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1. PATIENT INITIALS (first, last) 1a. COUNTRY 2. DATE OF BIRTH COSTA RICA Day Month Year							ear	2a. AG	E	3. SEX	weight Unk	Dá	-6 REACTION ONSET y Month Year				8-		API	ECK PROI VERS	PF	riat	ΕŢ	0	N		
PRIVACY COSTA RICA PRIVACY							Unk	F	emale)				Unk				ے ا	_		110	ЛV					
7 + 13 DESCRIBE REAC				b data	a)														- r	_	INVC	LVED	OR	R			
Event Verbatim [PREFERRED TERM] (Related Product								Seri	ous Listed			Reporter Company Causality					PROLONGED INPATIENT HOSPITALISATION INVOLVED PERSISTENT										
symptoms if any separated by commas) Very strong crisis (not specified) [Condition aggravated]					SAPHNELO			Yes	3	No			Related Related				,		_	OR S	SIGNIFI BILITY PACIT	ICA Y OF	NT				
aggravateuj																			LIFE THREATENING								
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(Continued on Additional Information Page															отн												
										`					rorma	itior	1 Pa	ge)		_			_				
14. SUSPECT DRUG(S)) (include generic name	e)			II. St	USP	EC	I DF	(UC	∋(S) I	NFC)RMA	4110)N					20.	DID	REA	CTION	_				\neg
14. SUSPECT DRUG(S) (include generic name) #1) SAPHNELO (ANIFROLUMAB) Solution for injection {Lot # Unknown}									wn}											ABATE AFTER STOPPING DRUG?							
15. DAILY DOSE(S)									6. ROUTE(S) OF ADMINISTRATION										- I ∏yes ∏no ⊠na								
								#1) Intravenous use									☐ AES ☐ NO MA									
17. INDICATION(S) FOR USE #1) lupus (Systemic lupus erythematosus)																		21. DID REACTION REAPPEAR AFTER REINTRODUCTION?									
, ,								19.	THERAPY DURATION									1									
#1) 19-FEB-2025 / Ongoing								#1	#1) Unknown								YES NO NA										
				11 /			NAIT	-	. DE	RUG(6) V	ND L	716-						1								_
22. CONCOMITANT DR	UG(S) AND DATES OF	F ADN									3) F	ו טווו	113	01	<u> </u>												
23. OTHER RELEVANT	HISTORY. (e.g. diagno	ostics,						th of pe															_				_
Unknown to Ongoing Indication L								Description Lupus erythematosus systemic (Systemic lupus erythematosus)																			
Unknown Indication Lupus syndrome (Systemic lupus eryther												ıem	iatos	sus	•)												
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24a. NAME AND ADDRE	ESS OF MANUFACTUR	RFR			IV. I	MAN	IUF.	ACT	UR	ER IN			TIO	N									_				_
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1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES											erence			raZe	nec	ca-C	H-C	089	130)3A							
Phone: +1 301-39	0000-8																										
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13-JUN-2025 HEALTH OTHER:																											
DATE OF THIS REPORT	T 25a. RE		TYPE	ſ	FOI	LLOWU	JP:																				

X INITIAL

FOLLOWUP:

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Case Description: A solicited report has been received from a non-health professional in Patient Support Program. The report concerned a female patient born in 1992.

No medical history was reported. No concomitant products were reported.

The patient started treatment with Saphnelo (anifrolumab) (batch number(s) Unknown) 300 milligram q4w, Intravenous use, on 19-Feb-2025 for lupus.

On an unknown date, the patient experienced very strong crisis (not specified) (preferred term: Condition aggravated).

The dose of Saphnelo (anifrolumab) was not changed.

At the time of reporting, the event very strong crisis (not specified) was improving.

The event was considered serious due to Medically Significant.

The reporter considered that there was a reasonable possibility of a causal relationship between Saphnelo and the following event(s): very strong crisis (not specified).

The company physician considered that there was a reasonable possibility of a causal relationship between Saphnelo and the following event(s): very strong crisis (not specified).

Company Clinical Comment: Condition aggravated [reported as very strong crisis] is not listed in company core data sheet of anifrolumab. Due to limited information on circumstances leading to the event, onset date of event, clinical course, treatment provided, concurrent conditions, concomitant medications, risk factors, relevant medical history, detailed etiological and diagnostic work up, the evaluation did not find evidence to exclude a causal relationship between the event and suspect drug.