| | | | | | | | | | | | | | | CIO | ٥N | /IS | FO | RM |
|--|---|--|----------------|----------------------------|---|-------|--|---|-------|-------|--------|-----|-------------|-----------------|------|------|----|----|
| | | | | | | | | | | | | | | | | | | |
| SUSPECT ADVERSE REACTION REPORT | | | | | | | | | | | | | | | | | | |
| | | | | | | | | Τ | Τ | П | Т | | Т | Т | Т | Т | Τ | Τ |
| | | | | | | | | | | | | | | | _ | | | |
| I. REACTION INFORMATION | | | | | | | | | | | | | | | | | | |
| 1. PATIENT INITIALS (first, last) | 1a. COUNTRY COSTA RICA | | | | | Year | 8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION | | | | | | | | | | | |
| PRIVACY Years Female 01 02 APR 2025 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) | | | | | | | | | | | | | | | | | | |
| Event Verbatim [PREFER Stomach pain [Al | | | | | | | |] | | | ENT DI | | | | | | | |
| Sweating [Hyperhidrosis] blood pressure goes up [Blood pressure increased] | | | | | | | | | | | | | | | | | | |
| Constipation [Con | Constipation [Constipation] vomiting/ threw it away [Vomiting] | | | | | | | | | | | | | | | | | |
| Diarrhea [Diarrhoea] Disability or | | | | | | | | | | | | | | | | | | |
| | Lack of appetite [Decreased appetite] Case Description: This solicited case, reported by a consumer via a Patient Support Program (PSP), | | | | | | | | | | | | | | | | | |
| | rear-old (at the time | | ilei via a | | nued on Add | - | • | , | ion F | Page) | [| | LIFE THR | EATEN | ING | | | |
| II. SUSPECT DRUG(S) INFORMATION | | | | | | | | | | | | | | | | | | |
| 14. SUSPECT DRUG(S) #1) Abemaciclib (A | (include generic name) Abemaciclib) Tablet | | | | | | | | | | 20. | ABA | ATE A | CTION FTER S | | PPIN | 3 | |
| AF DAILY DOOF(0) | | | | 46 POUTE(0) | DRUG? | | | | | | | | | | | | | |
| 15. DAILY DOSE(S) #1) 150 mg, bid | | | | #1) Oral | ROUTE(S) OF ADMINISTRATION Oral YES NO NA | | | | | | | | | | | | | |
| 17. INDICATION(S) FOR USE 21. DID REACTION REAPPEAR AFTER REINTRODUCTION? | | | | | | | | | | | | | | | | | | |
| 18. THERAPY DATES(fro | · , | | | 19. THERAPY I | DURATION | | | | | | ┨ | KEI | INTIN | JDOCI | IOIN | | | |
| | | | | |) Unknown | | | | | | | | | | | | | |
| | | III. CONCOMIT | TANT F | DRUG(S) | AND H | ISTO |)R | Y | | | 1 | | | | | | | |
| | * * | MINISTRATION (exclude those us DLE) Unknown ; Unkno | sed to treat r | , , | 7.110 11 | | <u> </u> | <u>. </u> | | | | | | | | | | |
| #2) TAMOXIFEN | I (TAMOXIFEN) Ur | nknown ; Unknown | own | | | | | | | | | | | | | | | |
| #4) GABAPENT | #3) TRAMADOL (TRAMADOL) Unknown ; Unknown #4) GABAPENTIN (GABAPENTIN) Unknown ; Unknown | | | | | | | | | | | | | | | | | |
| #5) ACETAMINOPHEN (ACETAMINOPHEN) Unknown ; Unknown #6) CLONAZEPAM (CLONAZEPAM) Unknown ; Unknown (Continued on Additional Information Page) | | | | | | | | | | | | | | | | | | |
| From/To Dates | HISTORY. (e.g. diagnostics, | allergies, pregnancy with last mo Type of History / Notes | • | Description | | | | | | | | | | | | | | |
| Unknown Unknown | Unknown Medical Condition Memory loss (Amnesia) | | | | | | | | | | | | | | | | | |
| | | Low pressure | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| 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 CO | ONTROL NO. | | 25b. NAM | ME AND ADDR | ESS O | F RE | PORTE | R | | | | | | _ | | | |
| | CR20250 | 04015691 | | NAME AND ADDRESS WITHHELD. | | | | | | | | | | | | | | |
| 24c. DATE RECEIVED BY MANUFACTURE | 24d. REPORT | T SOURCE | | NAME | AND ADD | RESS | S W | THHE | ELD. | | | | | | | | | |
| 28-APR-2025 | HEALTH PROFES | | | | | | | | | | | | | | | | | |
| DATE OF THIS REPORT 05-MAY-2025 | 25a. REPORT | T TYPE | 1 | | | | | | | | | | | | | | | |

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

the initial report) female patient of an unknown origin.

Medical history included memory loss, low pressure, chemotherapies and radiotherapy. Concomitant medication includeds dimenhydrinate, hyoscine, clonazepam, acetaminophen, gabapentin and tramadol for the treatment of unknown indication.

The patient received abemaciclib (Verzenios) tablet, 150 mg twice daily via oral route for breast cancer, beginning on 31-Mar-2025. She took anastrozole for breast cancer and tamoxifen for unknown indication as concomitant medications. On 02-Apr-2025, she had diarrhea and almost threw it away, had vomiting. On an unknown date, abemaciclib made her sick because it caused diarrhea and stomach pain every day every time when she took it, when she got stomach pain she started sweating, one day she had to go to the emergency room because she got sick to her stomach from so much pain. Her blood pressure went up due to the pain that abemaciclib caused her since she started taking it. On an unknown date, she had constipation and lack of appetite. She took loperamide for diarrhea and hydroxal to help her stomach however for remaining events treatment information was not provided. The outcome of the event diarrhea and vomiting was recovering whereas not recovered for remaining events. The status of abemaciclib therapy was ongoing.

The initial reporting consumer did not provide the relatedness of constipation and decreased appetite whereas related the remaining events with the abemaciclib therapy.

Update 04-May-2025: Additional information was received from the initial reporter via PSP conducted by business partner, on 28-Apr-2025. Added six concomitant drugs of dimenhydrinate, hyoscine, clonazepam, acetaminophen, gabapentin and tramadol, therapy start date of abemaciclib, and two non-serious events decreased appetite and constipation. Updated the outcome of the events diarrhea and vomiting from not recovered to recovering and narrative with new information.

13. Lab Data

| # | Date | Test / Assessment / Notes | Results | Normal High / Low |
|-------|------|--|-------------------------|-------------------|
| 1 | | Blood pressure measurement Positive increased (Value, unit and reference | range was not provided) | |

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

#7) HYOSCINE (HYOSCINE) Unknown ; Unknown

#8) GRAVOL (DIMENHYDRINATE) Unknown ; Unknown

23. OTHER RELEVANT HISTORY continued

| From/To Dates | Type of History / Notes | Description | | | | |
|---------------|-------------------------|------------------------------|--|--|--|--|
| Unknown | Procedure | Chemotherapy); | | | | |
| Unknown | Procedure | Radiotherapy (Radiotherapy); | | | | |