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SUSPEC							<u> </u>			<u> </u>		<u> </u>								
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1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	Day	Month Year PRIVACY	2a. AGI Unk		3a. WEIGHT Unk	Day	-	Month Unl	h	Year	┥ .	A	APP ADV	ECK A ROP ERS NT DIE	RIAT E RE	E TC) NOI		
	CTION(S) (including relevant		data)] -		A	11 2.2	D				
symptoms if any sep			Product		Serious	Listed Reporter Com Causality Caus			omp	any		INVOLVED OR PROLONGED INPATIENT HOSPITALISATION								
Patient indicates that the medication Xigduo 5mg/1000mg did not work properly for him. [Drug ineffective]			DAPAGLIFLOZII METFORMIN	N,	No	No	Not App	licab		lot Applio	cable		۱۱ ۱۵ ۱۵	NVOL OR SIG	VED PI GNIFIC BILITY C PACITY	ERSIST CANT OR	ΓENT			
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												CONGENITAL ANOMALY								
(Continued on Additional Information Pa										Page)	, _		THE							
			II. SUSPEC	T DF	RUG(S) I	NFORMA	TIO	N												
14. SUSPECT DRUG(S) (include generic name) #1) DAPAGLIFLOZIN, METFORMIN (DAPAGLIFLOZIN, METFORMIN) Tablet											20. DID REACTION ABATE AFTER STOPPING DRUG?									
15. DAILY DOSE(S) #1) 5 milligram, bi			6. ROUTE(S) OF ADMINISTRATION 11) Oral use								YES NO NA									
17. INDICATION(S) FOR #1) Diabetes (Dia											21. DID REACTION REAPPEAR AFTER REINTRODUCTION?									
18. THERAPY DATES(fro #1) Unknown		9. THERAPY DURATION 1) Unknown								YES NO NA										
22. CONCOMITANT DRU	JG(S) AND DATES OF ADM		I. CONCOMI		•	S) AND H	IIST	OR	Υ			•								
23. OTHER RELEVANT From/To Dates Unknown to Ongo	HISTORY. (e.g. diagnostics, ping	Ту	, pregnancy with last mo ype of History / Notes ndication	onth of per	Description	s (Diabetes	mell	itus))					_	_	_	_	_		
						'=ODMA'		. 1												
24a. NAME AND ADDRE	SS OF MANUFACTURER		IV. MANUF	-ACT		MARKS	ΙΟι	V_												
AstraZeneca Serban Ghiorghiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000						World Wide #: CR-ASTRAZENECA-202507CA Study ID: PSP-23269 Case References: CR-AstraZeneca-CH-00903														
	24b. MFR CC 202507C		I	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.																
24c. DATE RECEIVED BY MANUFACTURE 02-JUL-2025	24d. REPORT STUDY HEALTH PROFES		NAM	NAME AND ADDRESS WITHHELD.																
DATE OF THIS REPORT	 		FOLLOWUP:																	

Mfr. Control Number: 202507CAM001455CR

ADDITIONAL INFORMATION

7+13. DESCRIBE REACTION(S) continued

Case Description: A solicited report has been received from a consumer in Patient Support Program. The report concerns a male patient (age not provided).

No medical history was reported.

No concomitant products were reported.

The patient started treatment with Dapagliflozin, Metformin (dapagliflozin, metformin) 5 milligram bid, Oral use, on an unknown date for diabetes.

On an unknown date, the patient experienced patient indicates that the medication xigduo 5mg/1000mg did not work properly for him. (preferred term: Drug ineffective).

The report described lack of effect for Dapagliflozin, Metformin. The reported term was "patient indicates that the medication xigduo 5mg/1000mg did not work properly for him." (preferred term: Drug ineffective).

The patient recovered from the event(s) patient indicates that the medication xigduo 5mg/1000mg did not work properly for him. on an unspecified date.

The event was considered non-serious.

The reporter did not assess causality for patient indicates that the medication xigduo 5mg/1000mg did not work properly for him..

This case was marked as suppressed due to Lack of Efficacy with no AE.