

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 41 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 <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER
		Day	Month	Year				Day	Month	Year	
			PRIVACY						Unk		
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)											

Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)	Product	Serious	Listed	Reporter Causality	Company Causality
Iron deficiency [Iron deficiency]	ANIFROLUMAB	No	No	Not Applicable	Not Related
dry skin [Dry skin]	ANIFROLUMAB	No	No	Not Applicable	Not Related
pimples on the arms [Dermatitis acneiform]	ANIFROLUMAB	No	No	Not Applicable	Not Related

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) ANIFROLUMAB (ANIFROLUMAB) Solution for injection		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) 300 milligram, q4w	16. ROUTE(S) OF ADMINISTRATION #1) Intravenous use	
17. INDICATION(S) FOR USE #1) Lupus (Systemic lupus erythematosus)		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) 27-MAY-2025 / Ongoing	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)								
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) <table border="1"> <thead> <tr> <th>From/To Dates</th> <th>Type of History / Notes</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Unknown to Ongoing</td> <td>Indication</td> <td>Lupus syndrome (Systemic lupus erythematosus)</td> </tr> </tbody> </table>			From/To Dates	Type of History / Notes	Description	Unknown to Ongoing	Indication	Lupus syndrome (Systemic lupus erythematosus)
From/To Dates	Type of History / Notes	Description						
Unknown to Ongoing	Indication	Lupus syndrome (Systemic lupus erythematosus)						

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorghiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000		26. REMARKS World Wide #: CR-ASTRAZENECA-202508CAM018233CR Study ID: PSP-23269 Case References: CR-AstraZeneca-CH-00936684A
	24b. MFR CONTROL NO. 202508CAM018233CR	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 22-AUG-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	
DATE OF THIS REPORT 27-AUG-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

27-Aug-2025 19:48

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

Case Description: A solicited report has been received from a consumer in Patient Support Program. The report concerns a female adult patient born in 1984 (age 41 years).

No medical history was reported.

No concomitant products were reported.

The patient started treatment with Anifrolumab (anifrolumab) 300 milligram q4w, Intravenous use, on 27-MAY-2025 for lupus.

On an unknown date, the patient experienced dry skin (preferred term: Dry skin), iron deficiency (preferred term: Iron deficiency) and pimples on the arms (preferred term: Dermatitis acneiform).

The dose of Anifrolumab (anifrolumab) was not changed.

At the time of reporting, the event dry skin, iron deficiency and pimples on the arms was ongoing.

The events were considered non-serious.

The reporter did not assess causality for dry skin, iron deficiency and pimples on the arms.

The company physician did not consider that there was a reasonable possibility of a causal relationship between Anifrolumab and the following event(s): dry skin, iron deficiency and pimples on the arms.