Formulary Additions:

1. **Infliximab-dyyb (Inflectra®)**
   - A biosimilar to the reference product infliximab (Remicade®)
   - FDA-approved for treatment of Crohn’s disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis.
   - **Restrictions:**
     - Once confirmed by primary team, pharmacy to dispense infliximab product that best matches long term therapy plan to minimize risk of immunogenicity when switching between formulations of infliximab.
     - Inflectra will be selected by default if insurance coverage is not known

2. **Fluticasone and Vilanterol (Breo Ellipta®)**
   - FDA-approved for treatment of asthma and COPD
   - Non-inferior efficacy in comparison to Advair Diskus for both asthma and COPD with no significant difference in adverse effects
   - Administered once daily and is more cost-effective relative to Advair Diskus/HFA

Formulary Revisions:

1. **Infliximab (Remicade®)**
   - FDA-approved for treatment of Crohn’s disease, ulcerative colitis, rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis.
   - **Restrictions:**
     - Remicade is restricted to patients previously receiving Remicade outpatient or new starts where insurance only covers this brand. Once confirmed by primary team, pharmacy to dispense infliximab product that best matches long term therapy plan to minimize risk of immunogenicity when switching between formulations of infliximab.
     - Inflectra will be selected by default if insurance coverage is not known

Formulary Deletions:

1. **Fluticasone and Salmeterol (Advair Diskus®/Advair HFA®)**
   - FDA-approved for treatment of asthma and COPD
   - To be substituted with Breo Ellipta per SHC Pharmacist Managed Therapeutic Interchange Protocol

2. **Beclomethasone aerosol (Qnasl®/Beconase AQ®)**
   - FDA-approved for treatment of rhinitis and nasal polyps
   - To be substituted with fluticasone propionate (Flonase) per SHC Pharmacist Managed Therapeutic Interchange Protocol

3. **Flunisolide**
   - FDA-approved for treatment of rhinitis
   - To be substituted with fluticasone propionate (Flonase) per SHC Pharmacist Managed Therapeutic Interchange Protocol