

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 40 Years	3. SEX Female	3a. WEIGHT Unk	4-6 REACTION ONSET			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
		Day	Month	Year				Day	Month	Year	
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) Intermittent diarrhea [Diarrhoea] Excessive fatigue [Fatigue] Diarrhea [Diarrhoea] Lack of muscle strength [Muscular weakness] Case Description: ***This is an auto generated narrative*** Study ID: 199-NovoDia Study description: Trial Title: Patient support programme to support (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 1.34 mg/mL) Solution for injection (Lot # #2) Semaglutide B 1.34 mg/ml PDS290 1.0 mg (SEMAGLUTIDE 1.34 (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) 0.50 mg, qw(Every Monday) #2) 1 mg, qw(Ad (Continued on Additional Information Page)	16. ROUTE(S) OF ADMINISTRATION #1) Subcutaneous #2) Subcutaneous	
17. INDICATION(S) FOR USE #1) Type 2 Diabetes Mellitus (Type 2 diabetes mellitus) #2) Obesity (Obesity) (Continued on Additional Information Page)		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) 17-FEB-2025 / Unknown #2) 23-JUN-2025 / Ongoing	19. THERAPY DURATION #1) Unknown #2) Unknown	

III. CONCOMITANT DRUG(S) AND HISTORY

22. CONCOMITANT DRUG(S) AND DATES OF ADMINISTRATION (exclude those used to treat reaction) #1) FELICITAT (ESCITALOPRAM OXALATE) ; Ongoing																
23. OTHER RELEVANT HISTORY. (e.g. diagnostics, allergies, pregnancy with last month of period, etc.) <table border="0"> <tr> <td>From/To Dates</td> <td>Type of History / Notes</td> <td>Description</td> </tr> <tr> <td>Unknown to Ongoing</td> <td>Current Condition</td> <td>Type 2 diabetes mellitus (Type 2 diabetes mellitus)</td> </tr> <tr> <td></td> <td>Duration was not reported.</td> <td></td> </tr> <tr> <td>Unknown to Ongoing</td> <td>Current Condition</td> <td>Obesity (Obesity)</td> </tr> <tr> <td></td> <td>Increasing abdominal adiposity.</td> <td></td> </tr> </table>		From/To Dates	Type of History / Notes	Description	Unknown to Ongoing	Current Condition	Type 2 diabetes mellitus (Type 2 diabetes mellitus)		Duration was not reported.		Unknown to Ongoing	Current Condition	Obesity (Obesity)		Increasing abdominal adiposity.	
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Unknown to Ongoing	Current Condition	Type 2 diabetes mellitus (Type 2 diabetes mellitus)														
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	Increasing abdominal adiposity.															

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. 1419427	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 29-JUL-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	
DATE OF THIS REPORT 29-AUG-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

29-Aug-2025 10:29

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

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.

This non-serious Solicited Report from COSTA RICA was reported by a Consumer as "Intermittent diarrhea(Diarrhea)" with an unspecified onset date , "Excessive fatigue(Fatigue)" beginning on 30-JUN-2025 , "Diarrhea(Diarrhea)" beginning on 07-JUL-2025 , "Lack of muscle strength(Muscle weakness)" beginning on 30-JUN-2025 and concerned a 40 Years old Female patient who was treated with Ozempic 0.25/0.50 mg (SEMAGLUTIDE 1.34 mg/mL) from 17-FEB-2025 for "Type 2 Diabetes Mellitus" , , Ozempic 1.0 mg (SEMAGLUTIDE 1.34 mg/mL) from 23-JUN-2025 and ongoing for "Obesity", "Type 2 Diabetes mellitus",

Dosage Regimens:

Ozempic 0.25/0.50 mg: 17-FEB-2025 to Not Reported;

Ozempic 1.0 mg: 23-JUN-2025 to Not Reported (Dosage Regimen Ongoing);

Current Condition: Type 2 Diabetes Mellitus, Generalized Obesity, Anxiety disorder, Depression.

Concomitant medications included - FELICITAT(ESCITALOPRAM OXALATE).

Batch Numbers:

Ozempic 0.25/0.50 mg: PP5M906;

Ozempic 1.0 mg: PP5M708;

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

Action taken to Ozempic 1.0 mg was reported as No Change.

The outcome for the event "Intermittent diarrhea(Diarrhea)" was Recovered.

The outcome for the event "Excessive fatigue(Fatigue)" was Not recovered.

The outcome for the event "Diarrhea(Diarrhea)" was Not recovered.

The outcome for the event "Lack of muscle strength(Muscle weakness)" was Not recovered.

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

Intermittent diarrhea(Diarrhea) : Unknown

Excessive fatigue(Fatigue) : Unknown

Diarrhea(Diarrhea) : Unknown

Lack of muscle strength(Muscle weakness) : Unknown

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

Intermittent diarrhea(Diarrhea) : Possible

Excessive fatigue(Fatigue) : Unlikely

Diarrhea(Diarrhea) : Unlikely

Lack of muscle strength(Muscle weakness) : Unlikely

Reporter's causality (Ozempic 1.0 mg) -

Intermittent diarrhea(Diarrhea) : Unknown

Excessive fatigue(Fatigue) : Unknown

Diarrhea(Diarrhea) : Unknown

Lack of muscle strength(Muscle weakness) : Unknown

Company's causality (Ozempic 1.0 mg) -

Intermittent diarrhea(Diarrhea) : Unlikely

Excessive fatigue(Fatigue) : Possible

Diarrhea(Diarrhea) : Possible

Lack of muscle strength(Muscle weakness) : Unlikely

Reporter Comment: Indications to improve the symptoms were provided to the patient by the PSP, as during the consultation, several factors in the diet were detected that are affecting and triggering adverse events.

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	0.50 mg, qw(Every	Type 2 Diabetes Mellitus	17-FEB-2025 /

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
0.25/0.5 mg (SEMAGLUTIDE 1.34 mg/mL) Solution for injection {Lot # PP5M906; Exp.Dt. MAY-2027}; Regimen #1	Monday); Subcutaneous	(Type 2 diabetes mellitus)	Unknown; Unknown
#2) Semaglutide B 1.34 mg/ml PDS290 1.0 mg (SEMAGLUTIDE 1.34 mg/mL) Solution for injection, 1 mg {Lot # PP5M708; Exp.Dt. APR-2027}; Regimen #1	1 mg, qw(Administered on 30-June and 07-July, 2025); Subcutaneous	Obesity (Obesity) Type 2 Diabetes mellitus (Type 2 diabetes mellitus)	23-JUN-2025 / Ongoing; Unknown

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
19-DEC-2024 to Ongoing	Current Condition	Anxiety disorder (Anxiety disorder);
19-DEC-2024 to Ongoing	Current Condition	Depression (Depression);