

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

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|--|----------------------------------|------------------|----------------|------|-------------------------------|-------------------------|--------------------------|--------------------|-------|------|--|
| 1. PATIENT INITIALS (first, last) PRIVACY | 1a. COUNTRY COSTA RICA | 2. DATE OF BIRTH | | | 2a. AGE 47 Years | 3. SEX Female | 3a. WEIGHT Unk | 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 | | | | 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)
split the 100mg ones in half [Intentional drug misuse]
split the 100mg ones in half [Unapproved splitting of product]

Case Description: This is a spontaneous report received from a Consumer or other non HCP, Program ID: 164974.

A 47-year-old female patient received desvenlafaxine succinate monohydrate (PRISTIQ), at 50 mg.

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

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| 14. SUSPECT DRUG(S) (include generic name) #1) Pristiq (DESVENLAFAXINE SUCCINATE MONOHYDRATE) Prolonged-release tablet | | 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) 50 mg | 16. ROUTE(S) OF ADMINISTRATION #1) Unknown | |
| 17. INDICATION(S) FOR USE #1) Unknown | | 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) Unknown | 19. THERAPY DURATION #1) Unknown | |

III. CONCOMITANT DRUG(S) AND HISTORY

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| 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

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| 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. PV202500082831 | 25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. |
| 24c. DATE RECEIVED BY MANUFACTURER 08-JUL-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 11-JUL-2025 | 25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP: | |

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

The patient's relevant medical history and concomitant medications were not reported.

The following information was reported: INTENTIONAL PRODUCT MISUSE (non-serious), WRONG TECHNIQUE IN PRODUCT USAGE PROCESS (non-serious) and all described as "split the 100mg ones in half". The action taken for desvenlafaxine succinate monohydrate was unknown.

Additional information: The patient stated she uses 50mg Pristiq. She only bought the 100mg once because the 50mg wasn't available, so she split the 100mg ones in half.