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FormularyComplete is a service from the Royal Pharmaceutical Society. It presents information about the list of medicines stocked by Pharmacy for prescribing within the organisation – the formulary. Medicines will have been approved by the responsible committee within the organisation.

Through FormularyComplete you are able to:

- Check on the formulary status of medicines at your organisation
- Access the internationally recognised content of the British National Formulary (BNF) and the British National Formulary for Children (BNFC)

The BNF and BNFC independent content reflects current best practice as well as legal and professional guidelines relating to the uses of medicines, including:

- Guidance on the drug management of common conditions
- Details of medicines with special reference to their uses, cautions, contra-indications, side-effects, doses, and relative costs
- Guidance on prescribing, monitoring, dispensing, and administering medicines
Distinguishing the source of the different content types is easy on FormularyComplete.

Generally, any content presenting in a peach coloured display panel will have been provided by your organisation.

Formulary status will have been set by your organisation.

Any notes and local guidance will have been added by your organisation.

All other content derives from the BNF and BNFC.

II. Is it BNF/BNFC or locally added content?
III. Accessing the FormularyComplete service

Accessing the FormularyComplete service

Intranet access - most users access the formulary service by following a link on the intranet and clicking through to the service.

IP recognition – some users will be able to go to https://www.formularycomplete.com and be routed to the formulary. If you find that you are routed to the general information page for FormularyComplete then this route is not enabled for your organisation.

Remote users – those who need to access the formulary outside of the organisation can request remote user access from the administrator in pharmacy. They will be issued with a password, login and a link to a dedicated web page.
IV. Checking a medicine’s formulary status

There are three main ways to check on a medicine’s formulary status:

1. Search
2. Drill down by therapeutic use within the BNF, BNFC or local content
3. Use the Summary formulary reports to find the information needed

Search
Simply enter the most appropriate search term in the search box and navigate to the most relevant results

Drill down
Select to browse BNF, BNFC or local content

Black triangles
These symbols indicate that further drill down content is available.

Click on the black triangle against Therapeutic Areas to open up the therapeutic areas hierarchy and drill down to relevant drug records – at which point their formulary status is shown.
IV. Search

Simply enter the most appropriate search term in the search box and navigate to the most relevant results. After you’ve entered two letters the system will make some suggestions. Results are shown against BNF/BNFC.
VI. BNF & BNFC navigation drill down menu

The BNF and BNFC navigation menu follows the same hierarchy and structure and is accessible through Browse BNF and BNFC respectively.
VI. BNF & BNFC navigation drill down continued

Drill down further to the information and formulary status you need by clicking on the black triangles to open up the tree hierarchy.
VII. Summary formulary reports

Clicking on the FormularyComplete logo always takes you back to the home page. On the right hand side of the home page you will see a heading – Summary formulary reports. Follow these links through to quickly see the formulary status of drugs against a therapeutic use.
VIII. Customisation of the homepage

Your organisation may have customised the home page of FormularyComplete utilising the noticeboard functionality.

They may also have added relevant news/alert feeds [RSS feeds]
IX. Recent BNF / BNFC changes

The home page also contains a display panel detailing recent ‘Recent BNF/BNFC changes’. You can click through for a brief summary of any recent changes.
X. Prescribing guidance

Any local documents or policies specific to the organisation may have been used to populate the local records directory. This material can be interrogated in much the same way as the BNF and BNFC content via the Browse Local Records area.
XI. Interactions

At the bottom of the commentary on Interactions there follows a list of the current drugs against which interactions are classified in BNF and/or BNFC.

<table>
<thead>
<tr>
<th>BNF</th>
<th>INTERACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anecdotal</strong>—Interactions based on either a single case report or a limited number of case reports.</td>
<td></td>
</tr>
<tr>
<td><strong>Theoretical</strong>—Interactions that are predicted based on sound theoretical considerations. The information may have been derived from in vitro studies or based on the way other members in the same class act.</td>
<td></td>
</tr>
<tr>
<td><strong>Action messages:</strong> Each interaction describes the effect that occurs, and the action to be taken, either based on manufacturer’s advice from the relevant Summary of Product Characteristics or advice from a relevant authority (e.g. MHRA). An action message is only included where the combination is to be avoided, where a dose adjustment is required, or where specific administration requirements (e.g. timing of doses) are recommended. <strong>Pharmacodynamic Interactions</strong>, with the exception of interactions with drugs that may prolong the QT interval, do not have an action message included as these will depend on individual patient circumstances.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug</th>
<th>Interaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warfarin</td>
<td><em>Cranberry juice</em> potentially increases the anticoagulant effect of warfarin. Manufacturer advises avoid.</td>
</tr>
<tr>
<td></td>
<td><strong>Severity:</strong> Severe</td>
</tr>
<tr>
<td></td>
<td><strong>Evidence:</strong> Anecdotal</td>
</tr>
<tr>
<td></td>
<td><em>Citrozolin</em> is predicted to increase the risk of bleeding events when given with warfarin.</td>
</tr>
<tr>
<td></td>
<td><strong>Severity:</strong> Severe</td>
</tr>
<tr>
<td></td>
<td><strong>Evidence:</strong> Theoretical</td>
</tr>
<tr>
<td></td>
<td><em>Dabigatran</em> Both warfarin and dabigatran can increase the risk of bleeding.</td>
</tr>
<tr>
<td></td>
<td><em>Dabrafenib</em> dabrafenib is predicted to decrease the anticoagulant effect of warfarin.</td>
</tr>
<tr>
<td></td>
<td><strong>Severity:</strong> Severe</td>
</tr>
<tr>
<td></td>
<td><strong>Evidence:</strong> Theoretical</td>
</tr>
</tbody>
</table>
XII. Wound management

In much the same way as you would drill down to drugs by therapeutic use you can interrogate the wound management products and elasticated garments information. As before, you can drill down further by clicking on the black triangles to view formulary status.
You can also drill down within the borderline substances menu to determine formulary status.
XIV. The ‘About’ menu item

Information about the BNF and BNFC content compilation and structure can be accessed through the ‘About’ menu. Those wishing to familiarise themselves with the current content structure of BNF and BNFC are recommended to read the ‘How to use BNF publications online’ section of the service.
XV. Overview of BNF & BNFC content

The BNF aims to provide prescribers, pharmacists, and other healthcare professionals with sound up-to-date information about the use of medicines.

The BNF includes key information on the selection, prescribing, dispensing and administration of medicines. Medicines generally prescribed in the UK are covered and those considered less suitable for prescribing are clearly identified.

Information on medicines is drawn from manufacturer’s product literature, medical and pharmaceutical literature, UK health departments, regulatory authorities and professional bodies.

BNF is designed as a digest for rapid reference and, as such, may not always include all the information necessary for prescribing and dispensing.
Notable information:

**Drug monographs** – where possible, all information that relates to a single drug is now contained within its drug monograph. Additional sub-headings have been created where there is substantial amounts of information common to all drugs within a drug class.

**Medicinal forms** – categorical information about marketed medicines, such as price and pack size, continues to be sourced directly from the Dictionary of Medicines and Devices provided by the NHS Business Services Authority.

However, clinical information curated by the BNF team has been clearly separated from the categorical pricing and pack size information and is included in the relevant section of the drug monograph.
XVI. Background to statutory requirement for formularies

Commissioners (those planning, agreeing and monitoring services) have a statutory responsibility to make funding available for a medicine or treatment recommended by a NICE technology appraisal (TA) or highly specialised technology evaluation (HST) within the timeframe recommended in that guidance, usually within 3 months of the TA or HST being published. Under the NHS Constitution, patients have a right to receive all medicines and treatments recommended by NICE if they and their healthcare professional think that the medicine is right for them.

In practical terms, the effect of this legal obligation and the NHS constitution is that all NICE-approved treatments must be included in local formularies for use in line with the TA or HST recommendations and with no additional funding or formulary restrictions. The only exception is if the technology is not relevant to the care provided by the organisation; for example, cancer treatments would not need to be included in the formulary of a mental health trust, and treatments for dementia would not need to be included in the formulary of a specialist children’s hospital. There is no provision to take affordability into account when adding NICE-approved medicines to local formularies.

The indication of whether funding is available or not is undertaken, in practice, by making a drug ‘On Formulary’. Therefore publishing the formulary by using tools such as FormularyComplete is a method by which organisations demonstrate compliance.
XVII. Further information

For your local administrator please contact your pharmacy team in the first instance.

For further information about FormularyComplete, the Royal Pharmaceutical Society and its products and services please visit our website www.bnf.org/fc or contact us on +44(0)207 572 2737