

FR-Sélectionnez votre emplacement dans la liste ci-dessous pour obtenir les coordonnées: test ^[1]

Alternatively, if you are unable to report the side effect electronically you can email your local Novartis Drug Safety Responsible person. Please select the location you are reporting from the list below.

Select by location

 ▼

Contact information Afghanistan

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

pakistan.pharmacovigilance@novartis.com ^[2]

Contact information Albania

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serbia.drugsafety@novartis.com [3]

Contact information Algeria

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drugsafety.algeria@novartis.com [4]

Contact information American Samoa

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usdrugsafety.operations@novartis.com [5]

Contact information Andorra

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spain.safety@novartis.com [6]

Contact information Angola

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drug.safetyssa@novartis.com [7]

Contact information Anguilla

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seguridad.clinica@novartis.com [8]

Contact information Antigua and Barbuda

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seguridad.clinica@novartis.com [8]

Contact information Argentina

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Drug_safety.argentina@novartis.com [9]

Contact information Armenia

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drugsafety.cis@novartis.com [10]

Contact information Aruba

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seguridad.clinica@novartis.com [8]

Contact information Australia

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patientsafety.aunz@novartis.com [11]

Contact information Austria

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austria.pharmacovigilance@novartis.com [12]

Contact information Azerbaijan

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drugsafety.cis@novartis.com [10]

Contact information Bahamas

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seguridad.clinica@novartis.com [8]

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ae.safetyreports@novartis.com [13]

Contact information Bangladesh

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drug_safety.bangladesh@novartis.com [14]

Contact information Barbados

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seguridad.clinica@novartis.com [8]

Contact information Belarus

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drugsafety.cis@novartis.com [10]

Contact information Belgium

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drug.safety_belgium@novartis.com [15]

Contact information Belize

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seguridad.clinica@novartis.com [8]

Contact information Benin

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drug.safetyssa@novartis.com [7]

Contact information Bermuda

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seguridad.clinica@novartis.com [8]

Contact information Bhutan

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india.drug_safety@novartis.com [16]

Contact information Bolivia, Plurinational state of

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Drug_safety.argentina@novartis.com [9]

Contact information Bosnia and Herzegovina

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serbia.drugsafety@novartis.com [3]

Contact information Botswana

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patientsafety.sacg@novartis.com [17]

Contact information Brazil

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

farmaco.novartis@novartis.com [18]

Contact information Brunei Darussalam

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

impsvo.sgmy@novartis.com [19]

Contact information Bulgaria

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.bulgaria@novartis.com [20]

Contact information Burkina Faso

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Burundi

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Cambodia

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.vietnam@novartis.com [21]

Contact information Cameroon

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Canada

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safety@novartis.com [22]

Contact information Cape Verde

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Cayman Islands

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Central African Republic

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Chad

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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drug.safetyssa@novartis.com [7]

Contact information Chile

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

chile.drugsafety@novartis.com [23]

Contact information China

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

Drugsafety.China@novartis.com [24]

Contact information Christmas Island

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.aunz@novartis.com [11]

Contact information Cocos (Keeling) Islands

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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patientsafety.aunz@novartis.com [11]

Contact information Colombia

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

colombia.farmacovigilancia@novartis.com [25]

Contact information Comoros

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Congo

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Congo, The Democratic Republic Of

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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drug.safetyssa@novartis.com [7]

Contact information Costa Rica

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Croatia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

prijava.nuspojave@novartis.com [26]

Contact information Cuba

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- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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seguridad.clinica@novartis.com [8]

Contact information Curaçao

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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seguridad.clinica@novartis.com [8]

Contact information Cyprus

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.cyprus@novartis.com [27]

Contact information Czech Republic

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

farmakovigilance.cz@novartis.com [28]

Contact information Côte D'ivoire

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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drug.safetyssa@novartis.com [7]

Contact information Denmark

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.dk@novartis.com [29]

Contact information Djibouti

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Dominica

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Dominican Republic

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Ecuador

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safety_ecuador@novartis.com [30]

Contact information Egypt

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.egypt@novartis.com [31]

Contact information El Salvador

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Equatorial Guinea

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Eritrea

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Estonia

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.estonia@novartis.com [32]

Contact information Ethiopia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Fiji

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.aunz@novartis.com [11]

Contact information Finland

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities unless local legal regulations require to do so. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.fi@novartis.com [33]

Contact information France

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

phv.phfrro@novartis.com [34]

Contact information French Guiana

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and

impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

phv.phfrru@novartis.com [34]

Contact information French Polynesia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

phv.phfrru@novartis.com [34]

Contact information Gabon

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you

do not wish to be contacted, you should indicate this in your email.

- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Gambia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Georgia

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.cis@novartis.com [10]

Contact information Germany

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ams.novartis@novartis.com [35]

Contact information Ghana

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Gibraltar

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

spain.safety@novartis.com [6]

Contact information Greece

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.greece@novartis.com [36]

Contact information Greenland

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.dk@novartis.com [29]

Contact information Grenada

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- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Guam

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

usdrugsafety.operations@novartis.com [5]

Contact information Guatemala

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- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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seguridad.clinica@novartis.com [8]

Contact information Guinea

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Guinea-Bissau

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Guyana

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Haiti

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Holy See (Vatican City State)

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.italy@novartis.com [37]

Contact information Honduras

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Hong Kong

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.hk@novartis.com [38]

Contact information Hungary

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.

- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.phhubu@novartis.com [39]

Contact information Iceland

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.dk@novartis.com [29]

Contact information India

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

india.drug_safety@novartis.com [16]

Contact information Iraq

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugs_safety.mecluster@novartis.com [40]

Contact information Ireland

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.dublin@novartis.com [41]

Contact information Israel

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safetydesk.israel@novartis.com [42]

Contact information Italy

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.italy@novartis.com [37]

Contact information Jamaica

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Jordan

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patient_safety-1.levant@novartis.com [43]

Contact information Kazakhstan

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.cis@novartis.com [10]

Contact information Kenya

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Seychelles

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Sudan

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Sri Lanka

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

india.drug_safety@novartis.com [16]

Contact information Spain

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

spain.safety@novartis.com [6]

Contact information South Africa

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Somalia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Slovenia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

slovenia.drugsafety@novartis.com [44]

Contact information Slovakia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.

- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

vigilancia.sk@novartis.com [45]

Contact information Singapore

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sg@novartis.com [46]

Contact information Sierra Leone

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Russian Federation

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safety_russia@novartis.com [47]

Contact information Serbia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

serbia.drugsafety@novartis.com [3]

Contact information Senegal

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Saudi Arabia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

Patient Safety Department - Novartis Pharma AG - Saudi Arabia:

Toll free phone: 8001240078

Phone: +966112658100

Fax: +966112658107

Email: adverse.events@novartis.com

Contact information Sao Tome & Principe

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information San Marino

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.italy@novartis.com [37]

Contact information Saint Vincent And The Grenadines

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Saint Martin (French Part)

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Saint Lucia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Saint Kitts And Nevis

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Saint Helena, Ascension And Tristan Da Cunha

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ukdsr.phgbfr@novartis.com [48]

Contact information Rwanda

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Swaziland

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Suriname

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Uganda

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Sweden

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.se@novartis.com [49]

Contact information United Kingdom

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

uk.patientsafety@novartis.com [50]

Contact information Zambia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Qatar

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ae.safetyreports@novartis.com [13]

Contact information Yemen

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ae.safetyreports@novartis.com [13]

Contact information Virgin Islands, U.S.

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

usdrugsafety.operations@novartis.com [5]

Contact information Virgin Islands, British

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ukdsr.phgbfr@novartis.com [48]

Contact information Viet Nam

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.vietnam@novartis.com [21]

Contact information Venezuela, Bolivarian Republic Of

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica_venezuela@novartis.com [51]

Contact information Uzbekistan

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.cis@novartis.com [10]

Contact information Uruguay

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.argentina@novartis.com [52]

Contact information United States

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

usdrugsafety.operations@novartis.com [5]

Contact information United Arab Emirates

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ae.safetyreports@novartis.com [13]

Contact information Switzerland

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

nps.safetydesk@novartis.com [53]

Contact information Ukraine

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugs_safety.ukraine@novartis.com [54]

Contact information Turkmenistan

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.cis@novartis.com [10]

Contact information Turkey

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.turkey@novartis.com [55]

Contact information Tunisia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetymaghreb@novartis.com [56]

Contact information Trinidad And Tobago

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Togo

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Thailand

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.thailand@novartis.com [57]

Contact information Tanzania, United Republic Of

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Tajikistan

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.cis@novartis.com [10]

Contact information Taiwan

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

tw.safety@novartis.com [58]

Contact information Syrian Arab Republic

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugs_safety.mecluster@novartis.com [40]

Contact information Romania

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.romania@novartis.com [59]

Contact information Iran, Islamic Republic Of

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patient_safety-1.levant@novartis.com [43]

Contact information Puerto Rico

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

usdrugsafety.operations@novartis.com [5]

Contact information Luxembourg

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safety_belgium@novartis.com [15]

Contact information Mauritius

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Mauritania

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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drug.safetyssa@novartis.com [7]

Contact information Malta

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.malta@novartis.com [60]

Contact information Mali

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Maldives

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

india.drug_safety@novartis.com [16]

Contact information Malaysia

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

imspvo.sgmy@novartis.com [19]

Contact information Malawi

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Madagascar

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Macedonia, The Former Yugoslav Republic Of

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

serbia.drugsafety@novartis.com [3]

Contact information Macao

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.hk@novartis.com [38]

Contact information Lithuania

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

vaistusaugumas.lithuania@novartis.com [61]

Contact information Moldova, Republic Of

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.cis@novartis.com [10]

Contact information Liechtenstein

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Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

nps.safetydesk@novartis.com [53]

Contact information Libya

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- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetymaghreb@novartis.com [56]

Contact information Liberia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Lesotho

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Lebanon

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugs_safety.mecluster@novartis.com [40]

Contact information Latvia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.latvia@novartis.com [62]

Contact information Kyrgyzstan

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.cis@novartis.com [10]

Contact information Kuwait

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ae.safetyreports@novartis.com [13]

Contact information Korea, Republic of

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.kor@novartis.com [63]

Contact information Indonesia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.indonesia@novartis.com [64]

Contact information Mexico

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

farmaco.vigilanciamx@novartis.com [65]

Contact information Monaco

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

phv.phfrru@novartis.com [34]

Contact information Portugal

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

Clinicalsafety.pt@novartis.com [66]

Contact information Nigeria

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Poland

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

dse.poland@novartis.com [67]

Contact information Philippines

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug_safety.phphma@novartis.com [68]

Contact information Peru

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

clinicalsafety.peru@novartis.com [69]

Contact information Paraguay

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

Drug_safety.argentina@novartis.com [9]

Contact information Papua New Guinea

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.aunz@novartis.com [11]

Contact information Panama

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Palestinian Territory, Occupied

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patient_safety-1.levant@novartis.com [43]

Contact information Pakistan

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

pakistan.pharmacovigilance@novartis.com [2]

Contact information Oman

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ae.safetyreports@novartis.com [13]

Contact information Norway

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

safety.no@novartis.com [70]

Contact information Niger

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.

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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Mongolia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drugsafety.cis@novartis.com [10]

Contact information Nicaragua

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information New Zealand

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.aunz@novartis.com [11]

Contact information New Caledonia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

phv.phfrro@novartis.com [34]

Contact information Netherlands

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
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Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

ims-pvo.phnlr@novartis.com [71]

Contact information Nepal

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

india.drug_safety@novartis.com [16]

Contact information Nauru

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.

- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.aunz@novartis.com [11]

Contact information Namibia

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

Contact information Mozambique

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.

- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetyssa@novartis.com [7]

Contact information Morocco

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

drug.safetymaghreb@novartis.com [56]

Contact information Montserrat

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

seguridad.clinica@novartis.com [8]

Contact information Montenegro

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
Please note that your personal identifying information (e.g. name, email address) will not be shared with the health authorities. Novartis or its agents may contact you for further information about the side effect. If you do not wish to be contacted, you should indicate this in your email.
- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

serbia.drugsafety@novartis.com [3]

Contact information Zimbabwe

When submitting in an e-mail format please provide the following information in your email to ensure it is handled in a manner consistent with the applicable local laws:

- **Name of the drug:**
Description of when the patient started the medication, including dosing strength and frequency (amount and how often, e.g. 40mg twice daily). Any action taken with the medication (e.g. reduced dose, stopped) and impact of that action on the side effect.
- **The side effect** associated with the drug:
Symptom evolution over time. Description of any treatment needed for the side effect. Name of healthcare provider who provided treatment and contact information.
- **Your name** (optional):
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- **Information about the person** who experienced the side effect:
Any other medical conditions currently ongoing. Medications currently taken (name, dosing strength, frequency, and when medication was started). Gender and age of the person taking medication (optional).

patientsafety.sacg@novartis.com [17]

* Math question

1 + 0 = _____

Solve this simple math problem and enter the result. E.g. for 1+3, enter 4.

Déclarer un effet indésirable

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[71] <mailto:ims-pvo.phnlr@novartis.com>