

Doc Number: GLF-CEM-PV-S01	VALPROATE ANNUAL RISK ACKNOWLEDGEMENT FORM	 Effective date: 25 April 2025
Revision: 2.0		

VALPROATE HAS RISKS IN PREGNANCY

If you use valproate while you are pregnant, there is a significant risk of serious harm to your child which may be identified at birth or early development. This form confirms that you or your caregiver/parent/responsible person understand the risks of using valproate (contained in medicines such as Epilim, Epilazine, Navalpro, Eprolep, Adco Sodium Valproate, Valeptic, Sandoz Sodium Valproate, Cerepiv and Convulex).

Part A: To be completed and signed by the valproate user and/or caregiver/parent or responsible person	
I have discussed the following with my Medical Practitioner (Doctor), and I understand:	
Why I need valproate rather than another medicine	<input type="checkbox"/> Yes
That I should visit a Medical Practitioner (Doctor) regularly (at least once a year) to review whether valproate remains the best option for me	<input type="checkbox"/> Yes
The risks in children whose mothers took valproate during pregnancy are: <ul style="list-style-type: none"> 1 out of 10 children will have physical birth defects 3 to 4 out of 10 children will have early developmental problems that can lead to significant learning disabilities 	<input type="checkbox"/> Yes
That I have had a pregnancy test (if advised by my Medical Practitioner (Doctor) or other health professional)	<input type="checkbox"/> Yes
Why I must use effective contraception, without stopping or interruption, at all times while taking valproate	<input type="checkbox"/> Yes
The options for effective long-term contraception (or a consultation has been planned with a health professional who can give me advice)	<input type="checkbox"/> Yes
The need to consult my health professional as soon as I start thinking about becoming pregnant. This is to make sure I have time to switch to another treatment before I come off contraception	<input type="checkbox"/> Yes
That I should request an urgent health professional appointment if I think I am pregnant	<input type="checkbox"/> Yes
That I have a copy of the patient guide and know where to find more information	<input type="checkbox"/> Yes
In case of pregnancy, I confirm that: <ul style="list-style-type: none"> I have considered and discussed options for switching treatment I am fully aware of the risks and have the opportunity to have counselling about the risks 	<input type="checkbox"/> Yes

Effective contraception is essential while taking valproate. Neither condoms nor oral contraceptives alone are sufficient. Long-term contraceptives are strongly recommended, such as a coil (copper intrauterine device [IUD] or levonorgestrel intrauterine system) and contraceptive implant (progestogen-only implant) or sterilisation.

Contraceptive currently used:

Name of valproate user:

Name of responsible person (if applicable):

Signature:

Date:

NOTE: This form expires 12 months from this date. A new form should be completed at each annual review.

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If a woman uses valproate while she is pregnant, her child may be harmed. This form confirms that you have explained the risks of using valproate.

Name of valproate user:

Name of responsible person (if applicable):

Name, role, and signature of Medical Practitioner:

Name of valproate user's health professional: **Date:**

Part B: To be completed and signed by the Medical Practitioner	
I confirm that the above-named patient needs valproate because:	
<ul style="list-style-type: none"> • her condition does not respond adequately to other treatments, or <input type="checkbox"/> • she does not tolerate other treatments <input type="checkbox"/> 	
I confirm that I have discussed the following information with the person named above:	
Valproate must not be used during pregnancy (except in rare situations in epilepsy for patients who are resistant or intolerant to other treatments)	<input type="checkbox"/> Discussed
The overall risks in children exposed to valproate during pregnancy are: <ul style="list-style-type: none"> • approximately 10% chance of birth defects • a 30% to 40% chance of a wide range of early developmental problems that can lead to learning disabilities 	<input type="checkbox"/> Discussed
The conditions of the pregnancy prevention programme must be fulfilled	<input type="checkbox"/> Discussed
The need for regular (at least annual) review of the need to continue valproate treatment by a Medical Practitioner	<input type="checkbox"/> Discussed
The need for effective contraception, without interruption, throughout treatment with valproate	<input type="checkbox"/> Discussed
The need to arrange an appointment with her Medical Practitioner or other healthcare professional as soon as she is planning pregnancy to ensure timely discussion and switching to an alternative treatment before conception and before stopping contraception.	<input type="checkbox"/> Discussed
The need to contact her Medical Practitioner or other healthcare professional immediately for an urgent review of her treatment in case of suspected or inadvertent pregnancy.	<input type="checkbox"/> Discussed
The patient or caregiver/legal representative has a copy of the patient guide	<input type="checkbox"/> Discussed
The need for a negative serum pregnancy test result at start and, if needed, thereafter	<input type="checkbox"/> Discussed
In case of pregnancy, I confirm that:	
<ul style="list-style-type: none"> • We have discussed options for switching treatment <input type="checkbox"/> • She is fully aware of the risks of pregnancy, has an opportunity for counselling about risks <input type="checkbox"/> 	

The Medical Practitioner must provide this form to girls and women of childbearing potential treated with valproate (e.g. Epilim, Epilazine, Navalpro, Eprolep, Adco Sodium Valproate, Valeptic, Sandoz Sodium Valproate, Cerepiv and Convulex) - or to their "responsible person": a parent/legal guardian or person capable of giving consent on behalf of patients who are minors or without the capacity to make an informed decision or a person acknowledging that the treatment is in the best interests of the patient.

A copy of the completed and signed form shall be kept/recorded by the Medical Practitioner. The prescriber is advised to save an electronic version in the patient dossier. *Copies of the completed and signed form should be given to the patient and also sent to their other health professional, as needed.*

NOTE: This form expires 12 months from the date of signature. A new form should be completed at each annual review.