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		88 Years	Female	57.00 kg		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 INDAPAMIDE 1.5MG-F37 [Blood pressure fluctuation]
High blood pressure 188/110 mmHg (didn't feel well, felt strange) under INDAPAMIDE 1.5MG-F37 [Blood pressure high]
Cough moderate but sometimes, not every day and mostly at night/ She had a bad cough.

(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) 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)**

15. DAILY DOSE(S)	16. ROUTE(S) OF ADMINISTRATION
#1) 1.5 mg, qod	#1) Oral use
#2) 1 DF, qd	#2) Oral use

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

18. THERAPY DATES(from/to)	19. THERAPY DURATION
#1) Unknown / 13-APR-2025	#1) Unknown
#2) 13-APR-2025 / Ongoing	#2) 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) 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
2005 to Ongoing	Historical Condition	Hypertension (Hypertension)
2021 to Ongoing	Historical Condition	Tachycardia (Tachycardia)

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
28-MAY-2025

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

DATE OF THIS REPORT
04-JUN-2025

25a. REPORT TYPE
☐ INITIAL ☒ FOLLOWUP: 1

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

She did not know if it was due to INDAPAMIDE 1.5MG-F37, TRIPLIXAM 5/1.25/5 MG or allergy [Cough]
The doctor switched her from INDAPAMIDE 1.5MG-F37 to TRIPLIXAM 5/1.25/5 MG [Drug use in unapproved population]
She took INDAPAMIDE 1.5MG-F37 1 tablet every other day [Inappropriate schedule of drug administration]

Case Description: This solicited case was received in COSTA RICA and concerned a patient participating in the post-authorization study (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 in 2005, treated with TRIPLIXAM 5mg/1.25mg/5MG (1 DF Daily, orally) since 13-APR-2025.
and INDAPAMIDE 1.5MG-F37 (1.5 mg every other day) from an unknown date to to13-APR-2025 and tachycardia since an unknown date in 2021 treated with Nebivolol hydrochloride (5 mg one day then 2.5 mg the next day, orally) since an unknown date.

Concomitant drugs included 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 stated as severe and the relationship caused by the drug INDAPAMIDE 1.5MG-F37were 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 was stated as severe and the 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 INDAPAMIDE 1.5MG-F37 to TRIPLIXAM 5/1.25/5 MG.
Since APR-2025, the patient had Cough moderate but sometimes, not every day and mostly at night.
On 27-MAY-2025, she had a bad Cough. She did not know if it was due to INDAPAMIDE 1.5MG-F37, TRIPLIXAM 5/1.25/5 MG or allergy.
Treatment of the reaction : On an unknown date, she took Ricola (product originated from Canada), for cough (on an unknown frequency, but not daily)

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: Not recovered. The doctor switched her from INDAPAMIDE 1.5MG-F37 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 TRIPLIXAM 5/1.25/5 MG was not provided.
The reporter's causality assessment for event Cough was not provided for INDAPAMIDE 1.5MG-F37 and TRIPLIXAM 5/1.25/5 MG.

Consent to contact the doctor was not obtained.

SIGNIFICANT FOLLOW-UP INFORMATION (28-MAY-2025): Indication added for INDAPAMIDE 1.5MG-F37, Indication added for Nebivolol hydrochloride (Tachycardia), start date added for Hypertension, Event Cough details added (event verbatim changed, outcome, and assessment). Event Inappropriate schedule of product administration (She took INDAPAMIDE 1.5MG-F37 1 tablet every other day) was added; and Narrative was updated.

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.

Mfr. Control Number: S25005904

ADDITIONAL INFORMATION

13. Lab Data

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