(first, last) PRIVACY COSTA RICA Day Month PRIVACY ALA Year S Female 86.00 Rg Month Year 2025 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Dizziness [Dizziness] She felt sick [Sickness] Didn't find it in the pharmacy [Product availability issue] COSYREL 5/10MG: Temporarily interrupted [Therapy interrupted] Case Description: This solicited case was received from COSTA RICA and concerned a patient participating in the post-authorization study (IC4-05150-001-CRI) (Improve patient adherence to treatments). The initial CAR OCITATION OF THE ACTION OF TH	NVOLVED OI ROLONGED OSPITALISA NVOLVED PE R SIGNIFIC. ISABILITY C NCAPACITY IFE HREATENIN	EACTION PERSISTEANT OR	NOI							
I. REACTION INFORMATION 1. PATIENT INITIALS (first, last) PRIVACY 2. DATE OF BIRTH PRIVACY 2. DATE OF BIRTH PRIVACY 3. SEX See and	PPROPRIAT DVERSE RE ATIENT DIEI IVOLVED OI ROLONGEEE OSPITALISA IVOLVED PE R SIGNIFIC. ISABILITY O ICAPACITY IFE HREATENIN ONGENITAL	EACTION PERSISTEANT OR	NOI							
1. PATIENT INITIALS (first, last) PRIVACY COSTA RICA Day Month PRIVACY T+ 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Dizziness [Dizziness] She felt sick [Sickness] Didn't find it in the pharmacy [Product availability issue] COSYREL 5/10MG: Temporarily interrupted [Therapy interrupted] Case Description: This solicited case was received from COSTA RICA and concerned a patient participating in the post-authorization study (IC4-05150-001-CRI) (Improve patient adherence to treatments). The initial	PPROPRIAT DVERSE RE ATIENT DIEI IVOLVED OI ROLONGEEE OSPITALISA IVOLVED PE R SIGNIFIC. ISABILITY O ICAPACITY IFE HREATENIN ONGENITAL	EACTION PERSISTEANT OR	NOI							
1. PATIENT INITIALS (first, last) PRIVACY COSTA RICA Day Month PRIVACY T+ 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Dizziness [Dizziness] She felt sick [Sickness] Didn't find it in the pharmacy [Product availability issue] COSYREL 5/10MG: Temporarily interrupted [Therapy interrupted] Case Description: This solicited case was received from COSTA RICA and concerned a patient participating in the post-authorization study (IC4-05150-001-CRI) (Improve patient adherence to treatments). The initial	PPROPRIAT DVERSE RE ATIENT DIEI IVOLVED OI ROLONGEEE OSPITALISA IVOLVED PE R SIGNIFIC. ISABILITY O ICAPACITY IFE HREATENIN ONGENITAL	EACTION PERSISTEANT OR	NOI		_					
1. PATIENT INITIALS (first, last) PRIVACY COSTA RICA Day Month PRIVACY T+ 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Dizziness [Dizziness] She felt sick [Sickness] Didn't find it in the pharmacy [Product availability issue] COSYREL 5/10MG: Temporarily interrupted [Therapy interrupted] Case Description: This solicited case was received from COSTA RICA and concerned a patient participating in the post-authorization study (IC4-05150-001-CRI) (Improve patient adherence to treatments). The initial	PPROPRIAT DVERSE RE ATIENT DIEI IVOLVED OI ROLONGEEE OSPITALISA IVOLVED PE R SIGNIFIC. ISABILITY O ICAPACITY IFE HREATENIN ONGENITAL	EACTION PERSISTEANT OR	NOI							
COSTA RICA Day Month Year 35 Years Female 86.00 Day Month Year 2025	PPROPRIAT DVERSE RE ATIENT DIEI IVOLVED OI ROLONGEEE OSPITALISA IVOLVED PE R SIGNIFIC. ISABILITY O ICAPACITY IFE HREATENIN ONGENITAL	EACTION PERSISTEANT OR	NOI							
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Dizziness [Dizziness] She felt sick [Sickness] Didn't find it in the pharmacy [Product availability issue] COSYREL 5/10MG: Temporarily interrupted [Therapy interrupted] Case Description: This solicited case was received from COSTA RICA and concerned a patient participating in the post-authorization study (IC4-05150-001-CRI) (Improve patient adherence to treatments). The initial reporter was a Consumer.	NVOLVED OI ROLONGED OSPITALISA NVOLVED PE R SIGNIFIC. ISABILITY C NCAPACITY IFE HREATENIN	OR D INPA SATION PERSIS CANT OR								
the post-authorization study (IC4-05150-001-CRI) (Improve patient adherence to treatments). The initial reporter was a Consumer.	ONGENITAL		7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas) Dizziness [Dizziness] She felt sick [Sickness] Didn't find it in the pharmacy [Product availability issue]							
1	TITO	Case Description: This solicited case was received from COSTA RICA and concerned a patient participating in the post-authorization study (IC4-05150-001-CRI) (Improve patient adherence to treatments). The initial reporter was a Consumer.								
(Continued on Additional Information Page)	THER				_					
II. SUSPECT DRUG(S) INFORMATION										
14. SUSPECT DRUG(S) (include generic name) #1) BISOPROLOL 5-PERINDOPRIL ARGININE 10 (BISOPROLOL 5 mg, PERINDOPRIL ARGININE 10 mg) Tablet, (Continued on Additional Information Page) 20. DID REACTION ABATE AFTER STOPPING DRUG?										
15. DAILY DOSE(S) #1) 1 DF, qd 16. ROUTE(S) OF ADMINISTRATION #1) Oral use	ES NO	› X	NA							
17. INDICATION(S) FOR USE #1) Heart problems (Cardiac disorder) 21. DID REACTION REAPPEAR AFTER REINTRODUCTION?										
18. THERAPY DATES(from/to) #1) 2023 / 11-JUL-2025 19. THERAPY DURATION #1) Unknown	ES NO	› 	NA							
III. CONCOMITANT DRUG(S) AND HISTORY			_	_						
22. CONCOMITANT DRUG(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 Type of History / Notes Description 2022 to Ongoing Historical Condition Heart disorder (Cardiac disorder) 2022 to Ongoing Historical Condition Fainting (Syncope)										
IV. MANUFACTURER INFORMATION	IV. MANUFACTURER INFORMATION									
24a. NAME AND ADDRESS OF MANUFACTURER Servier PANAMA COSTA RICA 26. REMARKS Patient ID: 114520701 Study ID: IC4-05150-001-CRI*										
24b. MFR CONTROL NO. \$250.10304 24c. DATE RECEIVED BY MANUFACTURER 14-JUL-2025 DATE OF THIS REPORT 25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. 25b. NAME AND ADDRESS WITHHELD. 25c. NAME AND ADDRESS WITHHELD. 25d. NAME AND ADDRESS WITHHELD.										

28-Jul-2025 10:24 Case Version: 1.0.40

Mfr. Control Number: S25010304

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

The patient was a 35-year-old female (Weight: 86 kg, Height 164 cm) with the medical history of heart problems, treated with BISOPROLOL 5-PERINDOPRIL ARGININE 10 (1 DF daily, orally) from unknown date in 2023 to 11-JUL-2025, fainting and cannot walk all since unknown date in 2022.

No concomitant treatment was reported, if any.

On 12-JUL-2025, the patient experienced Dizziness and she felt sick like she was descomposed because she did not take the daily COSYREL 5/10MG tablet because she didn't find it in the pharmacy.

On 13-JUL-2025, the patient felt the same way, so his doctor told her to take Cosyrel 5/5mg for this month while she finds COSYREL 5/10MG.

The intensity of the events and if it was related to the consumption of COSYREL 5/10MG were not obtained.

Treatment of the reaction (Diagnostic of Dizziness and She felt sick)

On 13-JUL-2025, the doctor changed COSYREL 5/10 mg to Cosyrel 5/5 mg for a month.

Since 13-JUL-2025, the patient started taking Cosyrel 5/5mg, unknown dose daily.

Action taken with BISOPROLOL 5-PERINDOPRIL ARGININE 10: Drug withdrawn.

Outcome: Unknown for Dizziness and she felt sick

Recovered from Didn't find it in the pharmacy and COSYREL 5/10MG: Temporarily interrupted (Special situation)

The case was reported as non-serious.

The reporter's causality assessment was not provided.

Consent to contact the doctor was not obtained.

Case Comment: Dizziness is listed while Illness is unlisted as per RSI of BISOPROLOL 5-PERINDOPRIL ARGININE 10. Considering the context of product availability issue with temporary interruption of therapy and missing information (therapy and event dates, outcome, investigations) the causal role is possible.

.- -

14-19. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION		
#1) BISOPROLOL 5-PERINDOPRIL	1 DF, qd; Oral use	Heart problems (Cardiac	2023 / 11-JUL-2025;		
ARGININE 10 (BISOPROLOL 5 mg,		disorder)	Unknown		
PERINDOPRIL ARGININE 10 mg) Tablet, 5/10					
mg; Regimen #1					

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
2022 to Ongoing	Historical Condition	Walking difficulty (Gait disturbance);

28-Jul-2025 10:24 Case Version: 1.0.40