

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY GUATEMALA	2. DATE OF BIRTH Day Month Year PRIVACY			2a. AGE 74 Years	3. SEX Female	3a. WEIGHT Unk	4-6 REACTION ONSET Day Month Year 22 APR 2025			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) Patient administered half 150 mg at night; No AE [Wrong technique in product usage process] Patient administered Verzenio 100 mg daily, No AE [Off label use] Agitation [Agitation] Fatigue [Fatigue] Diarrhea [Diarrhoea] Anemia [Anaemia] Low red blood cell counts [Red blood cell count decreased] Case Description: This solicited case, reported by a consumer via a <div>(Continued on Additional Information Page)</div>											

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Abemaciclib (Abemaciclib) Tablet <div>(Continued on Additional Information Page)</div>		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) 150 mg, bid	16. ROUTE(S) OF ADMINISTRATION #1) Oral	
17. INDICATION(S) FOR USE #1) Metastatic Breast Cancer (Breast cancer metastatic)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 21-DEC-2024 / MAR-2025	19. THERAPY DURATION #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. GT202505003624	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 30-APR-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	NAME AND ADDRESS WITHHELD.
DATE OF THIS REPORT 09-MAY-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

09-May-2025 05:16

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Patient Support Program (PSP), concerned a 74-year-old female patient of an unknown origin.

Medical history and concomitant medications were not provided.

The patient received abemaciclib (Verzenio) tablet, at an 150 mg dose, twice daily, orally, for the treatment of metastatic breast cancer, beginning on 21-Dec-2024. On an unknown dose, she experienced discomfort at night with tiredness and agitation. On an unknown date in Mar-2025, dose of abemaciclib was decreased to 225 mg (150 mg in morning and half 150 mg at night) (wrong technique in drug usage process). On 22-Apr-2025, she had lab tests done which showed anemia and low red blood cell counts due to which dose of abemaciclib was decreased to 150 mg once daily (Off label use). Additionally she experinced diarrhea. Information regarding corrective treatment included loperamide hydrochloride for diarrhea and not provided for rest of events. Outcome of the events was not reported for off label use, wrong technique in drug usage process and not recovered for remaining events. The status of abemaciclib therapy was ongoing.

The reporting consumer did not provide an opinion on relatedness with abemaciclib therapy.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1	22-APR-2025	Red blood cell count decreased		
Low red blood cell counts(no results, reference range nor units provided)				

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) Abemaciclib (Abemaciclib) Tablet; Regimen #2	225 mg, bid (150 mg in morning and half 150 mg at night); Oral	Metastatic Breast Cancer (Breast cancer metastatic)	Unknown; Unknown
#1) Abemaciclib (Abemaciclib) Tablet; Regimen #3	150 mg, daily; Oral	Metastatic Breast Cancer (Breast cancer metastatic)	Ongoing; Unknown