

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY EL SALVADOR	2. DATE OF BIRTH			2a. AGE 54 Years	3. SEX Female	3a. WEIGHT 68.00 kg	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					17	APR	2025	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)
**Nausea [Nausea]
Vomiting [Vomiting]
Abdominal pain [Abdominal pain]**

Case Description: Patient Demographics: 54 Years old Female

Event(s): Nausea, Vomiting, Abdominal pain

Suspect Product(s) (Name, IFU): trulicity 1.5mg (dulaglutide) for treatment of Type 2 diabetes mellitus
(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Trulicity 1.5mg (Dulaglutide) Solution for injection in pre-filled pen, 1.5 mg		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) 1.5 mg, weekly (1/W)	16. ROUTE(S) OF ADMINISTRATION #1) Subcutaneous	
17. INDICATION(S) FOR USE #1) Type 2 diabetes mellitus (Type 2 diabetes mellitus)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 10-APR-2025 / Unknown	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 to Ongoing	Medical Condition	Type 2 diabetes mellitus (Type 2 diabetes mellitus)
Unknown to Ongoing	Medical Condition	Hypertension (Hypertension)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Eli Lilly & Company		26. REMARKS
	24b. MFR CONTROL NO. SV202507022278	
24c. DATE RECEIVED BY MANUFACTURER 21-JUL-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT 25-JUL-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

25b. NAME AND ADDRESS OF REPORTER
NAME AND ADDRESS WITHHELD.

NAME AND ADDRESS WITHHELD.

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Action(s) Taken: trulicity 1.5mg (dulaglutide) - Drug Discontinued

Event Outcome(s): Nausea (Unknown), Vomiting (Unknown), Abdominal pain (Unknown)

Reporter's Opinion of Relatedness: trulicity 1.5mg (dulaglutide) - Nausea (Yes) , Vomiting (Yes) , Abdominal pain (Yes)

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
Unknown to Ongoing	Medical Condition	Diabetic neuropathy (Diabetic neuropathy);