

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

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

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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1) 2.2 mg, daily #2)	16. ROUTE(S) OF ADMINISTRATION #1) Unknown #2) Unknown
17. INDICATION(S) FOR USE #1) Unknown #2) 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) OCT-2024 / Unknown #2) Unknown	19. THERAPY DURATION #1) 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 19-MAY-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 22-MAY-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: 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.

Product Quality Group provided investigational results on 19May2025 for somatropin (device constituent): Site investigation (Puurs): No further investigation was required as no valid lot number or returned sample was available. This complaint will continue to be trended. If additional information becomes available, this complaint will be reopened. Device investigation: This investigation is based on the information captured in the Complaint Description and Argus Report. The Complaint Issue, Leaking During Prep/Use, was reported. The Risk Management File was reviewed to confirm that the Hazard(s) and Hazardous Situation(s) associated with the Complaint Issue are documented in the Hazard Analysis (INX100281795), Version (9.0). All complaint investigations are trended. There is no current trend alert documented.

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

Follow-up (19May2025): This is a follow-up report from product quality group providing investigation results