Pharmacy Services Oral Valproate Safety Frequently Asked Questions

The following frequently asked questions document has been developed for use by pharmacy teams working across NHSGGC. This document refers to the use of oral valproate only.

Background

Valproate has a high teratogenic potential and children exposed in utero to valproate have a high risk for congenital malformations and neurodevelopmental disorders. Valproate administration may also impair fertility in men. Fertility dysfunctions are in some cases reversible at least 3 months after treatment discontinuation, however in some cases the reversibility of male infertility was unknown. In addition, pre-clinical studies have reported adverse effects to the male reproductive system in juvenile and adult animals receiving valproate.

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. For the majority of patients, other effective treatment options are available. New measures have been implemented to reduce the harms of valproate treatment, including new safety and educational materials. See Drug Safety Update January 2024 for more information and the valproate guidance page for safety and educational materials.

Content

Produced by NHSGGC Pharmacy Services
Approved by NHSGGC ADTC Safer Use of Medicines Group
Date approved: July 2024
Version: V1

Pharmacy Services Oral Valproate Safety Frequently Asked Questions

1. What are valproate medicines?

Valproate is a chemical name and short-hand for valproic acid. Valproate or valproic acid is combined with sodium or semi-sodium so you may see any of these names on medications. The following are brands of valproate medicines: Epilim®, Depakote®, Convulex®, Episenta®, Epival®, Kentlim®, Syonell®, Orlept®, and Valpal®. Valproate medicines can be used to help manage epilepsy or bipolar disorder. It is very important that a patient's valproate is not stopped without consulting with a specialist.

2. What do the valproate regulations mean for pharmacy teams?

Pharmacy teams may be involved in counselling, dispensing, processing Immediate Discharge Letters (IDLs), prescribing and countersigning risk acknowledgements of valproate. Pharmacy teams should refer to the Valproate- Healthcare professionals (HCPs) Guide for more information.

3. Is a Risk Acknowledgment Form (RAF), an Annual Risk Acknowledgment Form (ARAF) and the Pregnancy Prevention Programme (PPP) the same thing?

A RAF is completed as a one off for male patients aged under 55 years starting on valproate after January 2024. An ARAF should be completed for female patients aged under 55 years on starting valproate and at each annual specialist review. The ARAF is just one part of the PPP. For full details on the PPP please refer to the Valproate- Healthcare professionals (HCPs) Guide

4. What is a specialist?

"Specialist prescriber is defined as a **consultant psychiatrist or a consultant neurologist** who regularly manages bipolar disorder or complex epilepsy". However, there is an expectation that some functions to support the Pregnancy Prevention Programme (PPP) may be carried out by other healthcare professionals as part of a consultant-led team including epilepsy specialist nurses (and specialist midwives during planning for pregnancy, pregnancy and post-natally) or advance practice mental health practitioners as part of a consultant led team.

In NHSGGC the specialties that initiate valproate are Adult Neurology, Paediatric Neurology and Adult Mental Health and associated services.

5. When does a risk acknowledgment form (RAF or ARAF) signed by two specialists (specialist prescriber and countersigning specialist) need to be in place?

See Appendix One - Valproate Risk Acknowledgement Requirements by Patient Group

Produced by NHSGGC Pharmacy Services
Approved by NHSGGC ADTC Safer Use of Medicines Group
Date approved: July 2024
Version: V1

6. When are pharmacy staff expected to check that there is an up to date risk acknowledgment form (RAF or ARAF) in place?

- Dispensing – It is not necessary to view a RAF/ARAF when dispensing valproate
- Counselling - when discussing valproate during a medication review or when dispensing, counselling may include checking that the person has a copy of the risk acknowledgement form. In this situation, confirming with the patient may be sufficient
- Immediate Discharge Letter (IDL) /Clinic Letter – If processing IDLs or clinic letters in primary care, for newly initiated patients, it would be best practice to ensure that there is an up-to-date RAF or ARAF in place
- Prescribing - Pharmacists who seek to prescribe valproate must make sure this is within the terms of the PPP including checking requirement to have a risk acknowledgment form in in place. Also see Appendix One - Valproate Risk Acknowledgement Requirements by Patient Group

7. How do I view the most up to date risk acknowledgment form (RAF or ARAF)?

Adult Neurology state that they will copy the risk acknowledgment form into the neurology section in Clinical Portal.

Paediatric Neurology state that they will copy the risk acknowledgment form into Clinical Portal in "notification and legal documents" under "neurology".

Adult Mental Health and associated services guidance states that a copy of the risk acknowledgment form should be uploaded to EMIS Web.

Specialists will in most cases also send a copy of the RAF/ARAF to the patient's GP. The copy of GP letter may be found in Docman in primary care clinical systems. There may be variation in practice in where information is stored. The above is intended to be a guide and pharmacy teams may need to consider the alternative possible locations of information when establishing if there is an up-to-date RAF/ARAF in place.

8. Who would be considered to fall under “female patient of childbearing potential”?

Please refer to “Does prevent apply to my patient?” in the Valproate- Healthcare professionals (HCPs) Guide. For the purpose of audit in GGC the age range of 10-54 years was used to capture data relating to women of childbearing potential (from menarche to menopause).

9. Does the pregnancy prevention programme apply to all female patients prescribed valproate?

The pregnancy prevention programme applies to all women of childbearing potential taking a medicine containing valproate. The only exception is where the specialist considers there is no risk of pregnancy. For example, pre-menarche or post-menopausal. In some cases, the absence of risk of pregnancy is permanent (e.g., post-menopausal patients or those after hysterectomy). In other cases, the absence of risk may change (e.g., the patient is pre-menarche) and although the PPP may not currently apply to these patients, their treatment with valproate must be reviewed regularly and at least annually. Also see Appendix One - Valproate Risk Acknowledgement Requirements by Patient Group.

10. How do I identify the contraceptive status of my patient?

For contraception advice please refer to GGC Medicines: Contraceptive Advice: Valproate and Topiramate Medicines

Contraceptive prescribed by GP

If you are within a primary care setting the information should be available on the GP clinical system

If you are within a secondary care setting use Clinical Portal to check the emergency care summary (ECS). The ECS extract will show acute prescriptions issued in the last 6 months. Alternatively, go to the GP Patient Summary > "Medications" tab which is populated from the GP Clinical system. The Medications issues option will show ALL medication issued in the last 12 months.

Contraceptive prescribed by Sandyford

If you are within a primary care setting letters written to GPs by Sandyford staff will be filed within the patient's primary care record although exact location may vary by practice. Alternatively, or if you are within a secondary care setting, check the following areas of Clinical Portal;

- In 'Patient Notes' section. Letters to GP/Specialist with "Consultant - Community Sexual & Reproductive Health" in the designation
- Filter by "Service" view. Within the left hand pane "Community Sexual & Reproductive Health" will contain all portal notes from Sandyford

11. How does my patient access contraceptive services?

Where appropriate for your patient, SCI referrals for patients on valproate requiring contraception will be accepted from any designation/professional group by Sandyford. Ideally they would be well-written and good quality in terms of information presentation and advice required.

Patients prescribed valproate who are referred to Sandyford will be seen as a priority within two to four weeks.

12. Will Sandyford provide counselling and advice to patients who are not currently sexually active but may require contraception in the future?

Yes, Sandyford accept non-urgent referrals for patients that need to be informed of contraceptive options for the future.

13. What actions should I take as a pharmacist if prescribing valproate?

Valproate must be initiated and supervised by a specialist prescriber for adults and young people of childbearing potential. Primary care prescribers should check risk acknowledgment form (RAF or ARAF) and contraception status for female patients. Also see Appendix One - Valproate Risk Acknowledgement Requirements by Patient Group

14. What should I do if dispensing valproate to a patient?

All pharmacists and pharmacy technicians involved in the dispensing of valproate in acute or primary care should refer to "Actions for Pharmacists" in Valproate- Healthcare professionals (HCPs) Guide (medicines.org.uk)

Female patient – page 9

Male patient – page 14

15. The guidance recommends valproate should be dispensed in the original package. What if my patient requires their valproate pack to be split?

In exceptional circumstances, the manufacturer's original full pack does not have to be supplied where:

1 - a risk assessment is in place that refers to the need for the patient to be sold or supplied valproate-containing medicines in different packaging from its manufacturer's original full outer packaging (for example, in a monitored dosage system) and

2 – the patient has been provided a copy of the package leaflet, the patient card and a valproate warning sticker.

For a split pack risk assessment template please click here.

16. When should I offer counselling to a patient on valproate?

Whenever a member of the pharmacy team are counselling patients on their medication, patients should be counselled and given advice in line with the Patient Guide: What you need to know about valproate.

17. What information is available to share with patients on valproate?

Information contained in the Patient Guide: What you need to know about valproate may be helpful for patients (or a parent/caregiver/responsible person) taking any medicine containing valproate. It contains key information about the risks of valproate.

18. Who can I contact for further advice?

For questions relating to the implementation of the new valproate regulations in NHSGGC please contact prescribing@ggc.scot.nhs.uk

Pharmacy Services Oral Valproate Safety Frequently Asked Questions

Appendix One – Valproate Risk Acknowledgement Requirements by Patient Group

Patient Group	Risk acknowledgment form required?	Do other PPP actions apply?
Female patients aged under 55* years with risk of pregnancy	ARAF required	Yes
Female patients aged under 55* years with **no current risk** of pregnancy	ARAF required – Step One only	No but subject to change
Female patients aged under 55* years with **permanent absent risk** of pregnancy e.g. hysterectomy	ARAF required – Step One only	No
Female patients aged over 55* years	No	No
Male patients aged under 55* years initiated on valproate before January 2024	Not Required	No
Male patients aged under 55* years initiated on valproate after January 2024	RAF required	No
Male patients aged over 55 years	Not Required	No

* Exclusion 55 and over