

SUSPECT ADVERSE REACTION REPORT

I. REACTION INFORMATION

1. PATIENT INITIALS (first, last) PRIVACY	1a. COUNTRY DOMINICAN REPUBLIC	2. DATE OF BIRTH Day Month Year PRIVACY	2a. AGE 70 Years	3. SEX Female	3a. WEIGHT Unk	4-6 REACTION ONSET Day Month Year 02 JUN 2025	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
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	
PATIENT IS SERIOUSLY ILL [Illness]		XIGDUO	No	No	Not Related	Not Related	
PATIENT'S BLOOD PRESSURE ROSE [Blood pressure increased]		XIGDUO	No	No	Not Related	Not Related	
PATIENT'S SUGAR LEVEL ROSE [Blood glucose increased]		XIGDUO	No	No	Not Related	Not Related	
PATIENT TAKES XIGDUO 10MG/1000MG FOR HYPERTENSION [Product use issue]		XIGDUO	No	No	Not Applicable	Not Applicable	
(Continued on Additional Information Page)							

II. SUSPECT DRUG(S) INFORMATION

14. SUSPECT DRUG(S) (include generic name) #1) XIGDUO (DAPAGLIFLOZIN, METFORMIN) Tablet {Lot # wk0052; Exp.Dt. JUN-2026} (Continued on Additional Information Page)		20. DID REACTION ABATE AFTER STOPPING DRUG? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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) Diabetes (Diabetes mellitus) (Continued on Additional Information Page)		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) 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.)		
From/To Dates Unknown to Ongoing Unknown to Ongoing	Type of History / Notes Current Condition Indication	Description Blood pressure (Blood pressure measurement) Diabetes (Diabetes mellitus)

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER AstraZeneca Serban Ghiorghiu 1 Medimmune Way Gaithersburg, Maryland 20878 UNITED STATES Phone: +1 301-398-0000		26. REMARKS World Wide #: DO-ASTRAZENECA-202506CAM000604DO Study ID: PSP-23269 Case References: DO-AstraZeneca-CH-00883021A
	24b. MFR CONTROL NO. 202506CAM000604DO	25b. NAME AND ADDRESS OF REPORTER NAME AND ADDRESS WITHHELD.
24c. DATE RECEIVED BY MANUFACTURER 02-JUN-2025	24d. REPORT SOURCE <input checked="" type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> OTHER:	NAME AND ADDRESS WITHHELD.
DATE OF THIS REPORT 05-JUN-2025	25a. REPORT TYPE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOWUP:	

05-Jun-2025 07:03

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 1954 (age 70 years).

The patient's past and current medical history included blood pressure (ongoing).

No concomitant products were reported.

The patient started treatment with Xigduo (dapagliflozin, metformin) (batch number(s) wk0052) (expiration date(s) JUN-2026) 10 milligram qd, Oral use, on an unknown date for diabetes and hypertension.

On 02-JUN-25, the patient experienced patient's blood pressure rose (preferred term: Blood pressure increased) and patient's sugar level rose (preferred term: Blood glucose increased). On an unknown date, the patient experienced patient is seriously ill (preferred term: Illness) and patient takes xigduo 10mg/1000mg for hypertension (preferred term: Product use issue).

The report described off-label use for Xigduo.

It is unknown if any action was taken with Xigduo (dapagliflozin, metformin).

The outcome of the event(s) of patient is seriously ill, patient takes xigduo 10mg/1000mg for hypertension, patient's blood pressure rose and patient's sugar level rose was unknown.

The events were considered non-serious.

The reporter did not assess causality for patient takes xigduo 10mg/1000mg for hypertension. The reporter did not consider that there was a reasonable possibility of a causal relationship between Xigduo and the following event(s): patient is seriously ill, patient's blood pressure rose and patient's sugar level rose.

The company physician did not consider that there was a reasonable possibility of a causal relationship between Xigduo and the following event(s): patient is seriously ill, patient's blood pressure rose and patient's sugar level rose.

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) XIGDUO (DAPAGLIFLOZIN, METFORMIN) Tablet {Lot # wk0052; Exp.Dt. JUN-2026}; Regimen #1	10 milligram, qd; Oral use	Diabetes (Diabetes mellitus) Hypertension (Hypertension)	Unknown; Unknown

23. OTHER RELEVANT HISTORY continued

From/To Dates	Type of History / Notes	Description
Unknown to Ongoing	Indication	Hypertension (Hypertension);