

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
			PRIVACY		Unk	Male	Unk		Unk		
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)											
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)		Product		Serious	Listed	Reporter Causality		Company Causality			
Patient was decompensated [Feeling abnormal]		XIGDUO		No	No	Not Applicable		Related		<input type="checkbox"/> PATIENT DIED	
Usa Off-Label [Off label use]		XIGDUO		No	No	Not Applicable		Not Applicable		<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

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) XIGDUO (DAPAGLIFLOZIN, METFORMIN) Tablet {Lot # WK0052; Exp.Dt. JUN-2026}		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) 10mg/1000mg	16. ROUTE(S) OF ADMINISTRATION #1) Oral use	
17. INDICATION(S) FOR USE #1) Diabetes (Diabetes mellitus)		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) Ongoing	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)		
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.)		
From/To Dates Unknown to Ongoing Unknown	Type of History / Notes Indication Historical Condition	Description Diabetes (Diabetes mellitus) Liver disorder (Liver disorder)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorghe 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000		26. REMARKS World Wide #: CR-ASTRAZENECA-202409CAM008919CR Case References: CR-AstraZeneca-CH-00709851A
	24b. MFR CONTROL NO. 202409CAM008919CR	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 07-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 13-MAY-2025	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> FOLLOWUP: 1	

13-May-2025 05:46

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

Case Description: A solicited report has been received from a consumer in Patient Support Program. The report concerns a male patient born in 1969.

The patient's past and current medical history included kidney disorder (dates not reported) and liver disorder (dates not reported).

No concomitant products were reported.

The patient started treatment with Xigduo (dapagliflozin, metformin) (batch number(s) WK0052) (expiration date(s) JUN-2026) 10 milligram bid, Oral use, on an unknown date for diabetes.

On an unknown date, the patient experienced patient was decompensated (preferred term: Feeling abnormal) and uso off-label (preferred term: Off label use).

The report described off-label use for Xigduo. The reported term was uso off-label (preferred term: Off label use).

The dose of Xigduo (dapagliflozin, metformin) was not changed.

The outcome of the event(s) of patient was decompensated and uso off-label was unknown.

The events were considered non-serious.

The reporter did not assess causality for patient was decompensated and uso off-label.

The company physician considered that there was a reasonable possibility of a causal relationship between Xigduo and the following event(s): patient was decompensated.

Summary of follow-up information received by AstraZeneca on 07-May-2025: Event Off-Label use added. Action taken updated from Withdrawn to No Change. Patient medical history added. Consent to FU with reporter updated as Yes, Suppress automated follow-up updated as No. Suspect product Xigduo 1 dosage regimens updated to one regimen, indication, frequency and expiration date added. Suspect product Xigduo 2 removed. Narrative updated.

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
Unknown	Historical Condition	Kidney disorder (Renal disorder);