Ni-Tolimar-TLM.2025-05533																					
1. PATENT INITIALS 1a. COUNTRY NICARAGUA PRIVACY NICARAGUA NICARAGUA 1. In SUBPECT DRUG(S) Include generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subscription (J. Subpections) 1. In Sulf Processing (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. In Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. In Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect) (Injection)(Unknown) 1. Subpect DRUG(S) Infection generic name) 1. Eligand'9 (Lauprolide acetate), Lauprolide acetate), (Suspect DRUG(S) Infection generic name) 1. Eligand'	SUSPECT ADVERSE REACTION REPORT																				
F.PATIENT INITIALS 1a. COUNTRY DATE OF BIRTH 2a. AGE AGE REACTION ONSET PRIVACY NICARAGUA Day Month Year 10 Female Day Month Year TO ADVESSE	NI-Tolmar-TLM-2025-05533																				
F.PATIENT INITIALS 1a. COUNTRY DATE OF BIRTH 2a. AGE AGE REACTION ONSET PRIVACY NICARAGUA Day Month Year 10 Female Day Month Year TO ADVESSE					I. REAC	TION	INFOR	MATION													
PRIVACY NICARAGUA Day Month	1. PATIENT INITIALS 1a. COUNTRY 2. DATE OF BIRTH 2a. AG						GE							8-							
33		(first, last)						Female	Day Month			Y	Year			TO A	DVER	SE			
1) In suin resistance (Insulin resistance (1002489), Insulin resistance (1002489) (Julia/2025 -) - Not Recovered/Not Resolved/Ongoing 2) High roblesterol (1002040), Blood cholesterol increased (10005426)) (Julia/2025 -) - Not Recovered/Not Resolved/Ongoing 3) High triglycerides (Triglycerides high (10052373), Blood triglycerides increased (10005839)) (Julia/2025 -) - Not Recovered/Not Resolved/Ongoing 4) Off-label use for non-approved indication (Off-label use (10053762)) (O3/Feb/2025 -) - Not Recovered/Not Resolved/Ongoing 4) Off-label use for non-approved indication (Off-label use (10053762)) (O3/Feb/2025 -) - Not Recovered/Not Resolved/Ongoing 4) Off-label use for non-approved indication (Off-label use (10053762)) (O3/Feb/2025 -) - Not Recovered/Not Resolved/Ongoing 50 (Julia/2025 -) - Not Recovered/Not Resolved/Not Reso	PRIVACY		03	May	2015		10		03	03 Feb			2025				REAC	HON			
STOPPING DRUG? Vesting No. Vesting Vesting No. V	1) Insulin resistance (Insulin resistance (10022489), Insulin resistance (10022489)) (/Jun/2025 -) - Not Recovered/Not Resolved/Ongoing 2) High cholesterol (High cholesterol (10020049), Blood cholesterol increased (10005425)) (/Jun/2025 -) - Not Recovered/Not Resolved/Ongoing 3) High triglycerides (Triglycerides high (10052373), Blood triglycerides increased (10005839)) (/Jun/2025 -) - Not Recovered/Not Resolved/Ongoing 4) Off-label use for non-approved indication (Off label use (10053762), Off label use (10053762)) (03/Feb/2025 -) - Not Recovered/Not Resolved/Ongoing Cont								LIFE THREATENING INVOLVED OR PROLONGED INPATIENT HOSPITALIZATION RESULTS IN PERSISTENCE OR SIGNIFICANT DISABILITY/INCAPACITY CONGENITAL ANOMALY OTHER MEDICALLY IMPORTANT CONDITION												
1) (22.5 milligram(s), 1 in 3 Month) 1) Subcutaneous REAPPEAR RETER REINTRODUCTION VES NO NO NA (NA: Not Applicable) 17. INDICATION(S) FOR USE 1) Central Precocious Puberty [10073186 - Central precocious puberty] 18. THERAPY DATE(S) (from/to) 19. THERAPY DURATION 110. CONCOMITANT DRUG(S) AND HISTORY 22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) No concomitants used/reported 23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) 1) CENTRAL PRECOCIOUS PUBERTY (10073186, Central precocious puberty) (Continuing: Yes) IV. MANUFACTURER INFORMATION 24a. NAME AND ADDRESS OF MANUFACTURER Name: Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan. Chatterjee@tolmar.comand+1-9702124900 24b. MFR CONTROL NO. VES NI-Tolmar-TLM-2025-05533 24c. DATE RECEIVED BY MANUFACTURER BY MANUFACTURER 05/Aug/2025 DATE OF THIS REPORT 25a. REPORT TYPE	1) Eligard® (Leuprolide acetate, Leuprolide acetate) (Suspect) (Injection)(Unknow						nknown	1)						Con	t 		STOP	E AFT PING	ER DRU NO		
17. INDICATION(S) FOR USE 18. THERAPY DATE(S) (from/to) 19. THERAPY DURATION 19. THERAPY DURATION 19. CONCOMITANT DRUG(S) AND HISTORY 22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) No concomitants used/reported 23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) 1) CENTRAL PRECOCIOUS PUBERTY (10073186, Central precocious puberty) (Continuing: Yes) IV. MANUFACTURER INFORMATION 24a. NAME AND ADDRESS OF MANUFACTURER Name : Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan, Chatterjee@tolmar.comand+1-9702124900 24. REPORT NULLIFIED 24b. MFR CONTROL NO. NI-Tolmar-TLM-2025-05533 24c. DATE RECEIVED 24d. REPORT SOURCE BY MANUFACTURER DATE OF THIS REPORT 25a. REPORT TYPE	15. DAILY DOSE(S)													21.							
1) Central Precocious Puberty [10073186 - Central precocious puberty] 18. THERRAPY DATE(S) (from/to) 19. THERRAPY DURATION 10. (03/Feb/2025 - Ongoing) III. CONCOMITANT DRUG(S) AND HISTORY 22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) No concomitants used/reported 23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) 1) CENTRAL PRECOCIOUS PUBERTY (10073186, Central precocious puberty) (Continuing: Yes) IV. MANUFACTURER INFORMATION 24a. NAME AND ADDRESS OF MANUFACTURER Name : Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan. Chatterjee@tolmar.comand+1-9702124900 24d. REPORT NULLIFIED 24b. MFR CONTROL NO. 30 VES 31 VIII PROFESSIONAL 32d. DATE RECEIVED 32d. REPORT SOURCE 32d. REPORT TYPE 32d. REPORT TYPE	1) (22.5 milligram(s), 1 in 3 Month)						1) Subc	utaneous	AFTER REINTRODUCTION Ves No						NA						
1) (03/Feb/2025 - Ongoing) III. CONCOMITANT DRUG(S) AND HISTORY 22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) No concomitants used/reported 23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) 1) CENTRAL PRECOCIOUS PUBERTY (10073186, Central precocious puberty) (Continuing: Yes) IV. MANUFACTURER INFORMATION 24a. NAME AND ADDRESS OF MANUFACTURER Name : Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan.Chatterjee@tolmar.comand+1-9702124900 24b. MFR CONTROL NO. VES NI-Tolmar-TLM-2025-05533 24c. DATE RECEIVED BY MANUFACTURER 05/Aug/2025 DATE OF THIS REPORT 25a. REPORT TYPE			3186 - Ce	ntral preco	cious pubert	:y]															
22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) No concomitants used/reported 23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) 1) CENTRAL PRECOCIOUS PUBERTY (10073186, Central precocious puberty) (Continuing: Yes) IV. MANUFACTURER INFORMATION 24a. NAME AND ADDRESS OF MANUFACTURER Name: Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan.Chatterjee@tolmar.comand+1-9702124900 24b. MFR CONTROL NO. 24.REPORT NULLIFIED	,	, ,		19. THEF	RAPY DURAT	ION															
22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) No concomitants used/reported 23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) 1) CENTRAL PRECOCIOUS PUBERTY (10073186, Central precocious puberty) (Continuing: Yes) IV. MANUFACTURER INFORMATION 24a. NAME AND ADDRESS OF MANUFACTURER Name: Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan.Chatterjee@tolmar.comand+1-9702124900 24b. MFR CONTROL NO. 24.REPORT NULLIFIED				III C	ONCOMITA	NT D	RUG(S)	AND HIS	STORY	,											
1) CENTRAL PRECOCIOUS PUBERTY (10073186, Central precocious puberty) (Continuing: Yes) IV. MANUFACTURER INFORMATION 24a. NAME AND ADDRESS OF MANUFACTURER Name : Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan.Chatterjee@tolmar.comand+1-9702124900 24.REPORT NULLIFIED	No concomitants us	ed/reported		MINISTRATIO	ON (exclude th	nose us	sed to tre	at reaction													
24a. NAME AND ADDRESS OF MANUFACTURER Name: Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan.Chatterjee@tolmar.comand+1-9702124900 24.REPORT NULLIFIED 24b. MFR CONTROL NO. YES NO NI-Tolmar-TLM-2025-05533 24c. DATE RECEIVED BY MANUFACTURER 05/Aug/2025 DATE OF THIS REPORT 25a. REPORT TYPE									g: Yes))											
24a. NAME AND ADDRESS OF MANUFACTURER Name: Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA Anjan.Chatterjee@tolmar.comand+1-9702124900 24.REPORT NULLIFIED 24b. MFR CONTROL NO. YES NO NI-Tolmar-TLM-2025-05533 24c. DATE RECEIVED BY MANUFACTURER 05/Aug/2025 DATE OF THIS REPORT 25a. REPORT TYPE				ľ	v. Manufa	CTUF	RER INF	ORMATI	ON												
24. REPORT NULLIFIED 24b. MFR CONTROL NO. NI-Tolmar-TLM-2025-05533 24c. DATE RECEIVED BY MANUFACTURER 05/Aug/2025 DATE OF THIS REPORT 24b. MFR CONTROL NO. NI-Tolmar-TLM-2025-05533 24d. REPORT SOURCE STUDY LITERATURE HEALTH PROFESSIONAL 25a. REPORT TYPE	Name : Tolmar, Inc 701 Centre Avenue Fort Collins, CO, 80526, UNITED STATES OF AMERICA						Study Name: NA EudraCT Number: Protocol No.: NA Center No.:														
DATE OF THIS REPORT 25a. REPORT TYPE	YES 24c. DATE RECEIVED BY MANUFACTU	NO	NI	-Tolmar-TL d. REPORT	M-2025-055 SOURCE		<u> </u>														
		DT	L																		

= Continuation attached sheet(s)..

Continuation Sheet for CIOMS report

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

Event Description:

This study report from Nicaragua was received by Adium via Patient Support Program "ASOFARMA A TU LADO" (Reference number: NI-ADIUM-NI-0063-20250805 (0)) on 05-Aug-2025 from a consumer (non-healthcare professional) regarding a child, 10-year-old female patient who experienced non-serious events of "Insulin resistance" (Insulin resistance), "High cholesterol" (Blood cholesterol increased), "High triglycerides" (Blood triglycerides increased) and "Off-label use for non-approved indication" (Off label use) during Eligard (leuprolide acetate) 22.5 mg therapy for Central precocious puberty. The needle component of the constituent device was not identified in the report. The report was sent to Tolmar on 06-Aug-2025.

The patient's medical history was unknown and current condition included central precocious puberty.

Concomitant medications were not reported.

On 03-Feb-2025, the patient began receiving Eligard 22.5 mg once at every 3 month, via subcutaneous route, for central precocious puberty (Lot numbers and Expiration dates were not provided) off label use.

On an unknown date in Jun-2025, the patient experienced insulin resistance, high triglycerides and high cholesterol.

Corrective treatment for blood triglycerides increased and blood cholesterol increased included Omega 3: 2 capsules daily and for insulin resistance included Metformin 500 mg daily.

Relevant lab data included:

On an unknown date: Blood triglycerides: High (Ref range not provided). On an unknown date: Blood cholesterol: High (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 insulin resistance, blood cholesterol increased, blood triglycerides increased and off label use was not recovered.

The reporter did not assess the seriousness of insulin resistance, blood cholesterol increased, blood triglycerides increased, and off label use.

The reporter assessed the causality of insulin resistance, blood cholesterol increased, blood triglycerides increased in relationship to Eligard and Eligard Unspecified device as not related.

The reporter did not assess the causality of off label use in relationship to Eligard and Eligard unspecified device.

No further queries were raised.

Listedness:

Insulin resistance>Eligard>Unlisted as per CCDS>07-Nov-2024
Insulin resistance>Eligard>Unlisted as per USPI>Feb-2025
Insulin resistance>Eligard unspecified device>Unlisted as per USPI>Feb-2025
Insulin resistance>Eligard>Unlisted as per Canadian monograph>02-Apr-2025

Blood cholesterol increased>Eligard>Unlisted as per CCDS>07-Nov-2024 Blood cholesterol increased>Eligard>Unlisted as per USPI>Feb-2025

Blood cholesterol increased>Eligard unspecified device>Unlisted as per USPI>Feb-2025

Blood cholesterol increased>Eligard>Unlisted as per Canadian monograph>02-Apr-2025

Blood triglycerides increased>Eligard>Unlisted as per CCDS>07-Nov-2024 Blood triglycerides increased>Eligard>Unlisted as per USPI>Feb-2025

Blood triglycerides increased>Eligard unspecified device>Unlisted as per USPI>Feb-2025

Blood triglycerides increased>Eligard>Unlisted as per Canadian monograph>02-Apr-2025

Off label use>Eligard>Unlisted as per CCDS>07-Nov-2024
Off label use>Eligard>Unlisted as per USPI>Feb-2025
Off label use>Eligard unspecified device>Unlisted as per USPI>Feb-2025
Off label use>Eligard>Unlisted as per Canadian monograph>02-Apr-2025

Company Remarks (Sender's Comments):

Evaluator comment (Tolmar): This is regarding a child 10-year-old female patient who experienced insulin resistance (Insulin resistance), blood cholesterol increased(High cholesterol), blood triglycerides increased (High triglycerides) and had off label use (Off-label use for non-approved indication) during Eligard (leuprolide acetate) 22.5 mg therapy for precocious puberty. Tolmar assessed the events as non-serious since they did not meet the ICH seriousness criteria and are not IME events. All the reported events were assessed as not related to Eligard (drug and device) considering the nature and etiology of reported events and inconsistency of the event with the product safety profile.

Continuation Sheet for CIOMS report

Additional Information (Continuation...)

Laboratory Data:

High

Lab Result :

Test Name	Test Date	Test Result	Normal Value
HIGH CHOLESTEROL	Unknown		
HIGH TRIGLYCERIDES	Unknown		

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) Unknown

Daily Dose : (22.5 milligram(s), 1 in 3 Month)

Route of Admin : 1) Subcutaneous

Indications : 1) Central Precocious Puberty [10073186 - Central precocious puberty]

Therapy Dates : 1) From: 03/Feb/2025 To: Continuing

Action(s) Taken With Drug : Dose not changed

Causality

1) Insulin resistance (Insulin resistance - 10022489, Insulin resistance - 10022489)

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

2) High cholesterol (High cholesterol - 10020049, Blood cholesterol increased - 10005425)

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

3) High triglycerides (Triglycerides high - 10052373, Blood triglycerides increased - 10005839)

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

4) Off-label use for non-approved indication (Off label use - 10053762, Off label use - 10053762)

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

Labeling:

1) Insulin resistance

CORE UnLabeled
2) High cholesterol
CORE UnLabeled
3) High triglycerides
CORE UnLabeled

4) Off-label use for non-approved indication

CORE UnLabeled

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

Active Substance : 1) Leuprolide acetate

Drug Characterization : Suspect Form of Admin : 1) Injection

Continuation Sheet for CIOMS report

Lot Number : 1) Unknown
Route of Admin : 1) Subcutaneous

Indications : 1) Central Precocious Puberty [10073186 - Central precocious puberty]

Action(s) Taken With Drug : Not applicable

Causality

1) Insulin resistance (Insulin resistance - 10022489, Insulin resistance - 10022489)

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

2) High cholesterol (High cholesterol - 10020049, Blood cholesterol increased - 10005425)

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

3) High triglycerides (Triglycerides high - 10052373, Blood triglycerides increased - 10005839)

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

4) Off-label use for non-approved indication (Off label use - 10053762, Off label use - 10053762)

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

Labeling:

1) Insulin resistance

CORE

2) High cholesterol

CORE

3) High triglycerides

CORE

4) Off-label use for non-approved indication

CORE