

<p style="text-align: center;">SUSPECT ADVERSE REACTION REPORT</p> <p>NI-Tolmar-TLM-2025-05769</p>												

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) ESCM	1a. COUNTRY NICARAGUA	2. DATE OF BIRTH			2a. AGE Years 10	3. SEX Female	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION  <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALIZATION <input type="checkbox"/> RESULTS IN PERSISTENCE OR SIGNIFICANT DISABILITY/INCAPACITY <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER MEDICALLY IMPORTANT CONDITION
		Day 12	Month Sep	Year 2014			Day 27	Month Nov	Year 2023	
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) 1) Weight gain of 4 kg (Weight gain (10047896), Weight increased (10047899)) (/Jun/2025 - ) - Not Recovered/Not Resolved/Ongoing 2) Off-label use for non-approved indication (Off label use (10053762), Off label use (10053762)) (27/Nov/2023 - ) - Not Recovered/Not Resolved/Ongoing										

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S)(include generic name) 1) Eligard® (Leuprolide acetate, Leuprolide acetate) (Suspect) (Injection)(Unknown)		20. DID EVENT ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) 1) (22.5 milligram(s), 1 in 3 Month)		
16. ROUTE(S) OF ADMINISTRATION 1) Subcutaneous		21. DID EVENT REAPPEAR AFTER REINTRODUCTION  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA (NA : Not Applicable)
17. INDICATION(S) FOR USE 1) Central precocious puberty [10073186 - Central precocious puberty]		
18. THERAPY DATE(S) (from/to) 1) (27/Nov/2023 - Ongoing)	19. THERAPY DURATION	

## 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		Study Information Study Name: NA EudraCT Number: Protocol No.: NA Center No.: Subject Id :
24. REPORT NULLIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	24b. MFR CONTROL NO. NI-Tolmar-TLM-2025-05769	
24c. DATE RECEIVED BY MANUFACTURER 12/Aug/2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL	
DATE OF THIS REPORT 14/Aug/2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP	

= 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 ASOFARMA A TU LADO Patient Support Program (reference number: NI-ADIUM-NI-0066-20250812 (0)) on 12-Aug-2025 from a consumer (non-healthcare professional) regarding a child 10-year-old female patient who experienced non-serious events of "Off-label use for non-approved indication" (off label use), and " Weight gain of 4 kg" (weight increased) 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 13-Aug-2025.

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

Concomitant medication was unknown.

On 27-Nov-2023, the patient began receiving Eligard 22.5 mg, every 3 months, via subcutaneous route I precocious puberty (Lot numbers and Expiration dates were not provided).

On an unknown date in Jun-2025, the patient's weight increased by 4 kg. No further information was available.

Correction treatment was not reported.

## Relevant test results included:

On an unknown date: Weight: Increased by 4 kg (Ref range not provided).

Action taken with Eligard in response to the event was dose not changed. De-challenge and re-challenge were not applicable.

The outcome of off label use and weight increased was not recovered.

The reporter did not assess the seriousness of off label use and weight increased.

The reporter did not provide the causality of off label use in relationship to Eligard and Eligard unspecified device and assess the causality of weight increased in relationship to Eligard and Eligard unspecified device as related.

No further queries were raised.

## Listedness:

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

Weight increased>Eligard>listed as per CCDS>07-Nov-2024

Weight increased>Eligard>unlisted as per USPI>Feb-2025

Weight increased>Eligard unspecified device>unlisted as per USPI>Feb-2025

Weight increased>Eligard>listed as per Canadian monograph>02-Apr-2025

## Company Remarks (Sender's Comments) :

Evaluator comment (Tolmar): This case is regarding a child 10-year-old female patient for whom off label use (Off-label use for non-approved indication) was reported and experienced weight increased (Weight gain of 4 kg) during 22.5 mg Eligard 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. 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 weight increased was assessed as related as the contributory role of suspect drug Eligard cannot be ruled out considering known pharmacological profile of the drug. Weight increased was assessed as not related to the device component of Eligard.

## Additional Information (Continuation...)

## Test Result (Code) / Result Unstructured Data (free text) :

1) Test Name: WEIGHT

Result Unstructured Data (free text) : Increased by 4 kg

Test Date:

## 14.SUSPECT DRUG(S) (Continuation...)

## Product-Reaction Level

## Continuation Sheet for CIOMS report

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 : 27/Nov/2023 To :Continuing  
 Action(s) Taken With Drug : Dose not changed

## Causality

1) Weight gain of 4 kg (Weight gain - 10047896, Weight increased - 10047899 )  
 Causality as per reporter : Related  
 Causality as per Mfr : Related  
 DeChallenge : Not applicable  
 ReChallenge : Not Applicable  
 2) 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) Weight gain of 4 kg  
 CORE Labeled  
 2) 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  
 Lot Number : 1) Unknown  
 Indications : 1) Central precocious puberty [10073186 - Central precocious puberty]  
 Action(s) Taken With Drug : Not applicable

## Causality

1) Weight gain of 4 kg (Weight gain - 10047896, Weight increased - 10047899 )  
 Causality as per reporter : Related  
 Causality as per Mfr : Not Related  
 DeChallenge : Not applicable  
 ReChallenge : Not Applicable  
 2) 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) Weight gain of 4 kg  
 CORE  
 2) Off-label use for non-approved indication  
 CORE