

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY GUATEMALA	2. DATE OF BIRTH			2a. AGE 48 Years	3. SEX Male	3a. WEIGHT Unk	4-6 REACTION ONSET			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
		Day	Month	Year				Day	Month	Year	
			PRIVACY					25	JUN	2025	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)
Patient did not administer complete dose of Taltz 80 mg due to device issue;No AE [Incorrect dose administered]

Case Description: This spontaneous case, reported by a consumer who contacted the company to report adverse event, concerned a 48-year-old male patient of unknown origin.

Medical history was not provided.

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Taltz 80mg (Ixekizumab) Solution for injection in pre-filled pen, 80 mg (Lot # D764981CG; Exp.Dt. 30-JUL-2026) #2) Taltz Autoinjector (Taltz Autoinjector) Pen, Disposable (Lot # D764981CG)		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1) 80 mg, monthly (1/M) #2)	16. ROUTE(S) OF ADMINISTRATION #1) Subcutaneous #2) Unknown	
17. INDICATION(S) FOR USE #1) Psoriasis (Psoriasis) #2) Unknown		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) 28-MAR-2025 / Unknown #2) Unknown	19. THERAPY DURATION #1) Unknown #2) 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. GT202507006186	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 08-JUL-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT 16-JUL-2025	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 1	

16-Jul-2025 06:42

ADDITIONAL INFORMATION**7+13. DESCRIBE REACTION(S) continued**

Concomitant medication was not provided.

The patient received ixekizumab (Taltz) via a pre-filled pen (Autoinjector), 80 mg, monthly, subcutaneously, for the treatment of psoriasis, beginning on 28-Mar-2025. Information regarding the loading dose was not provided. On 25-Jun-2025, while on ixekizumab therapy, when pressed the injection button, heard two clicks, injection button got stuck, waited few seconds to see if medication was administering, felt the needle, and administered a small amount of medication and when it was removed medication spilled out and another amount of medication remained in it (Incomplete dose administered) (Batch number: D764981CG). No corrective treatment was required. The outcome of the event was resolved. Ixekizumab therapy status was continued.

The operator of the device was the patient and his training status was not provided. The general model duration of use was not provided and the suspect device duration of use was single use device. The action taken with the suspect device was not provided and its return status was not provided.

The reporting consumer did not relate the event with ixekizumab drug and its suspect ixekizumab device.

Update 16-Jul-2025: Additional information was received from the initial reporting consumer on 08-Jul-2025. Added date of birth of patient, indication of use, start date, and frequency of suspect ixekizumab drug and added event onset date. Updated the treatment received of the event from unknown to no, outcome of the event from unknown to resolved and as reported causality if the event from not reported to no and narrative with new information.