

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY DOMINICAN REPUBLIC	2. DATE OF BIRTH			2a. AGE 46 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
		Day	Month	Year				Day	Month	Year	
			PRIVACY					Unk			

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  
scleroderma/she had been prescribed ENBREL [Off label use in unapproved indication]

Case Description: This is a spontaneous report received from a Consumer or other non HCP, Program ID: 164974.

A 46-year-old female patient received etanercept (ENBREL), since 02Jul2025 (Batch/Lot number: unknown) at 50 mg weekly for scleroderma. The patient's relevant medical history and concomitant medications were not reported. Past drug history included: Enbrel, notes: Unknown formulation.

(Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) Enbrel (ETANERCEPT) Solution for injection in pre-filled syringe #2 ) Enbrel (ETANERCEPT (DEVICE CONSTITUENT)) Solution for injection in pre-filled syringe		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 ) 50 mg, weekly #2 )	16. ROUTE(S) OF ADMINISTRATION #1 ) Unknown #2 ) Unknown	
17. INDICATION(S) FOR USE #1 ) scleroderma (Scleroderma) #2 ) scleroderma (Scleroderma)		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 ) 02-JUL-2025 / 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 Unknown	Type of History / Notes Past Drug Event Unknown formulation	Description Enbrel (ENBREL)

## 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. <b>PV202500080452</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.  NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 02-JUL-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 07-JUL-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

07-Jul-2025 17:50

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The following information was reported: OFF LABEL USE (non-serious), described as "scleroderma/she had been prescribed ENBREL". Relevant laboratory tests and procedures are available in the appropriate section.

Additional information: The patient stated that she had scleroderma and mentioned that she had been prescribed Enbrel 50 mg. She also reported that the doctor had given her a list of tests to undergo.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1		Investigation	unknown results	