NHS
North East London

February 2026 (updated)

Guidance note for the safe prescribing of valproate

Valproate (sodium valproate, valproic acid and valproate semisodium) is primarily used in epilepsy and bipolar disorder. It is also used outside the license ('off label') to treat other conditions. Valproate is associated with a significant risk of physical birth abnormalities and developmental disorders. This guidance note applies to prescribing clinicians and community pharmacy teams in primary care. It has been developed to support the implementation of the Medicines and Healthcare Regulatory Agency (MHRA) **regulatory measures for oversight of prescribing to new patients and existing girls and women of childbearing potential prescribed valproate** and precautionary safety measures **for valproate use in boys and men of reproductive potential**. New evidence has shown a possible association between valproate use in men at conception with increased risk of neurodevelopmental disorders in children.

The MHRA safety measures are summarised below:

<table>
<tr><th colspan="2">All patients aged under 55 years</th></tr>
<tr><td colspan="2">All initiations in new patients under 55 years must be agreed by two independent specialists with documented evidence that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply. The MHRA have the following risk minimisation measures for valproate prescribing:
female patients under 55 years old
male patients under 55 years old</td></tr>
<tr><th>Men and boys of reproductive potential</th><th>Women and girls of childbearing potential</th></tr>
<tr><td>Risk of infertility (may be reversible when treatment is stopped or dose reduced), testicular toxicity (in animals but unclear what it means for humans) and neurodevelopmental disorders in children when taken at conception.</td><td>Risk of physical birth abnormality, lower birth weights for the gestational age and neurodevelopmental disorders in children when exposed during pregnancy.</td></tr>
<tr><td>As a precaution, use effective contraception (e.g. condoms plus contraception used by the female sexual partner) during and 3 months after stopping valproate</td><td>Use highly effective contraception during treatment</td></tr>
<tr><td>Avoid donating sperm during treatment with valproate and for three months after stopping valproate.</td><td>Must not be used unless the conditions of the Pregnancy Prevention Programme (PPP), PREVENT are met.</td></tr>
<tr><td>Two specialists must sign a Risk Acknowledgement Form (RAF) for patients initiating valproate under 55 years of age and for patients newly initiated on valproate only. This is not required for patients who were initiated on valproate before January 2024.</td><td>Two specialists must sign the Annual Risk Acknowledgement Form (ARAF) for new patients initiating valproate under 55 years of age and thereafter annual review and ARAF completion with a single signature is required.</td></tr>
<tr><td>No mandatory annual specialist review but discussions about reproductive risks should take place as part of usual care.</td><td>Annual specialist review required for all female patients on valproate to reassess treatment need and risks and review the ARAF.</td></tr>
</table>

All patients aged 55 years and over
All initiations in new patients 55 years and over for valproate can be prescribed in accordance with standard clinical practice by a single prescriber. Boys and men of reproductive potential should still be appropriately counselled on reproductive risks (see table above). The MHRA have the following risk minimisation measure valproate prescribing for: • **male and female patients aged 55 years or over**

Further tools and information to support reducing harm from valproate prescribing can be found here:

- Healthcare professionals guide Educational material for Healthcare Professionals on important safety information associated with Valproate use.
- Patient guide to be provided to all girls and women of childbearing potential (or those responsible for their care) who are started on, or continue to use, valproate.
- Patient guide to be provided to all males (or those responsible for their care) who are started on, or continue to use, valproate.
- Risk communication tool: visual risk communication diagram when counselling on the risks to boys and men who are or will be initiated on valproate.
- Patient card to be given by pharmacists to all female and male patients (or those responsible for their care) who are dispensed valproate to inform them of the risks.
- Decision tool: Support tool for women and girls of childbearing potential with epilepsy to guide decisions about taking valproate.
- Decision tool: Support tool for women and girls of childbearing potential with bipolar disorder to guide decisions about taking valproate.
- Community pharmacy dispensary poster to be displayed in dispensaries to remind community pharmacists of the actions required when dispensing valproate to patients.
- Community pharmacy dispensing warning labels must be applied to the outer packaging of valproate medicines in exceptional circumstances where the original pack cannot be dispensed or where a visible warning label is not present on the manufacturer's original packaging. Refer to MHRA guidance for examples of exceptional circumstances permitting dispensing outside of the original pack.

Actions for Healthcare professionals

Primary care prescribing clinicians (e.g. general practitioners and non-medical prescribers) should:

- Initiate an EMIS or SystmOne search to identify patients prescribed valproate.
- Check that all girls and women of childbearing potential under 55 years prescribed valproate have a valid Annual Risk Acknowledgement Form (ARAF).
- Check that in all boys and men of reproductive potential **newly initiated** valproate under 55 years of age have a valid Risk Acknowledgement Form (RAF). N.B. this is not a requirement for patients prescribed valproate before January 2024.
- Ensure the ARAF and RAF are coded on EMIS or SystmOne using the CEG '***Valproate Monitoring NEL Template***'.

- Ensure all patients are aware of the reproductive risks and risk of foetal harms when unborn children are exposed to valproate during pregnancy or conception.
- Please discuss the pregnancy prevention programme with all patients of childbearing potential and record the outcome using the using the Clinical Excellence Group (CEG) '***Valproate Monitoring NEL Template***'.
- Ensure all patients of childbearing potential have an annual specialist review.
- Please discuss contraceptive methods with all patients prescribed valproate. Refer to the **Healthcare Professional Guide** for further information on the risk of valproate use in patients.
- Check if the patient has been given the **Patient guide for female patients** or **Patient guide for male patients** to explain the reproductive risks of valproate.
- Prescribe appropriate quantities so that pharmacists can dispense a manufacturer's original full pack which will include all the necessary safety information for the patient.
- Where it is not in a patient's best interests to prescribe a full original pack, please document the reason in the patient record.
- Advise patients not to stop taking valproate unless they are advised to do so by a healthcare professional.

- **For women and girls of childbearing potential (under 55 years):**
  - The practice must ensure a valid ARAF has been received from the specialist (i.e. completed within the previous year) and confirm there has been no change to the patient's circumstances since the ARAF was completed that may affect the status of the ARAF (e.g. the patient has reached menarche).
  - Refer patients who have an expired, expiring or absent ARAF as soon as practicable to their specialist for a review and completion of a new ARAF (if an annual review is not already arranged). Valproate prescriptions can continue but should only cover the period until their review appointment.
  - Use highly effective contraceptive methods (typical-use failure rates of less than 1%) e.g. long-acting reversible contraceptive (LARC) methods (intrauterine devices and implants) are preferred. Alternatively, two complementary contraceptive methods can be used, and it must include a barrier method. Follow the advice from the MHRA on **contraceptive methods for women taking medicines with teratogenic potential**. See **guidance from Faculty of Sexual and Reproductive Healthcare** on potential drug interactions with hormonal contraceptives and what this means for valproate.
  - If a female patient reports they are pregnant or planning a pregnancy with a male patient prescribed valproate (including those undergoing IVF), refer for prenatal counselling and advise not to stop contraception or valproate until told by their specialist. If pregnancy is suspected, perform an urgent plasma pregnancy test and refer the patient to their specialist for an urgent review.

- **For boys and men of reproductive potential:**
  - Ensure patients under 55 years newly initiated on valproate have a valid RAF and are counselled appropriately (see above for details).
  - Ensure patients 55 years and older are appropriately counselled (see above for details).

- Recommend 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. Follow the advice for **male patients on valproate to use contraception** and consult the **visual risk communication diagram when counselling on the risks**.
- At the next regular treatment review, discuss with men and boys of reproductive potential prescribed valproate treatment whether they are planning a family in the next year. If so, refer to a specialist to discuss alternative treatment options. There is a potential small increased risk of the child being diagnosed with a mental or movement related developmental disorder (neurodevelopmental disorder).
- Advise men not to donate sperm during valproate treatment and for 3 months after stopping valproate.

For further information, please consult the MHRA guidance on **valproate use by women and girls** and **drug safety update on valproate use in men**.

Community pharmacists and pharmacy teams should:

- Always dispense valproate in the manufacturer's original full pack (which contains the patient information leaflet, patient card and all required safety warnings). Only use alternative packaging (e.g. monitored dosage systems) in exceptional circumstances but still ensure that the patient information leaflet and a warning label is available. Document the reason if not supplying the original pack.
- Apply a **pharmacy warning label** to the outer packaging if the original pack cannot be dispensed or if a visible warning label is not present.
- Display the **community pharmacy dispensary poster** in the dispensary to remind staff of the required actions when dispensing valproate.
- Ensure women and girls of childbearing potential are aware of the valproate pregnancy prevention programme (also referred to as PREVENT) and confirm they are signed up.
- A routine supply of valproate should only be completed if the pharmacist is reassured of the patient being signed up to PREVENT. If not reassured that the patient is signed up to PREVENT, then urgently contact the patient's GP for confirmation before dispensing valproate.
- Confirm with the patient that they have been made aware of the risks of valproate use in pregnancy and to always use effective contraception and to see their GP to be urgently referred to their specialist, should they be planning a pregnancy.
- If a patient is planning a pregnancy, or if pregnancy is suspected, advise them not to stop valproate or contraception and refer them urgently to their GP.
- Ensure patient has either a **Patient guide for female patients** or a **Patient guide for male patients** and a **Patient card** and advise the patient to keep it on them at all times and it also summarises the key pregnancy risks and steps to take if pregnancy is suspected.
- Remind the patient that online information can also be found by scanning the QR code (on the package leaflet).

For further information, please consult the MHRA guidance on **full pack dispensing of valproate-containing medicines.**

Counselling Points

Valproate: Important Information for Patients and Carers

Be aware of the potential risks if you are planning to conceive

- Valproate can cause serious birth defects, reduced baby's growth during pregnancy and problems with development. You should read the **Patient guide for female patients** for detailed information about the risks.
- Valproate may affect male fertility, but this can sometimes improve if the dose is reduced or the medicine is stopped. Animal studies show valproate can harm the testes, but it is unclear if this happens in humans. You should read the **Patient guide for male patients** for detailed information about the risks.

Don't stop taking valproate suddenly

- Stopping without advice can make epilepsy or bipolar symptoms worse. Always speak to your doctor first.

If you can become pregnant whilst taking valproate

- You must contact your GP doctor or specialist immediately for urgent medical advice but should not stop taking the medicine without their guidance.

If you are thinking about having a baby

- You should first consult your GP, to be urgently referred to your specialist but you should not stop using your method of birth control (contraception) until you and your specialist agree on what treatment option would be in your best interests.

If you are male and taking valproate

- Use effective contraception (condoms plus your female sexual partner's contraception) while on valproate and for 3 months after stopping.

Attend your appointments

- These are important to review your treatment and keep you safe. If you have concerns or want to talk about family planning, contact your healthcare team.

Read the information provided

- Check the Patient Information Leaflet and the Patient Guide for **male patients** or **female patients**.
- You can also visit the **MHRA website** for more details about **valproate risks**.

You may wish to talk to an epilepsy or mental health charity:

- Bipolar UK: 0333 323 3880
- Epilepsy Action: 0808 800 5050

- Epilepsy Society: 01494 601 400
- Mind: 0300 123 1234
- Young Epilepsy: 01342 831342
- SUDEP Action: 0123772852

If you or your child has been affected by valproate medicines, you can also contact:

- Independent Fetal Anticonvulsant Trust (INFACT) - 01253 799161
- Organisation for Anti-Convulsant Syndrome (OACS) - 07904 200364
- Valproate Victims

Please continue to record suspected adverse drug reactions to the Yellow Card scheme
Please continue to record medicine patient safety incidents to Learning From Patient Safety Events

Title	Guidance note for the safe prescribing of valproate	**Version No** 1.2
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Consulted with	NHS North East London Teratogenic Medicines Safety Improvement Group	
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Summary of changes (updated 02 February 2026)

Men and boys' reproductive risk	Expanded and made explicit: infertility may be reversible; animal testicular toxicity acknowledged; clear contraception advice (during treatment and 3 months after stopping).
Risk Acknowledgement Form (RAF)	Explicit clarification: RAF required only for patients newly initiated on valproate under 55; not required for those initiated before January 2024.
Annual review for Men and boys of reproductive potential	Explicitly states no mandatory annual specialist review for males, but reproductive risk discussions must occur as part of usual care.
Women and girls of childbearing potential	Requirement retained, but clearer separation of responsibilities and strengthened links to PPP/PREVENT and contraception guidance.
Patients aged 55 years and over	New section: initiation in patients ≥55 years can be by a single prescriber under standard practice; counselling still required for men of reproductive potential.
Contraception advice	Expanded, practical contraception guidance for both females (highly effective methods) and males (condoms and partner contraception).
Community pharmacy actions	New section: refers to full-pack dispensing, warning labels, PREVENT checks, patient cards, escalation if PREVENT status unclear.
Counselling points section	New dedicated "Counselling Points" section, converted to patient-focused language and signposting to all patient support organisations in the June 2025 MHRA Drug Safety Update
Resources	Expanded and updated in line with the June 2025 MHRA Drug Safety Update clearly signposting to updated healthcare professional guides, patient guides, patient card, decision tools, risk communication tools, charity support links.
Document usability	Re-structured with clearer tables, headings, and separation of male/female pathways.