

SUSPECT ADVERSE REACTION REPORT	

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY PANAMA	2. DATE OF BIRTH			2a. AGE 65 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					Unk				

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
Psoriasis outbreak [Psoriasis]

Case Description: This non-serious solicited report (PANSL2025115304) was reported to Amgen on 09/JUN/2025 by a consumer from a commercial program (PSP10850) and involves a 65 year old female patient who had psoriasis outbreak [PT: psoriasis] while receiving Amgevita (adalimumab, manufacturer Amgen).

No historical medical condition was reported. The patient's current medical condition included psoriasis.

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) AMGEVITA (adalimumab) Solution for injection	20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) 40 milligram, q2wk/2 Weeks	16. ROUTE(S) OF ADMINISTRATION #1) Unknown
17. INDICATION(S) FOR USE #1) Psoriasis (Psoriasis)	21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 30-NOV-2023 / Unknown	19. THERAPY DURATION #1) 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 to Ongoing	Current Condition	Psoriasis (Psoriasis)

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. PANSL2025115304	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 09-JUN-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-JUN-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:

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

No concomitant medications were provided. No co-suspect medications were reported.

The patient began Amgevita on 30/NOV/2023. It was reported that the patient previously had psoriasis outbreak, but with this medication (Amgevita), it was significantly reduced, although she still experienced it. No treatment information was received. The outcome of the event psoriasis was reported as recovering/resolving. Action taken with Amgevita was reported as unknown for the event psoriasis.

The causal relationship between the event psoriasis and Amgevita was not provided by the consumer. The company reported that the event psoriasis was not related to psoriasis. No follow-up attempts are possible. No further information is expected.