**INDICATIONS AND USAGE**

URSO 250® (ursodiol) tablets, for oral use

URSO FORTE® (ursodiol) tablets, for oral use

Initial U.S. Approval: 1997

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**DOSAGE AND ADMINISTRATION**

- Recommended adult dosage: 13-15 mg/kg/day administered in two to four divided doses with food (2.1)
- Scored URSO Forte tablet: scored tablet can be broken in halves to provide recommended dosage (2.2, 16.2)

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**DOSAGE FORMS AND STRENGTHS**

- URSO 250: 250 mg tablet (3)
- URSO Forte: 500 mg scored tablet (3)

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**CONTRAINDICATIONS**

Patients with complete biliary obstruction and known hypersensitivity or intolerance to ursodiol or any of the components of the formulation (4)

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**WARNINGS AND PRECAUTIONS**

- Patients with variceal bleeding, hepatic encephalopathy, ascites or in need of an urgent liver transplant, should receive appropriate specific treatment (5).
- Liver function tests (γ-GT, alkaline phosphatase, AST, ALT) and bilirubin level should be monitored. Treatment discontinuation should be considered if parameters increase to a level considered clinically significant in patients with stable historical liver function test levels (5).
- Caution should be exercised to maintain patients' bile flow (5).

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**ADVERSE REACTIONS**

Most common adverse reactions reported with the use of ursodiol during worldwide postmarketing and clinical experience (≥1%) are, in alphabetical order: abdominal discomfort, abdominal pain, alopecia, diarrhea, nausea, pruritus, and rash (6)

To report SUSPECTED ADVERSE REACTIONS, contact Allergan at 1-800-678-1605 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

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**DRUG INTERACTIONS**

- Bile Acid Sequestering Agents: May interfere with the action of URSO 250 and URSO Forte by reducing its absorption (7.1)
- Aluminum-based Antacids: May interfere with the action of URSO 250 and URSO Forte by reducing its absorption (7.2)
- Drugs that alter the metabolism of lipids or induce cholestasis may interfere with the action of URSO 250 and URSO Forte (7.3)

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 06/2018

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*Sections or subsections omitted from the full prescribing information are not listed.
FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE
URSO 250® and URSO Forte® (ursodiol) tablets are indicated for the treatment of patients with primary biliary cirrhosis (PBC).

2 DOSAGE AND ADMINISTRATION

2.1 General Dosing Information
The recommended adult dosage for URSO 250® and URSO Forte® in the treatment of PBC is 13-15 mg/kg/day administered in two to four divided doses with food. Dosing regimen should be adjusted according to each patient’s need at the discretion of the physician.

2.2 Liver Function Tests
Liver function tests (γ-GT, alkaline phosphatase, AST, ALT) and bilirubin levels should be monitored every month for three months after start of therapy, and every six months thereafter [see Warnings and Precautions (5.1)].

2.3 Scoring the URSO Forte Tablet
The URSO Forte scored tablet can be broken in halves to provide recommended dosage.

To break URSO Forte scored tablet easily, place the tablet on a flat surface with the scored section on top. Hold the tablet with your thumbs placed close to the scored part of the tablet (groove). Then apply gentle pressure and snap the tablet segments apart (segments breaking incorrectly should not be used). The segments should be washed down unchewed, with water, keeping the segments in the mouth can reveal a bitter taste. Due to the bitter taste, segments should be stored separately from whole tablets. [see How Supplied/Storage and Handling (16.2)].

3 DOSAGE FORMS AND STRENGTHS
- URSO 250: 250 mg tablet
- URSO Forte: 500 mg scored tablet

4 CONTRAINDICATIONS
Patients with complete biliary obstruction and known hypersensitivity or intolerance to ursodiol or any of the components of the formulation.

5 WARNINGS AND PRECAUTIONS
Patients with variceal bleeding, hepatic encephalopathy, ascites or in need of an urgent liver transplant, should receive specific treatment.

5.1 Abnormal Liver Function Tests
Liver function tests (γ-GT, alkaline phosphatase, AST, ALT) and bilirubin levels should be monitored every month for three months after start of therapy, and every six months thereafter. This monitoring will allow the early detection of a possible deterioration of the hepatic function. Treatment discontinuation should be considered if the above parameters increase to a level considered clinically significant in patients with stable historical liver function test levels.

Caution has to be exercised to maintain the bile flow of the patients taking ursodiol.

6 ADVERSE REACTIONS

6.1 Clinical Studies 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 clinical practice.

The following table summarizes the adverse reactions observed in two placebo-controlled clinical trials.

<table>
<thead>
<tr>
<th>ADVERSE REACTIONS</th>
<th>VISIT AT 12 MONTHS</th>
<th>VISIT AT 24 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UDCA n (%)</td>
<td>Placebo n (%)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Elevated creatinine</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Elevated blood glucose</td>
<td>1 (1.18)</td>
<td>---</td>
</tr>
<tr>
<td>Leukopenia</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Peptic ulcer</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Skin rash</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Thrombocytopenia</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

Note: Those adverse reactions occurring at the same or higher incidence in the placebo as in the UDCA group have been deleted from this table (this includes diarrhea and thrombocytopenia at 12 months, nausea/vomiting, fever and other toxicity).

UDCA = Ursodeoxycholic acid = Ursodiol

In a randomized, cross-over study in sixty PBC patients, seven patients (11.6%) reported nine adverse reactions: abdominal pain and asthenia (1 patient), nausea (3 patients), dyspepsia (2 patients) and anorexia and esophagitis (1 patient each). One patient on the twice a day regimen (total dose 1000 mg) withdrew due to nausea. All of these nine adverse reactions except esophagitis were observed with the twice a day regimen at a total daily dose of 1000 mg or greater. However, an adverse reaction may occur at any dose.

6.2 Postmarketing Experience
The following adverse reactions, presented by system organ class in alphabetical order, have been identified during postapproval use of ursodiol. 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.

- Gastrointestinal disorders: abdominal discomfort, abdominal pain, constipation, diarrhea, dyspepsia, nausea, vomiting.
- General disorders and administration site conditions: malaise, peripheral edema, pyrexia.
- Hepatobiliary disorders: jaundice (or aggravation of pre-existing jaundice).
- Immune System Disorders: Drug hypersensitivity to include facial edema, urticaria, angioedema and laryngeal edema.
- Abnormal Laboratory Tests: ALT increased, AST increased, blood alkaline phosphatase increased, blood bilirubin increased, γ-GT increased, hepatic enzyme increased, liver function test abnormal, transaminases increased.
• Musculoskeletal and connective tissue disorders: myalgia
• Nervous system disorders: dizziness, headache.
• Respiratory, thoracic and mediastinal disorders: cough.
• Skin and subcutaneous tissue disorder: alopecia, pruritus, rash.

7 DRUG INTERACTIONS

7.1 Bile Acid Sequestering Agents

Bile acid sequestering agents such as cholestyramine and colestipol may interfere with the action of URSO 250 and URSO Forte by reducing its absorption.

7.2 Aluminum-based Antacids

Aluminum-based antacids have been shown to adsorb bile acids in vitro and may be expected to interfere with URSO 250 and URSO Forte in the same manner as the bile acid sequestering agents.

7.3 Drugs Affecting Lipid Metabolism

Estrogens, oral contraceptives, and clofibrate (and perhaps other lipid-lowering drugs) increase hepatic cholesterol secretion and encourage cholesterol gallstone formation and hence may counteract the effectiveness of URSO 250 and URSO Forte.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Reproduction studies have been performed in pregnant rats at oral doses up to 22 times the recommended maximum human dose (based on body surface area) and in pregnant rabbits at oral doses up to 7 times the recommended maximum human dose (based on body surface area) and have revealed no evidence of impaired fertility or harm to the fetus due to ursodiol.

There are no adequate or well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

8.3 Nursing Mothers

It is not known whether ursodiol is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when URSO 250 and URSO Forte are administered to a nursing mother.

8.4 Pediatric Use

The safety and effectiveness of URSO 250 and URSO Forte in pediatric patients have not been established.

10 OVERDOSAGE

There have been no reports of accidental or intentional overdosage with ursodiol. Single oral doses of ursodiol at 10 g/kg in mice and dogs, and 5 g/kg in rats were not lethal. A single oral dose of ursodiol at 1.5 g/kg was lethal in hamsters. Symptoms of acute toxicity were salivation and vomiting in dogs, and ataxia, dyspnea, ptosis, agonal convulsions and coma in hamsters.

11 DESCRIPTION

URSO 250 (ursodiol, 250 mg) is available as a film-coated tablet for oral administration. URSO Forte (ursodiol, 500 mg) is available as a scored film-coated tablet for oral administration. Ursodiol (ursodeoxycholic acid, UDCA) is a naturally occurring bile acid found in small quantities in normal human bile and in larger quantities in the bile of certain species of bears. It is a bitter-tasting white powder consisting of crystalline particles freely soluble in ethanol and glacial acetic acid, slightly soluble in chloroform, sparingly soluble in ether, and practically insoluble in water. The chemical name of ursodiol is 3ß,7ß-dihydroxy-5ß-cholan-24-oic (C24H30O4). Ursodiol has a molecular weight of 392.56. Its structure is shown below.

![Structure of Ursodiol](image)

Inactive ingredients: microcrystalline cellulose, povidone, sodium starch glycolate, magnesium stearate, ethylcellulose, dibutyl sebacate, carnauba wax, hydroxypropyl methylcellulose, PEG 3350, PEG 8000, cetyl alcohol, sodium lauryl sulfate and hydrogen peroxide.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Ursodiol, a naturally occurring hydrophilic bile acid, derived from cholesterol, is present as a minor fraction of the total human bile acid pool. Oral administration of ursodiol increases this fraction in a dose related manner, to become the major biliary acid, replacing/displacing toxic concentrations of endogenous hydrophilic bile acids that tend to accumulate in cholestatic liver disease. In addition to the replacement and displacement of toxic bile acids, other mechanisms of action include cytoprotection of the injured bile duct epithelial cells (cholangiocytes) against toxic effects of bile acids, inhibition of apoptosis of hepatocytes, immunomodulatory effects, and stimulation of bile secretion by hepatocytes and cholangiocytes.

12.2 Pharmacodynamics

Lithocholic acid, when administered chronically to animals, causes cholestatic liver injury that may lead to death from liver failure in certain species unable to form sulfate conjugates. Ursodiol is 7-dehydroxylated more slowly than chenodiol. For equimolar doses of ursodiol and chenodiol, steady state levels of lithocholic acid in biliary bile acids are lower during ursodiol administration than with chenodiol administration. Humans and chimpanzees can sulfate lithocholic acid. Although liver injury has not been associated with ursodiol therapy, a reduced capacity to sulfate may exist in some individuals.

12.3 Pharmacokinetics

Ursodiol (UDCA) is normally present as a minor fraction of the total bile acids in humans (about 5%). Following oral administration, the majority of ursodiol is absorbed by passive diffusion and its absorption is incomplete. Once absorbed, ursodiol undergoes hepatic extraction to the extent of about 50% in the absence of liver disease. As the severity of liver disease increases, the extent of extraction decreases. In the liver, ursodiol is conjugated with glycine or taurine, then secreted into bile. These conjugates of ursodiol are absorbed in the small intestine by passive and active mechanisms. The conjugates can also be deconjugated in the ileum by intestinal enzymes, leading to the formation of free ursodiol that can be reabsorbed and reconjugated in the liver. Nonabsorbed ursodiol passes into the colon where it is mostly 7-dehydroxylated to lithocholic acid. Some ursodiol is epimerized to chenodiol (CDCA) via a 7-oxo intermediate. Chenodiol also undergoes 7-dehydroxylation to form lithocholic acid. These metabolites are poorly soluble and excreted in the feces. A small portion of lithocholic acid is reabsorbed.
conjugated in the liver with glycine, or taurine and sulfated at the 3 position. The resulting sulfated lithocholic acid conjugates are excreted in bile and then lost in feces.

In healthy subjects, at least 70% of ursodiol (unconjugated) is bound to plasma protein. No information is available on the binding of conjugated ursodiol to plasma protein in healthy subjects or PBC patients. Its volume of distribution has not been determined, but is expected to be small since the drug is mostly distributed in the bile and small intestine. Ursodiol is excreted primarily in the feces. With treatment, urinary excretion increases, but remains less than 1% except in severe cholestatic liver disease.

During chronic administration of ursodiol, it becomes a major biliary and plasma bile acid. At a chronic dose of 13 to 15 mg/kg/day, ursodiol constitutes 30-50% of biliary and plasma bile acids.

13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenicity, Mutagenicity and Impairment of Fertility
In two 24-month oral carcinogenicity studies in mice, ursodiol at doses up to 1.000 mg/kg/day (3,000 mg/m²/day) was not tumorigenic. Based on body surface area, for a 50 kg person of average height (1.46 m² body surface area), this dose represents 5.4 times the recommended maximum clinical dose of 15 mg/kg/day (555 mg/m²/day).

In a two-year oral carcinogenicity study in Fischer 344 rats, ursodiol at doses up to 300 mg/kg/day (1,800 mg/m²/day, 3.2 times the recommended maximum human dose based on body surface area) was not tumorigenic.

In a life-span (126-138 weeks) oral carcinogenicity study, Sprague-Dawley rats were treated with doses of 33 to 300 mg/kg/day, 0.4 to 3.2 times the recommended maximum human dose based on body surface area. Ursodiol produced a significantly (p≤0.5, Fisher's exact test) increased incidence of pheochromocytomas of the adrenal medulla in females of the highest dose group.

In 103-week oral carcinogenicity studies of lithocholic acid, a metabolite of ursodiol, doses up to 250 mg/kg/day in mice and 500 mg/kg/day in rats did not produce any tumors. In a 78-week rat study, intrarectal instillation of lithocholic acid (1 mg/kg/day) for 13 months did not produce colorectal tumors. A tumor-promoting effect was observed when it was administered after a single intrarectal dose of a known carcinogen N-methyl-N'-nitro-N-nitrosoguanidine. On the other hand, in a 32-week rat study, ursodiol at a daily dose of 240 mg/kg (1,440 mg/m², 2.6 times the maximum recommended human dose based on body surface area) suppressed the colonic carcinogenic effect of another known carcinogen azoxymethane.

Ursodiol was not genotoxic in the Ames test, the mouse lymphoma cell (L5178Y, TK+/-) forward mutation test, the human lymphocyte sister chromatid exchange test, the mouse spermatogonia chromosome aberration test, the Chinese hamster micronucleus test and the Chinese hamster bone marrow cell chromosome aberration test.

Ursodiol at oral doses of up to 2,700 mg/kg/day (16,200 mg/m²/day, 29 times the recommended maximum human dose based on body surface area) was found to have no effect on fertility and reproductive performance of male and female rats.

14 CLINICAL STUDIES
times a day divided dosing schedules in 50 patients for 6 months in
each crossover period. Mean percent changes from baseline in liver
test results and Mayo risk score (n=46) and serum enrichment with
UDCA (n=34) were not statistically significant with any dosage at
any time interval. This study demonstrated that UDCA (13 to 15
mg/kg/day) given twice a day is equally effective to UDCA given
four times a day. In addition, URSO 250 was given as a single versus
three times a day dosing schedules in 10 patients. Due to the small
number of patients in this arm of the study, it was not possible to
conduct statistical comparisons between these regimens.

16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 URSO 250

Each URSO 250 elliptical, biconvex, film-coated tablet, white,
engraved with "URS785", contains 250 mg of ursodiol. Available in
bottles of 100 tablets (NDC 58914-785-10).

16.2 URSO Forte

Each URSO Forte elliptical, biconvex, scored, film-coated
tablet, white, engraved with "URS790", contains 500 mg of ursodiol.
Available in bottles of 100 tablets (NDC 58914-790-10).
Store at 20°C to 25°C (68°F to 77°F). Dispense in a tight container.

Half-tablets (scored URSO Forte 500 mg tablets broken in half)
maintain acceptable quality for up to 28 days when stored in the
current packaging (bottles) at 20°C to 25°C (68°F to 77°F). Due to the
bitter taste, the halved segments should be stored separately from the
whole tablets [see Dosage and Administration (2.2)].

17 PATIENT COUNSELING INFORMATION

17.1 Appropriate Treatments

Patients with the following conditions should be instructed to
receive appropriate management measures: variceal bleeding, hepatic
encephalopathy, ascites, in need of an urgent liver transplant or
hepatic function deterioration [see Warnings and Precautions (5)].

Caution has to be exercised to maintain the bile flow of the
patients taking ursodiol.

17.2 Drug Interactions

Patients should be informed that absorption of URSO 250 and
URSO Forte may be reduced if they are taking bile acid sequestering
agents, such as cholestyramine and colestipol, aluminum-based
antacids, or drugs known to alter the metabolism of cholesterol [see
Drug Interactions (7)].