

# 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>45</b> Years	3. SEX <b>Female</b>	3a. WEIGHT <b>75.00</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>PRIVACY</b>	<b>JAN</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)  
 constipation [Constipation]  
 reflux [Gastroesophageal reflux disease]  
 Belching [Eructation]  
 Ozempic use for Overweight [Product use in unapproved indication]

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

Study ID: 199-NovoDia

Study description: Trial Title: Patient support programme to support (Continued on Additional Information Page)

## II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1 ) Semaglutide B 1.34 mg/ml PDS290 1.0 mg (SEMAGLUTIDE 1.34 mg/mL) Solution for injection, 1 mg		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 ) 1 mg, qw	16. ROUTE(S) OF ADMINISTRATION #1 ) Subcutaneous	
17. INDICATION(S) FOR USE #1 ) Overweight (Overweight)		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 ) JAN-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.) <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>Current Condition</td> <td>Overweight (Overweight)</td> </tr> <tr> <td></td> <td>duration not reported</td> <td></td> </tr> <tr> <td>Unknown to Ongoing</td> <td>Current Condition</td> <td>Migraine (Migraine)</td> </tr> </table>			From/To Dates	Type of History / Notes	Description	Unknown to Ongoing	Current Condition	Overweight (Overweight)		duration not reported		Unknown to Ongoing	Current Condition	Migraine (Migraine)
From/To Dates	Type of History / Notes	Description												
Unknown to Ongoing	Current Condition	Overweight (Overweight)												
	duration not reported													
Unknown to Ongoing	Current Condition	Migraine (Migraine)												

## 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>1423734</b>	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER <b>28-APR-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-JUN-2025</b>	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

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

physician and their daily work to maintain an optimal diabetic control of patients through added value services such as treatment starter kit, nutrition support through NovoDia call center, individual workshops, group workshops and free A1c test.

Patient's height: 164 cm.

Patient's weight: 75 kg.

Patient's BMI: 27.88518740.

This non-serious Solicited Report from COSTA RICA was reported by a Consumer as "constipation(Constipation)" beginning on MAR-2025 , "reflux(Gastroesophageal reflux)" beginning on MAR-2025 , "Belching(Belching)" beginning on MAR-2025 , "Ozempic use for Overweight(Product use in unapproved indication)" beginning on JAN-2025 and concerned a 45 Years old Female patient who was treated with Ozempic 1.0 mg (SEMAGLUTIDE 1.34 mg/mL) from JAN-2025 and ongoing for "Overweight",

Dosage Regimens:

Ozempic 1.0 mg: ??-JAN-2025 to Not Reported (Dosage Regimen Ongoing);

Current Condition: Overweight, migraines.

Treatment medications included - GRAVOL(DIMENHYDRINATE).

Batch Numbers:

Ozempic 1.0 mg: UNK;

Action taken to Ozempic 1.0 mg was reported as No Change.

The outcome for the event "constipation(Constipation)" was Recovering/resolving.

The outcome for the event "reflux(Gastroesophageal reflux)" was Recovering/resolving.

The outcome for the event "Belching(Belching)" was Recovering/resolving.

The outcome for the event "Ozempic use for Overweight(Product use in unapproved indication)" was Not recovered.

Reporter's causality (Ozempic 1.0 mg) -

constipation(Constipation) : Possible

reflux(Gastroesophageal reflux) : Possible

Belching(Belching) : Possible

Ozempic use for Overweight(Product use in unapproved indication) : Unknown

Company's causality (Ozempic 1.0 mg) -

constipation(Constipation) : Possible

reflux(Gastroesophageal reflux) : Possible

Belching(Belching) : Possible

Ozempic use for Overweight(Product use in unapproved indication) : Possible

Reporter Comment: treatment drug: Famodil (Meclizine) was non codable