

Guidance on Eosinophilic Oesophagitis Treatments for Healthcare Professionals

Eosinophilic oesophagitis is a chronic, immune-mediated/allergen-mediated condition. Main symptoms include oesophageal dysfunction including dysphagia, food impaction, heartburn, vomiting, regurgitation, and abdominal pain.¹

Induction of REMISSION with Jorveza/budesonide

Preparation: Jorveza 1 mg orodispersible tablets (contains 1 mg of budesonide)².

Traffic Light status: RED – All prescribing and dispensing to be undertaken in secondary care through the hospital outpatient pharmacy.

Indication: Budesonide is available as an option for inducing remission of eosinophilic oesophagitis in adults, for up to 12 weeks only as per NICE TA708. It is currently not available for maintenance of remission as the product was not licensed for this indication at the time of the NICE appraisal.

Dose: The recommended daily dose is 1mg in the morning and in the evening.²

Duration of treatment: The usual duration for induction or remission is 6 weeks. Treatment can be extended to up to a maximum of 12 weeks for those not responding in the first six weeks.

How to take: The orodispersible tablet should be taken after a meal. It should be placed on the tip of the tongue and gently pressed against the top of the mouth, where it will dissolve. This will usually take at least two minutes but can take up to 20 minutes. The effervescence process of the tablet starts after Jorveza comes into contact with saliva and stimulates the production of further saliva. The dissolved material should be swallowed with saliva little by little while the orodispersible tablet disintegrates. The orodispersible tablet should not be taken with liquid or food. There should be at least 30 minutes before eating or drinking or performing oral hygiene. Any oral solutions, sprays or chewable tablets should be used at least 30 minutes before or after administration of Jorveza. The orodispersible tablet should not be chewed or swallowed undissolved. These measures ensure optimal exposure of the esophageal mucosa to the active substance. See SPC and patient information leaflet for further information²

Maintenance Treatment for Eosinophilic Oesophagitis

First line treatments for maintenance treatment for Eosinophilic oesophagitis comprise of the off-label use of fluticasone Metered Dose Inhalers (MDIs) or viscous solutions of budesonide products.¹ One double blind, double-dummy RCT found that swallowed fluticasone (from a multi-dose inhaler) and oral viscous budesonide significantly decreased oesophageal eosinophil counts and improved dysphagia.^{1,3}

There was no significant difference in the change in peak eosinophil count from baseline between swallowed fluticasone and oral viscous budesonide; either appears to be is an acceptable treatment for eosinophilic oesophagitis.¹

Network meta-analysis and retrospective data suggest that treatment with oral viscous budesonide improves endoscopic and histological outcomes compared with topical/swallowed fluticasone^{1,4,5}

Longer mucosal contact time associated with use of oral viscous budesonide is believed to contribute to improve histological outcomes compared with topical/swallowed corticosteroids.^{6,7}

Fluticasone propionate MDI inhalers for use in eosinophilic oesophagitis

Preparation: Fluticasone 250 micrograms Evohaler is a pressurised inhalation, suspension, delivering 250 micrograms of fluticasone propionate per actuation, respectively.⁸

Indication: Eosinophilic oesophagitis (unlicensed)

Formulary Traffic Light status Amber

Dose and frequency for adults: 500-750 micrograms twice a day¹

Administration: The metered dose inhaler is puffed into the mouth during end-expiration and swallowed rather than inhaled. The patient should NOT breathe in until the medicine is swallowed. The patient should wait at least 30 minutes before eating or drinking. The mouth may be rinsed with water and expelled without swallowing the water.

Budesonide aqueous inhalation solution/nebules/respules for use in eosinophilic oesophagitis

Preparation: Budesonide 500microgram nebuliser solution or respules (2mL each). Each respule/nebuliser contains 500microgram of budesonide^{9,10}

Cost effectiveness: ELMMB recommends Budesonide 500 micrograms nebuliser solution as the most cost-effective option. Budesonide respules should only be prescribed when there is a supply problem with the first line product choice.

Indication: Eosinophilic oesophagitis (unlicensed)

Formulary Traffic Light status Amber

Dose: Oral viscous budesonide 1mg mixture swallowed twice a day.¹

Administration and preparation:

Oral viscous budesonide is prepared at the time of administration by mixing budesonide aqueous inhalation solution/nebules into a slurry with honey directly before being swallowed.¹ The honey-budesonide slurry will consist of a 1mg dose of budesonide inhalation solution (respule) mixed with 5ml of honey*.

1. Pour the liquid contents of two budesonide 0.25 mg/ml nebuliser solution/respules (each 2ml) into a small cup
2. Add a 5ml spoonful of honey* to the cup and mix the solution until it is a slurry-like consistency for one dose. The goal is to make the solution into a thickened consistency with sufficient volume to coat the oesophagus.
3. Swallow all the medicine solution
4. Patients should not eat or drink for 30-60 minutes after the dose

*Honey will be sourced by the patient for this purpose

References:

1. Epstein J, (2020) Eosinophilic Oesophagitis. BMJ Best Practice
2. Electronic Medicines Compendium (2020) Jorveza 1 mg orodispersible tablets SmPC. Available at: <https://www.medicines.org.uk/emc/product/9446> (Accessed: 24/02/22).
3. Dellon ES, Woosley JT, Arrington A, et al. Efficacy of budesonide vs fluticasone for initial treatment of eosinophilic esophagitis in a randomized controlled trial. Gastroenterology. 2019 Jul;157(1):65-73.e5.
4. Tomizawa Y, Melek J, Komaki Y, et al. Efficacy of pharmacologic therapy for eosinophilic esophagitis: a systematic review and network meta-analysis. J Clin Gastroenterol. 2018 Aug;52(7):596-606.

5. Fable JM, Fernandez M, Goodine S, et al. Retrospective comparison of fluticasone propionate and oral viscous budesonide in children with eosinophilic esophagitis. *J Pediatr Gastroenterol Nutr.* 2018 Jan;66(1):26-32.
6. Lucendo AJ, Molina-Infante J, Arias Á, et al. Guidelines on eosinophilic esophagitis: evidence-based statements and recommendations for diagnosis and management in children and adults. *United European Gastroenterol J.* 2017 Apr;5(3):335-58.
7. Molina-Infante J, Lucendo AJ. Update on topical steroid therapy for eosinophilic esophagitis. *Gastroenterol Hepatol.* 2015 Jun-Jul;38(6):388-97.
8. Electronic Medicines Compendium (2021) Seretide 250 Evohaler *SmPC*. Available at: <https://www.medicines.org.uk/emc/product/7598/smpc> (Accessed: 24/02/22).
9. Electronic Medicines Compendium (2020) Budesonide 0.5mg Nebuliser Suspension *SmPC*. Available at: <https://www.medicines.org.uk/emc/product/3210> (Accessed: 24/02/22).
10. Electronic Medicines Compendium (2017) Pulmicort Respules 0.5mg *SmPC*. Available at: <https://www.medicines.org.uk/emc/product/880/smpc> (Accessed: 24/02/22).