

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 87 Years	3. SEX Female	3a. WEIGHT 49.00 kg	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION Date: 29-MAY-2024 <input checked="" 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		
										2018	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
**Congestive heart failure [Congestive heart failure]
Diagnostic of arrhythmia [Arrhythmia]**

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

The patient was an 87-year-old female (Weight: 49 kg, Height: 160 cm) with the medical history of Congestive heart failure from unknown date in

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) TRIMETAZIDINE 35MG-F31-A (TRIMETAZIDINE DIHYDROCHLORIDE 35 mg) Modified-release tablet, 35 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) 35 mg, qd	16. ROUTE(S) OF ADMINISTRATION #1) Oral use	
17. INDICATION(S) FOR USE #1) Congestive heart failure (Cardiac failure congestive) (Continued on Additional Information Page)		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) DEC-2023 / 29-MAY-2024	19. THERAPY DURATION #1) Unknown	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) #1) Bisoprolol fumarate (Bisoprolol fumarate) ; JUN-2023 / 29-MAY-2024 #2) Furosemida (Furosemida) ; 2020 / 29-MAY-2024		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) From/To Dates Type of History / Notes Description 2010 to 29-MAY-2024 Historical Condition Hypertension (Hypertension) 2018 to 29-MAY-2024 Historical Condition Congestive heart failure (Cardiac failure congestive)		

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Servier PANAMA COSTA RICA		26. REMARKS Patient ID: 102550566 Study ID: IC4-06790-001-CRI*
	24b. MFR CONTROL NO. S25009155	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 25-JUN-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 27-JUN-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

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

2018 to 29-MAY-2024 and Heart problems since unreported date to 29-MAY-2024 both treated with TRIMETAZIDINE 35MG-F31-A (35 mg daily daily, orally) from unknown date in DEC-2023 to 29-MAY-2024, Hypertension from unknown date in 2010 to 29-MAY-2024, treated with Bisoprolol fumarate (5 mg daily, orally) from unknown date in JUN-2023 to 29-MAY-2024, Fluid retention since unknown date in 2020 to 29-MAY-2024, treated with Furosemida (60 mg daily, orally) from unknown date in 2020 to 29-MAY-2024.

No other concomitant treatment was reported, if any.

On unknown date in DEC-2023, the patient was diagnosed with Arrhythmia. Causal relationship with Servier drug and the intensity of the event were not obtained. No information was obtained as to whether the event occurred before or after TRIMETAZIDINE 35MG-F31-A.

Treatment of the reaction of Arrhythmia, in JUN-2023, the patient took Amiodarona 20mg, 1 tablet daily, orally.

In 29-MAY-2024, the patient experienced a Death due to Congestive heart failure.

Action taken regarding TRIMETAZIDINE 35MG-F31-A: Not applicable

Outcome: Fatal.

The case was reported as serious (seriousness criteria: death)

The reporter's assessment: not related for death, unknown for diagnostic of Arrhythmia.

Consent to contact the doctor was obtained.

Follow-up requested with the physician.

Case Comment: Cardiac failure congestive and arrhythmia are unlisted in the RSI of TRIMETAZIDINE 35MG-F31-A. Given the extensive cardiac history of the patients, both events are assessed as progression of her current medical condition. Hence, the causal role is assessed as unlikely.

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) TRIMETAZIDINE 35MG-F31-A (TRIMETAZIDINE DIHYDROCHLORIDE 35 mg) Modified-release tablet, 35 mg; Regimen #1	35 mg, qd; Oral use	Congestive heart failure (Cardiac failure congestive) Heart problems (Cardiac disorder)	DEC-2023 / 29-MAY-2024; Unknown

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
2020 to 29-MAY-2024	Historical Condition	Fluid retention (Fluid retention);
Unknown to 29-MAY-2024	Historical Condition	Heart disorder (Cardiac disorder);