SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
PRIVACY	DOMINICAN REPUBLIC		PRIVACY		14 Years	Male	Unk	01	MAY	2025	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)

the 12mg pen device malfunctioned and all the medication was wasted [Device leakage]

Case Description: This is a spontaneous report received from a Consumer or other non HCP from product quality group.

A 14-year-old male patient received somatropin (GENOTROPIN PEN), since Oct2024 (Batch/Lot number: unknown) at 2.2 mg daily.

(Continued on Additional Information Page)

- ☐ PATIENT DIED
- ☐ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
- ☐ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
- ☐ LIFE THREATENING

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)
#1) Genotropin Pen (SOMATROPIN) Solution for injection
#2) Genotropin Pen (SOMATROPIN (DEVICE CONSTITUENT)) Solution for injection

20. DID REACTION ABATE AFTER STOPPING DRUG? ☐ YES ☐ NO ☒ NA

15. DAILY DOSE(S)	16. ROUTE(S) OF ADMINISTRATION
#1) 2.2 mg, daily	#1) Unknown
#2)	#2) Unknown

17. INDICATION(S) FOR USE
#1) Unknown
#2) Unknown

21. DID REACTION REAPPEAR AFTER REINTRODUCTION? ☐ YES ☐ NO ☒ NA

18. THERAPY DATES(from/to)	19. THERAPY DURATION
#1) OCT-2024 / Unknown	#1) Unknown
#2) Unknown	#2) 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.)

From/To Dates	Type of History / Notes	Description
Unknown		

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.
202500094296

25b. NAME AND ADDRESS OF REPORTER
NAME AND ADDRESS WITHHELD.

24c. DATE RECEIVED BY MANUFACTURER
02-MAY-2025

24d. REPORT SOURCE
☐ STUDY ☐ LITERATURE ☐ HEALTH PROFESSIONAL ☒ OTHER: Spontaneous

DATE OF THIS REPORT
20-MAY-2025

25a. REPORT TYPE
☒ INITIAL ☐ 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: DEVICE LEAKAGE (non-serious) with onset 01May2025, outcome "unknown", described as " the 12mg pen device malfunctioned and all the medication was wasted". The action taken for somatropin was unknown.

The reporter considered " the 12mg pen device malfunctioned and all the medication was wasted" not related to somatropin.
Causality for " the 12mg pen device malfunctioned and all the medication was wasted" was determined associated to device constituent of somatropin (malfunction).

Additional information: She requested the change of his current device.

No follow-up attempts are possible. Batch/lot number is not provided, and it cannot be obtained.