| SUSPECT ADVERSE REACTION REPORT   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
|---|--------------------|---------------------------|----------------|--------------|---------|----------------|--------------------------------|-------------------|----------|--------------|-------|--------------|-----------------|---------------------------------------|-----------------------|-------------------------------|--------------|-----------|--------------|----|
| NI-Tolmar-TLM-202   | 5-05242            |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
|   |                    |                           |                | I REAC       | TION    | INFOR          | MATION                         |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 1. PATIENT INITIALS   |                    | 3. SEX 4-6 REACTION ONSET |                |              |         |                |                                |                   | 8-12     | 2 CHE        | CK AI | .L           |                 |                                       |                       |                               |              |           |              |    |
| (first, last)   | NICARAGUA          | Day                       | Month          | Year<br>2017 | Years 8 |                | Female                         | Day               | <i>/</i> | Month<br>Jan |       | Year<br>2025 |                 |                                       | <u> </u><br>          | TO A                          | ROPR<br>DVEF | RSE       |              |    |
| LMAP  | NIOAIVAGOA         | 11                        | May            |              |         | °              | Cinaic                         | 29                |          |              |       |              |                 |                                       |                       | REA                           | CTION        | 1         |              |    |
| 7+13 DESCRIBE REACTION(S) (including relevant tests/lab data)   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 | PATIF                                 | ENT DI                | ED                            |              |           |              |    |
| 1) Vaginal discharge of mucus (Vaginal discharge (10046901), Vaginal discharge (10046901)) (25/Jul/2025 - 25/Jul/2025) - Recovered/Resolved |                    |                           |                |              |         |                |                                |                   |          |              |       |              | LIFE THREATENIN |                                       |                       | ING                           |              |           |              |    |
| 2) Eligard 22.5 mg lyophilized for injectable suspension at a dose of 22.5 mg every 3 months for the indication of Central                  |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 | INVOLVED OR PROLONGED INPATIEN        |                       |                               |              |           |              |    |
| Precocious Puberty (Off label dosing (10074165), Off label use (10053762))  |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       | HOSF                  | PITALIZ                       | ZATIO        |           | NT           |    |
| (29/Jan/2025 - ) - Not Recovered/Not Resolved/Ongoing   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 | RESULTS IN PERSISTENCE OR SIGNIFICANT |                       |                               |              |           |              |    |
|   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       | DISABILITY/INCAPACITY |                               |              |           |              | ΓΥ |
|   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 | CONGENITAL ANOMALY                    |                       |                               |              |           | _Y           |    |
|   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       | ER MEI                |                               |              | NC        |              |    |
|   |                    |                           | 11.            | SUSPECT      | DRU(    | G(S)IN         | FORMATI                        | ION               |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 14. SUSPECT DRUG(   | S)(include generic | name)                     |                |              |         | <del>(()</del> |                                |                   |          |              |       |              |                 |                                       | 20.                   | DID E                         |              |           |              |    |
| 1) Eligard® (Leuprolide acetate, Leuprolide acetate) (Suspect) (Injection)(Un   |                    |                           |                |              |         |                | ר)                             |                   |          |              |       |              | Co              |                                       |                       | ABAT<br>STOI                  | TE AF        | TER<br>DR | UG?          |    |
|   |                    |                           |                |              |         |                |                                |                   |          |              |       |              | Coı             | ш                                     |                       | YES                           |              | NO        | $\checkmark$ | NA |
| 1   |                    |                           |                |              |         |                | ROUTE(S) OF ADMINISTRATION     |                   |          |              |       |              |                 |                                       |                       | DID E                         |              |           |              |    |
| 1) (22.5 milligram(s), 1 in 3 Month)  |                    |                           |                |              |         |                | Subcutaneous                   |                   |          |              |       |              |                 |                                       |                       | REAPPEAR AFTER REINTRODUCTION |              |           |              |    |
|   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       | YES                           |              | NO        |              | NA |
|   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       | (N                    | IA : No                       | ot Ap        | plica     | ble)         |    |
| 17. INDICATION(S) FO  |                    | '3186 - Ce                | ntral precod   | ious puber   | tv1     |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 18. THERAPY DATE(S) (from/to)  19. THERAPY DURATION   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 1) (29/Jan/2025 - ongoing)  |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
|   |                    |                           | III. Co        | ONCOMITA     | ANT DI  | RUG(S          | ) AND HIS                      | STORY             | 1        |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 22. CONCOMITANT D   | ` '                | ES OF ADM                 | IINISTRATIC    | N (exclude t | hose us | sed to tre     | eat reaction                   | 1)                |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| No concomitants us  | еа/геропеа         |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 23. OTHER RELEVAN   | IT HISTORY (e.g. o | diagnostics,              | allergies, pre | gnancy with  | last mo | nth of pe      | eriod, etc.)                   |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 1) CENTRAL PREC   | OCIOUS PUBE        | RTY (1007                 | 3186, Cent     | ral precocio | ous pul | berty) (       | Continuin                      | g: Yes            | )        |              |       |              |                 |                                       |                       |                               |              |           |              |    |
|   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| OAS NAME AND ADD  | DECC OF MANUE      | ACTUBER                   | I۱             | /. MANUFA    | CTUR    | RER INF        |                                |                   | ww '     | io-          |       |              |                 |                                       |                       |                               |              |           |              |    |
| 24a. NAME AND ADDRESS OF MANUFACTURER<br>Name : Tolmar, Inc   |                    |                           |                |              |         |                | 1                              | dy Info<br>dy Nar |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 701 Centre Avenue   |                    |                           |                |              |         |                | Study Name: NA EudraCT Number: |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| Fort Collins, CO, 80526, UNITED STATES OF AMERICA<br>Anjan.Chatterjee@tolmar.comand+1-9702124900  |                    |                           |                |              |         |                | Protocol No.: NA               |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| , injum on allongoods   |                    |                           | Center No.:    |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 24.REPORT NULLIFIE  |                    | Sub                       | ject Id        | :            |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
|   | J. IVII IX COIN    | MFR CONTROL NO.           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| YES L   | NO                 | NI                        | -Tolmar-TLI    | M-2025-052   | 242     |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 24c. DATE RECEIVED 24d. REPORT SOURCE   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| BY MANUFACTU  | IKEK               |                           | STUDY          | LITE         | RATURE  |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 29/Jul/2025 HEALTH PROFESSIONAL DATE OF THIS REPORT 25a. REPORT TYPE  |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| DATE OF THIS REPO<br>05/Aug/2025  |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |
| 03/Aug/2023   |                    |                           |                |              |         |                |                                |                   |          |              |       |              |                 |                                       |                       |                               |              |           |              |    |

= 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 the 'ASOFARMA A TU LADO' Patient Support Program (reference number: NI-ADIUM-NI-0062-20250729 (0)) on 29-Jul-2025 from a consumer (patient's family member) (non-healthcare professional) regarding a child, 8-year-old female patient who experienced non-serious events of 'Vaginal discharge of mucus' (Vaginal discharge), and 'Eligard 22.5 mg lyophilized for injectable suspension at a dose of 22.5 mg every 3 months for the indication of Central Precocious Puberty' (Off label use), during Eligard (Leuprolide acetate) 22.5 mg therapy for precocious puberty. The needle component of the constituent device was not identified in the report. The report was sent to Tolmar on 30-Jul-2025.

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

Concomitant medications were unknown.

On 29-Jan-2025, the patient began receiving Eligard 22.5 mg, every 3 months via subcutaneous route for precocious puberty (Lot numbers and Expiration dates were not provided).

On 25-Jul-2025, the patient experienced vaginal mucus discharge. No further details were provided.

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.

On 25-Jul-2025, the outcome of vaginal discharge was recovered.

The outcome of off label use was not recovered.

The reporter did not assess the seriousness of vaginal discharge and off label use.

The reporter did not provide the causality of off label use while assessed the causality of vaginal discharge as related in relationship to Eligard and Eligard unspecified device.

No further queries were raised.

### Listedness:

Vaginal discharge>Eligard>Unlisted as per CCDS>07-Nov-2024 Vaginal discharge>Eligard>Unlisted as per USPI>Feb-2025 Vaginal discharge>Eligard unspecified device>Unlisted as per USPI>Feb-2025 Vaginal discharge>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 case is regarding a 08-year-old female patient for whom off label use (Eligard 22.5 mg lyophilized for injectable suspension at a dose of 22.5 mg every 3 months for the indication of Central Precocious Puberty) and vaginal discharge (Vaginal discharge of mucus) was reported during 22.5 mg Eligard therapy for precocious puberty. Tolmar assessed the event as non-serious since it does not meet the ICH seriousness criteria and is not an IME event. The reported event off label use was considered as not related to Eligard as the event occurred with the product and not due to drug. Off label use is assessed as not related to device component of Eligard. Event vaginal discharge was assessed as not related to Eligard (Drug and device) due to inconsistency with the product safety profile and pubertal age group of the patient could be the confounding factor.

# 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)

Mfr. CONTROL NO:NI-Tolmar-TLM-2025-05242

#### Continuation Sheet for CIOMS report

Route of Admin : 1) Subcutaneous

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

Therapy Dates : 1) From: 29/Jan/2025 To: Continuing

Action(s) Taken With Drug : Dose not changed

#### Causality

1) Vaginal discharge of mucus (Vaginal discharge - 10046901, Vaginal discharge - 10046901)

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

2) Eligard 22.5 mg lyophilized for injectable suspension at a dose of 22.5 mg every 3 months for the indication of Central Precocious Puberty (Off label

dosing - 10074165, Off label use - 10053762)

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

#### Labeling:

1) Vaginal discharge of mucus

CORE UnLabeled

2) Eligard 22.5 mg lyophilized for injectable suspension at a dose of 22.5 mg every 3 months for the indication of Central Precocious Puberty

CORE UnLabeled

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

Active Substance : 1) Leuprolide acetate

Drug Characterization : Suspect
Form of Admin : 1) Injection
Lot Number : 1) Unknown

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

Action(s) Taken With Drug : Not applicable

#### Causality

1) Vaginal discharge of mucus (Vaginal discharge - 10046901, Vaginal discharge - 10046901)

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

2) Eligard 22.5 mg lyophilized for injectable suspension at a dose of 22.5 mg every 3 months for the indication of Central Precocious Puberty (Off label

dosing - 10074165, Off label use - 10053762)

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

# Labeling:

1) Vaginal discharge of mucus

CORE

2) Eligard 22.5 mg lyophilized for injectable suspension at a dose of 22.5 mg every 3 months for the indication of Central Precocious Puberty

CORE