

August 2020

Valproate use in women of childbearing age

This month, the Medicines Management Team (MMT) in North Yorkshire is asking all practices to review their prescribing of valproate in women of childbearing age.

Please note that, due to the importance of this topic, all practices (including those who have no patients to whom this applies) are requested to advise the MMT via an e-mail to nyccg.rxline@nhs.net to confirm that the action points below have been completed. Responses by the 30th of September please.

Action Points for GP practices:

- Identify all women and girls on valproate who may be of childbearing potential
- Provide the Patient Guide to the patient (or her parents or responsible person as necessary) if they do not already have a copy
- Ensure that all girls and women of childbearing age on valproate have been reviewed by a specialist in the last year and they have an in-date Risk Acknowledgement Form in their GP notes
- Please inform the MMT, via the e-mail address above, if any barriers are encountered as part of this process e.g. in communications with secondary care teams
- Ensure that all girls and women of childbearing potential on valproate are on highly effective contraception (further details below)
- If any GP practice has an example of good practice they would like to share with others, then please send details to the above e-mail address

Actions for dispensers:

- Valproate medicines must always be dispensed with the accompanying patient information leaflet
- Dispense whole packs whenever possible, and ensure there is a warning label either on the carton or added via a sticker
- Discuss risks in pregnancy with female patients each time you dispense valproate medicines and ensure they have the Patient Guide and have seen their GP or specialist to discuss their treatment and the need for contraception
- Ensure new packs of valproate information materials are placed in a designated place accessible to all dispensing staff and dispose of any old materials related to valproate medicines
- Further supplies of information materials may be obtained from the Sanofi medical information department on 0845 372 7101 or email: UK-Medicalinformation@sanofi.com

Summary of Guidance

Children exposed to valproate in utero have a very high risk for congenital malformations (10% risk) and neurodevelopmental disorders (30–40% risk). Valproate must no longer be used in any woman or girl able to have children unless she has a 'Pregnancy Prevention Programme' (PPP) in place (1). This is designed to make sure patients are fully aware of these risks and the need to avoid becoming pregnant.

Healthcare professionals who seek to prescribe valproate to their female patients must make sure that all women of childbearing potential (from menarche to menopause) are enrolled in the PPP.

The PPP includes the completion of a signed risk acknowledgement form when their treatment is reviewed by a specialist, at least annually.

Effective contraception is therefore essential while taking valproate. At least one highly effective method of contraception, or two complementary forms of contraception including a barrier method, should be used.

Highly effective contraception is considered for regulatory purposes to be those user independent methods such as the long acting reversible contraceptives, copper intrauterine device, levonorgestrel intrauterine system, progestogen only implant and female sterilisation, all of which have a failure rate of less than 1% with typical use. Progestogen-only injections have a typical-use failure rate of 6%, but this may be due to repeat injections being administered late. Progestogen-only injections may be considered as highly effective only if repeat injections are documented as having been administered on schedule by a healthcare professional.

User dependent methods such as the condom, cap, diaphragm, combined oral contraceptive pill or progestogen-only contraceptive pill and fertility awareness based methods are not considered highly effective, since their typical use incorporates user failure risks.

2020 Update

Figures from a newly published survey (3) by epilepsy charities Epilepsy Action, Epilepsy Society and Young Epilepsy are concerning. Of 514 survey respondents (women and girls aged 13 years or over, who have taken valproate since August 2018):

- 11% were unaware that taking valproate in pregnancy can cause serious birth defects
- 18% were unaware that taking valproate in pregnancy can cause learning and development problems in children
- Nearly half of respondents (47%) said they had not been asked to sign the Annual Risk Acknowledgement Form
- Only 42% had received the Prevent patient guide

Guidance issued by the MHRA in May 2020 (2) provided temporary advice to ensure the PPP requirements could be met safely during the pandemic period. It clearly stated that annual reviews should not be delayed due to the pandemic.

Many family planning clinics are running reduced services at present, however the Faculty of Sexual and Reproductive Healthcare has issued guidelines (4) and provision of highly effective contraception for patients on valproate is considered a priority service.

Please note that all practices (including those who have no patients to whom this applies) are requested to advise the MMT via an e-mail to nyccg.rxline@nhs.net to confirm that the action points have been completed. Responses by the 30th of September please.

Yours sincerely,

The Medicines Management Team

References

1. MHRA: <https://www.gov.uk/guidance/valproate-use-by-women-and-girls>
2. MHRA: <https://www.gov.uk/guidance/valproate-pregnancy-prevention-programme-temporary-advice-for-management-during-coronavirus-covid-19>
3. Young Epilepsy: <https://www.youngepilepsy.org.uk/dmdocuments/Valproate-Survey-Final-report.pdf>
4. Faculty of Sexual & Reproductive Healthcare: <https://www.fsrh.org/documents/fsrh-ceu-clinical-advice-to-support-provision-of-effective/>