

# SUSPECT ADVERSE REACTION REPORT

## I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) <b>PRIVACY</b>	1a. COUNTRY <b>COSTA RICA</b>	2. DATE OF BIRTH			2a. AGE	3. SEX	3a. WEIGHT	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	Unk	Female	Unk	Day	Month	Year	
			<b>PRIVACY</b>						<b>Unk</b>		

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
Vaginal itching [Vulvovaginal pruritus]	FORXIGA	No	No	Related	Related
Sugar is rising [Blood glucose increased]	FORXIGA	No	No	Related	Related
Forget things [Memory impairment]	FORXIGA	No	No	Unknown	Unknown
Weight loss [Weight decreased]	FORXIGA	No	No	Related	Related
Urinating sugar [Glucose urine]	FORXIGA	No	No	Related	Related

(Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) FORXIGA (DAPAGLIFLOZIN) Film-coated tablet {Lot # WM0090; Exp.Dt. APR-2027}		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 ) 10 milligram, qd	16. ROUTE(S) OF ADMINISTRATION #1 ) Oral use	
17. INDICATION(S) FOR USE #1 ) Unknown		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 ) 2013 / 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.) <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>Indication</td> <td>Diabetes (Diabetes mellitus)</td> </tr> </table>			From/To Dates	Type of History / Notes	Description	Unknown to Ongoing	Indication	Diabetes (Diabetes mellitus)
From/To Dates	Type of History / Notes	Description						
Unknown to Ongoing	Indication	Diabetes (Diabetes mellitus)						

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorghiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000		26. REMARKS World Wide #: CR-ASTRAZENECA-202505CAM016309CR Study ID: PSP-23269 Case References: CR-AstraZeneca-CH-00874218AM
	24b. MFR CONTROL NO. <b>202505CAM016309CR</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.  NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>20-MAY-2025</b>	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 <b>23-MAY-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

23-May-2025 09:22

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

Case Description: A solicited report has been received from a non-health professional in Patient Support Program. The report concerns a female patient (age not provided).

No medical history was reported.

No concomitant products were reported.

The patient started treatment with Forxiga (dapagliflozin) (batch number(s) WM0090) (expiration date(s) APR-2027) 10 milligram qd, Oral use, during 2013.

On an unknown date, the patient experienced vaginal itching (preferred term: Vulvovaginal pruritus), urinates sugar (preferred term: Glucose urine), weight loss (preferred term: Weight decreased), forget things (preferred term: Memory impairment) and sugar is rising (preferred term: Blood glucose increased).

The dose of Forxiga (dapagliflozin) was not changed.

The outcome of the event(s) of forget things, sugar is rising, urinates sugar, vaginal itching and weight loss was unknown.

The events were considered non-serious.

The reporter did not assess causality for forget things. The reporter considered that there was a reasonable possibility of a causal relationship between Forxiga and the following event(s): sugar is rising, urinates sugar, vaginal itching and weight loss.

The company physician considered that there was a reasonable possibility of a causal relationship between Forxiga and the following event(s): sugar is rising, urinates sugar, vaginal itching and weight loss.