

BUDESONIDE - budesonide capsule
Rising Pharmaceuticals, Inc.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use BUDESONIDE CAPSULES safely and effectively. See full prescribing information for BUDESONIDE CAPSULES.

BUDESONIDE Capsules (enteric coated), for oral use
Initial U.S. Approval: 1997

RECENT MAJOR CHANGES

Indications and Usage, Treatment of Mild to Moderate Active Crohn's Disease (1.1) 04/2016
Dosage and Administration, Treatment of Mild to Moderate Active Crohn's Disease (2.1) 04/2016

INDICATIONS AND USAGE

BUDESONIDE Capsules is a corticosteroid indicated for:

- Treatment of mild to moderate active Crohn's disease involving the ileum and/or the ascending colon. (1.1)
- Maintenance of clinical remission of mild to moderate Crohn's disease involving the ileum and/or the ascending colon for up to 3 months in adults. (1.2)

DOSAGE AND ADMINISTRATION

Administration Instructions (2.1):

- Take once daily in the morning
- Swallow whole. Do not chew or crush.
- Avoid consumption of grapefruit juice for the duration of therapy

Recommended Dosage:

Mild to moderate active Crohn's disease (2.2):

- Adults: 9 mg once daily for up to 8 weeks; repeat 8 week treatment courses for recurring episodes of active disease.

Maintenance of clinical remission of mild to moderate Crohn's disease (2.3).

- Adults: 6 mg once daily for up to 3 months; taper to complete cessation after 3 months. Continued treatment for more than 3 months has not been shown to provide substantial clinical benefit.
- When switching from oral prednisolone, begin tapering prednisolone concomitantly with initiating BUDESONIDE Capsules.

Hepatic Impairment:

- Consider reducing the dosage to 3 mg once daily in adult patients with moderate hepatic impairment (Child-Pugh Class B). (2.4,5.1,8.6)

DOSAGE FORMS AND STRENGTHS

Capsules: 3 mg (3)

CONTRAINDICATIONS

Hypersensitivity to budesonide or any of the ingredients in BUDESONIDE Capsules. (4)

WARNINGS AND PRECAUTIONS

- **Hypercorticism and Adrenal Axis Suppression:** Follow general warnings concerning corticosteroids; pediatric and patients with hepatic impairment may be at increased risk. (2.4,5.1,8.4,8.6)
- **Symptoms of Steroid Withdrawal in Patients Transferred from Other Systemic Corticosteroids:** Taper slowly from corticosteroids with high systemic effects; monitor for withdrawal symptoms and unmasking of allergies (rhinitis, eczema). (5.2)
- **Increased Risk of Infection, including Serious and Fatal Chicken Pox and Measles:** Monitor patients with active or quiescent tuberculosis infection, untreated fungal, bacterial, systemic viral or parasitic infections, or ocular herpes simplex. (5.3)
- **Other Corticosteroid Effects:** Monitor patients with concomitant conditions where corticosteroids may have unwanted effects (e.g., hypertension, diabetes mellitus). (5.4)

ADVERSE REACTIONS

Most common adverse reactions ($\geq 5\%$) in adults are headache, respiratory infection, nausea, back pain, dyspepsia, dizziness, abdominal pain, flatulence, vomiting, fatigue, and pain. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Rising Pharmaceuticals, Inc at 1-866-562-4597 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

CYP3A4 Inhibitors (e.g., ketoconazole, grapefruit juice): Can increase systemic budesonide concentrations: avoid use. (2.1,7.1)

USE IN SPECIFIC POPULATIONS

Pregnancy: Based on animal data, may cause fetal harm. (8.1)

Pediatric use information is approved for Perrigo Pharma International DAC's Entocort EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling.

Revised: 9/2018

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

1.1 Treatment of Mild to Moderate Active Crohn's Disease

BUDESONIDE Capsules is indicated for the treatment of mild to moderate active Crohn's disease involving the ileum and/or the ascending colon.

Pediatric use information is approved for Perrigo Pharma International DAC's Entocort EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

1.2 Maintenance of Clinical Remission of Mild to Moderate Crohn's Disease

BUDESONIDE Capsules is indicated for the maintenance of clinical remission of mild to moderate Crohn's disease involving the ileum and/or the ascending colon for up to 3 months in adults.

2 DOSAGE AND ADMINISTRATION

2.1 Administration Instructions

- Take BUDESONIDE Capsules once daily in the morning.
- Swallow BUDESONIDE Capsules whole. Do not chew or crush.
- Avoid consumption of grapefruit juice for the duration of BUDESONIDE Capsules therapy [see *Drug Interactions (7.1)*].

2.2 Treatment of Mild to Moderate Active Crohn's Disease

The recommended dosage of BUDESONIDE Capsules is:

Adults: 9 mg orally once daily for up to 8 weeks. Repeated 8 week courses of BUDESONIDE Capsules can be given for recurring episodes of active disease.

Pediatric use information is approved for Perrigo Pharma International DAC's Entocort EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

2.3 Maintenance of Clinical Remission of Mild to Moderate Crohn's Disease

The recommended dosage in adults, following an 8 week course(s) of treatment for active disease and once the patient's symptoms are controlled (CDAI less than 150), is BUDESONIDE Capsules 6 mg orally once daily for maintenance of clinical remission up to 3 months. If symptom control is still maintained at 3 months an attempt to taper to complete cessation is recommended. Continued treatment with BUDESONIDE Capsules 6 mg for more than 3 months has not been shown to provide substantial clinical benefit.

Patients with mild to moderate active Crohn's disease involving the ileum and/or ascending colon have been switched from oral prednisolone to BUDESONIDE Capsules with no reported episodes of adrenal insufficiency. Since prednisolone should not be stopped abruptly, tapering should begin concomitantly with initiating BUDESONIDE Capsules treatment.

2.4 Dosage Adjustment in Adult Patients with Hepatic Impairment

Consider reducing the dosage of BUDESONIDE Capsules to 3 mg once daily for adult patients with moderate hepatic impairment (Child-Pugh Class B). Avoid use in patients with severe hepatic impairment (Child-Pugh Class C) [*see Warnings and Precautions(5.1), Use in Specific Populations(8.6)*].

3 DOSAGE FORMS AND STRENGTHS

BUDESONIDE Capsules, 3 mg are hard gelatin capsules size "0" light grey opaque body and pink opaque cap imprinted with Black ink "AC" on cap and "520" on body filled with white to off white Pellets.

4 CONTRAINDICATIONS

BUDESONIDE Capsules is contraindicated in patients with hypersensitivity to budesonide or any of the ingredients of Budesonide Capsules. Serious hypersensitivity reactions, including anaphylaxis have occurred [*see Adverse Reactions (6.2)*].

5 WARNINGS AND PRECAUTIONS

5.1 Hypercorticism and Adrenal Axis Suppression

When corticosteroids are used chronically, systemic effects such as hypercorticism and adrenal axis suppression may occur. Corticosteroids can reduce the response of the hypothalamus-pituitary-adrenal (HPA) axis to stress. In situations where patients are subject to surgery or other stress situations, supplementation with a systemic corticosteroid is recommended. Since BUDESONIDE Capsules contains a corticosteroid, general warnings concerning corticosteroids should be followed [*see Warnings and Precautions(5.2),(5.3),(5.4)*].

Pediatric patients with Crohn's disease have a slightly higher systemic exposure of budesonide and increased cortisol suppression than adults with Crohn's disease [*see Use in Specific Populations (8.4), Clinical Pharmacology (12.2)*]. Patients with moderate to severe hepatic impairment (Child-Pugh Class B and C respectively) could be at an increased risk of hypercorticism and adrenal axis suppression due to an increased systemic exposure of oral budesonide. Avoid use in patients with severe hepatic impairment (Child-Pugh Class C). Monitor for increased signs and/or symptoms of hypercorticism and consider reducing the dosage in patients with moderate hepatic impairment (Child-Pugh Class B) [*see Dosage and Administration(2.4), Use in Specific Populations(8.6), Clinical Pharmacology (12.3)*].

5.2 Symptoms of Steroid Withdrawal in Patients Transferred from Other Systemic Corticosteroids

Monitor patients who are transferred from corticosteroid treatment with high systemic effects to corticosteroids with lower systemic availability, such as BUDESONIDE Capsules, since symptoms attributed to withdrawal of steroid therapy, including those of acute adrenal axis suppression or benign intracranial hypertension, may develop. Adrenocortical function monitoring may be required in these patients and the dose of corticosteroid treatment with high systemic effects should be reduced cautiously.

Replacement of systemic corticosteroids with BUDESONIDE Capsules may unmask allergies (e.g., rhinitis and eczema), which were previously controlled by the systemic drug.

5.3 Increased Risk of Infection

Patients who are on drugs that suppress the immune system are more susceptible to infection than healthy individuals. Chicken pox and measles, for example, can have a more serious or even fatal course in susceptible patients or patients on immunosuppressant doses of corticosteroids. In patients who have not had these diseases, particular care should be taken to avoid exposure.

How the dose, route and duration of corticosteroid administration affect the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed, therapy with varicella zoster immune globulin (VZIG) or pooled intravenous immunoglobulin (IVIG), as appropriate, may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See prescribing information for VZIG and IG.) If chicken pox develops, treatment with antiviral agents may be considered.

Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection, untreated fungal, bacterial, systemic viral or parasitic infections, or ocular herpes simplex.

5.4 Other Corticosteroid Effects

Monitor patients with hypertension, diabetes mellitus, osteoporosis, peptic ulcer, glaucoma or cataracts, or with a family history of diabetes or glaucoma, or with any other condition where corticosteroids may have unwanted effects.

6 ADVERSE REACTIONS

The following clinically significant adverse reactions are described elsewhere in labeling:

- Hypercorticism and Adrenal Suppression [see Warnings and Precautions (5.1)]
- Symptoms of steroid withdrawal in those patients transferred from systemic corticosteroids [see Warnings and Precautions (5.2)]
- Increased risk of infection [see Warnings and Precautions (5.3)]
- Other corticosteroid Effects [see Warnings and Precautions (5.4)]

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. Adults The data described below reflect exposure to BUDESONIDE Capsules in 520 patients with Crohn's disease, including 520 exposed to 9 mg per day (total daily dose) for 8 weeks and 145 exposed to 6 mg per day for one year in placebo controlled clinical trials. Of the 520 patients, 38% were males and the age range was 17 to 74 years. Treatment of Mild to Moderate Active Crohn's Disease The safety of BUDESONIDE Capsules was evaluated in 651 adult patients in five clinical trials of 8 weeks duration in patients with active mild to moderate Crohn's disease. The most common adverse reactions, occurring in greater than or equal to 5% of the patients, are listed in Table 1. Table 1 Common Adverse Reactions Occurring in greater than or equal to 5% of the patients in any treated group. in 8-Week Treatment Clinical Trials BUDESONIDE Capsules, 9 mg n = 520 Placebo n = 107 Prednisolone tapering scheme: either 40 mg in week 1 to 2, thereafter tapering with 5 mg per week; or 40 mg in week 1 to 2, 30 mg in week 3 to 4, thereafter tapering with 5 mg per week. 40 mg n = 145 Comparator This drug is not approved for the treatment of Crohn's disease in the United States. n = 88 Adverse Reaction Number (%) Number (%) Number (%) Headache 107 (21) 19 (18) 31 (21) 11 (13) Respiratory Infection 55 (11) 7 (7) 20 (14) 5 (6) Nausea 57 (11) 10 (9) 18 (12) 7 (8) Back Pain 36 (7) 10 (9) 17 (12) 5 (6) Dyspepsia 31 (6) 4 (4) 17 (12) 3 (3) Dizziness 38 (7) 5 (5) 18 (12) 5 (6) Abdominal Pain 32 (6) 18 (17) 6 (4) 10 (11) Flatulence 30 (6) 6 (6) 12 (8) 5 (6) Vomiting 29 (6) 6 (6) 6 (4) 6 (7) Fatigue 25 (5) 8 (7) 11 (8) 0 (0) Pain 24 (5) 8 (7) 17 (12) 2 (2) The incidence of signs and symptoms of hypercorticism reported by active questioning of patients in 4 of the 5 short-term clinical trials are displayed in Table 2. Table 2 Summary and Incidence of Signs/Symptoms of Hypercorticism in 8-Week Treatment Clinical Trials Signs/Symptom BUDESONIDE 9 mg n = 427 Number (%) Placebo n = 107 Number (%) Prednisolone tapering scheme: either 40 mg in week 1-2, thereafter tapering with 5 mg/week; or 40 mg in week 1 to 2, 30 mg in week 3 to 4, thereafter tapering with 5 mg/week. 40 mg n = 145 Number (%) Total 145 (34%) 29 (27%) 69 (48%) Acne 63 (15) 14 (13) 33 (23) Statistically significantly different from BUDESONIDE Capsules 9 mg. Bruising Easily 63 (15) 12 (11) 13 (9) Moon Face 46 (11) 4 (4) 53 (37) Swollen Ankles 32 (7) 6 (6) 13 (9) Hirsutism Including hair growth increased, local and hair growth increased, general. 22 (5) 2 (2) 5 (3) Buffalo Hump 6 (1) 2 (2) 5 (3) Skin Striae 4 (1) 2 (2) 0 (0) Maintenance of Clinical Remission of Mild to Moderate Crohn's Disease The safety of BUDESONIDE Capsules was evaluated in 233 adult patients in four long-term clinical trials (52 weeks) of maintenance of clinical remission in patients with mild to moderate Crohn's disease. A total of 145 patients were treated with BUDESONIDE Capsules 6 mg once daily. The adverse reaction profile of

BUDESONIDE Capsules 6 mg once daily in maintenance of Crohn's disease was similar to that of short-term treatment with BUDESONIDE Capsules 9 mg once daily in active Crohn's disease. In the long-term clinical trials, the following adverse reactions occurred in greater than or equal to 5% and are not listed in Table 1: diarrhea (10%); sinusitis (8%); infection viral (6%); and arthralgia (5%). Signs/symptoms of hypercorticism reported by active questioning of patients in the long-term maintenance clinical trials are displayed in Table 3. Table 3 Summary and Incidence of Signs/Symptoms of Hypercorticism in Long-Term Clinical Trials Studies. BUDESONIDE Capsules 3 mg n = 88 BUDESONIDE Capsules 6 mg n = 145 Placebo n = 143

Signs/Symptom	BUDESONIDE Capsules 3 mg (%)	BUDESONIDE Capsules 6 mg (%)	Placebo (%)
Bruising Easily	4(5)	15(10)	5(4)
Acne	4(5)	14(10)	3(2)
Moon Face	3(3)	6(4)	0(0)
Hirsutism	2(2)	5(3)	1(1)
Swollen Ankles	2(2)	3(2)	3(2)
Buffalo Hump	1(1)	1(1)	0(0)
Skin Striae	2(2)	0(0)	0(0)

The incidence of signs/symptom of hypercorticism as described above in long-term clinical trials was similar to that seen in the short-term clinical trials. Less Common Adverse Reactions in Treatment and Maintenance Clinical Trials Less common adverse reactions (less than 5%), occurring in adult patients treated with BUDESONIDE Capsules 9 mg (total daily dose) in short-term treatment clinical studies and/or BUDESONIDE Capsules 6 mg (total daily dose) in long-term maintenance clinical trials, with an incidence are listed below by system organ class: Cardiac disorders: palpitation, tachycardia Eye disorders: eye abnormality, vision abnormal General disorders and administration site conditions: asthenia, chest pain, dependent edema, face edema, flu-like disorder, malaise, fever Gastrointestinal disorders: anus disorder, enteritis, epigastric pain, gastrointestinal fistula, glossitis, hemorrhoids, intestinal obstruction, tongue edema, tooth disorder Infections and infestations: Ear infection -not otherwise specified, bronchitis, abscess, rhinitis, urinary tract infection, thrush Investigations: weight increased Metabolism and nutrition disorders: appetite increased Musculoskeletal and connective tissue disorders: arthritis, cramps, myalgia Nervous system disorders: hyperkinesia, paresthesia, tremor, vertigo, somnolence, amnesia Psychiatric disorders: agitation, confusion, insomnia, nervousness, sleep disorder Renal and urinary disorders: dysuria, micturition frequency, nocturia Reproductive system and breast disorders: intermenstrual bleeding, menstrual disorder Respiratory, thoracic and mediastinal disorders: dyspnea, pharynx disorder Skin and subcutaneous tissue disorders: alopecia, dermatitis, eczema, skin disorder, sweating increased, purpura Vascular disorders: flushing, hypertension Bone Mineral Density A randomized, open, parallel-group multicenter safety clinical trial specifically compared the effect of BUDESONIDE Capsules (less than 9 mg per day) and prednisolone (less than 40 mg per day) on bone mineral density over 2 years when used at doses adjusted to disease severity. Bone mineral density decreased significantly less with BUDESONIDE Capsules than with prednisolone in steroid-naïve patients, whereas no difference could be detected between treatment groups for steroid-dependent patients and previous steroid users. The incidence of symptoms associated with hypercorticism was significantly higher with prednisolone treatment. Clinical Laboratory Test Findings The following potentially clinically significant laboratory changes in clinical trials, irrespective of relationship to BUDESONIDE Capsules, were reported in greater than or equal to 1% of patients: hypokalemia, leukocytosis, anemia, hematuria, pyuria, erythrocyte sedimentation rate increased, alkaline phosphatase increased, atypical neutrophils, c-reactive protein increased and adrenal insufficiency. Pediatric use information is approved for Perrigo Pharma International DAC's Entocort EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

6.2 Postmarketing Experience

The following adverse reactions have been reported during post-approval use of Budesonide Capsule. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Immune System Disorders: Anaphylactic reactions

Nervous System Disorders: Benign intracranial hypertension

Psychiatric Disorders: Mood swings

7 DRUG INTERACTIONS

7.1 CYP3A4 Inhibitors

Budesonide is a substrate for CYP3A4. Avoid use with CYP3A4 inhibitors. Concomitant oral administration of a strong CYP3A4 inhibitor (ketoconazole) caused an eight-fold increase of the systemic exposure to oral budesonide. Inhibitors of CYP3A4 (e.g., ketoconazole, itraconazole, ritonavir, indinavir, saquinavir, erythromycin, and cyclosporine) can increase systemic budesonide concentrations [see *Clinical Pharmacology* (12.3)].

Grapefruit Juice

Avoid ingestion of grapefruit juice with budesonide. Intake of grapefruit juice which inhibits CYP3A4 activity with budesonide can increase the systemic exposure for budesonide [see *Clinical Pharmacology* (12.3)].

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Limited published studies report on the use of budesonide in pregnant women; however, the data are insufficient to inform a drug-associated risk for major birth defects and miscarriage. There are clinical considerations [see *Clinical Considerations*]. In animal reproduction studies with pregnant rats and rabbits, administration of subcutaneous budesonide during organogenesis at doses approximately 0.5 times or 0.05 times, respectively, the maximum recommended human dose, resulted in increased fetal loss, decreased pup weights, and skeletal abnormalities. Maternal toxicity was observed in both rats and rabbits at these dose levels [see *Data*]. Based on animal data, advise pregnant women of the potential risk to a fetus.

The estimated background risk of major birth defects and miscarriage of the indicated population is unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Clinical Considerations

Disease-Associated Maternal and/or Embryo/Fetal Risk

Some published epidemiological studies show an association of adverse pregnancy outcomes in women with Crohn's disease, including preterm birth and low birth weight infants, during periods of increased disease activity (including increased stool frequency and abdominal pain). Pregnant women with Crohn's disease should be counseled regarding the importance of controlling disease.

Fetal/Neonatal adverse reactions

Hypoadrenalism may occur in infants born of mothers receiving corticosteroids during pregnancy. Infants should be carefully observed for signs of hypoadrenalism, such as poor feeding, irritability, weakness, and vomiting, and managed accordingly [see *Warnings and Precautions (5.1)*].

Data

Animal Data

Budesonide was teratogenic and embryolethal in rabbits and rats.

In an embryo-fetal development study in pregnant rats dosed subcutaneously with budesonide during the period of organogenesis from gestation days 6-17 there was a prolonged duration of pregnancy in dams and effects on fetal development and survival at subcutaneous doses up to approximately 500 mcg/kg in rats (approximately 0.5 times the maximum recommended human dose on a body surface area basis). In an embryo-fetal development study in pregnant rabbits dosed during the period of organogenesis from gestation days 7 to 20, increase in maternal abortion, and effects on fetal development and reduction in litter weights at subcutaneous doses up to approximately 25 mcg/kg in rabbits (approximately 0.05 times the maximum recommended human dose on a body surface area basis). Maternal toxicity, including reduction in body weight gain, was observed at subcutaneous doses of 5 mcg/kg in rabbits (approximately 0.01 times the maximum recommended human dose on a body surface area basis) and 500 mcg/kg in rats (approximately 0.5 times the maximum recommended human dose on a body surface area basis).

In a peri- and post-natal development study, rats dosed subcutaneously with budesonide during the period of Day 15 post coitum to Day 21 postpartum, budesonide had no effects on delivery but did have an effect on growth and development of offspring. In addition, offspring survival was reduced and surviving offspring had decreased mean body weights at birth and during lactation along with delayed sexual maturation at exposures ≥ 0.5 times the MRHD (on a mg/m² basis at maternal subcutaneous doses of 500 mcg/kg/day and higher). These findings occurred in the presence of maternal toxicity.

8.2 Lactation

Risk Summary

Lactation studies have not been conducted with oral budesonide, including BUDESONIDE Capsules, and no information is available on the effects of the drug on the breastfed infant or the effects of the drug on milk production. One published study reports that budesonide is present in human milk following maternal inhalation of budesonide [see *Data*]. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for BUDESONIDE Capsules and any potential adverse effects on the breastfed infant from BUDESONIDE Capsules, or from the underlying maternal condition.

Data

One published study reports that budesonide is present in human milk following maternal inhalation of budesonide which resulted in infant doses approximately 0.3% to 1% of the maternal weight-adjusted dosage and a milk/plasma ratio ranging between 0.4 and 0.5. Budesonide plasma concentrations were not detected and no adverse events were noted in the breastfed infants following maternal use of inhaled budesonide. The recommended daily dose of BUDESONIDE Capsules is higher (up to 9 mg daily)

compared with inhaled budesonide (up to 800 mcg daily) given to mothers in the above described study. The maximum budesonide plasma concentration following a 9 mg daily dose (in both single- and repeated-dose pharmacokinetic studies) of oral budesonide is approximately 5 to 10 nmol/L which is up to 10 times higher than the 1 to 2 nmol/L for a 800 mcg daily dose of inhaled budesonide at steady state in the above inhalation study. Assuming the coefficient of extrapolation between the inhaled and oral doses is constant across all dose levels, at therapeutic doses of BUDESONIDE Capsules, budesonide exposure to the nursing child may be up to 10 times higher than that by budesonide inhalation.

8.4 Pediatric Use

Systemic corticosteroids, including Budesonide Capsules, may cause a reduction of growth velocity in pediatric patients. Pediatric patients with Crohn's disease have a 17% higher mean systemic exposure and cortisol suppression than adults with Crohn's disease [see *Warnings and Precautions (5.1) and Clinical Pharmacology (12.2)*].

The safety and effectiveness of Budesonide Capsules have not been established in pediatric patients less than 8 years of age.

Pediatric use information is approved for Perrigo Pharma International DAC's ENTOCORT EC (budesonide) capsules. Additional information describing a clinical study in which efficacy was not demonstrated in patients ages 5 to 17 years for another indication is approved for Perrigo Pharma International DAC's ENTOCORT EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

8.6 Hepatic Impairment

Patients with moderate to severe hepatic impairment (Child-Pugh Class B and C, respectively) could be at an increased risk of hypercorticism and adrenal axis suppression due to an increased systemic exposure to budesonide [see *Warnings and Precautions(5.1)and Clinical Pharmacology(12.3)*]. Avoid use in patients with severe hepatic impairment (Child-Pugh Class C). Monitor for increased signs and/or symptoms of hypercorticism and consider dosage reduction in patients with moderate hepatic impairment (Child-Pugh Class B) [see *Dosage and Administration (2.4)*]. No dosage adjustment is needed in patients with mild hepatic impairment (Child-Pugh Class A).

8.5 Geriatric Use

Clinical studies of BUDESONIDE Capsules did not include sufficient numbers of patients aged 65 and over to determine whether they respond differently from younger patients. Of the 651 patients treated with BUDESONIDE Capsules in clinical studies, 17 (3%) were greater than or equal to 65 years of age and none were greater than 74 years of age. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

10 OVERDOSAGE

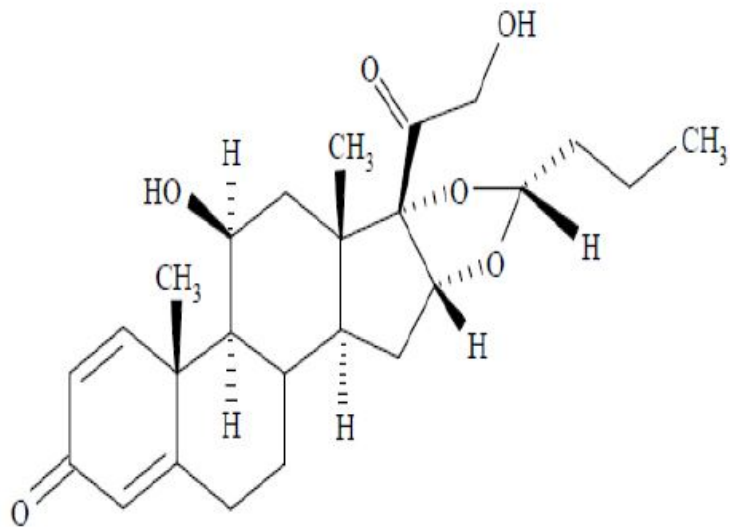
Reports of acute toxicity and/or death following overdose of glucocorticoids are rare. Treatment consists of immediate gastric lavage or emesis followed by supportive and symptomatic therapy.

If corticosteroids are used at excessive doses for prolonged periods, systemic corticosteroid effects such as hypercorticism and adrenal axis suppression may occur. For chronic overdose in the case of severe disease requiring continuous steroid therapy, the dosage may be reduced temporarily.

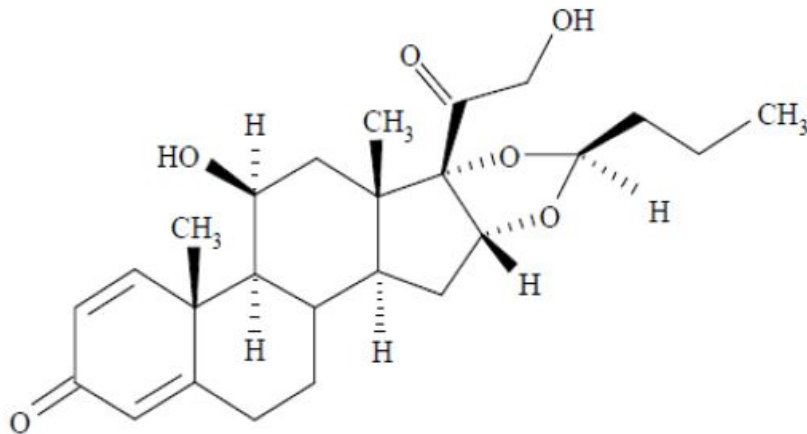
Single oral doses of 200 and 400 mg/kg were lethal in female and male mice, respectively. The signs of acute toxicity were decreased motor activity, piloerection and generalized edema.

11 DESCRIPTION

Budesonide, the active ingredient of BUDESONIDE Capsules, is a synthetic corticosteroid. Budesonide is designated chemically as 16 α , 17-[(1R)-butylidenebis(oxy)]-11 β ,21-dihydroxypregna-1,4,diene-3,20-dione. Budesonide is provided as a mixture of two epimers (22R and 22S). The empirical formula of budesonide is C₂₅H₃₄O₆ and its molecular weight is 430.5. Its structural formula is:



Epimer 22 R or Epimer B



Epimer 22 S or Epimer A

Budesonide is a white or almost white, odorless crystalline powder that is practically insoluble in water, freely soluble in dichloromethane, sparingly soluble in alcohol. Its partition coefficient between octanol and water at pH 5 is 1.6×10^3 ionic strength 0.01.

Each capsule for oral administration contains 3 mg of micronized budesonide with the following inactive ingredients: ethylcellulose, acetyltributyl citrate, lactose monohydrate, methacrylic acid copolymer dispersion, triethyl citrate, sodium hydroxide, talc and sugar spheres. The capsule shells have the following inactive ingredients, gelatin, iron oxide red, iron oxide black, iron oxide yellow and titanium dioxide. Sugar Spheres contains the following inactive ingredients Sucrose and corn starch. The imprinting ink contains the following nonvolatile components black iron oxide, potassium hydroxide and shellac.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Budesonide is an anti-inflammatory corticosteroid and has a high glucocorticoid effect and a weak mineralocorticoid effect, and the affinity of budesonide to glucocorticoid receptors, which reflects the intrinsic potency of the drug, is about 200-fold that of cortisol and 15-fold that of prednisolone.

12.2 Pharmacodynamics

Treatment with glucocorticoids, including BUDESONIDE Capsules is associated with a suppression of endogenous cortisol concentrations and an impairment of the hypothalamus-pituitary-adrenal (HPA) axis function. There was a positive correlation between the percent (%) reduction of AUC 0-24 of plasma cortisol and systemic exposure to budesonide in adult patients.

Adults

Plasma cortisol suppression was compared following five days' administration of BUDESONIDE Capsules and prednisolone in a crossover study in healthy volunteers. The mean decrease in the area under the plasma cortisol concentration-time curve over 24 hour (AUC_{0-24}) was greater (78%) with prednisolone 20 mg per day compared to 45% with BUDESONIDE Capsules 9 mg per day.

Pediatric use information is approved for Perrigo Pharma International DAC's Entocort EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

12.3 Pharmacokinetics

Absorption

Following administration of BUDESONIDE Capsules, the time to peak concentration varied in individual patients between 30 and 600 minutes. Mean oral bioavailability of budesonide ranged from 9% to 21% both in patients and in healthy subjects, demonstrating a high first-pass elimination of the drug.

Budesonide pharmacokinetics were dose-proportional following repeated administration in the dose range of 3 to 15 mg. No accumulation of budesonide was observed following repeated dosing.

Following oral administration of 9 mg BUDESONIDE Capsules for five days in healthy subjects, the mean peak plasma concentration and the steady state area under the plasma concentration time curve for budesonide were 5.3 ± 1.8 nmol/L and 37.0 ± 14.6 nmol•hr/L, respectively.

Following administration of 9 mg BUDESONIDE Capsules once daily in patients with active Crohn's disease, the mean peak plasma concentration and AUC were 4.0 ± 2.1 nmol/L and 35.0 ± 19.8 nmol•h/L, respectively.

Concomitant administration of a high-fat meal delayed the time to peak concentration of budesonide from BUDESONIDE Capsules by 2.3 hours but did not significantly affect the AUC in healthy subjects.

Distribution

The mean volume of distribution (V_{ss}) of budesonide varied between 2.2 and 3.9 L/kg in healthy subjects and in patients. Plasma protein binding was estimated to be 85% to 90% in the concentration range 1 to 230 nmol/L, independent of gender. The erythrocyte/plasma partition ratio at clinically relevant concentrations was about 0.8.

Elimination

Budesonide had a plasma clearance, 0.9 to 1.8 L/min in healthy adults. Mean plasma clearance after intravenous administration of budesonide in patients with Crohn's disease was 1.0 L/min. These plasma clearance values approached the estimated liver blood flow, and, accordingly, suggest that budesonide is a high hepatic clearance drug. The plasma elimination half-life, after administration of intravenous doses ranged between 2 and 3.6 hours, and did not differ between healthy adults and patients with Crohn's disease.

Metabolism

Following absorption, budesonide is subject to high first pass metabolism (80% to 90%). *In vitro* experiments in human liver microsomes demonstrated that budesonide is rapidly and extensively biotransformed, mainly by CYP3A4, to its 2 major metabolites, 6 β -hydroxy budesonide and 16 α -hydroxy prednisolone. The corticosteroid activity of these metabolites was negligible (less than 1/100) in relation to that of the parent compound. *In vivo* investigations with intravenous doses in healthy subjects were in agreement with the *in vitro* findings.

Excretion

Budesonide was excreted in urine and feces in the form of metabolites. After oral as well as intravenous administration of micronized [3 H]-budesonide, approximately 60% of the recovered radioactivity was found in urine. The major metabolites, including 6 β -hydroxy budesonide and 16 α -hydroxy prednisolone, are mainly renally excreted, intact or in conjugated forms. No unchanged budesonide was detected in urine.

Specific Populations

Pediatric use information is approved for Perrigo Pharma International DAC's Entocort EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

Hepatic Impairment

In patients with mild (Child-Pugh Class A, n=4) or moderate (Child-Pugh Class B, n=4) hepatic impairment, budesonide 4 mg was administered orally as a single dose. The patients with moderate hepatic impairment had a 3.5-fold higher AUC compared to the healthy subjects with normal hepatic function while the patients with mild hepatic impairment had an approximately 1.4-fold higher AUC.

The C_{max} values demonstrated similar increases [see Dosage and Administration(2.4), Warnings and Precautions(5.1)]. The increased systemic exposure in patients with mild hepatic impairment was not considered to be clinically relevant. Patients with severe liver impairment (Child-Pugh Class C) were not studied.

Drug Interaction Studies

Budesonide is metabolized via CYP3A4. Potent inhibitors of CYP3A4 can increase the plasma concentrations of budesonide several-fold. Conversely, induction of CYP3A4 potentially could result in the lowering of budesonide plasma concentrations.

Effects of Other Drugs on Budesonide

Ketoconazole

In an open, non-randomized, cross-over study, 6 healthy subjects were given budesonide 10 mg as a single dose, either alone or concomitantly with the last ketoconazole dose of 3 days treatment with ketoconazole 100 mg twice daily. Coadministration of ketoconazole resulted in an eight-fold increase in AUC of budesonide, compared to budesonide alone [see Drug Interactions (7.1)].

Grapefruit Juice

In an open, randomized, cross-over study, 8 healthy subjects were given BUDESONIDE Capsules capsules 3 mg, either alone, or concomitantly with 600 mL concentrated grapefruit juice (which inhibits CYP3A4 activity predominantly in the intestinal mucosa), on the last of 4 daily administrations. Concomitant administration of grapefruit juice resulted in a 2-fold increase of the bioavailability of budesonide compared to budesonide alone [see Drug Interactions(7.1)].

Oral Contraceptives (CYP3A4 Substrates)

In a parallel study, the pharmacokinetics of budesonide were not significantly different between healthy female subjects who received oral contraceptives containing desogestrel 0.15 mg and ethinyl estradiol 30 µg and healthy female subjects who did not receive oral contraceptives. Budesonide 4.5 mg once daily (one-half the recommended dose) for one week did not affect the plasma concentrations of ethinyl estradiol, a CYP3A4 substrate. The effect of budesonide 9 mg once daily on the plasma concentrations of ethinyl estradiol was not studied.

Omeprazole

In a study in 11 healthy subjects, performed in a double-blind, randomized, placebo controlled manner, the effect of 5 to 6 days treatment with omeprazole 20 mg once daily on the pharmacokinetics of budesonide administered as BUDESONIDE Capsules 9 mg as a single dose was investigated. Omeprazole 20 mg once daily did not affect the absorption or pharmacokinetics of budesonide.

Cimetidine

In an open, non-randomized, cross-over study, the potential effect of cimetidine on the pharmacokinetics of budesonide was studied. Six healthy subjects received cimetidine 1 gram daily (200 mg with meals and 400 mg at night) for 2 separate 3-day periods. Budesonide 4 mg was administered either alone or on the last day of one of the cimetidine treatment periods. Co-administration of cimetidine resulted in a 52% and 31% increase in the budesonide peak plasma concentration and the AUC of budesonide, respectively.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenicity studies with budesonide were conducted in rats and mice. In a two-year study in Sprague-Dawley rats, budesonide caused a statistically significant increase in the incidence of gliomas in male rats at an oral dose of 50 mcg/kg (approximately 0.05 times the maximum recommended human dose on a body surface area basis). In addition, there were increased incidences of primary hepatocellular tumors in male rats at 25 mcg/kg (approximately 0.023 times the maximum recommended human dose on a body surface area basis) and above. No tumorigenicity was seen in female rats at oral doses up to 50 mcg/kg (approximately 0.05 times the maximum recommended human dose on a body surface area basis). In an additional two-year study in male Sprague-Dawley rats, budesonide caused no gliomas at an oral dose of 50 mcg/kg (approximately 0.05 times the maximum recommended human dose on a body surface area basis). However, it caused a statistically significant increase in the incidence of hepatocellular tumors at an oral dose of 50 mcg/kg (approximately 0.05 times the maximum recommended human dose on a body surface area basis). The concurrent reference corticosteroids (prednisolone and triamcinolone acetonide) showed similar findings. In a 91-week study in mice, budesonide caused no treatment-related carcinogenicity at oral doses up to 200 mcg/kg (approximately 0.1 times the maximum recommended human dose on a body surface area basis).

Budesonide was not genotoxic in the Ames test, the mouse lymphoma cell forward gene mutation (TK+/-) test, the human lymphocyte chromosome aberration test, the *Drosophila melanogaster* sex-linked recessive lethality test, the rat hepatocyte UDS test and the mouse micronucleus test.

In rats, budesonide had no effect on fertility at subcutaneous doses up to 80 mcg/kg (approximately 0.07 times the maximum recommended human dose on a body surface area basis). However, it caused a decrease in prenatal viability and viability in pups at birth and during lactation, along with a decrease in maternal body-weight gain, at subcutaneous doses of 20 mcg/kg (approximately 0.02 times the maximum recommended human dose on a body surface area basis) and above. No such effects were noted at 5 mcg/kg (approximately 0.005 times the maximum recommended human dose on a body surface area basis).

14 CLINICAL STUDIES

14.1 Treatment of Mild to Moderate Active Crohn's Disease

Adults

The efficacy of BUDESONIDE Capsules, were evaluated in 994 patients with mild to moderate active Crohn's disease of the ileum and/or ascending colon in 5 randomized and double-blind studies. The study patients ranged in age from 17 to 85 (mean 35), 40% were male and 97% were white. The Crohn's Disease Activity Index (CDAI) was the main clinical assessment used for determining efficacy in these 5 studies. The CDAI is a validated index based on subjective aspects rated by the patient (frequency of liquid or very soft stools, abdominal pain rating and general well-being) and objective observations (number of extraintestinal symptoms, need for antidiarrheal drugs, presence of abdominal mass, body weight and hematocrit). Clinical improvement, defined as a CDAI score of less than or equal to 150 assessed after 8 weeks of treatment, was the primary efficacy variable in these 5 comparative efficacy studies of BUDESONIDE Capsules. Safety assessments in these studies included monitoring of adverse reactions. A checklist of potential symptoms of hypercorticism was used.

One study (Study 1) compared the efficacy of BUDESONIDE Capsules, 9 mg daily in the morning to a comparator. At baseline, the median CDAI was 272. BUDESONIDE Capsules, 9 mg daily resulted in a significantly higher clinical improvement rate at Week 8 than the comparator. See Table 5.

Table 5. Clinical Improvement Rates (CDAI less than or equal to 150) After 8 Weeks of Treatment

Clinical Study	Budesonide capsules 9mg Daily	Budesonide capsules 4.5mg Twice Daily	Comparator*	Placebo	Prednisolone
1	62/91 (69%) †		37/83 (45%)		
2		31/61 (51%) ‡		13/64 (20%)	
3	38/79 (48%)	41/78 (53%)		13/40 (33%)	
4	35/58 (60%)	25/60 (42%)			35/58 (60%)
5	45/86 (52%)				56/85 (65%)

* This drug is not approved for the treatment of Crohn's disease in the United States.

† p=0.0004 compared to comparator

‡ p=0.001 compared to placebo.

Two placebo-controlled clinical trials (Studies 2 and 3) were conducted. Study 2 involved 258 patients and tested the effects of graded doses of BUDESONIDE Capsules (1.5 mg twice daily, 4.5 mg twice daily, or 7.5 mg twice daily) versus placebo. At baseline, the median CDAI was 290. The 1.5 mg twice daily arm (data not shown) could not be differentiated from placebo. The 4.5 mg twice daily arm was statistically different from placebo (Table 5), while no additional benefit was seen when the daily BUDESONIDE Capsules dose was increased to 15 mg per day (data not shown). Study 3 was a 3-armed parallel group study. The groups were treated with BUDESONIDE Capsules 9 mg once daily, BUDESONIDE Capsules 4.5 mg twice daily and placebo for 8 weeks, followed by a 2-week double-blind taper phase. The median CDAI at baseline was 263. Neither 9 mg daily nor 4.5 mg twice daily BUDESONIDE Capsules dose levels were statistically different from placebo (Table 5). The recommended dosage of BUDESONIDE Capsules for the treatment of mild to moderate active Crohn's disease involving the ileum and/or the ascending colon in adults is 9 mg once daily in the morning for up

to 8 weeks [see *Dosage and Administration (2.1)*].

Two clinical trials (Studies 4 and 5) compared BUDESONIDE Capsules with oral prednisolone (initial dose 40 mg per day). Study 4 was a 3-armed parallel group study. The groups were treated with BUDESONIDE Capsules 9 mg once daily, BUDESONIDE Capsules 4.5 mg twice daily and prednisolone 40 mg (tapered dose) for 8 weeks, followed by a 4-week double blind taper phase. At baseline, the median CDAI was 277. Equal clinical improvement rates (60%) were seen in the BUDESONIDE Capsules 9 mg daily and the prednisolone groups in Study 4. In Study 5, 13% fewer patients in the BUDESONIDE Capsules group experienced clinical improvement than in the prednisolone group (no statistical difference) (Table 5).

The proportion of patients with normal plasma cortisol values (greater than 150 nmol/L) was significantly higher in the BUDESONIDE Capsules groups in both trials (60% to 66%) than in the prednisolone groups (26% to 28%) at Week 8.

Pediatric use information is approved for Perrigo Pharma International DAC's ENTOCORT EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

14.2 Maintenance of Clinical Remission of Mild to Moderate Crohn's Disease

Adults

The efficacy of BUDESONIDE Capsules for maintenance of clinical remission were evaluated in four double-blind, placebo-controlled, 12-month trials in which 380 patients were randomized and treated once daily with 3 mg or 6 mg BUDESONIDE Capsules or placebo. Patients ranged in age from 18 to 73 (mean 37) years. Sixty percent of the patients were female and 99% were Caucasian. The mean CDAI at entry was 96. Among the four clinical trials, approximately 75% of the patients enrolled had exclusively ileal disease. Colonoscopy was not performed following treatment. BUDESONIDE Capsules 6 mg per day prolonged the time to relapse, defined as an increase in CDAI of at least 60 units to a total score greater than 150 or withdrawal due to disease deterioration. The median time to relapse in the pooled population of the 4 studies was 154 days for patients taking placebo, and 268 days for patients taking BUDESONIDE Capsules 6 mg per day. BUDESONIDE Capsules 6 mg per day reduced the proportion of patients with loss of symptom control relative to placebo in the pooled population for the 4 studies at 3 months (28% versus 45% for placebo).

15 REFERENCES

1. Best WR, Becketl JM, Singleton JW, Kern F: Development of a Crohn's Disease Activity Index, National Cooperative Crohn's Disease Study. *Gastroenterology* 1976; 70(3): 439-444.

16 HOW SUPPLIED/STORAGE AND HANDLING

BUDESONIDE Capsules, 3 mg are hard gelatin capsules size "0" light grey opaque body and pink opaque cap imprinted with black ink "AC" on Cap and "520" on body filled with white to off white Pellets. BUDESONIDE Capsules, 3 mg are supplied as follows:

NDC 64980-255-01 Bottles of 100

Store at 25°C (77°F); excursions permitted to 15-30°C (59- 86°F) [See USP Controlled Room Temperature].

Keep container tightly closed.

17 PATIENT COUNSELING INFORMATION

Advise Patients to read the FDA-Approved patient labeling (Patient Information).

Hypercorticism and Adrenal Axis Suppression

Advise patients that BUDESONIDE Capsules may cause hypercorticism and adrenal axis suppression and to follow a taper schedule, as instructed by their healthcare provider if transferring to BUDESONIDE Capsules from systemic corticosteroids [see *Warnings and Precautions (5.1),(5.2)*]. Advise patients that replacement of systemic corticosteroids with BUDESONIDE Capsules may unmask allergies (e.g., rhinitis and eczema), which were previously controlled by the systemic drug.

Increased Risk of Infection

Advise patients to avoid exposure to people with chicken pox or measles and, if exposed, to consult their healthcare provider immediately. Inform patients that they are at increased risk of developing a variety of infections; including worsening of existing tuberculosis, fungal, bacterial, viral or parasitic infections or ocular herpes simplex and to contact their healthcare provider if they develop any symptoms of infection [see *Warnings and Precautions (5.3)*].

Pregnancy

Advise female patients that BUDESONIDE Capsules may cause fetal harm and to inform their healthcare provider with a known or suspected pregnancy [see *Use in Specific Populations (8.1)*].

Administration

Advise patients to:

- Take BUDESONIDE Capsules once daily in the morning.
- Swallow BUDESONIDE Capsules whole. Do not chew or crush.
- Avoid consumption of grapefruit juice for the duration of their BUDESONIDE Capsules therapy [see *Drug Interactions (7.1)*].

ENTOCORT is a registered trademark of the Elan Pharma International Limited, a Perrigo Company.

Manufactured By:

Appco Pharma LLC
Piscataway, New Jersey 08854

Distributed By:

Rising Pharmaceuticals, Inc.
Saddle Brook, New Jersey 07633

Revised: 07/2018

200300

Patient Information

BUDESONIDE Capsules

(bue-DES-oh-nide kəp'sjʊl)

Read this Patient Information before you start taking Budesonide Capsules and each time you get a refill. There may be new information. This information does not take the place of talking to your healthcare provider about your medical condition or your treatment.

What is BUDESONIDE Capsules?

BUDESONIDE Capsules, is a prescription corticosteroid medicine used to treat mild to moderate Crohn's disease that affects part of the small intestine (ileum) and part of the large intestine (ascending colon):

- in people with active Crohn's disease
- in adults to help keep symptoms from coming back for up to 3 months

It is not known if Budesonide Capsules is safe and effective in children under 8 years of age

Pediatric use information is approved for Perrigo Pharma International DAC's Entocort EC (budesonide) capsules. However, due to Perrigo Pharma International DAC's marketing exclusivity rights, this drug product is not labeled with that pediatric information.

Who should not take BUDESONIDE Capsules?

Do not take BUDESONIDE Capsules, if:

- You are allergic to budesonide or any of the ingredients in BUDESONIDE Capsules. See the end of this leaflet for a complete list of ingredients in BUDESONIDE Capsules.

What should I tell my healthcare provider before taking BUDESONIDE Capsules?

Before you take BUDESONIDE Capsules, tell your healthcare provider if you:

- have liver problems
- are planning to have surgery
- have chicken pox or measles or have recently been near anyone with chicken pox or measles
- have an infection
- have diabetes or glaucoma or have a family history of diabetes or glaucoma
- have cataracts
- have or had tuberculosis
- have high blood pressure (hypertension)
- have decreased bone mineral density (osteoporosis)
- have stomach ulcers
- have any other medical condition
- are pregnant or plan to become pregnant. BUDESONIDE Capsules may harm your unborn baby. Talk to your healthcare provider about the possible risk to your unborn baby if you take BUDESONIDE Capsules when you are pregnant. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during your treatment with BUDESONIDE Capsules.
- are breastfeeding or plan to breastfeed. It is not known if BUDESONIDE Capsules passes into your breast milk or if it will affect your baby. Talk to your healthcare provider about the best way to feed your baby if you take BUDESONIDE Capsules.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. BUDESONIDE Capsules and other medicines may affect each other causing side effects.

How should I take BUDESONIDE Capsules?

- Take BUDESONIDE Capsules exactly as your healthcare provider tells you.
- Your healthcare provider will tell you how many BUDESONIDE Capsules to take. Your healthcare provider may change your dose if needed.
- Take BUDESONIDE Capsules 1 time each day in the morning.
- Take BUDESONIDE Capsules whole. Do not chew or crush BUDESONIDE Capsules before swallowing.
- If you take too much BUDESONIDE Capsules call your healthcare provider right away or go to the nearest hospital emergency room.

What should I avoid while taking BUDESONIDE Capsules?

- Do not drink grapefruit juice during your treatment with BUDESONIDE Capsules. Drinking grapefruit juice can increase the level of BUDESONIDE in your blood.

What are the possible side effects of BUDESONIDE Capsules?

BUDESONIDE Capsules may cause serious side effects, including:

- **Effects of having too much corticosteroid medicine in your blood (hypercorticism).** Long-time use of BUDESONIDE Capsules can cause you to have too much corticosteroid medicine in your blood. Tell your healthcare provider if you have any of the following signs and symptoms of hypercorticism:
 - acne
 - bruise easily
 - rounding of your face (moon face)
 - ankle swelling
 - thicker or more hair on your body and face
 - a fatty pad or hump between your shoulders (buffalo hump)
 - pink or purple stretch marks on the skin of your abdomen, thighs, breasts and arms
- **Adrenal suppression.** When BUDESONIDE Capsules, is taken for a long period of time (chronic use), adrenal suppression can happen. This is a condition in which the adrenal glands do not make enough steroid hormones. Symptoms of adrenal suppression include: tiredness, weakness, nausea and vomiting and low blood pressure. Tell your healthcare provider if you are under stress or have any symptoms of adrenal suppression during treatment with BUDESONIDE Capsules.
- **Worsening of allergies.** If you take certain other corticosteroid medicines to treat allergies, switching to BUDESONIDE Capsules may cause your allergies to come back. These allergies may include a skin condition called eczema or inflammation inside your nose (rhinitis). Tell your healthcare provider if any of your allergies become worse while taking BUDESONIDE Capsules.
- **Increased risk of infection.** BUDESONIDE Capsules weakens your immune system. Taking medicines that weaken your immune system makes you more likely to get infections. Avoid contact with people who have contagious diseases, such as chicken pox or measles, while taking BUDESONIDE Capsules. Tell your healthcare provider right away if you come in contact with anyone who has chicken pox or measles.

Tell your healthcare provider about any signs or symptoms of infection during treatment with BUDESONIDE Capsules, including:

- Fever
- pain
- aches
- chills
- feeling tired
- nausea and vomiting

The most common side effects of BUDESONIDE Capsules, include:

- headache
- infection in your air passages (respiratory infection)
- nausea
- back pain
- indigestion
- dizziness
- stomach area (abdominal) pain
- gas
- vomiting
- tiredness
- pain

Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of BUDESONIDE Capsules. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to Rising Pharmaceuticals, Inc at 1-866-562-4597.

How should I store BUDESONIDE Capsules?

- Store BUDESONIDE Capsules, at room temperature between 68°F to 77°F (20°C to 25°C).
- Keep BUDESONIDE Capsules, in a tightly closed container.

Keep BUDESONIDE Capsules, and all medicines out of the reach from children.

General information about BUDESONIDE Capsules.

Medicines are sometimes prescribed for purposes other than those listed in Patient Information leaflet. Do not use BUDESONIDE Capsules for a condition for which it was not prescribed. Do not give BUDESONIDE Capsules to other people, even if they have the same symptoms you have. It may harm them. You can ask your healthcare provider or pharmacist for information about BUDESONIDE Capsules that is written for health professionals.

What are the ingredients in BUDESONIDE Capsules?

Active ingredient: budesonide

Inactive ingredients: ethylcellulose, acetyltributyl citrate, lactose monohydrate, methacrylic acid copolymer dispersion, triethyl citrate, sodium hydroxide, talc and sugar spheres.

The capsule shell contains: gelatin, iron oxide red, iron oxide black, iron oxide yellow and titanium dioxide

Sugar Spheres contains the following inactive ingredients; Sucrose and corn starch.

The imprinting ink contains the following nonvolatile components; black iron oxide, potassium hydroxide and shellac.

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PACKAGE LABEL.PRINCIPAL DISPLAY PANEL

Rising® NDC 64980-255-01
Budesonide
Capsules
(Enteric Coated)
3 mg
100 Capsules Rx only



NDC 64980-255-01

Budesonide Capsules (Enteric Coated)

3 mg

100 Capsules

Rx only

Each capsule contains:
Budesonide, USP 3 mg
USUAL DOSAGE: Take 3 capsules every morning.
See package insert statement.

Store out of the reach of children.
Store at 25°C (77°F); excursions permitted to 15 - 30°C (59 - 86°F) [see USP Controlled Room Temperature].

Dispense in a tight container. This is a bulk package and not intended for dispensing.

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Saddle Brook, NJ 07633

Rev. 07/18
200299



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NO VARNISH

BUDESONIDE				
budesonide capsule				
Product Information				
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:64980-255	
Route of Administration	ORAL			
Active Ingredient/Active Moiety				
Ingredient Name	Basis of Strength	Strength		
BUDESONIDE (UNII: Q3OKS62Q6X) (BUDESONIDE - UNII: Q3OKS62Q6X)	BUDESONIDE	3 mg		
Inactive Ingredients				
Ingredient Name	Strength			
ETHYLCELLULOSES (UNII: 7Z8S9VYZ4B)				
ACETYLTRIBUTYL CITRATE (UNII: 0ZBX0N59RZ)				
LACTOSE MONOHYDRATE (UNII: EWQ57Q8I5X)				
METHACRYLIC ACID (UNII: 1CS02G8656)				
TRIETHYL CITRATE (UNII: 8Z96QXD6UM)				
SODIUM HYDROXIDE (UNII: 55X04QC32I)				
TALC (UNII: 7SEV7J4R1U)				
SUCROSE (UNII: C151H8M554)				
GELATIN (UNII: 2G86QN327L)				
FERRIC OXIDE RED (UNII: 1K09F3G675)				
FERRIC OXIDE YELLOW (UNII: EX438O2MRT)				
FERROSO FERRIC OXIDE (UNII: XM0M87F357)				
TITANIUM DIOXIDE (UNII: 15FIX9V2JP)				
STARCH, CORN (UNII: O8232NY3SJ)				
SHELLAC (UNII: 46N107B71O)				
POTASSIUM HYDROXIDE (UNII: WZH3C48M4T)				
Product Characteristics				
Color	PINK (Light Grey Opaque Body and Pink Opaque Cap)	Score	no score	
Shape	CAPSULE	Size	22mm	
Flavor		Imprint Code	AC;520	
Contains				
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:64980-255-01	100 in 1 BOTTLE; Type 0: Not a Combination Product	08/30/2017	

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA207367	08/30/2017	

Labeler - Rising Pharmaceuticals, Inc. (041241766)

Registrant - Rising Pharmaceuticals, Inc. (041241766)

Establishment			
Name	Address	ID/FEI	Business Operations
APPCO PHARMA LLC		078510186	ANALYSIS(64980-255) , MANUFACTURE(64980-255) , PACK(64980-255)

Revised: 9/2018

Rising Pharmaceuticals, Inc.