

Patient Group: Girls (of any age) and women of child bearing potential
Use in men and women of non-child bearing potential is green+ and not subject to this shared care

Valproate is **contraindicated in women or girls of child bearing potential, unless she has a Pregnancy Prevention Programme in place*** (see exceptions below).

Valproate must not be used in women and girls of childbearing potential unless other treatments are ineffective or not tolerated, **as judged by an experienced specialist.**

Absolute contraindication on use of valproate for migraine or **bipolar disorder during pregnancy.**

Use of valproate to treat epilepsy during pregnancy is contraindicated unless there is no other effective treatment available.

If a woman **becomes pregnant**, treatment with valproate must be **discontinued and switched** to another treatment.

Specialist (consultant psychiatrist or consultant neurologist) responsibilities

Exclude pregnancy (by a serum pregnancy test) **before initiation** of valproate

Before prescribing arrange for Weight or BMI, FBC and LFTs

Supply a copy of the patient guide.

Discuss the risks with the patient / carer and complete a **Risk Acknowledgement Form** with the patient / carer **on initiation and at annual review.** A copy of the form must be given to the patient, sent to the GP & kept in the patients notes.

Ensure the need to have, and comply with, highly effective contraception throughout the entire duration of treatment (if necessary*), is understood. Please see the guidance [here](#) for further information. If this is not already in place then arrange for this to be in place before initiating treatment.

*The valproate risk acknowledgement form enables the specialist, (in step 1) to assess whether the requirements the valproate pregnancy prevention programme, are not necessary because there are compelling reasons to indicate that there is no risk of pregnancy.

Perform an **annual review** with the patient to assess continuing need and to complete a new risk acknowledgement form, if prescribing continues.

Review and switch treatment, within days of referral, if there is an unplanned pregnancy

Review and switch treatment for women planning to become pregnant

Transfer of prescribing / communication

Prescribing & monitoring responsibility may be transferred to the patient's GP once the treatment has been stabilised. The request must be made using the attached form with a covering clinic letter & a copy of this guideline (with contact details added) – the following details should be clearly communicated with the transfer request, and after each specialist review; Diagnosis, Date and duration of last prescription provided, Completed and required monitoring, A copy of the completed risk acknowledgement form, Date of next specialist review

The request should be sent one month in advance of the patient needing their next prescription from the GP.

Acceptance should not be assumed until the GP responds positively using the attached form (faxed or scanned & e-mailed to the specialist team

GP responsibilities

Arrange to see each woman of childbearing potential after specialist review and, if on valproate, ensure she is on **PPP (if appropriate).**

Ensure she has the Patient Guide and has a copy of the Annual Risk Acknowledgment Form signed by the specialist, and file a copy of the form in her medical records

If the PPP requirements are necessary; ensure she is using contraception and understands the need to comply with contraception throughout treatment and undergo pregnancy testing when required – e.g. if there is any reason to suggest lack of compliance or effectiveness of contraception

Remind her that she will need to see her specialist at least every year while taking valproate medicines and arrange for referral as necessary

Tell her to contact you immediately if she suspects there has been a problem with her contraception or she may be pregnant.

Women of childbearing potential who are planning to become pregnant: Inform her not to stop contraception or valproate until told to by her specialist and refer to the specialist who is managing her condition.

Patient with unplanned pregnancy: Inform her not to stop valproate and refer her to a specialist and ask for her to be seen urgently (within days).

On-going monitoring: After 6 months and then annually: weight or BMI, FBC and LFTs

Supporting information: [Patient Guide](#), [Guide for Healthcare Professionals](#), [Valproate Risk Acknowledgement Form](#), [Patient Card](#) (pharmacists to give on dispensing)

Title	Valproate - shared care guidelines		
Approved by	Drug & Therapeutics Committee	Date of Approval	23 rd May 2019
Protocol Number	PHARM-0102 V1.1	Date of Review	1 st June 2023 (re-extended)

AMBER ▲	TRANSFERRING PRESCRIBING OF VALPROATE IN GIRLS & WOMEN OF CHILD BEARING POTENTIAL
GP details:	
Patient details (name/address/DOB/NHS number):	
Diagnosis:	
Medication details: The patient is stabilised on: (list dose, frequency and brand if appropriate. Specify clinical indications if first line option not prescribed or non-standard formulation prescribed):	
Discontinued medication (list details of any drugs discontinued when this AMBER treatment initiated):	
Prescription issued (details of date and length of supply):	
Monitoring results:	
Secondary care review frequency:	
<p>Actions requested of GP: Please issue prescriptions as described above The treatment has been explained to the patient and they understand they should contact you for future prescriptions. You will be informed of any changes to treatment, if you are not required to issue prescriptions or if treatment is to be discontinued. Please contact the prescriber on the number below if there is any change in the patient's condition, if the patient fails to regularly collect prescriptions, if non-compliance with treatment is suspected or you require advice.</p>	

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Secondary care contacts:	Contact details (address/telephone no):
Care coordinator (name):	
Consultant (name):	
Prescriber (name):	
Signature & date:	

Fax back acceptance of prescribing responsibility by GP (or scan & e-mail)

Patient's name:	NHS Number:
Address:	
Medication:	
I confirm receipt of prescribing transfer information for the above patient and accept prescribing responsibility	
GP's name: <i>(Please print name in BLOCK CAPITALS)</i>	
Signature/ Practice Stamp:	
Date:	

Please fax back to:
Fax number:
or return as soon as possible to:

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