

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	60 Years	Male	Day	Month	Year	
							2	Aug	2023	
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) #1 Immune-mediated necrotising myopathy [Immune-mediated myositis] This case has been downloaded from the EudraVigilance database without narrative (L2A)(WWID:ES-AEMPS-1480356). New version is created due to there is information not extracted (mapped) from database to the fields in the CIOMS: ROSUVASTATINA/EZETIMIBA 10 mg/10 mg 30 comprimidos, action taken: withdrawn Outcome of the reaction: not recovered/not resolved/ongoing: end date of the reaction: Asked But Unknown										<input type="checkbox"/> PATIENT DIED <input checked="" 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 type="checkbox"/> OTHER

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 Rosuvastatin + Ezetimibe Rosuvastatin + Ezetimibe Unknown Unknown {Lot#: Unknown}		20 DID REACTION ABATE AFTER STOPPING DRUG? #1 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1 1 {DF} every 24 hour (0-0-1)	16. ROUTE(S) OF ADMINISTRATION #1 Oral	
17. INDICATION(S) FOR USE #1 Hypercholesterolaemia [Hypercholesterolaemia]		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? #1 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES (from/to) #1 26-Jun-2023 to 04-Aug-2023	19. THERAPY DURATION #1 40.0 [Day]	

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, allergics, pregnancy with last month of period, etc.) Drug History Sub Section: #1 Atorvastatin Atorvastatin 29-Aug-2023 to 11-Oct-2023 (Historical Drug) #2 Atorvastatin Atorvastatin 19-Jan-2018 to 16-Nov-2022 (Historical Drug)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER FERRER INTERNACIONAL, S.A. Diagonal Avenue 549, 08029, Barcelona, Spain Phone: +34936003700,		26. REMARKS Company Comments: ID: 20-24-ESP-FER-0000048 Immune-mediated myositis is expected according to the reference safety document of Rosuvastatin/Ezetimibe. This adverse reaction was involved in a serious case due to caused/prolonged hospitalization. The intensity of the adverse reaction was unknown. Despite the suspected drug was withdrawn the event was not 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 and the well-known pharmaco-toxicologic profile of the product could enhance the causal relationship. 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 conditional the causal relationship between the drug and the event according to the Karch- Lasagna method.
24b. MFR CONTROL NO. 20-24-ESP-FER-0000048	25b. NAME AND ADDRESS OF REPORTER Spain Physician	
24c. DATE RECEIVED BY MANUFACTURER 05-Feb-2024	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	
DATE OF THIS REPORT 14-May-2025	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 1	