

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY PANAMA	2. DATE OF BIRTH			2a. AGE 8 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)
 tell me that it hurts [Injection site pain]
 handled it poorly when loading the new vial, since they did not return the plunger [Wrong technique in device usage process]
 Yesterday I couldn't give them the medicine because the yellow pen turns very hard [Drug dose omission by device]
 It's hard for me to use it [Device difficult to use]
 My needles have been damaged [Device damage]
 turns with great difficulty [Device mechanical jam]
 numbers are no longer visible, so the dose is unknown [Device image display issue]
 (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 {Lot # A143}		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) 1 mg, daily #2) UNK	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) 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. PV202300195974	
24c. DATE RECEIVED BY MANUFACTURER 15-APR-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT 23-APR-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

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

 NAME AND ADDRESS WITHHELD.

 NAME AND ADDRESS WITHHELD.

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

threw away about 80% of the medicine [Device leakage]

Case Description: The initial case was missing the following minimum criteria: adverse event. Upon receipt of follow-up information on 30Nov2023, this case now contains all required information to be considered valid.

This is a spontaneous report received from a Nurse and a Consumer or other non HCP from product quality group, Program ID: 164974.

An 8-year-old female patient received somatropin (GENOTROPIN PEN), (Batch/Lot number: unknown) at 1 mg daily, Device Lot Number: A143, Device Expiration Date: May2025. The patient's relevant medical history and concomitant medications were not reported.

The following information was reported: INJECTION SITE PAIN (non-serious), described as "tell me that it hurts"; WRONG TECHNIQUE IN DEVICE USAGE PROCESS (non-serious), described as "handled it poorly when loading the new vial, since they did not return the plunger"; DRUG DOSE OMISSION BY DEVICE (non-serious), described as "Yesterday I couldn't give them the medicine because the yellow pen turns very hard"; DEVICE DIFFICULT TO USE (non-serious), described as "It's hard for me to use it"; DEVICE PHYSICAL PROPERTY ISSUE (non-serious), described as "My needles have been damaged"; DEVICE MECHANICAL ISSUE (non-serious), described as "turns with great difficulty"; DEVICE INFORMATION OUTPUT ISSUE (non-serious), described as "numbers are no longer visible, so the dose is unknown"; DEVICE LEAKAGE (non-serious), described as "threw away about 80% of the medicine". The action taken for somatropin and somatropin was unknown.

Causality for "handled it poorly when loading the new vial, since they did not return the plunger", "yesterday i couldn't give them the medicine because the yellow pen turns very hard", "it's hard for me to use it", "my needles have been damaged", "turns with great difficulty", "numbers are no longer visible, so the dose is unknown" and "threw away about 80% of the medicine" was determined associated to device constituent of somatropin (malfunction).

Additional information: Nurse mentioned that the patient had difficulty with the Pen, because they handled it poorly when loading the new vial, since they did not return the plunger, but the Pen works very well. Upon follow-up on 16Apr2025: Patient's mother reported that she has the pen since 2023. As of 15Apr2025, nurse stated the device turned with difficulty, a bit of strength had to be applied so the dose could be set.

Product Quality Group provided investigational results on 15Jan2024 for somatropin (device constituent): Conclusion: The complaint for "patient had difficulty with the pen - they didn't return the plunger of GENOTROPIN PEN INJECTABLE was investigated. The investigation included reviewing an analysis of the complaint history for the product type and Annual Product Review. The final scope was determined to be the reported product and product type, as no lot was available. A complaint sample was not returned. No related quality issues were identified during the investigation. There is no impact on product quality, regulatory, validation, stability and patient safety. PGS Puurs concludes that the reported defect is not representative of the Pfizer Puurs process quality and remains acceptable. The NTM process determined that no regulatory notification was required. The reported defect could not be confirmed. No root cause or CAPA were identified as the complaint was not confirmed.

Amendment: This follow-up report is being submitted to amend previously reported information: Suspect drug Genotropin was updated and malfunction field was populated.

Amendment: This follow-up report is being submitted to amend previous information: To amend suspect drug updated to Genotropin pen.

Follow-up (15Jan2024): This is a spontaneous follow-up report from product quality complaint providing investigation results.

Amendment: This follow-up report is being submitted to allow appropriate reporting to health authorities.

Follow-up (15Apr2025): This is a spontaneous follow-up report received from a Consumer or other non HCP, Program ID: 164974.

Updated information: Reporter tabs updated. Dosage regimen tab updated. New events: Drug dose omission by device, Device damage, Device mechanical jam, Device image display issue, Injection site pain and Device leakage

Follow-up (16Apr2025): This is a spontaneous follow-up report received from a Consumer or other non HCP, Program ID: 164974.

Updated information: New event: Device difficult to use

Follow-up (15Apr2025): This is a spontaneous follow-up report received from a Nurse, Program ID: 164974. Updated information: device lot number added, VT "handled it poorly when loading the new vial, since they did not return the plunger" recoded to "wrong technique in device usage process", additional information.