

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) | | | | | | | | | | | |
| Other Serious Criteria: Medically Significant | | | | | | | | | | | |
| Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) | | Product | | Serious | Listed | Reporter Causality | Company Causality | | | | |
| Hypotension [Hypotension] | | FORXIGA | | Yes | No | Related | Related | | | | <input type="checkbox"/> PATIENT DIED |
| Fainting [Syncope] | | FORXIGA | | Yes | No | Related | Not Related | | | | <input type="checkbox"/> INVOLVED OR PROLONGED INPATIENT HOSPITALISATION |
| Dizziness [Dizziness] | | FORXIGA | | No | No | Related | Related | | | | <input type="checkbox"/> INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY |
| Patient takes the medication Forxiga for hyperproteinemia (off-label) [Off label use] | | FORXIGA | | No | No | Not Applicable | Not Applicable | | | | <input checked="" type="checkbox"/> LIFE THREATENING |
| (Continued on Additional Information Page) | | | | | | | | | | | <input type="checkbox"/> CONGENITAL ANOMALY |
| | | | | | | | | | | | <input checked="" type="checkbox"/> OTHER |

II. SUSPECT DRUG(S) INFORMATION

| | | |
|---|---|---|
| 14. SUSPECT DRUG(S) (include generic name) #1) FORXIGA (DAPAGLIFLOZIN) Film-coated tablet | | 20. DID REACTION ABATE AFTER STOPPING DRUG? |
| 15. DAILY DOSE(S) #1) 10 milligram, qd | 16. ROUTE(S) OF ADMINISTRATION #1) Oral use | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA |
| 17. INDICATION(S) FOR USE #1) HYPERPROTEINEMIA (Hyperproteinaemia) | | 21. DID REACTION REAPPEAR AFTER REINTRODUCTION? |
| 18. THERAPY DATES(from/to) #1) Unknown | 19. THERAPY DURATION #1) Unknown | <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA |

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 | Type of History / Notes | Description |
| Unknown to Ongoing | Indication | Hyperproteinaemia (Hyperproteinaemia) |
| Unknown | Indication | Hyperproteinemia (Hyperproteinaemia) |

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-202505CAM024252CR Study ID: PSP-23269 Case References: CR-AstraZeneca-CH-00879799A |
| | 24b. MFR CONTROL NO. 202505CAM024252CR | 25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. |
| 24c. DATE RECEIVED BY MANUFACTURER 28-MAY-2025 | 24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER: | NAME AND ADDRESS WITHHELD. |
| DATE OF THIS REPORT 29-MAY-2025 | 25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP: | |

29-May-2025 11:57

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

| Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas) | Product | Serious | Listed | Reporter Causality | Company Causality |
|---|---------|---------|--------|--------------------|-------------------|
| Pressure [Blood pressure abnormal] | FORXIGA | No | No | Not Applicable | Related |

Case Description: A solicited report has been received from a consumer in Patient Support Program concerning a male patient born in 1949.

No medical history was reported, and no concomitant products were reported.

On an unknown date, the patient started treatment with Forxiga (dapagliflozin) 10 milligram qd, Oral use for hyperproteinemia.

On an unknown date, the patient experienced hypotension (preferred term: Hypotension), pressure (preferred term: Blood pressure abnormal), patient takes the medication forxiga for hyperproteinemia (off-label) (preferred term: Off label use), dizziness (preferred term: Dizziness) and fainting (preferred term: Syncope).

The report described off-label use for Forxiga. The reported term was patient takes the medication forxiga for hyperproteinemia (off-label) (preferred term: Off label use).

The patient recovered from the event(s) dizziness, fainting and hypotension on an unspecified date. The outcome of the event(s) of patient takes the medication forxiga for hyperproteinemia (off-label) and pressure was unknown.

The following event(s) were considered serious due to life-threatening:hypotension. The following event(s) were considered serious due to medically significant:fainting.

The following events were considered non-serious:dizziness, patient takes the medication forxiga for hyperproteinemia (off-label) and pressure.

The reporter did not assess causality for patient takes the medication forxiga for hyperproteinemia (off-label) and pressure.

The reporter considered that there was a reasonable possibility of a causal relationship between Forxiga and the following event(s): dizziness, fainting and hypotension.

The company physician did not consider that there was a reasonable possibility of a causal relationship between Forxiga and the following event(s): fainting.

The company physician considered that there was a reasonable possibility of a causal relationship between Forxiga and the following event(s): dizziness, hypotension and pressure.

Laboratory values are available.

Company Clinical Comment: Hypotension is not listed in the Core Data Sheet for dapagliflozin. Underlying Hyperproteinaemia could be confounding factor for the event. Due to limited information on start date of suspect, final outcome of the event, concomitant medications, concomitant conditions, risk factors, medical history, relevant family history, circumstances leading to event, treatment given detailed etiological and diagnostic work up including baseline reports if any, the evaluation did not find evidence to exclude a reasonable possibility of a causal relationship between the event and the suspect drug.

13. Lab Data

| # | Date | Test / Assessment / Notes | Results | Normal High / Low |
|---|------|---------------------------|----------------------------|-------------------|
| 1 | | Hypertension | high millimetre of mercury | |