



**FDA Adverse Event Reporting System (FAERS)
FOIA Batch Printing Report for Cases**

Date - Time: 13-Feb-2024 14:57:33 EST

Run by: KIA.BAZEMORE@FDA.HHS.GOV

Disclaimer:

Submission of a safety report does not constitute an admission that medical personnel, user facility, importer, distributor, manufacturer or product caused or contributed to the event. The information in these reports has not been scientifically or otherwise verified as to a cause and effect relationship and cannot be used to estimate the incidence of these events.

Data provided in the Quarterly Data Extract (QDE) or a FAERS FOIA report are a snapshot of FAERS at a given time. There are several reasons that a case captured in this snapshot can be marked as inactive and not show up in subsequent reports. Manufacturers are allowed to electronically delete reports they submitted if they have a valid reason for deletion. FDA may merge cases that are found to describe a single event, marking one of the duplicate reports as inactive. The data marked as inactive are not lost but may not be available under the original case number.

The cover page will display all Case ID(s) included in the Batch Printing Report and FOIA case report information may include both Electronic Submissions (Esubs) and MedWatch Reports (Non-Esubs).

Cover page Case ID(s) with an asterisk (*) indicate an invalid status and are not captured in the body of the report.

Cover page Case ID(s) with an asterisk (**) indicate a failed status and are not captured in the body of the report.

Case ID(s) Printed:

| | | | |
|----------|----------|----------|----------|
| 20621593 | 20621907 | 20622063 | 20981863 |
| 20981933 | 20981970 | 20982290 | 20982546 |
| 20982614 | 22738610 | 22738907 | |

Total Cases: 11

Total number of Inactive cases: *0



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20621593

included: Reference Type: SIMS case number Reference ID#: ||US-Novo-20220105556 Reference Notes: Reference Type: Company Representative Reference ID#: Reference Notes: Reference Type: E2B Linked Report Reference ID#: US-NOVOPROD-885289 Reference Notes: Reference Type: E2B Linked Report Reference ID#: US-NOVOPROD-885290 Reference Notes: Reference Type: E2B Report Duplicate Reference ID#: US-Novo-20220105556 Reference Notes: Novo Reference Type: SIMS case number Reference ID#: 885288||US-Novo-20220105556 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? |
|----------------------------|------------|----------|-------------|
| | | | |

| Medical History Product(s) | Start Date | End Date | Indications | Events |
|----------------------------|------------|----------|-------------|--------|
| | | | | |

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
| | | | | | |

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
| | | | | | | | | |

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|---|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|---|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20621907

Case Information:

Case Type :Non-Expedited eSub: Y HP: Y Country: US Event Date: 2021 Outcomes: Application Type:
 FDA Rcvd Date: 22-Mar-2022 Mfr Rcvd Date: 13-Dec-2021 Mfr Control #: US-NOVOPROD-891762 Application #: 215256

Patient Information:

Age: Sex: Female Weight:

Suspect Products:

| # | Product Name: | Compounded Drug ? | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) |
|---|---------------|-------------------|-----------------------|--------------|-------------|------------|----------|-------------------------------------|
| 1 | Wegovy 2.4 mg | | 2.4 Mg Milligram(S) / | Subcutaneous | 2.4 mg | Jul-2021 | | Product used for unknown indication |

| # | Product Name: | Interval 1st Dose to Event | DeC | ReC | Lot# | Exp Date | NDC # | MFR/Labeler | OTC |
|---|---------------|----------------------------|-----|-----|------|----------|-------|--------------|-----|
| 1 | Wegovy 2.4 mg | | NA | NA | | | | NOVO NORDISK | |

Device Products:

| # | Brand Name / Common Device Name / Product Code | Similar Device? | Malfunction ? | Device Lot# | Device Usage/ Operator of Device | Remedial Action | Device Problem | Manufacturer Name |
|---|--|-----------------|---------------|-------------|----------------------------------|-----------------|--|-------------------|
| 1 | Wegovy 2.4 mg// | No | | | /Other | | Adverse Event Without Identified Device or Use Problem | Novo Nordisk A/S |

Event Information:

Preferred Term (MedDRA Version: v.26.1) ReC
 COVID-19
 Alopecia

Event/Problem Narrative:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20621907

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a Other Health Care Professional as "hair loss while on Wegovy(Hair loss)" beginning on 2021, "covid(COVID-19)" beginning on 2021, and concerned a Female patient who was treated with Wegovy 2.4 mg (SEMAGLUTIDE) from JUL-2021 for "drug use for unknown indication", Dosage Regimens: Wegovy 2.4 mg: ??-JUL-2021 to Not Reported; Medical history was not provided. Batch Numbers: Wegovy 2.4 mg: UNK Action taken to Wegovy 2.4 mg was reported as No Change. The outcome for the event "hair loss while on Wegovy(Hair loss)" was Not recovered. The outcome for the event "covid(COVID-19)" was Not recovered. References included: Reference Type: SIMS case number Reference ID#: ||US-Novo-20211203449 Reference Notes: Reference Type: Company Representative Reference ID#: Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? |
|----------------------------|------------|----------|-------------|
|----------------------------|------------|----------|-------------|

| Medical History Product(s) | Start Date | End Date | Indications | Events |
|----------------------------|------------|----------|-------------|--------|
|----------------------------|------------|----------|-------------|--------|

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
|-----------|--------|------|------------------|-------------------|------------|

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|---|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|---|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20622063

Case Information:

Case Type :Non-Expedited eSub: Y HP: Y Country: US Event Date: Outcomes: Application Type:
 FDA Rcvd Date: 22-Mar-2022 Mfr Rcvd Date: 13-Dec-2021 Mfr Control #: US-NOVOPROD-894323 Application #: 215256

Patient Information:

Age: Sex: Female Weight:

Suspect Products:

| # | Product Name: | Compounded Drug ? | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) |
|---|---------------|-------------------|----------------|--------------|-------------|------------|----------|-------------------------------------|
| 1 | Wegovy 2.4 mg | | / | Subcutaneous | 2.4 mg | | | Product used for unknown indication |

| # | Product Name: | Interval 1st Dose to Event | DeC | ReC | Lot# | Exp Date | NDC # | MFR/Labeler | OTC |
|---|---------------|----------------------------|-----|-----|------|----------|-------|--------------|-----|
| 1 | Wegovy 2.4 mg | | NA | NA | | | | NOVO NORDISK | |

Device Products:

| # | Brand Name / Common Device Name / Product Code | Similar Device? | Malfunction ? | Device Lot# | Device Usage/ Operator of Device | Remedial Action | Device Problem | Manufacturer Name |
|---|--|-----------------|---------------|-------------|----------------------------------|-----------------|--|-------------------|
| 1 | Wegovy 2.4 mg// | No | | | /Other | | Adverse Event Without Identified Device or Use Problem | Novo Nordisk A/S |

Event Information:

Preferred Term (MedDRA Version: v.26.1)

Alopecia

ReC

Event/Problem Narrative:

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a Physician as "Hair loss(Hair loss)" with an unspecified onset date, and concerned a Female patient who was treated with Wegovy 2.4 mg (SEMAGLUTIDE) from unknown start date and ongoing for



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20622063

"Drug use for unknown indication", Dosage Regimens: Wegovy 2.4 mg: Medical history was not provided. Batch Numbers: Wegovy 2.4 mg: ASKU Action taken to Wegovy 2.4 mg was reported as No Change. The outcome for the event "Hair loss(Hair loss)" was Not recovered. References included: Reference Type: SIMS case number Reference ID#: ||US-Novo-20211203288 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? | |
|----------------------------|------------|----------|-------------|--------|
| Medical History Product(s) | Start Date | End Date | Indications | Events |

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
|-----------|--------|------|------------------|-------------------|------------|

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|

Reporter Source:

Study report?: No Sender organization: NOVO NORDISK 503B Compounding Outsourcing Facility?:

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20981863

use for unknown indication", Dosage Regimens: Wegovy 2.4 mg: Medical history was not provided. Batch Numbers: Wegovy 2.4 mg: ASKU Action taken to Wegovy 2.4 mg was reported as No Change. The outcome for the event "hair falling out(Hair loss)" was Not Reported. References included: Reference Type: E2B Report Duplicate Reference ID#: US-Novo-20220401180 Reference Notes: Novo Reference Type: SIMS case number Reference ID#: ||US-Novo-20220401180 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? |
|----------------------------|------------|----------|-------------|
| | | | |

| Medical History Product(s) | Start Date | End Date | Indications | Events |
|----------------------------|------------|----------|-------------|--------|
| | | | | |

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
| | | | | | |

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
| | | | | | | | | |

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|---|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|---|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20981933

Case Information:

Case Type :Non-Expedited eSub: Y HP: Y Country: US Event Date: Outcomes: Application Type:
 FDA Rcvd Date: 20-Jun-2022 Mfr Rcvd Date: 31-May-2022 Mfr Control #: US-NOVOPROD-910861 Application #: 215256

Patient Information:

Age: Sex: Female Weight:

Suspect Products:

| # | Product Name: | Compounded Drug ? | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) |
|---|---------------|-------------------|----------------|--------------|-------------|------------|----------|-------------------------------------|
| 1 | Wegovy 0.5 mg | | / | Subcutaneous | UNK | | | Product used for unknown indication |

| # | Product Name: | Interval 1st Dose to Event | DeC | ReC | Lot# | Exp Date | NDC # | MFR/Labeler | OTC |
|---|---------------|----------------------------|-----|-----|------|----------|-------|--------------|-----|
| 1 | Wegovy 0.5 mg | | NA | NA | | | | NOVO NORDISK | |

Device Products:

| # | Brand Name / Common Device Name / Product Code | Similar Device? | Malfunction ? | Device Lot# | Device Usage/ Operator of Device | Remedial Action | Device Problem | Manufacturer Name |
|---|--|-----------------|---------------|-------------|----------------------------------|-----------------|--|-------------------|
| 1 | Wegovy 0.5 mg// | No | | | /Other | | Adverse Event Without Identified Device or Use Problem | Novo Nordisk A/S |

Event Information:

Preferred Term (MedDRA Version: v.26.1)

Alopecia

ReC

Event/Problem Narrative:

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a Nurse as "Hair loss(Hair loss)" with an unspecified onset date, and concerned a Female patient who was treated with Wegovy 0.5 mg (SEMAGLUTIDE) from unknown start date and ongoing for



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20981933

"drug use for unknown indication", Dosage Regimens: Wegovy 0.5 mg: Medical history was not provided. Batch Numbers: Wegovy 0.5 mg: ASKU Action taken to Wegovy 0.5 mg was reported as No Change. The outcome for the event "Hair loss(Hair loss)" was Not Reported. References included: Reference Type: SIMS case number Reference ID#: US-Novo-20220107285 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? | |
|----------------------------|------------|----------|-------------|--------|
| Medical History Product(s) | Start Date | End Date | Indications | Events |

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
|-----------|--------|------|------------------|-------------------|------------|

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|---|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|---|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20981970

Case Information:

Case Type :Non-Expedited eSub: Y HP: Y Country: US Event Date: 01-Dec-2021 Outcomes: Application Type:
 FDA Rcvd Date: 20-Jun-2022 Mfr Rcvd Date: 04-Mar-2022 Mfr Control #: US-NOVOPROD-916208 Application #: 215256

Patient Information:

Age: 49 YR Sex: Female Weight:

Suspect Products:

| # | Product Name: | Compounded Drug ? | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) |
|---|---------------|-------------------|--------------------------------------|-------|-------------|-------------|-------------|---------------|
| 1 | Wegovy | | 1.7 Mg Milligram(S) // Unknown WK | | 1.7 mg, qw | 21-Sep-2021 | 14-Feb-2022 | Obesity |

| # | Product Name: | Interval 1st Dose to Event | DeC | ReC | Lot# | Exp Date | NDC # | MFR/Labeler | OTC |
|---|---------------|----------------------------|-----|-----|------|----------|-------|--------------|-----|
| 1 | Wegovy | 71 Day | No | NA | | | | NOVO NORDISK | |

Device Products:

| # | Brand Name / Common Device Name / Product Code | Similar Device? | Malfunction ? | Device Lot# | Device Usage/ Operator of Device | Remedial Action | Device Problem | Manufacturer Name |
|---|--|-----------------|---------------|-------------|----------------------------------|-----------------|--|-------------------|
| 1 | Wegovy// | No | | | /Other | | Adverse Event Without Identified Device or Use Problem | Novo Nordisk A/S |

Event Information:

Preferred Term (MedDRA Version: v.26.1)

Alopecia

ReC

Event/Problem Narrative:

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a Medical Doctor as "Hair loss(Hair loss)" beginning on 01-DEC-2021, and concerned a 49 Years old Female patient who was treated with Wegovy (SEMAGLUTIDE) from 21-SEP-2021 to 14-FEB-2022 for



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20981970

"obesity", Dosage Regimens: Wegovy: 21-SEP-2021 to 14-FEB-2022; Current Condition: obesity. Batch Numbers: Wegovy: ASKU Action taken to Wegovy was reported as Product discontinued. The outcome for the event "Hair loss(Hair loss)" was Not recovered. References included: Reference Type: SIMS case number Reference ID#: US-Novo-20220301460 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? |
|----------------------------|------------|----------|-------------|
| Obesity | | | Yes |

| Medical History Product(s) | Start Date | End Date | Indications | Events |
|----------------------------|------------|----------|-------------|--------|
| | | | | |

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
| | | | | | |

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|-------------------------------|
| | | | | | | | | |

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|--|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|--|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20982290

Case Information:

Case Type :Non-Expedited eSub: Y HP: Y Country: US Event Date: Outcomes: Application Type:
 FDA Rcvd Date: 20-Jun-2022 Mfr Rcvd Date: 18-May-2022 Mfr Control #: US-NOVOPROD-924950 Application #: 215256

Patient Information:

Age: Sex: Female Weight:

Suspect Products:

| # | Product Name: | Compounded Drug ? | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) |
|---|---------------|-------------------|----------------|--------------|-------------|------------|----------|-------------------------------------|
| 1 | Wegovy 1 mg | | / | Subcutaneous | UNK | | | Product used for unknown indication |

| # | Product Name: | Interval 1st Dose to Event | DeC | ReC | Lot# | Exp Date | NDC # | MFR/Labeler | OTC |
|---|---------------|----------------------------|---------|-----|------|----------|-------|--------------|-----|
| 1 | Wegovy 1 mg | | Unknown | NA | | | | NOVO NORDISK | |

Device Products:

| # | Brand Name / Common Device Name / Product Code | Similar Device? | Malfunction ? | Device Lot# | Device Usage/ Operator of Device | Remedial Action | Device Problem | Manufacturer Name |
|---|--|-----------------|---------------|-------------|----------------------------------|-----------------|--|-------------------|
| 1 | Wegovy 1 mg// | No | | | /Other | | Adverse Event Without Identified Device or Use Problem | Novo Nordisk A/S |

Event Information:

Preferred Term (MedDRA Version: v.26.1) **ReC**
 Fatigue
 Alopecia

Event/Problem Narrative:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20982290

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a as "Fatigue(Fatigue)" with an unspecified onset date, "hair loss(Hair loss)" with an unspecified onset date, and concerned a Female patient who was treated with Wegovy 1 mg (SEMAGLUTIDE) from unknown start date for "drug use for unknown indication", Dosage Regimens: Wegovy 1 mg: Medical history was not provided. Batch Numbers: Wegovy 1 mg: ASKU Action taken to Wegovy 1 mg was Not reported. The outcome for the event "Fatigue(Fatigue)" was Recovered. The outcome for the event "hair loss(Hair loss)" was Recovered. References included: Reference Type: E2B Report Duplicate Reference ID#: US-Novo-20220505801 Reference Notes: Novo Reference Type: SIMS case number Reference ID#: US-Novo-20220505801 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? |
|----------------------------|------------|----------|-------------|
|----------------------------|------------|----------|-------------|

| Medical History Product(s) | Start Date | End Date | Indications | Events |
|----------------------------|------------|----------|-------------|--------|
|----------------------------|------------|----------|-------------|--------|

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
|-----------|--------|------|------------------|-------------------|------------|

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|---|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|---|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20982546

Case Information:

Case Type :Non-Expedited eSub: Y HP: Y Country: US Event Date: Outcomes: Application Type:
 FDA Rcvd Date: 20-Jun-2022 Mfr Rcvd Date: 01-Apr-2022 Mfr Control #: US-NOVOPROD-917822 Application #: 215256

Patient Information:

Age: 70 YR Sex: Female Weight:

Suspect Products:

| # | Product Name: | Compounded Drug ? | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) |
|---|---------------|-------------------|----------------|--------------|-------------|------------|----------|-------------------------------------|
| 1 | Wegovy 2.4 mg | | / | Subcutaneous | UNK | | | Product used for unknown indication |

| # | Product Name: | Interval 1st Dose to Event | DeC | ReC | Lot# | Exp Date | NDC # | MFR/Labeler | OTC |
|---|---------------|----------------------------|---------|-----|------|----------|-------|--------------|-----|
| 1 | Wegovy 2.4 mg | | Unknown | NA | | | | NOVO NORDISK | |

Device Products:

| # | Brand Name / Common Device Name / Product Code | Similar Device? | Malfunction ? | Device Lot# | Device Usage/ Operator of Device | Remedial Action | Device Problem | Manufacturer Name |
|---|--|-----------------|---------------|-------------|----------------------------------|-----------------|--|-------------------|
| 1 | Wegovy 2.4 mg// | No | | | /Other | | Adverse Event Without Identified Device or Use Problem | Novo Nordisk A/S |

Event Information:

Preferred Term (MedDRA Version: v.26.1) ReC
 Alopecia

Event/Problem Narrative:

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a Nurse as "Hair loss(Hair loss)" with an unspecified onset date, and concerned a 70 Years old Female patient who was treated with Wegovy 2.4 mg (SEMAGLUTIDE) from unknown start date for



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20982546

"drug use for unknown indication", Dosage Regimens: Wegovy 2.4 mg: Medical history was not provided. Batch Numbers: Wegovy 2.4 mg: ASKU Action taken to Wegovy 2.4 mg was Not reported. The outcome for the event "Hair loss(Hair loss)" was Unknown. References included: Reference Type: SIMS case number Reference ID#: US-Novo-20220400318 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? | |
|----------------------------|------------|----------|-------------|--------|
| Medical History Product(s) | Start Date | End Date | Indications | Events |

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
|-----------|--------|------|------------------|-------------------|------------|

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|---|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|---|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20982614

Case Information:

Case Type :Non-Expedited eSub: Y HP: Y Country: US Event Date: Outcomes: Application Type:
 FDA Rcvd Date: 20-Jun-2022 Mfr Rcvd Date: 28-Mar-2022 Mfr Control #: US-NOVOPROD-918756 Application #: 215256

Patient Information:

Age: Sex: Female Weight:

Suspect Products:

| # | Product Name: | Compounded Drug ? | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) |
|---|---------------|-------------------|----------------|--------------|-------------|------------|----------|-------------------------------------|
| 1 | Wegovy 2.4 mg | | / | Subcutaneous | UNK | | | Product used for unknown indication |

| # | Product Name: | Interval 1st Dose to Event | DeC | ReC | Lot# | Exp Date | NDC # | MFR/Labeler | OTC |
|---|---------------|----------------------------|---------|---------|------|----------|-------|--------------|-----|
| 1 | Wegovy 2.4 mg | | Unknown | Unknown | | | | NOVO NORDISK | |

Device Products:

| # | Brand Name / Common Device Name / Product Code | Similar Device? | Malfunction ? | Device Lot# | Device Usage/ Operator of Device | Remedial Action | Device Problem | Manufacturer Name |
|---|--|-----------------|---------------|-------------|----------------------------------|-----------------|--|-------------------|
| 1 | Wegovy 2.4 mg// | No | | | /Other | | Adverse Event Without Identified Device or Use Problem | Novo Nordisk A/S |

Event Information:

Preferred Term (MedDRA Version: v.26.1)

Alopecia

ReC

Event/Problem Narrative:

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a Physician as "alopecia(Alopecia)" with an unspecified onset date, and concerned a Adult Female patient who was treated with Wegovy 2.4 mg (SEMAGLUTIDE) from unknown start date for "drug use



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 20982614

for unknown indication", Dosage Regimens: Wegovy 2.4 mg: Medical history was not provided. Batch Numbers: Wegovy 2.4 mg: ASKU Action taken to Wegovy 2.4 mg was Not reported. The outcome for the event "alopecia(Alopecia)" was Not Reported. References included: Reference Type: SIMS case number Reference ID#: US-Novo-20220309000 Reference Notes: Reference Type: Company Representative Reference ID#: Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? | |
|----------------------------|------------|----------|-------------|--------|
| Medical History Product(s) | Start Date | End Date | Indications | Events |

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
|-----------|--------|------|------------------|-------------------|------------|

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|---|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|---|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 22738610

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a Physician as "lost significant amount of weight, 20lbs quickly(Weight loss)" with an unspecified onset date, "hair loss(Hair loss)" with an unspecified onset date, and concerned a Female patient who was treated with Wegovy 0.5 mg (SEMAGLUTIDE) from unknown start date for "drug use for unknown indication", Dosage Regimens: Wegovy 0.5 mg: Medical history was not provided. Lab Data included: Lab Data Test as Reported: Weight Test Name: Weight Comments: On an unknown date, patient experienced lost significant amount of weight, 20lbs quickly. Batch Numbers: Wegovy 0.5 mg: ASKU Action taken to Wegovy 0.5 mg was Not reported. The outcome for the event "lost significant amount of weight, 20lbs quickly(Weight loss)" was Not recovered. The outcome for the event "hair loss(Hair loss)" was Not recovered. References included: Reference Type: SIMS case number Reference ID#: US-Novo-20230502993 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? |
|----------------------------|------------|----------|-------------|
|----------------------------|------------|----------|-------------|

| Medical History Product(s) | Start Date | End Date | Indications | Events |
|----------------------------|------------|----------|-------------|--------|
|----------------------------|------------|----------|-------------|--------|

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
| WEIGHT | | | | | Y |

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|
|---|---------------|----------------|-------|-------------|------------|----------|---------------|----------------------------|

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|---|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|---|

Literature Text:



**FDA - Adverse Event Reporting System (FAERS)
FOIA Case Report Information**

Case ID: 22738907

This is an auto generated narrative This non-serious Spontaneous case from the UNITED STATES was reported by a Nurse as "GI symptoms(Gastrointestinal disorder)" with an unspecified onset date, "Excessive hair loss(Hair loss)" with an unspecified onset date, "Gastroesophageal reflux disease(Gastroesophageal reflux disease)" with an unspecified onset date, and concerned a Female patient who was treated with Wegovy (SEMAGLUTIDE) from unknown start date for "Product used for unknown indication", Dosage Regimens: Wegovy: Medical history was not provided. Batch Numbers: Wegovy: ASKU Action taken to Wegovy was reported as Product discontinued. The outcome for the event "GI symptoms(Gastrointestinal disorder)" was Recovered. The outcome for the event "Excessive hair loss(Hair loss)" was Recovered. The outcome for the event "Gastroesophageal reflux disease(Gastroesophageal reflux disease)" was Recovered. References included: Reference Type: SIMS case number Reference ID#: US-Novo-20230517540 Reference Notes:

Relevant Medical History:

| Disease/Surgical Procedure | Start Date | End Date | Continuing? | |
|----------------------------|------------|----------|-------------|--------|
| Medical History Product(s) | Start Date | End Date | Indications | Events |

Relevant Laboratory Data:

| Test Name | Result | Unit | Normal Low Range | Normal High Range | Info Avail |
|-----------|--------|------|------------------|-------------------|------------|
|-----------|--------|------|------------------|-------------------|------------|

Concomitant Products:

| # | Product Name: | Dose/Frequency | Route | Dosage Text | Start Date | End Date | Indication(s) | Interval 1st Dose to Event |
|---|---------------|----------------|-------|-------------|------------|----------|---------------|-------------------------------|
|---|---------------|----------------|-------|-------------|------------|----------|---------------|-------------------------------|

Reporter Source:

| | | | | |
|----------------|----|----------------------|--------------|--|
| Study report?: | No | Sender organization: | NOVO NORDISK | 503B Compounding Outsourcing Facility?: |
|----------------|----|----------------------|--------------|--|

Literature Text: