SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET		
		Day	Month	Year				Day	Month	Year
PRIVACY	COSTA RICA		PRIVACY		79 Years	Male	70.00 kg	26	DEC	2024

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

Low potassium levels [Potassium low]
Low sodium levels [Sodium low]
Low calcium levels [Calcium low]
Low magnesium levels [Magnesium low]
Pollakiuria [Pollakiuria]
Dehydration [Dehydration]

Case Description: This solicited case was received from Consumer (relative) in COSTA RICA. It was related to protocol number IC4-06593-001-CRI.

(Continued on Additional Information Page)

8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION

- ☐ PATIENT DIED
- ☐ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
- ☐ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
- ☐ LIFE THREATENING
- ☐ CONGENITAL ANOMALY
- ☐ OTHER

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)
#1) PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35 (PERINDOPRIL ARGININE 10 mg, INDAPAMIDE 2.5 mg,

(Continued on Additional Information Page)

15. DAILY DOSE(S)
#1) 1 DF, qd

16. ROUTE(S) OF ADMINISTRATION
#1) Oral use

17. INDICATION(S) FOR USE
#1) Hypertension (Hypertension)

18. THERAPY DATES(from/to)
#1) 2024 / 26-DEC-2024

19. THERAPY DURATION
#1) Unknown

20. DID REACTION ABATE AFTER STOPPING DRUG?
☒ YES ☐ NO ☐ NA

21. DID REACTION REAPPEAR AFTER REINTRODUCTION?
☐ YES ☐ NO ☒ NA

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)
#1) Metformina (Metformin hydrochloride) ; 2023 / 26-DEC-2024

23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)

From/To Dates	Type of History / Notes	Description
1985 to Ongoing	Historical Condition	Hypertension (Hypertension)
2023 to Ongoing	Historical Condition	Diabetes (Diabetes mellitus)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER
Servier PANAMA
COSTA RICA

26. REMARKS
Patient ID: 202350515
Study ID: IC4-06593-001-CRI*

24b. MFR CONTROL NO.
S25001698

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

24c. DATE RECEIVED BY MANUFACTURER
07-FEB-2025

24d. REPORT SOURCE
☒ STUDY ☐ LITERATURE ☐ HEALTH PROFESSIONAL ☐ OTHER:

DATE OF THIS REPORT
18-JUL-2025

25a. REPORT TYPE
☐ INITIAL ☒ FOLLOWUP: 1

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The patient was a 79-year-old male (weight 70 kg, height 180 cm) with a medical history of hypertension since 1985 treated with PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35 (1 tablet daily, orally) from 2024 to 26-Dec-2024 and Diabetes since 2023 treated with Metformin hydrochloride (1DF daily orally) since 2023 to 26-Dec-2024 for Diabetes.

No concomitant medications were reported, if any.

On an unknown date, the patient experienced Pollakiuria. She indicated that PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35 caused him want to urinate a lot. The doctor told him that PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35 has an ingredient that caused this.

On an unknown date, the patient experienced dehydration.

On 26-Dec-2024, he experienced low potassium, calcium, sodium, and magnesium levels. He was taken to the hospital (was not hospitalized). She did not specifically indicate that this event was caused by PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35 but the doctor told her that PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35 has an ingredient that made him urinate a lot and since the patient did not drink much water, he became dehydrated.

On 05-Feb-2025, he experienced very high blood pressure (he was not taking any Servier products and has already recovered). The doctor prescribed Coveram 10/5mg (medication that he has not started yet).

Action taken regarding PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35: On 26-DEC-2024, it was discontinued. It was switched on Jan-2025 for Enalapril, 1 tablet daily for hypertension.

Outcome of low potassium, calcium, sodium, and magnesium levels: On 29-Dec-2024, he recovered.
Outcome of Pollakiuria: On 29-Dec-2024, he recovered.
Outcome of dehydration: Unknown.

The reporter's assessment: Related for pollakuria, other events are related to the dehydration caused by the pollakiuria. Not Serious

Consent to contact the doctor was not obtained.

NON-SIGNIFICANT FOLLOW-UP INFORMATION RECEIVED (20-JUN-2025): No new information was received.

FOLLOWING INTERNAL REVIEW: Company causality was updated from probable to possible.

Case Comment: Blood potassium decreased. blood sodium decreased, blood magnesium decreased and pollakiuria are listed in the RSI of PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35, while other are unlisted. Given the compatible chronology and positive dechallenge, but concomitant use of metformin (with positive dechallenge), the causal role for blood potassium decreased. blood sodium decreased, blood magnesium decreased, blood calcium decreased and pollakiuria is assessed as possible. Due to the missing information (outcome), the causal role for dehydration is assessed as possible.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1	26-DEC-2024	Blood calcium Low		
2	26-DEC-2024	Blood magnesium LOW		
3	26-DEC-2024	Blood potassium Low		
4	05-FEB-2025	Blood pressure measurement High		
5	26-DEC-2024	Blood sodium		

Mfr. Control Number: S25001698

ADDITIONAL INFORMATION

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
		Low		

14-19. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION
#1) PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 5-F35 (PERINDOPRIL ARGININE 10 mg, INDAPAMIDE 2.5 mg, AMLODIPINE 5 mg) Tablet, 10/2.5/5 mg; Regimen #1	1 DF, qd; Oral use	Hypertension (Hypertension)	2024 / 26-DEC-2024; Unknown