

SUSPECT ADVERSE REACTION REPORT						Creation Date: 2025-05-19 21:35:41	
						GT-Inmunotek-GT-2025-000773	
I. REACTION INFORMATION							
1. PATIENT INITIALS	1a. COUNTRY Guatemala	2. DATE OF BIRTH 28.08.2018	2a. AGE 6 year(s)	3. SEX Male	4-6 REACTION ONSET 2025-03-03	8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION	
7. + 13. DESCRIBE REACTION(S) (including relevant test/tab data) MedDra 28.0 LLT(10048961) Localised oedema MedDra 28.0 LLT(10064351) Localised erythema MedDra 28.0 LLT(10048961) Localised oedema MedDra 28.0 LLT(10064351) Localised erythema MedDra 28.0 LLT(10048961) Localised oedema...(described on Continue) Case Narrative: ...(continue on next page) Sender's Diagnosis : Reporter's Comment:...(continue on next page) Sender's Comment:...(continue on next page)						<input type="checkbox"/> PATIENT DIED	
						<input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION	
						<input type="checkbox"/> INVOLVED PERSISTENCE OR SIGNIFICANT DISABILITY OR INCAPACITY	
						<input type="checkbox"/> LIFE THREATENING	
						<input type="checkbox"/> CONGENITAL ANOMALY/BIRTH DEFECT	
						<input type="checkbox"/> OTHER MEDICALLY IMPORTANT CONDITION	
II. SUSPECT DRUG(S) INFORMATION							
14. SUSPECT DRUG(S) (include generic name) ALXOID 2,000 TU/mL (vial A), 10,000 TU/mL (vial B), suspension for injection., MM09 (Dermatophagoides Mites Mix: Dermatophagoides pteronyssinus and D. Farinae)					20. DID REACTION ABATE AFTER STOPPING DRUG?		
15. DAILY DOSE(S) 0.4 mL 1/			16. ROUTE(S) OF ADMINISTRATION Subcutaneous use (Subcutaneous)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
17. INDICATION(S) FOR USE 10082852 Bronchial asthma					21. DID REACTION REAPPEAR AFTER REINTRODUCTION?		
18. THERAPY DATES (from to) -			19. THERAPY DURATION		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA		
III. CONCOMITANT DRUG(S) AND HISTORY							
22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) Budesonida BUDESONIDE							
23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergics, pregnancy with last month of period etc.)							
IV. SENDER INFORMATION							
24. NAME AND ADDRESS OF SENDER Inmunotek S.L. C/ Punto Mobi 5. Parque Científico Tecnológico 28805 Alcalá de Henares					LITERATURE		
		24b. MFR CONTROL NO. GT-Inmunotek-GT-2025-000773					
24c. DATE RECEIVED BY MANUFACTURER 2025-05-13		24d. REPORT SOURCE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> OTHER					
DATE OF THIS REPORT 2025-05-14		25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW UP					

Continuation Sheet for CIOMS report

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Report date 2025-05-09

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7 + 13. DESCRIBE REACTION(S) (including relevant test/tab data) (continuation)

Reaction text as reported

MedDRA coding	Duration	Outcome*	Term highlighted	Time interval 1** Time interval 2***	Start date	End date
MedDRA 28.0 LLT (10048961) Localised oedema	-- --	recovered/resolved	Yes - highlighted by the reporter; NOT serious	-- -- -- --	2025-03-03	--
MedDRA 28.0 LLT (10064351) Localised erythema	-- --	recovered/resolved	Yes - highlighted by the reporter; NOT serious	-- -- -- --	2025-03-03	--
MedDRA 28.0 LLT (10048961) Localised oedema	-- --	recovered/resolved	Yes - highlighted by the reporter; NOT serious	-- -- -- --	2025-04-05	--
MedDRA 28.0 LLT (10064351) Localised erythema	-- --	recovered/resolved	Yes - highlighted by the reporter; NOT serious	-- -- -- --	2025-04-05	--
MedDRA 28.0 LLT (10048961) Localised oedema	-- --	recovered/resolved	Yes - highlighted by the reporter; NOT serious	-- -- -- --	2025-05-05	--
MedDRA 28.0 LLT (10064351) Localised erythema	-- --	recovered/resolved	Yes - highlighted by the reporter; NOT serious	-- -- -- --	2025-05-05	--

* Outcome of reaction/event at the time last observation

** Time interval between beginning of suspect drug administration and start of reaction / event

*** Time interval between last dose and start of reaction / event

Case narrative: Initial information was received on 09-May-2025.

A non-serious ICSR received from a physician through our contractual partner Grupo Fidaf (local partner ID: R-2025-01) in Guatemala.

A 6-years-old male patient, height 148 cm and weight 60 lbs, with a medical history of Bronchial asthma treated with Budesonida, initiated ALXOID® 10,000 TU/mL, suspension of several polymerized allergen extracts composed by 100% MM09 (Dermatophagoides Mites Mix: 50% D. pteronyssinus and 50% D. Farinae) for subcutaneous injection. Prescribed as a named patient product for allergen immunotherapy. Suspected product batch number: A23G049AX, and expiry date: 02/2026.

Budesonide 200mg (oral inhalation, bid) was reported as concomitant medication indicated for the bronchial asthma.

On 03-Mar-2025 the patient experienced local oedema and erythema.

On 05-Apr-2025 the patient experienced local oedema and erythema.

On 05-May-2025 the patient experienced local oedema and erythema.

On 03-Mar-2025, as a corrective treatment, the patient received Rupatadine (5 mL, bid, orally) and Prednisolone (9 mL, bid, orally). The patient did recover from the event.

On 05-Apr-2025, Rupatadine (5 mL, bid, orally), was administered as corrective treatment. The patient did recover from the event.

On 05-May-2025 Rupatadine in a dose of 5 ml was administered as corrective treatment. The patient did recover from the event.

At the time of this report, the action taken with the medication was unknown.

Reporter's comment: The reporting physician assessed the adverse events described as PTs: local oedema and erythema as non-serious and the causal relationship between the events and the suspect drug as probable.

Sender's comment: With the information received on 09-May-2025, the safety report, the company assessed the adverse reaction described as PT Localised oedema and Erythema as non-serious and expected according to the product safety information that is available.

The causal relationship between the events and the suspect drug was assessed as Probable due to the reasonable time relationship between these adverse events and the drug intake and unlikely to be attributed to disease or other drugs.

14. Suspect drug(s) (include generic name)

Suspect drug and batch number: ALXOID 2,000 TU/mL (vial A), 10,000 TU/mL (vial B), suspension for injection.: MM09 (Dermatophagoides Mites Mix: D. pteronyssinus and D. Farinae), (Suspect) A23G049AX

Medicinal Product Name: ALXOID 2,000 TU/mL (vial A), 10,000 TU/mL (vial B), suspension for injection.

Start date -- **End date** -- **Duration** --

Continuation Sheet for CIOMS report

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Dose*		Route(s) of Administration	Subcutaneous use (Subcutaneous)	Indication(s)	MedDRA 28.0 (10082852) Bronchial asthma
A: --					
B: --					
C: 0.4 mL					
D: 1					
E: --					
Identification of the country where the drug was obtained	--		Name of holder applicant		Inmunotek S.L.
Authorization Applicant Number	--		Country of authorization/application	--	
Pharmaceutical form (Dosage form)	--		Parent route of administration (in case of a parent child/fetus report)	--	
Gestation period at time of exposure	--		Action(s) taken with drug		Unknown
Time interval between beginning of drug administration and start of reaction / event	--		Time interval between last dose of drug and start of reaction / event	--	
Did reaction reappear after reintroduction?	--		Active drug substance name		MM09 (Dermatophagoides Mites Mix: D. pteronyssinus and D. Farinae),
* A: Dosage Text B: Cumulative dose number (to first reaction) C: Structure dosages number D: Number of separate dosages E: Number of units in the interval					

22. Concomitant drug(s) and dates of administration (continuing)

Concomitant drug and batch number: Budesonida: BUDESONIDE, (Concomitant)

Medicinal Product Name:	Budesonida				
Start date --	End date --		Duration	--	
Dose*		Route(s) of Administration	--	Indication(s)	
A: --					
B: --					
C: --					
D: --					
E: --					
Identification of the country where the drug was obtained	--		Name of holder applicant	--	
Authorization Applicant Number	--		Country of authorization/application	--	
Pharmaceutical form (Dosage form)	--		Parent route of administration (in case of a parent child/fetus report)	--	
Gestation period at time of exposure	--		Action(s) taken with drug	--	
Time interval between beginning of drug administration and start of reaction / event	--		Time interval between last dose of drug and start of reaction / event	--	
Did reaction reappear after reintroduction?	--		Active drug substance name		BUDESONIDE,
* A: Dosage Text B: Cumulative dose number (to first reaction) C: Structure dosages number D: Number of separate dosages E: Number of units in the interval					

Causality assessment

Active Substance	Substance / Reaction	Source	Method	Result
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MM09 (Dermatophagoides Mites Mix: D. pteronyssinus and D. Farinae),	MedDRA 28.0 (10048961) Localised oedema	Physician	Medical judgment	Probable
	MedDRA 28.0 (10048961) Localised oedema	Company	WHO-UMC	Probable
	MedDRA 28.0 (10064351) Localised erythema	Physician	Medical judgment	Probable
	MedDRA 28.0 (10064351) Localised erythema	Company	WHO-UMC	Probable
Patient information (continuation)				
Weight (kg)		27.22		
Height (cm)		148		