

# 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>38 Years</b>	3. SEX <b>Female</b>	3a. WEIGHT <b>71.30 kg</b>	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>02</b>	<b>JUN</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)  
 lack of energy [Asthenia]  
 vomiting [Vomiting]  
 nausea [Nausea]  
 Diarrhea [Diarrhoea]  
 gas [Flatulence]  
 abdominal bloating [Abdominal distension]

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

Study ID: 828652-My Healthy Journey (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 {Lot # PP5M440; Exp.Dt. AUG-2026} (Continued on Additional Information Page)		20. DID REACTION ABATE AFTER STOPPING DRUG?  <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
15. DAILY DOSE(S) #1 ) UNK	16. ROUTE(S) OF ADMINISTRATION #1 ) Subcutaneous	
17. INDICATION(S) FOR USE #1 ) Obesity (Obesity)		21. DID REACTION REAPPEAR AFTER REINTRODUCTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
18. THERAPY DATES(from/to) #1 ) Unknown	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="1"> <thead> <tr> <th>From/To Dates</th> <th>Type of History / Notes</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Unknown to Ongoing</td> <td>Current Condition</td> <td>Obesity (Obesity)</td> </tr> <tr> <td></td> <td>Duration not reported</td> <td></td> </tr> <tr> <td>Unknown to Ongoing</td> <td>Current Condition</td> <td>Irritable bowel syndrome (Irritable bowel syndrome)</td> </tr> <tr> <td></td> <td>For several previous years;Duration not reported</td> <td></td> </tr> </tbody> </table>			From/To Dates	Type of History / Notes	Description	Unknown to Ongoing	Current Condition	Obesity (Obesity)		Duration not reported		Unknown to Ongoing	Current Condition	Irritable bowel syndrome (Irritable bowel syndrome)		For several previous years;Duration not reported	
From/To Dates	Type of History / Notes	Description															
Unknown to Ongoing	Current Condition	Obesity (Obesity)															
	Duration not reported																
Unknown to Ongoing	Current Condition	Irritable bowel syndrome (Irritable bowel syndrome)															
	For several previous years;Duration not reported																

## 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>1453875</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>04-JUN-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>26-JUN-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

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

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).

Patient's height: 159 cm.

Patient's weight: 71.3 kg.

Patient's BMI: 28.20299830.

This non-serious Solicited Report from COSTA RICA was reported by a Consumer as "lack of energy(Loss of energy)" beginning on 02-JUN-2025 , "vomiting(Vomiting)" beginning on 02-JUN-2025 , "nausea(Nausea)" beginning on 02-JUN-2025 , "Diarrhea(Diarrhea)" beginning on 02-JUN-2025 , "gas(Gas)" beginning on 02-JUN-2025 , "abdominal bloating(Abdominal bloating)" beginning on 02-JUN-2025 and concerned a 38 Years old Female patient who was treated with Saxenda (liraglutide 6 mg/mL) from unknown start date to 04-JUN-2025 for "Obesity",

Dosage Regimens:

Saxenda: Not Reported to Not Reported, 02-JUN-2025 to 04-JUN-2025;

Current Condition: Obesity, Irritable bowel syndrome chronically.

Batch Numbers:

Saxenda: PP5M440, PP5M440;

Action taken to Saxenda was reported as Product discontinued due to AE.

On 04-JUN-2025 the outcome for the event "lack of energy(Loss of energy)" was Recovered.

On 04-JUN-2025 the outcome for the event "vomiting(Vomiting)" was Recovered.

On 04-JUN-2025 the outcome for the event "nausea(Nausea)" was Recovered.

On 04-JUN-2025 the outcome for the event "Diarrhea(Diarrhea)" was Recovered.

On 04-JUN-2025 the outcome for the event "gas(Gas)" was Recovered.

On 04-JUN-2025 the outcome for the event "abdominal bloating(Abdominal bloating)" was Recovered.

Reporter's causality (Saxenda) -

lack of energy(Loss of energy) : Possible

vomiting(Vomiting) : Possible

nausea(Nausea) : Possible

Diarrhea(Diarrhea) : Possible

gas(Gas) : Possible

abdominal bloating(Abdominal bloating) : Possible

Company's causality (Saxenda) -

lack of energy(Loss of energy) : Possible

vomiting(Vomiting) : Possible

nausea(Nausea) : Possible

Diarrhea(Diarrhea) : Possible

gas(Gas) : Possible

abdominal bloating(Abdominal bloating) : Possible

Reporter Comment: The patient indicated that when she is on the minimum dose, the symptoms no longer occur.

**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 ) Saxenda (liraglutide 6 mg/mL) Solution for injection, 6 mg/mL {Lot # PP5M440; Exp.Dt. AUG-2026}; Regimen #2	1.2 mg, qd; Subcutaneous	Obesity (Obesity)	02-JUN-2025 / 04-JUN-2025; 2 days