

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>COSTA RICA</b>	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	Male	Unk	Day	Month	Year	
			<b>PRIVACY</b>						<b>Unk</b>		

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  
**Other Serious Criteria: Medically Significant**  
**Peripheral Neuropathy [Peripheral neuropathy]**

Case Description: This is a spontaneous report received from a Consumer or other non HCP from medical information team.

A male patient received lorlatinib (LORBRENA).

(Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) <b>#1 ) Lorbrena (LORLATINIB) Film-coated tablet</b>		20. DID REACTION ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) <b>#1 )</b>	16. ROUTE(S) OF ADMINISTRATION <b>#1 ) Unknown</b>	
17. INDICATION(S) FOR USE <b>#1 ) Unknown</b>		21. DID REACTION REAPPEAR AFTER REINTRODUCTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) <b>#1 ) Unknown</b>	19. THERAPY DURATION <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.) From/To Dates      Type of History / Notes      Description <b>Unknown</b>		

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER <b>Pfizer S.A. Laura Arce Mora Avenida Escazú, Torre Lexus, piso 7. Escazú San Jose, COSTA RICA</b>		26. REMARKS
	24b. MFR CONTROL NO. <b>202500166103</b>	
24c. DATE RECEIVED BY MANUFACTURER <b>18-AUG-2025</b>	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 <b>19-AUG-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	
		25b. NAME AND ADDRESS OF REPORTER <b>NAME AND ADDRESS WITHHELD.</b>

19-Aug-2025 21:54

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**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: NEUROPATHY PERIPHERAL (medically significant), outcome "unknown", described as "Peripheral Neuropathy". The patient needed to know if it was possible to obtain Lorbrena capsules of 25 mg for Costa Rica. A dose reduction was required due to Peripheral Neuropathy. The action taken for lorlatinib was unknown.