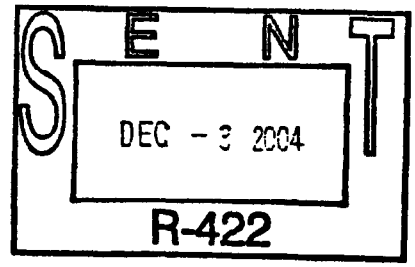
ABBOTT

Global Medical Services

Abbott Laboratories
Global Medical Services
200 Abbott Park Road AP34-2
Abbott Park, Illinois 60064-6186
Office: 1-800-633-9110
Fax: 1-847-938-0644

December 03, 2004



AER #: [redacted]

To Whom It May Concern;

Abbott Laboratories has received an adverse event report in which your product, Generic Levothyroxine was identified as a suspect drug. We are forwarding this report to your company for your use in complying with the FDA regulations for the reporting of spontaneous and clinical adverse events and ICH Guidelines on Clinical Safety Data Management: Definitions and Standards for Expedited Reporting.

Should you wish to contact us, please call 1-800-633-9110

Sincerely,

Annette Larsen, RN

Abbott Laboratories
Medical Services Analyst
Global Pharmaceutical and Research Department

CONFIDENTIAL

ABBOTT

Global Medical Services

Abbott Laboratories
Global Medical Services
200 Abbott Park Road AP34-2
Abbott Park, Illinois 60064-6186
Office: 1-800-633-9110
Fax: 1-847-938-0644

September 27, 2004

[redacted]

AER #: [redacted]

To Whom it May Concern;

Abbott Laboratories has received an adverse event report in which your product, Generic Levothyroxine was identified as a suspect drug. We are forwarding this report to your company for your use in complying with the FDA regulations for the reporting of spontaneous and clinical adverse events and ICH Guidelines on Clinical Safety Data Management: Definitions and Standards for Expedited Reporting.

Should you wish to contact us, please call 1-800-633-9110

Sincerely,

Annette Larsen, RN

Abbott Laboratories
Medical Services Analyst
Global Pharmaceutical and Research Department

MED WATCH

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

For use by user-facilities, distributors and manufacturers for **MANDATORY** reporting

Mfr report # [redacted]

User facility report #

FDA Use Only

A. Patient information

1. Patient identifier	2. Age at time of event: or Date of birth:	3. Sex	4. Weight
[redacted] In confidence	[redacted]	[redacted] female male	UNK lbs or UNK kgs

B. Adverse event or product problem

1. [x] Adverse event and/or [ ] Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
- [ ] death (mm/dd/yy)
- [ ] life-threatening
- [ ] hospitalization - initial or prolonged
- [ ] disability
- [ ] congenital anomaly
- [ ] required intervention to prevent permanent impairment/damage
- [ ] other:

3. Date of event (mm/dd/yy): ??/??/02

4. Date of this report (mm/dd/yy): 09/13/04

5. Describe event or problem

Consumer report from the USA of hair loss, excessive perspiration, depression, and menopausal-like symptoms coincident with LEVOTHYROXINE (SYNTHROID) therapy. In 1999, the patient began SYNTHROID therapy for thyroid cancer. In 2002, the patient experienced hair loss. In 2002, the dosage of SYNTHROID therapy was increased. In 2002, the patient recovered from the hair loss. In Aug 2004, the patient was switched to GENERIC LEVOTHYROXINE therapy. In Aug 2004, after the switch to GENERIC LEVOTHYROXINE therapy, the patient experienced excessive perspiration, depression, and menopausal-like symptoms. GENERIC LEVOTHYROXINE therapy was ongoing. The patient has not recovered from the excessive perspiration, depression, and menopausal-like symptoms. The reporter declined to have the physician contacted. GENERIC LEVOTHYROXINE was also considered suspect.

6. Relevant tests/laboratory data, including dates

Not reported

Continued

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

The patient quit smoking in 1989, is a nondrinker, and has no known allergies.

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)
#1 SYNTHROID 125 mcg(SYNTHROID)(LEVOTHYROXINE)(LEVOTHYROXINE)
#2 GENERIC LEVOTHYROXINE

Continued

2. Dose, frequency & route used
#1 125 mcg, 1 in 1 D, Per oral
#2 137 mcg, 1 in 1 D, Per oral

3. Therapy dates (if unknown, give duration)
#1 ??/??/99 - ??/??/02
#2 08/??/04 - Ongoing

4. Diagnosis for use (indication)
#1 THYROID CANCER
#2 THYROID CANCER

5. Event abated after use stopped or dose reduced
#1 [x] yes [ ] no [ ] doesn't apply
#2 [ ] yes [ ] no [x] doesn't apply

6. Lot # (if known)
#1 UNKNOWN
#2 UNKNOWN

7. Exp. date (if known)
#1 UNKNOWN
#2 UNKNOWN

8. Event reappeared after reintroduction
#1 [ ] yes [ ] no [x] doesn't apply
#2 [ ] yes [ ] no [x] doesn't apply

9. NDC # - for product problems only (if known)

10. Concomitant medical products and therapy dates (exclude treatment of event)

1) OMEPRAZOLE	Unknown - Ongoing
2) FAMOTIDINE	Unknown - Ongoing
3) ROFECOXIB	Unknown - Ongoing
4) LISINOPRIL	Unknown - Ongoing
5) ESTROGENS	

Continued

G. All manufacturers

1. Contact office - name/address (& mfring site for devices)

PPD
Pharmacovigilance
200 Abbott Park Road
D-491 AP30-1E
Abbott Park,Illinois 60064-6157
USA
(Informing Unit)

2. Phone number: 847-937-5533

3. Report source (check all that apply)
- [ ] foreign
- [ ] study
- [ ] literature
- [x] consumer
- [ ] health professional
- [ ] user facility
- [ ] company representative
- [ ] distributor
- [ ] other:

4. Date received by manufacturer (mm/dd/yy): 09/13/04

5. (A)NDA # 21-402
IND #
PLA #
pre-1938 [ ] yes
OTC product [ ] yes

6. If IND, protocol #

7. Type of report (check all that apply)
- [ ] 5-day
- [ ] 15-day
- [ ] 10-day
- [x] periodic
- [x] initial
- [ ] follow-up # ____

8. Adverse event term(s)
1) Hair loss (Alopecia)
2) Perspiration excessive (Hyperhidrosis)
3) Depression (Depression)
4) Menopausal symptoms (Menopausal symptoms)

9. Mfr. report number [redacted]

E. Initial reporter

1. Name & address
In Confidence
USA

phone #

2. Health professional? [ ] yes [x] no

3. Occupation: Consumer

4. Initial reporter also sent report to FDA [ ] yes [ ] no [x] unk

3500A Facsimile

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

Pharmacovigilance
200 Abbott Park Road
D-491 AP30-1E
Abbott Park, Illinois 60064-6157
USA

 Mfr. report # : [redacted]

Date of this report : 09/13/04

B.6 Relevant tests/laboratory data, including dates (Cont...)

Lab Result :

Test name	Test date	Test result	Normal value	Classification
See Narrative Lab Results	UNK	UNK		

C. Suspect medication (Cont...)

Seq No. : 1
C.1 Suspect medication : SYNTHROID 125 mcg(SYNTHROID)(LEVOTHYROXINE) (LEVOTHYROXINE)
C.2 Dose, frequency & route used : 2) 137 mcg, 1 in 1 D, Per oral
C.3 Therapy Dates (or duration) : 2) ??/??/02 - 08/??/04
C.5 Dechallenge
C.8 Rechallenge

Seq No. : 2
C.1 Suspect medication : GENERIC LEVOTHYROXINE

C10. Concomitant medical products

Seq No. : 1
Concomitant Medical Product : OMEPRAZOLE
Dose, frequency & route used : 1) , As required, Per oral
Diagnosis for use(indication) : 1) STOMACH

Seq No. : 2
Concomitant Medical Product : FAMOTIDINE
Dose, frequency & route used : 1) , As required, Per oral
Diagnosis for use(indication) : 1) STOMACH

Seq No. : 3
Concomitant Medical Product : ROFECOXIB
Dose, frequency & route used : 1) 1 in 1 D, Per oral
Diagnosis for use(indication) : 1) PAIN

Seq No. : 4
Concomitant Medical Product : LISINOPRIL
Diagnosis for use(indication) : 1) PREVENTION OF HEART DISEASE

Seq No. : 5
Concomitant Medical Product : ESTROGENS CONJUGATED
Dose, frequency & route used : 1) 0.625 mg, 1 in 1 D, Per oral
Therapy Dates : 1) ??/??/94 - 04/??/04
Diagnosis for use(indication) : 1) UNKNOWN INDICATION

Global Medical Services, Pharmacovigilance
Global Pharmaceutical Research and Development

ADVERSE EVENT REPORTING FORM

[redacted]

☐ This case requires expedited processing for local requirements.

Sender Information

Name of Sender: [redacted]

Affiliate Location: [redacted]

Country Where Adverse Event Occurred: [redacted]

Sender Phone:

Sender Fax Number:

Affiliate Cross-Reference/AER Number: [redacted]

Sender Comments:

Suspect Abbott Product: Synthroid

Product Owner (use Product Owner List for reference):

☑ PPD-PMS ☐ PPD-IND ☐ AI ☐ HPD ☐ Ross

Report Source (for reference):

- Spontaneous
- Academic
- PMS Studies
- Named Patient Program
- Affiliate Expended Access
- Clinical
- Abbott Clinical Trials (Phases I-IV)
- AI Expanded Access
- Literature

Receiver Information (Please fax report to the appropriate division)

Division	Report Source	Fax #
PPD PMS Pharmaceutical Products	Spontaneous Reports Only	(847) 935-7931
PPD IND Pharmaceutical Products	Clinical Reports Only	(847) 938-0660
AI / Ross Nutritionals / Ross Over-the-Counter	Spontaneous Reports Only	(847) 935-7931
AI / Ross Nutritionals / Ross Over-the-Counter	Clinical Reports Only	(847) 938-0660
HPD Pharmaceutical Products	All Reports	(847) 936-0126
Ross Pharmaceutical Products	All Reports	(614) 624-3499

Report Information

Report Type: ☐ Serious ☑ Nonserious

Please check one of the following: ☑ Initial ☐ Follow-Up

Number of Pages (including cover): _____ Date: 9/13/04

Global Medical Services, Pharmacovigilance
Global Pharmaceutical Research and Development

ADVERSE EVENT REPORTING FORM

Affiliate Tracking #: [redacted] AER #: [redacted]

Affiliate/Location: [redacted]

☒ Initial Abbott Awareness Date: 9/13/04

☐ Follow-Up Abbott Awareness Date: _____

☐ Follow-Up Report # _____

☐ New Information Only

Initial Report Received via (check all that apply):

☒ Phone ☐ Written ☐ Fax ☐ Electronic

Report Source (check all that apply):

☐ Comarketer ☒ Consumer/Patient ☐ Physician

☐ Healthcare Professional ☐ Health Authority ☐ Other _____

☐ Literature ☐ Company Representative

Studies (Check one)

☐ Academic ☐ Named Patient Program ☐ Expanded Access ☐ Other: _____

If report is a study, please complete:

Title of Study _____

Patient # _____ Investigator # _____

Protocol # _____

Study/type of drug being taken at time event occurred:

☐ Lead-in ☐ Abbott Drug ☐ Placebo

☐ Blinded ☐ Comparator _____

Was patient in a prior study?

☐ Yes ☐ No ☐ Unknown ☐ Not Reported

Prior Patient # _____ Prior Protocol # _____

Prior study/type of drug:

☐ Drug _____ ☐ Placebo

☐ Blinded ☐ Comparator _____

Start Date of Drug _____

Stop Date of Drug _____

Reporter Information

Customer #: _____

Initial Reporter/ Title/Pharmacist Name [redacted]

Occupation/Specialty: _____

Institution/Pharmacy Name _____

Address: [redacted]

☒ Primary Reporter?

Phone: [redacted]

FAX: _____

E-Mail: _____

Prescriber? ☐ Yes ☒ No ☐ Unknown ☐ Not Reported

Do Not Report Name ☐ ☐ Relative _____

Customer #: _____

Additional Reporter /Title/Pharmacist Name

MD contact declined

Occupation/Specialty: _____

Institution/Pharmacy Name _____

Address: _____

☐ Primary Reporter?

Phone: _____

FAX: _____

E-Mail: _____

Prescriber? ☐ Yes ☐ No ☐ Unknown ☐ Not Reported

Do Not Report Name ☐ ☐ Relative _____

Global Medical Services, Pharmacovigilance
Global Pharmaceutical Research and Development

ADVERSE EVENT REPORTING FORM

[redacted]

Affiliate Tracking # [redacted] AER # [redacted]

Patient Information

I.D. [redacted] ☐ Unknown ☐ Not reported

Date of Birth [redacted] ☐ Unknown ☐ Not reported

Height NR ☐ in ☐ cm

Weight NR ☐ kg ☐ gm ☐ lb ☐ oz

Sex: ☐ Male ☐ Female ☐ Unknown ☐ Not reported

Age [redacted] ☒ Years ☐ Months ☐ Weeks ☐ Days

☐ Unknown ☐ Not reported

Is Patient Pregnant? ☐ Yes ☒ No ☐ Unknown

☐ Not reported If yes, # of weeks? _____

Race/Ethnic Origin _____

Significant Medical History

Tobacco: ☒ Yes ☐ No ☐ Unknown ☐ Not Reported

If yes, specify type and quantity: _____ ☐ Current ☒ Past

Start Date _____ Stop Date 13yrs

Alcohol: ☐ Yes ☒ No ☐ Unknown ☐ Not Reported

If yes, specify type and quantity: _____ ☐ Current ☐ Past

Start Date _____ Stop Date _____

Allergies: ☐ Yes ☒ No ☐ Unknown ☐ Not Reported

If yes, specify product / agent and manifestation: _____

Has the patient been previously exposed to any of the Abbott Suspect products? ☐ Yes ☐ No ☐ Unknown ☒ Not Reported

If yes, Adverse Event _____

Medical History Narrative (Record any relevant, concurrent, or past medical history, family history, pregnancy history, pertinent negatives, risk factors, occupation, and HIV status.) _____

Global Medical Services, Pharmacovigilance
Global Pharmaceutical Research and Development

ADVERSE EVENT REPORTING FORM

Affiliate Tracking # [redacted]

AER # [redacted]

* Abbott also considers these events as serious.

Adverse Event / Onset Date/Time / End Date/Time / Time to Onset / Duration	Seriousness Criteria*	Reporter Opinion of Causality	Event Resolution
Adverse Event: hair loss Onset Date/Time: 2002 End Date/Time: Time to Onset: Duration:	☐ Death Date: ☐ Hospitalization ☐ Prolonged Hospitalization ☐ Persistent or Significant Disability/Incapacity ☐ Life-Threatening ☐ Congenital Anomaly ☐ Medically Important Event ☐ Elective Abortion* ☐ Miscarriage*	☐ Probable ☐ Possible ☐ Probably Not ☐ Not Related ☐ Unknown ☐ Not Reported Alternative Etiology, if Applicable	☒ Recovered/Resolved ☐ Recovering/Resolving ☐ Not Recovered/ Not Resolved ☐ Recovered/Resolved With Sequelae ☐ Fatal ☐ Unknown ☐ Not Reported
Adverse Event: excessive perspiration Onset Date/Time: 8/04 End Date/Time: Time to Onset: Duration:	☐ Death Date: ☐ Hospitalization ☐ Prolonged Hospitalization ☐ Persistent or Significant Disability/Incapacity ☐ Life-Threatening ☐ Congenital Anomaly ☐ Medically Important Event ☐ Elective Abortion* ☐ Miscarriage*	☐ Probable ☐ Possible ☐ Probably Not ☐ Not Related ☐ Unknown ☐ Not Reported Alternative Etiology, if Applicable	☐ Recovered/Resolved ☐ Recovering/Resolving ☒ Not Recovered/ Not Resolved ☐ Recovered/Resolved With Sequelae ☐ Fatal ☐ Unknown ☐ Not Reported
Adverse Event: depression Onset Date/Time: 8/04 End Date/Time: Time to Onset: Duration:	☐ Death Date: ☐ Hospitalization ☐ Prolonged Hospitalization ☐ Persistent or Significant Disability/Incapacity ☐ Life-Threatening ☐ Congenital Anomaly ☐ Medically Important Event ☐ Elective Abortion* ☐ Miscarriage*	☐ Probable ☐ Possible ☐ Probably Not ☐ Not Related ☐ Unknown ☐ Not Reported Alternative Etiology, if Applicable	☐ Recovered/Resolved ☐ Recovering/Resolving ☒ Not Recovered/ Not Resolved ☐ Recovered/Resolved With Sequelae ☐ Fatal ☐ Unknown ☐ Not Reported
Adverse Event: Menopausal-like symptoms Onset Date/Time: 8/04 End Date/Time: Time to Onset: Duration:	☐ Death Date: ☐ Hospitalization ☐ Prolonged Hospitalization ☐ Persistent or Significant Disability/Incapacity ☐ Life-Threatening ☐ Congenital Anomaly ☐ Medically Important Event ☐ Elective Abortion* ☐ Miscarriage*	☐ Probable ☐ Possible ☐ Probably Not ☐ Not Related ☐ Unknown ☐ Not Reported Alternative Etiology, if Applicable	☐ Recovered/Resolved ☐ Recovering/Resolving ☒ Not Recovered/ Not Resolved ☐ Recovered/Resolved With Sequelae ☐ Fatal ☐ Unknown ☐ Not Reported
Adverse Event: Onset Date/Time: End Date/Time: Time to Onset: Duration:	☐ Death Date: ☐ Hospitalization ☐ Prolonged Hospitalization ☐ Persistent or Significant Disability/Incapacity ☐ Life-Threatening ☐ Congenital Anomaly ☐ Medically Important Event ☐ Elective Abortion* ☐ Miscarriage*	☐ Probable ☐ Possible ☐ Probably Not ☐ Not Related ☐ Unknown ☐ Not Reported Alternative Etiology, if Applicable	☐ Recovered/Resolved ☐ Recovering/Resolving ☐ Not Recovered/ Not Resolved ☐ Recovered/Resolved With Sequelae ☐ Fatal ☐ Unknown ☐ Not Reported

Global Medical Services, Pharmacovigilance
Global Pharmaceutical Research and Development

ADVERSE EVENT REPORTING FORM

[redacted]

Affiliate Tracking # [redacted] AER # [redacted]

Abbott Suspect Product(s)

Product Name	Action Taken*	NDC #	Total Daily Dose	Unit Dose & Frequency	Dates/Times of Administration: Route	Start/ Duration **	End**	Indication(s)
Abbott Primary Product: Synthroid Lot # Unk Exp. Date(s) Unk ☐ On query, reporter declined to provide Lot # information. ☐ Other:	☐ Ong ☐ Chg ☐ None ☑ Disc. ☐ Unk ☐ NR	Unk	125 mcg 137 mcg	QD QD	PO PO	1999 2002	2002 8/04	thyroid cancer
Abbott Product: Lot # Exp. Date(s) ☐ On query, reporter declined to provide Lot # information. ☐ Other:	☐ Ong ☐ Chg ☐ None ☐ Disc. ☐ Unk ☐ NR							
Abbott Product: Lot # Exp. Date(s) ☐ On query, reporter declined to provide Lot # information. ☐ Other:	☐ Ong ☐ Chg ☐ None ☐ Disc. ☐ Unk ☐ NR							

* Action Taken Key: Ong = Ongoing Chg = Dose change Disc = Discontinued Unk = Unknown NR = Not Reported

** Start and End Code Key: Ong = Ongoing administration Unk = Unknown NR = Not Reported

If suspect drug discontinued, did event(s) abate? ☐ Yes ☐ Improved ☐ Resolved ☐ No ☐ Unknown ☐ Not Reported

If improved or resolved, which event(s)? _____

If suspect product reintroduced, did event(s) reappear? ☐ Yes ☐ No ☐ Unknown ☑ Not Reported

If yes, which event(s)? _____

Product Complaint Information

Comments: _____

☐ Sample Requested ☐ Pharmacy Replacement Requested (Note which location the product was distributed for replacement)

Additional Information

☑ Batch Record Review Requested ☐ Assay Requested

Global Medical Services, Pharmacovigilance
Global Pharmaceutical Research and Development

ADVERSE EVENT REPORTING FORM

[redacted]

Affiliate Tracking # [redacted] AER # _____

Concomitant Medications

(include and indicate any drugs used to treat reactions; include prescriptions, nonprescriptions, herbals, OTC, recreational, and homeopathics)

Were any other medications being taken by the patient? ☑ Yes ☐ No ☐ Unknown ☐ Not Reported

Medication(s)	Action Taken Code*	Total Daily Dose	Unit Dose & Frequency	Route	Dates/Times of Administration: Start/ Duration**	Dates/Times of Administration: End**	Indication(s)
Prilosec	☒C ☐T ☐S ☐I		PM	PO	Unk	Ong	Stomach
Pepcid	☒C ☐T ☐S ☐I		PM	PO	Unk	Ong	Stomach
Vioxx	☒C ☐T ☐S ☐I		QD	PO	Unk	Ong	Pain
Prinavil	☒C ☐T ☐S ☐I	Unk	→		Unk	Ong	Prevention of heart disease
Premarin	☒C ☐T ☐S ☐I	.625 mg	QD	PO	10 yrs	4/04	Unk
Generic Levothyroxine	☐C ☐T ☒S ☐I	137 mcg	QD	PO	8/04	Ong	Thyroid Ca
	☐C ☐T ☐S ☐I						
	☐C ☐T ☐S ☐I						

* Administration Code Key: C = Concomitant medication T = Treatment medication S = Medication suspected as causing the AE I = Interacting drug

** Start and End Code Key: Ong = Ongoing administration Unk = Unknown NR = Not Reported

If Patient died, was autopsy performed? ☐ Yes Date of autopsy _____ ☐ No ☐ Unknown ☐ Not Reported

Results of autopsy: _____

☐ Death Certificate Attached

Cause of Death: _____

Is discharge summary available? ☐ Yes ☐ No ☐ Unknown ☐ Not Reported

Diagnostic Procedures/Nondrug Medical Interventions

Date/Time	Procedure Name	Results/Comments

Global Medical Services, Pharmacovigilance
Global Pharmaceutical Research and Development

ADVERSE EVENT REPORTING FORM [redacted]

Affiliate Tracking # [redacted] AER # [redacted]

Relevant Tests/Laboratory Data

Were lab tests performed? ☐ Yes ☐ No ☐ Unknown ☑ Not Reported

Test Date/Time	Test Name	Base Line	Results/ Unit	Normals/Unit
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		
		☐ Yes ☐ No ☐ Unknown		

Global Medical Services, Pharmacovigilance
Global Pharmaceutical Research and Development

ADVERSE EVENT REPORTING FORM

[redacted]

Affiliate Tracking # [redacted] AER # [redacted]

Event Description:

Consumer report for the use of hair loss, excessive perspiration, depression, and menopausal like symptoms c/w (Synthroid) Levothyroxine therapy. In 1999, the pt began Synthroid therapy for thyroid cancer. In 2003, the pt experienced hair loss. In 2003, Synthroid was increased. In 2002, the pt recovered from the hair loss. In Aug 2004, the pt was switched to Generic Levothyroxine therapy. In Aug 2004 after the switch to generic, the pt experienced excessive perspiration, depression, and menopausal like symptoms. Generic Levothyroxine therapy was ongoing. The pt has not recovered from the excessive perspiration, depression and menopausal like symptoms. The reporter declined to have the physician contacted. Generic Levothyroxine was also considered suspect.

Signature and Date:

Signature: [redacted] **Date:** 9/13/04