

# 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 <b>23</b> Years	3. SEX <b>Female</b>	3a. WEIGHT <b>76.20</b> kg	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			Day	Month	Year			
										<b>22</b>	<b>MAY</b>	<b>2025</b>

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)  
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)  
**Diarrhea [Diarrhoea]**  
**Vomiting [Vomiting]**

Case Description: \*\*\*This is an auto generated narrative\*\*\*

Study ID: 828652-My Healthy Journey

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).  
 (Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) Saxenda (liraglutide 6 mg/mL) Solution for injection, 6 mg/mL		20. DID REACTION ABATE AFTER STOPPING DRUG?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1 ) 1.20 mg, qd	16. ROUTE(S) OF ADMINISTRATION #1 ) Subcutaneous	
17. INDICATION(S) FOR USE #1 ) For weight loss (Weight control)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1 ) MAY-2025 / 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.) From/To Dates      Type of History / Notes      Description Unknown		

## IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER Novo Nordisk A/S Lise Grimmeshave Vandtaarnsvej 114 Soeborg, DK-2860 DENMARK Phone: +45 44448888		26. REMARKS Medically Confirmed: No
	24b. MFR CONTROL NO. <b>1443348</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>23-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>09-JUL-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

09-Jul-2025 05:40

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

Patient's height: 155 cm.

Patient's weight: 76.2 kg.

Patient's BMI: 31.71696150.

This non-serious Solicited Report from COSTA RICA was reported by a Consumer as "Diarrhea(Diarrhea)" beginning on 22-MAY-2025 , "Vomiting(Vomiting)" beginning on 22-MAY-2025 and concerned a 23 Years old Female patient who was treated with Saxenda (liraglutide 6 mg/mL) from MAY-2025 and ongoing for "For weight loss",

Dosage Regimens:

Saxenda: ??-MAY-2025 to Not Reported (Dosage Regimen Ongoing);

Medical history was not provided.

Batch Numbers:

Saxenda: ASKU;

Action taken to Saxenda was Not reported.

On 23-MAY-2025 the outcome for the event "Diarrhea(Diarrhea)" was Recovered.

On 23-MAY-2025 the outcome for the event "Vomiting(Vomiting)" was Recovered.

Reporter's causality (Saxenda) -

Diarrhea(Diarrhea) : Possible

Vomiting(Vomiting) : Possible

Company's causality (Saxenda) -

Diarrhea(Diarrhea) : Possible

Vomiting(Vomiting) : Possible

Reporter Comment: The patient somewhat surprised and believes there may be interference from the foods thst they consumed, particularly fatty foods.