

SUSPECT ADVERSE REACTION REPORT											

I. REACTION INFORMATION

1. INITIALS	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	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"/> HOSPITALIZATION <input type="checkbox"/> DISABILITY OR INCAPACITY <input type="checkbox"/> CONGENITAL ANOMALY/BIRTH DEFECT <input type="checkbox"/> OTHER MEDICALLY IMPORTANT CONDITION
[Privacy]	CR	Day	Month	Year	24 Years	F	Day	Month	Year	
uu Apr 2025										
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [Low Level Term] #1 Device breakage [Device breakage] (10012575 v28.0) / Outcome : recovered / Start date : uu-Apr-2025 / End date : 30-Apr-2025 #2 Vulvovaginal discomfort [Vulvovaginal discomfort] (10047786 v28.0) / Outcome : recovered / Start date : 29-Apr-2025 / End date : 30-Apr-2025										

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUGS(S) (include generic name) #1 FemeGyn Ring® 0.120mg /0.015mg each 24 hours vaginal release (Etonogestrel; Ethinylestradiol); Batch/Lot number : V021		20. DID REACTION ABATE AFTER STOPPING DRUG? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) (dose per interval/unit/separate dose/text) Unknown	16. ROUTE(S) OF ADMINISTRATION #1 Vaginal use	
17. INDICATION(S) FOR USE #1 Hormonal contraception		21. DID REACTION REAPPEAR AFTER REINTRODUCTION ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES (from/to) #1 uu-May-2024 /	19. THERAPY DURATION #1 1 Year	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUGS(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 Description #1 / / Continuing : /	

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Kern Pharma Pol. Ind. Colon II, C/Venus, 72 08228 Terrassa, Barcelona ES		26. REMARKS
	24b. MFR CONTROL NO. CR-KERNPHARMA-202501330	25b. NAME AND ADDRESS OF REPORTER #1 Costa Rica
24c. DATE RECEIVED BY MANUFACTURER 05-May-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> AUTHORITY <input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER	
DATE OF THIS REPORT 07-May-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW UP :	

14-19. SUSPECTS DRUGS (full)

Seq. No. : 1
Drug : FemeGyn Ring® 0.120mg /0.015mg each 24 hours vaginal release (Etonogestrel; Ethinylestradiol)
Daily dose : Unknown
Dosage text :
Route of administration : Vaginal use
Batch / Lot number : V021
Indication for use : Hormonal contraception (10073728 v28.0)
Therapy dates (start/end) : uu-May-2024 /
Therapy duration : 1 Year
Did reaction abate ? : Yes
Did reaction reappear ? : Yes-No (rechallenge was done, reaction did not recur)

CASE DESCRIPTION (Case narrative)

Non serious case received from partner Menarini with day 0 = 05May2025 and reference CA-02042025. Case regarding a Femegyn ring that broke and caused vulvovaginal discomfort.

Start date: April-2025 / End date: 30-April-2025

2) Vulvovaginal discomfort (10047786)

Start date: 29-April-2025 / End date: 30-April-2025 (After dechallenge).

Patient presents at the pharmacy and indicates that since the night of April 29, she presented vaginal discomfort that she describes as a "sting", patient indicate that it was more intense over time. On April 30, the discomfort was greater and she decided to remove the ring (she had placed the ring since April 23), which had a break in the union part and therefore she did not replace it.

At the pharmacy they told her that she had to insert a new device and that if more than 3 hours had passed since removing the previous one, she had to use an additional barrier method for seven days.

The patient places a new device and reports no discomfort again, the patient has recovered from the reported discomfort.

Note: Patient is using Femegyn Ring since May 2024.

Case related to product defect – PD code: LF CC940 || Batch: V021 / Expiration date: 09/2025 on-serious by the reporter.

The company has assessed Device breakage and Vulvovaginal discomfort as probably related to Etonogestrel + Ethinylestradiol therapy using the Karch Lasagna algorithm (modified).

DUPLICATE NUMBERS

#1 CA-04052025 (MENARINI)