	CIOMS FORM														RM						
SUSPECT ADVERSE REACTION REPORT																					
300. 201						_	Т		$\overline{}$			Т	_	1							
		I INFOR	MATIO	N																	
1. PATIENT INITIALS (first, last)	1a. COUNTRY	APPROPRIATE TO																			
PRIVACY	COSTARICA   Day   Month   Year   38     104 00   Day   Month   Year											ADVEDSE DEACTION									
7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data) Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)											<b>ヿ</b> ゚	Ш	PAII	ENI DIE	יט						
headaches [Headache]											INVOLVED OR PROLONGED INPATIENT HOSPITALISATION										
felt like nausea [Nausea] vomiting [Vomiting]									INVOLVED PERSISTENT OR SIGNIFICANT												
feel very unwell [Ma										DISABILITY OR INCAPACITY											
headaches [Headache] felt a lot of sweating [Hyperhidrosis]											LIFE THREATENING										
Case Description: ***This is an auto generated narrative***															IGENITA MALY	<b>AL</b>					
Study ID: 828652-My Healthy Journey (Continued on Additional Information									tion F	Pane	"  <sup> </sup>		ОТН	IER							
Olddy 15. 020002 W	y ricality courte			CT DDI					Oma		age	<u>' </u>									
14. SUSPECT DRUG(S) (incl	lude generic name)		I. SUSPE	CIDRU	JG(S) IN	IFORIVI <i>F</i>	4110	IN				20			CTION						
#1 ) Saxenda (liraglutide 6 mg/mL) Solution for injection, 6 mg/mL						inued on A	2)		UG?	AFTER S	STOP	PING	i								
					16. ROUTE(S	(Continued on Additional Information Page)  6. ROUTE(S) OF ADMINISTRATION								1,,,,,		~ <b>f</b>	<b></b>				
#1 ) UNK					#1 ) Unkn	own							<u> </u>	YES	S L N	<u>ا</u> د	<b>⊿</b> ™	Α			
17. INDICATION(S) FOR USE #1 ) Weight loss (Weight control)														21. DID REACTION REAPPEAR AFTER REINTRODUCTION?							
, , ,					•	(Continued on Additional Information Page)  THERAPY DURATION									000011						
18. THERAPY DATES(from/to) #1 ) OCT-2024 / Ongoing						1 ) Unknown								YES	S NO	0	X N	Ą			
					2010/6																
22. CONCOMITANT DRUG(S	S) AND DATES OF ADM		N (exclude those			S) AND F	HIST	<u>OR</u>	Y												
23. OTHER RELEVANT HIST From/To Dates		Туре	egnancy with last of of History / Notes rent Condition		Description																
Unknown to Ongoin	esistance	(Insul	in re	sistar	nce)																
Unknown to Ongoing Current Condition Migraine (Migraine)  duration not reported  duration not reported																					
		uura	mon not rep	onea																	
				IEACTU	DED IN	EODMA	TION														
IV. MANUFACTURE  24a. NAME AND ADDRESS OF MANUFACTURER  Name And Address OF MANUFACTURER						26. REMARKS															
Novo Nordisk A/S Lise Grimmeshave						Medically Confirmed: No															
Vandtaarnsvej 114 Soeborg, DK-2860 D																					
Phone: +45 44448888	8																				
	24b. MFR CONTROL NO.							25b. NAME AND ADDRESS OF REPORTER													
	1422570		NAM	NAME AND ADDRESS WITHHELD.																	
24c. DATE RECEIVED BY MANUFACTURER 24d. REPORT SOURCE STUDY LITERATURE																					
20-MAY-2025																					
DATE OF THIS REPORT	25a. REPORT																				
02-JUL-2025	<b>⊠</b> INITIAL		FOLLOWUP:	:																	

## ADDITIONAL INFORMATION

## 7+13. DESCRIBE REACTION(S) continued

Study description: Trial title: This is a 40 weeks digital patient support program with focus on exercise, motivation, nutrition & maintaining strategies (only for patients under Liraglutide 3.0 mg).

Patient's height: 155 cm.
Patient's weight: 104 kg.

Patient's BMI: 43.28824140.

This non-serious Solicited Report from COSTA RICA was reported by a Consumer as "headaches(Headache)" beginning on OCT-2024, "felt like nausea(Nausea)" beginning on OCT-2024, "vomiting(Vomiting)" with an unspecified onset date, "feel very unwell(Feeling unwell)" with an unspecified onset date, "headaches(Headache)" with an unspecified onset date, "felt a lot of sweating(Excess sweating)" with an unspecified onset date and concerned a 38 Years old Female patient who was treated with Saxenda (liraglutide 6 mg/mL) from OCT-2024 and ongoing for "Weight loss", "insulin resistance",

Dosage Regimens:

Saxenda: ??-OCT-2024 to Not Reported (Dosage Regimen Ongoing);

Current Condition: Insulin Resistance, Migraine.

Batch Numbers: Saxenda: ASKU;

Action taken to Saxenda was reported as No Change.

On 2024 the outcome for the event "headaches(Headache)" was Recovered. On 2024 the outcome for the event "felt like nausea(Nausea)" was Recovered.

The outcome for the event "vomiting(Vomiting)" was Unknown.

The outcome for the event "feel very unwell(Feeling unwell)" was Unknown.

The outcome for the event "headaches(Headache)" was Unknown.

The outcome for the event "felt a lot of sweating(Excess sweating)" was Unknown.

Reporter's causality (Saxenda) headaches(Headache) : Possible felt like nausea(Nausea) : Possible vomiting(Vomiting) : Unknown

feel very unwell(Feeling unwell): Unknown

headaches(Headache): Unknown

felt a lot of sweating(Excess sweating): Unknown

Company's causality (Saxenda) headaches(Headache) : Possible felt like nausea(Nausea) : Possible vomiting(Vomiting) : Possible

feel very unwell(Feeling unwell): Possible

headaches(Headache): Possible

felt a lot of sweating(Excess sweating): Unlikely

## 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
19. THERAPY DURATION
OCT-2024 / Ongoing;
insulin resistance (Insulin resistance)