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IV. MANUFACTURER INFORMATION																	
24a. NAME AND ADDRESS OF MANUFACTURER Novo Nordisk A/S Medically Confirmed: No	24a. NAME AND ADDRESS OF MANUFACTURER Novo Nordisk A/S		26. REM	ARKS													
Lise Grimmesnave Vandtaarnsvej 114				,													
Soeborg, DK-2860 DENMARK Phone: +45 44448888	Soeborg, DK-2860 DENMARK Phone: +45 44448888																
24b. MFR CONTROL NO. 25b. NAME AND ADDRESS OF REPORTER	24b. MFR CONTROL NO.		25b. NAN	ME AND ADDR	ESS O	F RE	PORTE	R									_
1440698 NAME AND ADDRESS WITHHELD.																	
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Mfr. Control Number: 1440698

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

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 2024, "doctor prescribed the Ozempic for insulin resistance(Off label use in unapproved indication)" beginning on 2024 and concerned a Female patient who was treated with Ozempic 0.25/0.50 mg (SEMAGLUTIDE 1.34 mg/mL) from 2024 for "insulin resistance",

Dosage Regimens:

Ozempic 0.25/0.50 mg: ??-???-2024 to Not Reported, Not Reported to Not Reported;

Current Condition: insulin resistance.

Batch Numbers:

Ozempic 0.25/0.50 mg: PP5N237, PP5N237;

Action taken to Ozempic 0.25/0.50 mg was Not reported.

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

The outcome for the event "doctor prescribed the Ozempic for insulin resistance(Off label use in unapproved indication)" was Not Reported.

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

nausea(Nausea): Unknown

doctor prescribed the Ozempic for insulin resistance(Off label use in unapproved indication): Unknown

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

nausea(Nausea): Possible

doctor prescribed the Ozempic for insulin resistance(Off label use in unapproved indication): Possible

Reporter Comment: The patient is treated for this indication first time.

The patient indicates that the medication Ozempic was prescribed to her approximately in September or October 2024.

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	0.25 mg, UNK; Unknown	insulin resistance (Insulin	2024 / Unknown;
0.25/0.5 mg (SEMAGLUTIDE 1.34 mg/mL)		resistance)	Unknown
Solution for injection {Lot # PP5N237; Exp.Dt.			
MAY-2027}; Regimen #1			
#1) Semaglutide B 1.34 mg/ml PDS290	0.5 mg, UNK; Unknown	insulin resistance (Insulin	Unknown;
0.25/0.5 mg (SEMAGLUTIDE 1.34 mg/mL)		resistance)	Unknown
Solution for injection {Lot # PP5N237; Exp.Dt.			
MAY-2027}; Regimen #2			