

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 97 Years	3. SEX Female	3a. WEIGHT 49.00 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		
										2020	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
 Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
Diagnostic of hypertension [Hypertension]
Thinness [Skin thinness]
Cumulative overdose for Ivabradine (10mg qd) and Carivalan (2 DF qd) [Prescribed overdose]

Case Description: This solicited case was received from a Consumer and concerned a patient participating in the patient support program (IC4-16257-001-CRI) in COSTA RICA.

The patient was a 97-year-old female (Weight: 49 kgs, Height: 160 cm)

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) IVABRADINE 5MG-F-42 (IVABRADINE) Film-coated tablet, 5 mg #2) CARIVALAN 6.25mg/5mg (IVABRADINE 5 mg, CARVEDILOL 6.25 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) 10 mg, qd #2) 2 DF, Unknown	16. ROUTE(S) OF ADMINISTRATION #1) Oral use #2) Oral use	
17. INDICATION(S) FOR USE #1) Regulate heart rate problems (Heart rate abnormal) #2) Heart rate problems (Heart rate abnormal)		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) 2017 / Unknown #2) Unknown / MAY-2025	19. THERAPY DURATION #1) Unknown #2) Unknown	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) #1) Xarelto (Rivaroxaban) ; 2017 / Ongoing		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)		
From/To Dates 2017 to Ongoing 2017 to Ongoing	Type of History / Notes Procedure Historical Condition	Description Heart rate abnormal (Heart rate abnormal)

(Continued on Additional Information Page)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Servier PANAMA COSTA RICA		26. REMARKS Patient ID: 300940767 Study ID: IC4-16257-001-CRI*
	24b. MFR CONTROL NO. S25010250	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 22-AUG-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 01-SEP-2025	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 1	

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

with medical history of pacemaker, reflux and heart rate problems since an unknown date in 2017.

The patient has been treated with IVABRADINE 5MG-F-42 (10 mg daily, orally) since an unknown date in 2017 to unknown date and then (10 mg daily) from unknown date in MAY-2025 for heart rate problems and CARIVALAN 6.25mg/5mg (2 tablets unknown frequency) since unknown date to unknown date in MAY-2025 used for heart rate problem.

Other concomitant treatments included: Rivaroxaban (15 mg daily, orally) as a anticoagulant since an unknown date in 2017.

Since 2023, patient was diagnosed with hypertension. The intensity of the event and if it was related to the consumption of PROCOLARAN or CARIVALAN were not obtained.

Since unknown date in 2020, patient experienced mild thinness, intensity of the event and if it was related to the consumption of PROCOLARAN or CARIVALAN were not obtained.

Treatment of the reaction (Diagnostic of hypertension): Since 2023 patient took Diovan 80 mg, 1 tablet daily, orally.

Action taken regarding IVABRADINE 5MG-F-42 and CARIVALAN 6.25mg/5mg: Dose not changed.

Outcome: Not recovered for thinness.

Recovered (special situation).

Recovering for diagnostic of hypertension.

The reporter's assessed the case as non-serious.

The reporter's causality assessment was not provided.

Consent to contact the doctor was not obtained.

SIGNIFICANT FOLLOW-UP (22-AUG-2025): Event diagnostic of hypertension changed from not recovered to recovering, Thinness start date (since 2020), intensity added, weight (49 kg) updated, CARIVALAN dosage and indication, historical condition added. Narrative updated.

Case Comment: Hypertension is listed in the RSI of IVABRADINE 5MG-F-42 and CARIVALAN 6.25mg/5mg, while skin atrophy is unlisted for both drugs. Given the reasonable chronology, age of patient, medical history and current recovery in Hypertension the causal role is possible while Unlikely for Skin atrophy. Further, IVABRADINE and CARIVALAN were given in overdose here.

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) IVABRADINE 5MG-F-42 (IVABRADINE) Film-coated tablet, 5 mg; Regimen #2	10 mg, qd; Oral use	Regulate heart rate problems (Heart rate abnormal)	MAY-2025 / Ongoing; Unknown
#2) CARIVALAN 6.25mg/5mg (IVABRADINE 5 mg, CARVEDILOL 6.25 mg) Tablet, 5/6.25 mg; Regimen #1	2 DF, Unknown; Oral use	Heart rate problems (Heart rate abnormal)	Unknown / MAY-2025; Unknown

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
2017 to Ongoing	Procedure	Artificial cardiac pacemaker user (Cardiac assistance device user);
Unknown	Historical Condition	Acid reflux (esophageal) (Gastroesophageal reflux disease);