

## SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

|   |                                  |                  |            |      |                                |                         |                          |                    |            |             |  |
|---|----------------------------------|------------------|------------|------|--------------------------------|-------------------------|--------------------------|--------------------|------------|-------------|--|
| 1. PATIENT INITIALS<br>(first, last)<br><b>UNKNOWN</b>  | 1a. COUNTRY<br><b>COSTA RICA</b> | 2. DATE OF BIRTH |            |      | 2a. AGE<br><b>30<br/>Years</b> | 3. SEX<br><b>Female</b> | 3a. WEIGHT<br><b>Unk</b> | 4-6 REACTION ONSET |            |             | 8-12 CHECK ALL<br>APPROPRIATE TO<br>ADVERSE REACTION<br><br><input type="checkbox"/> PATIENT DIED<br><br><input type="checkbox"/> INVOLVED OR<br>PROLONGED INPATIENT<br>HOSPITALISATION<br><input type="checkbox"/> INVOLVED PERSISTENT<br>OR SIGNIFICANT<br>DISABILITY OR<br>INCAPACITY<br><br><input type="checkbox"/> LIFE<br>THREATENING<br><br><input type="checkbox"/> CONGENITAL<br>ANOMALY<br><br><input type="checkbox"/> OTHER |
|   |                                  | Day              | Month      | Year |                                |                         |                          | Day                | Month      | Year        |  |
|   |                                  |                  | <b>Unk</b> |      |                                |                         |                          |                    | <b>JUL</b> | <b>2025</b> |  |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)<br>Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)<br><b>Appearance of acne on her face [Acne]</b><br><br>Case Description: This non-serious spontaneous report originated from Costa Rica was received by Viatris on 24-Jul-2025 (reference number: VIA-2025-CR-0009).<br><br>This initial case, received from other health professional in Costa Rica, involved a 30-Years-old female patient who reportedly experienced acne while receiving Tafil (alprazolam).<br><br>(Continued on Additional Information Page) |                                  |                  |            |      |                                |                         |                          |                    |            |             |  |

## II. SUSPECT DRUG(S) INFORMATION

|  |   |   |
|--|---|---|
| 14. SUSPECT DRUG(S) (include generic name)<br><b>#1 ) Tafil (ALPRAZOLAM) Tablet, 0.5 milligram</b><br><br>(Continued on Additional Information Page) |   | 20. DID REACTION<br>ABATE AFTER STOPPING<br>DRUG?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA     |
| 15. DAILY DOSE(S)<br><b>#1 ) UNK</b>   | 16. ROUTE(S) OF ADMINISTRATION<br><b>#1 ) UNK</b> |   |
| 17. INDICATION(S) FOR USE<br><b>#1 ) Drug use for unknown indication (Produ</b><br><br>(Continued on Additional Information Page)                    |   | 21. DID REACTION<br>REAPPEAR AFTER<br>REINTRODUCTION?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA |
| 18. THERAPY DATES(from/to)<br><b>#1 ) JUL-2025 / Unknown</b>   | 19. THERAPY DURATION<br><b>#1 ) Unknown</b>       |   |

## 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.)<br>From/To Dates                      Type of History / Notes                      Description<br><b>Unknown</b> |  |  |

## IV. MANUFACTURER INFORMATION

|  |  |   |
|--|--|---|
| 24a. NAME AND ADDRESS OF MANUFACTURER<br><b>MYLANLABS<br/>Balwant Heer<br/>Building 4, Trident Place, Mosquito Way<br/>Hatfield, Hertfordshire AL10 9UL UNITED KINGDOM<br/>Phone: 44 01707853232</b> |  | 26. REMARKS<br><b>World Wide #: CR-MYLANLABS-2025M1063816</b> |
|  | 24b. MFR CONTROL NO.<br><b>2025M1063816</b>  | 25b. NAME AND ADDRESS OF REPORTER<br><b>COSTA RICA</b>        |
| 24c. DATE RECEIVED<br>BY MANUFACTURER<br><b>24-JUL-2025</b>  | 24d. REPORT SOURCE<br><input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE<br><input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous |   |
| DATE OF THIS REPORT<br><b>03-AUG-2025</b>  | 25a. REPORT TYPE<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:   |   |

03-Aug-2025 01:22

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Medical history, current conditions and concomitant medications were not reported.

Unknown date Jul-2025 (approximately 2 weeks ago): The patient initiated alprazolam 0.5 milligram tablet at an unknown dose, unit and frequency via unknown route (batch/lot number unknown, expiration date unknown) for an unknown indication. Reporter stated, patient associates with the appearance of acne on her face, a condition she had never suffered from.

Action taken with alprazolam was unknown.

The outcome of event acne was unknown.

Case Comment: Reporter causality reported with Tafil for event acne was certain.

Company Comment: Non-Serious: Acne is an unlisted event as per company RSI of alprazolam. Causality has been assessed as possible for event acne as the contributory role of suspect drug cannot be completely excluded with available information.

14-19. SUSPECT DRUG(S) continued

| 14. SUSPECT DRUG(S) (include generic name)                            | 15. DAILY DOSE(S);<br>16. ROUTE(S) OF ADMIN | 17. INDICATION(S) FOR USE   | 18. THERAPY DATES (from/to);<br>19. THERAPY DURATION |
|---|---|---|--|
| #1 ) Tafil (ALPRAZOLAM) Tablet, 0.5 milligram; UNK; UNK<br>Regimen #1 |   | Drug use for unknown<br>indication (Product used for<br>unknown indication) | JUL-2025 / Unknown;<br>Unknown                       |