

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY PANAMA	2. DATE OF BIRTH			2a. AGE 45 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					27	MAR	2025	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
 Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
 Cold symptoms/nasal congestion/Fever/Sore throat [Cold]
 Back pain [Back pain]
 Weakness [Weakness]
 sleepy [Sleepy]
 chills [Chills]
 Fatigue [Fatigue]
 Nausea [Nausea]
 decreased appetite [Decreased appetite]
 Headache [Headache]
 swelling in both feet and hip [Swelling]

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) AMGEVITA (adalimumab) Solution for injection #2) single dose prefilled syringe (single dose prefilled syringe) Device (Continued on Additional Information Page)		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) 40 milligram #2)	16. ROUTE(S) OF ADMINISTRATION #1) Subcutaneous use #2) Unknown	
17. INDICATION(S) FOR USE #1) Ankylosing spondylitis/Spondylitis (Ankylosing spondylitis) #2) Ankylosing spondylitis/Spondylitis (Ankylosing spondylitis)		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) 14-FEB-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) #1) Carbamazepine (Carbamazepine) ; Ongoing #2) Clonazepam (Clonazepam) ; Ongoing #3) Desmopressin (Desmopressin) ; Ongoing #4) Loratadine (Loratadine) ; Ongoing #5) Acetaminophen (Acetaminophen) ; Unknown											
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) <table border="0"> <tr> <td>From/To Dates</td> <td>Type of History / Notes</td> <td>Description</td> </tr> <tr> <td>Unknown to Ongoing</td> <td>Current Condition</td> <td>Ankylosing spondylitis (Ankylosing spondylitis)</td> </tr> <tr> <td>Unknown</td> <td>Procedure</td> <td>Surgery (Surgery)</td> </tr> </table>			From/To Dates	Type of History / Notes	Description	Unknown to Ongoing	Current Condition	Ankylosing spondylitis (Ankylosing spondylitis)	Unknown	Procedure	Surgery (Surgery)
From/To Dates	Type of History / Notes	Description									
Unknown to Ongoing	Current Condition	Ankylosing spondylitis (Ankylosing spondylitis)									
Unknown	Procedure	Surgery (Surgery)									

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Amgen Ltd. Ana Carolina Uribe Cra 7 No. 123-35 Torre 123 Piso 6 Bogotá, COLOMBIA Phone: 57 3157008539		26. REMARKS
	24b. MFR CONTROL NO. PANSL2025063827	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 07-APR-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Solicited	
DATE OF THIS REPORT 16-APR-2025	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 1	

16-Apr-2025 18:37

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

Right ankle pain/Left knee pain [Pain in ankle]
spine hurts more [Spinal pain]

Case Description: This non-serious solicited report (PANSL2025063827) was reported to Amgen on 28/MAR/2025 by a consumer from a commercial program (PSP10850) and involves a 45-year-old female patient who had nasal congestion/symptoms [PT: nasopharyngitis], back pain [PT: back pain] while receiving Amgevita, Single Dose Prefilled Syringe (adalimumab, manufacturer Amgen).

No historical medical condition was reported. The patient's current medical condition included spondylitis. No concomitant medications were provided. No co-suspect medications were reported.

The patient began Amgevita, Single Dose Prefilled Syringe on 21/FEB/2025. On 27/MAR/2025, the patient had a lot of nasal congestion. She was going to catch a cold/ cold symptoms and back pain. No treatment information was received. The outcome of the events nasopharyngitis, back pain were reported as not recovered/not resolved. Action taken with Amgevita, Single Dose Prefilled Syringe was continued for the events nasopharyngitis and back pain.

The causal relationship between the events nasopharyngitis, back pain and Amgevita, Single Dose Prefilled Syringe was not provided by the consumer. No follow-up attempts are possible. No further information is expected.

ADDITIONAL INFORMATION RECEIVED ON 07/APR/2025:

The patient's surgical history included head surgery, no pituitary gland. The patient's current medical condition included diabetes insipidus because she lacks a pituitary gland, and because of not having one, she had no control over the "Cinteres" (unknown) in her urine. The patient's concomitant medications included Carbamazepine (carbamazepine), Clonazepam (clonazepam), Desmopressin (desmopressin), Loratadine (loratadine), Acetaminophen (acetaminophen). The patient reported that her side effects had decreased. Since starting treatment with Amgevita (date not specified), for 3 or 4 days, she had experienced extreme weakness [PT: asthenia], sleepiness [PT: somnolence], chills [PT: chills], a feeling of fatigue [PT: fatigue], mild nausea [PT: nausea], a decreased appetite [PT: decreased appetite], and a headache [PT: headache]. However, with the last dose of Amgevita, she felt a little better and no longer as bad. She comments that symptoms were not (very severe) enough to warrant a physician's appointment. (Results of extreme weakness, increased sleepiness, nausea, decreased appetite, and headache were recovered). She mentions that she also feels better from the swelling in both feet and hip [PT: swelling]. She comments that she had felt less pain in her right ankle, which was bad, and in the knee of her left leg [PT: arthralgia], but that her entire spine hurts more [PT: spinal pain]. She also reported that for the past 4 to 5 days, without a date, she had a cold, nasal congestion, and a sore throat. She also had a fever 3 days earlier, without a date. Outcome of the sore throat adverse event was recovering. Outcome of the fever adverse event was recovered. She reported that she did not remember when she started taking Amgevita, only that she had 4 injections and that her next dose would due on Friday, 11/APR/2025. She did not have the expiration date or lot number for Amgevita because she discarded the box. No treatment information was received. The outcome of the events nasopharyngitis, arthralgia were reported as recovering/resolving. The outcome of the events asthenia, somnolence, chills, fatigue, nausea, decreased appetite, headache, swelling were reported as recovered/resolved. The outcome of the event spinal pain was reported as unknown. The events asthenia, somnolence, chills, fatigue, nausea, decreased appetite, headache, swelling were resolved on an unknown date. Action taken with Amgevita, Single Dose Prefilled Syringe was continued for the events asthenia, somnolence, chills, fatigue, nausea, decreased appetite, headache, swelling, arthralgia and spinal pain. The causal relationship between the events asthenia, somnolence, chills, fatigue, nausea, decreased appetite, headache, swelling, arthralgia, spinal pain and Amgevita, Single Dose Prefilled Syringe was not provided by the consumer. Follow up has been requested.

14-19. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION
#1) AMGEVITA (adalimumab) Solution for injection; Regimen #2	40 milligram; Subcutaneous use	Ankylosing spondylitis/Spondylitis (Ankylosing spondylitis)	21-FEB-2025 / Ongoing; Unknown

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
Unknown to Ongoing	Current Condition	Diabetes insipidus (Diabetes insipidus);
Unknown	Procedure	Pituitary gland operation (Pituitary gland operation);