

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 88 Years	3. SEX Female	3a. WEIGHT 57.00 kg	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER
		Day	Month	Year			Day	Month	Year		
			PRIVACY					MAR	2025		

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
 High and low blood pressure under NATRILIX SR [Blood pressure fluctuation]
 High blood pressure 188/110 mmHg (didn't feel well, felt strange) under NATRILIX SR [Blood pressure high]
 Cough under TRIPLIXAM [Cough]
 The doctor switched her from NATRILIX SR 1.5 MG to TRIPLIXAM 5/1.25/5 MG [Drug use in unapproved population]

 Case Description: This solicited case was received in COSTA RICA and concerned a patient participating in the post-authorization study

 (Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) INDAPAMIDE 1.5MG-F37 (INDAPAMIDE 1.5 mg) Coated tablet, 1.5 mg #2) TRIPLIXAM 5mg/1.25mg/5mg (PERINDOPRIL ARGININE 5 mg, (Continued on Additional Information Page)		20. DID REACTION ABATE AFTER STOPPING DRUG? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) UNK #2) 1 DF, qd	16. ROUTE(S) OF ADMINISTRATION #1) Oral use #2) Oral use	
17. INDICATION(S) FOR USE #1) (Product used for unknown indication) #2) Hypertension (Hypertension)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) Unknown / 13-APR-2025 #2) 13-APR-2025 / Ongoing	19. THERAPY DURATION #1) Unknown #2) Unknown	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) #1) Nabila (Nebivolol hydrochloride) ; Unknown / 13-APR-2025 #2) Nebivolol (Nebivolol) ; Unknown / 13-APR-2025 #3) Dextromethorphan (Dextromethorphan) ; Ongoing		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) From/To Dates Type of History / Notes Description Unknown to Ongoing Historical Condition Hypertension (Hypertension)		

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Servier PANAMA COSTA RICA		26. REMARKS Patient ID: 500770276 Study ID: IC4-06520-001-CRI*
	24b. MFR CONTROL NO. S25005904	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 25-APR-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	
DATE OF THIS REPORT 05-MAY-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

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

(IC4-06593-001-CRI) (Improve patient adherence to the treatments.). The initial reporter was a Consumer.

The patient was an 88-year-old female (weight: 57 kg) with a medical history of Hypertension since an unknown date, treated with TRIPLIXAM 5mg/1.25mg/5MG (1 DF Daily, orally) since 13-APR-2025.

The patient been treated with INDAPAMIDE 1.5MG-F37 (unknown daily dosage) from an unknown date to to13-APR-2025 for an unknown indication.

Concomitant drugs included Nebivolol hydrochloride (5 mg one day then 2.5 mg the next day, orally), Nebivolol (unknown daily dose) and Dextromethorphan (unknown daily dose, orally) all since an unknown date for an unknown indication.

No other concomitant treatment was reported if any.

Since an unknown date in MAR-2025 patient experienced high and low blood pressure, the intensity of the event and the relationship caused by the drug INDAPAMIDE 1.5MG-F37 were not obtained.

On an unknown date, the patient experienced high blood pressure of 188/110 mmHg. She indicated that she was not feeling well and felt strange. The severity of the event and its relationship to the medication INDAPAMIDE 1.5MG-F37 were not determined. On 07-APR-2025, the patient recovered from this adverse event.

On 13-APR-2025, the doctor switched her from NATRILIX SR 1.5 MG to TRIPLIXAM 5/1.25/5 MG.

On an unknown date, the patient experienced a cough. The severity of the event was not determined, but she only related it to the medication TRIPLIXAM 5/1.25/5 MG.

On an unknown date, the patient underwent a series of tests (which were not specified).

On an unknown date, she underwent an electrocardiogram, which indicated that the results were satisfactory.

Actions taken regarding INDAPAMIDE 1.5MG-F37: Switched to TRIPLIXAM 5/1.25/5 MG.

Actions taken regarding TRIPLIXAM 5/1.25/5 MG: Maintained.

Event Outcome: High and Low Blood Pressure: On APR-2025, patient recovered, with normal blood pressure values: 141/61 mmHg, 114/17 mmHg.

Event outcome: High blood pressure: Recovered.

Event Outcome: Cough: Unknown. The doctor switched her from NATRILIX SR 1.5 MG to TRIPLIXAM 5/1.25/5 MG: Recovered.

Seriousness assessment as per the reporter was not serious.

The reporter's causality assessment for events High and Low Blood Pressure and INDAPAMIDE 1.5MG-F37 was not provided.

The reporter's causality assessment for event cough was related to TRIPLIXAM 5mg/1.25mg/5MG.

Consent to contact the doctor was not obtained

Case Comment: Blood pressure fluctuation and hypertension are unlisted according to the Reference Safety Information of INDAPAMIDE. Cough is listed according to the Reference Safety Information of TRIPLIXAM. Given the positive dechallenge with withdrawal of concomitant drug Nebivolol hydrochloride as well, the causal role for blood pressure fluctuation is assessed as possible. Due to the patient's preexisting hypertensive disease and recovery before the cessation of treatment, the causal role for hypertension appears unlikely. For cough, the causal role is considered possible due to pharmacological plausibility and the lack of information on etiological investigation and outcome.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1		Blood pressure measurement		139/89
		188/110mmHg		100/60
2	APR-2025	Blood pressure measurement		139/89
		114/17mmHg		100/60
3	APR-2025	Blood pressure measurement		139/89
		141/61mmHg		100/60

ADDITIONAL INFORMATION**13. Lab Data**

#	Date	Test / Assessment / Notes	Results	Normal High / Low
4		Electrocardiogram		
		Indicated that the results were satisfactory.		

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
#2) TRIPLIXAM 5mg/1.25mg/5mg (PERINDOPRIL ARGININE 5 mg, INDAPAMIDE 1.25 mg, AMLODIPINE 5 mg) Tablet, 5/1.25/5 mg; Regimen #1	1 DF, qd; Oral use	Hypertension (Hypertension)	13-APR-2025 / Ongoing; Unknown