|   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      | CIO                       | ON      | IS F | FOF | RM  |
|---|---|---------|--------|--------|-------------|----------------------|--|-------------|-------|-----------------|------|------------|--------------|---|------|---------------------------|---------|------|-----|-----|
|   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| SUSPECT ADVERSE REACTION REPORT   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
|   |   |         |        |        |             |                      |  |             | П     |                 | Τ    | Τ          | П            |   |      | Т                         | Т       | Τ    | Τ   | П   |
|   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           | $\perp$ |      |     |     |
| I. REACTION II  |   |         |        |        |             |                      | RMATIO   | V           |       |                 |      |            |              |   |      |                           |         |      |     |     |
| 1. PATIENT INITIALS 1a. COUNTRY 2. DATE OF BIRTH 2a. AGE (first, last) COSTA RICA Day Month Year 66   |   |         |        |        |             |                      | 3a. WEIGHT 70.00   | 4<br>Day    | _     | ACTION<br>Month | _    | ET<br>Year | <b>⊣</b> `   | -12   | API  | ECK<br>PROI<br>VERS       | PRI     | IATE | TO  | ON  |
| RFP 29 AUG 1958 Years   |   |         |        |        |             |                      | / 0.00<br>kg   |             |       | Unk             |      |            | ١,           | П   |      | ENT DI                    |         | KEF  | CII | OIN |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim (PREFERRED TERM) (Related symptoms if any separated by commas) |   |         |        |        |             |                      |  |             |       |                 |      |            |              | _<br>_  | INVC | )LVED                     | OR      |      |     |     |
| She forgets things [Memory impairment] Insomnia disorder [Insomnia]   |   |         |        |        |             |                      |  |             |       |                 |      |            |              | _   | HOS  | LONGE<br>PITALIS<br>DLVED | SATI    | ON   |     |     |
| Blood pressure problems [Blood pressure abnormal]<br>She becomes very nervous [Nervousness]   |   |         |        |        |             |                      | INVOLVED PERSISTEN OR SIGNIFICANT DISABILITY OR INCAPACITY |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| She has a condition that causes her hands to move [Movement disorde   |   |         |        |        |             |                      | der] LIFE THREATENING                                      |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| •   | Case Description: This non-serious post market survey report originate Viatris on 10-Jun-2025 (Local Ref No: VIA-2025-CR-0005).   |         |        |        |             |                      |  | ca wa       | s re  | ceive           | d by | '          |              |   |      | GENITA<br>MALY            | AL      |      |     |     |
|   |   |         |        |        |             | (C-mt                |  | ali4i a .a. |       | 4:              | D    |            | $\prod_{i}$  | П   | отн  |                           |         |      |     |     |
|   |   |         |        |        |             | •                    | nued on Ad   |             |       | ormati          | on P | age        | <u>'   '</u> | _   |      |                           | _       |      |     |     |
| 14. SUSPECT DRUG(S)   | (include generic name)  |         | II. St | JSPEC  | T DRU       | JG(S) IN             | NFORMA   | ATIC        | N     |                 |      |            | 20           | . DID   | REA  | CTION                     | _       |      |     |     |
| #1 ) Lipitor 40 mg<br>#2 ) Clonazepam (   | 14. SUSPECT DRUG(S) (include generic name) #1 ) Lipitor 40 mg (ATORVASTATIN) Tablet, 40 milligram #2 ) Clonazepam (Clonazepam) Unknown  |         |        |        |             |                      |  |             |       |                 |      |            |              | 20. DID REACTION ABATE AFTER STOPPING DRUG?           |      |                           |         |      |     |     |
| #1 ) UNK #1   |   |         |        |        |             | #1 ) UNK             | ROUTE(S) OF ADMINISTRATION   ) UNK 2 ) Oral use            |             |       |                 |      |            | YES NO NA    |   |      |                           |         |      |     |     |
| 17. INDICATION(S) FOR USE #1 ) Cholesterol (Blood cholesterol abnormal) #2 ) Insomnia (Insomnia)  |   |         |        |        |             |                      |  |             |       |                 |      |            | 21           | 21. DID REACTION<br>REAPPEAR AFTER<br>REINTRODUCTION? |      |                           |         |      |     |     |
| #1 ) Ongoing #1   |   |         |        |        |             | #1 ) Unkno           | 9. THERAPY DURATION<br>1 ) Unknown<br>2 ) Unknown          |             |       |                 |      |            | YES NO NA    |   |      |                           |         |      |     |     |
| ,   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| III. CONCOMITANT DRUG(S) AND HISTORY  22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)              |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| #1 ) Vitamin b12  | #1)Vitamin b12 (Cyanocobalamin)Unknown;Ongoing  |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
|   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
|   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| 23. OTHER RELEVANT I  | HISTORY. (e.g. diagnostics  |         |        |        | th of perio | d, etc.) Description |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| Unknown to Ongo   | Type of History / Notes  Jnknown to Ongoing  Current Condition  Jnknown to Ongoing  Current Condition  Current Condition  Current Condition  Current Condition  Current Condition  Current Condition  Insomnia (Insomnia) |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| Onlinowir to Origi  | Juniowii to Ongoing Current Condition insomina (insomina)   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
|   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
|   |   |         | IV. N  | //ANUF | ACTU        | RER IN               | FORMA  | TIOI        | N     |                 |      |            |              |   |      |                           |         |      |     |     |
| 24a. NAME AND ADDRESS OF MANUFACTURER MYLANLABS   |   |         |        |        |             | 26. REM              |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| Balwant Heer<br>Building 4, Trident Place, Mosquito Way   |   |         |        |        |             | World                | World Wide #: CR-MYLANLABS-2025M1049722<br>Study ID: 9790  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| Hatfield, Hertfordshire AL10 9UL UNITED KINGDOM Phone: 44 01707853232   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
|   | 24b. MFR CO   | ONTROL! | NO.    |        |             | 25h NA               | ME AND ADD   | RESS C      | )F RF | PORTE           | R    |            |              |   |      |                           | _       |      |     | _   |
|   | 2025M1  |         |        |        |             |                      | 25b. NAME AND ADDRESS OF REPORTER R F P                    |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| 24c. DATE RECEIVED<br>BY MANUFACTURE  | 24d. REPOR  | T SOURC |        | RATURE |             | cost                 | COSTA RICA   |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| 10-JUN-2025   |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |
| DATE OF THIS REPORT 25a. REPORT TYPE  17-JUN-2025 NINITIAL FOLLOWUP:  |   |         |        |        |             |                      |  |             |       |                 |      |            |              |   |      |                           |         |      |     |     |

X INITIAL

FOLLOWUP:

Mfr. Control Number: 2025M1049722

# **ADDITIONAL INFORMATION**

#### 7+13. DESCRIBE REACTION(S) continued

The patient participated in 9790: Increase adherence of our chronic patients by ensuring proper patient stay on treatment and compliance. Our Program is designed to accompany the patient and provide benefits throughout their treatment.

This initial case, received from consumer, non-health professional in Costa Rica, involved a 66-years-old female patient who reportedly experienced memory impairment, insomnia, blood pressure abnormal, nervousness, movement disorder while receiving Lipitor 40 mg (atorvastatin).

Medical history was not reported.

Current conditions included blood cholesterol abnormal, insomnia and memory impairment.

Concomitant medication included vitamin b12 (cyanocobalamin).

Non company suspect drug included clonazepam.

Unknown date: The patient initiated atorvastatin 40 milligram tablet at an unknown dose, unit and frequency via unknown route (batch/lot number and expiration date was unknown) for cholesterol and clonazepam unknown formulation at an unknown dose, unit and frequency via oral route (batch/lot number and expiration date was unknown) for insomnia. The patient indicated that she stopped taking Lipitor 40 mg three years ago, but after blood tests, high cholesterol was detected, and she had to restart the medication. She also mentioned that she forgets things, which has happened progressively over the years. She also reported that she has an insomnia disorder, which was why she sometimes goes to bed around 2 or 3 in the morning and sleeps during the day, and that this situation was taking a toll on her health. She also indicated that she was undergoing psychiatric treatment because she becomes very nervous, and that she has a condition that causes her hands to move and has blood pressure problems. The patient also indicated that she takes several medications and believes that the ones that may be affecting her health are the generic products she receives from the clinic, specifically clonazepam. Laboratory data included blood cholesterol was high and blood pressure measurement was abnormal.

No action was taken with atorvastatin in response to the events.

Action taken with clonazepam was unknown.

On 10-Jun-2025, at the time of reporting the patient had not yet recovered from the events memory impairment, insomnia, blood pressure abnormal, nervousness, movement disorder.

Case Comment: Reporter assessed causality as unrelated for memory impairment, insomnia, blood pressure abnormal, nervousness and movement disorder.

Company Comment: Non-Serious: Memory impairment, insomnia, blood pressure abnormal, nervousness and movement disorder are unlisted events as per company RSI of atorvastatin. Causality has been assessed as possible for events memory impairment, insomnia, blood pressure abnormal, nervousness and movement disorder, as contributory role of suspect drug cannot be completely excluded as per available information. Non company suspect and existing medical condition could be a cofounder in this case.

# 13. Lab Data

| # Date |   |  | Test / Assessment / Notes              | Results | Normal High / Low |  |  |  |  |
|--------|---|--|--|---------|-------------------|--|--|--|--|
|        | 1 |  | Blood cholesterol<br>High              |         |                   |  |  |  |  |
|        | 2 |  | Blood pressure measurement<br>Abnormal |         |                   |  |  |  |  |

## 13. Relevant Tests

Unknown date: Laboratory data included blood cholesterol result was high and blood pressure result was abnormal.

## 23. OTHER RELEVANT HISTORY continued

| From/To Dates      | Type of History / Notes | Description                        |
|--------------------|-------------------------|------------------------------------|
| Unknown to Ongoing | Current Condition       | Forgetfulness (Memory impairment); |