

<b>SUSPECT ADVERSE REACTION REPORT</b>  BH-2025-016855												

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) UNKNOWN	1a. COUNTRY DOMINICAN Cont..	2. DATE OF BIRTH Day Month Year ??/??/??	2a. AGE Years Unkn	3. SEX Male	4-6 REACTION ONSET Day Month Year ??/??/??	8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION  <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALIZATION <input type="checkbox"/> RESULTS IN PERSISTENCE OR SIGNIFICANT DISABILITY/INCAPACITY <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER MEDICALLY IMPORTANT CONDITION
7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) MedDRA Version : v.28.0 1) DIARRHEA (Diarrhea (10012727), Diarrhoea (10012735)) Recovered/Resolved						

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S)(include generic name) 1) CARDISPAN (LEVOCARNITINE) (Suspect) (1 Gram, Tablet)(Unknown) Cont..		20. DID EVENT ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA  21. DID EVENT REAPPEAR AFTER REINTRODUCTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA (NA : Not Applicable)
15. DAILY DOSE(S) Unkn	16. ROUTE(S) OF ADMINISTRATION 1) Oral	
17. INDICATION(S) FOR USE 1) DIALYSIS [10061105 - Dialysis]		
18. THERAPY DATE(S) (from/to) ??/??/??	19. THERAPY DURATION Unkn	

## III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) No concomitants used/reported
23. OTHER RELEVANT HISTORY (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) MedDRA Version : v.28.0 1) CHRONIC KIDNEY DISEASE (10064848, Chronic kidney disease) (Continuing: Yes) <div style="text-align: right;">Cont..</div>

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Name : Bausch Health 400 Somerset Corporate Boulevard Bridgewater, NJ, UNITED STATES OF AMERICA Submission_ICSR_BHC@bauschhealth.com		
24. REPORT NULLIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	24b. MFR CONTROL NO. BH-2025-016855	
24c. DATE RECEIVED BY MANUFACTURER 27/Aug/2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL	
DATE OF THIS REPORT 08/Sep/2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP	

= Continuation attached sheet(s)..

## Continuation Sheet for CIOMS report

## 1a. COUNTRY

DOMINICAN REPUBLIC

## 7+13 DESCRIBE REACTION(S) (including relevant tests/lab data) (Continuation...)

## Event Description :

This non-serious spontaneous case was received on 27-Aug-2025 from a physician via sales representative and concerned a patient of unknown age and male gender.

Concurrent conditions: CHRONIC KIDNEY DISEASE

Medical history: Not Reported

Concomitant medications: Unspecified medication for chronic kidney disease.

Past medications: Not Reported

History of Allergy: None

Company suspect products include: CARDISPAN (Levocarnitine), Tablet (Batch number: unknown; Expiry Date: not reported) Start date not provided, stop date not provided, administered via Oral route for DIALYSIS.

The patient with no history of comorbidities reported experienced diarrhea after administration of Cardispan (Levocarnitine) tablet prescribed by a physician as treatment for Dialysis. It was stated that patient took Cardispan Tablets and Injectable Solution (without exceeding the maximum dose of 5 g per day). The treatment was not de-challenged; hence it was not changed to another drug. The patient did not receive any corrective treatment for adverse event. The patient resolved from diarrhea (it was unknown if patient had sequels).

Reported Term (Preferred Term): Onset Date-Cessation Date; Seriousness; Outcome:  
DIARRHEA (Diarrhoea): unknown - unknown; non-serious; Recovered/Resolved.

Action taken with company suspect product in response to the event, Dechallenge and Rechallenge:  
CARDISPAN/DIARRHEA: Dose not changed; Not applicable; Not Applicable

Final therapy status: The patient was using Cardispan at the time of reporting.

Reporter's causality assessment:  
CARDISPAN/DIARRHEA: Possible

This case is cross-referenced to DO-BAUSCH-BH-2025-016856 due to Same patient.

Internal reference number included local PV number: IQF/GROSS/00005/2025.

Company Remarks (Sender's Comments) :

Version 0 (27-Aug-2025):

The event Diarrhoea is assessed as non-serious. Diarrhoea is assessed as possibly related to Cardispan.

## 14.SUSPECT DRUG(S) (Continuation...)

## Product-Reaction Level

1) Drug	: CARDISPAN
Active Substance	: LEVOCARNITINE
Drug Characterization	: Suspect
Form Strength	: 1 Gram
Form of Admin	: Tablet
Lot Number	: Unknown
Route of Admin	: Oral
Indications	: DIALYSIS [10061105 - Dialysis]
Action(s) Taken With Drug	: Dose not changed

## Causality

1) DIARRHEA (Diarrhea - 10012727, Diarrhoea - 10012735 )	
Causality as per reporter	: Possible

## Continuation Sheet for CIOMS report

Causality as per Mfr : Possible  
DeChallenge : Not applicable  
ReChallenge : Not Applicable

## Labeling :

1) DIARRHEA  
CORE Labeled

## 15. DAILY DOSE(S) (Continuation...)

## Dosage Text :

Drug 1 :CARDISPAN

1) without exceeding the maximum dose of 5 g per day

## 23. OTHER RELEVANT HISTORY (Continuation...)

## Medical History And Concurrent Conditions :

Patient had no allergies