

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 57 Years	3. SEX Male	3a. WEIGHT 120.00 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		
			PRIVACY					Unk			

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)
Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)
constipation [Constipation]
Ozempic prescribed for weight loss [Off label use]

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

This non-serious Spontaneous case from COSTA RICA was reported by a Consumer as "constipation(Constipation)" with an unspecified onset date, "Ozempic prescribed for weight loss(Off label use in unapproved indication)" with an unspecified onset date, and concerned a 57 Years old Male patient who was treated with Ozempic (SEMAGLUTIDE 1.34 mg/mL) from unknown

(Continued on Additional Information Page)

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) Ozempic (SEMAGLUTIDE 1.34 mg/mL) Solution for injection, 1.34 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) UNK	16. ROUTE(S) OF ADMINISTRATION #1) Unknown	
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) Unknown / 2025	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) #1) VASSLUTEN H (HYDROCHLOROTHIAZIDE, IRBESARTAN) ; 2023 / Ongoing #2) JARDIANZ DUO (EMPAGLIFLOZIN, METFORMIN HYDROCHLORIDE) ; Ongoing #3) EUTIROX (LEVOTHYROXINE SODIUM) ; 2017 / Ongoing																
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>Blood pressure high (Hypertension)</td> </tr> <tr> <td></td> <td>Approximately 20 years ago</td> <td></td> </tr> <tr> <td>Unknown to Ongoing</td> <td>Current Condition</td> <td>Thyroid disorder (Thyroid disorder)</td> </tr> <tr> <td></td> <td>for approximately 8 to 10 years</td> <td></td> </tr> </table>		From/To Dates	Type of History / Notes	Description	Unknown to Ongoing	Current Condition	Blood pressure high (Hypertension)		Approximately 20 years ago		Unknown to Ongoing	Current Condition	Thyroid disorder (Thyroid disorder)		for approximately 8 to 10 years	
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	for approximately 8 to 10 years															

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. 1446404	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 03-JUL-2025	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input checked="" type="checkbox"/> OTHER: Spontaneous	
DATE OF THIS REPORT 28-AUG-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

28-Aug-2025 09:22

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

start date to 2025 for "for weight loss",

Patient's height: 171 cm

Patient's weight: 120 kg

Patient's BMI: 41.03826820.

Dosage Regimens:

Ozempic: Not Reported to ??-??-2025;

Current Condition: High blood pressure, thyroid disorder.

Concomitant products included - VASSLUTEN H(HYDROCHLOROTHIAZIDE, IRBESARTAN), JARDIANZ DUO(EMPAGLIFLOZIN, METFORMIN HYDROCHLORIDE), EUTIROX(LEVOTHYROXINE SODIUM)

Batch Numbers:

Ozempic: ASKU

Action taken to Ozempic was reported as Product discontinued.

The outcome for the event "constipation(Constipation)" was Not Reported.

On 2025 the outcome for the event "Ozempic prescribed for weight loss(Off label use in unapproved indication)" was Recovered.

References included:

Reference Type: E2B Linked Report

Reference ID#: CR-NOVOPROD-1416625

Reference Notes: same patient

On 03-JUL-2025, the case has re-classified from Non-expedited to Expedited due to the addition of the adverse event Constipation

Reporter Comment: the doctor switched him to Saxenda

The patient switched to Trulicity (dulaglutide) approximately a month ago.