

THE ONLY* ONE:

INNOVATIVE DRUG DESIGN AND CO-CRYSTAL LATTICE ENGINEERING

In patients with HF



Azmarda[®]

Sacubitril/Valsartan (50mg/100mg/200mg Tablets)

The **ONE** for **PREDICTABLE** Outcomes



Global standards of quality¹



Significant future risk reduction^{1, #}



Robust clinical evidence:¹

• Efficacy • Safety • Stability



Abbreviated Prescribing Information

Azmarda[®]
COMPOSITION: Tablets - Film-coated tablets containing 50 mg, 100 mg, or 200 mg Sacubitril/Valsartan as sodium salt complex. INDICATIONS: Azmarda[®] is indicated to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure. Benefits are most clearly evident in patients with Left Ventricular Ejection Fraction (LVEF) below normal. DOSAGE AND ADMINISTRATION: Adults - The target dose of Azmarda[®] is 200 mg twice daily. The recommended starting dose of Azmarda[®] is 100 mg twice daily. A starting dose of 50 mg twice daily is recommended for patients not currently taking an Angiotensin-Converting Enzyme (ACE) inhibitor or an Angiotensin II Receptor Blocker (ARB) and should be considered for patients previously taking low doses of these agents. Double the dose every 2-4 weeks to the target of 200 mg twice daily, as tolerated by the patient. METHOD OF ADMINISTRATION: For oral use. May be administered with or without food. CONTRAINDICATIONS: Hypersensitivity to the active substance, Sacubitril/Valsartan, or any of the excipients. Concomitant use with ACE inhibitors - Azmarda[®] must not be administered until 36 hours after discontinuing ACE inhibitors. Known history of angioedema related to previous ACE inhibitor or ARB therapy. Concomitant use with aliskiren in patients with type 2 diabetes and pregnancy. WARNINGS AND PRECAUTIONS: Dual blockade of the Renin-Angiotensin-Aldosterone System (RAAS) - Azmarda[®] must not be administered with an ACE inhibitor due to the risk of angioedema. Azmarda[®] must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. If treatment with Azmarda[®] is stopped, ACE inhibitor therapy must not be initiated until 36 hours after the last dose of Azmarda[®]. Azmarda[®] must not be administered with aliskiren in patients with type 2 diabetes. Azmarda[®] should not be co-administered with an ARB due to the ARB-blocking activity of Azmarda[®]. Concomitant use with aliskiren should be avoided in patients with renal impairment (eGFR < 60 mL/min/1.73 m²). Hypotension - If hypotension occurs, dose adjustment of diuretics, concomitant antihypertensive drugs, and treatment of other causes of hypotension (e.g., hypovolaemia) should be considered. If hypotension persists despite such measures, the dosage of Azmarda[®] should be reduced or the product temporarily discontinued. Impaired renal function - Down titration of Azmarda[®] should be considered in patients who develop a clinically significant decrease in renal function. Caution should be exercised when administering Azmarda[®] in patients with severe renal impairment. Hyperkalaemia - Medications known to raise potassium levels (e.g., potassium-sparing diuretics and potassium supplements) should be used with caution. Monitoring of serum potassium levels is recommended, especially in patients with risk factors such as severe renal impairment, diabetes mellitus, hypoadrenism, or receiving a high-potassium diet. Angioedema - If angioedema occurs, Azmarda[®] should be discontinued immediately and appropriate therapy and monitoring should be initiated until complete and sustained resolution of signs and symptoms has occurred. Azmarda[®] must not be used in patients with a known history of angioedema related to previous ACE inhibitor or ARB therapy. Patients with renal artery stenosis - Caution is required in patients with renal artery stenosis and monitoring of the renal function is recommended. PREGNANCY, ADVERSE DRUG REACTIONS: The very common adverse reactions are hyperkalaemia, hypotension, and renal impairment. The common adverse reactions are cough, dizziness, renal failure, diarrhoea, hypokalaemia, fatigue, headache, syncope, nausea, asthma, orthostatic hypotension, and vertigo. The events most commonly associated with dosage adjustments or treatment interruptions are hypotension, hyperkalaemia and renal impairment. INTERACTIONS: Concomitant use contraindicated - The concomitant use of Azmarda[®] with aliskiren in patients with type 2 diabetes is contraindicated, concomitant use of Azmarda[®] with ACE inhibitors is also contraindicated. Concomitant use not recommended - ARB, concomitant use of Azmarda[®] with aliskiren, should be avoided in patients with renal impairment (eGFR < 60 mL/min/1.73 m²). Interactions to be considered - Caution should be taken when used concomitantly with statins, sildenafil, lithium, potassium-sparing diuretics (including mineralocorticoid antagonists, potassium supplements, or salt substitutes containing potassium), and Nonsteroidal Anti-Inflammatory Agents (NSAIDs). SPECIAL POPULATION: Pregnancy - Azmarda[®] must not be used during pregnancy. Breastfeeding - It is not known whether Azmarda[®] is excreted in human milk. Because of the potential risk for adverse drug reactions in breastfed newborns or infants, Azmarda[®] is not recommended during breastfeeding. Geriatric patients - No dosage adjustment is required. Paediatric patients - Azmarda[®] has not been studied. Its use is not recommended. Renal impairment - No dosage adjustment is required in patients with mild to moderate renal impairment. In adult patients with severe renal impairment (eGFR < 30 mL/min/1.73 m²), start Azmarda[®] at half the usually recommended starting dose. Hepatic impairment - No dose adjustment is required in patients with mild hepatic impairment. In adult patients with moderate hepatic impairment (Child-Pugh B classification), start Azmarda[®] at half the usually recommended starting dose. In patients with severe hepatic impairment, the use of Azmarda[®] is not recommended. PACKAGING INFORMATION: For more information, please refer to the full prescribing information. DATE OF PREPARATION: March 2023.

Azmarda[®] 50: Pack of 14 tablets (Alu-Alu strips of 2 x14)
Azmarda[®] 100: Pack of 14 tablets (Alu-Alu strips of 2 x14)
Azmarda[®] 200: Pack of 7 tablets (Alu-Alu strips of 2x7)

* HF- Heart Failure

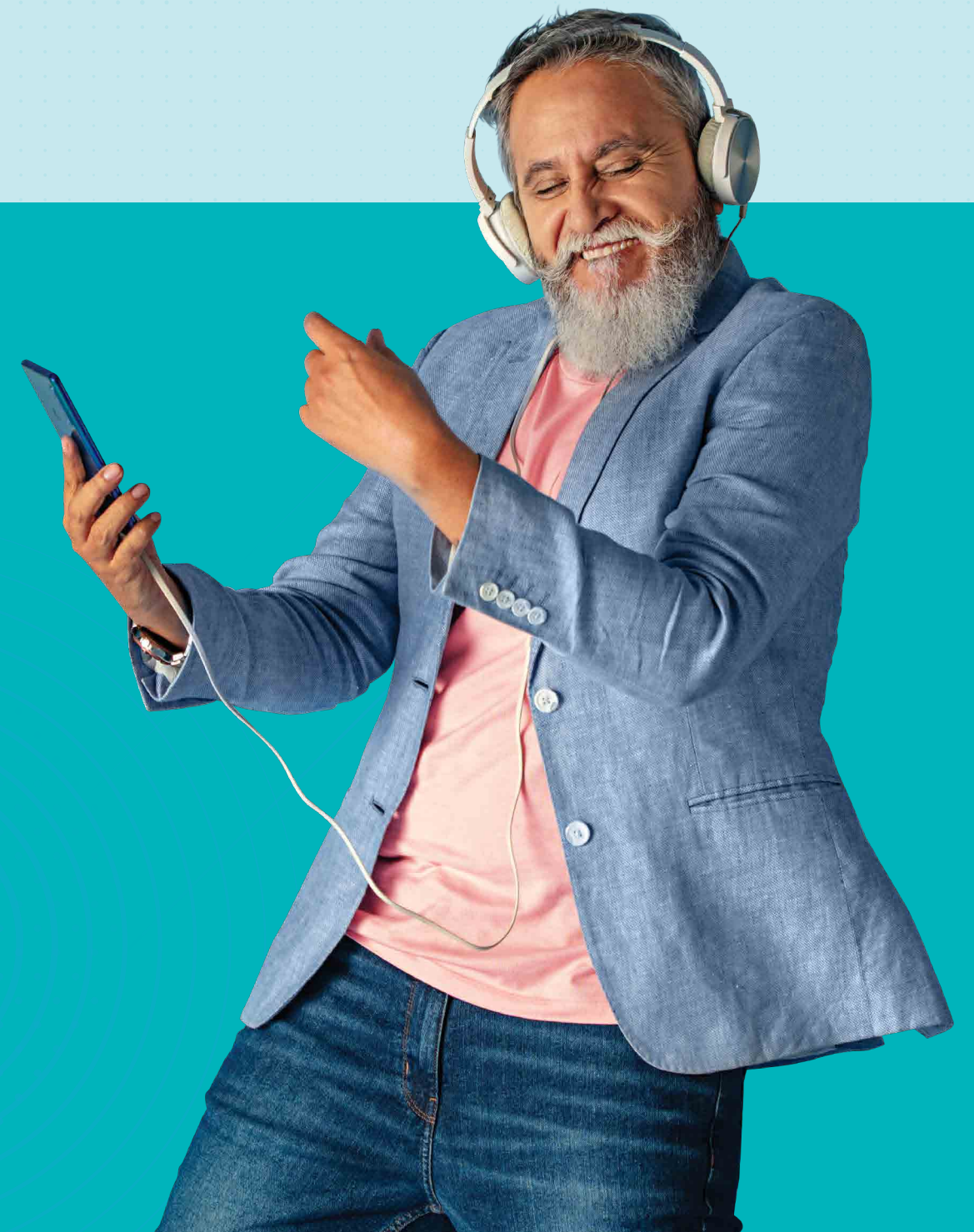
** to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure.

[#]Imported from the innovator (Novartis). #Significant future risk reduction related to CV/mortality/hospitalisation for HF

1) McMurray et al. N Engl J Med 2014;371(11):993-1004 2) Desai et al. Eur Heart J 2015;36(30):1990-7 3) Packer et al. Circulation 2015;131(1):54-61

2) Source Haddad H et al. The PARASAIL study-Patient reported outcomes from the Canadian real-world experience use of Vymada in patients with heart failure and reduced ejection fraction, European Journal of Heart Failure (2017) 19 (Suppl. S1), 34. Source Canu A et al. Results of a single center experience on 200 consecutive patients treated with Entresto (Vymada), European Journal of Heart Failure (2017) 19 (Suppl. S1), 413

Basic Diet in Heart Failure



Basic Diet in Heart Failure

- It's very important to take good care of yourself if you have heart failure.
- Along with medication, your doctor may make changes to your lifestyle, including your diet.
- A healthy, balanced diet can help improve your symptoms and general health.

Include in your diet	Avoid from your diet
 Unsalted nuts	 Salt and salted snacks
 Fresh, unprocessed fruits and vegetables	 Red meat
 Fresh skinless poultry and fish	 Pre-packed canned or processed food, processed chicken and fish
 Spices and herbs	 Bottled pickle, chutney sauces and ketchups
 Low fat dairy products	 Cheese and butter
 Whole grains, legumes, and beans	 Beverages like alcohol and caffeine

Points to by heart

Cut down salt intake

Excess salt causes fluid retention putting more strain on your heart and making heart failure symptoms worse.

Restrict your fluid intake

Drinking too much fluids may lead to increased blood pressure, weight gain, and make heart failure symptoms worse.

Take doctor's advice

Speak to your doctor and discuss about diet to be followed.

References:
<https://www.webmd.com/heart-disease/heart-failure/low-sodium-eating> as accessed on 15 May 2023 https://www.cardiosmart.org/docs/default-source/assets/worksheet/hf-ap-limitingsalt.pdf?sfvrsn=5b47b777_3 as accessed on 15 May 2023
Adapted from <https://www.ucsfhealth.org/education/diet-and-congestive-heart-failure> as accessed on 15 May 2023 Adapted from <https://www.healthline.com/health/heart-failure/meal-plans#limiting-alcohol> as accessed on 15 May 2023
Adapted from <https://www.heart.org/en/health-topics/heart-failure/treatment-options-for-heart-failure/lifestyle-changes-for-heart-failure> as accessed on 15 May 2023

હાર્ટ ફેલ્ચોરમાં મૂળભૂત આહાર

- જો તમને હાર્ટ ફેલ્ચોર હોય તો તમારી સારી કાળજી લેવી ખૂબ જ અગત્યનું છે.
- દવાઓની સાથે તમારા ડૉક્ટર તમારી જીવનશૈલી સહિત તમારા આહારમાં ફેરફારો કરી શકે છે.
- આરોગ્યપ્રદ સંતુલિત આહાર તમારાં લક્ષણો અને સામાન્ય સ્વાસ્થ્ય સુધારવામાં મદદરૂપ બની શકે છે.

તમારા આહારમાં સામેલ કરો



મીઠાં વગરના સૂકા મેવા



તાજા, પ્રોસેસ ન કરેલા ફળો અને શાકભાજી



તાજી ત્વચારહિત મરઘી અને માછલી



મસાલા અને જડિબુટ્ટીઓ



ઓછી ફેટ ધરાવતા દુધ ઉત્પાદનો



ખડધાન્યો, દાળ અને કઠોળ

તમારાં આહારમાંથી દૂર કરો



મીઠું અને ખારાં ફરસાણો



લાલ માંસ



પ્રી-પેકડ કેનમાં મળતા અથવા પ્રોસેસ કરેલા આહારો, પ્રોસેસ કરેલું ચીકન અને માછલી



પીણાંઓ જેમ કે આલ્કોહોલ અને કેફીન



ચીઝ અને બટર



પીણાં જેમ કે આલ્કોહોલ અને કેફીન

મોઢે યાદ રાખવાના મુદ્દાઓ

મીઠાંનું સેવન ઓછું કરી દો

વધુ પડતું મીઠું ખાવાથી પ્રવાહીનો ભરાવો થાય છે જેને લીધે તમારા હૃદય પર વધુ તાણ આવે છે અને હાર્ટ ફેલ્ચોરનાં લક્ષણો વધુ વણસે છે.

પ્રવાહીનું તમારું સેવન સીમિત કરો

અતિશય પ્રવાહી પીવાથી બ્લડ પ્રેશરમાં વધારો થઈ શકે છે, વજન વધી શકે છે અને હાર્ટ ફેલ્ચોરનાં લક્ષણો વણસે છે.

ડૉક્ટરની સલાહ લો

તમારા ડૉક્ટર સાથે વાત કરો અને અનુસરવાના રહેતા ડાયેટની ચર્ચા કરો.

References:

<https://www.webmd.com/heart-disease/heart-failure/low-sodium-eating> as accessed on 15 May 2023 https://www.cardiosmart.org/docs/default-source/assets/worksheet/hf-ap-limitingsalt.pdf?sfvrsn=5b47b777_3 as accessed on 15 May 2023
Adapted from <https://www.ucsfhealth.org/education/diet-and-congestive-heart-failure> as accessed on 15 May 2023 Adapted from <https://www.healthline.com/health/heart-failure/meal-plans#limiting-alcohol> as accessed on 15 May 2023
Adapted from <https://www.heart.org/en/health-topics/heart-failure/treatment-options-for-heart-failure/lifestyle-changes-for-heart-failure> as accessed on 15 May 2023