



## BOOK REVIEW

### NEPALESE NATIONAL FORMULARY (NNF) 2018

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**Received:** 12 October, 2018

**Accepted:** 21 March, 2019

**Published:** 31 March, 2019

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### INTRODUCTION

A formulary begins with a list of medicines. Hospitals, health systems, regions and even nations are using formularies as a tool to promote rational use of medicines. The formulary specifies particular medicines which are approved to be prescribed at a particular facility or region. The formulary also provides information about the pharmacokinetics, adverse effects, precautions, contraindications and uses of medicines.

Most countries have created their own national formularies. The best known in the English speaking world is the British National Formulary. Nepal has long recognized the importance of a formulary as a tool for promoting rational medicine use and providing impartial, objective information about medicines. The first edition of the Nepalese national formulary was published in 1997 and the second edition in 2010. Like other developing nations, Nepal finds it difficult to publish the formulary on a frequent basis.

The latest edition of the formulary was published in 2018. Experts from drug regulation, medicine, dentistry, nursing and pharmacy were well represented on the formulary committee and the group of advisors from the institutions of Kathmandu Valley as evident from the contributors list (section

III, Appendix 4, Pages 583-587) but none were from rest of the country. There are well established departments of pharmacology/pharmacy in 12 medical colleges in private sector, one deemed medical university in public sector, one academy of medical sciences and two universities in public sector outside the Kathmandu valley with experts working in these institutions.

The third edition (2018) has been expanded and revised. Older medicines which are less commonly used have been removed and newer medicines have been added. Not all of the included newer medicines are officially registered in Nepal. A number of biological agents have been added and their high cost could be a challenge for developing countries like Nepal.

The first section of the formulary contains guidelines on rational prescribing. The process of personal (P) drug selection is emphasized. Basic information is provided about prescription writing, adverse drug reactions, controlled substances, and fixed dose combinations. The table on the harmful effects of drugs if used during pregnancy and breast feeding and drugs will be very useful. The tables on prescribing in renal and hepatic impairment are also useful.

The second section provides notes on individual

drugs. The drugs are arranged according to organ systems. The information about each drug is concise and precise. Patient information is also provided which is a welcome move. It would have been better if the heading of Patient Information were in italic and bold letter, that may grab the attention of consultant/pharmacist or the patient or related readers but reality is that in South Asia patient and other people rarely refer formulary. There is a new chapter on drugs used in dental disorders. This chapter seems more detailed than other chapters. The font size is large and the information is presented in an easily readable format.

The third section consists of the appendices. The first section is on drug-drug interactions. The second appendix is the 2016 national list of essential drugs. The national adverse drug reaction reporting form and the list of experts, contributors, facilitators and volunteers make up the rest of the section. The index is comprehensive and will help to easily access the information presented.

The latest version of the NNF is not freely available online. The NNF should also be developed in an electronic and easily searchable format. This will help to optimize medicine use at the clinic and the bedside. Creating a formulary is a mammoth and difficult task in a resource-limited setting and the team should be congratulated on their efforts.

#### **About the formulary:**

Nepalese national formulary. Third edition. Published by Department of Drug Administration, Kathmandu, Nepal. ISBN: 978-9937-0-4337-3

#### **REFERENCES**

1. WHO Essential Medicines List and WHO Model Formulary (2017). [https://www.who.int/selection\\_medicines/list/en](https://www.who.int/selection_medicines/list/en)
2. British National Formulary (2017). <https://www.bnf.org>
3. Nepalese national formulary. Third edition (2018). Published by Department of Drug Administration, Kathmandu, Nepal. ISBN: 978-9937-0-4337-3