SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last)	1a. COUNTRY	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET		
		Day	Month	Year				Day	Month	Year
PRIVACY	HONDURAS		PRIVACY		88 Years	Female	49.00 kg		MAY	2025

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)

Feet inflammation [Inflammation]
Fluid retention [Fluid retention]

Case Description: This solicited case was received from a Consumer in HONDURAS and concerned a patient (ID: 0306193700011) participating in the post authorization study IC4-05985-001-HND [Improve adherence to treatments].

The patient was a 88-year-old female with a medical history of Hypertension since 2010, Kidney failure since 2018 both treated with

(Continued on Additional Information Page)

8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION

- ☐ PATIENT DIED
- ☐ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
- ☐ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
- ☐ LIFE THREATENING
- ☐ CONGENITAL ANOMALY
- ☐ OTHER

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name)
#1) PERINDOPRIL ARGININE 3.5-AMLODIPINE 2.5-F40 (PERINDOPRIL ARGININE 3.5 mg, AMLODIPINE 2.5 mg)
(Continued on Additional Information Page)

20. DID REACTION ABATE AFTER STOPPING DRUG?
☒ YES ☐ NO ☐ NA

15. DAILY DOSE(S)
#1) 2 DF, qd

16. ROUTE(S) OF ADMINISTRATION
#1) Oral use

17. INDICATION(S) FOR USE
#1) Hypertension (Hypertension)
(Continued on Additional Information Page)

21. DID REACTION REAPPEAR AFTER REINTRODUCTION?
☐ YES ☐ NO ☐ NA

18. THERAPY DATES(from/to)
#1) 2022 / 22-MAY-2025

19. THERAPY DURATION
#1) Unknown

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction)
#1) Eutebrol duo (Donepezil hydrochloride, Memantine hydrochloride) 10/14 mg; 2020 / Ongoing
#2) Gabex plus (Gabapentine) ; 2020 / Ongoing
#3) Folic acid (Folic acid) ; 2020 / Ongoing
#4) Goturic (Febuxostat) 90 mg; 2020 / Ongoing
#5) Eritropoyetina (Epoetin alfa) ; 2020 / Unknown
#6) Panto denk (Pantoprazole sodium sesquihydrate) ; 2020 / Ongoing
(Continued on Additional Information Page)

23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)

From/To Dates	Type of History / Notes	Description
2010 to Ongoing	Historical Condition	Hypertension (Hypertension)
2018 to Ongoing	Historical Condition	Kidney failure (Renal failure)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER
SERVIER CENTRO AMERICA Y CARIBE
PANAMA

26. REMARKS
Study ID: IC4-05985-001-HND*

24b. MFR CONTROL NO.
S25007434

25b. NAME AND ADDRESS OF REPORTER
NAME AND ADDRESS WITHHELD.

24c. DATE RECEIVED BY MANUFACTURER
26-MAY-2025

24d. REPORT SOURCE
☒ STUDY ☐ LITERATURE ☐ HEALTH PROFESSIONAL ☐ OTHER:

DATE OF THIS REPORT
02-JUN-2025

25a. REPORT TYPE
☒ INITIAL ☐ FOLLOWUP:

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

PERINDOPRIL ARGININE 3.5-AMLODIPINE 2.5-F40 (2 DF daily, orally) since unknown date in 2022 to 22-MAY-2025, Alzheimer since 2013, treated with Donepezil hydrochloride, Memantine hydrochloride (1DF daily) since 2020 Neuropathy since 2020, treated with Gabapentin (quarter tablet daily) from 2020, Anemia since 2018, treated with Folic acid (1DF daily) since 2020, and Cholesterol problems since an unspecified date, treated with Amlodipine besilate (10mg daily), and Allergy (rhinitis) since birth treated with Fexofenadine hydrochloride (0.5DF occasionally) since unknown date.

Other concomitant treatment included: Febuxostat (45mg daily) for Uric acid since 2020, Pantoprazole sodium sesquihydrate (40mg daily) as a gastric protector since 2020, Epoetin alfa (one injection weekly) since 2020.

On an unspecified date in May-2025, the patient experienced Fluid retention and Feet inflammation from the knee down (did not indicate the intensity). Her doctor indicated it was related to PERINDOPRIL ARGININE 3.5-AMLODIPINE 2.5-F40 and so changed it to Coversyl 10mg.

With this change the adverse events decreased but were still present.

On 23-MAY-2025, as a treatment for reaction the patient started Furosemida 40mg (Half tablet in the morning and half tablet in the afternoon daily, orally) for fluid retention.

Action taken: Drug withdrawn.

Outcome: Recovering for Fluid retention and Feet inflammation and recovered for patient administered PERINDOPRIL ARGININE 3.5-AMLODIPINE 2.5-F40 2 tablets daily orally

Reporter assessment: Related and not serious for both events.

Consent to contact the doctor was not obtained.

Case Comment: Inflammation and fluid retention are both unlisted in the RSI of PERINDOPRIL ARGININE 3.5-AMLODIPINE 2.5-F40. Given the reasonable chronology and positive dechallenge, but confounding factors (polypharmacy, multiple co-morbidities including kidney failure), the causal role is assessed as possible.

14-19. 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
#1) PERINDOPRIL ARGININE 3.5-AMLODIPINE 2.5-F40 (PERINDOPRIL ARGININE 3.5 mg, AMLODIPINE 2.5 mg) Tablet; Regimen #1	2 DF, qd; Oral use	Hypertension (Hypertension) Kidney failure (Renal failure)	2022 / 22-MAY-2025; Unknown

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION continued

#7) Vasten (Amlodipine besilate) ; Ongoing

#8) Allegra (Fexofenadine hydrochloride) ; Ongoing

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
2013 to Ongoing	Historical Condition	Alzheimer's disease (Dementia Alzheimer's type);
2020 to Ongoing	Historical Condition	Neuropathy (Neuropathy peripheral);
2021 to Ongoing	Historical Condition	Anemia (Anaemia);
Unknown to Ongoing	Historical Condition since birth	Cholesterol (Blood cholesterol);
Unknown to Ongoing	Historical Condition	Rhinitis allergic (Rhinitis allergic);

ADDITIONAL INFORMATION

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
	since birth	
Unknown to Ongoing	Historical Condition	Gastric disorder (Gastrointestinal disorder);