**BNF/ Snomed mapping data**

The BNF / Snomed mapping data published by the NHS Business Services Authority (NHS BSA) represents mapped data between the Dictionary of Medicines and Devices (dm+d) and the legacy Master Data Replacement (MDR) drug database.

The dataset shows one row for every VMP / AMP / VMPP / AMPP record and a field showing which BNF code this maps to. The data published early June 2019 contains information relating to March 2019 and we plan to publish refreshed data on a monthly basis thereafter with the data relating to the latest available dispensing months data in ePACT2 at the time of publication. For example data published by the end of June 2019 containing data relating to April 2019 dispensed prescriptions.

**What the document contains**

The BNF Snomed mapping document contains:

* Indication of presentation / pack level
* Indication of VMP/AMP/VMPP/AMPP level
* BNF Code
* MDR description at presentation level
* Snomed code at VMP/AMP/VMPP/AMPP level
* dm+d description at presentation and pack level

The Presentation / Pack level column and VMP / VMPP / AMP / AMPP column indicates if the row of data relates to a virtual (“VMP”) or actual (“AMP”) product.

MDR which is our legacy drug database holds the BNF Code and this code is associated with the MDR Product Description, which is truncated to be no longer than 40 characters.

Typically BNF codes are intended to map to VMPs and AMPs but the corresponding BNF code is also mapped to a related VMPP/AMPP. However there are scenarios where the presentation level BNF code is not reflected against all of their respective packs, for example, Ciclesonide\_Inh 160mcg (120 D) CFF and Ciclesonide\_Inh 160mcg (60 D) CFF. In the mapping some records will not hold a BNF code or an MDR Product description, this is due to not every record that is populated on dm+d being populated on MDR.

MDR and dm+d are subject to change via the normal processes and refreshed mapping data will reflect this.

We are currently in the process of moving to a single drug database which will be based on dm+d and until this is complete the data may continue to include anomalies. More information regarding the impact on data will be made available nearing the implementation of the single drug database work.