1 Arthritis		Primary Care	Acute/ Specialist Services
Chondroprotective	Drugs		
Comment: Glucosamin Medicines Consortium	e containing products are not recommended for prescribing in I	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)	<b>+</b>	<b>√</b>
	Mycophenolate	<del>\$</del>	✓
	Sulphasalazine (EC formulation)	<del>+</del>	✓
	Tacrolimus(Due to differences in bioavailability always	+	1
	prescribe by brand)	<b>T</b>	,
Immunosuppressan	prescribe by brand)	<b>,</b>	•
Immunosuppressan  Comment: Prescribing pathways	prescribe by brand)	· ·	·
Comment: Prescribing	prescribe by brand)  Its  of immunosupressants should be in line with SMC recommend	· ·	·
Comment: Prescribing pathways	prescribe by brand)  Its  of immunosupressants should be in line with SMC recommend	· ·	·
Comment: Prescribing pathways	prescribe by brand)  Its  of immunosupressants should be in line with SMC recommend  ors	· ·	·
Comment: Prescribing pathways	prescribe by brand)  its  of immunosupressants should be in line with SMC recommend  ors  Sarilumab (Kevzara®)	· ·	·
Comment: Prescribing pathways	prescribe by brand)  Its  of immunosupressants should be in line with SMC recommend  Drs  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)	· ·	treatment
Comment: Prescribing pathways	prescribe by brand)  Its  of immunosupressants should be in line with SMC recommend  Drs  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)  Guselkumab (Tremfya®)	· ·	treatment  ✓  ✓
Comment: Prescribing pathways	prescribe by brand)  its  of immunosupressants should be in line with SMC recommend  ors  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)  Guselkumab (Tremfya®)  Tocilizumab (RoActemra®)	· ·	treatment
Comment: Prescribing pathways  Interleukin Inhibite	prescribe by brand)  its  of immunosupressants should be in line with SMC recommend  ors  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)  Guselkumab (Tremfya®)  Tocilizumab (RoActemra®)	· ·	treatment
Comment: Prescribing pathways  Interleukin Inhibite	prescribe by brand)  Its  of immunosupressants should be in line with SMC recommend  Drs  Sarilumab (Kevzara®)  Secukinumab (Cosentyx®)  Guselkumab (Tremfya®)  Tocilizumab (RoActemra®)  Ustekinumab (Stelara®)  Filgotinib (Jyseleca®) (1st line JAK inhibitor for new	· ·	treatment

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

Forth Valley Formulary Reviewed June 21, Last amended September 23

CD-20 Inhibitors				
	Rituximab (Truxima®)		✓	
T-Cell Activation In	T-Cell Activation Inhibitors			
	Abatacept (Orencia®)		✓	
Tumor Necrosis Factor Alpha (TNF-α) Inhibitors				
	Adalimumab (Imraldi®)		✓	
	Certolizumab (Cimzia®)		✓	
	Etanercept (Benepali®)		✓	
	Golimumab (Simponi®)		✓	
	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) (1st line)	✓	✓
	Prednisolone (1st line)	✓	✓
	Colchicine (2 <sup>nd</sup> line)	✓	✓
Comment: Caution with	course length/total dose of colchicine - refer to BNF		
Long-term prophylaxis			
	Allopurinol (1st line)	✓	✓
	Febuxostat (2 <sup>nd</sup> line)	✓	✓
Comment: Febuxostat sineffective or when allop	hould be used 2 <sup>nd</sup> line in patients where maximally tolerated d urinol is contraindicated	ose of allopuring	ol are

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

	Riluzole	<del> </del>	✓
3.1 Muscular Dystrop	hy		
Drugs for Neurom	uscular 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 Disorders			
Drug for Neuromu	scular Disorders		
3.4 Nocturnal Leg Cra	ımps		
Nocturnal Leg Cra	mps		
	Quinine sulphate	✓	✓
should only be used when	r 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 sh	ould be
3.5 Spasticity			
Muscle Relaxants	- Centrally Acting		
	Baclofen (1st line)	✓	✓
	Diazepam (short term use)	✓	✓
	Tizanidine (2 <sup>nd</sup> line)	<del>+</del>	✓

**Key** ✓ **Initiate and continue ♦Continue where appropriate.** 

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

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

5. Soft Tissue and	Joint Disorders	Primary Care	Acute/ Specialist Services
5.1 Local Inflammati	5.1 Local Inflammation of Joints and Soft Tissue		
Corticosteroids, Inflammatory Disorders			
	Methylprednisolone acetate (Depo-medrone®, Depo-medrone® with lidocaine)	✓	✓
	Triamcinolone acetonide (Kenalog®)	✓	✓
	Triamcinolone hexacetonide		✓
5.2 Soft Tissue Disorders			
Enzymes			
	Hyaluronidase		✓