

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>COSTA RICA</b>	2. DATE OF BIRTH			2a. AGE <b>49</b> Years	3. SEX <b>Female</b>	3a. WEIGHT <b>Unk</b>	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	
			<b>PRIVACY</b>							<b>2023</b>	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)  
Patient took a quarter tablet daily of NATRILIX SR 1.5MG by medical prescription [Prescribed underdose]

Case Description: This solicited case was received in COSTA RICA and concerned a patient participating in the post-authorization study (IC4-06593-001-CRI) (Improve patient adherence to the treatments).

(Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) INDAPAMIDE 1.5MG-F37 (INDAPAMIDE 1.5 mg) Coated tablet, 1.5 mg		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 ) 0.375 mg, qd	16. ROUTE(S) OF ADMINISTRATION #1 ) Oral use	
17. INDICATION(S) FOR USE #1 ) Hypertension (Hypertension)		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 ) 2023 / Ongoing	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 ) Concor (Bisoprolol fumarate) ; 2020 / Ongoing	
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 Ongoing      Historical Condition      Hypertension (Hypertension)	

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Servier PANAMA COSTA RICA		26. REMARKS Patient ID: 108750823 Study ID: IC4-06520-001-CRI*
	24b. MFR CONTROL NO. <b>S25011239</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>30-JUL-2025</b>	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 <b>08-AUG-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

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

The initial reporter was a Consumer.

The patient was a 49-year-old female (Height: 167 cm) with the medical history of Hypertension since 2010, treated with INDAPAMIDE 1.5MG-F37 (0.25 DF daily orally) since an unknown date in 2023, and Bisoprolol fumarate (2.5 mg daily, orally) from an unknown date in 2020.

No other concomitant treatment was reported, if any.

On an unknown date in 2023, the patient took a quarter tablet daily of INDAPAMIDE 1.5MG-F37 by medical prescription and and she did not experience any adverse event.

Action taken regarding INDAPAMIDE 1.5MG-F37: Dose not changed.

Outcome : Recovered (Special situation)

The reporter's assessment: Related. Not serious.

Consent to contact the doctor was not obtained.

CASE CLOSED.