

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY COSTA RICA	2. DATE OF BIRTH			2a. AGE 87 Years	3. SEX Female	3a. WEIGHT Unk	4-6 REACTION ONSET			8-12 CHECK ALL APPROPRIATE TO ADVERSE REACTION
		Day	Month	Year				Day	Month	Year	
			PRIVACY						APR	2025	

7 + 13 DESCRIBE REACTION(S) (including relevant tests/lab data)

Event Verbatim [PREFERRED TERM] (Related symptoms if any separated by commas)	Product	Serious	Listed	Reporter Causality	Company Causality
Heart failure [Cardiac failure]	FORXIGA	Yes	No	Not Related	Not Related
ALLERGIES ON HER FACE (NOSE, EYES, EYELIDS), HEAD AND THROAT [Hypersensitivity]	FORXIGA	No	No	Not Related	Not Related
Sugar in the kidney [Renal disorder]	FORXIGA	No	No	Not Related	Not Related

(Continued on Additional Information Page)

☐ PATIENT DIED
☒ INVOLVED OR PROLONGED INPATIENT HOSPITALISATION
☐ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY
☐ LIFE THREATENING
☐ CONGENITAL ANOMALY
☐ OTHER

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) FORXIGA (DAPAGLIFLOZIN) Film-coated tablet {Lot # WL0172; Exp.Dt. APR-2027}		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) 10 milligram, qd	16. ROUTE(S) OF ADMINISTRATION #1) Oral use	
17. INDICATION(S) FOR USE #1) (Not Coded)		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) 2019 / 11-JUN-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)											
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</td> <td>Historical Condition</td> <td>Caregiver (Caregiver)</td> </tr> <tr> <td>Unknown</td> <td>Procedure</td> <td>Pacemaker insertion (cardiac) (Cardiac pacemaker insertion)</td> </tr> </table>			From/To Dates	Type of History / Notes	Description	Unknown	Historical Condition	Caregiver (Caregiver)	Unknown	Procedure	Pacemaker insertion (cardiac) (Cardiac pacemaker insertion)
From/To Dates	Type of History / Notes	Description									
Unknown	Historical Condition	Caregiver (Caregiver)									
Unknown	Procedure	Pacemaker insertion (cardiac) (Cardiac pacemaker insertion)									

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorgiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000		26. REMARKS World Wide #: CR-ASTRAZENECA-202507CAM017270CR Study ID: PSP-23269 Case References: CR-AstraZeneca-CH-00915377A
	24b. MFR CONTROL NO. 202507CAM017270CR	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD. NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 21-JUL-2025	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 23-JUL-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

23-Jul-2025 12:37

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 female elderly patient born in 1938 (age 87 years).

The patient's past and current medical history included caregiver (dates not reported).

No concomitant products were reported.

The patient started treatment with Forxiga (dapagliflozin) (batch number(s) WL0172) (expiration date(s) APR-2027) 10 milligram qd, Oral use, during 2019.

During 15-APR-25, the patient experienced allergies on her face (nose, eyes, eyelids), head and throat (preferred term: Hypersensitivity). On 11-JUN-25, the patient experienced sugar in the kidney (preferred term: Renal disorder). On an unknown date, the patient experienced heart failure (preferred term: Cardiac failure).
The last dose of FORXIGA prior to onset was taken on 11-JUN-25.

The dose of Forxiga (dapagliflozin) was not changed.

The patient recovered from the event(s) heart failure on an unspecified date. At the time of reporting, the event allergies on her face (nose, eyes, eyelids), head and throat and sugar in the kidney was ongoing.

The following event(s) were considered serious due to hospitalized: heart failure.

The following events were considered non-serious: allergies on her face (nose, eyes, eyelids), head and throat and sugar in the kidney.

The reporter did not consider that there was a reasonable possibility of a causal relationship between Forxiga and the following event (s): allergies on her face (nose, eyes, eyelids), head and throat, heart failure and sugar in the kidney.

The company physician did not consider that there was a reasonable possibility of a causal relationship between Forxiga and the following event(s): allergies on her face (nose, eyes, eyelids), head and throat, heart failure and sugar in the kidney.