| CIOMS FORM  |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             | M          |                           |           |       |          |     |             |
|---|--|--------------|---|-------------|-------------|--------------------------------|-------------------------|-------|----------------------------|------------------------------------|----------|----------|-----------------------------|------------|---------------------------|-----------|-------|----------|-----|-------------|
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
| SUSDEC  | CT ADVERSE I   | DE A C       | TION DEDO   | DT          |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     | $\dashv$    |
| SUSPEC  | JI ADVEKSE I   | KEAC         | HON REPO  | ıKı         |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          | <u> </u> | <u> </u>                    |            |                           |           |       |          |     | _           |
|   |  |              | N INFOF   |             |             |                                |                         |       |                            | Τo                                 | 10       | CI       | IECK                        | Α.Ι        |                           |           |       | $\neg$   |     |             |
| PATIENT INITIALS     (first, last)  | 1a. COUNTRY  COSTA RICA  | Day          | Month Year  | 2a. AGI     | 3. SEX      | 3a. WEIGHT                     | Day                     |       | EACTION ONSET  Month Year  |                                    | ┥`       | 5-1Z     | AP<br>AD                    | PRO<br>VER | PF                        | L<br>RIAT | E T   | O<br>TIC | NC  |             |
| PRIVACY   |  | F            | PRIVACY   | Unk         | Female      | J                              |                         |       | Unk                        |                                    |          |          | П                           |            | IENT D                    |           |       | Α0       | 110 | /\ <b>\</b> |
|   | TION(S) (including relevan   |              |   |             |             |                                | Pon                     | ortor | C                          | omns                               | mv       |          | _                           | 1815 //    | OLVED                     | 00        |       |          |     |             |
| Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) |  |              | Product   |             | Serious     |                                |                         |       | Reporter Company Causality |                                    |          |          | Ш                           | PRC        | OLVED<br>DLONG<br>SPITALI | ED        | INPAT | IENT     | Г   |             |
| me sentí un poco mal [Illness]  38.9 de calentura [Pyrexia]                   |  |              | SAPHNELO<br>SAPHNELO  |             | No<br>No    | No<br>No                       | Related Related Related |       |                            | INVOLVED PERSISTENT OR SIGNIFICANT |          |          |                             |            |                           |           |       |          |     |             |
| rinitis fuerte [Rhinitis]   |  |              | SAPHNELO  |             | No          | No                             | Related Related         |       |                            |                                    |          |          | DISABILITY OR<br>INCAPACITY |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          | LIFE THREATENING            |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          | П                           |            | NGENIT                    | ΓAL       |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          | _        |                             | OMALY      |                           |           |       |          |     |             |
| (Continued on Additional Information Page                                     |  |              |   |             |             |                                |                         |       |                            | )                                  | <u>Ц</u> | OTH      | HEK .                       |            |                           |           |       |          |     |             |
|   |  |              | II. SUSPEC  | CT DR       | RUG(S) IN   | NFORMA                         | TIC                     | N     |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
| 14. SUSPECT DRUG(S)   | ,  |              |   |             | ,           |                                |                         |       |                            |                                    |          | 2        |                             |            | ACTION<br>AFTER           |           | OPPIN | ıG.      |     | ٦           |
| #1 ) SAPHNELO (A  | ANIFROLUMAB) So  | olution to   | r injection   |             |             |                                |                         |       |                            |                                    |          |          |                             | RUG?       |                           |           | J     |          |     |             |
| 15. DAILY DOSE(S)   |  |              |   |             |             | 16. ROUTE(S) OF ADMINISTRATION |                         |       |                            |                                    |          | 1        | -<br>I ∏yes ∏no ⊠na         |            |                           |           |       |          |     |             |
| #1 ) 300 milligram,   | q4w  |              |   |             | #1 ) Intrav | #1 ) Intravenous use           |                         |       |                            |                                    |          |          |                             | J YES      | · Ш                       | VO        | M     | NA       |     |             |
| 17. INDICATION(S) FOR   |  | ,            |   |             |             |                                |                         |       |                            |                                    |          | 2        |                             |            | ACTION<br>EAR AF          |           | ₹     |          |     | ٦           |
| #1 ) lupus (System  | ic lupus erythemato  | sus)         |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            | ODUC.                     |           |       |          |     |             |
| 18. THERAPY DATES(fro   |  |              |   |             |             | 19. THERAPY DURATION           |                         |       |                            |                                    |          |          |                             | YES NO NA  |                           |           |       |          |     |             |
| #1 ) 24-JUL-2024 /  |  | #1 ) Unknown |   |             |             |                                |                         |       |                            | I LIES LING MA                     |          |          |                             |            |                           |           |       |          |     |             |
|   |  | 111          | . CONCOMI   | TANT        | DBLIC       | S) VND F                       | IIQT                    |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
| 22. CONCOMITANT DRU   | JG(S) AND DATES OF ADM   |              |   |             | <u> </u>    | D) AND I                       | 1101                    | Oi    | <u> </u>                   |                                    |          |          |                             |            |                           |           |       |          |     | $\neg$      |
|   |  |              | ·   |             | ŕ           |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   | HISTORY. (e.g. diagnostics   |              | oregnancy with last mo  | onth of per |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     | $\exists$   |
| From/To Dates Unknown to Ongo   | Description Lupus sy   | ndrome (S    | syste   | mic         | lupus       | s ery                          | the                     | mate  | osu                        | s)                                 |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   |  |              | IV MANIII   | EACTI       | IDED IN     | EODMA                          | ΓΙΟΙ                    | NI.   |                            |                                    |          |          |                             |            |                           |           |       |          |     | _           |
| IV. MANUFACTURI  24a. NAME AND ADDRESS OF MANUFACTURER                        |  |              |   |             |             | MARKS                          | 1101                    | N     |                            |                                    |          |          |                             |            |                           |           |       |          |     | ٦           |
| AstraZeneca<br>Serban Ghiorghiu   |  |              |   |             |             | Wide #: CF                     |                         | TRA   | ZENE                       | ECA-                               | -202     | 2504     | CAN                         | И027       | 79570                     | CR        |       |          |     |             |
| 1 Medimmune Way<br>Gaithersburg, Mary   | ,  | References   |   | -Ast        | raZer       | eca-                           | -CH                     | -008  | 613                        | 12A                                |          |          |                             |            |                           |           |       |          |     |             |
| Phone: +1 301-398   |  | > ./ \/ \    |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
|   | 24b. MFR CO  | NITPOL NO    |   |             | OFh NA      | ME AND ADDE                    | ESS C                   | )E Dr | DODT                       | D                                  |          |          |                             |            |                           |           |       |          |     | _           |
|   |  |              | 25b. NAME AND ADDRESS OF REPORTER  NAME AND ADDRESS WITHHELD. |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
| 24c DATE DECENTED   | 202504C  |              |   |             | NAME        | E AND ADD                      | RES:                    | s w   | ITHHI                      | ELD                                |          |          |                             |            |                           |           |       |          |     |             |
| BY MANUFACTURE  | c. DATE RECEIVED BY MANUFACTURER  24d. REPORT SOURCE STUDY  LITERATURE |              |   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
| 30-APR-2025   | <b>I</b>   | I<br>SSIONAL | OTHER:  |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |
| DATE OF THIS REPORT 06-MAY-2025   | 25a. REPOR   | T TYPE       | FOLLOWUP:   |             |             |                                |                         |       |                            |                                    |          |          |                             |            |                           |           |       |          |     |             |

X INITIAL

FOLLOWUP:

## **ADDITIONAL INFORMATION**

## 7+13. DESCRIBE REACTION(S) continued

Case Description: A solicited report has been received from a consumer in Patient Support Program. The report concerns a female patient born in 1985.

No medical history was reported.

No concomitant products were reported.

The patient started treatment with Saphnelo (anifrolumab) 300 milligram q4w, Intravenous use, on 24-JUL-2024 for lupus.

On an unknown date, the patient experienced me sentí un poco mal (preferred term: Illness), rinitis fuerte (preferred term: Rhinitis) and 38.9 de calentura (preferred term: Pyrexia).

The dose of Saphnelo (anifrolumab) was not changed.

The patient recovered from the event(s) 38.9 de calentura, me sentí un poco mal and rinitis fuerte on an unspecified date.

The events were considered non-serious.

The reporter considered that there was a reasonable possibility of a causal relationship between Saphnelo and the following event(s): 38.9 de calentura, me sentí un poco mal and rinitis fuerte.

The company physician considered that there was a reasonable possibility of a causal relationship between Saphnelo and the following event(s): 38.9 de calentura, me sentí un poco mal and rinitis fuerte.