ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Jorveza 1 mg orodispersible tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each orodispersible tablet contains 1 mg of budesonide.

Excipient with known effect
Each orodispersible tablet contains 26 mg sodium.
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Orodispersible tablet
White, round, biplane orodispersible tablet, with diameter of 7.1 mm and height of 2.2 mm.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Jorveza is indicated for the treatment of eosinophilic esophagitis (EoE) in adults (older than 18 years of age).

4.2 Posology and method of administration

The treatment with this medicinal product should be initiated by a physician experienced in the diagnosis and treatment of eosinophilic esophagitis.

Posology
The recommended daily dose is 2 mg budesonide as one 1-mg-tablet in the morning and one in the evening.

The usual duration of treatment is 6 weeks. For patients who are not appropriately responding during 6 weeks the treatment can be extended to up to 12 weeks.

Special populations
Renal impairment
There are currently no data available for patients with renal impairment. Because budesonide is not excreted via the kidneys, patients with mild to moderate impairment may be treated with caution with the same doses as patients without renal impairment. Jorveza is not recommended for use in patients with severe renal impairment.

Hepatic impairment
During treatment of patients with hepatic impairment with other budesonide containing products, budesonide levels were increased. However, no systematic study investigating different levels of hepatic impairment is available. Patients with hepatic impairment should not be treated (see sections 4.4 and 5.2).

Paediatric population
The safety and efficacy of Jorveza in children and adolescents under the age of 18 years have not been established. No data are available.

Method of administration
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 about two minutes. 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.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Infections
Suppression of the inflammatory response and immune function increases the susceptibility to infections and their severity. Symptoms of infections can be atypical or masked.

In clinical studies conducted with Jorveza oral, oropharyngeal and esophageal candida infections have been observed with a high frequency (see section 4.8).
If indicated, symptomatic candidiasis of the mouth and throat can be treated with topical or systemic anti-fungal therapy whilst still continuing treatment with Jorveza.

Chickenpox, herpes zoster and measles can have a more serious course in patients treated with glucocorticosteroids. In patients who have not had these diseases, the vaccination status should be checked, and particular care should be taken to avoid exposure.

Vaccines
The co-administration of live vaccines and glucocorticosteroids should be avoided as this is likely to reduce the immune response to vaccines. The antibody response to other vaccines may be diminished.

Special populations
Patients with tuberculosis, hypertension, diabetes mellitus, osteoporosis, peptic ulcer, glaucoma, cataract, family history of diabetes or family history of glaucoma may be at higher risk of experiencing systemic glucocorticosteroid adverse reactions (see below and section 4.8) and should therefore be monitored for the occurrence of such effects.

Reduced liver function may affect the elimination of budesonide, causing higher systemic exposure. The risk of adverse reactions (systemic glucocorticosteroid effects) will be increased. However, no systematic data are available. Patients with hepatic impairment should therefore not be treated.

Systemic effects of glucocorticosteroids
Systemic effects of glucocorticosteroids (e.g., Cushing's syndrome, adrenal suppression, growth retardation, cataract, glaucoma, decreased bone mineral density and a wide range of psychiatric effects) may occur (see also section 4.8). These side effects depend on the duration of treatment, concomitant and previous glucocorticosteroid treatment and the individual sensitivity.

Visual disturbance
Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma

or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

Others
Glucocorticosteroids may cause suppression of the hypothalamic–pituitary–adrenal (HPA) axis and reduce the stress response. When patients are subject to surgery or other stresses, supplementary systemic glucocorticosteroid treatment is therefore recommended.

Concomitant treatment with ketoconazole or other CYP3A4 inhibitors should be avoided (see section 4.5).

Interference with serological testing
Because adrenal function may be suppressed by treatment with budesonide, an ACTH stimulation test for diagnosing pituitary insufficiency might show false results (low values).

This medicinal product contains 52 mg of sodium per daily dose equivalent to 2.6% of the WHO recommended maximum daily intake of 2 g sodium for an adult.

4.5 Interaction with other medicinal products and other forms of interaction

CYP3A4 inhibitors
Co-treatment with potent CYP3A inhibitors such as ketoconazole, ritonavir, itraconazole, clarithromycin, cobicistat and grapefruit juice may cause a marked increase of the plasma concentration of budesonide and is expected to increase the risk of systemic adverse reactions. Therefore, concomitant use should be avoided unless the benefit outweighs the increased risk of systemic corticosteroid side effects, in which case patients should be monitored for systemic corticosteroid side effects.

Ketoconazole 200 mg once daily orally increased the plasma concentration of budesonide (3 mg single dose) approximately 6-fold during concomitant administration. When ketoconazole was administered approximately 12 hours after budesonide, the plasma concentration of budesonide increased approximately 3-fold.

Oestrogens, oral contraceptives
Elevated plasma concentrations and enhanced effects of glucocorticosteroids have been reported in women also receiving oestrogens or oral contraceptives. No such effect has been observed with budesonide and concomitant intake of low-dose combination oral contraceptives.

Cardiac glycosides
The action of glycoside can be potentiated by potassium deficiency which is a potential and known adverse reaction of glucocorticoids.

Saluretics
Concommitant use of glucocorticoids may result in enhanced potassium excretion and aggravated hypokalaemia.

4.6 Fertility, pregnancy and lactation

Pregnancy
Administration during pregnancy should be avoided unless there are compelling reasons for therapy with Jorveza. There are few data of pregnancy outcomes after oral administration of budesonide in humans. Although data on the use of inhaled budesonide in a large number of exposed pregnancies indicate no adverse effect, the maximal concentration of budesonide in plasma has to be expected to be higher in the treatment with Jorveza compared to inhaled budesonide. In pregnant animals, budesonide, like other glucocorticosteroids, has been shown to cause abnormalities of fetal development (see section 5.3). The relevance of this to man has not been established.

Breast-feeding
Budesonide is excreted in human milk (data on excretion after inhalative use is available). However, only minor effects on the breast-fed child are anticipated after oral use of Jorveza within the therapeutic range. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from budesonide therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility
There are no data on the effect of budesonide on human fertility. Fertility was unaffected following budesonide treatment in animal studies (see section 5.3).

4.7 Effects on ability to drive and use machines

Jorveza has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile
Fungal infections in the mouth, pharynx and the oesophagus were the most frequently observed adverse reactions in clinical studies with Jorveza. In the clinical study BUL-1/EEA, a total of 10 out of 87 patients (11.5%) exposed to Jorveza (double-blind and open-label extension phase) experienced cases of suspected fungal infections associated with clinical symptoms, which were all of mild intensity, except in one patient for whom a moderate intensity was reported. The total number of infections (including those diagnosed by endoscopy and histology without symptoms) was 33, occurring in 27 out of 87 patients (31%).

Tabulated list of adverse reactions
Adverse reactions observed in clinical studies with Jorveza are listed in the table below, by MedDRA system organ class and frequency. Frequencies are defined as very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to < 1/1,000), very rare (< 1/10,000) or not known (cannot be estimated from the available data).

MedDRA system organ class	**Very common**	**Common**
Infections and infestations	Esophageal candidiasis	Oral and/or oropharyngeal candidiasis
Nervous system disorders		Headache
Vascular disorders		Hypertension
Gastrointestinal disorders		Upper abdominal pain, gastroesophageal reflux disease, lip edema, nausea, oral paraesthesia
General disorders and administration site conditions		Fatigue
Investigations		Blood cortisol decreased

The following known adverse reactions of the therapeutic class (corticosteroids, budesonide) could also occur with Jorveza (frequency = not known).

MedDRA system organ class	**Adverse reactions**
Immune system disorders	Increased risk of infection
Endocrine disorders	Cushing's syndrome, adrenal suppression, growth retardation in children
Metabolism and nutrition disorders	Hypokalaemia, hyperglycaemia
Psychiatric disorders	Depression, irritability, euphoria, psychomotor hyperactivity, anxiety, aggression
Nervous system disorders	Pseudotumor cerebri including papilloedema in adolescents

MedDRA system organ class	Adverse reactions
Eye disorders	Glaucoma, cataract (including subcapsular cataract), blurred vision, central serous chorioretinopathy (CSCR) (see also section 4.4)
Vascular disorders	Increased risk of thrombosis, vasculitis (withdrawal syndrome after long-term therapy)
Gastrointestinal disorders	Dyspepsia, duodenal or gastric ulcers, pancreatitis, constipation
Skin and subcutaneous tissue disorders	Allergic exanthema, petechiae, delayed wound healing, contact dermatitis, ecchymosis
Musculoskeletal and connective tissue disorders	Muscle and joint pain, muscle weakness and twitching, osteoporosis, osteonecrosis
General disorders and administration site conditions	Malaise

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

In case of short-term overdose no emergency medical treatment is required. There is no specific antidote. Subsequent treatment should be symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antidiarrheals, intestinal antiinflammatory/antiinfective agents, corticosteroids acting locally, ATC code: A07EA06

Mechanism of action
Budesonide is a non-halogenated glucocorticosteroid, which acts primarily anti-inflammatory via binding to the glucocorticoid receptor. In the treatment of EoE with Jorveza, budesonide inhibits antigen-stimulated secretion of many pro-inflammatory signal molecules such as thymic stromal lymphopoeitin, interleukin-13 and eotaxin-3 in the esophageal epithelium, which results in a significant reduction of the esophageal eosinophilic inflammatory infiltrate.

Clinical efficacy and safety
In a randomised, placebo-controlled, double-blind phase III clinical study including 88 adult patients with active EoE (randomisation rate: 2:1), 1 mg budesonide given twice daily as an orodispersible tablet for 6 weeks induced clinico-pathologic remission (defined as both peak of < 16 eosinophils/mm^2 high power field in esophageal biopsies and no or only minimal symptoms of dysphagia or pain during swallowing) in 34 out of 59 patients (57.6%) *versus* 0/29 patients (0%) in the placebo-group. Open-label extension of the treatment with 1 mg budesonide orodispersible tablet twice daily for further 6 weeks in patients without remission in the double-blind phase increased the rate of patients with clinico-pathologic remission to 84.7%. For information about the observed adverse reactions, see section 4.8.

5.2 Pharmacokinetic properties

Absorption
Following administration of Jorveza, budesonide is rapidly absorbed. Pharmacokinetic data following administration of single doses of 1 mg budesonide to fasted healthy subjects show a median lag time

of 0.17 hours (range 0.00 – 0.33 hours) and a median time to peak plasma concentration of 1.00 hour (range 0.50 – 2.00 hours). The mean peak plasma concentration (± standard deviation) was 0.44 ± 0.31 ng/mL, the area under the plasma-concentration–time curve (AUC_{0-12}) was 1.44 ± 0.31 hr*ng/mL.

Single dose pharmacokinetic data in fasted patients with EoE are available with 4 mg budesonide: Median lag-time was 0.00 hours (range 0.00 – 0.17), median time to peak plasma concentration was 1.00 hour (range 0.67 – 2.00 hours); peak plasma concentration was 2.56 ± 1.36 ng/mL, and AUC_{0-12} was 8.96 ± 4.21 hr*ng/mL.

Patients showed a 35% increase in peak plasma concentrations and a 60% increase in AUC_{0-12} compared to healthy subjects.

Distribution
The volume of distribution following administration of 1 mg budesonide to healthy subjects was 35.52 ± 14.94 L/kg and 42.46 ± 23.90 L/kg following administration of 4 mg budesonide to patients with EoE. Plasma protein binding is on average 85-90%.

Biotransformation
Metabolism of budesonide is decreased in EoE patients compared to healthy subjects resulting in increased plasma concentrations of budesonide.

Budesonide undergoes extensive biotransformation by CYP3A4 in the mucosa of the small intestine and in the liver to metabolites of low glucocorticosteroid activity. The glucocorticosteroid activity of the major metabolites, 6β-hydroxybudesonide and 16α-hydroxyprednisolone, is less than 1% of that of budesonide. CYP3A5 does not contribute significantly to the metabolism of budesonide.

Elimination
The median elimination half-life is 2 - 3 hours in healthy subjects (receiving 1 mg budesonide) and 4 - 5 hours in EoE patients (receiving 4 mg budesonide). Clearance of budesonide is about 13 – 15 L/hour/kg in healthy subjects and 6.54 ± 4.4 L/hour/kg in EoE patients. Budesonide is eliminated only in marginal if any amounts by the kidney. No budesonide, but only budesonide metabolites were detected in urine.

Hepatic impairment
A relevant proportion of budesonide is metabolised in the liver by CYP3A4. The systemic exposure of budesonide is considerably increased in patients with severely impaired hepatic function. No studies have been conducted with Jorveza in patients with impaired liver function.

5.3 Preclinical safety data

Preclinical data in acute, subchronic and chronic toxicological studies with budesonide showed atrophies of the thymus gland and adrenal cortex and a reduction especially of lymphocytes.

Budesonide had no mutagenic effects in a number of *in vitro* and *in vivo* tests.

A slightly increased number of basophilic hepatic foci were observed in chronic rat studies with budesonide, and in carcinogenicity studies, an increased incidence of primary hepatocellular neoplasms, astrocytomas (in male rats) and mammary tumours (female rats) were observed. These tumours are probably due to the specific steroid receptor action, increased metabolic burden and anabolic effects on the liver, effects which are also known from other glucocorticosteroids in rat studies and therefore represent a class effect in this species.

Budesonide had no effect on fertility in rats. In pregnant animals, budesonide, like other glucocorticosteroids, has been shown to cause foetal death and abnormalities of foetal development (smaller litter size, intrauterine growth retardation of foetuses and skeletal abnormalities). Some

glucocorticoids have been reported to produce cleft palate in animals. The clinical relevance of these findings to man has not been established (see section 4.6).

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Disodium hydrogen citrate
Docusate sodium
Macrogol 6000
Magnesium stearate
Mannitol
Anhydrous monosodium citrate
Povidone K25
Sodium hydrogen carbonate
Sucralose

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years

6.4 Special precautions for storage

Do not store above 25 °C. Store in the original package in order to protect from light and moisture.

6.5 Nature and contents of container

Alu / Alu-blister.

Pack sizes: 20, 30, 60, 90 or 100 orodispersible tablets. Not all pack sizes may be marketed.

6.6 Special precautions for disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Dr. Falk Pharma GmbH
Leinenweberstr. 5
79108 Freiburg
Germany
Tel.: +49 (0)761 1514-0
Fax: +49 (0)761 1514-321
E-mail: zentrale@drfalkpharma.de

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1254/001
EU/1/17/1254/002

EU/1/17/1254/003
EU/1/17/1254/004
EU/1/17/1254/005

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: {DD month YYYY}

10. DATE OF REVISION OF THE TEXT

{MM/YYYY}

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu.

ANNEX II

A. MANUFACTURER RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

A. MANUFACTURER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release

Dr. Falk Pharma GmbH
Leinenweberstrasse 5
79108 Freiburg
Germany

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to restricted medicalprescription .

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic Safety Update Reports**

The requirements for submission of periodic safety update reports for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

The marketing authorisation holder shall submit the first periodic safety update report for this product within 6 months following authorisation.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk Management Plan (RMP)**

The MAH shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:
- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON

1. NAME OF THE MEDICINAL PRODUCT

Jorveza 1 mg orodispersible tablets
budesonide

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each orodispersible tablet contains 1 mg budesonide.

3. LIST OF EXCIPIENTS

Contains sodium, see leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

20 orodispersible tablets
30 orodispersible tablets
60 orodispersible tablets
90 orodispersible tablets
100 orodispersible tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Do not chew or swallow. Use as directed by the physician.
Read the package leaflet before use.
Oral use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 25 °C. Store in the original package in order to protect from light and moisture.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Dr. Falk Pharma GmbH
Leinenweberstr. 5
79108 Freiburg
Germany

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/17/1254/001 (20 orodispersible tablets)
EU/1/17/1254/002 (30 orodispersible tablets)
EU/1/17/1254/003 (60 orodispersible tablets)
EU/1/17/1254/004 (90 orodispersible tablets)
EU/1/17/1254/005 (100 orodispersible tablets)

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Jorveza 1mg

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC: {number}
SN: {number}
NN: {number}

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Jorveza 1 mg orodispersible tablets
budesonide

2. NAME OF THE MARKETING AUTHORISATION HOLDER

Dr. Falk Pharma GmbH

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

Jorveza 1 mg orodispersible tablets
budesonide

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.
- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Jorveza is and what it is used for

Jorveza contains the active substance budesonide, a corticosteroid medicine that reduces inflammation.

It is used in adults (older than 18 years of age) to treat eosinophilic oesophagitis, which is an inflammatory condition of the gullet (food pipe) that causes problems with swallowing food.

2. What you need to know before you take Jorveza

Do not take Jorveza
- if you are allergic to budesonide or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions
Talk to your doctor or pharmacist before taking Jorveza if you have:
- tuberculosis
- high blood pressure
- diabetes, or if somebody in your family has diabetes
- weakening of the bones (osteoporosis)
- ulcers in the stomach or first part of the small intestine (peptic ulcer)
- increased pressure in your eye (which can cause glaucoma) or eye problems such as clouding of the lens (cataracts) or if somebody in your family has glaucoma
- liver disease.

If you have any of the conditions mentioned above you may be at increased risk of side effects. Your doctor will decide on the appropriate measures and if it is still all right for you to take this medicine.

Jorveza may cause typical side effects of corticosteroid medicines and may affect all parts of the body, particularly when you take this medicine at high doses and over a long time (see section 4).

Further precautions during treatment with Jorveza
- Contact your doctor if you get blurred vision or have other problems with your vision.

Take the following precautions during treatment with Jorveza because your immune system may be weakened:
- Tell your doctor if you get fungal infections in the mouth, throat and gullet or if you think you have any infection during treatment with this medicine. Symptoms of fungal infection can be white spots in the mouth and throat and difficulty in swallowing. The symptoms of some infections can be unusual or less noticeable.
- Keep away from people who have chickenpox or herpes zoster (shingles) if you have not had these infections. The effects of these illnesses can be much more severe during treatment with this medicine. If you do come into contact with chickenpox or shingles, see your doctor straight away. Please also report your vaccination status to your doctor.
- Tell your doctor if you have not yet had measles and/or if and when you have received your last vaccination for this disease.
- If you need to be vaccinated please speak to your doctor first.
- If you know that you are due to have an operation please tell your doctor that you are taking Jorveza.

Children and adolescents
Jorveza should not be used in children and adolescents under 18 years of age. The use of this medicine in children younger than 18 years of age has not yet been studied.

Other medicines and Jorveza
Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines. Some of these medicines may increase the effects of Jorveza and your doctor may wish to monitor you carefully if you are taking these medicines.
In particular:
- ketoconazole or itraconazole (to treat fungal infections)
- clarithromycin, an antibiotic medicine used to treat infections
- ritonavir and cobicistat (to treat HIV infections)
- oestrogens (used for hormone replacement therapy or contraception)
- cardiac glycosides such as digoxin (medicines used to treat heart conditions)
- diuretics (to remove excess fluid from the body).

Jorveza could affect the results of adrenal function tests (ACTH stimulation test) ordered by your doctor or in hospital. Tell your doctors that you are taking Jorveza before you have any tests.

Jorveza with food and drink
You should not drink grapefruit juice whilst you are taking this medicine as this can worsen its side effects.

Pregnancy and breast-feeding
If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

Do not take this medicine during pregnancy without checking with your doctor first.

Do not take this medicine if you are breast-feeding unless you have checked with your doctor. Budesonide passes in small amounts into the breast milk. Your doctor will help you decide whether you should continue treatment and not breast-feed or if you should stop treatment over the period your baby is being breast-fed.

Driving and using machines
Jorveza is not expected to affect your ability to drive or use machines.

Jorveza contains sodium
This medicine contains 52 mg sodium (main component of cooking/table salt) per daily dose. This is equivalent to 2.6% of the recommended maximum daily dietary intake of sodium for an adult.

3. How to take Jorveza

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

The recommended dose is two orodispersible tablets (2 mg budesonide) per day. Take one orodispersible tablet in the morning and one orodispersible tablet in the evening.

Method of administration
Take the orodispersible tablet after a meal.

Place the orodispersible tablet on the tip of your tongue and close your mouth. Press it gently against the roof of your mouth with your tongue until it has dissolved completely (this usually takes about two minutes). Swallow the dissolved material with saliva little by little, as the orodispersible tablet breaks up.
Do NOT take any liquid with the orodispersible tablet.

Do not chew or swallow the undissolved orodispersible tablet.

Do not eat, drink, brush your teeth or rinse your mouth for at least 30 minutes after you have taken the orodispersible tablet. Do not use any oral solutions, sprays or chewable tablets for at least 30 minutes before or after administration of the orodispersible tablet. This will ensure that your medicine works properly.

Kidney and liver problems
If you have any problem with your kidney or liver, talk to your doctor. If you have a kidney problem, your doctor will decide if Jorveza is suitable for you. In case your kidney problems are severe, you should not take Jorveza. If you have any liver disease, you should not take Jorveza.

Duration of treatment
Your treatment should last about 6 to 12 weeks. In case your symptoms do not get better in the first 6 weeks of treatment, you may need to take this medicine for up to 6 more weeks.
Your doctor will decide how long you are to continue the treatment, depending on your condition and your response to the treatment.

If you take more Jorveza than you should
If you have taken too many orodispersible tablets on one occasion, take your next dose as prescribed. Do not take a smaller amount. Contact a doctor if you are in doubt. Take the carton and this leaflet with you if possible.

If you forget to take Jorveza
If you miss a dose, just take the next dose at the usual time. Do not take a double dose to make up for a forgotten dose.

If you stop taking Jorveza
Speak to your doctor if you want to interrupt or end your treatment early. It is important that you do not stop taking your medicine without talking to your doctor. Keep taking your medicine until your doctor tells you to stop, even if you feel better.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

The following side effects have been reported during the use of Jorveza:

Very common: may affect more than 1 in 10 people
- fungal infections in the gullet (which can cause pain or discomfort when swallowing)

Common: may affect up to 1 in 10 people
- headache
- fungal infections in the mouth and throat (symptoms can be white spots)
- high blood pressure
- pain in the upper part of your belly
- heartburn
- swelling of the lips
- feeling sick (nausea)
- tingling or numbness in your mouth
- tiredness
- decreased amount of the hormone cortisol in your blood.

The following side effects have been reported and are typical with medicines similar to Jorveza (corticosteroids), and can therefore also occur with this medicine. The frequency of these events is currently not known:
- increased risk of infection
- Cushing's syndrome, which is associated with too much corticosteroid and causes roundness of the face, weight gain, high blood sugar, build-up of fluid in the tissues (e.g. swollen legs), reduced potassium level in the blood (hypokalaemia), irregular periods in women, unwanted body hair in women, impotence, stretch marks on the skin, acne.
- slowed growth in children
- mood changes, such as depression, irritability or euphoria
- restlessness with increased physical activity, anxiety, aggression
- increased pressure in the brain, possibly with increased pressure in the eye (swelling of the optic disk) in adolescents
- blurred vision
- increased risk of blood clots, inflammation of the blood vessels (which can happen when the medicine is stopped after long-term use)
- indigestion, dyspepsia, constipation, ulcers in the stomach or small intestine
- inflammation of the pancreas, which causes severe pain in the belly and back
- rash, red spots from bleeding in the skin, delayed wound healing, skin reactions such as contact dermatitis, bruising
- muscle and joint pain, muscle weakness, muscle twitching
- weakening of the bones (osteoporosis), bone damage due to poor circulation of blood (osteonecrosis)
- general feeling of being ill.

Reporting of side effects
If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Jorveza

Keep this medicine out of the sight and reach of children.

Do not take this medicine after the expiry date which is stated on the carton and blister after “EXP”. The expiry date refers to the last day of that month.

Do not store above 25 °C. Store in the original package in order to protect from light and moisture.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Jorveza contains

- The active substance is budesonide. Each orodispersible tablet contains 1 mg of budesonide.

- The other ingredients are disodium hydrogen citrate, docusate sodium, macrogol 6000, magnesium stearate, mannitol, anhydrous monosodium citrate, povidone K25, sodium hydrogen carbonate and sucralose (see also section 2, ”Jorveza contains sodium”).

What Jorveza looks like and contents of the pack

The orodispersible tablets are white, round, biplane tablets.

Jorveza comes in blisters in packs with 20, 30, 60, 90 or 100 orodispersible tablets. Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

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Detailed information on this medicine is available on the European Medicines Agency web site: http://www.ema.europa.eu.