

Santé Canada

Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A 173 Report(s)

Brand Name/Active Ingredient: 'PANZYGA'

Search Date Criteria: 1965-01-01 to 2024-08-31

Reaction Term(s): All/Tous

Serious report?: Both

Type of Report: All

Source of Report: All

Gender: All

Report Outcome: All

Age: All

CAVEAT: This summary is based on information from adverse reaction reports submitted by health professionals and laypersons either directly to Health Canada or via market authorization holders. Each report represents the suspicion, opinion or observation of the individual reporter. The Canada Vigilance Program is a spontaneous reporting system that is suitable to detect signals of potential health product safety issues during the post-market period. The data has been collected primarily by a spontaneous surveillance system in which adverse reactions to health products are reported on a voluntary basis. Under reporting of adverse reactions is seen with both voluntary and mandatory spontaneous surveillance systems. Accumulated case reports should not be used as a basis for determining the incidence of a reaction or estimating risk for a particular product as neither the total number of reactions occurring, nor the number of patients exposed to the health product is known. Because of the multiple factors that influence reporting, quantitative comparisons of health product safety cannot be made from the data. Some of these factors include the length of time a drug is marketed, the market share, size and sophistication of the sales force, publicity about an adverse reaction and regulatory actions. In some cases, the reported clinical data is incomplete and there is not certainty that these health products caused the reported reactions. A given reaction may be due to an underlying disease process or to another coincidental factor. This information is provided with the understanding that the data will be appropriately referenced and used in conjunction with this caveat statement.



Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000694440 | 1 | 2017-03-24 | 2017-04-04 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Informa | tion | | | |
|------------------------|--------|----------------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 43 Years | Female | 164 Centimeter | 59 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|-------------------------|-----------|---------------------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intracavernous | 60.0 Gram | 1 every 8 Months | | Immune thrombocytopen ia |

| Adverse Reaction Term | | | |
|-----------------------|--|--|--|
| Information | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Throat irritation | v.27.1 | |
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | Source of Report | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|------------------|--|----------------|---------------------------|
| 000695154 | 0 | 2017-04-06 | 2017-04-06 | MAH | NGAM-003-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 43 Years | Female | 164 Centimeter | 59 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 60.0 Gram | Total | | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Throat irritation | v.27.1 | |
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

- Cumillary of Reported Advert

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000697271 | 1 | 2017-05-18 | 2017-05-30 | MAH | NGAM-008-17-CA | Spontaneous | Other health professional |

Serious report?Death: YesDisability:Congenital Anomaly:SeriousLife Threatening:Hospitalization:Other Medically Important Conditions: Yes

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 43 Years | Female | | | Fatal |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

Report Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|-----------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 35.0 Gram | 1 every 1 Days | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Condition aggravated | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000697502 | 2 | 2017-05-24 | 2017-06-22 | MAH | NGAM-009-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

| | Patient | Informa | tion |
|--|----------------|---------|------|
|--|----------------|---------|------|

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|--------------------|
| 63 Years | Female | | | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Todact Illioilliation | | | | | | | |
|-------------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|---------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 Gram | 1 every 1 Days | 2.0 Days | Eosinophilic fasciitis |
| ZOPICLONE | Concomitant | Tablets | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Meningitis aseptic | v.27.1 | |
| Nausea | v.27.1 | |
| Pain | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | | | |
|--------------------|------------------|--|--|
| Adverse | 1 -11 A - | | |

**AER = Adverse Reaction Report

| Adverse Reaction Repo | rt Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------|---------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000697506 | 1 | 2017-05-24 | 2017-05-31 | MAH | NGAM-010-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|----------------|
| 67 Years | Female | | | Unknown |

| | Lir | ık/ | Dupl | icate | Re | port | Information |
|--|-----|-----|------|-------|----|------|-------------|
|--|-----|-----|------|-------|----|------|-------------|

| Record Type | Link AER** Number |
|-------------|-------------------|
| 71. | |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|------------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|-----------------------------|
| ACETYLSALICYLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| AMLODIPINE | Concomitant | Tablets | | | | | |
| ATORVASTATIN CALCIUM | Concomitant | Tablets | | | | | |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| HYDROCHLOROTHIAZIDE | Concomitant | Tablets | | | | | |
| JANUVIA | Concomitant | Tablets | | | | | |
| LOSARTAN | Concomitant | Tablets | | | | | |
| METHYLPREDNISOLONE NOS | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | 1 every 1 Days | | Secondary immunodeficien cy |
| RANITIDINE | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Chest discomfort | v.27.1 | |
| Chest pain | v.27.1 | |
| Dysarthria | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Headache | v.27.1 | · |
| Lip swelling | v.27.1 | |
| Musculoskeletal stiffness | v.27.1 | |
| Nasal congestion | v.27.1 | |
| Paraesthesia oral | v.27.1 | |
| Rash | v.27.1 | |
| Sensation of foreign body | v.27.1 | |
| Swollen tongue | v.27.1 | |
| Vision blurred | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000698047 | 0 | 2017-06-05 | 2017-06-05 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|----------------|
| 65 Years | Female | 158 Centimeter | 56 Kilogram | Unknown |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|--------------|----------------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 1000.0 mg/kg | 1 every 1 Days | | Immune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 1000.0 mg/kg | 1 every 1 Days | | Immune thrombocytopen ia |
| RED BLOOD CELLS | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------------------|----------------|-------------------|
| Anti A antibody positive | v.27.1 | |
| Anxiety | v.27.1 | |
| Blood bilirubin increased | v.27.1 | |
| Blood lactate dehydrogenase increased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Coombs direct test positive | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Hyperhidrosis | v.27.1 | |
| Nausea | v.27.1 | |
| Pyrexia | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Total Number of Reports:

| Report Informat | ľ |
|------------------------------------|----|
| Adverse Reaction Repo Number | rt |
| 000698066 | |
| Serious | r |
| Not S | e |
| Patient Information | ti |
| Age | |
| 31 Years | |
| Link / Duplicate | F |
| No duplicate or li | in |

| **AER = Adverse F | Reaction Report |
|-------------------|-----------------|
| | |

| Adverse Reaction Re Numbe | port | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|---------------------------|------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------|
| 0006980 | 66 | 0 | 2017-06-06 | 2017-06-06 | Hospital | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|---------------------------------------|--|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: | |

ion

| Age Gender | | Height Weight | | Report Outcome | |
|------------|--------|----------------|-------------|--------------------|--|
| 31 Years | Female | 165 Centimeter | 69 Kilogram | Recovered/resolved | |

Report Information

Link AER Number Record Type**

No duplicate or linked report.

Product Information

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|--------------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|-----------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 4 Weeks | | Nasopharyngitis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Abdominal pain | v.27.1 | |
| Back pain | v.27.1 | |
| Chills | v.27.1 | |
| Headache | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information **AER = Ac

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000698480 | 0 | 2017-06-16 | 2017-06-16 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

| Patient Information | | | | |
|---------------------|--------|----------------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 46 Years | Female | 171 Centimeter | 65 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| 1 Toduct Illioilliation | | | | | | | |
|-------------------------|---------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|---------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ACTONEL | Concomitant | Tablets | | | | | |
| CALCIUM | Concomitant | NOT SPECIFIED | | | | | |
| LORAZEPAM | Concomitant | NOT SPECIFIED | | | | | |
| METHOTREXATE | Concomitant | NOT SPECIFIED | | | | | |
| MULTIVITAMINE(S) | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 70.0 Gram | 2 every 1 Months | | Dermatomyositi s |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |
| SULFATRIM | Concomitant | NOT SPECIFIED | | | | | |
| VITAMIN D | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Pruritus | v.27.1 | |
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information **AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | Source of Report | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|------------------|--|----------------|---------------|
| 000698501 | 2 | 2017-06-14 | 2017-12-13 | MAH | NGAM-016-17-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 31 Years | Female | 165 Centimeter | 69 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

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|--------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---|--|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 14.4 Gram | | | Immunodeficien cy common variable | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|------------------------------------|----------------|-------------------|
| Abdominal pain | v.27.1 | |
| Back pain | v.27.1 | |
| Chills | v.27.1 | |
| Headache | v.27.1 | |
| Maternal exposure during pregnancy | v.27.1 | |
| Pyrexia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | n |
|--------------------|---|
| Adverse | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000698524 | 0 | 2017-06-14 | 2017-06-14 | MAH | NGAM-014-17-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|--|----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Ye | es |

Patient Information

| Age | Gender | Height | Weight | Report Outcome | |
|----------|--------|----------------|-------------|--------------------|--|
| 74 Years | Female | 170 Centimeter | 46 Kilogram | Recovered/resolved | |

Link / Duplicate Report Information

Link AER Number Record Type** No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | Total | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Flank pain | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000698573 | 1 | 2017-06-16 | 2018-01-19 | MAH | NGAM-015-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|--------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 65 Years | Female | | 56 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No displicate on Entradament | |

No duplicate or linked report.

| Product Informati | ion |
|-------------------|-----|
|-------------------|-----|

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|--------------|-----------|------------------|-------------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 1000.0 mg/kg | Total | | Immune thrombocytopen ia |
| RED BLOOD CELLS | Suspect | NOT SPECIFIED | Unknown | 2.0 Units | Total | | Product used for unknown indication |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------------------|----------------|-------------------|
| Antibody test positive | v.27.1 | |
| Anxiety | v.27.1 | |
| Blood bilirubin increased | v.27.1 | |
| Blood lactate dehydrogenase increased | v.27.1 | |
| Chills | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---|----------------|-------------------|
| Coombs direct test | v.27.1 | |
| Delayed haemolytic transfusion reaction | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Hyperhidrosis | v.27.1 | |
| Nausea | v.27.1 | |
| Pyrexia | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|--|
| 000699797 | 0 | 2017-07-07 | 2017-07-07 | МАН | NGAM-019-17-CA | Spontaneous | Consumer/other non health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|---------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Ye | Other Medically Important Conditions: |

Patient Information

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|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 72 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

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|----------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 13.0 Gram | | | Kidney transplant rejection |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Dyspnoea | v.27.1 | |
| Foaming at mouth | v.27.1 | |
| Loss of consciousness | v.27.1 | |
| Nausea | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|--|
| 000699799 | 1 | 2017-07-07 | 2017-07-24 | МАН | GAM-150-17-CA | Spontaneous | Consumer/other non health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| - anome mornanom | | | | |
|------------------|--------|--------|--------|----------------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 79 Years | Female | | | Not recovered/not resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|----------------------------------|---------------------|-------------------------------|---------------------------------------|-----------|---------------------|------------------|-----------------------------------|
| BUPROPION | Concomitant | TABLET (EXTENDED- RELEASE) | | | | | |
| OCTAGAM 10% FOR I.V. INFUSION | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | 1 every 1 Months | | Secondary immunodeficien cy |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | 1 every 1 Months | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------------------|----------------|-------------------|
| Hepatitis B core antibody positive | v.27.1 | |
| Hepatitis B surface antibody positive | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---|----------------|-------------------|
| Suspected transmission of an infectious agent via product | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Total Number of Reports:

| Re | port | Infor | mati | on | |
|----|------|-------|------|----|--|
| | | | | | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000699972 | 1 | 2017-07-12 | 2017-08-01 | MAH | NGAM-020-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|----------------------|---------------------------------------|--|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: | |

| Patient | Information |
|----------------|-------------|
| | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|--------------------|
| 50 Years | Male | | | Recovered/resolved |

Link / Duplicate Report Information

Link AER** Number **Record Type**

No duplicate or linked report.

Product Information

| i roddot imormation | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 95.0 Gram | Total | | Multiple sclerosis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Dizziness | v.27.1 | |
| Headache | v.27.1 | |
| Nausea | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information **AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000700984 | 0 | 2017-08-01 | 2017-08-01 | MAH | NGAM-029-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | tion | | | |
|---------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 73 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------------|----------------|------------------|--|
| CELECOXIB | Concomitant | Capsules | | | | | |
| DOMPERIDONE | Concomitant | Tablets | | | | | |
| HYDROCHLOROTHIAZIDE | Concomitant | Tablets | | | | | |
| LORAZEPAM | Concomitant | NOT SPECIFIED | | | | | |
| PANTOPRAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Milligram | 1 every 1 Days | | Chronic inflammatory demyelinating polyradiculoneu ropathy |
| PREGABALIN | Concomitant | Capsules | | | | | |
| TRIAMCINOLONE | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Abdominal pain upper | v.27.1 | |
| Asthenia | v.27.1 | |
| Chills | v.27.1 | |
| Dizziness | v.27.1 | |
| Head discomfort | v.27.1 | |
| Headache | v.27.1 | |
| Hypertension | v.27.1 | |
| Malaise | v.27.1 | |
| Nausea | v.27.1 | |
| Palpitations | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Ir | nfor |
|------------------------|------|
| Adv Reaction Nun | n Re |
| 00070 | 016 |
| 5 | Seri |
| | , |
| Patient II | nfor |
| Age | е |
| 78 Ye | |
| Link / Du | plic |
| No duplic | ate |
| Product | Info |
| Produ | uct |
| ACETAM | INC |

rmation **AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000701655 | 2 | 2017-08-18 | 2017-09-08 | MAH | NGAM-036-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 78 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

ormation

| i roddot iiiioriiidtioii | | | | | | | |
|--------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| AMLODIPINE | Concomitant | Tablets | | | | | |
| IPRATROPIUM | Concomitant | NOT SPECIFIED | | | | | |
| MAGNESIUM | Concomitant | NOT SPECIFIED | | | | | |
| METOPROLOL | Concomitant | NOT SPECIFIED | | | | | |
| METRONIDAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| METRONIDAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 10.0 Gram | | 75.0 Minutes | Clostridium difficile infection |
| POTASSIUM CHLORIDE | Concomitant | NOT SPECIFIED | | | | | |
| VANCOMYCIN | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Hypersensitivity | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| | Repo | ort Info | ormat | ion |
|--|------|----------|-------|-----|
|--|------|----------|-------|-----|

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000702366 | 0 | 2017-09-06 | 2017-09-06 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

|--|

| | Age | Gender | Height | Weight | Report Outcome |
|--|----------|--------|----------------|-------------|--------------------|
| | 46 Years | Female | 171 Centimeter | 65 Kilogram | Recovered/resolved |

| Link / Duplicate Report Inform | mation |
|--------------------------------|--------|
|--------------------------------|--------|

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | ct Description | | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---|----------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------------|
| ACTONEL | Concomitant | Tablets | | | | | |
| APO SULFATRIM TAB | Concomitant | Tablets | | | | | |
| CALCIUM | Concomitant | NOT SPECIFIED | | | | | |
| DIPHENHYDRAMINE HYDROCHLORIDE INJECTION USP | Concomitant | LIQUID INTRAMUSCULAR | | | | | |
| LORAZEPAM | Concomitant | NOT SPECIFIED | | | | | |
| MULTIVITAMINE(S) | Concomitant | NOT SPECIFIED | | | | | |
| OCTAGAM 10% FOR I.V. Suspect | | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 10.0 Gram | | | Dermatomyositi s |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 60.0 Gram | | | Dermatomyositi s |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|---------------|-------------------------|------|-----------|------------------|---------------|
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | 1 |
| VITAMIN D | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Rash erythematous | v.27.1 | |
| Rash pruritic | v.27.1 | |
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| R | Adverse leaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|---|--------------------------------------|------------------------------|-----------------------|----------------------|-----------|--|----------------|---------------------------|
| | 000702762 | 0 | 2017-09-14 | 2017-09-14 | Community | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Informa | tion | | | |
|------------------------|--------|---------|-----------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 57 Years | Male | 67 Inch | 214 Pound | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000713845 |

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|------------|-----------|------------------|----------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| BENADRYL | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 100.0 Gram | Cyclical | | Myasthenia gravis |

| Adverse Reaction Term Information | | | |
|-----------------------------------|-------------------------|----------------|-------------------|
| A | dverse Reaction Term(s) | MedDRA Version | Reaction Duration |
| Urticaria | | v 27 1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000702969 | 0 | 2017-09-19 | 2017-09-19 | MAH | NGAM-043-17-A | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

Patient Information

| | Age Gender | | Height Weight | | Report Outcome |
|--|------------|--------|----------------|-------------|--------------------|
| | 46 Years | Female | 171 Centimeter | 65 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Toduct Illiorniation | | | | | | | |
|--|---------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|---------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| CALCIUM | Concomitant | NOT SPECIFIED | | | | | |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| LORAZEPAM | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 70.0 Gram | 1 every 1 Months | | Dermatomyositi s |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |
| RISEDRONATE (MANUFACTURER UNKNOWN) | Concomitant | NOT SPECIFIED | | | | | |
| SULFAMETHOXAZOLE AND TRIMETHOPRIM | Concomitant | NOT SPECIFIED | | | | | |
| VITAMIN D | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Pruritus | v.27.1 | |
| Rash | v.27.1 | |
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

**AER = Adverse Reaction Report

| | Adverse ection Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|---|------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 0 | 00703006 | 0 | 2017-09-19 | 2017-09-19 | MAH | NGAM-039-17-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|--|----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Ye | es |

Patient Information

| Age Gender | | Height | Weight | Report Outcome | | |
|------------|------|--------|--------|----------------|--|--|
| 69 Years | Male | | | Unknown | | |

Link / Duplicate Report Information

Record Type Link AER Number**

No duplicate or linked report.

Product Information

| 1 TOUGHT IIII GITTING COLO | | | | | | | |
|---|---------------------|---------------------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | | 55.0 Minutes | Secondary immunodeficien cy |
| PIPERACILLIN AND TAZOBACTAM FOR INJECTION | Concomitant | POWDER FOR SOLUTION INTRAVENOUS | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Confusional state | v.27.1 | |
| Pyrexia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

**AER = Adverse Reaction Report

Report Information

Adverse Reaction Term

| Adverse Reaction Report Number | Latest AER Numb | | Initial Rece | | Latest Rece | | te Source of Report Author Holder A | | · | | · | | · H | | arket orization ER Number | Type of Report Spontaneous | Reporter Type Other health |
|---|---------------------|--------|--------------|-------------|--------------------|------|-------------------------------------|---------------|---------------------|------------------|----------------------|------------|-----|--|---------------------------------|-----------------------------|-----------------------------|
| Serious report? | | | | Death: | | | Disability: | | Congenital Anomaly: | | | | | | | | |
| Not Ser | ious | | | Life Threat | tening: | | H | ospitalizatio | n: | Other Me | dically Important Co | onditions: | | | | | |
| Patient Information | on | | | | | | | | | | | | | | | | |
| Age | Gender | | Height | , | Weight | | Report | Outcome | | | | | | | | | |
| 55 Years | Female | 157 | 7 Centimeter | 79 | Kilogram | F | Recover | ed/resolved | | | | | | | | | |
| Link / Duplicate R | Report Inform | nation | | | | | | | | | | | | | | | |
| | Record | Туре | | | Link AER** Number | | | | | | | | | | | | |
| Duplicate | | | | | 00071 | 3844 | | | | | | | | | | | |
| Product Informati | Product Information | | | | | | | | | | | | | | | | |
| Product Description Health Product Role | | | Dosag | ge Form | Route Administr | | Dose | Fr | equency | Therapy Duration | Indication(s) | | | | | | |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 60.0 Gram | 1 every 1 Days | 2.0 Days | Immune thrombocytopen ia |

| Information | | | |
|-------------|------------------|----------------|-------------------|
| Adverse | Reaction Term(s) | MedDRA Version | Reaction Duration |
| Urticaria | | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information **AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000703391 | 0 | 2017-09-28 | 2017-09-28 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Informa | tion | | | |
|-----------------|--------|----------------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 52 Years | Female | 164 Centimeter | 87 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|-----------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | 1 every 4 Weeks | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Blood pressure increased | v.27.1 | |
| Chest pain | v.27.1 | |
| Chills | v.27.1 | |
| Dizziness | v.27.1 | |
| Nausea | v.27.1 | |
| Palpitations | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000703406 | 0 | 2017-09-27 | 2017-09-27 | MAH | NGAM-046-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|----------------------|
| 70 Years | Male | | | Recovering/resolving |

Link / Duplicate Report Information

| Record Type Link AEF | R** Number |
|----------------------|------------|
|----------------------|------------|

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|----------------------|
| HUMALOG | Concomitant | Injection | | | | | |
| INSULIN | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 Gram | 1 every 1 Weeks | | Myasthenia gravis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Chest discomfort | v.27.1 | |
| Headache | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Malaise | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Informatio | n | **AE | R = Adverse F | Reaction Re | port | | | | | | | | |
|--------------------------------------|-------------|--------------------|---------------|-------------|-----------------|---|--------|---------------|-------|---------------------------------|-------------------------------|---------------------|-------|
| Adverse Reaction Report Number | | ER Version mber | Initial Rece | ved Date | Latest Rece | ived Date | Source | e of Report | Autho | arket orization ER Number | Type of Report | Reporter | Туре |
| 000703596 | | 0 | 2017-1 | 0-03 | 2017-1 | 0-03 | Н | ospital | | Spontaneous | | Other he profession | |
| Serious re | eport? | | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: | |
| Seriou | ıs | | l | ife Threat | ening: | | H | ospitalizatio | n: | Other Med | dically Important Co | onditions: | Yes |
| Patient Information | on . | | | | | | | | | | | | |
| Age | Gender | | Height | V | Veight | | Report | Outcome | | | | | |
| | Female | | | | | Recovered/resolved | | | | | | | |
| Link / Duplicate R | eport Info | rmation | | | | | | | | | | | |
| | Recor | d Type | | | | Link AER* | * Numb | er | | | | | |
| No duplicate or link | ced report. | | | | | | | | | | | | |
| Product Informati | on | | | | | | | | | | | | |
| Product Descr | ription | Health Pr | oduct Role | Dosag | e Form | Route Administr | | Dose | Fre | equency | Therapy Duration | Indication | on(s) |
| PANZYGA | | Sus | spect | | JTION /ENOUS | Intravenous (not otherwise 20.0 ml specified) | | | Once | | Prima immunode cy syndr | eficien | |
| Adverse Reaction Information | Term | | | | | | | | | | | | |
| | Ad | verse Reac | tion Term(s) | | | Me | dDRA | Version | | | Reaction Duration | | |

v.27.1

Anaphylactic reaction

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000703841 | 0 | 2017-10-10 | 2017-10-10 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Informa | tion | | | |
|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| i roddot iirioriilation | | | | | | | |
|-------------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|---------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 200.0 ml | | | Abscess drainage |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 127.0 ml | | | Abscess drainage |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Нурохіа | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000703969 | 0 | 2017-10-11 | 2017-10-11 | MAH | NGAM-047-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 65 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | Administration | | | | |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | 148.0 Minutes | Neutropenia |
| PRIVIGEN | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | Once | | Neutropenia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Headache | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AEI | R = Adverse R | eaction Re | eport | | | | | | | |
|--------------------------------------|------------------------------------|------------|---------------|------------|------------------------------|------------------------------------|--------|---------------|--|-----------|----------------------|------------------------------------|
| Adverse Reaction Report Number | Reaction Report Latest AER Version | | Initial Recei | ved Date | ed Date Latest Received Date | | Sourc | e of Report | Market Authorization Holder AER Number | | Type of Report | Reporter Type |
| 000704117 | 0 | | 2017-10 | 0-13 | 2017-1 | 0-13 | | MAH | NGAM- | 049-17-CA | Spontaneous | Other health professional |
| Serious re | eport? | | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Serio | us | | L | ife Threat | ening: | | Н | ospitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on . | | | | | | | | | | | |
| Age | Gender | | Height | V | Veight | | Report | Outcome | | | | |
| 52 Years | Female | | | | Recovered/resolved | | | | | | | |
| Link / Duplicate R | Report Inform | mation | | | | | | | | | | |
| • | Record | | | | | Link AER* | * Numb | er | | | | |
| No duplicate or line | ked report. | | | | | | | | | | | |
| Product Informat | ion | | | | | | | | | | | |
| Product Desc | ription | Health Pro | oduct Role | Dosag | e Form | Route Administr | | Dose | Fre | equency | Therapy Duration | Indication(s) |
| PANZYGA | | Sus | spect | | JTION /ENOUS | Intravenou otherwis specifie | se` | 2.0 Gram | ı | Total | 30.0 Minutes | Primary immunodeficien cy syndrome |
| Adverse Reaction Information | n Term | | | | | | | | | | | |
| | Adve | erse Reac | tion Term(s) | | | Me | dDRA | Version | | | Reaction Duration | |

v.27.1

Anaphylactic reaction

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Report Information |
|--------------------|
|--------------------|

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000704133 | 0 | 2017-10-13 | 2017-10-13 | MAH | NGAM-051-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 61 Years | Male | 163 Centimeter | 82 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|-----------------------------------|
| DEXTROSE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 1 Months | 90.0 Minutes | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Report Informatio | n |
|-------------------|---|
| Adverse | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000704164 | 0 | 2017-10-16 | 2017-10-16 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-----------------------|------------------|---------------------------------------|
| Serious | Life Threatening: Yes | Hospitalization: | Other Medically Important Conditions: |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 55 Years | Female | | 81 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | ption Health Product Role Dosage Form | | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|----------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | 1 every 1 Months | | Immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaphylactic reaction | v.27.1 | |
| Chest pain | v.27.1 | |
| Headache | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AE | R = Adverse F | Reaction Re | eport | | | | | | | |
|--------------------------------------|------------------------------------|-------------------|---|-----------------------------------|---------------------------------|--------------------|---------------|---------------|----------------|------------------------|----------------------|---------------------------|
| Adverse Reaction Report Number | | R Version nber | rsion Initial Received Date Latest Received Date Source of Report Autho | | arket orization ER Number | Type of Report | Reporter Type | | | | | |
| 000704354 | | 0 | 2017-1 | 0-19 | 2017-10-19 | | | МАН | NGAM-053-17-CA | | Spontaneous | Other health professional |
| Serious re | eport? | | | ı | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Serio | us | | L | ife Threat | ening: | | Н | ospitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on | | | | | | | | | | | |
| Age | Gender | | Height | V | Veight | | Report | Outcome | | | | |
| 54 Years | Female | | | | | Recovered/resolved | | | | | | |
| Link / Duplicate R | Report Infor | mation | | | | | | | | | | |
| | Recor | d Type | | | | Link AER* | * Numb | er | | | | |
| No duplicate or line | ked report. | | | | | | | | | | | |
| Product Informat | ion | | | | | | | | | | | |
| Product Desc | ription | Health Pr | oduct Role | Dosag | e Form | Route Administr | | Dose | Fre | equency | Therapy Duration | Indication(s) |
| PANZYGA | PANZYGA Suspect SOLUTION INTRAVENO | | | Intravenou otherwi specifie | se | 32.7 Gran | n | Once | | Incisional drainage | | |
| Adverse Reaction Information | n Term | | | | | | | | | | | |
| | Adv | erse Reac | tion Term(s) | | | Me | dDRA | Version | | | Reaction Duration | |

v.27.1

Febrile nonhaemolytic transfusion reaction

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000704805 | 1 | 2017-10-27 | 2018-02-02 | MAH | NGAM-055-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-----------------------|------------------|---------------------------------------|
| Serious | Life Threatening: Yes | Hospitalization: | Other Medically Important Conditions: |

| Patient Information | | | | |
|---------------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 55 Years | Female | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|-------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 7.0 Gram | | | Immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------------|----------------|-------------------|
| Anaphylactic reaction | v.27.1 | |
| Chest discomfort | v.27.1 | |
| Depressed level of consciousness | v.27.1 | |
| Swollen tongue | v.27.1 | |
| Throat tightness | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----------|--|----------------|---------------|
| 000704894 | 0 | 2017-11-02 | 2017-11-02 | Community | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|----------------------|---------------------------------------|-----|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: | Yes |

Patient Information

| Age Gender | | | | | |
|------------|----------|--------|----------------|----------------|--------------------|
| | | Height | Weight | Report Outcome | |
| | 56 Years | Female | 150 Centimeter | 48 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 roduct information | | | | | | | | |
|----------------------|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------------|------------------|---------------------------|
| | Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| | PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 15.0 Gram | 1 every 28 Days | | Immunoglobulin therapy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Bronchospasm | v.27.1 | |
| Chest discomfort | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----------|--|----------------|---------------------------|
| 000704895 | 0 | 2017-11-02 | 2017-11-02 | Community | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|--------|----------------|-------------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 56 Years | Female | 150 Centimeter | 48 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | | |
|-------------------------------------|-------------------|--|
| Record Type | Link AER** Number | |
| Duplicate | 000713840 | |

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|----------------------------|-----------|-----------|------------------|---------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise | 15.0 Gram | | | Immunoglobulin therapy |

| Adverse Reaction Term Information | | | |
|-----------------------------------|--------------------|----------------|-------------------|
| Advers | e Reaction Term(s) | MedDRA Version | Reaction Duration |
| Headache | | v.27.1 | |
| Migraine | | v.27.1 | |
| Visual impairment | | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

Adverse Reaction Term

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000704901 | 0 | 2017-10-31 | 2017-10-31 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Informa | tion | | | |
|-----------------|--------|----------------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 30 Years | Female | 147 Centimeter | 46 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000705574 |

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 4 Weeks | | Immune system disorder |

| Information | | |
|---------------------------|----------------|-------------------|
| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
| Anxiety | v.27.1 | |
| Back pain | v.27.1 | |
| Chest pain | v.27.1 | |
| Infusion related reaction | v.27.1 | |
| Nausea | v.27.1 | |
| Throat tightness | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000704947 | 0 | 2017-11-01 | 2017-11-01 | MAH | NGAM-050-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | ition | | | |
|-----------------|-------|--------|--------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 30 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| FOLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| PANTOPRAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 90.0 Gram | Total | 178.0 Minutes | Immune thrombocytopen ia |
| PREDNISONE | Concomitant | NOT SPECIFIED | | · | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Pruritus | v.27.1 | |
| Rash | v.27.1 | |
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000704990 | 1 | 2017-11-02 | 2018-01-05 | MAH | NGAM-035-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 17 Voors | Eomolo | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 17.7 Gram | Total | 110.0 Minutes | Encephalomyeli tis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaphylactoid reaction | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | | | | | |
|--------------------------------------|------------------|--|--|--|--|
| Adverse Reaction Report Number | Latest AE Num | | | | |
| 000705040 | | | | | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000705242 | 0 | 2017-11-08 | 2017-11-08 | MAH | NGAM-058-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|---------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|--------------------|
| 78 Years | Male | | | Recovered/resolved |

| | Link / Duplicate | Report | Information |
|--|------------------|--------|-------------|
|--|------------------|--------|-------------|

| Record Type | Link AER** Number |
|-------------|---------------------|
| Necora Type | LIIIK ALIX Nullibei |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|---------------------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------------------|
| AZITHROMYCIN | Concomitant | NOT SPECIFIED | | | | | |
| LOVENOX | Concomitant | SOLUTION SUBCUTANEOUS | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 16.0 Gram | | 80.0 Minutes | Secondary immunodeficien cy |
| TAZOCIN | Concomitant | POWDER FOR SOLUTION INTRAVENOUS | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Chills | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Heart rate increased | v.27.1 | |
| Respiratory distress | v.27.1 | |
| Skin disorder | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000705251 | 0 | 2017-11-08 | 2017-11-08 | MAH | NGAM-060-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|--------|----------------|-------------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 52 Years | Female | 164 Centimeter | 87 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|-----------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | 1 every 4 Weeks | | Secondary immunodeficien cv |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Blood pressure increased | v.27.1 | |
| Chest pain | v.27.1 | |
| Chills | v.27.1 | |
| Dizziness | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Nausea | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000705490 | 0 | 2017-11-15 | 2017-11-15 | MAH | NGAM-068-17-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|----------------------|---------------------------------------|-----|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: | Yes |

Patient Information

| Age Gender | | Height | Weight | Report Outcome |
|------------|--------|----------------|-------------|--------------------|
| 56 Years | Female | 150 Centimeter | 48 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------------|------------------|------------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 15.0 Gram | 1 every 28 Days | | Primary immunodeficien cy syndrome |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Bronchospasm | v.27.1 | |
| Chest discomfort | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

Adverse Reaction Term

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000705574 | 0 | 2017-11-15 | 2017-11-15 | MAH | NGAM-059-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | | | |
|---------------------|--------|----------------|-------------|--------------------|--|--|
| Age Gender | | Height | Weight | Report Outcome | | |
| 30 Years | Female | 147 Centimeter | 46 Kilogram | Recovered/resolved | | |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000704901 |

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|----------------------------|-----------|--------------------|------------------|--------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise | 30.0 Gram | 1 every 4 Weeks | | Immunodeficien cy common |

| Information | | |
|--------------------------|----------------|-------------------|
| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
| Anxiety | v.27.1 | |
| Back pain | v.27.1 | |
| Chest pain | v.27.1 | |
| Nausea | v.27.1 | |
| Throat tightness | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Dai | nort | Inform | nation | |
|-----|------|--------|--------|--|
| ΝG | port | | nation | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000706202 | 0 | 2017-11-29 | 2017-11-29 | MAH | NGAM-074-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | | Congenital Anomaly: |
|-----------------|-------------------|------------------|-----|---|
| Serious | Life Threatening: | Hospitalization: | Yes | Other Medically Important Conditions: Yes |

| Patient | Inform | ation |
|---------|--------|-------|
|---------|--------|-------|

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|----------------|
| 19 Years | Male | | 60 Kilogram | Unknown |

Link / Duplicate Report Information

| Record Type Link AER** Number |
|-------------------------------|
|-------------------------------|

No duplicate or linked report.

Product Information

| Toddet information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| IBUPROFEN | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 60.0 Gram | Total | 170.0 Minutes | Thrombocytope nia |
| VYVANSE | Concomitant | Capsules | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|------------------------------------|----------------|-------------------|
| Blood pressure diastolic decreased | v.27.1 | |
| CSF protein increased | v.27.1 | |
| Headache | v.27.1 | |
| Meningitis aseptic | v.27.1 | |
| Nausea | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| | Report Informat |
|---|------------------------------------|
| | Adverse Reaction Repo Number |
| | 000706386 |
| | Serious |
| | Ser |
| | Patient Informa |
| | Age |
| | 62 Years |
| | Link / Duplicate |
| | |
| Į | No duplicate or li |
| | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000706386 | 1 | 2017-12-05 | 2017-12-20 | MAH | NGAM-075-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | | |
|---------------------|----------|--------|--------|--------|--------------------|
| | Age | Gender | Height | Weight | Report Outcome |
| | 62 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | 1 |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|-------------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 8.7 Gram | | 95.0 Minutes | Product used for unknown indication |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---|----------------|-------------------|
| Alpha haemolytic streptococcal infection | v.27.1 | |
| Pyrexia | v.27.1 | |
| Suspected transmission of an infectious agent via product | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Informat | io | n |
|-------------------------------------|------|-----------------|
| Adverse Reaction Repor Number | rt | L |
| 000706546 | | |
| Serious | re | ро |
| Not Se | erio | วน |
| Patient Informat | io | n |
| Age | | |
| 50 Years | | |
| Link / Duplicate | R | ep |
| | | |
| No duplicate or li | nk | ec |
| Product Informa | atio | on |
| Product Des | cr | ip ¹ |

| **AER = Adverse | Reaction | Report |
|---------------------|------------|----------|
| / L_/ \ _ / \u\v\\\ | , touotion | , topoit |

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000706546 | 1 | 2017-12-08 | 2018-05-28 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Informa | tion | | | |
|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 50 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

mation

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|---|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 90.0 Gram | 1 every 3 Weeks | 75.0 Minutes | Immunodeficien cy common variable |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------|----------------|-------------------|
| Blood culture negative | v.27.1 | |
| Chills | v.27.1 | |
| Hypertension | v.27.1 | |
| Infusion related reaction | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000706563 | 0 | 2017-12-11 | 2017-12-11 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Information | | | | |
|---------------------|------|----------------|--------------------------------------|----------------|
| Age Gender | | Height | Weight | Report Outcome |
| 6 Years | Male | 120 Centimeter | Centimeter 20 Kilogram Recovered/res | |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|----------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| ACETYLSALICYLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| AMOXICILLIN | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | | | Kawasaki's disease |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration | |
|--------------------------|----------------|-------------------|--|
| Bradycardia | v.27.1 | | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000707175 | 0 | 2017-12-22 | 2017-12-22 | MAH | NGAM-077-17-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|------|----------------|-------------|----------------|
| Age Gender | | Height | Weight | Report Outcome |
| 6 Years | Male | 120 Centimeter | 20 Kilogram | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product information | | | | | | | |
|----------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| ACETYLSALICYLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| AMOXICILLIN | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | | | Kawasaki's disease |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------------------|----------------|-------------------|
| Blood lactate dehydrogenase increased | v.27.1 | |
| Bradycardia | v.27.1 | |
| Heart rate irregular | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000709078 | 4 | 2018-02-05 | 2018-09-27 | MAH | NGAM-002-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 9 Years | Female | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| i roduct imormation | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 57.0 Gram | Total | | Kawasaki's disease |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Abdominal pain | v.27.1 | |
| Anti A antibody positive | v.27.1 | |
| Blood urine present | v.27.1 | |
| Haemoglobin decreased | v.27.1 | |
| Haemolysis | v.27.1 | |
| Headache | v.27.1 | |
| Oedema | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|------------------------------|----------------|-------------------|
| Pyrexia | v.27.1 | |
| Reticulocyte count increased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Repor Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|-------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000709440 | 0 | 2018-02-13 | 2018-02-13 | MAH | NGAM-011-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 66 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 70.0 Gram | Total | 4.0 Hours | Chronic inflammatory demyelinating polyradiculoneu ropathy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------------|----------------|-------------------|
| Anaphylactic transfusion reaction | v.27.1 | |
| Blood pressure increased | v.27.1 | |
| Respiratory rate increased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000709443 | 0 | 2018-02-14 | 2018-02-14 | MAH | NGAM-015-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 6 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | Total | 6.0 Hours | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Meningitis aseptic | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Informatio | n | **AER = Adverse Reaction Report | | | | |
|-------------------|---|---------------------------------|--|--|--|--|
| Adverse | | | | | | |

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000709474 | 0 | 2018-02-16 | 2018-02-16 | MAH | NGAM-019-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

| Patient Informa | tion | | | |
|------------------------|------|----------------|-------------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 77 Years | Male | 178 Centimeter | 75 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Froduct information | | | | | | | |
|--|-------------|-------------------------|---------------------------------------|------------|-----------|------------------|--------------------------------|
| Product Description Health Product Role | | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ALBUTEROL | Concomitant | NOT SPECIFIED | | | | | |
| CALCIUM | Concomitant | NOT SPECIFIED | | | | | |
| LORAZEPAM | Concomitant | NOT SPECIFIED | | | | | |
| METOCLOPRAMIDE | Concomitant | NOT SPECIFIED | | | | | |
| PANTOPRAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 175.0 Gram | Total | 135.0 Minutes | Immune thrombocytopen ia |
| POLYETHYLENE GLYCOL | Concomitant | NOT SPECIFIED | | | | | |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |
| RISEDRONATE (MANUFACTURER UNKNOWN) | Concomitant | NOT SPECIFIED | | | | | |
| SALBUTAMOL | Concomitant | NOT SPECIFIED | | | | | |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------|-------------------------|------|-----------|------------------|---------------|
| SEEBRI BREEZHALER | Concomitant | Capsules | | | | | |
| TACROLIMUS | Concomitant | Capsules | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Abdominal pain | v.27.1 | |
| Aortic arteriosclerosis | v.27.1 | |
| Blood pressure increased | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Erythema | v.27.1 | |
| Lung hyperinflation | v.27.1 | |
| Pain | v.27.1 | |
| Rash | v.27.1 | |
| Tachycardia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AE | R = Adverse R | eaction Re | eport | | | | | | | |
|--------------------------------------|--------------------------------------|--------------------|-----------------------------------|------------|-------------|--------------------|-------------------|---------------|----------------------|---|----------------------|---------------------------|
| Adverse Reaction Report Number | | ER Version mber | Initial Recei | ed Date | Latest Rece | eived Date | Sourc | e of Report | Auth | larket orization NER Numbe r | Type of Report | Reporter Type |
| 000709512 | | 0 | 2018-02 | 2-20 | 2018-0 | 2-20 | | MAH | NGAM | -020-18-CA | Spontaneous | Other health professional |
| Serious re | eport? | | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Serio | us | | L | ife Threat | ening: | | Н | ospitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on | | | | | | | | | | | |
| Age | Gender | | Height | ١ | Weight | | Report | Outcome | | | | |
| 15 Years | Male | | | | | F | Recover | ed/resolved | | | | |
| Link / Duplicate R | eport Info | rmation | | | | | | | | | | |
| | Recoi | rd Type | | | | Link AER* | * Numb | er | | | | |
| No duplicate or line | ked report. | | | | | | | | | | | |
| Product Informati | ion | | | | | | | | | | | |
| Product Desc | ription | Health Pr | oduct Role | Dosag | ge Form | Route Administr | | Dose | Fr | equency | Therapy Duration | Indication(s) |
| PANZYGA | PANZYGA Suspect SOLUTION INTRAVENOUS | | Intravenou otherwi specifie | se | 45.0 Gran | | every 1 Months | 4.0 Hours | Immunodeficien cy | | | |
| Adverse Reaction Information | n Term | | | | | | | | | | | |
| | Ad | verse Reac | tion Term(s) | | | Me | edDRA | Version | | | Reaction Duration | |
| Headache | | | | | | | v.27 | .1 | | | | |

v.27.1

Neck pain

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Informati |
|--------------------------------------|
| Adverse Reaction Report Number |
| 000710295 |
| Serious i |
| Serio |
| Patient Informati |
| 73 Years |
| Link / Duplicate |
| No duplicate or lin |
| Product Information |
| Product Desc |
| LORAZEPAM |
| PANZYGA |
| Adverse Reactio |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000710295 | 0 | 2018-03-07 | 2018-03-07 | MAH | NGAM-027-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| L | Patient Informa | tion | | | |
|---|-----------------|--------|--------|--------|----------------|
| | Age | Gender | Height | Weight | Report Outcome |
| | 73 Years | Male | | | Unknown |

| Link / Duplicate Report Information | 1 |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

ition

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|------------------------|
| LORAZEPAM | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | 1 every 3 Weeks | | Plasma cell myeloma |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Atrial flutter | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hyperhidrosis | v.27.1 | |
| Hypertension | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | Source of Report | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|------------------|--|----------------|---------------------------|
| 000711152 | 0 | 2018-03-28 | 2018-03-28 | MAH | NGAM-039-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 78 Years | Female | | 44 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Froduct information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|----------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | 1 every 4 Weeks | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Asthenia | v.27.1 | |
| Discomfort | v.27.1 | |
| Feeling abnormal | v.27.1 | |
| Headache | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Hypertension | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Report Informati | tion | |
|------------------------------------|----------|--|
| Adverse Reaction Repo Number | rt Lates | |
| 000711158 | | |
| Serious | report? | |
| Ser | ious | |
| Patient Informa | tion | |
| Age | Gen | |
| 78 Years | Ма | |
| Link / Duplicate | Report I | |
| | Re | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000711158 | 0 | 2018-03-28 | 2018-03-28 | MAH | NGAM-037-18-CA | Spontaneous | Other health professional |

| Death: | Disability: | Congenital Anomaly: | |
|-------------------|------------------|---------------------------------------|-----|
| Life Threatening: | Hospitalization: | Other Medically Important Conditions: | Yes |

| Patient Informa | tion | | | |
|-----------------|--------|----------------|-------------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 78 Years | Male | 179 Centimeter | 80 Kilogram | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---|----------------|-------------------|
| Anti A antibody positive | v.27.1 | |
| Blood lactate dehydrogenase increased | v.27.1 | |
| Coombs direct test positive | v.27.1 | |
| Delayed haemolytic transfusion reaction | v.27.1 | |
| Haemoglobin decreased | v.27.1 | |
| Reticulocyte count increased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Report Information |
|---------------------------|
|---------------------------|

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000711296 | 0 | 2018-04-03 | 2018-04-03 | MAH | NGAM-042-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

|--|

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 82 Years | Male | | 73 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

| Record Type | Link AER** Number |
|-------------|-------------------|
| | |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | Total | 75.0 Minutes | Rheumatoid arthritis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Chest discomfort | v.27.1 | |
| Chest pain | v.27.1 | |
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Injection site erythema | v.27.1 | |
| Pyrexia | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Reporter Type

Other health professional

Indication(s)

| Report Information | on | **AE | R = Adverse R | Reaction Re | eport | | | | | | | |
|--------------------------------------|-------------|--------------------|---------------|-------------|-------------------|-----------------------------------|--------|---------------|------|----------------------------------|---------------------|-------------------------|
| Adverse Reaction Report Number | | ER Version mber | Initial Recei | ved Date | Latest Rec | eived Date | Source | e of Report | Auth | arket orization AER Number | Type of Report | Reporter T |
| 000711504 | | 0 | 2018-04 | 4-06 | 2018-0 | 04-06 | Н | ospital | | | Spontaneous | Other hea professior |
| Serious r | eport? | | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Not Se | rious | | L | ife Threat | ening: | | Н | ospitalizatio | n: | Other Med | dically Important C | onditions: |
| Patient Informati | on | | | | | | | | | | | |
| Age | Gender | | Height | V | Neight | | Report | Outcome | | | | |
| 66 Years | Female | | | | | | Unk | nown | | | | |
| Link / Duplicate F | Report Info | rmation | | | | | | | | | | |
| | Recor | rd Type | | | Link AER** Number | | | | | | | |
| No duplicate or lin | ked report. | | | | | | | | | | | |
| Product Informat | tion | | | | | | | | | | | |
| Product Desc | ription | Health Pro | oduct Role | Dosag | je Form | Route Administr | | Dose | Fr | equency | Therapy Duration | Indication |
| PANZYGA | | Sus | spect | | UTION VENOUS | Intravenou otherwi specifie | se | 80.0 ml | | Once | | |
| PANZYGA | | Sus | spect | | UTION /ENOUS | Intravenou otherwi specifie | se | | | | | |

| Adverse Reaction Term Information | | | |
|-----------------------------------|--------------------|----------------|-------------------|
| Adverse | e Reaction Term(s) | MedDRA Version | Reaction Duration |
| Febrile nonhaemolytic transfusion | reaction | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report | Informatio | n |
|--------|------------|---|
|--------|------------|---|

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------|
| 000711630 | 0 | 2018-04-10 | 2018-04-10 | Hospital | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

Patient Information

| Age | | Gender | Height | Weight | Report Outcome |
|------------------------------|--|--------------|--------------------|--------|----------------|
| 66 Years Male 190 Centimeter | | 126 Kilogram | Recovered/resolved | | |

Link / Duplicate Report Information

Record Type Link AER Number**

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|---------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| BENADRYL | Concomitant | Capsules | | | | | |
| GRAVOL | Concomitant | Tablets | | | | | |
| NAPROXEN | Concomitant | Tablets | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 300.0 ml | Once | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 300.0 ml | Once | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 300.0 ml | Once | | |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|---------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 100.0 ml | Once | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 300.0 ml | Once | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Hypersensitivity | v.27.1 | |
| Injection site rash | v.27.1 | |
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000712310 | 0 | 2018-04-17 | 2018-04-17 | MAH | NGAM-049-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|--------|--------|-------------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 83 Vaare | Mala | | 91 Kilogram | Unknown |

Link / Duplicate Report Information

Record Type

Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 35.0 Gram | Total | 90.0 Minutes | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hypothermia | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AE | R = Adverse R | eaction Re | eport | | | | | | | |
|--------------------------------------|------------------|-------------------|---------------|------------|-----------------|-----------------------------------|--------|---------------|----------------|---------------------------------|----------------------|---------------------------|
| Adverse Reaction Report Number | Latest AE Nun | R Version nber | Initial Recei | ved Date | Latest Rece | ived Date | Sourc | e of Report | Autho | arket orization ER Number | Type of Report | Reporter Type |
| 000712582 | 1 | 1 | 2018-04 | l-30 | 2018-06-04 | | | МАН | NGAM-014-18-CA | | Spontaneous | Other health professional |
| Serious re | eport? | | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Serio | us | | L | ife Threat | ening: | | Н | ospitalizatio | n: Yes | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on . | | | | | | | | | | | |
| Age | Gender | | Height | V | Veight | | Report | Outcome | | | | |
| 13 Months | Male | | <u> </u> | | Kilogram | Recovered/resolved | | | | | | |
| Link / Duplicate R | Report Infor | mation | | | | | | | | | | |
| | Record | | | | | Link AER* | * Numb | er | | | | |
| No duplicate or linl | ked report. | | | | | | | | | | | |
| Product Informat | ion | | | | | | | | | | | |
| Product Desc | ription | Health Pr | oduct Role | Dosag | je Form | Route Administr | | Dose | Fre | equency | Therapy Duration | Indication(s) |
| PANZYGA | | Sus | spect | | JTION /ENOUS | Intravenou otherwi specifie | se | 17.5 Gran | n | Total | | Kawasaki's disease |
| Adverse Reaction Information | n Term | | | | | | | | | | | |
| | Adv | erse Reac | tion Term(s) | | | Me | dDRA | Version | | | Reaction Duration | |

v.27.1

Haemoglobin decreased

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Report Informatio | n |
|-------------------|-----------|
| Adverse | Latest Al |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000712901 | 1 | 2018-05-07 | 2018-05-23 | MAH | NGAM-054-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Information | |
|----------------|-------------|--|
| | | |

| · attoric iiiia | | | | |
|-----------------|-------------------|----------------|-------------|--------------------|
| Age | Age Gender Height | | Weight | Report Outcome |
| 79 Years | Male | 173 Centimeter | 63 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Link AER** Number **Record Type**

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 5 Weeks | 94.0 Minutes | Primary immunodeficien cy syndrome |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Productive cough | v.27.1 | |
| Respiratory rate increased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Tachycardia | v.27.1 | |
| Tremor | v.27.1 | |
| Wheezing | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Reacti | dverse ion Report umber | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------|-------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000 | 0713126 | 1 | 2018-05-08 | 2018-09-27 | MAH | NGAM-053-18-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 64 Years | Female | 165 Centimeter | 54 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| i ioaast iiiioiiiiatioii | | | | | | | |
|--------------------------|---------------------|-----------------------------|-------------------------|------|-----------|------------------|---------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ALENDRONATE | Concomitant | Tablets | | | | | |
| APO-FERROUS SULFATE | Concomitant | TABLET (ENTERIC- COATED) | | | | | |
| CALCIUM | Concomitant | NOT SPECIFIED | | | | | |
| COUMADIN | Concomitant | Tablets | | | | | |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| DOCUSATE SODIUM | Concomitant | NOT SPECIFIED | | | | | |
| HYDROXYCHLOROQUINE | Concomitant | NOT SPECIFIED | | | | | |
| METHYLPREDNISOLONE NOS | Concomitant | NOT SPECIFIED | | | | | |
| OXAZEPAM | Concomitant | Tablets | | | | | |
| PANTOPRAZOLE | Concomitant | NOT SPECIFIED | | | | | |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | Total | 230.0 Minutes | Hodgkin's disease |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |
| SENNOSIDES | Concomitant | NOT SPECIFIED | | _ | | | |
| VITAMIN D | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Abdominal pain | v.27.1 | |
| Back pain | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000713150 | 0 | 2018-05-09 | 2018-05-09 | MAH | NGAM-058-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

| Patient | Information |
|----------------|-------------|
| | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 52 Years | Male | 173 Centimeter | 88 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|------|-----------|------------------|--|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | | Chronic inflammatory demyelinating polyradiculoneu ropathy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Hypotension | v.27.1 | |
| Loss of consciousness | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Oxygen saturation decreased | v.27.1 | |
| Pyrexia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000713303 | 0 | 2018-05-14 | 2018-05-14 | MAH | NGAM-064-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 52 Years | Male | | 89 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|--------------------------------------|---------------------|-------------------------|---------------------------------------|------------|-----------|------------------|--------------------------------|
| METHYLPREDNISOLONE NOS | Concomitant | NOT SPECIFIED | | | | | |
| PANTOPRAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 180.0 Gram | Total | | Immune thrombocytopen ia |
| SULFAMETHOXAZOLE AND TRIMETHOPRIM | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |
| Coombs test positive | v.27.1 | |
| Haemoglobin decreased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Haemolysis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AE | R = Adverse R | eaction Re | eport | | | | | | | |
|--------------------------------------|-------------|------------|---------------|------------|-----------------|-------------------------------------|----------|---------------|---------------------------------|------------------|----------------------|--------------------------------|
| Adverse Reaction Report Number | | R Version | Initial Recei | ved Date | Latest Rece | test Received Date Source of Report | | Auth | arket orization ER Number | Type of Report | Reporter Type | |
| 000713357 | | 2 | 2018-05 | 5-15 | 2018-0 | 08-03 MAH N | | | NGAM- | 066-18-CA | Spontaneous | Other health professional |
| Serious re | eport? | | | | Death: | Disability: | | | y: | | Congenital | Anomaly: |
| Serio | us | | L | ife Threat | ening: | | Н | ospitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on | | | | | | | | | | | |
| Age | Gender | | Height | 1 | Weight | | Report | Outcome | | | | |
| 74 Years | Female | 15 | 7 Centimeter | 82 | Kilogram | F | Recovere | ed/resolved | | | | |
| Link / Duplicate R | eport Info | rmation | | | | | | | | | | |
| | Recor | d Type | | | | Link AER* | * Numb | er | | | | |
| No duplicate or line | ked report. | | | | | | | | | | | |
| Product Informati | ion | | | | | | | | | | | |
| Product Desc | ription | Health Pr | roduct Role | Dosag | ge Form | Route Administr | | Dose | Fre | equency | Therapy Duration | Indication(s) |
| PANZYGA | | Sus | spect | | UTION VENOUS | Intravenou otherwi specifie | ise` | 80.0 Gran | | every 4 Weeks | | Immune thrombocytopen ia |
| Adverse Reaction Information | n Term | | | | | | | | | | | |
| | Adv | verse Reac | ction Term(s) | | | Me | edDRA \ | /ersion | | | Reaction Duration | |
| Blood pressure inc | reased | | | | | | v.27 | .1 | | | | |

v.27.1

Haemoglobinuria

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000713544 | 1 | 2018-05-22 | 2018-05-30 | MAH | NGAM-070-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Information |
|---------------------|
|---------------------|

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 40 Years | Female | | 72 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

| Record Type Link AER** Number |
|-------------------------------|
|-------------------------------|

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------------------|
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| HYDROCORTISONE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | Total | | Clostridium difficile colitis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------|----------------|-------------------|
| Body temperature increased | v.27.1 | |
| Chills | v.27.1 | |
| Condition aggravated | v.27.1 | |
| Face oedema | v.27.1 | |
| Oropharyngeal pain | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Tachycardia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000716091 | 0 | 2018-07-25 | 2018-07-25 | MAH | NGAM-093-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|----------------|-------------|----------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 17 Years | Female | 167 Centimeter | 80 Kilogram | Recovering/resolving |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| . | |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|---------------------------------------|---------------------------------------|-----------|----------------|------------------|----------------------------|
| ADCETRIS | Concomitant | POWDER FOR SOLUTION INTRAVENOUS | | | | | |
| FENTANYL | Concomitant | NOT SPECIFIED | | | | | |
| LORAZEPAM | Concomitant | NOT SPECIFIED | | | | | |
| MIDAZOLAM (UNKNOWN) | Concomitant | | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 55.0 Gram | 1 every 1 Days | 160.0 Minutes | Guillain-Barre syndrome |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|------------------------------------|----------------|-------------------|
| Blood pressure diastolic decreased | v.27.1 | |
| Chills | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Headache | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Meningitis aseptic | v.27.1 | |
| Nausea | v.27.1 | |
| Pyrexia | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | Source of Report | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|------------------|--|----------------|---------------------------|
| 000717005 | 0 | 2018-08-22 | 2018-08-22 | MAH | NGAM-105-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | ition | | | |
|------------------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 48 Years | Female | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| i roduct imormation | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 Gram | Total | 85.0 Minutes | Urticaria |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Back pain | v.27.1 | |
| Chills | v.27.1 | |
| Condition aggravated | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Headache | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Hypertension | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Oropharyngeal pain | v.27.1 | |
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Summary

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000717114 | 0 | 2018-08-24 | 2018-08-24 | MAH | NGAM-112-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 64 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

Report Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|-----------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 Gram | 1 every 1 Months | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Condition aggravated | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Headache | v.27.1 | |
| Hypertension | v.27.1 | |
| Hyperthermia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

Spontaneous

NGAM-108-18-CA

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

professional

| Report Information **AER = Adverse Reaction Report | | | | | | | | |
|--|--------------------------------------|------------------------------|-----------------------|----------------------|------|--|----------------|---------------|
| ı | Adverse Reaction Report Number | Latest AER Versior Number | Initial Received Date | Latest Received Date | • | Market Authorization Holder AER Number | Type of Report | Reporter Type |
| | 000717110 | 4 | 2010 00 24 | 2010 10 04 | MALI | NC AM 100 10 CA | Chantanaous | Other health |

2018-10-04

s report? Death: Disability: **Congenital Anomaly:** Life Threatening: **Hospitalization: Other Medically Important Conditions:** Yes rious

MAH

| Patient Informa | tion | | | |
|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 74 Years | Male | | | Recovered/resolved |

2018-08-24

1

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

ation

| Froduct information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 80.0 Gram | Total | 1.0 Hours | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Chills | v.27.1 | |
| Haemolysis | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AE | R = Adverse R | Reaction Re | eport | | | | | | | |
|--------------------------------------|-------------|--------------------|---------------|---------------------|-----------------|-----------------------------------|----------|---------------|------|-----------------------------------|----------------------|-----------------------------------|
| Adverse Reaction Report Number | | ER Version mber | Initial Recei | ved Date | Latest Rece | eived Date | Source | e of Report | Auth | larket orization AER Number | Type of Report | Reporter Type |
| 000717121 | | 0 | 2018-08 | 2018-08-24 2018-08- | | 8-24 | | MAH | NGAM | -114-18-CA | Spontaneous | Other health professional |
| Serious r | eport? | | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Serio | us | | L | ife Threat | ening: | | Н | ospitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on | | | | | | | | | | | |
| Age | Gender | | Height | ١ | Neight | | Report | Outcome | | | | |
| 82 Years | Female | | | | | F | Recovere | ed/resolved | | | | |
| Link / Duplicate F | Report Info | rmation | | | | | | | | | | |
| _ | Recor | d Type | | | | Link AER* | * Numb | er | | | | |
| No duplicate or lin | ked report. | | | | | | | | | | | |
| Product Informat | ion | | | | | | | | | | | |
| Product Desc | ription | Health Pr | oduct Role | Dosag | ge Form | Route Administr | _ | Dose | Fr | equency | Therapy Duration | Indication(s) |
| PANZYGA | PANZYGA Su | | spect | | UTION VENOUS | Intravenou otherwi specifie | se | 25.0 Gran | n | Total | | Secondary immunodeficien cy |
| Adverse Reaction Information | n Term | | | | | | | | | | | |
| | Ad | verse Reac | tion Term(s) | | | Me | edDRA \ | Version | | | Reaction Duration | |
| Abdominal pain up | per | | | | | | v.27 | .1 | | | | |
| Back pain | | | | | | | v.27 | .1 | | | | |

v.27.1 v.27.1

Hypertension

Tremor

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| R | Adverse eaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|---|-------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| | 000717127 | 0 | 2018-08-24 | 2018-08-24 | MAH | NGAM-109-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 20 Months | Male | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|--------------------------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 125.0 ml | Total | 96.0 Minutes | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Informa |
|------------------------------------|
| Adverse Reaction Repo Number |
| 000717454 |
| Serious |
| Ser |
| Patient Informa |
| Age |
| 83 Years |
| Link / Duplicate |
| |
| No duplicate or I |
| Product Inform |
| Product Des |
| |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000717454 | 0 | 2018-09-04 | 2018-09-04 | MAH | NGAM-115-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | | |
|---------------------|------------|--------|----------------|-------------|----------------|
| | Age Gender | | Height Weight | | Report Outcome |
| | 83 Years | Female | 152 Centimeter | 49 Kilogram | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

ation

| Froduct information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|----------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 15.0 Gram | 1 every 1 Months | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Body temperature increased | v.27.1 | |
| Chills | v.27.1 | |
| Hypertension | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information **AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000718185 | 2 | 2018-09-25 | 2018-10-25 | MAH | NGAM-121-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | | Congenital Anomaly: | |
|-----------------|-------------------|------------------|-----|---------------------------------------|-----|
| Serious | Life Threatening: | Hospitalization: | Yes | Other Medically Important Conditions: | Yes |

| Patient Information | | | | | |
|---------------------|------------|------|---------------|--|----------------|
| | Age Gender | | Height Weight | | Report Outcome |
| | 59 Years | Male | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| i roduct imormation | | | | | | | | | | |
|----------------------|---------------------|---------------|-------------------------|------|-----------|------------------|---------------|--|--|--|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) | | | |
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | | | | |
| ACETYLSALICYLIC ACID | Concomitant | NOT SPECIFIED | | | | | | | | |
| CITALOPRAM | Concomitant | Tablets | | | | | | | | |
| CLOPIDOGREL | Concomitant | Tablets | | | | | | | | |
| DEXLANSOPRAZOLE | Concomitant | | | | | | | | | |
| DIMENHYDRINATE | Concomitant | NOT SPECIFIED | | | | | | | | |
| IBUPROFEN | Concomitant | NOT SPECIFIED | | | | | | | | |
| INSULIN | Concomitant | NOT SPECIFIED | | | | | | | | |
| JARDIANCE | Concomitant | | | | | | | | | |
| LEVOTHYROXINE | Concomitant | NOT SPECIFIED | | | | | | | | |
| LINAGLIPTIN | Concomitant | | | | | | | | | |
| METFORMIN | Concomitant | Tablets | | | | | | | | |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|-------------------------|
| METOCLOPRAMIDE | Concomitant | NOT SPECIFIED | | | | | |
| METOPROLOL | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | 1 every 1 Days | | Encephalitis autoimmune |
| PERINDOPRIL | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Arteriovenous fistula | v.27.1 | |
| Cerebrovascular accident | v.27.1 | |
| Hemiparesis | v.27.1 | |
| Pain | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Hepatitis B core antibody positive Seroconversion test positive

Transfusion reaction

| Report Information | n | **AE | R = Adverse R | eaction Re | eport | | | | | | | |
|--------------------------------------|-----------------------|--------------------|---------------------------------------|-----------------|-----------------------------------|--------------------|-----------|--|-------|----------------|--------------------------------|---------------------------|
| Adverse Reaction Report Number | | ER Version mber | n Initial Received Date Latest Receiv | | eived Date | Source | of Report | Market Authorization Holder AER Number | | Type of Report | Reporter Type | |
| 000718804 | | 1 | 2018-10-11 2018-11- | | | 1-05 | N | МАН | NGAM- | 130-18-CA | Spontaneous | Other health professional |
| Serious re | eport? | | | ı | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Seriou | ıs | | L | ife Threat | ening: | | Но | spitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on | | | | | | | | | | | |
| Age | Gender | | Height | V | Veight | | Report (| Outcome | | | | |
| 66 Years | Male | | | | | Recovered/resolved | | | | | | |
| Link / Duplicate R | eport Info | rmation | | | | | | | | | | |
| | Recor | d Type | | | | Link AER* | * Numbe | er | | | | |
| No duplicate or link | ked report. | | | | | | | | | | | |
| Product Informati | on | | | | | | | | | | | |
| Product Descr | ription | Health Pr | oduct Role | Dosag | je Form | Route Administr | | Dose | Fr | equency | Therapy Duration | Indication(s) |
| PANZYGA | | | | JTION /ENOUS | Intravenou otherwi specifie | ise` | 65.0 Gran | n | Total | 290.0 Minutes | Immune thrombocytopen ia | |
| Adverse Reaction Information | Term | | | | | | | | | | | |
| | Ad | verse Reac | tion Term(s) | | | MedDRA Version | | | | | Reaction Duration | |
| Anti A antibody pos | sitive | | | | | v.27.1 | | | | | | |
| Haemoglobin decre | Haemoglobin decreased | | | | v.27. | 1 | | | | | | |

v.27.1

v.27.1

v.27.1

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

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173 Report(s)

| Report Information |
|--------------------|
|--------------------|

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000719429 | 0 | 2018-10-29 | 2018-10-29 | MAH | NGAM-147-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | | Congenital Anomaly: |
|-----------------|-------------------|------------------|-----|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: | Yes | Other Medically Important Conditions: |

| Patient | Informa | ation |
|---------|---------|-------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|--------------------|
| 69 Years | Female | | | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER Number**

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|----------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|------------------------------|
| ATORVASTATIN CALCIUM | Concomitant | Tablets | | | | | |
| DOCUSATE SODIUM | Concomitant | NOT SPECIFIED | | | | | |
| ENOXAPARIN | Concomitant | Injection | | | | | |
| HYDROCORTISONE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 54.0 Gram | Total | 105.0 Minutes | Mononeuropath y multiplex |
| POLYETHYLENE GLYCOL | Concomitant | NOT SPECIFIED | | _ | | | |
| SENNOSIDES | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------|----------------|-------------------|
| Body temperature increased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Hypertension | v.27.1 | |
| Tachycardia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000720047 | 1 | 2018-11-21 | 2019-08-14 | MAH | NGAM-168-18-CA | Spontaneous | Physician |

| Serious report? | Death: | Yes | Disability: | Congenital Anomaly: |
|-----------------|-------------------|-----|------------------|---|
| Serious | Life Threatening: | | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|----------------|
| 67 Years | Female | 154 Centimeter | 76 Kilogram | Fatal |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|-------------------------------|---------------------|---|---------------------------------------|------|-----------|------------------|--------------------------|
| CEFPROZIL | Concomitant | NOT SPECIFIED | | | | | |
| CEFTRIAXONE FOR INJECTION USP | Concomitant | POWDER FOR SOLUTION INTRAMUSCULAR | | | | | |
| DOXYCYCLINE | Concomitant | NOT SPECIFIED | | | | | |
| MEROPENEM | Concomitant | POWDER FOR SOLUTION INTRAVENOUS | | | | | |
| PANTOPRAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | | Neuropathy peripheral |
| PREGABALIN | Concomitant | Capsules | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Body temperature increased | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Nausea | v.27.1 | |
| Pyrexia | v.27.1 | |
| Respiratory rate increased | v.27.1 | |
| Tachycardia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| _ | |
|---------------------------|-------------|
| Donort | Information |
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| | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000720672 | 0 | 2018-12-11 | 2018-12-11 | MAH | NGAM-153-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Information | |
|----------------|-------------|--|
| | | |

| · attotte iiiia | | | | |
|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 78 Years | Female | | | Recovered/resolved |

Link / Duplicate Report Information

| Record Type Link AER** Number |
|-------------------------------|
|-------------------------------|

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|------------|------------------|-------------------------------------|
| | | | Administration | | 11040.01.0 | тиогару запашен | (5) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 65.0 Gram | Total | | Thrombocytope nic purpura |
| PLATELETS | Suspect | NOT SPECIFIED | Unknown | 250.0 ml | Total | | Product used for unknown indication |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |
| Chills | v.27.1 | |
| Confusional state | v.27.1 | |
| Faeces discoloured | v.27.1 | |
| Haemoglobinuria | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Haemoptysis | v.27.1 | |
| Pyrexia | v.27.1 | |
| Tachycardia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000721026 | 0 | 2018-12-20 | 2018-12-20 | MAH | NGAM-183-18-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|--------|----------------------|-------------|--------------------|
| Age Gender | | Gender Height Weight | | Report Outcome |
| 73 Years | Female | 158 Centimeter | 93 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Froduct information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|----------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 5.0 Gram | Total | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Blood pressure decreased | v.27.1 | |
| Chest pain | v.27.1 | |
| Erythema | v.27.1 | |
| Hypertension | v.27.1 | |
| Нурохіа | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

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173 Report(s)

| Rei | nort | Inform | nation |
|-----|------|--------|--------|
| | | | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000721432 | 0 | 2019-01-08 | 2019-01-08 | MAH | NGAM-188-18-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|--|----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Ye | es |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 83 Years | Female | | 49 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Link AER Number Record Type**

No duplicate or linked report.

Product Information

| 1 Todaot IIII of III ation | | | | | | | |
|----------------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|----------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| BISOPROLOL | Concomitant | Tablets | | | | | |
| CALCIUM | Concomitant | NOT SPECIFIED | | | | | |
| PANTOPRAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | 1 every 4 Weeks | 80.0 Minutes | Hypogammaglo bulinaemia |
| VITAMIN D | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Chills | v.27.1 | |
| Cyanosis | v.27.1 | |
| Hypersensitivity | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Hypertension | v.27.1 | |
| Нурохіа | v.27.1 | |
| Tachycardia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Repo Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000722430 | 0 | 2019-02-05 | 2019-02-05 | MAH | NGAM-012-19-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|---------------------------------------|-----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: | Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 65 Years | Female | 172 Centimeter | 75 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|--------------------------------------|---------------------|-------------------------|---------------------------------------|------------|-----------|------------------|----------------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| DEXAMETHASONE | Concomitant | NOT SPECIFIED | | | | | |
| DICYCLOMINE HYDROCHLORIDE USP | Concomitant | NOT SPECIFIED | | | | | |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 140.0 Gram | Total | | Muscular weakness |
| PYRIDOSTIGMINE BROMIDE | Concomitant | NOT SPECIFIED | | | | | |
| RIVAROXABAN (BAY59- 7939) VS. ASA | Concomitant | | | | | | |
| SYMBICORT | Concomitant | Powder | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------------|----------------|-------------------|
| Abdominal pain upper | v.27.1 | |
| Asthenia | v.27.1 | |
| Chest pain | v.27.1 | |
| Chills | v.27.1 | |
| Drug intolerance | v.27.1 | |
| Electrocardiogram T wave abnormal | v.27.1 | |
| Fatigue | v.27.1 | |
| Headache | v.27.1 | |
| Hypertension | v.27.1 | |
| Pallor | v.27.1 | |
| Syncope | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000722754 | 1 | 2019-02-14 | 2019-04-10 | MAH | NGAM-016-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|----------------|
| 49 Years | Female | | 74 Kilogram | Unknown |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 74.0 Gram | Total | | Toxic shock syndrome |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anxiety | v.27.1 | |
| Chest pain | v.27.1 | |
| Chills | v.27.1 | |
| Cough | v.27.1 | |
| Dysphagia | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hypersensitivity | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Hypotension | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Pulmonary oedema | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000722903 | 0 | 2019-02-20 | 2019-02-20 | MAH | NGAM-023-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | ation |
|---------|---------|-------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 61 Years | Female | | 48 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 Gram | | | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Feeling cold | v.27.1 | |
| Headache | v.27.1 | |
| Meningitis aseptic | v.27.1 | |
| Neck pain | v.27.1 | |
| Pyrexia | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000722907 | 0 | 2019-02-21 | 2019-02-21 | MAH | NGAM-017-19-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|---------------------------------------|-----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: | Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 15 Years | Female | 161 Centimeter | 87 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Milligram | Total | | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Headache | v.27.1 | |
| Hypertension | v.27.1 | |
| Loss of consciousness | v.27.1 | |
| Nausea | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

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173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000723306 | 0 | 2019-03-01 | 2019-03-01 | MAH | NGAM-030-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| - 41101111 11110111111111111111111111111 | | | | | |
|--|-------------------|------|--------|----------------|--------------------|
| | Age Gender Height | | Weight | Report Outcome | |
| | 56 Years | Male | | 100 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Todaot Illiorillation | | | | | | | |
|-------------------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ALTEPLASE | Concomitant | LIQUID INTRAVENOUS | | | | | |
| CEFTRIAXONE SODIUM FOR INJECTION BP | Concomitant | | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 Gram | Total | | Immunodeficien cy |
| PIPERACILLIN/TAZOBACT AM | Concomitant | NOT SPECIFIED | | | | | |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |
| VANCOMYCIN | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Anaphylactic reaction | v.27.1 | |
| Blood pressure increased | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hyperhidrosis | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Pyrexia | v.27.1 | |
| Swelling of eyelid | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000723342 | 0 | 2019-03-06 | 2019-03-06 | MAH | NGAM-036-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|--------|----------------|-------------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 56 Years | Female | 147 Centimeter | 84 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Froduct information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|----------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 4 Weeks | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Erythema | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Hypertension | v.27.1 | |
| Hyperthermia | v.27.1 | |
| Hypopnoea | v.27.1 | |
| Tachycardia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

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173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000723524 | 2 | 2019-03-11 | 2019-04-29 | MAH | NGAM-035-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Yes | Congenital Anomaly: | |
|-----------------|-------------------|------------------|-----|---|-----|
| Serious | Life Threatening: | Hospitalization: | Yes | Other Medically Important Conditions: Y | Yes |

| Patient | Information | ١ |
|----------------|-------------|---|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|----------------|
| 29 Years | Female | 170 Centimeter | 87 Kilogram | Unknown |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| DEXAMETHASONE | Concomitant | NOT SPECIFIED | | | | | |
| ECHINACEA | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 85.0 Gram | Total | | Immune thrombocytopen ia |
| VITAMIN C | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---|----------------|-------------------|
| Anaemia | v.27.1 | |
| Anti A antibody positive | v.27.1 | |
| Body temperature increased | v.27.1 | |
| Delayed haemolytic transfusion reaction | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Drug intolerance | v.27.1 | |
| Jaundice | v.27.1 | |
| Malaise | v.27.1 | |
| Pain in extremity | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

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173 Report(s)

| Report Informat |
|-------------------------------------|
| Adverse Reaction Repor Number |
| 000723799 |
| Serious |
| Seri |
| Patient Informat |
| Age |
| 84 Years |
| Link / Duplicate |
| |
| No duplicate or li |
| Product Informa |
| Product Des |
| PANZYGA |
| · |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000723799 | 2 | 2019-03-19 | 2019-08-18 | MAH | NGAM-040-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|----------------|-------------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 84 Years | Female | 148 Centimeter | 53 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

ation

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|-----------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | 1 every 6 Weeks | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Hypertension | v.27.1 | |
| Нурохіа | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------|
| 000725335 | 0 | 2019-04-25 | 2019-04-25 | Hospital | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|--|----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Ye | es |

Patient Information

| | Age | Gender | Height | Weight | Report Outcome |
|--|----------|--------|--------|--------|--------------------|
| | 60 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000909260 |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|---------|-----------|------------------|-----------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 80.0 ml | Once | | Pelvic inflammatory disease |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------|----------------|-------------------|
| Anaphylactic reaction | v.27.1 | |
| Blood potassium decreased | v.27.1 | |
| Blood pressure increased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information **AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000725404 | 1 | 2019-04-26 | 2019-05-21 | MAH | NGAM-053-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: Yes | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|------|--------|-------------|----------------|
| Age Gender | | Height | Weight | Report Outcome |
| 50 Years | Male | | 81 Kilogram | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|-------------------------------|---------------------|---|---------------------------------------|-----------|-----------|------------------|---|
| BUPROPION | Concomitant | TABLET (EXTENDED- RELEASE) | | | | | |
| CEFTRIAXONE FOR INJECTION USP | Concomitant | POWDER FOR SOLUTION INTRAMUSCULAR | | | | | |
| CLINDAMYCIN | Concomitant | NOT SPECIFIED | | | | | |
| FLUOXETINE | Concomitant | NOT SPECIFIED | | | | | |
| OXYCODONE | Concomitant | NOT SPECIFIED | | | | | |
| PANTOPRAZOLE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | Total | | General physical health deterioration |
| PREGABALIN | Concomitant | Capsules | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Chromaturia | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Haptoglobin increased | v.27.1 | |
| Hypertension | v.27.1 | |
| Нурохіа | v.27.1 | |
| Nausea | v.27.1 | |
| Pleuritic pain | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |
| Transfusion-related acute lung injury | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000725886 | 1 | 2019-05-10 | 2019-05-29 | MAH | NGAM-056-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|----------------------|
| 54 Years | Female | | 91 Kilogram | Recovering/resolving |

Link / Duplicate Report Information

| Record Type | Link AER** Number |
|-------------|-------------------|
| | |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|-------------------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| ACYCLOVIR | Concomitant | NOT SPECIFIED | | | | | |
| CEFTRIAXONE SODIUM FOR INJECTION BP | Concomitant | | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | Total | | Hypogammaglo bulinaemia |
| SODIUM CHLORIDE | Concomitant | NOT SPECIFIED | | | | | |
| VALACYCLOVIR | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Acute pulmonary oedema | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------|----------------|-------------------|
| Body temperature increased | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Нурохіа | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Informatio | **AE | ER = Adverse Reaction Re | eport | | | | |
|--------------------------------------|------------------------------|--------------------------|----------------------|-----------|--|----------------|---------------|
| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
| 000726191 | 0 | 2019-05-17 | 2019-05-17 | Community | | Spontaneous | Pharmacist |

| Serious report? | Death: | Disability: Yes | Congenital Anomaly: |
|-----------------|-------------------|------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: |

| Patient Information | | | | | |
|---------------------|----------|--------|----------------|-------------|----------------|
| | Age | Gender | Height | Weight | Report Outcome |
| | 38 Years | Male | 168 Centimeter | 69 Kilogram | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

| Product Information | | | | | | | |
|-------------------------------------|---------------------|-------------------|----------------------------|------|-----------|------------------|---------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ALFACALCIDOL | Concomitant | | | | | | |
| BETAMETHASONE | Concomitant | NOT SPECIFIED | | | | | |
| BISOPROLOL | Concomitant | Tablets | | | | | |
| CHOLECALCIFEROL | Concomitant | NOT SPECIFIED | | | | | |
| CLINDAMYCIN | Concomitant | NOT SPECIFIED | | | | | |
| CLONAZEPAM | Concomitant | Tablets | | | | | |
| CODEINE | Concomitant | Tablets | | | | | |
| DARBEPOETIN ALFA | Concomitant | | | | | | |
| DICLOFENAC | Concomitant | | | | | | |
| FOLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| FOSRENOL | Concomitant | TABLET (CHEWABLE) | | | | | |
| HYDROCORTISONE ACETATE CREAM USP | Concomitant | Cream | | | | | |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------------|------------------|-----------------------|
| MAXITROL | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 27.0 Gram | 8 every 1 Years | | Infection prophylaxis |
| RANITIDINE | Concomitant | NOT SPECIFIED | | | | | |
| REPLAVITE | Concomitant | Tablets | | | | | |
| SENSIPAR | Concomitant | NOT SPECIFIED | | | | | |
| carbo | Concomitant | Capsules | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------|----------------|-------------------|
| Alopecia | v.27.1 | |
| Decreased activity | v.27.1 | |
| Product substitution issue | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000726193 | 2 | 2019-05-21 | 2019-11-05 | MAH | NGAM-077-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-----------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: Yes | Hospitalization: Yes | Other Medically Important Conditions: |

| | Patient | Informa | tion |
|--|----------------|---------|------|
|--|----------------|---------|------|

| Age | Gender | Height | Weight | Report Outcome | | |
|----------|--------|--------|-------------|--------------------|--|--|
| 67 Years | Female | | 67 Kilogram | Recovered/resolved | | |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Todact Illiorniation | | | | | | | |
|------------------------|---------------------|--|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| Product Description | Health Product Role | lealth Product Role Dosage Form Route of Administration Dose | | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | Total | | Immune thrombocytopen ia |
| PREGABALIN | Concomitant | Capsules | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Ecchymosis | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Haemolysis | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Oedema peripheral | v.27.1 | |
| Pain in extremity | v.27.1 | |
| Pyrexia | v.27.1 | |
| Shock | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | Report Information **AER = Adverse Reaction Report | | | | | | | | | | | |
|--------------------------------------|--|-----------|-----------------|--------------------------------------|-------------------|---------------------|--------|----------------------|----------------|---------------------------------|----------------------|---------------------------|
| Adverse Reaction Report Number | Latest AER Numb | | Initial Receiv | ed Date | Latest Rece | ived Date | Source | Source of Report Aut | | arket orization ER Number | Type of Report | Reporter Type |
| 000726284 | 0 | | 2019-05 | -22 | 2019-0 | 5-22 | İ | МАН | NGAM-067-19-CA | | Spontaneous | Other health professional |
| Serious re | eport? | | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Serio | us | | Li | fe Threat | ening: | | Н | spitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | n | | | | | | | | | | | |
| Age | Gender | | Height | V | Veight | Report Outcome | | | | | | |
| 59 Years | Male | | . | | - J | Unknown | | | | | | |
| Link / Duplicate R | Report Inform | ation | | | | | | | | | | |
| | Record | | | | Link AER** Number | | | | | | | |
| No duplicate or link | ked report. | | | | | | | | | | | |
| Product Informati | ion | | | | | | | | | | | |
| Product Desc | ription F | lealth Pr | oduct Role | Dosag | je Form | Route of Administra | 44 | Dose | Fre | equency | Therapy Duration | Indication(s) |
| PANZYGA Suspect | | | JTION /ENOUS | Intravenous otherwis specified | se` | 30.0 Gran | ı 📗 | Total | | Leukaemia | | |
| Adverse Reaction Information | n Term | | | | | | | | | | | |
| Adverse Reaction Term(s) | | | Ме | dDRA \ | /ersion | | | Reaction Duration | | | | |

Dyspnoea

Tremor

Hypersensitivity

Oxygen saturation decreased

v.27.1

v.27.1

v.27.1 v.27.1

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Informat | ion | ١ |
|------------------------------------|------|----------|
| Adverse Reaction Repo Number | rt | Li |
| 000726513 | | |
| Serious | rep |)(|
| Seri | ous | 3 |
| Patient Informat | tior | <u> </u> |
| Age | | |
| 82 Years | | |
| Link / Duplicate | Re | p |
| No duplicate or li | nke | 90 |
| Product Informa | atio | n |
| Product Des | cri | þ |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000726513 | 0 | 2019-05-24 | 2019-05-24 | MAH | NGAM-079-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability | : Congenital Anomaly: |
|-----------------|-------------------|-----------------|---|
| Serious | Life Threatening: | Hospitalization | : Other Medically Important Conditions: Yes |

| Patient information | tion | | | |
|---------------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 82 Years | Male | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | Total | | Guillain-Barre syndrome |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Chills | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Tachypnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000727739 | 0 | 2019-07-02 | 2019-07-02 | MAH | NGAM-099-19-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

Patient Information

| Age Gender | | Height | Weight | Report Outcome |
|------------|------|----------------|-------------|--------------------|
| 54 Years | Male | 177 Centimeter | 99 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Todast Information | | | | | | | | |
|----------------------|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|----------------------------|
| | Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| | PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | 1 every 4 Weeks | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Chills | v.27.1 | |
| Pallor | v.27.1 | |
| Peripheral coldness | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000727794 | 0 | 2019-07-03 | 2019-07-03 | MAH | NGAM-105-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | ation |
|---------|---------|-------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 18 Years | Male | | 77 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|------------|-----------|------------------|-------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 150.0 Gram | | | Encephalitis autoimmune |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |
| Haemolysis | v.27.1 | |
| Hepatic function abnormal | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | Source of Report | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|------------------|--|----------------|---------------|
| 000727857 | 1 | 2019-07-05 | 2019-08-18 | MAH | NGAM-111-19-CA | Spontaneous | Physician |

Serious report?Death:Disability:Congenital Anomaly:SeriousLife Threatening:Hospitalization:Other Medically Important Conditions:Yes

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|----------------|
| 31 Years | Female | | 98 Kilogram | Unknown |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| i roddot imormation | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|----------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| METOCLOPRAMIDE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 60.0 Gram | 1 every 1 Days | 3.0 Days | Myasthenia gravis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Arthralgia | v.27.1 | |
| Dizziness | v.27.1 | |
| Erythema | v.27.1 | |
| Headache | v.27.1 | |
| Hypotension | v.27.1 | |
| Myalgia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000727963 | 2 | 2019-07-02 | 2020-03-10 | MAH | NGAM-100-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No | lo |
|-----------------|-------------------|-----|------------------|-----|--|----|
| Serious | Life Threatening: | Yes | Hospitalization: | Yes | Other Medically Important Conditions: Ye | es |

Patient Information

| | Age | Gender | Height | Weight | Report Outcome |
|--|----------|--------|----------------|-------------|--------------------|
| | 28 Years | Male | 165 Centimeter | 54 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|---------------|---------------------|------------------|---|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| CETIRIZINE | Concomitant | Tablets | | | | | |
| COVERSYL | Suspect | Tablets | Oral | 2.0 Milligram | 1 every 1 Days | | Product used for unknown indication |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| HYDROCORTISONE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | 1 every 1 Months | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Neurogenic shock | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Seizure | v.27.1 | |
| Syncope | v.27.1 | |
| Transfusion reaction | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000728494 | 0 | 2019-07-23 | 2019-07-23 | MAH | NGAM-115-19-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 64 Years | Female | 150 Centimeter | 68 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|---------------|
| DEXAMETHASONE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 35.0 Gram | 1 every 1 Days | 4.0 Days | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Ataxia | v.27.1 | |
| Dizziness | v.27.1 | |
| Hypoacusis | v.27.1 | |
| Meningitis aseptic | v.27.1 | |
| Salivary hypersecretion | v.27.1 | |
| Vision blurred | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000728502 | 0 | 2019-07-23 | 2019-07-23 | MAH | NGAM-116-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

| Patient | Informa | tion | |
|----------------|---------|------|--|
| | | | |

| Age | Gender | Height | Weight | Report Outcome | |
|----------|--------|----------------|-------------|--------------------|--|
| 75 Years | Female | 152 Centimeter | 73 Kilogram | Recovered/resolved | |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|----------------------|---------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|----------------------------|
| ACETYLSALICYLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| CLAVULIN | Concomitant | NOT SPECIFIED | | | | | |
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| FOLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| HYDROCORTISONE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 1 Months | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Feeling cold | v.27.1 | |
| Hypertension | v.27.1 | |
| Hypoaesthesia oral | v.27.1 | |
| Malaise | v.27.1 | |
| Pain in jaw | v.27.1 | |
| Pyrexia | v.27.1 | |
| Tachypnoea | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Report Information | | |
|---|-------------|-------------|
| # 74 \$1 0 1 0 1 W ## 1 4 1 (0) # 4 4 6 %) # (0) # 1 | Donout | Information |
| | K(#)0101111 | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000729039 | 0 | 2019-08-07 | 2019-08-07 | MAH | NGAM-125-19-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|---------------------------------------|-----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: | Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome | |
|----------|--------|----------------|-------------|--------------------|--|
| 38 Years | Male | 174 Centimeter | 63 Kilogram | Recovered/resolved | |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description Health Product Role | | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---|---------|-------------------------|---------------------------------------|-----------|----------------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 1 Days | | Immune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 1 Days | | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Dizziness | v.27.1 | |
| Headache | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Informatio | n | **AE | R = Adverse F | Reaction Re | eport | | | | | | | | |
|--------------------------------------|-------------|-----------|---------------|---------------------------------------|-----------------|--|----------------------------------|---------------|--|-------------------|--|----------------------------|-------|
| Adverse Reaction Report Number | | R Version | Initial Recei | ved Date | Latest Rece | ived Date | Date Source of Report Author | | Market Authorization Holder AER Number | | Type of Report | Reporter | Туре |
| 000729076 | | 1 | 2019-0 | 8-09 | 2019-1 | 0-28 | | МАН | NGAM- | 139-19-CA | Spontaneous | Other he professi | |
| Serious re | eport? | | | | Death: | | | Disability | y: | | Congenital | Anomaly: | |
| Seriou | ıs | | L | ife Threat | ening: | | Н | ospitalizatio | n: | Other Med | lically Important Co | | |
| Patient Information | on . | | | | | | | | | | | | |
| Age | Gender | | Height | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Weight | | Report | Outcome | _ | | | | |
| 62 Years | Male | | - | | _ | F | Recover | ed/resolved | _ | | | | |
| Link / Duplicate R | eport Info | rmation | | _ | | | | | | | | | |
| | | d Type | | | | Link AER* | * Numb | er | | | | | |
| No duplicate or link | ked report. | | | | | | | | | | | | |
| Product Informati | on | | | | | | | | | | | | |
| Product Descr | ription | Health Pr | oduct Role | Dosag | ge Form | Route Administr | • | Dose | Fr | equency | Therapy Duration | Indicati | on(s) |
| PANZYGA | | Sus | spect | | UTION VENOUS | Intravenous (not otherwise specified) 20.0 Milligram | | ım | | | Chroi inflamm demyelir polyradic ropat | natory nating uloneu | |
| Adverse Reaction Information | Term | | | | | _ | | | | | | | |
| Adverse Reaction Term(s) | | | | | Me | edDRA | Version | | ı | Reaction Duration | | | |

v.27.1

v.27.1

v.27.1

v.27.1

Erythema

Skin exfoliation

Pruritus

Urticaria

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on |
|--------------------------------------|--------|
| Adverse Reaction Report Number | Lates |
| 000729077 | |
| Serious r | eport? |
| Serio | us |
| Patient Information | on |
| Age | Gen |
| 15 Years | Fem |
| Link / Duplicate F | Report |
| | Re |
| | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000729077 | 0 | 2019-08-09 | 2019-08-09 | MAH | NGAM-127-19-CA | Spontaneous | Physician |

Death: Disability: **Congenital Anomaly:** Life Threatening: **Hospitalization: Other Medically Important Conditions:** Yes

| Patient informa | tion | | | |
|-----------------|--------|--------|--------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 15 Years | Female | | 119 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|---------------------------------------|---------------------------------------|-----------|-----------|------------------|---------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| CLINDAMYCIN | Concomitant | NOT SPECIFIED | | | | | |
| MEROPENEM | Concomitant | POWDER FOR SOLUTION INTRAVENOUS | | | | | |
| OXYGEN | Concomitant | Gas for inhalation | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 Gram | | | Septic shock |
| VANCOMYCIN | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Acute pulmonary oedema | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Dyspnoea | v.27.1 | |
| Hypotension | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000729082 | 2 | 2019-08-09 | 2020-02-12 | MAH | NGAM-124-19-CA | Spontaneous | Physician |

| Serious report? | Death: | Yes | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|-----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | Yes |

Patient Information

| i acionic innomina | | | | |
|--------------------|--------|--------|-------------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 13 Years | Male | | 32 Kilogram | Fatal |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|-------------------------------|---------------------|---|---------------------------------------|-----------|-----------|------------------|---------------|
| CEFAZOLIN | Concomitant | | | | | | |
| CEFTRIAXONE FOR INJECTION USP | Concomitant | POWDER FOR SOLUTION INTRAMUSCULAR | | | | | |
| OXYGEN | Concomitant | Gas for inhalation | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | | | Myocarditis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-------------------------------------|----------------|-------------------|
| Acute respiratory distress syndrome | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-------------------------------------|----------------|-------------------|
| Encephalopathy | v.27.1 | |
| Hypertension | v.27.1 | |
| Livedo reticularis | v.27.1 | |
| Metabolic disorder | v.27.1 | |
| Multiple organ dysfunction syndrome | v.27.1 | |
| Pyrexia | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |
| Troponin increased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

| **AER = Adverse | Reaction | Report |
|-----------------|----------|--------|
|-----------------|----------|--------|

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000729208 | 0 | 2019-08-13 | 2019-08-13 | MAH | NGAM-141-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 48 Years | Male | | 70 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

| Record Type | Link AER** Number |
|-------------|-------------------|
|-------------|-------------------|

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 70.0 Gram | | | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Dizziness | v.27.1 | |
| Headache | v.27.1 | |
| Meningitis aseptic | v.27.1 | |
| Neck pain | v.27.1 | |
| Pyrexia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000729744 | 0 | 2019-08-30 | 2019-08-30 | MAH | NGAM-156-19-CA | Spontaneous | Physician |

Serious report?Death:Disability:Congenital Anomaly:SeriousLife Threatening:Hospitalization:Other Medically Important Conditions:Yes

Patient Information

| Age | Gender | Height | Weight | Report Outcome | |
|----------|--------|--------|-------------|--------------------|--|
| 68 Years | Male | | 95 Kilogram | Recovered/resolved | |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| i roduct imormation | | | | | | | |
|---------------------|---------------------|-------------------------|-------------------------|------------|-----------|------------------|--------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| CANDESARTAN | Concomitant | | | | | | |
| LEVOTHYROXINE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous drip | 190.0 Gram | Total | | Immune thrombocytopen ia |
| PREDNISONE | Suspect | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |
| Coombs direct test positive | v.27.1 | |
| Haemolysis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AE | R = Adverse R | eaction Re | eport | | | | | | | |
|--------------------------------------|-------------|--------------------|------------------|------------|--------------------------------------|--------------------|---|---------------|----------------|-------------------|----------------------|---------------------------|
| Adverse Reaction Report Number | | ER Version mber | Initial Recei | ved Date | Latest Rece | ived Date | Pate Source of Report Authorization Holder AER Number | | Type of Report | Reporter Type | | |
| 000729770 | | 0 | 2019-09-02 2019- | | | 9-02 | | MAH | NGAM- | 163-19-CA | Spontaneous | Other health professional |
| Serious report? Deat | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: | | |
| Seriou | us | | L | ife Threat | ening: | | H | ospitalizatio | n: Yes | Other Med | dically Important Co | onditions: |
| Patient Information | on | | | | | | | | | | | |
| Age | Gender | | Height | V | Weight | | Report | Outcome | | | | |
| 75 Years | Male | | | | | | Unl | known | | | | |
| Link / Duplicate R | eport Info | rmation | | | | | | | | | | |
| | Recor | d Type | | | | Link AER* | * Numb | er | | | | |
| No duplicate or link | ked report. | | | | | | | | | | | |
| Product Informati | ion | | | | | | | | | | | |
| Product Desci | ription | Health Pr | oduct Role | Dosag | je Form | Route Administr | | Dose | Fr | equency | Therapy Duration | Indication(s) |
| PANZYGA | | Sus | spect | | SOLUTION Intraver NTRAVENOUS spec | | se | 30.0 Gran | n | | | Leukaemia |
| Adverse Reaction Information | n Term | | | | | , | | | | | | |
| | Ad | verse Reac | tion Term(s) | | | MedDRA Version | | | | Reaction Duration | | |
| Hypotension | | | | | | | v.27 | .1 | | | | |

v.27.1

Tachycardia

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

Reaction Duration

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AE | R = Adverse F | Reaction Re | eport | | | | | | | |
|--------------------------------------|-------------|--------------------|---------------|------------------|-----------------------------|-----------------------------------|----------|-------------------------|----------------|---------------------------------|----------------------|--|
| Adverse Reaction Report Number | | ER Version mber | Initial Rece | ived Date | ved Date Latest Received Da | | Sourc | Source of Report Author | | arket orization ER Number | Type of Report | Reporter Type |
| 000730414 | | 0 | 2019-0 | 09-19 2019-09-19 | | 2019-09-19 | | МАН | NGAM-168-19-CA | | Spontaneous | Other health professional |
| Serious re | eport? | | | ı | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Serio | us | | | _ife Threat | ening: | | Н | ospitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on . | | | | | | | | | | | |
| Age | Gender | | Height | V | Veight | | Report | Outcome | | | | |
| 8 Years | Male | | | | | | | ed/resolved | | | | |
| Link / Duplicate R | Report Info | rmation | | | | | | | | | | |
| | Recor | d Type | | | Link AER** Number | | | | | | | |
| No duplicate or link | ked report. | | | | | | | | | | | |
| Product Informati | ion | | | | | | | | | | | |
| Product Desci | ription | Health Pr | oduct Role | Dosag | je Form | Route Administr | <u> </u> | Dose | Fre | equency | Therapy Duration | Indication(s) |
| PANZYGA | | Sus | spect | | JTION /ENOUS | Intravenou otherwi specifie | se | 20.0 Gran | n | | | Chronic inflammatory demyelinating polyradiculoneu ropathy |
| Adverse Reaction Information | n Term | | | | | | | | | | | |

MedDRA Version

v.27.1

Adverse Reaction Term(s)

Hypersensitivity

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000730420 | 0 | 2019-09-19 | 2019-09-19 | MAH | NGAM-166-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|------|--------|--------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 66 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-------------------------------------|
| DEXTROSE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | | | Chronic lymphocytic leukaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Hypersensitivity | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date Source of Repo | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|-------------------------------------|-----|--|----------------|---------------------------|
| 000730584 | 0 | 2019-09-24 | 2019-09-24 | MAH | NGAM-174-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome | | | |
|----------|--------|--------|--------|--------------------|--|--|--|
| 88 Years | Female | | | Recovered/resolved | | | |

Link / Duplicate Report Information

| Record Type | Link AER** Number |
|-------------|-------------------|
| | |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|-------------------------|-----------|-----------|------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous drip | 30.0 Gram | Total | | Chronic inflammatory demyelinating polyradiculoneu ropathy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chest pain | v.27.1 | |
| Chills | v.27.1 | |
| Headache | v.27.1 | |
| Hypertension | v.27.1 | |
| Nausea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Tachycardia

| Report Information | on | **AE | R = Adverse R | Reaction Re | eport | | | | | | | |
|--------------------------------------|--------------------------|-------------------|---------------|-------------|-----------------|-----------------------------------|---------|---------------------|------|-----------------------------------|----------------------|--------------------------------|
| Adverse Reaction Report Number | Latest AE Num | R Version nber | Initial Recei | ved Date | Latest Rece | eived Date | Source | ource of Report Aut | | larket orization AER Number | Type of Report | Reporter Type |
| 000730593 | (|) | 2019-09 | 9-24 | 2019-0 | 9-24 | | MAH | NGAM | -170-19-CA | Spontaneous | Other health professional |
| Serious re | eport? | | | | Death: | | | Disabilit | y: | | Congenital | Anomaly: |
| Serio | us | | L | ife Threat | tening: | | Н | ospitalizatio | n: | Other Med | dically Important Co | onditions: Yes |
| Patient Information | on | | | | | | | | | | | |
| Age | Gender | | Height | 1 | Weight | | Report | Outcome | | | | |
| 65 Years | Male | | | 71 | Kilogram | | Unknown | | | | | |
| Link / Duplicate R | Report Infor | mation | | | | | | | | | | |
| | Record | d Type | | | | Link AER* | * Numb | er | | | | |
| No duplicate or line | ked report. | | | | | | | | | | | |
| Product Informat | ion | | | | | | | | | | | |
| Product Desc | ription | Health Pro | oduct Role | Dosag | ge Form | Route Administr | | Dose | Fr | equency | Therapy Duration | Indication(s) |
| PANZYGA | | Sus | spect | | UTION VENOUS | Intravenou otherwi specifie | se | 60.0 Gran | n | Total | | Immune thrombocytopen ia |
| Adverse Reaction Information | n Term | | | | | | | | | | | |
| | Adverse Reaction Term(s) | | | | Me | edDRA \ | Version | | | Reaction Duration | | |
| Dyspnoea | | | | | | v.27.1 | | | | | | |
| Hypertension | | | | | | | v.27 | | | | | |
| Нурохіа | | | | | | | v.27 | .1 | | | | |

v.27.1

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000730596 | 2 | 2019-09-24 | 2019-10-28 | MAH | NGAM-175-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | | | |
|---------------------|-----|--------|--------|--------|----------------|--|
| | Age | Gender | Height | Weight | Report Outcome | |

| | Booard Ty | /no | Link AED** Number |
|-------------------------------------|-----------|-----|-------------------|
| Link / Duplicate Report Information | | | |
| OT TOUTO | 1 omaio | | Ondrown |
| 1 51 Years 1 | remaie | | Unknown |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | Total | 115.0 Minutes | Chronic inflammatory demyelinating polyradiculoneu ropathy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---|----------------|-------------------|
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Headache | v.27.1 | |
| Product contamination microbial | v.27.1 | |
| Pyrexia | v.27.1 | |
| Suspected transmission of an infectious agent via product | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000730795 | 0 | 2019-09-30 | 2019-09-30 | MAH | NGAM-183-19-CA | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|----------------|
| 78 Years | Male | 173 Centimeter | 66 Kilogram | Unknown |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Todact IIII of III ation | | | | | | | |
|----------------------------|---------------------|-------------------------|---------------------------------------|---------------------|-----------|------------------|-------------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| FUROSEMIDE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | Total | | Autoimmune haemolytic anaemia |
| RED BLOOD CELLS | Suspect | NOT SPECIFIED | Unknown | 1.0 Dosage forms | | | Product used for unknown indication |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Hypertension | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Pyrexia | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000730989 | 0 | 2019-10-07 | 2019-10-07 | MAH | NGAM-184-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|----------------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 78 Years | Female | 158 Centimeter | 44 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Froduct information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | | 105.0 Minutes | Haemolytic anaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Headache | v.27.1 | |
| Hyperhidrosis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000731022 | 3 | 2019-10-07 | 2021-04-12 | MAH | NGAM-181-19-CA | Spontaneous | Physician |

| Serious report? | Death: Ye | S Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| Age Gender Height | | Weight | Report Outcome | |
|-------------------|--------|----------------|----------------|-------|
| 76 Years | Female | 158 Centimeter | 65 Kilogram | Fatal |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------|
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| FOLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 60.0 Gram | Total | | Bicytopenia |
| PLATELETS | Suspect | NOT SPECIFIED | Intravenous (not otherwise specified) | 210.0 ml | | | Bicytopenia |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |
| PRIVIGEN | Suspect | SOLUTION INTRAVENOUS | Unknown | | | | Bicytopenia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Feeling cold | v.27.1 | |
| Haemolysis | v.27.1 | |
| Pyrexia | v.27.1 | |
| Tachycardia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | |
|---------------------------|--|
|---------------------------|--|

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000731026 | 1 | 2019-10-08 | 2019-10-29 | MAH | NGAM-158-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Information | ١ |
|----------------|-------------|---|
| | | |

| Age | Gender | Height Weight | | Report Outcome |
|----------|--------|---------------|-------------|--------------------|
| 83 Years | Male | 96 Centimeter | 96 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|----------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------------|
| ACETYLSALICYLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| CEFADROXIL | Concomitant | NOT SPECIFIED | | | | | |
| FAMOTIDINE | Concomitant | NOT SPECIFIED | | | | | |
| FENTANYL | Concomitant | NOT SPECIFIED | | | | | |
| FOLIC ACID | Concomitant | NOT SPECIFIED | | | | | |
| INSULIN | Concomitant | NOT SPECIFIED | | | | | |
| MAGNESIUM | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | | | Guillain-Barre syndrome |
| PROPOFOL | Concomitant | | | | | | |
| RANITIDINE | Concomitant | NOT SPECIFIED | | <u> </u> | | | |
| ROCURONIUM | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Bradycardia | v.27.1 | |
| Hyperhidrosis | v.27.1 | |
| Hypotension | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Repo | rt Infor | mation |
|------|----------|--------|
| | | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000732542 | 1 | 2019-11-05 | 2020-06-11 | MAH | NGAM-197-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | | Disability: | | Congenital Anomaly: |
|-----------------|-------------------|-----|------------------|-----|---|
| Serious | Life Threatening: | Yes | Hospitalization: | Yes | Other Medically Important Conditions: Yes |

|--|

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|----------------|
| 69 Years | Male | | 81 Kilogram | Unknown |

| | Lir | ık/ | Dupl | icate | Re | port | Information |
|--|-----|-----|------|-------|----|------|-------------|
|--|-----|-----|------|-------|----|------|-------------|

| Record Type | Link AER** Number |
|-------------|-------------------|
| Duplicate | 000731493 |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|------------------------|---------------------|---------------------------------------|---------------------------------------|-----------|-----------|------------------|---------------------------|
| AMOXICILLIN | Concomitant | NOT SPECIFIED | | | | | |
| AS-3 RBC LR (E7962V00) | Suspect | | Intravenous (not otherwise specified) | | | 145.0 Minutes | Neutropenia |
| MEROPENEM | Concomitant | POWDER FOR SOLUTION INTRAVENOUS | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | | 2.0 Days | Non-Hodgkin's lymphoma |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Abdominal pain upper | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------|----------------|-------------------|
| Chest pain | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Pleuritic pain | v.27.1 | |
| Pulmonary embolism | v.27.1 | |
| Respiratory rate increased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000732670 | 0 | 2019-11-06 | 2019-11-06 | MAH | NGAM-200-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|---------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 75 Years | Male | | 83 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

| Record Type | Link AER** Number |
|-------------|-------------------|
| | |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| NITROGLYCERIN | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 80.0 Gram | Total | 95.0 Minutes | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Angina pectoris | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000732922 | 0 | 2019-11-11 | 2019-11-11 | MAH | NGAM-073-19-CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 61 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 35.0 Gram | | | Myasthenia gravis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Acute pulmonary oedema | v.27.1 | |
| Cough | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hyperhidrosis | v.27.1 | |
| Hypertension | v.27.1 | |
| Muscle spasms | v.27.1 | |
| Stridor | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |
| Wheezing | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Reacti | dverse ion Report umber | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------|-------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000 | 0732960 | 0 | 2019-11-14 | 2019-11-14 | MAH | NGAM20619CA | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient | Informati | tion |
|----------------|-----------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|--------------------|
| 65 Years | Female | | | Recovered/resolved |

Link / Duplicate Report Information

| Record Type | Link AER** Number |
|-------------|-------------------|
| | |

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|------------------------|
| DARATUMUMAB | Concomitant | SOLUTION INTRAVENOUS | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 35.0 Gram | Total | | Plasma cell myeloma |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hypersensitivity | v.27.1 | |
| Tremor | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000734289 | 0 | 2019-12-09 | 2019-12-09 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 42 Years | Female | 161 Centimeter | 95 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|------------|-----------|------------------|----------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 160.0 Gram | | 2.0 Days | Guillain-Barre syndrome |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |
| Haemolysis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000734798 | 0 | 2019-12-17 | 2019-12-17 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|----|
| Not Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | No |

| Patient | Informa | ation |
|---------|---------|-------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 39 Years | Male | | 90 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 240.0 ml | | 35.0 Minutes | Immune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 1.0 Gram | | 160.0 Minutes | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Feeling cold | v.27.1 | |
| Headache | v.27.1 | |
| Myalgia | v.27.1 | |
| Pain | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Urticaria | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000735133 | 1 | 2019-12-18 | 2021-10-18 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|-----|---------------------------------------|----|
| Serious | Life Threatening: | No | Hospitalization: | Yes | Other Medically Important Conditions: | No |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 71 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | | | | | |
|-------------------------------------|-------------------|--|--|--|--|
| Record Type | Link AER** Number | | | | |
| No duplicate or linked report. | | | | | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 6 Weeks | | Chronic inflammatory demyelinating polyradiculoneu ropathy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chest pain | v.27.1 | |
| Hypertension | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Repor Number | Latest AER Version Number | Initial Received Date | Latest Received Date | Latest Received Date Source of Report | | Type of Report | Reporter Type |
|-------------------------------------|------------------------------|-----------------------|----------------------|---------------------------------------|--|----------------|---------------------------|
| 000735439 | 0 | 2019-12-27 | 2019-12-27 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No | |
|-----------------|-------------------|----|------------------|----|---|---|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: Yes | s |

| Patient Informa | tion | | | |
|------------------------|--------|--------|-------------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 72 Years | Male | | 82 Kilogram | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000919087 |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|----------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 ml | | 45.0 Minutes | Guillain-Barre syndrome |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 300.0 ml | | 3.0 Hours | Guillain-Barre syndrome |

| Adverse Reaction Term Information | | | |
|--|--|----------------|-------------------|
| Adverse Reaction Term(s) | | MedDRA Version | Reaction Duration |
| Febrile nonhaemolytic transfusion reaction | | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Repo | rt Inform | nation |
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**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000735562 | 0 | 2019-12-30 | 2019-12-30 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|----|
| Not Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | No |

Patient Information

| · attotte iiiii oi iiia | | | | |
|-------------------------|--------|--------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 72 Years | Female | | 70 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER Number**

No duplicate or linked report.

Product Information

| FIOUUCI IIIIOIIIIatioii | | | | | | | |
|-------------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|----------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 100.0 ml | | | Hypogammaglo bulinaemia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 200.0 ml | | | Hypogammaglo bulinaemia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 100.0 ml | | | Hypogammaglo bulinaemia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 200.0 ml | | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-------------------------------|----------------|-------------------|
| Allergic transfusion reaction | v.27.1 | 64 Days |
| Pruritus | v.27.1 | 64 Days |
| Urticaria | v.27.1 | 64 Days |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

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|--------|------|-------------|--------|
| 124 ±1 | | | |
| | 90.0 | | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000737353 | 0 | 2020-01-16 | 2020-01-16 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | Yes |

| Patient | Informa | ation |
|---------|---------|-------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 55 Years | Female | 160 Centimeter | 91 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Link AER** Number **Record Type**

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|---------------------------------------|---------------------------------------|------|-----------|------------------|---------------|
| CYTOSAR | Concomitant | POWDER FOR SOLUTION INTRATHECAL | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | 50.0 Minutes | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | 38.0 Minutes | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Arthralgia | v.27.1 | |
| Blood pressure decreased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Dizziness | v.27.1 | |
| Haemolysis | v.27.1 | |
| Headache | v.27.1 | |
| Nausea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Report Informatio | n |
|--------------------------|---|
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| | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----------|--|----------------|---------------------------|
| 000908444 | 0 | 2020-01-31 | 2020-01-31 | Community | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No |
|-----------------|-------------------|----|------------------|----|--|
| Not Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: No |

|--|

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|----------------|
| 67 Years | Male | | | Unknown |

Link / Duplicate Report Information

| Record Type Link AER** Number | |
|-------------------------------|--|
|-------------------------------|--|

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|-------------------------|----------|-----------|------------------|---------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | 250.0 ml | | 112.0 Minutes | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Hypertension | v.27.1 | |
| Pyrexia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000909637 | 0 | 2020-02-14 | 2020-02-14 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 78 Years | Male | 159 Centimeter | 70 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|-------------------------|----------|-----------|------------------|--------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | 100.0 ml | | 54.0 Minutes | Platelet count decreased |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | 600.0 ml | | 4.0 Hours | Platelet count decreased |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Hypertension | v.27.1 | |
| Nausea | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000910579 | 0 | 2020-02-21 | 2020-02-21 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|-----|------------------|-----|---------------------------------------|-----|
| Serious | Life Threatening: | Yes | Hospitalization: | Yes | Other Medically Important Conditions: | Yes |

| Patient Informa | tion | | | |
|-----------------|--------|----------------|-------------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 15 Years | Male | 175 Centimeter | 87 Kilogram | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Linked | 000989072 |

| Product Information | | | | | | | |
|---------------------|---------------------|------------------------------|---------------------------------------|-----------|-----------|------------------|---------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| BIPHENTIN | Concomitant | CAPSULE, EXTENDED RELEASE | | | | | |
| DEXAMETHASONE | Concomitant | LIQUID INTRA- ARTICULAR | | | | | |
| PANZYGA | Suspect | | Intravenous (not otherwise specified) | 75.0 Gram | | | Thrombocytope nic purpura |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |
| RITUXAN | Concomitant | | | | | | |

| Information | | | |
|----------------------------------|--|----------------|-------------------|
| Adverse Reaction Term(s) | | MedDRA Version | Reaction Duration |
| Cerebral venous sinus thrombosis | | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000910798 | 1 | 2020-02-24 | 2020-03-19 | MAH | | Spontaneous | Physician |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|----------------|
| 35 Years | Female | | | Unknown |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|------|-----------|------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | | | | Neonatal alloimmune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | | | | Neonatal alloimmune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | | | | Neonatal alloimmune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | | Neonatal alloimmune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|------------------------------------|----------------|-------------------|
| Maternal exposure during pregnancy | v.27.1 | |
| Treponema test positive | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000911183 | 0 | 2020-03-03 | 2020-03-03 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No |
|-----------------|-------------------|----|------------------|----|---|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|---------|--------|----------------|-------------|--------------------|
| 6 Years | Female | 110 Centimeter | 19 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|--|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| BENADRYL | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 180.0 ml | Once | 5.0 Hours | Epilepsy, CSWS syndrome, Attention deficit hyperactivity disorder |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Headache | v.27.1 | |
| Nausea | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Pyrexia | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000911288 | 0 | 2020-02-21 | 2020-02-21 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|-----|---------------------------------------|----|
| Serious | Life Threatening: | No | Hospitalization: | Yes | Other Medically Important Conditions: | No |

| Patient Informa | tion | | | | | |
|-----------------|------|--------|-------------|--------------------|--|--|
| Age Gender | | Height | Weight | t Report Outcome | | |
| 9 Years | Male | | 35 Kilogram | Recovered/resolved | | |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|---|---------------------------------------|-----------|---------------------|------------------|----------------------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| CALCIUM CARBONATE | Concomitant | Tablets | | | | | |
| CHOLECALCIFEROL | Concomitant | NOT SPECIFIED | | | | | |
| FLUTICASONE | Concomitant | SPRAY, METERED DOSE | | | | | |
| HYDROCORTISONE | Concomitant | POWDER FOR SOLUTION INTRAMUSCULAR | | | | | |
| MONTELUKAST | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | 1 every 1 Months | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration | |
|--------------------------|----------------|-------------------|--|
| Headache | v.27.1 | 1 Days | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000911638 | 0 | 2020-03-10 | 2020-03-10 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No |
|-----------------|-------------------|----|------------------|----|---|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|----------------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 70 Years | Male | 120 Centimeter | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| 1 Todaot Illiorillation | | | | | | | |
|-------------------------|---------------------|-------------------------|---------------------------------------|----------|----------------|------------------|---|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 144.0 ml | 1 every 1 Days | 116.0 Minutes | Immune thrombocytopen ia, Anaemia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 200.0 ml | 1 every 1 Days | 117.0 Minutes | Immune thrombocytopen ia, Anaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Body temperature increased | v.27.1 | |
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Heart rate increased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Nausea | v.27.1 | |
| Oxygen saturation increased | v.27.1 | |
| Respiratory rate increased | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000913092 | 0 | 2020-03-04 | 2020-03-04 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|-----|---------------------------------------|----|
| Serious | Life Threatening: | No | Hospitalization: | Yes | Other Medically Important Conditions: | No |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|---------|--------|--------|-------------|--------------------|
| 7 Years | Male | | 22 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------|
| GABAPENTIN | Concomitant | Capsules | | | | | |
| IBUPROFEN | Concomitant | NOT SPECIFIED | | | | | |
| METHYLPREDNISOLONE NOS | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 2.5 Gram | Once | | Myelitis |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 2.5 Gram | Once | | Myelitis |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 10.0 Gram | Once | | Myelitis |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 10.0 Gram | Once | | Myelitis |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 10.0 Gram | Once | | Myelitis |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 10.0 Gram | Once | | Myelitis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Meningitis aseptic | v.27.1 | 2 Days |
| Nausea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000913238 | 1 | 2020-04-01 | 2020-09-29 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|-----|---------------------------------------|----|
| Serious | Life Threatening: | No | Hospitalization: | Yes | Other Medically Important Conditions: | No |

|--|

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|----------------|
| 79 Years | Female | | | Unknown |

Link / Duplicate Report Information

| Record Type | Link AER** Number |
|-------------|-------------------|
| | |

No duplicate or linked report.

Product Information

| i roduct iiiioiiiiatioii | Todact information | | | | | | | | |
|--------------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|-----------------------------------|--|--|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) | | |
| CETIRIZINE | Concomitant | Tablets | | | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | 1 every 4 Weeks | 26.0 Days | Secondary immunodeficien cy | | |
| PSEUDOEPHEDRINE | Concomitant | NOT SPECIFIED | | | | | | | |
| RED BLOOD CELLS | Concomitant | NOT SPECIFIED | | | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |
| Anti A antibody positive | v.27.1 | |
| Asthenia | v.27.1 | |
| Chills | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Crepitations | v.27.1 | |
| Cyanosis | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Feeling cold | v.27.1 | |
| Haemolysis | v.27.1 | |
| Hypertension | v.27.1 | |
| Nausea | v.27.1 | |
| Pallor | v.27.1 | |
| Pulmonary oedema | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |
| Tremor | v.27.1 | |
| Wheezing | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000913443 | 0 | 2020-04-02 | 2020-04-02 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No |
|-----------------|-------------------|----|------------------|----|---|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|----------------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 53 Years | Female | 163 Centimeter | 53 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000932116 |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 200.0 ml | | 130.0 Minutes | Thrombocytope nia, Immune thrombocytopen ia, Hypersplenism |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 ml | | 37.0 Minutes | Thrombocytope nia, Immune thrombocytopen ia, Hypersplenism |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Abdominal pain upper | v.27.1 | |
| Back pain | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | 3 Days |
| Headache | v.27.1 | |
| Nausea | v.27.1 | |
| Pyrexia | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000915292 | 1 | 2020-04-23 | 2020-04-23 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No |
|-----------------|-------------------|-----|------------------|-----|--|
| Serious | Life Threatening: | Yes | Hospitalization: | Yes | Other Medically Important Conditions: No |

Patient Information

| Age | Gender | Height | Weight | Report Outcome | |
|----------|--------|----------------|--------------|--------------------|--|
| 56 Years | Female | 180 Centimeter | 118 Kilogram | Recovered/resolved | |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Todact Information | | | | | | | |
|------------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|---|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| ANTIHISTAMINE ORAL PWR | Concomitant | Powder | | | | | |
| CORTICOSTEROID(S) | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 200.0 ml | | 90.0 Minutes | Immunodeficien cy common variable |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 200.0 ml | | 60.0 Minutes | Immunodeficien cy common variable |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Blood pressure increased | v.27.1 | |
| Dysphonia | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------------------|----------------|-------------------|
| Dyspnoea | v.27.1 | |
| Erythema | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Hyperhidrosis | v.27.1 | |
| Hypersensitivity | v.27.1 | |
| Hypertension | v.27.1 | |
| Pharyngeal oedema | v.27.1 | |
| Stridor | v.27.1 | |
| Throat tightness | v.27.1 | |
| Use of accessory respiratory muscles | v.27.1 | |
| Wheezing | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000922912 | 1 | 2020-07-29 | 2020-10-13 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No |
|-----------------|-------------------|----|------------------|----|---|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|----------------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 70 Years | Female | 161 Centimeter | 41 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type

Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|------|-----------|------------------|--------------------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| CETIRIZINE | Concomitant | Tablets | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | 43.0 Minutes | Infection prophylaxis |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | 33.0 Minutes | Infection prophylaxis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Blood pressure increased | v.27.1 | |
| Bradycardia | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Chills | v.27.1 | |
| Fatigue | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Nausea | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Oxygen therapy | v.27.1 | |
| Product intolerance | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000924997 | 2 | 2020-09-01 | 2021-10-08 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|--------------------|
| 72 Years | Female | | | Recovered/resolved |

Link / Duplicate Report Information

| Troopiu Typo | Record Type | Link AER** Number |
|--------------|-------------|-------------------|
|--------------|-------------|-------------------|

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|----------------------------|
| OXYGEN | Concomitant | Gas for inhalation | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | Total | | Hypogammaglo bulinaemia |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chest pain | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Headache | v.27.1 | |
| Hypertension | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------------------|----------------|-------------------|
| Нурохіа | v.27.1 | |
| Pain in jaw | v.27.1 | |
| Tachypnoea | v.27.1 | |
| Transfusion-related acute lung injury | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000926151 | 0 | 2020-09-17 | 2020-09-17 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | Yes |

| Patient Informa | tion | | | | |
|-----------------|--------|--------|-------------|----------------|--|
| Age | Gender | Height | Weight | Report Outcome | |
| 49 Years | Female | | 66 Kilogram | Unknown | |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000943694 |

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|---------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 200.0 ml | | 3.0 Hours | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | 50.0 ml | | 74.0 Minutes | |

| Adverse Reaction Term Information | | | |
|-----------------------------------|---|----------------|-------------------|
| Adverse | e Reaction Term(s) | MedDRA Version | Reaction Duration |
| Headache | | v.27.1 | |
| Hypertension | l de la companya de | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000927019 | 0 | 2020-09-28 | 2020-09-28 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

| Patient Informa | ition | | | |
|------------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 79 Years | | | | Recovered/resolved |

| Link / Duplicate Report Information | | |
|-------------------------------------|-------------------|--|
| Record Type | Link AER** Number | |
| No duplicate or linked report. | | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|-----------------------------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| CETIRIZINE | Concomitant | Tablets | | | | | |
| INSULIN | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 40.0 Gram | 1 every 4 Weeks | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Acute pulmonary oedema | v.27.1 | |
| Bronchospasm | v.27.1 | |
| Chills | v.27.1 | |
| Cyanosis | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Dyspnoea | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Hypertension | v.27.1 | |
| Hypoaesthesia | v.27.1 | |
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000928557 | 0 | 2020-10-16 | 2020-10-16 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 7 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Froduct information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 15.0 Gram | | 1.0 Days | Myelitis transverse |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Discomfort | v.27.1 | |
| Meningitis aseptic | v.27.1 | |
| Musculoskeletal stiffness | v.27.1 | |
| Nausea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000931283 | 0 | 2020-11-17 | 2020-11-17 | MAH | | Spontaneous | Nurse |

| Serious report? | Death: | Disability: | | Congenital Anomaly: | |
|-----------------|-------------------|------------------|-----|---------------------------------------|--|
| Serious | Life Threatening: | Hospitalization: | Yes | Other Medically Important Conditions: | |

Patient Information

| Age | Gender Height | | Weight | Report Outcome | |
|----------|---------------|----------------|-------------|--------------------|--|
| 14 Years | Male | 140 Centimeter | 30 Kilogram | Recovered/resolved | |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | | | Immunodeficien cy common variable |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Drug intolerance | v.27.1 | |
| General physical health deterioration | v.27.1 | |
| Headache | v.27.1 | |
| Meningitis aseptic | v.27.1 | |
| Nausea | v.27.1 | |
| Pyrexia | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000932116 | 1 | 2020-11-24 | 2021-03-05 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information | | | | | |
|---------------------|--------|----------------|-------------|--------------------|--|
| Age Gender | | Height | Weight | Report Outcome | |
| 53 Years | Female | 163 Centimeter | 53 Kilogram | Recovered/resolved | |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000913443 |
| Duplicate | 000914025 |

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|----------------------------|-----------|-----------|------------------|--------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise | 55.0 Gram | | | Immune thrombocytopen |

PANZYGA Suspect SOLUTION Intravenous (not otherwise specified) Adverse Reaction Term Information

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| Abdominal pain upper | v.27.1 | |
| Back pain | v.27.1 | |
| Chills | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Feeling cold | v.27.1 | |
| Headache | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Nausea | v.27.1 | |
| Somnolence | v.27.1 | |

Hospitalization:

Canada Vigilance Summary of Reported Adverse Reactions

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Other Medically Important Conditions: Yes

| Report Informatio | Report Information ***AER = Adverse Reaction Report | | | | | | | |
|--------------------------------------|---|-----------------------|----------------------|------|-----------|---|----------------|---------------|
| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | | Market Authorization Holder AER Numbe | Type of Report | Reporter Type |
| 000936791 | 0 | 2021-01-22 | 2021-0 ⁻ | 1-22 | MAH | | Spontaneous | Physician |
| Serious report? | | [| Death: | | Disabilit | y: | Congenital | Anomaly: |

| Patient | Informat | ion |
|----------------|----------|-----|
| | | |

| i ationit innonnia | | | | |
|--------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 71 Years | Female | | | Recovered/resolved |

Life Threatening:

Serious

| Record Type | Link AER** Number |
|-------------|-------------------|
| | |

No duplicate or linked report.

Product Information

| 1 Toddet information | | | | | | | |
|----------------------|---------------------|---------------------------------------|---------------------------------------|-----------|-----------|------------------|-------------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| CLINDAMYCIN | Concomitant | NOT SPECIFIED | Unknown | | | | |
| DEXAMETHASONE | Concomitant | NOT SPECIFIED | Unknown | | | | |
| MEROPENEM | Concomitant | POWDER FOR SOLUTION INTRAVENOUS | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 80.0 Gram | | | Autoimmune haemolytic anaemia |
| RED BLOOD CELLS | Suspect | NOT SPECIFIED | Unknown | | | | Product used for unknown indication |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Respiratory failure | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Tachypnoea | v.27.1 | |
| Wheezing | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | | **AER = Adverse Reaction Report | | | | | |
|--------------------|---------|---------------------------------|-------|--|--|--|--|
| | Adverse | Latest AFR Ve | rsion | | | | |

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000942344 | 1 | 2021-03-10 | 2021-03-22 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

| Patient Informa | tion | | | |
|------------------------|--------|--------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 61 Years | Female | | 90 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-------------------------|
| FRAGMIN | Concomitant | SOLUTION INTRAVENOUS | | | | | |
| IRBESARTAN | Concomitant | Tablets | Unknown | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 90.0 Gram | Total | | Paraneoplastic syndrome |
| POLYETHYLENE GLYCOL | Concomitant | NOT SPECIFIED | | | | | |
| TAMSULOSIN | Concomitant | NOT SPECIFIED | | | | | |
| THIAMINE | Concomitant | Tablets | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------------|----------------|-------------------|
| Angioedema | v.27.1 | |
| Chest pain | v.27.1 | |
| Drug intolerance | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Nausea | v.27.1 | |
| Platelet count decreased | v.27.1 | |
| Swelling | v.27.1 | |
| Tachycardia | v.27.1 | |
| Vomiting | v.27.1 | |
| Wheezing | v.27.1 | |
| White blood cell count decreased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000943694 | 2 | 2021-03-25 | 2021-12-22 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|--------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 49 Years | Female | | 66 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 000926151 |
| Duplicate | E2B_04443527 |

| Product Information Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|--|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | | 254.0 Minutes | Myasthenic syndrome |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | | 254.0 Minutes | Myasthenic syndrome |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Headache | v.27.1 | |
| Hypertension | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information | on | **AE | R = Adverse R | eaction R | eport | | | | | | | | |
|--------------------------------------|--------------|-----------|---------------|------------|-----------------|-----------------------------------|----------|---------------|-------|------------------------------------|----------------------|--------------------------|-------|
| Adverse Reaction Report Number | Latest AE | | Initial Recei | ved Date | Latest Rece | eived Date | Sourc | e of Report | Aut | Market horization AER Number | Type of Report | Reporter Ty | ype |
| 000944692 | С |) | 2021-04 | 1-06 | 2021-0 | 04-06 | Н | ospital | | | Spontaneous | Other heal profession | |
| Serious r | eport? | | | | Death: No | | | Disabilit | y: No | | Congenital | Anomaly: | No |
| Serio | us | | L | ife Threat | tening: No | | Н | ospitalizatio | n: No | Other Me | dically Important Co | onditions: | Yes |
| Patient Information | on | | | | | | | | | | | | |
| Age | Gender | | Height | 1 | Weight | | Report | Outcome | | | | | |
| 59 Years | Female | 16 | 6 Centimeter | 84 | Kilogram | R | Recoveri | ng/resolving | | | | | |
| Link / Duplicate F | Report Infor | mation | | | | | | | | | | | |
| | Record | d Type | | | | Link AER* | * Numb | er | | | | | |
| Duplicate | | | | | E2B_04605968 | | | | | | | | |
| Product Informat | ion | | | | | | | | | | | | |
| Product Desc | ription | Health Pr | oduct Role | Dosag | ge Form | Route Administr | | Dose | ı | Frequency | Therapy Duration | Indication | ı(s) |
| PANZYGA | | Sus | spect | | UTION VENOUS | Intravenou otherwi specifie | ise` | 50.0 Gram | n | 1 every 1 Months | | Immunodefi cy | icien |
| Adverse Reaction Information | n Term | | | | | _ | | | | | | | |
| | Adv | erse Reac | tion Term(s) | | | Me | edDRA | Version | | | Reaction Duration | | |
| Back pain | | | | | | | v.27 | .1 | | | | | |
| Chills | | | | | | | v.27 | .1 | | | | | |

v.27.1

Tremor

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Repo | ort I | nfori | mati | ion | |
|------|-------|-------|------|-----|--|
| | | | | | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000947626 | 0 | 2021-04-26 | 2021-04-26 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 66 Years | Female | | 57 Kilogram | Recovered/resolved |

| Reco | rd Type | Link AER** Number | | |
|-----------|---------|-------------------|--|--|
| Duplicate | | E2B_04605842 | | |

Product Information

| i roddot imormation | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|--|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| FLUTICASONE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 1 Days | 1.0 Days | Chronic inflammatory demyelinating polyradiculoneu ropathy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Epistaxis | v.27.1 | |
| Haemolysis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000949075 | 0 | 2021-05-06 | 2021-05-06 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | ition | | | |
|------------------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 94 Years | Female | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-------------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | | | Product used for unknown indication |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Acute pulmonary oedema | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hypertension | v.27.1 | |
| Tachypnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-------|--|----------------|---------------------------|
| 000950358 | 1 | 2021-05-17 | 2021-09-30 | Other | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No |
|-----------------|-------------------|----|------------------|----|---|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: Yes |

| Patient | Informa | tion |
|----------------|---------|------|
| | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------|----------------|
| 94 Years | Female | | | Unknown |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Todas información | | | | | | | |
|--------------------------|---------------------|-------------------------|---------------------------------------|----------|-----------|------------------|---------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| AS-3 RBC LR (E7962V00) | Suspect | | Intravenous (not otherwise specified) | | | 3.0 Hours | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | 150.0 ml | | 90.0 Minutes | |
| PLTA-1 LR IRR (E3056V00) | Suspect | NOT SPECIFIED | Intravenous (not otherwise specified) | | | 100.0 Minutes | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Acute pulmonary oedema | v.27.1 | |
| Blood culture negative | v.27.1 | |
| Blood pressure increased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Dyspnoea | v.27.1 | |
| Hypertension | v.27.1 | |
| Hypervolaemia | v.27.1 | |
| Нурохіа | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Oxygen therapy | v.27.1 | |
| Respiratory rate increased | v.27.1 | |
| Tachycardia | v.27.1 | |
| Wheezing | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000950469 | 0 | 2021-05-18 | 2021-05-18 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Information |
|---------------------|
|---------------------|

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|-------------|--------------------|
| 63 Years | Female | | 82 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| AMOXICILLIN/CLAVULANI C ACID | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 35.0 Gram | Cyclical | 2.0 Days | Chronic inflammatory demyelinating polyradiculoneu ropathy |
| triptan | Concomitant | | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Back pain | v.27.1 | |
| Drug ineffective | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Headache | v.27.1 | |
| Hot flush | v.27.1 | |
| Nausea | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Sleep apnoea syndrome | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Adverse Reaction Repo Number | rt | Latest AE Nur | |
|------------------------------------|------|------------------|-----|
| 000953798 | | | 0 |
| Serious | re | port? | |
| Ser | iou | S | |
| Patient Informa | tio | n | |
| Age | | Gender | |
| 80 Years | | Male | |
| Link / Duplicate | Re | eport Info | rma |
| | | Recor | d T |
| No duplicate or I | ink | ed report. | |
| Product Inform | atic | on | |
| Product Des | scri | iption | Н |
| PANZYGA | | | |

| **AER | = Adverse | Reaction | Report |
|-------|-----------|----------|--------|
| | | | |

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000953798 | 0 | 2021-06-09 | 2021-06-09 | MAH | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|--------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 80 Years | Male | | 90 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

| oaaot | IIII OI III a a a a a a a a a a a a a a | | | | | | | |
|--------|---|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------|
| Prod | uct Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYG | A | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 50.0 Gram | | | Polymyositis |

Information

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hypersensitivity | v.27.1 | |
| Hypertension | v.27.1 | |
| Wheezing | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000954890 | 0 | 2021-06-17 | 2021-06-17 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 61 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|-------------------------|-----------|-----------|------------------|----------------------|
| LIRAGLUTIDE | Concomitant | | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | 50.0 Gram | | | Immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Muscle spasms | v.27.1 | |
| Nausea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000954896 | 0 | 2021-06-17 | 2021-06-17 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

| Patient Information | | | | | |
|---------------------|------------|--------|--------|--------|--------------------|
| | Age Gender | | Height | Weight | Report Outcome |
| | 51 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| 1 TOGGOT HITOTHIACION | | | | | | | |
|-----------------------|---------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|---------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | 1 every 1 Months | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | 1 every 1 Months | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Meningitis aseptic | v.27.1 | 368 Days |

Canada Vigilance ions

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Summary of Reported Adverse Reaction |
|--------------------------------------|
| |

| Report Information | **AE | ER = Adverse Reaction Re | eport | | | | |
|--------------------------------------|------------------------------|--------------------------|----------------------|-----|--|----------------|---------------|
| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
| 000960103 | 0 | 2021-07-22 | 2021-07-22 | MAH | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|-----------------|--------|--------|-------------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 51 Years | Female | | 77 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

| Droduct | Information |
|---------|-------------|
| Product | Information |

| Todat information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 80.0 Gram | | 142.0 Minutes | Chronic cutaneous lupus erythematosus |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Headache | v.27.1 | |
| Meningitis aseptic | v.27.1 | |
| Nausea | v.27.1 | |
| Vomiting | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 000961132 | 0 | 2021-07-29 | 2021-07-29 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | Yes |

Patient Information

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|--------|--------------|--------------------|
| 72 Years | Male | | 118 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | Once | | Squamous cell carcinoma of skin, Pyrexia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Blood pressure decreased | v.27.1 | |
| Blood pressure increased | v.27.1 | |
| Chills | v.27.1 | |
| Cyanosis | v.27.1 | |
| Heart rate increased | v.27.1 | |
| Hypertension | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|---------------------------------|----------------|-------------------|
| Respiratory rate increased | v.27.1 | |
| Tachycardia | v.27.1 | 1 Days |
| Transfusion reaction | v.27.1 | |
| Transfusion-associated dyspnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|--|
| 000963722 | 1 | 2021-08-18 | 2021-08-24 | МАН | | Spontaneous | Consumer/other non health professional |

| Serious report? | Death: | Disability: | | Congenital Anomaly: |
|-----------------|-------------------|------------------|-----|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: | Yes | Other Medically Important Conditions: |

Patient Information

| . a | | | | | |
|----------|--------|--------|-------------|----------------|--|
| Age | Gender | Height | Weight | Report Outcome | |
| 52 Years | Male | | 79 Kilogram | Unknown | |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|------|-----------|------------------|-----------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | | | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Asthenia | v.27.1 | |
| Circulatory collapse | v.27.1 | |
| Sepsis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000965250 | 0 | 2021-08-27 | 2021-08-27 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

Patient Information

| Age | Age Gender Height | | Weight | Report Outcome | |
|-----|-------------------|--|--------------|--------------------|--|
| | Male | | 118 Kilogram | Recovered/resolved | |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 25.0 Gram | Once | | Immunodeficien cy |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | | | | Immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Cyanosis | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hypertension | v.27.1 | |
| Peripheral coldness | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Tachycardia | v.27.1 | |
| Tachypnoea | v.27.1 | |
| Wheezing | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 000969403 | 3 | 2021-09-28 | 2021-12-21 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|--|
| Not Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: No |

| Patient Information | | tion | | | |
|---------------------|----------|--------|--------|--------|--------------------|
| | Age | Gender | Height | Weight | Report Outcome |
| | 75 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 35.0 Gram | | 56.0 Minutes | Immune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | | | | Immune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | | | | Immune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | | | | Immune thrombocytopen ia |
| PLATELETS | Suspect | NOT SPECIFIED | | | | | |
| RED BLOOD CELLS | Suspect | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Haemolysis | v.27.1 | |
| Headache | v.27.1 | |
| Hypertension | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Repor | Inform | ation |
|-------|--------|-------|
| | | |

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000981444 | 0 | 2021-12-22 | 2021-12-22 | MAH | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|--|----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Ye | es |

Patient Information

| | Age | Gender | Height | Weight | Report Outcome |
|--|----------|--------|----------------|-------------|--------------------|
| | 77 Years | Male | 172 Centimeter | 65 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER Number**

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | | | | Immune thrombocytopen ia |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 65.0 Gram | | | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |
| Haemolysis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

| Report Information |
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|--------------------|

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 000982315 | 0 | 2022-01-03 | 2022-01-03 | MAH | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|--|----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Ye | es |

Patient Information

| Age | Gender Height | | Weight | Report Outcome | |
|----------|---------------|--|-------------|--------------------|--|
| 61 Years | Male | | 86 Kilogram | Recovered/resolved | |

Link / Duplicate Report Information

Link AER Number Record Type**

No duplicate or linked report.

Product Information

| 1 Toddot Imormation | | | | | | | | |
|---------------------|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| | Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| | PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 30.0 Gram | Total | | Immune thrombocytopen ia |
| | PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|------------------------------------|----------------|-------------------|
| Dizziness | v.27.1 | |
| Hyperhidrosis | v.27.1 | |
| Hypersensitivity | v.27.1 | |
| Hypotension | v.27.1 | |
| Incorrect drug administration rate | v.27.1 | |
| Syncope | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|--|
| 000982374 | 1 | 2022-01-04 | 2022-03-22 | МАН | | Spontaneous | Consumer/other non health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: | |
|-----------------|-------------------|------------------|---------------------------------------|-----|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: | Yes |

| Patient Informa | ation |
|-----------------|-------|
|-----------------|-------|

| · anomi miorinanon | | | | |
|--------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 86 Years | Female | | | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|--------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 70.0 Gram | 1 every 1 Days | 1.0 Days | Platelet count decreased |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaemia | v.27.1 | |
| Anti A antibody positive | v.27.1 | |
| Anti B antibody positive | v.27.1 | |
| Haemolysis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

| Report Information |
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|--------------------|

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|--|
| 000989072 | 0 | 2022-02-22 | 2022-02-22 | MAH | | Other | Consumer/other non health professional |

| Serious report? | Death: | | Disability: | | Congenital Anomaly: | |
|-----------------|----------------------|----|------------------|-----|---------------------------------------|-----|
| Serious | Life Threatening: Ye | es | Hospitalization: | Yes | Other Medically Important Conditions: | Yes |

Patient Information

| . 4 | | | | |
|----------|--------|----------------|-------------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 15 Years | Male | 175 Centimeter | 87 Kilogram | Unknown |

| Li | nk / Duplicate Report Information | |
|-----|-----------------------------------|-------------------|
| | Record Type | Link AER** Number |
| Liı | nked | 000910579 |

Product Information

| · · · · · · · · · · · · · · · · · · · | | | | | | | |
|---------------------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| DEXAMETHASONE | Concomitant | Tablets | | | | | |
| METHYLPHENIDATE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 75.0 Gram | | | Thrombocytope nic purpura |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |
| RITUXIMAB GP2013 | Concomitant | <u> </u> | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|----------------------------------|----------------|-------------------|
| Cerebral venous sinus thrombosis | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|--|
| 000989412 | 0 | 2022-02-23 | 2022-02-23 | МАН | | Spontaneous | Consumer/other non health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: |

| Age | Gender | Height | Weight | Report Outcome |
|---------|--------|--------|--------|--------------------|
| 9 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information |
|-------------------------------------|
|-------------------------------------|

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 Toddot Hilotillation | | | | | | | |
|------------------------|---------------------|-------------------------|---------------------------------------|-----------|---------------------|------------------|----------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | 1 every 1 Months | | Hypogammaglo bulinaemia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Headache | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 001001084 | 1 | 2022-05-10 | 2022-06-15 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 83 Years | Male | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 001053725 |

Product Information

| Product Description | t Description Health Product Role | | oduct Role Dosage Form Route of Administration | | Frequency | Therapy Duration | Indication(s) | |
|---------------------|-----------------------------------|-------------------------|--|-----------|----------------|------------------|--------------------------------|--|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 20.0 Gram | 1 every 2 Days | 80.0 Minutes | Immune thrombocytopen ia | |
| PLATELETS | Concomitant | NOT SPECIFIED | | | | 52.0 Minutes | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|-----------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Electrocardiogram abnormal | v.27.1 | |
| Hypertension | v.27.1 | |
| Lung opacity | v.27.1 | |
| Oxygen saturation decreased | v.27.1 | |
| Tachycardia | v.27.1 | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------------------|----------------|-------------------|
| Tachypnoea | v.27.1 | |
| Transfusion reaction | v.27.1 | |
| Transfusion-associated dyspnoea | v.27.1 | |
| Use of accessory respiratory muscles | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 001012819 | 0 | 2022-08-09 | 2022-08-09 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: No |
|-----------------|-------------------|----|------------------|----|---|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: Yes |

| Patient Information | | | | |
|---------------------|--------|----------------|-------------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 48 Years | Male | 181 Centimeter | 81 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|--------------------|------------------|---------------|
| ACETAMINOPHEN | Concomitant | NOT SPECIFIED | | | | | |
| BENADRYL | Concomitant | NOT SPECIFIED | | | | | |
| MOXIFLOXACIN | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 35.0 Gram | 1 every 4 Weeks | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Hypersensitivity | v.27.1 | |
| Transfusion reaction | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----------|--|----------------|---------------------------|
| 001029898 | 0 | 2022-12-19 | 2022-12-19 | Community | | Spontaneous | Other health professional |

| Serious report? | Death: | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|-------------------|----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: | No | Hospitalization: | No | Other Medically Important Conditions: | Yes |

| Patient Informa | tion | | | |
|------------------------|--------|----------------|-------------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 86 Years | Female | 153 Centimeter | 50 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|-------------------------|-----------|-----------|------------------|-----------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | | 10.0 Gram | Once | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| COVID-19 | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 001030107 | 0 | 2022-12-21 | 2022-12-21 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: N | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|----------------------|-----|------------------|----|---------------------------------------|-----|
| Serious | Life Threatening: Ye | Yes | Hospitalization: | No | Other Medically Important Conditions: | Yes |

| Patient | Informa | tion | |
|----------------|---------|------|--|
| | | | |

| Age | Gender | Height | Weight | Report Outcome |
|----------|--------|----------------|-------------|--------------------|
| 67 Years | Female | 152 Centimeter | 56 Kilogram | Recovered/resolved |

Link / Duplicate Report Information

Record Type Link AER** Number

No duplicate or linked report.

Product Information

| 1 1 0 0 0 0 0 1 1 1 1 0 1 1 1 1 0 1 | | | | | | | |
|---|---------------------|---------------------------------------|---------------------------------------|--------|-----------|------------------|---------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| CALCIUM CARBONATE | Concomitant | NOT SPECIFIED | | | | | |
| PANTOPRAZOLE | Concomitant | POWDER FOR SOLUTION INTRAVENOUS | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 5.0 ml | | 5.0 Minutes | Immune- mediated myositis |
| PREDNISONE | Concomitant | NOT SPECIFIED | | | | | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Anaphylactic reaction | v.27.1 | |
| Hypertension | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 001042372 | 0 | 2023-03-28 | 2023-03-28 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 63 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report | |

Product Information

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|--------------------------------|
| DIPHENHYDRAMINE | Concomitant | NOT SPECIFIED | | | | | |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 60.0 Gram | | 4.0 Hours | Immune thrombocytopen ia |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chest pain | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Hypersensitivity | v.27.1 | |
| Pruritus | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

Adverse Reaction Term

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|----------|--|----------------|---------------------------|
| 001048002 | 0 | 2023-05-16 | 2023-05-16 | Hospital | | Spontaneous | Other health professional |

| Serious report? | Death: N | No | Disability: | No | Congenital Anomaly: | No |
|-----------------|----------------------|-----|------------------|----|---------------------------------------|----|
| Serious | Life Threatening: Ye | Yes | Hospitalization: | No | Other Medically Important Conditions: | No |

| Patient Informa | tion | | | |
|-----------------|--------|--------|--------|----------------|
| Age | Gender | Height | Weight | Report Outcome |
| 69 Years | | | | Unknown |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Linked | 001070686 |

| Product Information | | | | | | | |
|---------------------|---------------------|-------------------------|----------------------------|-----------|-----------|------------------|---------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise | 75.0 Gram | Once | | Myositis |

| Information | | |
|--------------------------|----------------|-------------------|
| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
| Chest pain | v.27.1 | |
| Troponin increased | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports: 2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------------------|
| 001053725 | 0 | 2023-06-22 | 2023-06-22 | MAH | | Spontaneous | Other health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|----------------------|---|
| Serious | Life Threatening: | Hospitalization: Yes | Other Medically Important Conditions: Yes |

| Patient Informa | tion | | | |
|------------------------|------|----------------|-------------|--------------------|
| Age Gender | | Height | Weight | Report Outcome |
| 83 Years | Male | 164 Centimeter | 87 Kilogram | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Duplicate | 001001084 |

| Product | Information |
|----------------|-------------|
| | |

| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
|---------------------|---------------------|-------------------------|---------------------------------------|-----------|----------------|------------------|--------------------------------|
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 80.0 Gram | 1 every 2 Days | | Immune thrombocytopen ia |
| PLATELETS | Concomitant | NOT SPECIFIED | | | | _ | |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------------------|----------------|-------------------|
| Chills | v.27.1 | |
| Hypertension | v.27.1 | |
| Tachycardia | v.27.1 | |
| Transfusion reaction | v.27.1 | |
| Transfusion-associated dyspnoea | v.27.1 | |
| Use of accessory respiratory muscles | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31 N/A

173 Report(s)

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|---------------|
| 001055286 | 0 | 2023-07-05 | 2023-07-05 | MAH | | Spontaneous | Physician |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-------------------|------------------|---|
| Serious | Life Threatening: | Hospitalization: | Other Medically Important Conditions: Yes |

| Patient informa | tion | | | |
|-----------------|--------|--------|--------|--------------------|
| Age | Gender | Height | Weight | Report Outcome |
| 86 Years | Female | | | Recovered/resolved |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| No duplicate or linked report. | |

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|--------------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|-----------------------------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 10.0 Gram | Once | | Secondary immunodeficien cy |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--|----------------|-------------------|
| COVID-19 | v.27.1 | |
| Chills | v.27.1 | |
| Dyspnoea | v.27.1 | |
| Febrile nonhaemolytic transfusion reaction | v.27.1 | |
| Hypertension | v.27.1 | |

Report Runtime: Initial Received Date: Latest Received Date: Total Number of Reports:

2024-12-16 - 06:01:42 AM 1965-01-01 to 2024-08-31

173 Report(s)

Report Information

**AER = Adverse Reaction Report

| Adverse Reaction Report Number | Latest AER Version Number | Initial Received Date | Latest Received Date | | Market Authorization Holder AER Number | Type of Report | Reporter Type |
|--------------------------------------|------------------------------|-----------------------|----------------------|-----|--|----------------|--|
| 001070686 | 2 | 2023-11-08 | 2023-11-20 | MAH | | Spontaneous | Consumer/other non health professional |

| Serious report? | Death: | Disability: | Congenital Anomaly: |
|-----------------|-----------------------|----------------------|---------------------------------------|
| Serious | Life Threatening: Yes | Hospitalization: Yes | Other Medically Important Conditions: |

Patient Information

| · according to the contraction | | | | | |
|--------------------------------|--|--------|--------|--------------------|--|
| Age Gender | | Height | Weight | Report Outcome | |
| 69 Years | | | | Recovered/resolved | |

| Link / Duplicate Report Information | |
|-------------------------------------|-------------------|
| Record Type | Link AER** Number |
| Linked | 001048002 |

Product Information

| 1 Todaot Information | | | | | | | |
|----------------------|---------------------|-------------------------|---------------------------------------|-----------|-----------|------------------|---------------|
| Product Description | Health Product Role | Dosage Form | Route of Administration | Dose | Frequency | Therapy Duration | Indication(s) |
| PANZYGA | Suspect | SOLUTION INTRAVENOUS | Intravenous (not otherwise specified) | 75.0 Gram | Total | | Myositis |

| Adverse Reaction Term(s) | MedDRA Version | Reaction Duration |
|--------------------------|----------------|-------------------|
| Chest pain | v.27.1 | |
| Troponin increased | v.27.1 | |
| Vasospasm | v.27.1 | |