														CIG	01	ИS	F	OR	M
SUSPE																$\exists$			
				П		Τ	П	T	Т		Т	Τ	Т	Τ	Т	ㅓ			
												$\perp$			L				Ш
I. REACTION INFORMATION											_								
1. PATIENT INITIALS (first, last)	1a. COUNTRY         2. DATE OF BIRTH         2a. AGE         3. SEX         3a. WEIGHT         4-6 REACTION ONSET           GUATEMALA         Day         Month         Year         50         Unk         Day         Month         Year							Year	8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION										
PRIVACY   PRIVACY   Years   Female   FEB   2029									.025										
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) Other Serious Citieries and cite								PATIENT DIED											
Other Serious Criteria: med sig Jaundice/Jaundice in skin and eyes [Jaundice] Urea nitrogen was 21.30 [Blood urea increased]								INVOLVED OR PROLONGED INPATIENT HOSPITALISATION											
Total cholesterol	was 507 [Blood cho	olesterol]											IN 10 46		DE.	20107			
LDH was 227 [Blo	•	genase increased]									L	<b>-</b>	OR S	OLVED SIGNIFI ABILITY	ICAI OR	NT	ENI	l	
		emoglobin increased] d glucose increased]											INC	APACIT	Y				
_	Jrine analysis abno			(Conti	nued on Add	ditiona	al Inf	ormat	ion F	Page)	LIFE THREATENING								
moderate repaire	oteateele [i tepatie	•	T DDI							uge/	<u> </u>								_
14. SUSPECT DRUG(S)	(include generic name)	II. SUSPEC	IDRU	JG(S) IIV	TORIVIA	HON	N_				20.			CTION					٦
#1 ) Taltz 80mg (Ix	ekizumab) Solution t	for injection in pre-filled p	en, 80 n	0 .	89758AE; nued on Add	•				-		DRU		AFTER :	SIC	DPPIN	IG		
15. DAILY DOSE(S) #1 ) 160 mg single	e (two doses of 80 m	na)			6. ROUTE(S) OF ADMINISTRATION 1) Unknown								NA						
				#1 ) OTIKIO												_			$\dashv$
17. INDICATION(S) FOR #1 ) Psoriasis (Pso											21.	REA	APPE	CTION AR AF ODUCT	TER				
18. THERAPY DATES(fro				19. THERAPY I										_		_			
#1 ) DEC-2024 / U	nknown			#1 ) Unkno	wn						YES NO NA								
		III. CONCOMIT	ANT D	DRUG(S)	AND HI	ISTO	DR'	Y											_
22. CONCOMITANT DRU	JG(S) AND DATES OF ADM	IINISTRATION (exclude those use													_				$\neg$
23. OTHER RELEVANT I	HISTORY. (e.g. diagnostics,	allergies, pregnancy with last mo Type of History / Notes	onth of perio	d, etc.) Description															┫
Unknown		,,		, , ,															
N/ 11																			
IV. MANUFACTURER INFORMATION  24a. NAME AND ADDRESS OF MANUFACTURER  26. REMARKS										$\neg$									
Eli Lilly Interamerica Inc (AR Branch) Tronador 4890 - Piso 12 Puenes Aires Control Education CP: 1/20, ARCENTINA																			
Buenos Aires, Capital Federal CP: 1430 ARGENTINA Phone: 54 1145464000																			
		25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.																	
GT202504007005  24c. DATE RECEIVED BY MANUFACTURER CONTROL OF THE PAILING STUDY CONTROL OF THE PAILING																			
20 APP 2025																			
DATE OF THIS REPORT																			
09-MAY-2025																			

## **ADDITIONAL INFORMATION**

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

Case Description: This spontaneous case, reported by a physician who contacted the company to report adverse events, concerned a 50-year-old (at the time of the initial report) female patient of an unknown origin.

Medical history and concomitant medications were not reported. Investigation before initiation of ixekizumab therapy showed creatinine was 0.69 (units and reference range was not provided), urea nitrogen was 13.10 (units and reference range was not provided), uric acid was 5.4 (units and reference range was not provided), total cholesterol was 58 (units and reference range was not provided), High density lipoprotein) cholesterol was 49.7, Low density lipoprotein (LDL), cholesterol was 84, aspartate aminotransferase (ASAT) was 21 (units and reference range was not provided), Alanine aminotransferase (ALAT) was 27 (units and reference range was not provided), Lactate dehydrogenase (LDH) was 194 (units and reference range was not provided), Pre-prandial glucose was 180 (units and reference range was not provided).

The patient received ixekizumab (Taltz) via a prefilled pen, 160 mg (two doses of 80 mg), followed by 80 mg, every two weeks (from week 2 to week 12), subcutaneously, for the treatment of psoriasis, beginning on unspecified date in Dec-2024. On an unknown date, investigation post starting the ixekizumab therapy, creatinine was 1.09 (units and reference range was not provided), urea nitrogen was 21.30 (units and reference range was not provided), uric acid was 4.9 (units and reference range was not provided), total bilirubin was 8.89 (units and reference range was not provided), indirect bilirubin was 1.97 (units and reference range was not provided), direct bilirubin was 6.92 (units and reference range was not provided), total cholesterol was 507 (units and reference range was not provided), triglycerides was 302 (units and reference range was not provided), ASAT was 136 (units and reference range was not provided), ALAT was 234 (units and reference range was not provided), LDH was 227 (units and reference range was not provided), HbA1c was 13.70 (units and reference range was not provided), pre-prandial glucose was 409 (units and reference range was not provided), Hepatitis B surface antigen was negative, Hepatitis B E antigen was negative, Hepatitis B E antibody was negative, Hepatitis B IgM core antibody was negative, Hepatitis B total core antibody was negative, Hepatitis A IgM was negative, Hepatitis C (antibody) was negative. Urine: color: amber, Appearance: cloudy, density: 1.033, pH: 5.00, leukocytes was 25/uL (reference range was not provided), nitrites was negative, protein was 25mg/dl (reference range was not provided), urine glucose was 1000 mg/dl, ketone bodies was 5mg/dl (reference range was not provided), urobilinogen was 1mg/dL (reference range was not provided), bilirubin was 3mg/dl, erythrocytes was 25/uL (reference range was not provided), white blood cells was 9,590 (units and reference range was not provided), red blood cell counts was 4.66, hemoglobin was 13.20 (units and reference range was not provided), hematocrit was 39.30 (reference range was not provided), mean corpuscular volume was 84.30 (units and reference range was not provided), platelet count was 222,000 (units and reference range was not provided), lymphocytes was 22% (reference range was not provided), monocytes was 6% (reference range was not provided), neutrophils was 69% (reference range was not provided), eosinophils was 1.30% (reference range was not provided) and sedimentation rate: 2.00 (reference range was not provided). On an unknown date in Dec-2024, since starting the ixekizumab therapy, she experienced persistent elevation of liver tests, associated with abdominal pain, white stools, very yellow urine, and with negative hepatitis panel. After evaluation of the signs and symptoms which included jaundice and acholia, jaundice was confirmed in skin and eyes, white stools and very yellow urine (Feb-2025). The event of jaundice was considered serious by the company due to medical significance. In addition on 31-Mar-2025, conventional abdominal ultrasound showed moderate hepatic steatosis and there were no other abnormalities observed. They suspended the use of the medication for one week, then resumed it and she presented symptoms again, so they decided to suspend the administration of the medication on 10-Apr-2025. She had normal liver tests, normal color stools, without any other symptoms. She was recovered from the event of jaundice and for the remaining events outcome was not reported. Information regarding the corrective treatment and restart status of ixekizumab therapy were not reported.

The initial reporting physician related the event of jaundice, while did not provide the relatedness assessment for the remaining events with ixekizumab treatment.

Update 23-Apr-2025: Information was received from initial reporting physician on 11-Apr-2025. No medically significant information was provided; therefore, no other changes were made in the case.

Update 29-Apr-2025: Information was received from initial reporting physician on 23-Apr-2025. Added serious event of jaundice and subsumed all the other events with jaundice. Added stop date, batch number, unticked ongoing and updated action taken to drug discontinued. Updated narrative with new information.

Update 07-May-2025: Additional information was received from initial reporting physician on 29-Apr-2025. Added dosing details of ixekizumab therapy, relatedness assessment of the event jaundice (Yes), eight non-serious events of blood urea increased, blood cholesterol, blood triglycerides, blood lactate dehydrogenase, glycosylated haemoglobin, blood glucose increased, urine abnormal and hepatic steatosis, lab test details before starting and post receiving the ixekizumab therapy. Updated onset date of event jaundice to Dec-2024. Updated case and narrative as per the new information received.

# Date Test / Assessment / Notes Results Normal High / Low

Alanine aminotransferase

## **ADDITIONAL INFORMATION**

13. Lab Data #	Date	Test / Assessment / Notes	Results	Normal High / Low						
		234 (units and reference range was not provided)								
2		Aspartate aminotransferase								
		136 (units and reference range was not provided)								
3		Bilirubin conjugated increased								
		6.92 (units and reference range was r	not provided)							
4		Blood bilirubin								
		8.89 (units and reference range was r	not provided)							
5		Blood bilirubin	mg/dL							
		3 mg/dL								
6		Blood bilirubin unconjugated increased								
		1.97 (units and reference range was r	not provided)							
7		Blood cholesterol								
		507 (units and reference range was n	ot provided)							
8		Blood creatinine								
		1.09 (units and reference range was r	not provided)							
9		Blood glucose		_						
		409 (units and reference range was n	ot provided)							
10		Blood ketone body	mg/dL							
		5 mg/dL								
11		Blood lactate dehydrogenase								
		227 (units and reference range was n	ot provided)							
12		Blood triglycerides								
		302 (units and reference range was n	ot provided)							
13		Blood urea increased								
		4.9 (units and reference range was no	ot provided)							
14		Glucose urine	mg/dL							
		1000 mg/dL								
15		Glycosylated haemoglobin								

## **ADDITIONAL INFORMATION**

13. Lab Data									
#	Date	Test / Assessi	ment / Notes	Results	Normal High / Low				
		13.70							
16		Investigation							
		Color: amb	per, appearance: cloudy, o	density: 1.033, pH: 5.00					
17		Protein uri	ne	mg/dL					
		25 mg/dl							
18 Red blo			ood cell count 25 /uL						
		25/uL							
19	31-MAR-2025	Ultrasound	l abdomen						
		Convention	nal abdominal ultrasound	showed moderate hepatic st	reatosis				
20 Urobilino			en urine						
		1 mg/dL							
21 W		White blood cell count uL							
25 uL									
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				
injection in p	mg (Ixekizumab) Solu re-filled pen, 80 mg {I Exp.Dt. 06-DEC-202	Lot #	80 mg, other (every two weeks); Unknown	Psoriasis (Psoriasis)	Unknown / 10-APR-2025; Unknown				