

Guide for primary care on the use of orodispersible budesonide tablets (Jorveza™) in Eosinophilic Oesophagitis

Background

Eosinophilic oesophagitis (EoE) is characterised by a buildup of eosinophils in the lining of oesophagus, resulting in inflammation that causes difficulty swallowing. Symptoms include dysphagia, impaction, vomiting, chest/abdominal pain and reflux like symptoms. There is currently no standard care for inducing remission in EoE. Fluticasone inhaler used off-label is one treatment option, but it is an asthma treatment that is not easy to use for EoE. Dietary changes are also an option for patients, for example the 6-food elimination diet, which involves cutting out the known allergens milk, eggs, nuts, wheat, soy and seafood from their diet. These treatments can be difficult to access and adhere to.

Prescribing orodispersible budesonide (Jorveza™)

Orodispersible budesonide (Jorveza™) is licensed for both inducing and maintaining remission of EoE. It is recommended by [NICE](#) for inducing remission of EoE, but its use in maintaining remission has not yet been reviewed. There are currently no national guidelines available for patients who continue to relapse after initiation and therefore require maintenance treatment. Initiation of (Jorveza™) is restricted to gastroenterology specialist prescribing on the [South East London Formulary](#) for the 12 week induction period, following which maintenance prescribing can continue in primary care. It is prescribed at 1mg twice a day for induction and 0.5mg or 1mg twice a day for maintenance treatment.

Monitoring and follow up

No routine monitoring will be required to be performed by the GP. If patients present with symptoms of oral candidiasis then treatment for this can be initiated whilst continuing treatment with Jorveza™. Prescribing a proton pump inhibitor (PPI) is not routinely indicated for prophylaxis of peptic ulceration patients using oral corticosteroids, but should be considered for patients at high risk of gastrointestinal bleeding or dyspepsia.

For patients requiring maintenance treatment to sustain remission, regular clinic visits every 6 months will be organised. The ongoing need for maintenance therapy and duration of treatment will be guided by the hospital specialist based on symptomatic and endoscopic response. Maintenance treatment is usually continued long term, but would stop if felt no longer effective or if a trial without treatment deemed appropriate. There are no formal recommendations on routine endoscopic surveillance and this will vary on a case by case basis. Repeat endoscopy is recommended to assess endoscopic and histological disease activity after initiating treatment or with a change or worsening of symptoms.

The GP will be provided with information on drug holidays or the requirement to stop treatment via clinic letters, which will be sent following the patient's 6 monthly assessments.

Steroid cards

Patients prescribed orodispersible budesonide (Jorveza™) must be given advice on steroid 'Sick day rules' and be given a blue steroid treatment card by the initiating specialist. In line with the [National Patient Safety Alert](#) the initiating specialist must issue patients the [NHSE](#) Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults. Further information on patients who may be at risk of adrenal insufficiency can be found [here](#). Local SEL [guidance](#) and [patient information](#) is also available.