

THE ONLY* ONE:

INNOVATIVE DRUG DESIGN AND CO-CRYSTAL LATTICE ENGINEERING

In patients with HF



Azwarda[®]

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

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



Global standards of quality¹

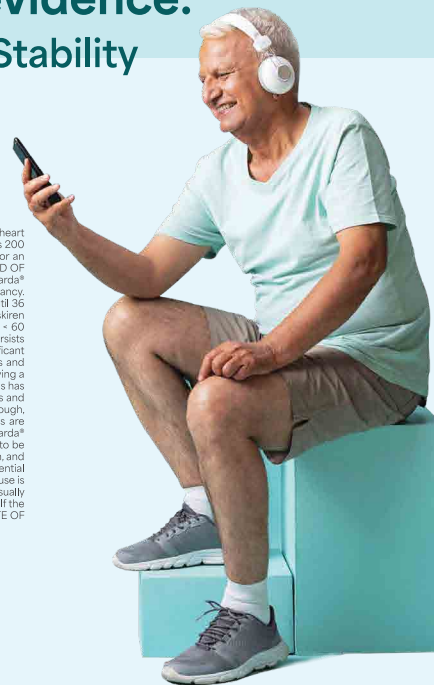


Significant future risk reduction^{1, #}



Robust clinical evidence:¹

• Efficacy • Safety • Stability



Abbreviated Prescribing Information

Azwarda[®]
COMPOSITION: Tablets - Film-coated tablets containing 50 mg, 100 mg, or 200 mg Sacubitril/Valsartan as sodium salt complex. INDICATIONS: Azwarda[®] 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 Azwarda[®] is 200 mg twice daily. The recommended starting dose of Azwarda[®] 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 - Azwarda[®] 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) - Azwarda[®] must not be administered with an ACE inhibitor due to the risk of angioedema. Azwarda[®] must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. If treatment with Azwarda[®] is stopped, ACE inhibitor therapy must not be initiated until 36 hours after the last dose of Azwarda[®]. Azwarda[®] must not be administered with aliskiren in patients with type 2 diabetes. Azwarda[®] should not be co-administered with an ARB due to the ARB-blocking activity of Azwarda[®]. 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 Azwarda[®] should be reduced or the product temporarily discontinued. Impaired renal function - Down titration of Azwarda[®] should be considered in patients who develop a clinically significant decrease in renal function. Caution should be exercised when administering Azwarda[®] 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, hypoadrenalism, or receiving a high-potassium diet. Angioedema - If angioedema occurs, Azwarda[®] should be discontinued immediately and appropriate therapy and monitoring should be initiated until complete and sustained resolution of signs and symptoms has occurred. Azwarda[®] 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 Azwarda[®] with aliskiren in patients with type 2 diabetes is contraindicated, concomitant use of Azwarda[®] with ACE inhibitors is also contraindicated. Concomitant use not recommended - ARB, concomitant use of Azwarda[®] 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 - Azwarda[®] must not be used during pregnancy. Breastfeeding - It is not known whether Azwarda[®] is excreted in human milk. Because of the potential risk for adverse drug reactions in breastfed newborns or infants, Azwarda[®] is not recommended during breastfeeding. Geriatric patients - No dosage adjustment is required. Paediatric patients - Azwarda[®] 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 Azwarda[®] at half the usually recommended starting dose. Hepatic impairment - No dosage adjustment is required in patients with mild hepatic impairment. In adult patients with moderate hepatic impairment (Child-Pugh B classification), start Azwarda[®] at half the usually recommended starting dose. In patients with severe hepatic impairment, the use of Azwarda[®] is not recommended. PACKAGING INFORMATION: For more information, please refer to the full prescribing information. DATE OF PREPARATION: March 2023.

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

* HF- Heart Failure

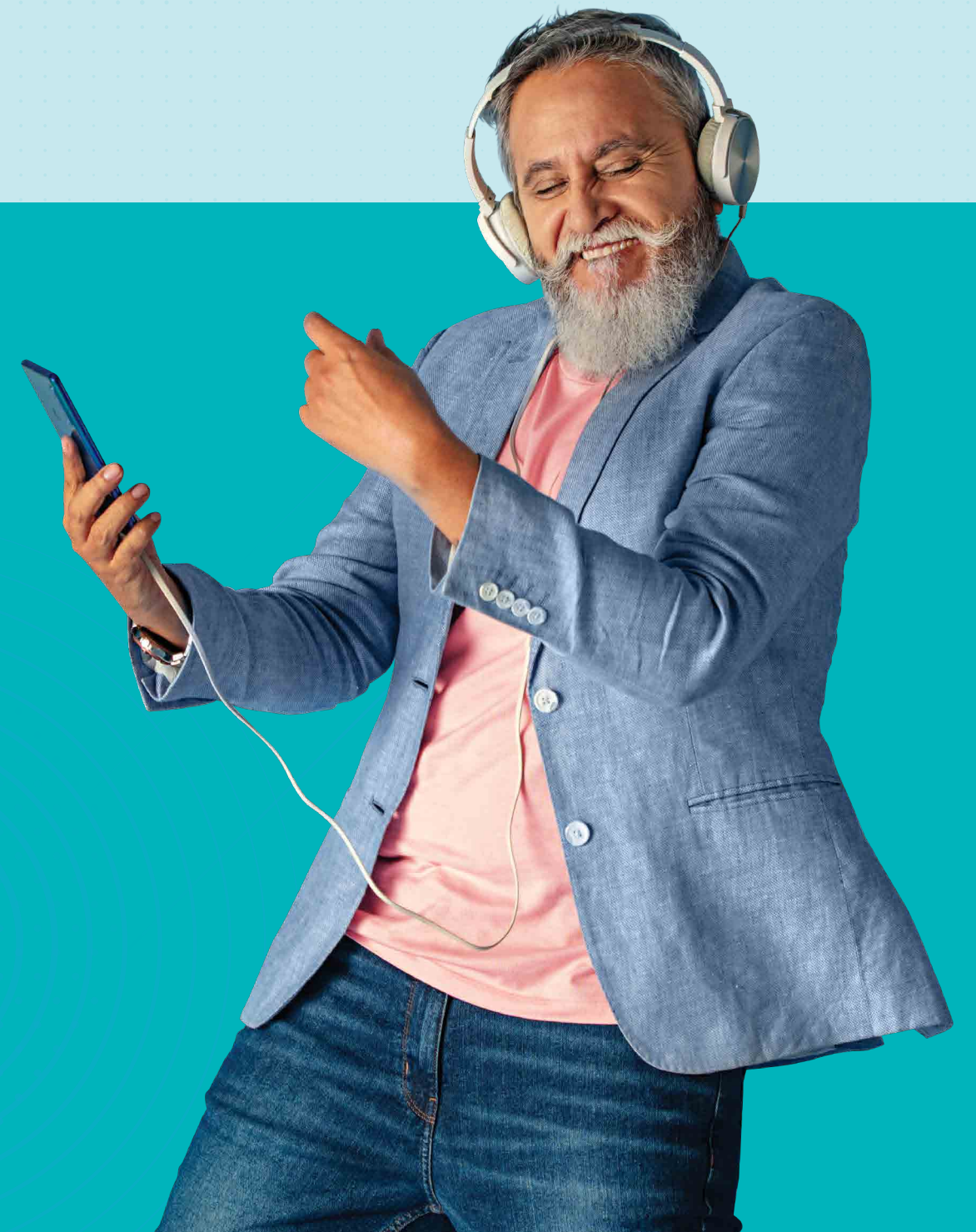
** to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure.

Images are for representation purposes only.

References

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

Daily monitoring tools in Heart Failure



Daily monitoring tools in Heart Failure

7 Things to Track Daily



☐ Daily weight

- Weigh yourself on the same scale every morning



☐ Oedema

- Watch for any swelling on ankles, lower legs and feet



☐ Shortness of breath

- Breathlessness or worsening in your ability to do your regular activities



☐ Blood pressure

- Monitor your blood pressure regularly



☐ Low sodium diet

- Eat food which is low in salt (sodium)



☐ Medication

- Be sure to take medicines as directed
- Report any side effects or other concerns



☐ Adopt heart-healthy habits

- Regular exercise
- Good nutrition
- Avoid alcohol and smoking
- Manage stress

When you are aware of the changes, you are more likely to take action.
Making small changes in your lifestyle and treatment plan can help
you live your longest and healthiest life.

Speak to your doctor and know more about your personalised daily monitoring tools.

References:

Adapted on <https://www.heart.org/en/health-topics/heart-failure/warning-signs-of-heart-failure/managing-heart-failure-symptoms> as on 15 May 2023

Adapted from <https://www.cardiosmart.org/assets/worksheet/your-heart-failure-checklist> as on 15 May 2023

हार्ट फेल्योर में निगरानी के लिए दैनिक साधन

दैनिक निगरानी के लिए 7 बातें



☐ दैनिक वजन

- हर दिन सबेरे एक ही वजन मशीन पर अपना वजन करें



☐ एडेमा

- टखनों, टांग के निचले हिस्से और पैरों पर सूजन पर ध्यान दें



☐ साँस फूलना

- अपनी दैनिक गतिविधियाँ करने में आपकी साँस फूलना या आपकी क्षमता बदतर होना



☐ रक्त चाप

- अपने रक्त चाप पर नियमित ध्यान दें



☐ कम नमकवाला आहार

- ऐसा आहार खाएँ जिसमें कम नमक हो



☐ दवा

- निर्देश के अनुसार दवाइयाँ लेना याद रखें
- किसी भी दुष्प्रभाव या अन्य समस्याओं के बारे में बताएँ



☐ हृदय के लिए स्वस्थ आदतें अपनाएँ

- नियमित व्यायाम
- अच्छा पोषण
- अलकोहल और धूम्रपान टालें
- तनाव नियंत्रित करें

जब आपको बदलावों की जानकारी होती है तब आप द्वारा उस पर कार्रवाई की संभावना अधिक होती है. अपनी जीवनशैली में छोटे बदलाव करके और उपचार योजना का पालन करके आपको लंबा और सबसे स्वस्थ जीवन पाने में मदद मिल सकती है.

अपने डॉक्टर से बात करें और अपनी आवश्यकता के अनुसार दैनिक निगरानी के साधनों के बारे में अधिक जानिए

References:

Adapted on <https://www.heart.org/en/health-topics/heart-failure/warning-signs-of-heart-failure/managing-heart-failure-symptoms> as on 15 May 2023
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