

SUSPECT ADVERSE REACTION REPORT												
	2025-14000(0)											

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) Masked	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE Years	3. SEX Female	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year			Day	Month	Year	
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data)									<input type="checkbox"/> PATIENT DIED <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALIZATION <input type="checkbox"/> RESULTS IN PERSISTENCE OR SIGNIFICANT DISABILITY/INCAPACITY <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER MEDICALLY IMPORTANT CONDITION	
1) had no therapeutic effect (Lack of drug effect (10023610), Drug ineffective (10013709)) (Asked but Unknown -) - Not applicable 2) Reinjecting less than 12 weeks (Off label dosing frequency (10076395), Off label use (10053762)) (Asked but Unknown -) - Not applicable										

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)		20. DID EVENT ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
1) DYSPORT (BOTULINUM TOXIN TYPE A, BOTULINUM TOXIN TYPE A) (Suspect) (Powder for solution for injection) (Unknown)		
15. DAILY DOSE(S)		21. DID EVENT REAPPEAR AFTER REINTRODUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (NA : Not Applicable)
1) (120 international unit(s), in 1 Cyclical)		
16. ROUTE(S) OF ADMINISTRATION		
1) Unknown		
17. INDICATION(S) FOR USE		
1) drug use for unknown indication [10057097 - Drug use for unknown indication]		
18. THERAPY DATE(S) (from/to)		19. THERAPY DURATION
(Asked but Unknown - Asked but Unknown)		

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)
No concomitants used/reported
23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Name : IPSEN Group, Research and Development 70 Rue Balard Paris, 75015, FRANCE qppv@ipsen.comand49--1747365171		
24. REPORT NULLIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	24b. MFR CONTROL NO. 2025-14000(0)	
24c. DATE RECEIVED BY MANUFACTURER 09/Jun/2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL	
DATE OF THIS REPORT 16/Jun/2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP	

= Continuation attached sheet(s)..

Continuation Sheet for CIOMS report

7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) (Continuation...)

Event Description :

The initial version of this non-serious spontaneous non-AE case was reported by a physician in Costa Rica on 09-Jun-2025 via our licensee partner Biopas Pharma (reference number: 2025-CR-000002) and then transmitted to Ipsen GPS ICSR vendor (via mail) on 12-Jun-2025.

This case was linked to 2025-14001 (same reporter).

It concerns a female patient, who received drug Dysport (Botulinum toxin type A) for unknown indication and experienced had no therapeutic effect (Lack of drug effect) and Reinjecting less than 12 weeks (Off label dosing frequency). The patient's height and weight were not reported.

No past disease, underlying condition, past medications, or concomitant medications were reported.

On an unknown date, the patient started single cyclical therapy with Dysport (Botulinum toxin type A), at an unknown strength, at a total dose of 120 U, powder for solution for injection, via unknown route for unknown indication. The batch number and expiration date were not reported.

On unknown date, patient experienced had no therapeutic effect. After 15 days of the first application, the product was reapplied (Reinjected less than 12 weeks).

Action taken with Dysport in response to the events (Reinjected less than 12 weeks, had no therapeutic effect) was not applicable. Dechallenge and rechallenge was not applicable for the events (Reinjected less than 12 weeks, had no therapeutic effect).

At the time of the report, the outcome of the events (Reinjected less than 12 weeks, had no therapeutic effect) was not applicable.

For a conservative approach, as the reporter did not provide causality assessment, the term not reported was coded as no reasonable possibility for non-AEs (Reinjected less than 12 weeks, had no therapeutic effect).

SERIOUSNESS AS PER REPORTER: Non serious (Reinjected less than 12 weeks, had no therapeutic effect)

SERIOUSNESS AS PER COMPANY: Non serious (Reinjected less than 12 weeks, had no therapeutic effect)

CAUSALITY AS PER REPORTER: No reasonable possibility (Reinjected less than 12 weeks, had no therapeutic effect)

CAUSALITY AS PER COMPANY: No reasonable possibility (Reinjected less than 12 weeks, had no therapeutic effect)

EXPECTEDNESS: Unlabelled (Reinjected less than 12 weeks, had no therapeutic effect)

No further information was available.

Company Remarks (Sender's Comments) :

Events drug ineffective, off label use are special situation for which causality cannot be assessed. Considering above mentioned, according to the WHO-UMC method of assessment, the causal relationship between the events and the suspect drug is assessed as unassessable by Ipsen.

14.SUSPECT DRUG(S) (Continuation...)

Product-Reaction Level

1) Drug	: DYSPORT (BOTULINUM TOXIN TYPE A)
Active Substance	: BOTULINUM TOXIN TYPE A
Drug Characterization	: Suspect
Form of Admin	: Powder for solution for injection
Lot Number	: Unknown
Daily Dose	: (120 international unit(s), in 1 Cyclical)
Route of Admin	: Unknown
Indications	: drug use for unknown indication [10057097 - Drug use for unknown indication]
Therapy Dates	: From : Asked but Unknown To : Asked but Unknown
Action(s) Taken With Drug	: Not applicable

Causality

1) had no therapeutic effect (Lack of drug effect - 10023610, Drug ineffective - 10013709)

Causality as per reporter : No reasonable possibility

Causality as per Mfr : No reasonable possibility

DeChallenge : Not applicable

2) Reinjecting less than 12 weeks (Off label dosing frequency - 10076395, Off label use - 10053762)

Causality as per reporter : No reasonable possibility

Causality as per Mfr : No reasonable possibility

DeChallenge : Not applicable

Labeling :

Continuation Sheet for CIOMS report

- | | |
|---|-----------|
| 1) had no therapeutic effect
CORE | UnLabeled |
| 2) Reinjectd less than 12 weeks
CORE | UnLabeled |