

SUSPECT ADVERSE REACTION REPORT										

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY Russian Federation	2. DATE OF BIRTH			2a. AGE 70 Years	3. SEX Female	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year			Day	Month	Year	
							11	Apr	2025	
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) #1 Complaints of severe general weakness [Asthenia] #2 Body tremors [Tremor] #3 Nausea [Nausea] Initial spontaneous report received on 04-Jun-2025 from TAKEDA (ID TAP-13140/RU- RZN -2984734), and forwarded to Ferrer on 09-Jun-2025, originally reported by a Russian toxicologist physician. This case concerns a 70-year-old female chinese patient (Height: 150 CM // Weight: 60 KG) on treatment with ACTOVEGIN(deproteinized hemoderivative of calf blood), MILDRONATE(meldonium) and CITICOLINE (citicoline). /...continued										<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 Actovegin Blood, calf, deprot., lmw portion, Blood, calf, deprot., lmw portion Unknown (NOS) Unknown #2 Mildronate Meldonium dihydrate, Meldonium dihydrate Solution (NOS) Unknown {Lot#: Unknown}/...continued		20 DID REACTION ABATE AFTER STOPPING DRUG? #1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA #2 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1 Dosing frequency 1 day (Duration of MP administration: 5 days) #2 Dosing frequency 1 day (Duration of MP administration: 5 days)	16. ROUTE(S) OF ADMINISTRATION #1 IV drip #2 IV drip	
17. INDICATION(S) FOR USE #1 Atherosclerosis [Arteriosclerosis] #2 Ischemic heart disease [Myocardial ischaemia] /...continued		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? #1 <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA #2 <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES (from/to) #1 07-Apr-2025 to 11-Apr-2025 #2 07-Apr-2025 to 11-Apr-2025	19. THERAPY DURATION #1 5.0 [Day] #2 5.0 [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.) Medical History Sub Section: #1 Current Condition Atherosclerosis [Arteriosclerosis] #2 Current Condition Ischemic heart disease [Myocardial ischaemia]

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER		26. REMARKS Company Comments: ID: 20-25-RUS-FER-0000338 Nausea is expected according to the reference safety document of Citicoline while asthenia and tremor are unexpected. This adverse reaction was involved in a serious case due to hospitalization reported. The action taken with the drug was withdrawn and the outcome of the events were recovered. In this particular case, the temporal relationship 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. Based on the information provided, the Company assessed as Probable the causal relationship between the drug and the event according to the Karch Lasagna modified method.
24c. DATE RECEIVED BY MANUFACTURER 04-Jun-2025	24b. MFR CONTROL NO. 20-25-RUS-FER-0000338 24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input checked="" type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	25b. NAME AND ADDRESS OF REPORTER Russian Federation Other or unknown Physician Physician
DATE OF THIS REPORT	25a. REPORT TYPE	

16-Jun-2025	<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> FOLLOWUP:	
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ADDITIONAL INFORMATION

7+13 DESCRIBE REACTION(S) continued

According to the patient, this morning, during outpatient treatment, the above-mentioned complaints appeared. Intravenous infusions of the following medicinal products were administered: Actovegin, Meldonium, and Citicoline. Toward the end of the infusion, the patient experienced a sensation of "malaise." She was referred to [REDACTED]. Blood pressure was within the normal range.

In the emergency department, she was examined by a neurologist and a cardiologist; no acute disorder was identified. She was hospitalized in [REDACTED]. The patient is unable to specify the doses of the medicinal products.

Drug treatment: Inpatient regimen.
Diet: Standard therapeutic diet.
IV infusions: Potassium chloride solution + calcium chloride + magnesium chloride + sodium acetate + sodium chloride + malic acid, 1000 mL once daily.

MEDICAL HISTORY
No medical history reported, no allergy reported.

LABORATORY TESTS
BP was within the normal range.

SUSPECTS PRODUCTS
-ACTOVEGIN (deproteinized hemoderivative of calf blood), solution for injections, unknown dose, QD, intravenous route, from 07-Apr-2025 to 11-Apr-2025, for Atherosclerosis. The product was discontinued on 11-Apr-2025.

-MELDONIUM (meldonium), solution for intravenous, intramuscular and paravulbar administration, unknown dose, QD, intravenous route, from 07-Apr-2025 to 11-Apr-2025, for Ischemic heart disease. The product was discontinued on 11-Apr-2025.

-CITICOLINE (citicoline), solution for injections, unknown dose, QD, intravenous route, from 07-Apr-2025 to 11-Apr-2025, for Atherosclerosis. The product was discontinued on 11-Apr-2025.

CONCOMITANT PRODUCTS
No concomitant treatment reported.

ADVERSE REACTIONS/SPECIAL SITUATIONS
-Complaints of severe general weakness (LLT: Weakness generalized) on 11-Apr-2025 to 13-Apr-2025. The outcome of the event was Recovered.
- Body Tremors (LLT: Tremor) on 11-Apr-2025 to 11-Apr-2025. The outcome of the event was Recovered.
- Nausea (LLT: Nausea) on 11-Apr-2025 to 11-Apr-2025. The outcome of the event was Recovered.

REPORTER COMMENTS
Seriousness was reported serious (Hospitalization) by the reporter.

SERIOUSNESS
-LLT: Generalized weakness has been considered serious due to hospitalization.
-LLT: Tremor has been considered serious due to hospitalization.
-LLT: Nausea has been considered serious due to hospitalization.

This case has been assessed as Serious.

Lab Data:
#1| Unknown | BP was within the normal range [Blood pressure normal] | Unknown(L) | Unknown(H) | BP was within the normal range

14-21. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION	20 DID REACTION ABATE AFTER STOPPING DRUG?
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				21. DID REACTION REAPPEAR AFTER REINTRODUCTION?
#1 Actovegin Blood, calf, deprot., lmw portion, Blood, calf, deprot., lmw portion Unknown (NOS) Unknown {Lot#: Unknown} Regimen #1	Dosing frequency 1 day (Duration of MP administration: 5 days); IV drip	Atherosclerosis [Arteriosclerosis]	07-Apr-2025 to 11-Apr-2025; 5.0 [Day]	Yes; NA
#3 Citicoline Citicoline Solution for injection Unknown {Lot#: Unknown} Regimen #1	Dosing frequency 1 day (Duration of MP administration: 5 days); IV drip	Atherosclerosis [Arteriosclerosis]	07-Apr-2025 to 11-Apr-2025; 5.0 [Day]	Yes; NA