

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	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	Unk	Female	Unk	Day	Month	Year	
			PRIVACY						Unk		

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
RAISED THE ENZYMES OF THE LIVER [Raised liver enzymes]

Case Description: This is a spontaneous report received from a Consumer or other non HCP from medical information team and License Party (BRISTOL-MYERS SQUIBB COMPANY).

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Eliquis (APIXABAN) Unknown #2) ADALIMUMAB (ADALIMUMAB)		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) 5 mg #2) 4 mg	16. ROUTE(S) OF ADMINISTRATION #1) Unknown #2) Unknown	
17. INDICATION(S) FOR USE #1) Pulmonary Thrombosis (Pulmonary thrombosis) #2) axial spondyloarthritis (Axial spondyloarthritis)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) Unknown #2) Unknown	19. THERAPY DURATION #1) Unknown #2) 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		

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Pfizer S.A. Laura Arce Mora Avenida Escazú, Torre Lexus, piso 7. Escazú San Jose, COSTA RICA		26. REMARKS
	24b. MFR CONTROL NO. 202500108533	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 26-MAY-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT 04-JUN-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

ADDITIONAL INFORMATION**7+13. DESCRIBE REACTION(S) continued**

Other Case identifier(s): CR-BRISTOL-MYERS SQUIBB COMPANY-2025-077733 (BRISTOL-MYERS SQUIBB COMPANY).

This case was received via {BP} Pfizer Inc(Reference number: 202500108533) Information was received from a Consumer or other non health professional concerning a Female patient, who received Suspect product APIXABAN 5 milligram(s)from unknown start date) for Pulmonary Thrombosis, lot number: Unknown;; Suspect product EXTERNAL-ADALIMUMAB 4 milligram(s)from unknown start date) for axial spondyloarthritis, lot number: Unknown;. On an unknown date, the patient had hepatic enzyme increased (raised the enzymes of the liver), which was considered non-serious. It is unknown if treatment was provided. The outcome of the hepatic enzyme increased was unknown. The action taken with APIXABAN medication was unknown. The action taken with EXTERNAL-ADALIMUMAB medication was unknown. Concomitant medications were not reported. The reporter considered event hepatic enzyme increased related to APIXABAN. The reporter considered event hepatic enzyme increased related to EXTERNAL-ADALIMUMAB. Consent to contact the consumer or other non health professional for follow-up information was denied, or it was indicated that no further information is available. Tracking of Changes: 26-May-2025: Initial information was received.

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