

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH Day Month Year PRIVACY	2a. AGE 32 Years	3. SEX Female	3a. WEIGHT Unk	4-6 REACTION ONSET Day Month Year 2025	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
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) headaches had worsened [Headache aggravated] Case Description: This is a spontaneous report received from a Consumer or other non HCP, Program ID: 164974. A 32-year-old female patient received rimegepant (NURTEC ODT), first regimen from Feb2025 to 2025 at 75 mg (75 mg, 3 times per month) and second regimen since 2025 at 75 mg alternate day for headache. The patient's relevant medical history included: "Epilepsy" (ongoing); "Migraine" (ongoing). Concomitant medication(s) included: MAXALT sublingual. (Continued on Additional Information Page)							

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Nurtec ODT (RIMEGEPANT) Orodispersible tablet (Continued on Additional Information Page)	20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1) 75 mg, 3 times per month	16. ROUTE(S) OF ADMINISTRATION #1) Unknown
17. INDICATION(S) FOR USE #1) Headache (Headache)	21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) FEB-2025 / 2025	19. THERAPY DURATION #1) Unknown

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) #1) MAXALT (RIZATRIPTAN BENZOATE) ; Unknown
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) From/To Dates Type of History / Notes Description Unknown to Ongoing Relevant Med History Epilepsy (Epilepsy) Unknown to Ongoing Relevant Med History Migraine (Migraine)

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. PV202500064354	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 27-MAY-2025	NAME AND ADDRESS WITHHELD.
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 12-JUN-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The patient also took other concomitant therapy.
The following information was reported: HEADACHE AGGRAVATED (non-serious) with onset 2025, outcome "unknown", described as "headaches had worsened". The action taken for rimegepant was unknown.

Additional Information: The patient reported having started treatment with Nurtec approximately four months ago, initially taking it only during episodes of pain. At the time of the report, her neurologist had prescribed Nurtec every other day due to an increase in the intensity of her headaches. The patient had epilepsy and was under treatment with two anticonvulsants. She mentioned that, over the past month, her headaches had worsened, and during more intense crises, she used sublingual Maxalt, which had caused irritation under her tongue. She indicated that she had not been aware of the patient support plan when she began treatment with Nurtec. Additionally, she noted that pharmacies did not sell her the full box, only individual units. It was noted that, at the time of the report, the patient was not enrolled in the program; however, upon verification before validating the report, it was confirmed that she had already enrolled.

14-19. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION
#1) Nurtec ODT (RIMEGEPANT) Orodispersible tablet; Regimen #2	75 mg, alternate day; Unknown	Headache (Headache)	2025 / Unknown; Unknown