SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET		
		Day	Month	Year				Day	Month	Year
PRIVACY	COSTA RICA		PRIVACY		44 Years	Female	Unk		Unk	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)

Could not see [Blindness]

Case Description: This spontaneous case, reported by a consumer via other manufacturer who contacted the company to report an adverse event, concerned a 44-year-old (at the time of initial report) female patient of unknown origin.

Medical history was not provided. Concomitant medications were not provided.

(Continued on Additional Information Page)

8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION

- ☐ PATIENT DIED
- ☐ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
- ☒ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
- ☐ LIFE THREATENING

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)
#1) Trulicity 1.5mg (Dulaglutide) Solution for injection in pre-filled pen, 1.5 mg
(Continued on Additional Information Page)

20. DID REACTION ABATE AFTER STOPPING DRUG? ☐ YES ☐ NO ☒ NA

15. DAILY DOSE(S)	16. ROUTE(S) OF ADMINISTRATION
#1) 1.5 mg, unknown	#1) Unknown

17. INDICATION(S) FOR USE
#1) Product used for unknown indication (P
(Continued on Additional Information Page)

21. DID REACTION REAPPEAR AFTER REINTRODUCTION? ☐ YES ☐ NO ☒ NA

18. THERAPY DATES(from/to)	19. THERAPY DURATION
#1) Ongoing	#1) Unknown

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)

23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)
From/To Dates — Type of History / Notes — Description
Unknown

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

26. REMARKS

24b. MFR CONTROL NO.
CR202503025941

24c. DATE RECEIVED BY MANUFACTURER
27-MAR-2025

24d. REPORT SOURCE
☐ STUDY ☐ LITERATURE ☐ HEALTH PROFESSIONAL ☒ OTHER: Spontaneous

DATE OF THIS REPORT
02-APR-2025

25a. REPORT TYPE
☒ INITIAL ☐ FOLLOWUP:

25b. NAME AND ADDRESS OF REPORTER
NAME AND ADDRESS WITHHELD.

NAME AND ADDRESS WITHHELD.

Mfr. Control Number: CR202503025941

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The patient received dulaglutide (Trulicity) via prefilled pen 1.5 mg, at an unknown frequency via unknown route for the treatment of an unknown indication beginning on an unknown date. On an unknown date, while on dulaglutide treatment, she could not see (Blindness). The event of blindness was considered serious due to their disability reason. Information regarding corrective treatment and outcome of event was not provided. Status of dulaglutide therapy was continued.

The initial reporting consumer did not provide any opinion of relatedness for the event with dulaglutide therapy.

14-19. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION
#1) Trulicity 1.5mg (Dulaglutide) Solution for injection in pre-filled pen, 1.5 mg; Regimen #1	1.5 mg, unknown; Unknown	Product used for unknown indication (Product used for unknown indication)	Ongoing; Unknown