

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH Day Month Year PRIVACY	2a. AGE 20 Years	3. SEX Female	3a. WEIGHT 81.70 kg	4-6 REACTION ONSET Day Month Year JAN 2024	8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION <input type="checkbox"/> PATIENT DIED <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY <input type="checkbox"/> LIFE THREATENING <input type="checkbox"/> CONGENITAL ANOMALY <input type="checkbox"/> OTHER
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) vomit [Vomiting] vomit [Vomiting] nausea [Nausea] Diarrhoea [Diarrhoea] Too many side effects [Adverse drug reaction] Ozempic for fatty liver [Product use in unapproved indication] Case Description: ***This is an auto generated narrative*** Study ID: 199-Novodia							(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Semaglutide B 1.34 mg/ml PDS290 0.25/0.5 mg (SEMAGLUTIDE) Solution for injection (Continued on Additional Information Page)	20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
15. DAILY DOSE(S) #1) 0.25 mg, qw	16. ROUTE(S) OF ADMINISTRATION #1) Subcutaneous
17. INDICATION(S) FOR USE #1) Fatty liver (Hepatic steatosis)	21. DID REACTION REAPPEAR AFTER REINTRODUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
18. THERAPY DATES(from/to) #1) JAN-2024 / Unknown	19. THERAPY DURATION #1) Unknown

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) #1) TAFIL [TADALAFIL] (TADALAFIL) ; Ongoing	
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) From/To Dates Type of History / Notes Description Unknown to Ongoing Current Condition Fatty liver (Hepatic steatosis) Duration not reported Unknown to Ongoing Current Condition Anxiety (Anxiety) Duration not reported	

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Novo Nordisk A/S Lise Grimmeshave Vandtaarnsvej 114 Soeborg, DK-2860 DENMARK Phone: +45 44448888	26. REMARKS Medically Confirmed: No
24b. MFR CONTROL NO. 1173545	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 26-MAY-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:
DATE OF THIS REPORT 10-JUN-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:

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

Study description: Trial Title: Patient support programme to support physician and their daily work to maintain an optimal diabetic control of patients through added value services such as treatment starter kit, nutrition support through NovoDia call center, individual workshops, group workshops and free A1c test.

Patient's height: 169 cm.

Patient's weight: 81.7 kg.

Patient's BMI: 28.605441.

This non-serious Solicited Report from COSTA RICA was reported by a Consumer as "vomit(Vomiting)" beginning on JAN-2024 , "vomit(Vomiting)" beginning on 05-FEB-2024 , "nausea(Nausea)" beginning on JAN-2024 , "Diarrhoea(Diarrhoea)" beginning on 05-FEB-2024 , "Too many side effects(Drug side effect)" beginning on 2024 , "Ozempic for fatty liver(Product use in unapproved indication)" beginning on JAN-2024 and concerned a 20 Years old Female patient who was treated with Ozempic 0.25/0.50 mg (SEMAGLUTIDE) from JAN-2024 to JUN-2024 for "Fatty liver",

Dosage Regimens:

Ozempic 0.25/0.50 mg: ??-JAN-2024 to Not Reported, Not Reported to ??-JUN-2024;

Current Condition: Fatty liver, Anxiety, Diabetes mellitus.

Concomitant medications included - TAFIL TADALAFIL.

Batch Numbers:

Ozempic 0.25/0.50 mg: UNK, UNK;

Action taken to Ozempic 0.25/0.50 mg was reported as No Change.

On JAN-2024 the outcome for the event "vomit(Vomiting)" was Recovered.

On FEB-2024 the outcome for the event "vomit(Vomiting)" was Recovered.

On JUN-2024 the outcome for the event "nausea(Nausea)" was Recovered.

On FEB-2024 the outcome for the event "Diarrhoea(Diarrhoea)" was Recovered.

On JUN-2024 the outcome for the event "Too many side effects(Drug side effect)" was Recovered.

On JUN-2024 the outcome for the event "Ozempic for fatty liver(Product use in unapproved indication)" was Recovered.

Reporter's causality (Ozempic 0.25/0.50 mg) -

vomit(Vomiting) : Possible

vomit(Vomiting) : Possible

nausea(Nausea) : Possible

Diarrhoea(Diarrhoea) : Possible

Too many side effects(Drug side effect) : Unknown

Ozempic for fatty liver(Product use in unapproved indication) : Unknown

Company's causality (Ozempic 0.25/0.50 mg) -

vomit(Vomiting) : Possible

vomit(Vomiting) : Possible

nausea(Nausea) : Possible

Diarrhoea(Diarrhoea) : Possible

Too many side effects(Drug side effect) : Unlikely

Ozempic for fatty liver(Product use in unapproved indication) : Possible

14-19. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION
#1) Semaglutide B 1.34 mg/ml PDS290 0.25/0.5 mg (SEMAGLUTIDE) Solution for injection; Regimen #2	0.5 mg, qw; Subcutaneous	Fatty liver (Hepatic steatosis)	Unknown / JUN-2024; Unknown

ADDITIONAL INFORMATION

14-19. SUSPECT DRUG(S) continued

14. SUSPECT DRUG(S) (include generic name)	15. DAILY DOSE(S); 16. ROUTE(S) OF ADMIN	17. INDICATION(S) FOR USE	18. THERAPY DATES (from/to); 19. THERAPY DURATION
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23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
Unknown to Ongoing	Current Condition	Diabetes mellitus (Diabetes mellitus); Type and duration not reported.