

SUSPECT ADVERSE REACTION REPORT										

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
	Spain	Day	Month	Year		Female	Day	Month	Year	
							27	Oct	2023	
<b>7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)</b> <b>Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)</b>  Other Seriousness Criteria: Medically Significant #1  Dolor [Pain]    This case has been downloaded from the EudraVigilance database without narrative (L2A). (WWID: ES-AEMPS-1604730)  New version is created due to there is information not extracted (mapped) from database to the fields in the CIOMS: Adult Patient's weight and height: 60kg, 158cm ALZIL PLUS 5 MG/10 MG COMPRIMIDOS RECUBIERTOS CON PELICULA, 30 comprimidos, action taken: withdrawn <div style="text-align: right;">/...continued</div>										<input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENCE OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> CONGENITAL ANOMALY <input checked="" type="checkbox"/> OTHER

## II. SUSPECT DRUG(S) INFORMATION

<b>14. SUSPECT DRUG(S) (include generic name)</b> #1  ALZIL PLUS   Rosuvastatin + Ezetimibe   Film-coated tablet   Unknown {Lot#: 233959} #3  Cardyl   Atorvastatin calcium   Unknown   Unknown {Lot#: HG0400}		<b>20 DID REACTION ABATE AFTER STOPPING DRUG?</b> #1  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA #3  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>15. DAILY DOSE(S)</b> #1  1/24 #3  1/24	<b>16. ROUTE(S) OF ADMINISTRATION</b> #1  Oral #3  Oral	
<b>17. INDICATION(S) FOR USE</b> #1  Asked But Unknown #3  Asked But Unknown		<b>21. DID REACTION REAPPEAR AFTER REINTRODUCTION?</b> #1  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA #3  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b>18. THERAPY DATES (from/to)</b> #1  06-Nov-2023 to 10-Nov-2023 #3  19-Oct-2023 to 04-Nov-2023	<b>19. THERAPY DURATION</b> #1  5.0 [Day] #3  17.0 [Day]	

## III. CONCOMITANT DRUG(S) AND HISTORY

<b>22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)</b> #2  Nustendi   Bempedoic acid, Ezetimibe   1/24   Oral   29-Feb-2024 to 12-Sep-2024
<b>23. OTHER RELEVANT HISTORY (e.g diagnostics, allergics, pregnancy with last month of period, etc.)</b>

## IV. MANUFACTURER INFORMATION

<b>24a. NAME AND ADDRESS OF MANUFACTURER</b> FERRER INTERNACIONAL, S.A. Diagonal Avenue 549, 08029, Barcelona, Spain Phone: +34936003700,		<b>26. REMARKS</b> Company Comments: ID: 20-24-ESP-FER-0000629 Pain is expected according to the reference safety document of Rosuvastatin/Ezetimibe. This adverse reaction was involved in a serious case due to other medically important condition. The intensity of the adverse reaction was unknown. The suspected drug was withdrawn and the event recovered. Statin side effects can vary between different statins, but common side effects include headache, dizziness, gastrointestinal disorders or myalgias. In this particular case the temporal association, the positive withdrawn and the well-known pharmaco-toxicologic profile of the product could enhance the causal relationship. It is noteworthy to point that other suspected drug (Atorvastatin) could be also involved in the onset of the event. Further information should be needed to make a clear medical assessment and to investigate other etiologies. In summary, based on the information provided, the Company assessed as possible the causal relationship between the drug and the event according to the Karch- Lasagna method.
<b>24b. MFR CONTROL NO.</b> 20-24-ESP-FER-0000629	<b>25b. NAME AND ADDRESS OF REPORTER</b> Spain Consumer	
<b>24c. DATE RECEIVED BY MANUFACTURER</b> 10-Dec-2024	<b>24d. REPORT SOURCE</b> <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH <input checked="" type="checkbox"/> OTHER: PROFESSIONAL Consumer (including Attorneys)	
<b>DATE OF THIS REPORT</b>	<b>25a. REPORT TYPE</b>	

14-May-2025	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> FOLLOWUP: 1	
-------------	----------------------------------	---	--

**ADDITIONAL INFORMATION**

**7+13 DESCRIBE REACTION(S) continued**

NUSTENDI 180 mg/10 mg COMPRIMIDOS RECUBIERTOS CON PELICULA, 28 comprimidos, action taken: withdrawn; indication: Cholesterol high

CARDYL 20 mg COMPRIMIDOS RECUBIERTOS CON PELICULA, 28 comprimidos, action taken: withdrawn; indication: Cholesterol high

Outcome: recovered/resolved with sequelae; end date of the reaction: 03Dec2024