CIOMS FORM P	age 1 of 2												Mfr. Control Number : 20250002
	CUCDECT A	חוורחכר מריי	CTION	CDODT									
SUSPECT ADVERSE REACTION REPORT													
					I.	REACTION	INFO	I RMATION	N				
1. INITIALS	1a. COUNTRY	2. DATE	OF BIR	TH :	2a. AG		3. SEX		4-6. RE	ACTIO	ON O	NSET	8-12 CHECK ALL APPROPRIATE
		Day 1	Month	Year				_	Day	Moi	nth	Year	TO ADVERSE REACTION
PRIVACY 7+13 DESCRIBE	CR FREACTION(S) (inclu	ıding relevan	nt tests/	lah data) Event	t Verhatim	[] OW []	F evel Ter	 m1				PATIENT DIED
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [Low Level Term] stabbing pain in the heart [Cardiac pain] (10054231 v28.0) - Serious - Not recovered -									,				□ LIFE THREATENING
													☐ HOSPITALIZATION
													☐ DISABILITY OR INCAPACITY
													CONGENITAL ANOMALY/BIRTH DEFECT
													■ OTHER MEDICALLY IMPORTANT CONDITION
													REQUIRED INTERVENTION (MEDICAL DEVICE
													- REQUIRED INTERVENTION (MEDICAL DEVICE
14 SUSPECT DE	RUG(S) (include gen	eric name)			II. SU	SPECT DRU	JG(S) I	NFORMA	IION				20. DID REACTION ABATE
	_												AFTER STOPPING DRUG?
#1 [Suspect] Fir	ngolimod, 0.5 mg, C	Capsule (FING	GOLIMO	(D)									□YES □NO □ NA
15. DAILY DOSE	E(S)			16	5. ROU	TE(S) OF A	DMINI	STRATIO	N				
	rm every 1 day(s)			#1	1 Oral								
17. INDICATION	N(S) FOR USE												21. DID REACTION REAPPEAR
#1 Multiple Scl	erosis [Multiple scle	rosis] (10028	3245 v28	3.0)									AFTER REINTRODUCTION? □ YES □ NO □ NA
18. THERAPY D). THEF	RAPY DURA	DURATION						
#1				#1	1								
22. CONCOMIT	TANT DRUGG(C) AND	DATEC OF A	DATAIL			COMITANT							
22. CONCOMIT	ANT DRUGS(S) AND	DATES OF A	DMINIS	IRAIIOI	N (excl	lude those	used 1	to treat r	eaction)				
23. OTHER RELI	EVANT HISTORY (e.c	g. diagnostics	s, allerg	ics, preg	nancy	with last r	nonth	of period	d, etc.)				
From / To Date		Description											
# 1		Multiple Scle	erosis[M	lultiple s	cleros	is] (100282	245 v28	3.0) - con	tinue : Y	es			
					IV. M	ANUFACTU	JRER I	NFORMA	TION				
24a. NAME ANI	D ADDRESS OF MAN	IUFACTURER						26. REM	1ARKS				
LABORATORIO													
Escazú, Meridia 10203 San José	ano Building, 5th flo . CR	or											
10203 3011 1056	. Cit	24b	. MFR C	ONTROL	NO.			25b. NA	ME AND	D ADD	RESS	OF RE	PORTER
			500029					PRIVAC					
24c. DATE RECE	FIVED	244	DEDOL	RT SOUR	CE			1					
24C. DATE RECE BY MANUFACTI		•		LITERA		□autho	RITY						
06-Jun-2025	··	1		ROFESSIO		OTHER							

DATE OF THIS REPORT

10-Jun-2025

25a. REPORT TYPE
■ INITIAL ■ FOLLOW UP:

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Case description: This Non-serious Spontaneous case was reported by a non-health care professional in Costa rica (CR) (the primary source) on 06-Jun-2025.

This female patient of unknown age has a medical history of:

- 1.Multiple Sclerosis (from unk Contg)
- No concomitant medication was provided.

The patient was treated with the following suspected products:

- 1.(Suspect) Fingolimod (fingolimod):
- oral, 1 dosage form 1 time(s) per day from an unknown date for multiple sclerosis.

The patient experienced the following event(s):

1.On an unknown date, in an unspecified time after beginning Fingolimod: stabbing pain in the heart (MedDRA PT: Angina pectoris). The event was assessed as Non-serious (Other medically important condition). For this event, it was unknown if the patient received a corrective treatment.

Event: A patient who, from the moment she took her first capsule of Fingolimod, began to feel a stabbing pain in her heart that did not disappear over the days, says that the nurses did not give it importance because her HR was 63 and that the doctor told her that what she felt was not caused by Fingolimod.

The relevant laboratory test(s) included: 1. on an unknown date, Heart rate: 63

The action(s) taken with the suspected product(s) due to the event(s):

1.Fingolimod: unknown; dechallenge was unknown.

The event(s) outcome was:

1.Stabbing pain in the heart: not recovered/not resolved

The causality assessment was provided as follow:

- 1.Fingolimod and Cardiac pain:
- Primary reporter: related (Method: Case Source Document).
- Company: possible (Method: Global introspection).

The event was:

- unlisted according to the CDS

At time of this initial report, no more information was provided.

Follow up activities are not possible as there is no consent to contact the reporter of the case. No further information is expected

13. Relevant Tests (date/test/results/units/normal low range/normal high range)

Test date	Test Name	Test results (Code / Numeric Unit / Unstructured)	Low / high
#1:	Heart rate (10019299 v28.0)	63	1

14-19. Drugs

#	Name	Dosage Information	Lot/Batch		Indication	Therapy dates	Therapy
			Admin.			duration	
1	[Suspect] Fingolimod 0.5 mg Capsule (FINGOLIMOD)	1 dosage form every 1 day(s)	UNK		Multiple Sclerosis [Multiple sclerosis] (10028245 v28.0)		