

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

|   |                                 |                  |       |      |                               |                         |                                  |                    |      |  |   |
|---|---------------------------------|------------------|-------|------|-------------------------------|-------------------------|----------------------------------|--------------------|------|--|---|
| 1. PATIENT INITIALS<br>(first, last)<br><b>PRIVACY</b>  | 1a. COUNTRY<br><b>GUATEMALA</b> | 2. DATE OF BIRTH |       |      | 2a. AGE<br><b>82</b><br>Years | 3. SEX<br><b>Female</b> | 3a. WEIGHT<br><b>63.00</b><br>kg | 4-6 REACTION ONSET |      |  | 8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION<br><br><input type="checkbox"/> PATIENT DIED<br><br><input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION<br><input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY<br><br><input type="checkbox"/> LIFE THREATENING<br><input type="checkbox"/> CONGENITAL ANOMALY<br><br><input type="checkbox"/> OTHER |
|   |                                 | Day              | Month | Year |                               |                         | Day                              | Month              | Year |  |   |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)<br>Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)<br><b>Very low blood pressure [Blood pressure low]</b><br><b>Blocked kidney [Hydronephrosis]</b><br><b>Urinary tract infection [Urinary tract infection]</b><br>Patient took half tablet daily of PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 by own decision and economic factors, her doctor prescribed 1 tablet daily [Intentional misuse by dose change]<br>If her blood pressure rose, patient took PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 even though her doctor stopped her from taking it [Intentional product misuse]<br>Patient took half tablet daily of PERINDOPRIL ARG 10 / INDA 2.5 |                                 |                  |       |      |                               |                         |                                  |                    |      |  |   |
| (Continued on Additional Information Page)  |                                 |                  |       |      |                               |                         |                                  |                    |      |  |   |

## II. SUSPECT DRUG(S) INFORMATION

|   |  |  |
|---|--|--|
| 14. SUSPECT DRUG(S) (include generic name)<br><b>#1 ) PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 (PERINDOPRIL ARGinine 10 mg, INDAPAMIDE 2.5 mg,</b><br>(Continued on Additional Information Page) |  | 20. DID REACTION ABATE AFTER STOPPING DRUG?<br><br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA     |
| 15. DAILY DOSE(S)<br><b>#1 ) 0.5 DF, qd</b>   | 16. ROUTE(S) OF ADMINISTRATION<br><b>#1 ) Oral use</b> |  |
| 17. INDICATION(S) FOR USE<br><b>#1 ) Hypertension (Hypertension)</b>  |  | 21. DID REACTION REAPPEAR AFTER REINTRODUCTION?<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA |
| 18. THERAPY DATES(from/to)<br><b>#1 ) 2022 / FEB-2025</b>   | 19. THERAPY DURATION<br><b>#1 ) Unknown</b>            |  |

## 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, allergies, pregnancy with last month of period, etc.)<br><table border="0"> <tr> <td>From/To Dates</td> <td>Type of History / Notes</td> <td>Description</td> </tr> <tr> <td>1990 to Ongoing</td> <td>Historical Condition</td> <td>Hypertension (Hypertension)</td> </tr> <tr> <td>2021 to Ongoing</td> <td>Historical Condition</td> <td>Osteoporosis (Osteoporosis)</td> </tr> </table> |                         |                             | From/To Dates | Type of History / Notes | Description | 1990 to Ongoing | Historical Condition | Hypertension (Hypertension) | 2021 to Ongoing | Historical Condition | Osteoporosis (Osteoporosis) |
| From/To Dates   | Type of History / Notes | Description                 |               |                         |             |                 |                      |                             |                 |                      |                             |
| 1990 to Ongoing   | Historical Condition    | Hypertension (Hypertension) |               |                         |             |                 |                      |                             |                 |                      |                             |
| 2021 to Ongoing   | Historical Condition    | Osteoporosis (Osteoporosis) |               |                         |             |                 |                      |                             |                 |                      |                             |

## IV. MANUFACTURER INFORMATION

|  |   |  |
|--|---|--|
| 24a. NAME AND ADDRESS OF MANUFACTURER<br><b>SERVIER CENTRO AMERICA Y CARIBE</b><br><b>PANAMA</b> |   | 26. REMARKS<br><b>Patient ID: 1811323620103</b><br><b>Study ID: IC4-06593-001-GTM*</b> |
|  | 24b. MFR CONTROL NO.<br><b>S25012272</b>  | 25b. NAME AND ADDRESS OF REPORTER<br><b>NAME AND ADDRESS WITHHELD.</b>                 |
| 24c. DATE RECEIVED BY MANUFACTURER<br><b>20-AUG-2025</b>   | 24d. REPORT SOURCE<br><input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE<br><input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER: |  |
| DATE OF THIS REPORT<br><b>26-AUG-2025</b>  | 25a. REPORT TYPE<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:  |  |

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

/ AMLO 10-F34 by own decision and economic factors, her doctor prescribed 1 tablet daily [Drug use for unapproved dosing regimen]

Case Description: This Solicited case was received from a Consumer in GUATEMALA concerned a patient participating in patient support program (PSP) protocol number IC4-06593 -001-GTM (Improve adherence to treatments).

The patient was an 82-years old female (patient ID: 1811323620103) with the medical history of hypertension since 1990 treated with PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 (half tablet daily, orally) from an unknown date in 2022 to an unknown date in FEB-2025 and osteoporosis since 2021.

No other concomitant treatments were reported, if any.

In 2022, she experienced Misuse because she took half tablet daily of PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 by own decision and economic factors, her doctor prescribed 1 tablet daily. If her blood pressure rose, she took PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 even though her doctor stopped her from taking it.

On an unknown date in FEB-2025, she experienced very low blood pressure and blocked kidney, her doctor suspended PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34. She related the event Very low blood pressure to the kidney problems she had. She did not know the intensity.

O an unknown date in JUN-2025, she experienced urinary tract infection. It was not obtained to what she related it. The intensity was not obtained.

Treatment of the reaction (urinary tract infection): Since unknown date she took an antibiotic (she did not know the name).

Action taken regarding PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34: Temporarily interrupted. In FEB-2025 doctor suspended PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34.

Outcome: Recovered for Patient took half tablet daily of PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 by own decision and economic factors, her doctor prescribed 1 tablet daily, patient took PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 even though her doctor stopped her from taking it, very low blood pressure and not recovered for blocked kidney, urinary tract infection.

The seriousness assessment as per reporter was non-serious.

Causality assessment was related for misuse- considered as not applicable for patient took half tablet daily of PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 by own decision and economic factors, her doctor prescribed 1 tablet daily and She took PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 even though her doctor stopped her from taking it.

Causality assessment was not related for Very low blood pressure, Blocked kidney and Urinary tract infection.

Consent to contact the doctor was not obtained.

Case Comment: Hydronephrosis and Urinary tract infection are unlisted while Hypotension is listed as per RSI of TRIPLIXAM (PERINDOPRIL ARGinine 10 mg, INDAPAMIDE 2.5 mg, AMLODIPINE 10 mg). Considering the known side effect and positive dechallenge for Hypotension the causal role is possible. While considering the missing information (detailed history, unspecified kidney problem, investigations, treatment of osteoporosis) and negative dechallenge the causal role is not related for Hydronephrosis and Urinary tract infection.

**13. Lab Data**

| # | Date     | Test / Assessment / Notes  | Results | Normal High / Low |
|---|----------|----------------------------|---------|-------------------|
| 1 | FEB-2025 | Blood pressure measurement |         |                   |
|   |          | low                        |         |                   |

**14-19. SUSPECT DRUG(S) continued**

| 14. SUSPECT DRUG(S) (include generic name)                                   | 15. DAILY DOSE(S);<br>16. ROUTE(S) OF ADMIN | 17. INDICATION(S) FOR USE   | 18. THERAPY DATES (from/to);<br>19. THERAPY DURATION |
|--|---|-----------------------------|--|
| #1 ) PERINDOPRIL ARG 10 / INDA 2.5 /<br>AMLO 10-F34 (PERINDOPRIL ARGinine 10 | 0.5 DF, qd; Oral use                        | Hypertension (Hypertension) | 2022 / FEB-2025;<br>Unknown                          |

ADDITIONAL INFORMATION

14-19. SUSPECT DRUG(S) continued

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|--|---|---------------------------|--|
| mg, INDAPAMIDE 2.5 mg, AMLODIPINE 10<br>mg) Tablet, 10/2.5/10 mg; Regimen #1 |   |                           |  |