

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 35 Years	3. SEX Female	3a. WEIGHT 79.00 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		
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Patient took 1 tablet daily of TRIPLIXAM 10/2.5/10MG, 1 tablet daily of TRIPLIXAM 5/1.25/5MG and 1 tablet daily of COSYREL 5/5MG by medical prescription [Prescribed overdose] She did not experience any adverse events with the medications [No adverse event] Case Description: This solicited case was received from a Consumer in COSTA RICA and concerned a patient participating in the post-authorization study IC4-06593-001-CRI (patient ID: 603880250) (Improve adherence to treatments). (Continued on Additional Information Page)											

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 (PERINDOPRIL ARGININE 10 mg, INDAPAMIDE 2.5 mg, #2) TRIPLIXAM 5mg/1.25mg/5mg (PERINDOPRIL ARGININE 5 mg, (Continued on Additional Information Page)		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1) 1 DF, qd #2) 1 DF, qd	16. ROUTE(S) OF ADMINISTRATION #1) Oral use #2) Oral use	
17. INDICATION(S) FOR USE #1) Heart problems (Cardiac disorder) #2) Heart problems (Cardiac disorder)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 2022 / Ongoing #2) 2022 / 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) Jardiance (Empagliflozin) ; 2022 / Ongoing #2) Janumet (Metformin hydrochloride, Sitagliptin phosphate monohydrate) ; 2020 / Ongoing #3) Vastarel (Trimetazidine hydrochloride) ; MAY-2025 / Ongoing											
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) <table border="0"> <tr> <td>From/To Dates</td> <td>Type of History / Notes</td> <td>Description</td> </tr> <tr> <td>2020 to Ongoing</td> <td>Historical Condition</td> <td>Hypertension (Hypertension)</td> </tr> <tr> <td>2020 to Ongoing</td> <td>Historical Condition</td> <td>Diabetes (Diabetes mellitus)</td> </tr> </table>			From/To Dates	Type of History / Notes	Description	2020 to Ongoing	Historical Condition	Hypertension (Hypertension)	2020 to Ongoing	Historical Condition	Diabetes (Diabetes mellitus)
From/To Dates	Type of History / Notes	Description									
2020 to Ongoing	Historical Condition	Hypertension (Hypertension)									
2020 to Ongoing	Historical Condition	Diabetes (Diabetes mellitus)									

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Servier PANAMA COSTA RICA		26. REMARKS Patient ID: 603880250 Study ID: IC4-06593-001-CRI*
	24b. MFR CONTROL NO. S25006631	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 16-MAY-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 23-MAY-2025	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 1	

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

The patient was a 35-year-old female (Height: 160 cm and weight: 79 kg) with a medical history of heart problems since 2015 treated with PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 (1 tablet daily, orally), TRIPLIXAM 5mg/1.25mg/5mg (1 tablet daily, orally), both since an unknown date in 2022, COSYREL 5mg/5mg (1 tablet daily, orally) since an unknown date in NOV-2023. Diabetes since 2020 treated with Metformin hydrochloride, Sitagliptin phosphate monohydrate (1 tablet occasionally, orally) since unknown date in 2020, Empagliflozin (1 tablet daily, orally) since unknown date in 2022, Trimetazidine hydrochloride (35 mg daily, orally) since an unknown date in MAY-2025 used for unknown indication.

Other medical history included Hypertension since unknown date in 2020.

No other concomitant treatment was reported, if any.

On an unknown date in 2022, patient experienced prescribed overdose, she took 1 tablet daily of PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34, 1 tablet daily of TRIPLIXAM 5mg/1.25mg/5mg and 1 tablet daily of COSYREL 5/5MG by medical prescription.

Patient did not experience any adverse events with the medications, on the contrary, her diagnostic of Heart Problems was under control.

Action taken with PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34, TRIPLIXAM 5mg/1.25mg/5mg and COSYREL 5mg/5mg: Dose not changed.

Outcome: Recovered (Special situation).

The reporter causality was considered as Not applicable

Event seriousness was not reported.

SIGNIFICANT FOLLOW-UP INFORMATION (16-MAY-2025): Indication of Trimetazidine hydrochloride was updated, new event PT "No adverse event" was added and Narrative updated accordingly.

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 10-F34 (PERINDOPRIL ARGinine 10 mg, INDAPAMIDE 2.5 mg, AMLODIPINE 10 mg) Tablet, 10/2.5/10 mg; Regimen #1	1 DF, qd; Oral use	Heart problems (Cardiac disorder)	2022 / Ongoing; Unknown
#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	Heart problems (Cardiac disorder)	2022 / Ongoing; Unknown
#3) COSYREL 5mg/5mg (BISOPROLOL 5 mg, PERINDOPRIL ARGinine 5 mg) Tablet, 5/5 mg; Regimen #1	5 mg, qd (1 tablet daily); Oral use	Heart problems (Cardiac disorder)	NOV-2023 / Ongoing; Unknown

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
2015 to Ongoing	Historical Condition	Heart disorder (Cardiac disorder);