

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY HONDURAS	2. DATE OF BIRTH			2a. AGE 63 Years	3. SEX Male	3a. WEIGHT 97.00 kg	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION <input type="checkbox"/> PATIENT DIED <input checked="" type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER	
		Day	Month	Year			Day	Month	Year			
										APR	2025	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [LOWER LEVEL TERM] (Related symptoms if any separated by commas)
 Prostate surgery [Prostate surgery]
 He experienced high blood pressure of 130-140 mm Hg [Blood pressure high]
 Leg inflammation and Foot inflammation [Inflammation]
 Prostate inflammation [Prostatitis]
 High creatinine [Creatinine high]
 Fluid retention [Fluid retention]

Case Description: This solicited case was received in HONDURAS and concerned a patient participating in the patient support program (IC4- 06593-001-HND) (Improve adherence to treatments.).

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 (PERINDOPRIL ARGININE 10 mg, INDAPAMIDE 2.5 mg, #2) PROCORALAN 5 mg (IVABRADINE) Film-coated tablet, 5 mg (Continued on Additional Information Page)		20. DID REACTION ABATE AFTER STOPPING DRUG? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1) 1 DF, qd #2) 2.5 mg, qd	16. ROUTE(S) OF ADMINISTRATION #1) Oral use #2) Oral use	
17. INDICATION(S) FOR USE #1) Hypertension (Hypertension) #2) Heart problems (Cardiac disorder)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) 2021 / APR-2025 #2) 2021 / Ongoing	19. THERAPY DURATION #1) Unknown #2) Unknown	

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.) <table border="1"> <thead> <tr> <th>From/To Dates</th> <th>Type of History / Notes</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>2021 to Ongoing</td> <td>Historical Condition</td> <td>Hypertension (Hypertension)</td> </tr> <tr> <td>2021 to Ongoing</td> <td>Historical Condition</td> <td>Heart disease, unspecified (Cardiac disorder)</td> </tr> </tbody> </table>			From/To Dates	Type of History / Notes	Description	2021 to Ongoing	Historical Condition	Hypertension (Hypertension)	2021 to Ongoing	Historical Condition	Heart disease, unspecified (Cardiac disorder)
From/To Dates	Type of History / Notes	Description									
2021 to Ongoing	Historical Condition	Hypertension (Hypertension)									
2021 to Ongoing	Historical Condition	Heart disease, unspecified (Cardiac disorder)									

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER SERVIER CENTRO AMERICA Y CARIBE PANAMA		26. REMARKS Patient ID: 1804196101638 Study ID: IC4-06593-001-HND*		
24b. MFR CONTROL NO. S25011180		25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.		
24c. DATE RECEIVED BY MANUFACTURER 25-JUL-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:			
DATE OF THIS REPORT 07-AUG-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:			

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

The initial reporter was a Consumer.

The patient was a 63-year-old male (Weight: 97 kg; Height: 175 cm) with the medical history of Hypertension since 2021, treated with PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 (1 DF daily, orally) from unknown date in 2021 to unknown date in APR-2025 and Heart problems since 2021, treated with PROCORALAN 5 mg (2.5 mg daily, orally) since unknown date in 2021. No other concomitant treatment was reported, if any.

On unknown date in APR-2025, the patient experienced High blood pressure (130-140 mm Hg). He related it to prostate inflammation, not to PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 or PROCOLARAN.

On unknown date in APR-2025, the patient experienced Leg inflammation and Foot inflammation. He related it to prostate inflammation, not to PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 or PROCOLARAN.

On unknown date in APR-2025, the patient experienced Prostate inflammation. Because of this, he had prostate surgery 2 and a half months ago (unknown date in MAY 2025).

On unknown date in APR-2025, the patient experienced High creatinine. He related it to prostate inflammation, not to PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 or PROCOLARAN. The Intensity was not obtained.

On unknown date in APR-2025, the patient experienced Fluid retention. He related it to prostate inflammation, not to PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 or PROCOLARAN. The Intensity was not obtained.

Treatment of the reactions : Since APR-2025, the patient took Exforge (he did not know the miligrams and dose)

Action taken with PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34: Drug withdrawn

Action taken with PROCOLARAN 5MG: Dose not changed

Outcome: Recovered.

The event PT "Prostatic operation" was upgraded to serious (hospitalization) by the MAH.

Reporter's assessment: Events not related to the suspected Servier products. Non-serious

Since no consent to contact the physician neither the reporter was obtained, the case was closed

Case Comment: Blood creatinine increased is listed in the RSI of both PERINDOPRIL ARG 10 / INDA 2.5 / AMLO 10-F34 and PROCOLARAN, while hypertension is listed for PROCOLARAN only. Given the context provided (event occurring due to prostate inflammation), nature of some events (surgery, signs of urinary outflow impairment), the reporter's opinion is maintained and the causal role is assessed as not related.

13. Lab Data

#	Date	Test / Assessment / Notes	Results	Normal High / Low
1		Blood pressure measurement		
		130-140 mm Hg		

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 ARG 10 / INDA 2.5 / AMLO 10-F34 (PERINDOPRIL ARGinine 10 mg, INDAPAMIDE 2.5 mg, AMLODIPINE 10 mg) Tablet, 10/2.5/10 mg; Regimen #1	1 DF, qd; Oral use	Hypertension (Hypertension)	2021 / APR-2025; Unknown