		Primary Care	Acute/ Specialist Services
Chondroprotective	: Drugs		
Comment: Glucosam Medicines Consortium	ine containing products are not recommended for prescribing in N	NHS Scotland b	y the Scottish
Disease-Modifying	Anti-Rheumatic Drugs		
	Azathioprine	<del>\$</del>	✓
	Ciclosporin (Due to differences in bioavailability always prescribe by brand, preferred brand for capsules is Neoral®)	<del>\$</del>	✓
	Hydroxychloroquine sulphate	<del> </del>	✓
	Leflunomide	<del>\$</del>	✓
	Methotrexate (only prescribe using 2.5mg tablets, preferred brand for injection is Metoject® – always prescribe by brand)	<del>\$</del>	✓
	Mycophenolate	<del>\$</del>	✓
	Sulphasalazine (EC formulation)	<del>\$</del>	✓
	Tacrolimus(Due to differences in bioavailability always prescribe by brand)	<del>\$</del>	✓
Immunosuppressa	ints		
	g of immunosupressants should be in line with SMC recommenda	ations and local	treatment
Comment: Prescribin	g of immunosupressants should be in line with SMC recommenda	ations and local	treatment
Comment: Prescribin pathways	g of immunosupressants should be in line with SMC recommenda	ations and local	treatment
Comment: Prescribin pathways	g of immunosupressants should be in line with SMC recommendations	ations and local	
Comment: Prescribin pathways	g of immunosupressants should be in line with SMC recommendations  Sarilumab (Kevzara®)	ations and local	<b>√</b>
Comment: Prescribin pathways	g of immunosupressants should be in line with SMC recommendations  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)	ations and local	<b>✓</b>
Comment: Prescribin pathways	g of immunosupressants should be in line with SMC recommendations  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)  Guselkumab (Tremfya®)	ations and local	✓ ✓
Comment: Prescribin pathways	g of immunosupressants should be in line with SMC recommendations  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)  Guselkumab (Tremfya®)  Tocilizumab (RoActemra®)	ations and local	✓ ✓ ✓
Comment: Prescribin pathways  Interleukin Inhibi	g of immunosupressants should be in line with SMC recommendations  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)  Guselkumab (Tremfya®)  Tocilizumab (RoActemra®)	ations and local	✓ ✓ ✓
Comment: Prescribin pathways  Interleukin Inhibi	g of immunosupressants should be in line with SMC recommendations  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)  Guselkumab (Tremfya®)  Tocilizumab (RoActemra®)  Ustekinumab (Stelara®)  Filgotinib (Jyseleca®) (1st line JAK inhibitor for new	ations and local	✓ ✓ ✓ ✓

Key  $\checkmark$  Initiate and continue  $\Leftrightarrow$  Continue where appropriate.

CD-20 Inhibitors				
	Rituximab (Truxima <sup>®</sup> )		✓	
T-Cell Activation In	T-Cell Activation Inhibitors			
	Abatacept (Orencia <sup>®</sup> )		✓	
Tumor Necrosis Factor Alpha (TNF-α) Inhibitors				
	Adalimumab (Imraldi <sup>®</sup> )		✓	
	Certolizumab (Cimzia <sup>®</sup> )		✓	
	Etanercept (Benepali®)		✓	
	Golimumab (Simponi <sup>®</sup> )		✓	
	Infliximab (Remsima®)		✓	
Phosphodiesterase Type-4 Inhibitors				
	Apremilast (Otezla®)		✓	
Anti-Lymphocyte				
	Belimumab (Benlysta®)		✓	

2 Hyperuricaemia a	and Gout	Primary Care	Acute/ Specialist Services
Gout			
Comment: Also refer to NICE Guideline NG219 Gout: Diagnosis and Management (June 22)			
Acute attack			
	NSAID (ibuprofen, naproxen) (1 <sup>st</sup> line)	✓	✓
	Prednisolone (1 <sup>st</sup> line)	✓	✓
	Colchicine (2 <sup>nd</sup> line)	✓	✓
Comment: Caution with	course length/total dose of colchicine - refer to BNF		
Long-term prophylaxis			
	Allopurinol (1 <sup>st</sup> line)	✓	✓
	Febuxostat (2 <sup>nd</sup> line)	✓	✓
<b>Comment:</b> Febuxostat should be used 2 <sup>nd</sup> line in patients where maximally tolerated dose of allopurinol are ineffective or when allopurinol is contraindicated			

3. Neuromuscular Disorders		Primary Care	Acute/ Specialist Services
Neuromuscular Disorders			
Neuroprotective Drugs			
	Riluzole	<del>+</del>	✓

3.1 Muscular Dystrop	hy		
Drugs for Neuromuscular Disorders			
3.2 Myasthenia Gravi	s and Lambert-Eaton Myasthenic Syndrome		
Anticholinesterase	es		
	Pyridostigmine bromide	<del> </del>	✓
Antimuscarinics			
	Propantheline bromide	<del>\$</del>	✓
3.3 Myotonic Disorde	rs		
Drug for Neuromu	scular Disorders		
3.4 Nocturnal Leg Cra	amps		
Nocturnal Leg Cra	mps		
	Quinine sulphate	✓	✓
should only be used when	t recommended for routine treatment of leg cramps due to its n non-pharmacological treatments have not worked (e.g. pass r frequent and cause regular disruption to sleep.		
Other treatable causes of	cramp should be excluded.		
Quinine sulphate 200-300 treatment should be stopp	Omg at bedtime can be trialled for up to 8 weeks. If there is no ped.	benefit after 8 w	eeks then
	should be monitored for adverse effects and it is recommend 3 months to assess the ongoing need for treatment.	led treatment she	ould be
3.5 Spasticity			
Muscle Relaxants	– Centrally Acting		

Key ✓ Initiate and continue +Continue where appropriate.

Baclofen (1<sup>st</sup> line)

Tizanidine (2<sup>nd</sup> line)

Dantrolene (3<sup>rd</sup> line)

Diazepam (short term use)

4. Pain and Inflam	mation in Musculoskeletal Disorders	Primary Care	Acute/ Specialist Services
Non-steroidal Ant	Non-steroidal Anti-inflammatory Drugs		
	Ibuprofen (1 <sup>st</sup> line)	✓	✓
	Naproxen (1 <sup>st</sup> line)	✓	✓
	Celecoxib (2 <sup>nd</sup> line)	✓	✓
Rubefacients, Topical NSAIDs			
	Algesal®	✓	1
	Ibuprofen gel	✓	✓

d Joint Disorders	Primary Care	Acute/ Specialist Services
tion of Joints and Soft Tissue		
Corticosteroids, Inflammatory Disorders		
Methylprednisolone acetate (Depo-medrone <sup>®</sup> , Depo-medrone <sup>®</sup> with lidocaine)	<b>✓</b>	✓
Triamcinolone acetonide (Kenalog®)	✓	✓
Triamcinolone hexacetonide		✓
5.2 Soft Tissue Disorders  Enzymes		
Hyaluronidase		<b>✓</b>
	Methylprednisolone acetate (Depo-medrone®, Depo-medrone® with lidocaine)  Triamcinolone acetonide (Kenalog®)  Triamcinolone hexacetonide	Action of Joints and Soft Tissue  Inflammatory Disorders  Methylprednisolone acetate (Depo-medrone®, Depo-medrone® with lidocaine)  Triamcinolone acetonide (Kenalog®)  Triamcinolone hexacetonide