| SUSPECT ADVERSE REACTION REPORT   |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
|---|------------------|---------------------------|-------------------------|-------------|----------|------------|---|---------------------------------|----|------|--------|--------|-----------------|-------------|-----|----------------|--------|-----------|-------|
| DO-TOLMAR, INC  | 25DO056861       |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
|   |                  |                           |                         | I. REAC     | TION     | INFOR      | MATION                                  |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| 1. PATIENT INITIALS   | GE               | 3. SEX 4-6 REACTION ONSET |                         |             |          |            |   |                                 | 8- |      | CHEC   |        |                 |             |     |                |        |           |       |
| (first, last)   | DOMINICAN        | Day                       | Month                   | Year        | 1        | ears<br>60 | Male                                    | Day   Month                     |    |      |        | Y      | ear             | $\dashv$    |     | APPRO<br>TO AD | VERS   | ATE<br>SE |       |
| MARR  | Cont 18 Nov 1964 |                           |                         |             |          | 00         | Ividio                                  |                                 |    | 2025 |        |        | 025             |             |     | REAC           | TION   |           |       |
| 7+13 DESCRIBE REA   |                  |                           |                         |             |          |            |   |                                 | Пг |      | PATIEN | NT DIE | D               |             |     |                |        |           |       |
| 1) Increased liver level/Elevated Liver Enzymes three times the normal value (Hepatic enzyme increased (1006079) Hepatic enzyme increased (10060795)) |                  |                           |                         |             |          |            |   |                                 |    |      |        | 795)   | ,               |             | =   | LIFE TI        | HREAT  | ENIN      | IG    |
| (//2025 - ) - Reco  |                  |                           |                         |             |          |            |   |                                 | ┟  | _    | INVOL  | VED O  | R               |             |     |                |        |           |       |
| 2) Experiencing flu   |                  |                           |                         |             |          |            |   |                                 | L  | _    | HOSPI  | TALIZA |                 | ATIENT<br>N |     |                |        |           |       |
| (11/Feb/2025 - ) - Not Recovered/Not Resolved/Ongoing 3) Mucous discharge (Mucous discharge (10073764), Secretion discharge (10053459))               |                  |                           |                         |             |          |            |   |                                 |    |      |        |        | RESUL<br>PERSIS | STENC       |     | ₹              |        |           |       |
| (11/Feb/2025 - ) - Not Recovered/Not Resolved/Ongoing 4) Overall body aches (General body pain (10048971), Pain (10033371))                           |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 | SIGNIF      |     |                | PACITY |           |       |
| 1 '   |                  |                           |                         |             |          |            |   |                                 | L  |      | CONG   | ENITAL | _AN(            | DMALY       |     |                |        |           |       |
| (11/Feb/2025 - ) - Not Recovered/Not Resolved/Ongoing   |                  |                           |                         |             |          |            |   |                                 |    | Con  | ıt     |        | OTHEF<br>IMPOR  |             |     |                |        |           |       |
|   |                  |                           | II.                     | . SUSPECT   | Γ DRU    | G(S)IN     | FORMAT                                  | ION                             |    |      |        |        |                 |             |     |                |        |           |       |
| 14. SUSPECT DRUG(   | , ,              | ,                         |                         |             |          |            |   |                                 |    |      |        |        |                 | 20.         |     | DID E          |        | гр        |       |
| 1) Eligard® (Leuprolide acetate, Leuprolide acetate) (Suspect) (Injection)(51   |                  |                           |                         |             |          | 109CU      | :UY; UNK; UNK)<br>Cont                  |                                 |    |      |        |        |                 |             |     | ABATE<br>STOPI | PING   | DRU       |       |
|   |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 | 21.         |     | YES            |        | Ю         | NA    |
|   |                  |                           |                         |             |          |            | ROUTE(S) OF ADMINISTRATION Subcutaneous |                                 |    |      |        |        |                 |             |     | DID E\         | PEAR   |           |       |
| 1) (22.5 milligram(s), 1 in 3 Month)  |                  |                           |                         |             |          |            | Cutanicous                              |                                 |    |      |        |        |                 |             |     | AFTEF<br>REINT | RODU   | JCTI      | ON    |
|   |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     | YES            |        | Ю         | NA    |
| 17. INDICATION(S) FO  | OR USE           |                           |                         |             |          |            |   |                                 |    |      |        |        |                 | ┥′          | (NA | A: Not         | t Appl | icat      | ole)  |
| 1) Prostate cancer [  |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| 18. THERAPY DATE(S) (from/to) 1) (10/Nov/2023 - Ongoing) 19. THERAPY DURATION   |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
|   |                  |                           | III C                   | ONCOMITA    | ANT D    | RUG(S      | ) AND HI                                | STORY                           | ,  |      |        |        |                 |             |     |                |        |           |       |
| 22. CONCOMITANT D   | RUG(S) AND DAT   | ES OF ADM                 |                         |             |          | ,          | ,                                       |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| 1)VITAMINE C(ASC  | CORBIC ACID)     |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           | Cont  |
| 22 OTHER RELEVAN  | T LUCTODY /o ~ . | liaanaatiaa               | allergies, pro          | ananay with | last mas | nth of n   | ariad ata \                             |                                 |    |      |        |        |                 |             |     |                |        |           | COIII |
| 23. OTHER RELEVAN<br>1) PROSTATE CAN  |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
|   |                  |                           |                         | /. MANUFA   | ACTUF    | RER IN     | FORMATI                                 | ION                             |    |      |        |        |                 |             |     |                |        |           |       |
| 24a. NAME AND ADDI  | RESS OF MANUFA   | ACTURER                   |                         |             |          |            | Stu                                     |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| Name : Tolmar, Inc<br>701 Centre Avenue   |                  |                           |                         |             |          |            | Study Name: NA                          |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| Fort Collins, CO, 80  | 526, UNITED ST   | TATES OF                  | AMERICA                 |             |          |            | EudraCT Number:                         |                                 |    |      |        |        |                 |             |     |                |        |           |       |
|   |                  |                           |                         |             |          |            |   | Protocol No.: NA<br>Center No.: |    |      |        |        |                 |             |     |                |        |           |       |
|   |                  |                           |                         |             |          |            |   | ject Id                         | -  |      |        |        |                 |             |     |                |        |           |       |
| 24.REPORT NULLIFIED 24b. MFR CONTROL NO.  |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| YES   | NO               |                           |                         | INIO 050    | 00500    | 0.4        |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| 24c. DATE RECEIVED  | )                |                           | D-TOLMAR<br>J. REPORT S | , INC25DO   | JU568    | וס         |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| BY MANUFACTU  |                  |                           | 2                       |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| 22/May/2025   |                  | ľ                         | STUDY                   |             | RATURE   | =          |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| DATE OF THIS REPORT  25a. REPORT TYPE   |                  |                           |                         |             |          |            | $\overline{}$                           |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| 04/Jun/2025   |                  |                           | INITIAL                 | FOLI        | LOWUP    |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |
| L   |                  |                           |                         |             |          |            |   |                                 |    |      |        |        |                 |             |     |                |        |           |       |

= Continuation attached sheet(s)..

#### 1a. COUNTRY

### DOMINICAN REPUBLIC

7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) (Continuation...)

- 5) Secretion (Nasal discharge (10028737), Rhinorrhoea (10039101)(11/Feb/2025 ) Not Recovered/Not Resolved/Ongoing)
- 6) JOINT PAIN (Joint pain (10023222), Arthralgia (10003239)(11/Feb/2025 ) Not Recovered/Not Resolved/Ongoing)
- 7) MUSCLE PAIN (Muscle pain (10028322), Myalgia (10028411)(11/Feb/2025 ) Not Recovered/Not Resolved/Ongoing)

#### **Event Description**

This Study report from DOMINICAN REPUBLIC was received by Adium via Asofarma a tu lado Patient Support Program (reference number: DO-ADIUM-DO-0011-20250212) on 12-FEB-2025 from a Consumer/Other Non-Health Prof regarding an Adult 60 Years old Male patient who experienced flu (Flu), Hepatic enzyme increased (Hepatic enzyme increased), Mucous discharge (Mucous discharge), Overall body aches (General body pain), Secretion (Nasal discharge), Joint pain (Joint pain), Muscle pain (Muscle pain), during Eligard (Leuprolide acetate) 22.5 milligram therapy for Prostate cancer. The needle component of the constituent device was not identified in the report. The report was sent to Tolmar on 17-FEB-2025.

The patient's medical history and current conditions included Prostate cancer.

Concomitant medications included Vitamin C, High-dose intravenous vitamin C, homemade cinnamon tea and homemade ginger tea.

On 08-NOV-2023, the patient began receiving Eligard 22.5 milligram, q 3 month via Subcutaneous use for Prostate cancer (Lot numbers and Expiration dates not provided).

On 11-FEB-2025, unknown time after the most recent dose of Eligard, the patient experienced flu, presenting with mucus (mucous discharge), secretion, joint pain, and muscle pain, referring to overall body aches. Also, his liver levels, as shown in laboratory tests (no further details provided), had increased. However, according to his urologist, this was caused by Eligard, not a cause for concern. Corrective treatment was not reported. Action taken with Eligard in response to the events was Dose Not Changed. De-challenge and re-challenge were Not applicable. The outcome of Hepatic enzyme increased was Unknown. The outcome of Flu, Mucous discharge, General body pain, Nasal discharge, Joint pain and Muscle pain was Not Recovered/Not Resolved.

The reporter did not assess the seriousness or causality of the events in relationship to Eligard and Eligard unspecified device.

On 22-May-2025, the follow up information was received by Adium via Asofarma a tu lado Patient Support Program (reference number: DO-ADIUM-DO-0011-20250212) from a consumer (non-healthcare professional) and sent to Tolmar on 23-May-2025. New information included: added confirmed start date, lot number and expiration date of Eligard and new lab test. Updated verbatim of 'Hepatic enzyme increased' from 'Increased liver level' to 'Increased liver level/Elevated Liver Enzymes three times the normal value' and outcome from "unknown" to "resolving" along with treatment drug. Updated seriousness criteria of the event Hepatic enzyme increased from "non-serious" to "serious" (medically significant). Narrative was updated. The case was upgraded from non-serious to serious.

On 10-Nov-2023, the patient began receiving Eligard 22.5 mg, every 3 months via subcutaneous route for prostate cancer (Lot numbers: 5109CUY; UNK; UNK and Expiration dates: Mar-2026; UNK; UNK).

On an unknown date in 2025, the patient experienced elevated liver enzymes three times the normal value, requiring treatment with N-acetylcysteine. He said that they had decreased since starting the treatment, although they were still not within normal limits. No further details were provided.

Corrective treatment included N-acetylcysteine (acetylcysteine).

#### Relevant test results included:

On an unknown date: Hepatic enzyme increased: elevated three times the normal value (Ref. range: Not provided).

Action taken with Eligard in response to the events was dose not changed. De-challenge and re-challenge were not applicable.

The outcome of hepatic enzyme increased was resolving.

The reporter assessed the seriousness of hepatic enzyme increased as non-serious.

The reporter assessed the causality of the hepatic enzyme increased in relationship to Eligard and Eligard unspecified device as not related.

No further information is expected as consent to be contacted was not provided.

Listedness of the events Influenza, hepatic enzyme increased, secretion discharge, pain, rhinorrhoea, arthralgia, and myalgia is retained as per previous assessment.

Company Remarks (Sender's Comments) :

Evaluator comment (Tolmar):

Hepatic enzyme increased-Related to Drug and not related to device

Influenza-Not related to drug and device

Secretion discharge-Not related to drug and device

Pain-Not related to drug and device

Rhinorrhoea-Not related to drug and device

Arthralgia-related to drug and not related to device

Myalgia-Not related to drug and not related to device

Causality of the events Influenza, hepatic enzyme increased, secretion discharge, pain, rhinorrhoea, arthralgia, and myalgia is retained as per previous assessment.

FU added event of hepatic enzyme increased- The causality of event hepatic enzyme increased was assessed as serious (medically significant) based on medical judgment that the liver enzymes were increased to three times the normal value, requiring treatment with N-acetylcysteine (medical intervention). Considering the close temporality, role of drug component of Eligard cannot be ruled out with the event hepatic enzyme increased. The event hepatic enzyme increased was assessed as not related to device component of Eligard.

Additional Information (Continuation...)

Test Result (Code) / Result Unstructured Data (free text) :

1) Test Name: HEPATIC ENZYME INCREASED Result Unstructured Data (free text): Increased

Test Date:

2) Test Name: HEPATIC ENZYME INCREASED

Result Unstructured Data (free text): elevated three times the normal value

Test Date:

14.SUSPECT DRUG(S) (Continuation...)

#### Product-Reaction Level

1) Drug : Eligard® (Leuprolide acetate)

Active Substance : 1) Leuprolide acetate

Drug Characterization : Suspect Form of Admin : 1) Injection

Lot Number : 1) 5109CUY; UNK; UNK
Daily Dose : (22.5 milligram(s), 1 in 3 Month)

Route of Admin : 1) Subcutaneous

Indications : 1) Prostate cancer [10060862 - Prostate cancer]
Therapy Dates : 1) From : 10/Nov/2023 To :Continuing

Action(s) Taken With Drug : Dose not changed

#### Causality

1) Increased liver level/Elevated Liver Enzymes three times the normal value (Hepatic enzyme increased - 10060795, Hepatic enzyme increased - 40060795)

10060795)

Causality as per reporter Not Related Causality as per Mfr Related DeChallenge Not applicable ReChallenge : Not Applicable 2) Experiencing flu (Flu - 10016790, Influenza - 10022000) Causality as per reporter Not Reported Causality as per Mfr Not Related DeChallenge : Not applicable ReChallenge : Not Applicable

3) Mucous discharge (Mucous discharge - 10073764, Secretion discharge - 10053459)

Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

4) Overall body aches (General body pain - 10048971, Pain - 10033371)

Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

5) Secretion (Nasal discharge - 10028737, Rhinorrhoea - 10039101)

Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable
6) JOINT PAIN (Joint pain - 10023222, Arthralgia - 10003239)

Causality as per reporter : Not Reported
Causality as per Mfr : Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

7) MUSCLE PAIN (Muscle pain - 10028322, Myalgia - 10028411)

Causality as per reporter : Not Reported
Causality as per Mfr : Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

#### Labeling:

1) Increased liver level/Elevated Liver Enzymes three times the normal value

CORE UnLabeled

2) Experiencing flu

CORE UnLabeled

3) Mucous discharge

CORE UnLabeled

4) Overall body aches

CORE UnLabeled

5) Secretion

CORE Labeled

6) JOINT PAIN

CORE Labeled

7) MUSCLE PAIN

CORE Labeled

2) Drug : Eligard® Unspecified Device (Leuprolide acetate)

Active Substance : 1) Leuprolide acetate

Drug Characterization : Suspect Form of Admin : 1) Injection

Lot Number : 1) 5109CUY; UNK; UNK

Indications : 1) Prostate cancer [10060862 - Prostate cancer]

Action(s) Taken With Drug : Not applicable

# Causality

1) Increased liver level/Elevated Liver Enzymes three times the normal value (Hepatic enzyme increased - 10060795, Hepatic enzyme increased - 10060795, Hepatic

Causality as per reporter Not Related Causality as per Mfr Not Related DeChallenge Not applicable ReChallenge Not Applicable 2) Experiencing flu (Flu - 10016790, Influenza - 10022000) Causality as per reporter Not Reported Causality as per Mfr Not Related DeChallenge Not applicable : Not Applicable ReChallenge

3) Mucous discharge (Mucous discharge - 10073764, Secretion discharge - 10053459)

Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

4) Overall body aches (General body pain - 10048971, Pain - 10033371)

Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

5) Secretion (Nasal discharge - 10028737, Rhinorrhoea - 10039101)

Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

6) JOINT PAIN (Joint pain - 10023222, Arthralgia - 10003239)

Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

7) MUSCLE PAIN (Muscle pain - 10028322, Myalgia - 10028411)

Causality as per reporter : Not Reported
Causality as per Mfr : Not Related
DeChallenge : Not applicable
ReChallenge : Not Applicable

#### Labeling:

1) Increased liver level/Elevated Liver Enzymes three times the normal value

CORE

2) Experiencing flu

CORE

3) Mucous discharge

CORE

4) Overall body aches

CORE

5) Secretion

CORE

6) JOINT PAIN

CORE

7) MUSCLE PAIN

CORE

# 15. DAILY DOSE(S) (Continuation...)

Dosage Text :

Drug 1 :Eligard®

1) Expiration Date-Mar-2026; UNK; UNK

# Drug 2 :Eligard® Unspecified Device

1) Expiration Date-Mar-2026; UNK; UNK

### 22.CONCOMITANT DRUG(S) (Continuation...)

1). Drug : VITAMINE C Active Substance : 1) ASCORBIC ACID

Form Strength

Daily Dose : 1) (1 in 1 Day) Route of Admin : 1) Oral

Indications : 1) To prevent the flu [10049087 - Antiviral prophylaxis]

2). Drug : VITAMINE C
Active Substance : 1) ASCORBIC ACID

Form Strength

Daily Dose : 1) (1 in 3 Month)

Route of Admin : 1) Intravenous (not otherwise specified)

Indications : 1) To prevent the flu [10049087 - Antiviral prophylaxis]

3). Drug : CINNAMON [NEOLITSEA CASSIA]

Active Substance : 1) NEOLITSEA CASSIA

Form Strength

Route of Admin : 1) Ora

Indications : 1) Drug use for unknown indication [10070592 - Product used for unknown indication]

4). Drug : GINGER ROOT EXTRACT
Active Substance : 1) ZINGIBER OFFICINALE ROOT

Form Strength

Route of Admin : 1) Ora

Indications : 1) Drug use for unknown indication [10070592 - Product used for unknown indication]

Mfr. CONTROL NO :DO-TOLMAR, INC.-25DO056861

Continuation Sheet for CIOMS report