|   |  |  |  |                           |  |  |   |     |     |        |              |           |      |                              | CIO   | <b>M</b> C | IS F | OF | \$M      |
|---|--|--|--|---------------------------|--|--|---|-----|-----|--------|--------------|-----------|------|------------------------------|-------|------------|------|----|----------|
|   |  |  |  |                           |  |  |   |     |     |        |              |           |      |                              |       |            |      |    |          |
| SUSPECT AD  |  |  |  |                           |  |  |   |     |     |        |              |           |      | $\exists$                    |       |            |      |    |          |
|   |  |  |  |                           |  |  |   |     | T   | Τ      |              |           | T    |                              |       | T          | T    |    | $\dashv$ |
|   |  |  |  |                           |  |  |   |     |     |        |              |           |      |                              |       |            |      |    | Ш        |
| I. REACTION INFORMATION  1. PATIENT INITIALS 12. CHECK ALL  2. DATE OF BIRTH 22. AGE 3. SEX 32. WEIGHT 4-6 REACTION ONSET 8-12 CHECK ALL  |  |  |  |                           |  |  | $\neg$  |     |     |        |              |           |      |                              |       |            |      |    |          |
| (first, last)   | rst, last) COSTA RICA Day Month Year 69 Link Day Month Year                  |  |  |                           |  |  | APPROPRIATE TO<br>ADVERSE REACTION              |     |     |        |              |           |      |                              |       |            |      |    |          |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) bronchomoniasis [Respiratory moniliasis] Influenza [Influenza] Inflammation in the liver [Hepatitis] Inflammation of the gallbladder [Cholecystitis] Pain on the right side [Pain]  |  |  |  |                           |  | PATIENT DIED  INVOLVED OR PROLONGED INPATIENT HOSPITALISATION  INVOLVED PERSISTENT |   |     |     |        |              |           |      |                              |       |            |      |    |          |
| stomach hurts/is like cramps [Abdominal pain upper] Diarrhoea [Diarrhoea]   |  |  |  |                           |  |  |   |     |     |        | '            |           | DISA | SIGNIFI<br>ABILITY<br>APACIT | OR    | Т          |      |    |          |
| Case Description: This solicited case, reported by a consumer via a paraconcerned a 69-year-old (at the time of   |  |  |  |                           | •                                      | ipport prog  | -   | `   | , . | tion P | age)         | , [       |      | LIFE<br>THR                  | EATEN | ING        |      |    |          |
| II. SUSPECT DRUG(S) INFORMATION   |  |  |  |                           |  |  |   |     |     |        |              |           |      |                              |       |            |      |    |          |
| 14. SUSPECT DRUG(S) (include generic name)<br>#1 ) Abemaciclib (Abemaciclib) Tablet   |  |  |  |                           |  | 20. DID REACTION ABATE AFTER STOPPING DRUG?  |   |     |     |        |              |           |      |                              |       |            |      |    |          |
|   |  |  |  | 16. ROUTE(S)<br>#1 ) Oral | 6. ROUTE(S) OF ADMINISTRATION 1 ) Oral |  |   |     |     |        | ; <u>П</u> и | O 🛮 NA    |      |                              |       |            |      |    |          |
| 17. INDICATION(S) FOR USE<br>#1 ) Breast cancer (Breast cancer)   |  |  |  |                           |  |  | 21. DID REACTION REAPPEAR AFTER REINTRODUCTION? |     |     |        |              |           |      |                              |       |            |      |    |          |
| 18. THERAPY DATES(from/to)<br>#1 ) 13-NOV-2024 / Ongoing  |  |  |  |                           |  | 9. THERAPY DURATION<br>1 ) Unknown   |   |     |     |        |              | YES NO NA |      |                              |       |            |      |    |          |
| III. CONCOMITANT DRUG(S) AND HISTORY  |  |  |  |                           |  |  |   |     |     |        |              |           |      |                              |       |            |      |    |          |
| 22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) #1 ) ENALAPRIL (ENALAPRIL) Unknown; Unknown #2 ) CONTROLIP [FENOFIBRATE] (FENOFIBRATE) Unknown; Unknown #3 ) FAMOTIDINE (FAMOTIDINE) Unknown, 90 mg; Unknown #4 ) GEMFIBROZIL (GEMFIBROZIL) Unknown; Unknown #5 ) GLIBENCLAMIDE (GLIBENCLAMIDE) Unknown; Unknown #6 ) METFORMIN (METFORMIN) Unknown; Unknown  (Continued on Additional Information Page) |  |  |  |                           |  |  |   | ge) |     |        |              |           |      |                              |       |            |      |    |          |
| 23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) From/To Dates Type of History / Notes Description  2007 to Ongoing Medical Condition Type 2 diabetes mellitus (Type 2 diabetes mellitus)  Unknown to Ongoing Medical Condition Eyeglasses wearer (Corrective lens user)  |  |  |  |                           |  |  |   |     |     |        |              |           |      |                              |       |            |      |    |          |
| 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 CONTROL NO.  CR202412000125   |  |  |                           |  | 25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.                       |   |     |     |        |              |           |      |                              |       |            |      |    |          |
| 24c. DATE RECEIVED BY MANUFACTURER 21-MAY-2025  DATE OF THIS REPORT 27-MAY-2025   | 2025 STUDY LITERATURE  HEALTH PROFESSIONAL OTHER:  S REPORT 25a. REPORT TYPE |  |  |                           |  | NAME AND ADDRESS WITHHELD.   |   |     |     |        |              |           |      |                              |       |            |      |    |          |

X INITIAL

FOLLOWUP:

## ADDITIONAL INFORMATION

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

initial report) female patient of an unknown origin.

Medical history included type 2 diabetes, high pressure, high triglycerides, asthma, vision abnormal and eyeglasses wearer. Concomitant medications included enalapril for blood pressure, fenofibrate for triglycerides, and famotidine, gemfibrozil, glibenclamide, metformin, loratadine, beclometasone, salbutamol, disodium fumarate, calcium, ascorbic acid; all for unknown indication.

The patient received abemaciclib (Verzenio) tablet, 150 mg, twice daily via oral route of administration, for the treatment of breast cancer, beginning on 13-Nov-2024. On an unknown date in Nov-2024, three days after starting abemaciclib therapy, she had diarrhea. She took serum and was given medication for the diarrhea (unspecified). Sometimes, if she ate cheese, custard, milk or meat, her stomach hurts like cramps and got diarrhea. On an unknown date, she was hospitalized for 22 days due to severe liver and gallbladder inflammation. She was treated for nine days for the gallbladder and liver inflammation, and for the remaining days in hospital she was treated for moderate influenza that caused bronchomoniasis. She was released from hospital on an unknown date in May-2025. On an unknown date, she had mild pain on her right side, pain was not below the rib. Information regarding further corrective treatment was not provided. Outcome of the event diarrhea was resolved, not recovered for pain, unknown for abdominal pain upper whereas recovering for remaining events. Therapy status of abemaciclib was continued.

The reporting consumer did not provide an opinion on relatedness assessment of the events diarrhea and abdominal pain upper whereas did not relate the remaining events with abemaciclib therapy.

Update 27-May-2025: Additional information was received from the initial reporter via PSP on 21-May-2025. This case was upgraded to serious due to addition of four serious events cholecystitis, hepatitis, influenza and respiratory moniliasis with criteria of hospitalization. Added two medical histories and one non serious event of pain. Updated the narrative with new information.

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

#7 ) LORATADINE (LORATADINE) Unknown, 10 mg; Unknown

#8) BECLOMETHASONE [BECLOMETASONE] (BECLOMETHASONE [BECLOMETASONE]) Unknown; Unknown

#9) SALBUTAMOL (SALBUTAMOL) Unknown; Unknown

#10 ) FUMARATE DISODIUM (DISODIUM FUMARATE) Unknown ; Unknown

#11 ) CALCIUM (CALCIUM) Unknown ; Unknown

#12) VITAMIN C [ASCORBIC ACID] (VITAMIN C [ASCORBIC ACID]) Unknown; Unknown

## 23. OTHER RELEVANT HISTORY continued

| From/To Dates      | Type of History / Notes | Description  |  |  |  |  |  |
|--------------------|-------------------------|--|--|--|--|--|--|
| Unknown to Ongoing | Medical Condition       | Vision abnormal (Visual impairment);                 |  |  |  |  |  |
| Unknown            | Medical Condition       | Blood pressure increased (Blood pressure increased); |  |  |  |  |  |
| Unknown            | Medical Condition       | Triglycerides high (Blood triglycerides increased);  |  |  |  |  |  |
| Unknown            | Medical Condition       | Asthmatic (Asthma);                                  |  |  |  |  |  |