

## SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

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| 1. PATIENT INITIALS<br>(first, last)<br><b>PRIVACY</b>                                                                                                                                                                                                                                                                                                                                                                                                                   | 1a. COUNTRY<br><b>COSTA RICA</b> | 2. DATE OF BIRTH<br>Day Month Year<br><b>PRIVACY</b> | 2a. AGE<br><b>Unk</b> | 3. SEX<br><b>Female</b> | 3a. WEIGHT<br><b>Unk</b> | 4-6 REACTION ONSET<br>Day Month Year<br><b>NOV 2024</b> | 8-12 CHECK ALL<br>APPROPRIATE TO<br>ADVERSE REACTION<br><input type="checkbox"/> PATIENT DIED<br><input type="checkbox"/> INVOLVED OR<br>PROLONGED INPATIENT<br>HOSPITALISATION<br><input type="checkbox"/> INVOLVED PERSISTENT<br>OR SIGNIFICANT<br>DISABILITY OR<br>INCAPACITY<br><input type="checkbox"/> LIFE<br>THREATENING<br><input type="checkbox"/> CONGENITAL<br>ANOMALY<br><input type="checkbox"/> OTHER |
| 7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)<br>Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)<br><b>Nausea [Nausea]<br/>Aversion [Aversion]<br/>acidity [Hyperchlorhydria]<br/>Ozempic use for overweight/for reduce fat [Product use in unapproved indication]</b><br><br>Case Description: ***This is an auto generated narrative***<br><br>Study ID: 199-NovoDia<br><br>(Continued on Additional Information Page) |                                  |                                                      |                       |                         |                          |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                      |

## II. SUSPECT DRUG(S) INFORMATION

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| 14. SUSPECT DRUG(S) (include generic name)<br><b>#1 ) Semaglutide B 1.34 mg/ml PDS290 0.25/0.5 mg (SEMAGLUTIDE 1.34 mg/mL) Solution for injection</b> | 20. DID REACTION<br>ABATE AFTER STOPPING<br>DRUG?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA     |
| 15. DAILY DOSE(S)<br><b>#1 ) 0.25 mg, qw</b>                                                                                                          | 16. ROUTE(S) OF ADMINISTRATION<br><b>#1 ) Subcutaneous</b>                                                                                               |
| 17. INDICATION(S) FOR USE<br><b>#1 ) Overweight (For reducing fat) (Overweight)</b>                                                                   | 21. DID REACTION<br>REAPPEAR AFTER<br>REINTRODUCTION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA |
| 18. THERAPY DATES(from/to)<br><b>#1 ) NOV-2024 / Ongoing</b>                                                                                          | 19. THERAPY DURATION<br><b>#1 ) Unknown</b>                                                                                                              |

## III. CONCOMITANT DRUG(S) AND HISTORY

|                                                                                                                                                                                                                                                                                                                                   |  |  |
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| 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.)<br>From/To Dates Type of History / Notes Description<br><b>Unknown to Ongoing Current Condition Overweight (Overweight)</b><br><b>Unknown to Ongoing Current Condition duration not reported Hypertension (Hypertension)</b> |  |  |

## IV. MANUFACTURER INFORMATION

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| 24a. NAME AND ADDRESS OF MANUFACTURER<br><b>Novo Nordisk A/S<br/>Lise Grimmeshave<br/>Vandtaarnsvej 114<br/>Soeborg, DK-2860 DENMARK<br/>Phone: +45 44448888</b> |                                                                                                                                                                                        | 26. REMARKS<br><b>Medically Confirmed: No</b>                          |
| 24b. MFR CONTROL NO.<br><b>1425708</b>                                                                                                                           |                                                                                                                                                                                        | 25b. NAME AND ADDRESS OF REPORTER<br><b>NAME AND ADDRESS WITHHELD.</b> |
| 24c. DATE RECEIVED<br>BY MANUFACTURER<br><b>30-APR-2025</b>                                                                                                      | 24d. REPORT SOURCE<br><input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE<br><input type="checkbox"/> HEALTH<br>PROFESSIONAL <input type="checkbox"/> OTHER: |                                                                        |
| DATE OF THIS REPORT<br><b>24-JUN-2025</b>                                                                                                                        | 25a. REPORT TYPE<br><input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:                                                                                     |                                                                        |

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**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.

This non-serious Solicited Report from COSTA RICA was reported by a Consumer as "Nausea(Nausea)" beginning on NOV-2024 , "Aversion(Aversion)" beginning on NOV-2024 , "acidity(Hyperacidity)" beginning on NOV-2024 , "Ozempic use for overweight/for reduce fat(Product use in unapproved indication)" beginning on NOV-2024 and concerned a Female patient who was treated with Ozempic 0.25/0.50 mg (SEMAGLUTIDE 1.34 mg/mL) from NOV-2024 and ongoing for "Overweight (For reducing fat)",

Dosage Regimens:

Ozempic 0.25/0.50 mg: ??-NOV-2024 to Not Reported (Dosage Regimen Ongoing);

Current Condition: Overweight, Hypertension, High cholesterol.

Batch Numbers:

Ozempic 0.25/0.50 mg: UNK;

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

The outcome for the event "Nausea(Nausea)" was Recovered.

The outcome for the event "Aversion(Aversion)" was Recovered.

The outcome for the event "acidity(Hyperacidity)" was Recovered.

The outcome for the event "Ozempic use for overweight/for reduce fat(Product use in unapproved indication)" was Not recovered.

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

Nausea(Nausea) : Unknown

Aversion(Aversion) : Unknown

acidity(Hyperacidity) : Unknown

Ozempic use for overweight/for reduce fat(Product use in unapproved indication) : Unknown

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

Nausea(Nausea) : Possible

Aversion(Aversion) : Unlikely

acidity(Hyperacidity) : Unlikely

Ozempic use for overweight/for reduce fat(Product use in unapproved indication) : Possible

**23. OTHER RELEVANT HISTORY continued**

| From/To Dates      | Type of History / Notes | Description                                     |
|--------------------|-------------------------|-------------------------------------------------|
| Unknown to Ongoing | Current Condition       | High cholesterol (Blood cholesterol increased); |