

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>COSTA RICA</b>	2. DATE OF BIRTH			2a. AGE <b>64</b> Years	3. SEX <b>Female</b>	3a. WEIGHT <b>78.00</b> 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		
			<b>PRIVACY</b>				<b>25</b>	<b>MAY</b>	<b>2025</b>		

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
 Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  
**High pulse [High pulse rate]**  
**Very high blood pressure [Blood pressure high]**

Case Description: This solicited case was received in COSTA RICA and concerned a patient participating in the post-authorization study (IC4-06790-001-CRI) (Improve adherence to the treatments.).

(Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) <b>#1 ) TRIMETAZIDINE 35MG-F31-A (TRIMETAZIDINE DIHYDROCHLORIDE 35 mg) Modified-release tablet, 35 mg</b>		20. DID REACTION ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) <b>#1 ) 35 mg, qd</b>	16. ROUTE(S) OF ADMINISTRATION <b>#1 ) Oral use</b>	
17. INDICATION(S) FOR USE <b>#1 ) Gastric protector (Gastrointestinal disorder)</b>		21. DID REACTION REAPPEAR AFTER REINTRODUCTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) <b>#1 ) JUN-2024 / Ongoing</b>	19. THERAPY DURATION <b>#1 ) Unknown</b>	

## III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) <b>#1 ) Ciblex (Mirtazapine) ; DEC-2024 / Ongoing</b> <b>#2 ) Plasil (Metoclopramide) ; DEC-2024 / Ongoing</b>		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)		
From/To Dates <b>2013 to Ongoing</b> <b>2010 to Ongoing</b>	Type of History / Notes <b>Historical Condition</b> <b>Historical Condition</b>	Description <b>Hypertension (Hypertension)</b> <b>Depression (Depression)</b>

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER <b>Servier PANAMA</b> <b>COSTA RICA</b>		26. REMARKS <b>Patient ID: 105450814</b> <b>Study ID: IC4-06790-001-CRI*</b>
	24b. MFR CONTROL NO. <b>S25007758</b>	25b. NAME AND ADDRESS OF REPORTER <b>NAME AND ADDRESS WITHHELD.</b>
24c. DATE RECEIVED BY MANUFACTURER <b>02-JUN-2025</b>	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 <b>05-JUN-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The initial reporter was a Consumer.

The patient was an 64-year-old female (weight: 78 kg, height: 152 cm) with a medical history of and Depression since unknown date in 2010, was treated with Mirtazapine (0.5 DF daily) and Metoclopramide (1 DF daily), both since unknown date in DEC-2024 and Hypertension since unknown date 2013.

The patient was treated with TRIMETAZIDINE 35MG-F31-A (35 mg daily, orally) since unknown date in JUN-2024 for Gastric protector.

No other concomitant treatment was reported if any.

On 25-May-2025, the patient experienced Very high blood pressure and High pulse. The patient did not indicate if it is related to VASTAREL. The patient didn't know the intensity of the events, her pulse hadn't dropped, kept it at 101-110 beats per minute. On 26-May-2025, the patient started taking Triplixam 5/1.25/5mg 1 tablet daily as treatment to reaction.

Actions taken regarding TRIMETAZIDINE 35MG-F31-A: Maintained.  
Event Outcome: Recovered for Very high blood pressure and Not recovered for High pulse.

Seriousness assessment as per the reporter was not serious.

The reporter's causality assessment was not provided.

Case Comment: Hypertension is unlisted while Heart rate increased is listed as per RSI of VASTAREL (TRIMETAZIDINE). Considering the compatible chronology, history of hypertension, recovery of hypertension with antihypertensive agent with missing information (definitive therapy and event dates, investigations) the causal role is possible. Of note, VASTAREL was used in off label indication here.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1	MAY-2025	Heart rate		100
		101-110 beats per minute		60

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
Unknown to Ongoing	Historical Condition	Gastric disorder (Gastrointestinal disorder);