

Guide for primary care on the use of orodispersible budesonide tablets (Jorveza) in eosinophilic oesophagitis

Background

Eosinophilic oesophagitis (EoE) is a chronic, progressive inflammatory disorder in which eosinophils infiltrate the oesophageal epithelium.¹ Once regarded as a rare disease, the incidence and prevalence of EoE has risen consistently over the past 25 years.²

In patients with EoE, chronic inflammation leads to changes in oesophageal structure (oesophageal rigidity, fibrostenotic features such as rings, and ultimately strictures) and function (food feels like it is moving slowly or sticking in the chest after swallowing).^{1,3} This cause of dysphagia can also lead to repeat episodes of food bolus obstruction (FBO).³⁻⁵ Not only is EoE detrimental to the physical health of sufferers, it can also cause considerable psychological distress.⁶

Distinguishing between gastro-oesophageal reflux disease (GORD) and EoE can be a challenge - especially when EoE patients use terms like 'reflux' and 'heartburn', not realising their discomfort is not the same as that felt by people with GORD.^{3,7} Those with EoE are often the last to finish meals, chewing their food very thoroughly and drinking lots of fluid to wash it down.⁷ While patients may regurgitate fluid if they suffer an FBO, the taste is not acidic and so quite distinct from reflux in GORD.⁷ Symptoms also occur at different times - during eating with EoE but after meals or at night for GORD.⁷

While symptoms such as FBO point to EoE, it takes histology to confirm the diagnosis.⁶

EoE rarely resolves spontaneously and follows a relapsing-remitting course requiring lifelong treatment.⁴ Undiagnosed and ineffectively treated patients with EoE experience a cycle of persistent episodes of FBO often leading to repeat attendance at A&E departments and a deterioration in patients' quality of life.^{3,4,6,8,9}

Outcomes with traditional EoE therapies are relatively poor.¹⁰ Proton pump inhibitors result in at least partial symptom improvement in ~70% of EoE patients, but histological remission in fewer than 50%.¹¹ With an absence of clear usage instructions, off-label topical corticosteroids repurposed from asthma treatments (swallowed sprays from inhalers or home-made mixtures of budesonide in syrups) are similarly inconsistent in EoE.¹⁰ Although elimination diets can be effective in maintaining disease control, downsides include the initial need for frequent endoscopies, the burden of a restrictive diet on quality of life and poor long-term adherence.¹²

Prescribing orodispersible budesonide (Jorveza)

Budesonide ODT is the only drug licensed for induction and maintenance of treatment of EoE in adults (>18 years of age).¹³ It is specifically designed to treat EoE, achieving histological remission in >90% of patients and symptom relief in 85% within 12 weeks of starting treatment.¹⁴ Cessation of EoE treatment leads to disease recurrence. The condition therefore requires long-term management.¹⁵ Over a period of up to three years, Jorveza proved to be an effective, well tolerated maintenance therapy.¹⁶ The British Society of Gastroenterology recommend Jorveza - the only oral medicine with European regulatory approval for EoE - over other steroid formulations for both the induction and maintenance of remission in adults.⁶ It is recommended by NICE for inducing remission of EoE, but its use in maintaining remission has not yet been reviewed.¹⁷

Initiation of Jorveza is restricted to gastroenterology specialist prescribing on the [INSERT NAME OF FORMULARY] for the 12-week induction period, following which maintenance prescribing can continue in

primary care. It is prescribed at 1 mg twice a day for induction and 0.5 mg or 1 mg twice a day for maintenance treatment.

Monitoring and follow-up

No routine monitoring is required to be performed by the GP.

If indicated, symptomatic candidiasis of the mouth and throat can be treated with topical or systemic anti-fungal therapy whilst continuing treatment with Jorveza.

For patients requiring maintenance treatment to sustain remission, regular clinic visits every [INSERT NUMBER OF MONTHS] months will be organised. Periodic repeat endoscopy may be considered on a case-by-case basis. This includes situations where patients experience worsening symptoms, have an established or suspected oesophageal stricture necessitating intervention or require a change in their treatment strategy.¹⁵

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 regular assessments.

Steroid cards

Patients prescribed 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.

Useful materials

Interactive EoE Patient Leaflet - An interactive leaflet for patients with EoE, who have been prescribed Jorveza. Details about what EoE is, who it affects, diagnosis, treatment and what to do in an emergency are all covered, as well as information about Jorveza.

<https://know-eoe.co.uk/wp-content/uploads/sites/6/2023/11/17.-Jorveza-Interactive-Patient-Leaflet-UK2200063.pdf>

Jorveza How to Take Leaflet - A leaflet for patients explaining the way Jorveza tablets should be taken to optimise its effect.

<https://know-eoe.co.uk/wp-content/uploads/sites/6/2023/12/22.-Jorveza-How-to-Take-Leaflet-UI2200102.pdf>

Jorveza How to Take Animation - A video intended for patients who have been prescribed Jorveza, to explain the way EoE affects the oesophagus and how Jorveza should be taken.

<https://vimeo.com/728754660/42171efdc2?share=copy>

MIMS: Eosinophilic oesophagitis - recognition and diagnosis - A MIMS learning module highlighting key symptoms of EoE to aid recognition and diagnosis in primary care.

<https://www.mimslearning.co.uk/courses/update2023-eosinophilic-oesophagitis-recognition-and-diagnosis>

MIMS: Referral and management for eosinophilic oesophagitis - A MIMS learning module describing the key symptoms which should trigger referral to a gastroenterologist for suspected EoE, endoscopic diagnosis and an overview of the management approach.

<https://www.mimslearning.co.uk/courses/update2023-referral-and-management-for-eosinophilic-oesophagitis>

Abbreviations:

EoE: eosinophilic oesophagitis

FBO: food bolus obstruction

GORD: gastro-oesophageal reflux disease

MIMS: monthly index of medical specialties

NHSE: NHS England

References

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