

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY PANAMA	2. DATE OF BIRTH			2a. AGE 40 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)
 bruises were appearing on her skin, especially on her arms and in the belly area where ENBREL has been injected [Bruise]
 bruises were appearing on her skin, especially on her arms and in the belly area where ENBREL has been injected [Injection site bruising]
 Case Description: This is a spontaneous report received from a Consumer or other non HCP, Program ID: 164974.
 A 40-year-old female patient received etanercept (ENBREL), (Lot number: LL4200, Expiration Date: May2027) at 50 mg weekly.
 (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 (Lot # LL4200; Exp.Dt. MAY-2027) #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 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) Unknown #2) Unknown		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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. PV202500097037	
24c. DATE RECEIVED BY MANUFACTURER 07-AUG-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 12-AUG-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	
25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.		

12-Aug-2025 10:25

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

The patient's relevant medical history and concomitant medications were not reported.

The following information was reported: CONTUSION (non-serious), INJECTION SITE BRUISING (non-serious), outcome "unknown" and all described as "bruises were appearing on her skin, especially on her arms and in the belly area where ENBREL has been injected". The action taken for etanercept was unknown.

Additional information: The patient was feeling somewhat anxious and worried about the appearance of these bruises, and mentioned that she did not have an appointment with the rheumatologist until 30Sep2025.