

# Improving valproate safety

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## Background

Improving valproate (as sodium valproate or valproic acid) safety is one of NHS England's national medicines optimisation opportunities. Valproate should only be prescribed to female children and women of child-bearing potential when other treatments are ineffective or not tolerated. It should only be prescribed if the Pregnancy Prevention Programme is in place.

Despite the measures put in place over the last few years, data shows that pregnancies continue to be exposed to valproate.

176 female patients between the ages of 13-54 and 10 female patients aged 0-12 years were prescribed valproate across NHS Cornwall and Isles of Scilly ICB during December 2025 (ePACT data Oct to Dec 25).

The [regulatory change](#) in January 2024 for oral valproate medicines means that:

- Valproate must not be started in new patients (male or female) younger than 55 years, unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply.
- At their next annual specialist review, women of childbearing potential and girls should be reviewed using a revised valproate [Annual Risk Acknowledgement Form](#), which includes the need for a second specialist signature if the patient is to continue with valproate and subsequent annual reviews with one specialist unless the patient's situation changes.

No patients should stop taking valproate without the advice from a specialist given the serious risks associated with worsening control of epilepsy or bipolar disorder.

## Actions

**The completed audit forms need to be returned by 30 June 2026.**

Please send any NIL returns and include details of the process in place to identify any new patients.

## Female patients

Practices are asked to undertake an audit to review all female patients under 55 years to ensure that they are under the care of a specialist and a Pregnancy Prevention Programme (PPP also known as [prevent](#)) is in place, unless the prescriber considers there are compelling reasons to indicate that there is no risk of pregnancy.

Prevent includes

- the patient has been told and understands the risks of use in pregnancy and has signed a Risk Acknowledgement Form
- are on highly effective contraception if necessary
- see their specialist at least every year

Where a patient is identified who is not under the care of a specialist or does not have an up-to-date annual risk acknowledgement form (ARAF), practices are asked to refer to the specialist as below.

**Complete and return audit template** – do not return any patient identifiable data

- Identify women and girls aged <55 years in the search provided for each clinical system.
- For each patient determine the indication(s) for valproate and link this to the repeat template.
- Record which specialist service the patient is under and at which hospital
- Determine whether the PPP is required – has Step 1 of the ARAF been completed as a permanent reason - no possible risk of pregnancy (see below). Please record the reason for exemption.
- Review whether the ARAF has been completed and is in date. Code appropriately (see resources).
- From January 2024 two specialists must sign the ARAF. Please check there is an ARAF with 2 signatures either at initiation or annual review. Following completion of this ARAF with two signatures subsequent forms only require one signature (see infographics in resources section).
- If the ARAF has expired or there is no ARAF with 2 specialist signatures, please contact the specialist team (see below).
- Determine which contraception is recorded – see [advice](#) regarding highly effective options – ensure review if not prescribed contraception.
- Any additional comments.

Practices must have a process in place to ensure

- Any new patients who fit into the above criteria are identified and referred if necessary – this includes any new patients to the practice.
- ARAF forms are received for patients on an annual basis or specialist teams contacted to request a new form.

Record your process on the audit template.

## Referral process

- If a patient is under the review of the Learning Disability (LD) team, they will manage the ARAF for all valproate indications – epilepsy and mood disorder.
  - Contact the LD secretary via email on last outpatient letter.
- If a patient with LD hasn't been seen in the past by the LD team then confirm indication and refer to the appropriate specialist (epilepsy/mental health) as below.
- Patients who are receiving valproate for epilepsy indication – refer through RMS to the epilepsy service.
- Patients who are receiving valproate for mental health indication – refer through [mental health access and brief treatment team](#) (previously SPoA).
- Children <18 years with epilepsy – contact their epilepsy specialist team directly via the email on the outpatient letter.
- Patients for any indication seen by Plymouth specialists– refer through DRSS.

The only exception to prevent is when the specialist prescriber considers that there are reasons to indicate that there is no risk of pregnancy.

- These only include medical reasons e.g. post-menopausal or after a hysterectomy.
- A diagnosis of a learning disability is *not* grounds for exemption, and these patients should be referred for completion of an annual RAF unless they have a permanent medical reason or they have a current ARAF.
- The absence of risk may change, for example pre-menarche. Although prevent does not apply, the treatment must be reviewed at least annually. An ARAF with 2 signatures must be completed when treatment is initiated. Further information is available below.

- [British Paediatric Neurology Association \(BPNA\) and the Royal College of Paediatrics and Child Health \(RCPCH\) – Joint guidance to provide recommendations about the use of valproate in female patients under 18 years of age](#)

## Male patients

### Part 1

Valproate must not be started in new patients younger than 55 years, unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply.

Practices are asked to review any male patients younger than 55 years who started valproate after 31 January 2024 using the search provided to ensure they have a Risk Assessment Form (RAF) completed by two specialists.

**Complete and return the audit template** – do not return any patient identifiable data

- Identify patients in the search provided for each clinical system. The search doesn't check when the valproate was initiated. If this was before 31 Jan 2024 these patients do **not** need a RAF and can be excluded.
- Determine the indication(s) for valproate and link this to the repeat template.
- Record which specialist service the patient is under and at which hospital.
- Review whether the RAF has been completed and is in date and code appropriately (see resources).
- The RAF must include a second signature, contact the team who completed the form if there is only one signature.

This is a **once** only form and doesn't need completing each year. Patients don't need referring to specialists unless a RAF hasn't been completed, or it only has one signature. Please follow the same referral process as above.

## Part 2

Practices are asked to review all male patients, of any age and ensure they have been provided with the information in the Sept 2024 [DSU](#) including a copy of the [Patient Guide](#).

- inform male patients (of any age) who may father children of the possible risk at initiation of valproate or at their next regular treatment review – this counselling should be given irrespective of the indication for valproate and also after intravenous use of valproate
- as a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate
- at the next regular treatment review, discuss with men on oral valproate treatment whether they are planning a family in the next year and if they are, refer to a specialist to discuss alternative treatment options
- if a female patient reports they are pregnant or planning a pregnancy with a man on valproate (including those undergoing IVF), refer for prenatal counselling
- advise men not to donate sperm during valproate treatment and for 3 months after stopping valproate

Practices must put a process in place to ensure

- any new patients who fit into the above criteria are identified – this includes any new patients to the practice

Record this process on the audit template.

## Trans women


The MHRA publication refers to men and males. The alert applies to anyone who can biologically father children. Practices should consider this when searching their

systems for at-risk patients as trans women may not be included in their search results of male patients. The search we have provided for males of all ages does include trans women. However, the searches for <55 years do not, as all patients <55 years will be captured in one of the two searches.

## Resources

Ardens templates are available that guide you in the review and coding of patients.

[Home](#) | [Monitoring - Female](#) | [Monitoring - Male](#) | [Results](#) | [Resources](#)


[help & feedback](#)

### Valproate Monitoring - Female

**All:**

- ★Monitoring provider
- ★Monitoring

☐ Blood tests checked
 

Annually:
 

Weight
 

56

 Kg

 Height
 

1.65

 m

☐ Review Appoint...

☐ Phlebotomy

☐ Vitals & Lifestyle

☐ BMI Calculator...


**if child bearing potential:**

- !! Pregnancy prevention
- Contraceptive advice
- !! Annual Risk Acknowled...
- Pre-conception advice
- Pregnancy advice
- Advice on risk of harm to fetus (10% birth defect & 30-40% developmental problems)
- Advice of higher risk with polytherapy or doses >800mg/day,
- Advice to use user independent contraception (eg IUD/implant)
- Advice to use additional barrier contraception if not on highly effective method
- Alert card given
- For routine regular r/v or urgent r/v prior to trying to conceive

☐ Contraception
 
☐ Letter contrace...
 
☐ ARAF Letter
 
☐ Pre-Conception...
 
☐ Pregnancy
 
☐ Resources
 
☐ Resources
 
☐ Follow-Up

[Home](#) | 
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## Valproate Monitoring - Male


[help & feedback](#)

All:

★Monitoring provider

▼

★Monitoring

▼

Blood tests checked

☐

Annually:

Weight

56

Kg

Height

1.65

m

☐

Review Appoint...

☐

Phlebotomy

☒

Vitals & Lifestyle

☐

BMI Calculator...

☐

!! Risk Acknowledgement Form for male starting valproate completed

☐

Advice on importance of contraception for duration + 3 months after stopping

☐

Advice not to donate sperm for duration + 3 months after stopping

☐

Refer to Neurology to discuss treatment options if planning a family in next 1y

☐

MHRA

☐

Referral Advice

## Searches

Searches for both Emis and SystmOne are provided. These can be imported from the [formulary website](#).

If you use searches already on your system, please ensure they are searching for the same criteria – especially the age.

- All female patients aged <55 years with any valproate medication recorded in the last 12 months.
- Male of any age on valproate in last 12 months.
- All male patients aged <55 years with any valproate medication recorded in the last 12 months (the search doesn't specify the date of initiation – review start date and only include patients started after 31 Jan 2024).

## References

[Valproate \(Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell▼\): new safety and educational materials to support regulatory measures in men and women under 55 years of age - GOV.UK](#)

[National Patient Safety Alert: Valproate: organisations to prepare for new regulatory measures for oversight of prescribing to new patients and existing female patients \(NatPSA/2023/013/MHRA\) - GOV.UK](#)

[FSRH-statement-paternal-exposure-to-valproate.pdf](#)

[FSRH statement: Contraception for women using known teratogenic drugs \(Feb 2018\) | CoSRH](#)

MHRA infographics

[For female patients under 55 years old .pdf](#)

[For male patients under 55 years old](#)

[For male and female patients 55 years and older](#)

[Cornwall](#) guidance for men prescribed valproate in general practice

## SNOMED Codes for teratogenic medicines

### 1. Risk Management

#### 1.1 Risk acknowledgement

Description	SNOMED Code
<b>Valproate Annual Risk Acknowledgement Form (record artifact)</b>	1659031000000103
<b>Referral for completion of Valproate Annual Risk Acknowledgement Form (procedure)</b>	1366381000000107
<b>Valproate Annual Risk Acknowledgement Form completed (situation)</b>	1366401000000107
<b>Risk Acknowledgement Form for Male Patients Starting Valproate completed (situation)</b>	2078961000000109

#### 1.2 Pregnancy Prevention

Description	SNOMED Code
<b>Pregnancy prevention programme (regime/therapy)</b>	1129761000000105
<b>Pregnancy prevention programme started (situation)</b>	1129771000000103
<b>Pregnancy prevention programme not needed (situation)</b>	1129791000000104
<b>Did not attend pregnancy prevention programme (situation)</b>	1129831000000106
<b>Pregnancy prevention programme declined (situation)</b>	1129801000000100
<b>Pregnancy prevention programme declined by parent (situation)</b>	1129821000000109
<b>Pregnancy prevention programme declined caregiver (situation)</b>	1129811000000103
<b>Pregnancy prevention programme discontinued (situation)</b>	1129841000000102

### 2. Patient is ADHERENT to 'prevent' (Valproate Pregnancy Prevention Programme):

#### 2.1. Pregnancy Prevention Programme

Description	SNOMED Code
<b>Pregnancy prevention programme started (situation)</b>	1129771000000103

## 2.2. Patient is on effective contraception

Description	SNOMED Code
Uses hormone releasing intrauterine device contraception (finding)	449038007
Contraceptive coil (physical objective)	312082008
Copper-containing intrauterine device (product)	714594000
Subcutaneous contraceptive implant present (finding)	428987008

## 3. Patient NOT adherent to 'prevent':

Description	SNOMED Code
Pregnancy prevention programme discontinued (situation)	1129841000000102
Pregnancy prevention programme not needed (situation)	1129791000000104

### 3.1. Absence of pregnancy risk is permanent

Description	SNOMED Code
History of hysterectomy (situation)	161800001
Menopause present (finding)	289903006
Bilateral tubal ligation (procedure)	287664005
History of female sterilisation (situation)	275572005
Premature menopause (finding)	373717006

### 3.2. Not yet reached menarche

Description	SNOMED Code
Amenorrhea (finding)	14302001

### 3.3. Refused

Description	SNOMED Code
Pregnancy prevention programme declined (situation)	1129801000000100
Pregnancy prevention programme declined by parent (situation)	1129821000000109
Pregnancy prevention programme declined caregiver (situation)	1129811000000103