

SUSPECT ADVERSE REACTION REPORT												
I. REACTION INFORMATION												
1. INITIALS	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	4-6. REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION  <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> DISABILITY OR INCAPACITY <input type="checkbox"/> CONGENITAL ANOMALY/BIRTH DEFECT <input type="checkbox"/> OTHER MEDICALLY IMPORTANT CONDITION		
	CR	Day	Month	Year	1 Year	M	Day 08	Month Jul	Year 2025			
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [Low Level Term]  #1 / Rupax was prescribed for a 1-year-old child; the label approves it for children 2 and older. [Off label use] (10053762 v28.0) / Outcome : unknown / Start date : 08-Jul-2025												

II. SUSPECT DRUG(S) INFORMATION											
14. SUSPECT DRUGS(S) (include generic name) #1 Rupax Oral Solution (Rupatadine fumarate   1   milligram per millilitre); Batch/Lot number : [UNK]						20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA					
15. DAILY DOSE(S) (dose per interval/unit/separate dose/text) #1 2.5 millilitre			16. ROUTE(S) OF ADMINISTRATION #1 Oral use								
17. INDICATION(S) FOR USE #1						21. DID REACTION REAPPEAR AFTER REINTRODUCTION ? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA					
18. THERAPY DATES (from/to) #1 08-Jul-2025 /			19. THERAPY DURATION #1								

III. CONCOMITANT DRUG(S) AND HISTORY											
22. CONCOMITANT DRUGS(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)											
23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) From / To Dates                      Description #1 / / Continuing : /											

IV. MANUFACTURER INFORMATION											
24a. NAME AND ADDRESS OF MANUFACTURER Noucor Health  ES						26. REMARKS					
			24b. MFR CONTROL NO. CR-Noucor-202500040			25b. NAME AND ADDRESS OF REPORTER #1 Costa Rica					
24c. DATE RECEIVED BY MANUFACTURER 08-Jul-2025			24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> AUTHORITY <input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER								
DATE OF THIS REPORT 17-Jul-2025			25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW UP :								

#### 14-19. SUSPECTS DRUGS (full)

Seq. No. : 1  
Drug : Rupax Oral Solution (Rupatadine fumarate | 1 | milligram per millilitre)  
Daily dose : 2.5 millilitre  
Dosage text :  
Route of administration : Oral use  
Batch / Lot number : [UNK]  
Indication for use :  
Therapy dates (start/end) : 08-Jul-2025 /  
Therapy duration :  
Did reaction abate ? :  
Did reaction reappear ? :

#### CASE DESCRIPTION (Case narrative)

This spontaneous non-serious case (202500040) was received on 08-Jul-2025 by the MAH of rupatadine in Costa Rica (Menarini Latin Farma code: CA-06072025) originally reported by a physician, via phone.

This case concerns a 1-year-old male patient from Costa Rica, weight < 10 Kg.

Rupax was prescribed for a 1-year-old child; the label approves it for children 2 and older. The patient did not experience any adverse effects or associated problems. The physician states that follow-up contact is not permitted, so the patient's progress cannot be determined

Outcome of the case: Unknown

Reporter's comment:

Causality as per Reporter: Possible

Company comment (Noucor):

The expectedness of the special situation Off label use is Not applicable.

The company causality assessment for the special situation Off label use is Not assessable.