ינואר 2025

רופא/ה נכבד/ה,
רוקח/ת נכבד/ת,

<u>חברת תרו אינטרנשיונל בע"מ מבקשת להודיע על עדכונים בעלון לצרכן ובעלון לרופא של התכשיר שבנדון:</u>

אילומיה 100 מ"ג/מ"ל **Ilumya 100 mg/ml**

<u>התוויה מאושרת:</u>
Treatment of adults with moderate-to-severe plaque who are candidates for systemic therapy or phototherapy.

מרכיב פעיל: Tildrakizumab 100 mg/ml

צורת המתן של התכשיר: solution for injection s.c

שינויים בעלונים המהווים החמרה מודגשים ברקע צהוב, תוספות מסומנות בצבע אדום והשמטות מסומנות בקו אופקי. כמו כן, בעלונים בוצעו שינויים נוספים הכוללים תוספת מידע, השמטת מידע ועדכוני נוסח שאינם מהווים החמרה.

העלון מפורסם במאגר התרופות שבאתר משרד הבריאות: https://israeldrugs.health.gov.il
ניתן לקבלו מודפס על ידי פנייה לבעל הרישום: חברת תרו אינטרנשיונל בע"מ, רחוב הקיטור 14, מפרץ חיפה 2624761 , טל. 04-8475700

<u>להלן העדכונים העיקריים בעלון לרופא</u>:

5. DOSAGE AND ADMINISTRATION

[...]

Preparation and Administration of ILUMYA

<u>Method of administration</u>
~~Ilumya is administered by subcutaneous injection. Injection sites should be alternated. Ilumya should not be injected into areas where the skin is affected by plaque psoriasis or is tender, bruised, red, hard, thick, or scaly. The pre-filled syringe must not be shaken. Each pre-filled syringe is for single use only.~~

Before injection, remove ILUMYA carton from the refrigerator, and let the prefilled syringe (in the ILUMYA carton with the lid closed) sit at room temperature for 30 minutes. The pre-filled syringe must not be shaken.

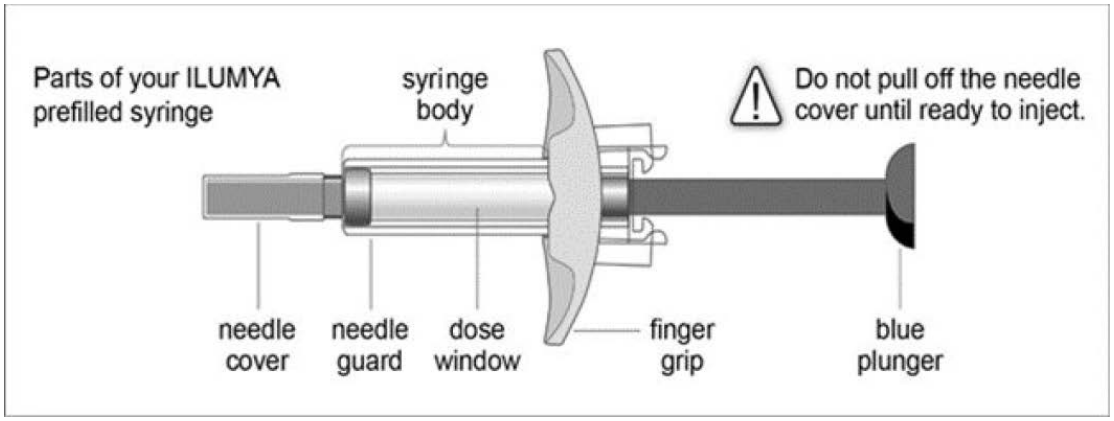
Follow the instructions on the ILUMYA leaflet to remove the prefilled syringe correctly, and remove only when ready to inject. Do not pull off the needle cover until you are ready to inject. Each pre-filled syringe is for single use only.

Inspect ILUMYA visually for particulate matter and discoloration prior to administration. ILUMYA is a clear to slightly opalescent, colorless to slightly yellow solution. Do not use if the liquid contains visible particles or the syringe is damaged. Air bubbles may be present; there is no need to remove them.

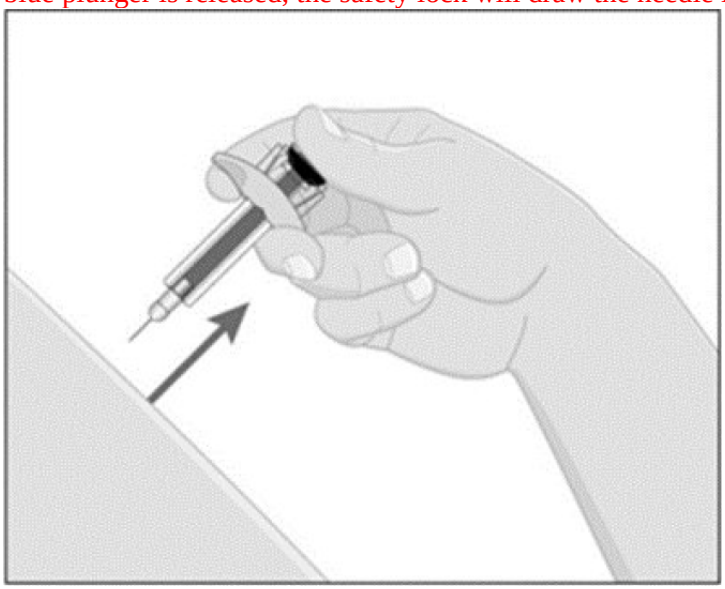
Choose an injection site with clear skin and easy access (such as abdomen, thighs, or upper arm). Injection sites should be alternated. Do not administer 2 inches around the navel or where the skin is

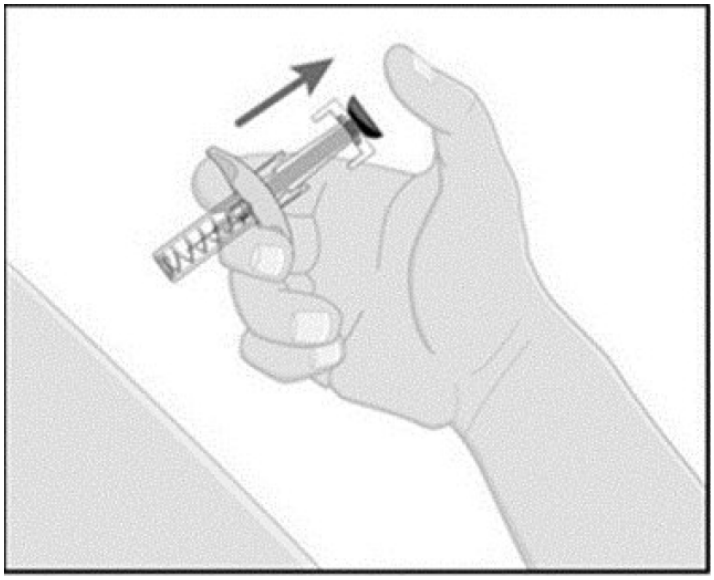
tender, bruised, erythematous, indurated, or affected by psoriasis. Also do not inject into scars, stretch marks, or blood vessels.

After proper training in subcutaneous injection technique, patients may self-inject Ilumya if a physician determines that it is appropriate. However, the physician should ensure appropriate follow-up of patients. Patients should be instructed to inject the full amount of tildrakizumab according to the instructions provided in the package leaflet. Comprehensive instructions for administration are given in the package leaflet.



- While holding the body of the syringe, pull the needle cover straight off (do not twist) and discard.
- Inject ILUMYA subcutaneously as recommended *[see Dosage (5)]*.
- Press down the blue plunger until it can go no further. This activates the safety mechanism that will ensure full retraction of the needle after the injection is given. Remove the needle from the skin entirely before letting go of the blue plunger. After the blue plunger is released, the safety lock will draw the needle inside the needle guard.





- Discard any unused portion. Dispose of used syringe.

[...]

7. WARNINGS AND PRECAUTIONS

7.1 Hypersensitivity

Cases of angioedema and urticaria occurred in ILUMYA treated subjects in clinical trials. If a serious hypersensitivity reaction occurs, discontinue ILUMYA immediately and initiate appropriate therapy [see Adverse Reactions (8)].

7.2 Infections

~~Tildrakizumab has the potential to increase the risk of infection.~~
~~Caution should be exercised when considering the use of tildrakizumab in patients with a chronic infection or a history of recurrent or recent serious infection.~~
~~Patients should be instructed to seek medical advice if signs or symptoms suggestive of a clinically relevant chronic or acute infection occur. If a patient develops a serious infection, the patient should be closely monitored and tildrakizumab should not be administered until the infection resolves.~~

ILUMYA may increase the risk of infection. Although infections were more common in the ILUMYA group (23%), the difference in frequency of infections between the ILUMYA group and the placebo group (22%) was less than 1% during the placebo-controlled period. However, subjects with active infections or a history of recurrent infections were not included in clinical trials. Upper respiratory infections occurred more frequently in the ILUMYA group than in the placebo group [see Adverse Reactions (8)].

The rates of serious infections for the ILUMYA group and the placebo group were ≤0.3%. Treatment with ILUMYA should not be initiated in patients with any clinically important active infection until the infection resolves or is adequately treated.

In patients with a chronic infection or a history of recurrent infection, consider the risks and benefits prior to prescribing ILUMYA. Instruct patients to seek medical help if signs or symptoms of clinically important chronic or acute infection occur. If a patient develops a clinically important or serious infection or is not responding to standard therapy, monitor the patient closely and consider discontinuation of ILUMYA until the infection resolves [see Adverse Reactions (8)].

7.3 Pretreatment Evaluation for Tuberculosis

~~Prior to initiating treatment, patients should be evaluated for tuberculosis (TB) infection. Patients receiving tildrakizumab should be closely monitored for signs and symptoms of active TB during and after treatment. Anti-TB therapy should be considered prior to initiating treatment in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed.~~

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with ILUMYA. Initiate treatment of latent TB prior to administering ILUMYA. In clinical trials, of 55 subjects with latent TB who were concurrently treated with ILUMYA and appropriate TB prophylaxis, no subjects developed active TB (during the mean follow-up of 56.5 weeks). One other subject developed TB while receiving ILUMYA. Monitor patients for signs and symptoms of active TB during and after ILUMYA treatment. Consider anti-TB therapy prior to initiation of ILUMYA in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Do not administer ILUMYA to patients with active TB infection.

7.4 Immunizations

~~Prior to initiating treatment with tildrakizumab, consider completion of all appropriate immunizations according to current immunization guidelines. If a patient has received live viral or bacterial vaccination it is recommended to wait at least 4 weeks prior to starting treatment with tildrakizumab. Patients treated with tildrakizumab should not receive live vaccines during treatment and for at least 17 weeks after treatment.~~

Prior to initiating therapy with ILUMYA, consider completion of all age appropriate immunizations according to current immunization guidelines. Avoid the use of live vaccines in patients treated with ILUMYA. No data are available on the response to live or inactive vaccines.

[...]

8. ADVERSE REACTIONS

[...]

8.1 Clinical Trials Experience

[...]

During the placebo-controlled period of Trials 1, 2, and 3, adverse reactions that occurred at rates less than 1% but greater than 0.1% in the ILUMYA group and at a higher rate than in the placebo group included dizziness and pain in extremity.

Cases of angioedema and urticaria were reported in ILUMYA-treated subjects in clinical trials.

[...]

Psoriasis of the Scalp

The safety of ILUMYA was assessed in a multicenter, randomized, double-blind, placebo- controlled trial (Trial 4) in 231 subjects with psoriasis of the scalp [see Clinical Studies (14)]. No new safety signals were identified through follow-up to Week 72.

8.2 Immunogenicity

As with all therapeutic proteins there is the potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample

collection, concomitant medications, and underlying disease. For these reasons, comparison of incidence of antibodies to tildrakizumab in the studies described below with the incidences of antibodies in other studies or to other products may be misleading.

Up to Week 64, approximately 6.5% of subjects treated with ILUMYA 100 mg developed antibodies to tildrakizumab. Of the subjects who developed antibodies to tildrakizumab, approximately 40% (2.5% of all subjects receiving ILUMYA) had antibodies that were classified as neutralizing. Development of neutralizing antibodies to tildrakizumab was associated with lower serum tildrakizumab concentrations and reduced efficacy.

[...]

9. USE IN CPESIFIC POPULATIONS

~~**Fertility, pregnancy and lactation**~~

~~Women of childbearing potential~~
~~Women of childbearing potential should use an effective method of contraception during treatment and for at least 17 weeks after treatment.~~

9.1 Pregnancy

~~There are no or limited amount of data (less than 300 pregnancy outcomes) from the use of tildrakizumab in pregnant women. Animal studies do not indicate direct or indirect harmful effect with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of Ilumya during pregnancy.~~

Risk Summary
Limited available data with ILUMYA use in pregnant women are insufficient to inform a drug associated risk of adverse developmental outcomes. Human IgG is known to cross the placental barrier; therefore, ILUMYA may be transferred from the mother to the fetus. An embryofetal developmental study conducted with tildrakizumab in pregnant monkeys revealed no treatment-related effects to the developing fetus when tildrakizumab was administered subcutaneously during organogenesis to near parturition at doses up to 159 times the maximum recommended human dose (MRHD). When dosing was continued until parturition, an increase in neonatal death was observed at 59 times the MRHD [see Data below]. The clinical significance of this nonclinical finding is unknown.

All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. The background risk of major birth defects and miscarriage for the indicated population is unknown.

Data
Animal Data
In an embryofetal developmental study, subcutaneous doses up to 300 mg/kg tildrakizumab were administered to pregnant cynomolgus monkeys once every two weeks during organogenesis to gestation day 118 (22 days from parturition). No maternal or embryofetal toxicities were observed at doses up to 300 mg/kg (159 times the MRHD of 100 mg, based on AUC comparison). Tildrakizumab crossed the placenta in monkeys.

In a pre- and postnatal developmental study, subcutaneous doses up to 100 mg/kg tildrakizumab were administered to pregnant cynomolgus monkeys once every two weeks from gestation day 50 to parturition. Neonatal deaths occurred in the offspring of one control monkey, two monkeys at 10 mg/kg dose (6 times the MRHD based on AUC comparison), and four monkeys at 100 mg/kg dose (59 times the MRHD based on AUC comparison). The clinical significance of these nonclinical findings is unknown. No tildrakizumab-related adverse effects were noted in the remaining infants from birth through 6 months of age.

9.2 Lactation

~~Breast-feeding~~

~~It is unknown whether tildrakizumab is excreted in human milk. Available toxicological data in cynomolgus monkey have shown negligible levels of Ilumya in milk on postnatal day 28. In humans, during the first few days after birth antibodies may be transferred to the newborns through milk. In this short period, a risk to the newborns/infants cannot be excluded. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Ilumya therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.~~

Risk Summary

There are no data on the presence of tildrakizumab in human milk, the effects on the breastfed infant, or the effects on milk production. Human IgG is known to be present in human milk. Tildrakizumab was detected in the milk of monkeys [see Data].

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for ILUMYA and any potential adverse effects on the breastfed child from ILUMYA or from the underlying maternal condition.

Data

Animal Data

Tildrakizumab was detected in breast milk of monkeys in the pre- and postnatal developmental study described in 8.1. The mean tildrakizumab concentrations in milk were approximately 0.09 – 0.2% of that in serum on postpartum days 28 and 91.

~~Fertility~~

~~The effect of Ilumya on human fertility has not been evaluated. Animal studies do not indicate direct or indirect harmful effects with respect to fertility.~~

~~**Effects on ability to drive and use machines**~~

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

[...]

12. CLINICAL PHARMACOLOGY

[...]

12.3 Pharmacokinetics

[...]

Drug Interaction Studies

Cytochrome P450 Substrates

~~Concomitant medicines affecting tildrakizumab pharmacokinetics are not expected since it is cleared from the body by general protein catabolism processes with no contribution of cytochrome P450 (CYP450) enzymes, and it is not eliminated by renal or hepatic pathways. Furthermore, tildrakizumab does not impact the pharmacokinetics of concomitant medicines metabolised by CYP450 enzymes either through direct or indirect mechanisms~~

The AUCinf of dextromethorphan (CYP2D6 substrate) increased by 20% when used concomitantly with tildrakizumab 200 mg (two times the approved recommended dose) administered subcutaneously at Weeks 0 and 4 in subjects with plaque psoriasis. No clinically significant changes in AUCinf of caffeine (CYP1A2 substrate), warfarin (CYP2C9 substrate), omeprazole (CYP2C19 substrate), and midazolam (CYP3A4 substrate) were observed.

~~Interactions with other immunosuppressive agents or phototherapy~~
~~The safety and efficacy of tildrakizumab in combination with other immunosuppressive agents, including biologics, or phototherapy has not been evaluated.~~

[...]

14. CLINICAL STUDIES

Plaque Psoriasis
In two multicenter, randomized, double-blind, placebo-controlled trials (Trial 2 [NCT01722331] and Trial 3 [NCT01729754]), 926 subjects were treated with ILUMYA 100 mg (N=616) or placebo (N=310). Subjects had a Physician Global Assessment (PGA) score of ≥3 (moderate) on a 5-point scale of overall disease severity, Psoriasis Area and Severity Index (PASI) score ≥12, and a minimum body surface area (BSA) involvement of 10%. Subjects with guttate, erythrodermic, or pustular psoriasis were excluded.

In both trials, subjects were randomized to either placebo or ILUMYA (100 mg at Week 0, Week 4, and every twelve weeks thereafter [Q12W]) up to 64 weeks.

Trials 2 and 3 assessed the changes from baseline to Week 12 in the two co-primary endpoints:
PASI 75, the proportion of subjects who achieved at least a 75% reduction in the PASI composite score.
PGA of 0 ("cleared") or 1 ("minimal"), the proportion of subjects with a PGA of 0 or 1 and at least a 2-point improvement.
Other evaluated outcomes in Trials 2 and 3 included the proportion of subjects who achieved a reduction from baseline in PASI score of at least 90% (PASI 90) and a reduction of 100% in PASI score (PASI 100) at Week 12 and maintenance of efficacy up to Week 64.

In both trials, subjects in the ILUMYA 100 mg and placebo treatment groups were predominantly men (69%) and White (80%), with a mean age of 46 years. At baseline, these subjects had a median affected BSA of 27%, a median PASI score of 17.8, and approximately 33% had a PGA score of 4 ("marked") or 5 ("severe"). Approximately 34% had received prior phototherapy, 39% had received prior conventional systemic therapy, and 18% had received prior biologic therapy for the treatment of psoriasis. Approximately 16% of subjects had a history of psoriatic arthritis.

Clinical Response at Week 12
The results of Trials 2 and 3 are presented in Table 2.

Table 2: Efficacy Results at Week 12 in Adults with Plaque Psoriasis in Trials 2 and 3 (NRI*)

	Trial 2 (NCT01722331)		**Trial 3 (NCT01729754)**	
	ILUMYA 100 mg (N=309) n (%)	**Placebo (N=154) n (%)**	**ILUMYA 100 mg (N=307) n (%)**	**Placebo (N=156) n (%)**
PGA of 0 or 1[†,‡]	179 (58)	11 (7)	168 (55)	7 (4)
PASI 75	197 (64)	9 (6)	188 (61)	9 (6)
PASI 90	107 (35)	4 (3)	119 (39)	2 (1)
PASI 100	43 (14)	2 (1)	38 (12)	0 (0)

* NRI = Non-Responder Imputation

† Co-Primary Endpoints
‡ PGA score of 0 (“cleared”) or 1 (“minimal”)

Examination of age, gender, race, and previous treatment with a biologic did not identify differences in response to ILUMYA among these subgroups at Week 12.

Maintenance of Response and Durability of Response
In Trial 2, subjects originally randomized to ILUMYA and who were responders at Week 28 (i.e., PASI 75) were re-randomized to an additional 36 weeks of either maintaining the same dose of ILUMYA Q12W (every twelve weeks) or placebo.

At Week 28, 229 (74%) subjects treated with ILUMYA 100 mg were PASI 75 responders.

At Week 64, 84% of subjects who continued on ILUMYA 100 mg Q12W maintained PASI 75 compared to 22% of subjects who were re-randomized to placebo. In addition, for subjects who were re-randomized and also had a PGA score of 0 or 1 at Week 28, 69% of subjects who continued on ILUMYA 100 mg Q12W maintained this response (PGA 0 or 1) at Week 64 compared to 14% of subjects who were re-randomized to placebo.

For PASI 75 responders at Week 28 who were re-randomized to treatment withdrawal (i.e., placebo), the median time to loss of PASI 75 was approximately 20 weeks.

In addition, for subjects who were re-randomized to placebo and also had a PGA score of 0 or 1 at Week 28, the median time to loss of PGA score of 0 or 1 was approximately 16 weeks.

Psoriasis of the Scalp
In a multicenter, randomized, double-blind, placebo-controlled trial (Trial 4 [NCT03897088]) 231 subjects with moderate to severe psoriasis of the scalp (IGA Scalp score of 3 or 4) were treated subcutaneously with ILUMYA 100 mg (n=117) or placebo (n=114) at Weeks 0 and 4. Of the 231 randomized subjects, 217 subjects completed Part 1 (Day 1 to Week 16). In Part 2 of the trial, subjects previously randomized to placebo were switched to ILUMYA 100 mg at Weeks 16, 20, 32, and 44, and those in the ILUMYA 100 mg arm continued to receive ILUMYA 100 mg at Weeks 16, 28, 40, and 52.

The trial population was 79% White, 8% Black or African American, 6% Asian, 3% Native Hawaiian or Other Pacific Islander, 2% American Indian or Alaska Native, and 2% Other; for ethnicity, 65% of subjects identified as Not Hispanic or Latino. The trial population was 60% male and the mean age was 45 years. At baseline, these subjects had a median affected scalp surface area of 50%, a median PASI score of 16.7, and IGA Scalp score of 3 (“moderate”) or 4 (“severe”) in 81% and 16%, respectively.

The primary endpoint was the proportion of subjects with IGA Scalp score of “clear” and “almost clear” with at least 2-point reduction from Baseline at Week 16.

Other evaluated outcomes included the proportion of subjects achieving a) Psoriasis Scalp Severity Index (PSSI) 90 (≥90% improvement from Baseline in PSSI) at Week 16; b) PSSI 90 at Week 12; and c) IGA Scalp score of “clear” or “almost clear” with at least 2-point reduction from Baseline at Week 12.

The efficacy results from Trial 4 are presented in Table 3.

Table 3: Efficacy Results for Primary and Secondary Endpoints in Subjects with Moderate to Severe Psoriasis of the Scalp in Trial 4 (mITT, NRI*)

	Trial 4 (NCT03897088)	
	ILUMYA 100 mg (N=89) n (%)	**Placebo (N=82) n (%)**
Primary Endpoint		
IGA Scalp Response Rate for score 0 or 1 (clear or almost clear) at Week 16 with at least 2-point reduction from baseline score	44 (49)	6 (7)
Secondary Endpoints		
PSSI 90 Response Rate at Week 16	54 (61)	4 (5)
IGA Scalp Response Rate for score 0 or 1 (clear or almost clear) at Week 12 with at least 2-point reduction from baseline score	41 (46)	4 (5)
PSSI 90 Response Rate at Week 12	43 (48)	2 (2)

Note: IGA = Investigator Global Assessment. PSSI = psoriasis scalp severity index.
* NRI = Non-responder imputation; mITT = modified Intent-to-treat, all randomized subjects, excluding subjects enrolled early in the trial evaluated under a different IGA Scalp scale.

להלן העדכונים העיקריים בעלון לצרכן:

2. לפני השימוש בתרופה

אין להשתמש בתרופה אם:

- אתה רגיש (אלרגי) לטילדרקיזומב או לכל אחד מהמרכיבים הנוספים אשר מכילה התרופה (ראה פרק 6).
- ~~יש לך זיהום שהוא בעל חשיבות לדעת הרופא, כמו לדוגמה, שחפת פעילה, שהיא מחלה מידבקת המשפיעה בעיקר על הריאות.~~

אזהרות מיוחדות הנוגעות לשימוש בתרופה
לפני הטיפול באילומיה ספר לרופא אם:
יש לך תגובות אלרגיות עם תסמינים כמו לחץ בחזה, צפצופים, נפיחות של הפנים, השפתיים או הגרון; אל תמשיך להזריק אילומיה ופנה לרופא מייד.
יש לך זיהום ~~כעת או שאתה סובל מזיהומים ארוכי טווח~~ שאינו חולף או זיהום שחוזר~~ים~~ שוב ושוב.
יש לך שחפת או שהיית במגע קרוב עם חולה שחפת.
חוסנת לאחרונה או שבכוונתך להתחסן. עליך להימנע מקבלת חיסון חי-מוחלש במהלך טיפול באילומיה. לא קיימים נתונים לגבי שימוש באילומיה במקביל לחיסון חי/מוחלש או מומת.

אילומיה היא תרופה המורידה את יכולת מערכת החיסון להילחם בזיהומים ועלולה להעלות את הסיכון לזיהומים. הרופא יעקוב בקפידה אחר סימנים ותסמינים לשחפת ולזיהומים לפני הטיפול באילומיה, במהלך הטיפול באילומיה ולאחריו.

[...]

אינטראקציות/תגובות בין תרופתיות
אם אתה לוקח או אם לקחת לאחרונה תרופות אחרות, כולל תרופות ללא מרשם ותוספי תזונה, ספר על כך לרופא או לרוקח. במיוחד אם אתה לוקח ~~חיסונים ומדכאי מערכת החיסון (תרופות שמשפיעות על מערכת החיסון).~~ דקסטרומתורפאן, תרופה לשיעול. בשימוש יחד עם אילומיה ריכוזו של דקסטרומתורפאן בדם עולה.

[...]

היריון והנקה ~~ופוריות~~
~~עדיף להימנע מהשימוש באילומיה במהלך היריון. השפעותיה של תרופה זו בנשים הרות אינן ידועות.אם את אישה שמסוגלת להרות, מומלץ שתימנעי מהיריון ועלייך להשתמש באמצעי מניעה יעיל בזמן קבלת הטיפול באילומיה ולמשך 17 שבועות לפחות לאחר הטיפול.~~
אם את בהיריון או מיניקה, חושבת שאת בהיריון או מתכננת להרות, יש להיוועץ ברופא לפני השימוש בתרופה זו.
היריון
לא ידוע אם תרופה זו יכולה להזיק לעובר.

הנקה
אם את מניקה או מתכננת להניק יש להיוועץ ברופא לפני השימוש בתרופה זו.
לא ידוע אם אילומיה עוברת לחלב אם.

~~נהיגה ושימוש במכונות~~
~~אילומיה אינה משפיעה, או משפיעה מעט מאוד, על היכולת לנהוג ולהשתמש במכונות.~~

[...]

4. תופעות לוואי

[...]

תופעות לוואי חמורות
פנה מייד לרופא אם הבחנת באחת מהתופעות הבאות:
- תחושת עילפון
- נפיחות של הפנים, העפעפיים, השפתיים, הפה, הלשון או הגרון
- פריחה
- קשיי נשימה או לחץ בגרון
- לחץ בחזה

מפני שייתכן כי אלה סימנים לתגובה אלרגית חמורה.

פנה מייד לרופא אם הבחנת באחת מהתופעות הבאות:
- חום, הזעה או צמרמורת
- שיעול
- קוצר נשימה
- דם בליחה
- כאבי שרירים
- עור חם, אדום או כואב או פצעים בגוף השונים מנגעי פסוריאזיס
- ירידה במשקל

- שלשול או כאב בטן
- תחושת שריפה בעת מתן שתן או השתנה תכופה יותר מהרגיל

מפני שייתכן כי אלה סימנים לזיהום.

~~**תופעות לוואי נוספות**~~

~~מרביתן של תופעות הלוואי הבאות הן קלות. אם תופעת לוואי כלשהי הופכת לחמורה, ספר לרופא או לרוקח.~~

תופעות הלוואי השכיחות ~~מאוד~~ ביותר: (עשויות להופיע אצל יותר מאחד מתוך 10 משתמשים):

- זיהומים בדרכי הנשימה העליונות
- ~~כאב~~ תגובות במקום ההזרקה

תופעות לוואי שכיחות (עשויות להופיע אצל עד אחד מתוך 10 משתמשים):

- דלקת במערכת העיכול (גסטרואנטריטיס)
- בחילה
- שלשול
- ~~כאב במקום ההזרקה~~
- כאב גב
- כאב ראש

[...]