	<input type="checkbox"/>
Need for at least one highly effective method of contraception (such as an intrauterine device) or two complementary forms of contraception including a barrier method should be used during treatment and for at least 4 weeks after stopping treatment	<input type="checkbox"/>
Importance of pregnancy planning	<input type="checkbox"/>
Importance to contact physician in case of (suspected) pregnancy	<input type="checkbox"/>
Informed of patient card	<input type="checkbox"/>

In case of pregnancy:

Need for prenatal monitoring of the child	<input type="checkbox"/>
Evaluation of alternative treatment or treatment change	<input type="checkbox"/>
<u>When used for epilepsy:</u> Evaluation of alternative treatment or treatment change	<input type="checkbox"/>
<u>When used to prevent migraine:</u> Importance to immediately stop treatment	<input type="checkbox"/>

Date _____

Johnson & Johnson

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