|   |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      | CI                         | OI   | ИS | FC | R | M |
|---|--|-------------------------------------|-------|-----------------------------------|--|-----------|-------|--------------|---|--------------|-------------|--|------|----------------------------|------|----|----|---|---|
|   |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| SUSPECT ADVERSE REACTION REPORT   |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   | _ |
|   |  |                                     |       |                                   |  |           | Т     |              |   |              | Т           |  | T    |                            | Τ    | T  | Τ  | Τ | _ |
|   |  |                                     |       |                                   |  |           |       |              |   | Ш            |             |  |      |                            |      |    |    |   |   |
| I. REACTION INFORMATION  1. PATIENT INITIALS 1a. COUNTRY 2. DATE OF BIRTH 2a. AGE 3. SEX 3a. WEIGHT 4-6 REACTION ONSET 8-12 CHECK ALL   |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| (first, last)  PRIVACY  | I COSTA RICA   Day   Month   Year   70 |                                     |       |                                   |  | Day<br>04 | Τ     | Month<br>NOV | Т   | Year<br>2024 | 8-1<br>     |  | APP  | ECK ALI<br>PROPRI<br>/ERSE | ATE  |    | N  |   |   |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) Other Serious Criteria: Med sig Plateletopenia/ Thrombocytopenia [Thrombocytopenia] Low platelets [Platelet count decreased]  |  |                                     |       |                                   | PATIENT DIED  INVOLVED OR PROLONGED INPATIEN HOSPITALISATION |           |       |              |   |              | IENT        |  |      |                            |      |    |    |   |   |
| Patient administeration   | a Patient S                            | Patient Support Program (PSP), with |       |                                   |  |           |       | ו            | INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY |              |             |  |      |                            |      |    |    |   |   |
| unknown origin.   |  |                                     |       | (Conti                            | nued on Add  | ditional  | l Inf | ormat        | ion F   | Page)        | ,<br>,<br>, |  | LIFE | E<br>REATEN                | IING | i  |    |   |   |
|   |  | II SUSPEC                           | T DRI | •                                 |  |           |       |              |   | 3-1          | <u> </u>    |  |      |                            |      |    |    |   | _ |
| II. SUSPECT DRUG(S) INFORMATION  14. SUSPECT DRUG(S) (include generic name) #1 ) Abemaciclib (Abemaciclib) Tablet {Lot # D669613; Exp.Dt. APR-2026} (Continued on Additional Information Page)  (Continued on Additional Information Page)  |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
|   |  |                                     |       | 16. ROUTE(S)<br># <b>1 ) Oral</b> | . ROUTE(S) OF ADMINISTRATION<br>1 ) Oral                     |           |       |              |   |              | YES NO NA   |  |      |                            |      |    |    |   |   |
| 17. INDICATION(S) FOR USE<br>#1 ) Breast cancer (Breast cancer)   |  |                                     |       |                                   | 21. DID REACTION REAPPEAR AFTER REINTRODUCTION?              |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| ·   |  |                                     |       |                                   | o. THERAPY DURATION<br>1 ) 28 days                           |           |       |              |   | YES NO NA    |             |  |      |                            |      |    |    |   |   |
| III. CONCOMITANT DRUG(S) AND HISTORY  |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| 22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) #1 ) ARIMIDEX (ANASTROZOLE) Unknown; Unknown #2 ) LOPERAMIDE HYDROCHLORIDE (LOPERAMIDE HYDROCHLORIDE) #3 ) METFORMIN (METFORMIN) Tablet, 500 mg; 2022 / Ongoing #4 ) IRBESARTAN (IRBESARTAN) Unknown; 2020 / Ongoing #5 ) VITAMIN D [COLECALCIFEROL] (COLECALCIFEROL) Unknown; Unknown #6 ) CALCIUM (CALCIUM) Unknown: Unknown  (Continued on Additional Information Page) |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| 23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) From/To Dates  Description  Type of History / Notes  Description  Type 2 diabetes mellitus (Type 2 diabetes mellitus)  Unknown to Ongoing  Medical Condition  Arterial hypertension (Hypertension)   |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| IV. MANUFACTURER INFORMATION  |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| 24a. NAME AND ADDRESS OF MANUFACTURER Eli Lilly Interamerica Inc (AR Branch) Tronador 4890 - Piso 12 Buenos Aires, Capital Federal CP: 1430 ARGENTINA Phone: 54 1145464000  |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
|   | 24b. MFR CC<br>CR2024                  | NTROL NO.<br>10007986               |       |                                   | 25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| 24c. DATE RECEIVED BY MANUFACTURER  17-JUN-2025  24d. REPORT SOURCE STUDY LITERATURE PROFESSIONAL  OTHER:   |  |                                     |       |                                   | NAME AND ADDRESS WITHHELD.  NAME AND ADDRESS WITHHELD.       |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |
| DATE OF THIS REPORT 23-JUN-2025   |  |                                     |       |                                   |  |           |       |              |   |              |             |  |      |                            |      |    |    |   |   |

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### ADDITIONAL INFORMATION

#### 7+13. DESCRIBE REACTION(S) continued

Medical history included diabetes/ type two diabetes since 2022, arterial hypertension, high blood pressure, and low platelet problems since approximately 2022. Concomitant medications included loperamide hydrochloride for the prevention of diarrhea, metformin for diabetes, colecalciferol, olanzapine, amlodipine and calcium for an unknown indication, and irbesartan for high blood pressure.

The patient was prescribed abemaciclib (Verzenio) tablet, 150 mg, twice daily, orally, beginning on 08-Oct-2024, with anastrozole once a day in morning, as concomitant chemotherapy, both for breast cancer. On an unknown date, from the second week of starting abemaciclib therapy, she would start taking 150mg, once daily (off label use). Also, on 04-Nov-2024, she experienced low platelets (values, units and reference ranges were not provided). Due to which, abemaciclib was suspended on 04-Nov-2024. On the week of 20-Dec-2024, abemaciclib therapy was suspended because her platelets were lowered. On 24-Dec-2024, she underwent a test to verify her platelets (no date, results, reference range nor units provided). She did not take any corrective treatment for low platelets. In Mar-2025, she resumed abemaciclib therapy 150 mg every 12 hours. On 15-Mar-2025, she had plateletopenia/ thrombocytopenia. The event of thrombocytopenia was considered as serious by the reporter due to its medical significance reason. On 20-May-2025, a blood test was performed, which showed slightly low platelets (no date, results, reference range and units not provided). Therefore, the doctor decided to discontinue the treatment on 20-May-2025, and instructed her to resume it in 8 days. Outcome of low platelets and thrombocytopenia was not recovered while unknown for other event. Information regarding corrective treatment was not provided. Abemaciclib therapy was ongoing.

The initial reporting consumer did not provide relatedness of the events with abemaciclib therapy.

Update 29-Oct-2024: Information was received from initial reporting consumer on 08-Oct-2024 via PSP. No new medically significant information was received. No changes were made to the case.

Update 24-Nov-2024: Information was received from initial reporting consumer on 13-Nov-2024 and 18-Nov-2024 via PSP. Both follow up processed together. Added one non serious event of platelet count decreased, three concomitant drug anastrozole, vitamin d, calcium, stop date of suspect drug. Updated action taken from unknown to drug discontinued. Updated narrative with new information.

Update 06-Jan-2025: Additional information was received on 27-Dec-2024 from second reporting consumer via a PSP. Added one lab test dated 24-Dec-2024 and a second reporting consumer. Updated age of patient from 56 to 70 years in narrative, platelet count decreased outcome from unknown to not recovered, anastrozole indication from unknown to breast cancer, low platelets corrective treatment from unknown to no, and narrative accordingly.

Update 01-Apr-2025: Additional information received on 27-Mar-2025 from second reporter via PSP. This case was upgraded to serious due to addition of a serious event thrombocytopenia. Added concomitant drugs as olanzapine and amlodipine. Updated event coding for previously captured Intercepted product prescribing error to off label use as patient was prescribed by physician to take 150mg daily. Accordingly updated the narrative with the new information.

Update 26-May-2025: Additional information received on 21-May-2025 and 22-May-2025 from second reporter via PSP. Added one new dosage regimen for abemaciclib therapy and abemaciclib therapy stop date. Accordingly updated the narrative with the new information.

Update 20-Jun-2025: Additional information was received from second reporter via PSP on 17-Jun-2025. Added start date of abemaciclib dosing regimen of 150 mg twice daily. Updated narrative accordingly.

T--+ / A------- / N-+--

| <br># | Date        | Test / Assessment / Notes               | Results               | Normal High / Low |
|-------|-------------|---|-----------------------|-------------------|
| 1     |             | Platelet count                          |                       |                   |
|       |             | low<br>values, units and reference rang | es were not provided. |                   |
| <br>2 | 24-DEC-2024 | Platelet count                          |                       |                   |
|       |             | (no date, results, reference rang       | e nor units provided) |                   |

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### 14-19. SUSPECT DRUG(S) continued

| . ,  |   |                           |  |
|--|---|---------------------------|--|
| 14. SUSPECT DRUG(S) (include generic name) | 15. DAILY DOSE(S);<br>16. ROUTE(S) OF ADMIN | 17. INDICATION(S) FOR USE | 18. THERAPY DATES (from/to);<br>19. THERAPY DURATION |

13. Lab Data

# **ADDITIONAL INFORMATION**

| 14-19. SUSPECT DRUG(S) continued                     |   |                               |  |  |  |  |  |  |
|--|---|-------------------------------|--|--|--|--|--|--|
| 14. SUSPECT DRUG(S) (include generic name)           | 15. DAILY DOSE(S);<br>16. ROUTE(S) OF ADMIN | 17. INDICATION(S) FOR USE     | 18. THERAPY DATES (from/to);<br>19. THERAPY DURATION |  |  |  |  |  |
| #1 ) Abemaciclib (Abemaciclib) Tablet;<br>Regimen #2 | 150 mg, daily; Oral                         | Breast cancer (Breast cancer) | Unknown;<br>Unknown                                  |  |  |  |  |  |
| #1 ) Abemaciclib (Abemaciclib) Tablet;<br>Regimen #3 | 150 mg, daily; Oral                         | Breast cancer (Breast cancer) | Unknown;<br>Unknown                                  |  |  |  |  |  |
| #1 ) Abemaciclib (Abemaciclib) Tablet;<br>Regimen #4 | 150 mg, bid; Oral                           | Breast cancer (Breast cancer) | MAR-2025 /<br>20-MAY-2025;<br>Unknown                |  |  |  |  |  |

## 22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION continued

#2 ) LOPERAMIDE HYDROCHLORIDE (LOPERAMIDE HYDROCHLORIDE) Unknown; 08-OCT-2024 / Ongoing

#7 ) TELORZAN (OLANZAPINE) Unknown ; Unknown

#8 ) AMLODIPINE (AMLODIPINE) Unknown ; Unknown

## 23. OTHER RELEVANT HISTORY continued

| From/To Dates      | Type of History / Notes              | Description                               |
|--------------------|--------------------------------------|---|
| Unknown to Ongoing | Medical Condition                    | Blood pressure high (Hypertension);       |
| 2022 to Unknown    | Medical Condition since 1 or 2 years | Low platelets (Platelet count decreased); |