

THE ONLY* ONE:

INNOVATIVE DRUG DESIGN AND CO-CRYSTAL LATTICE ENGINEERING

In patients with HF



Rx **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, hypoadrenalism, 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

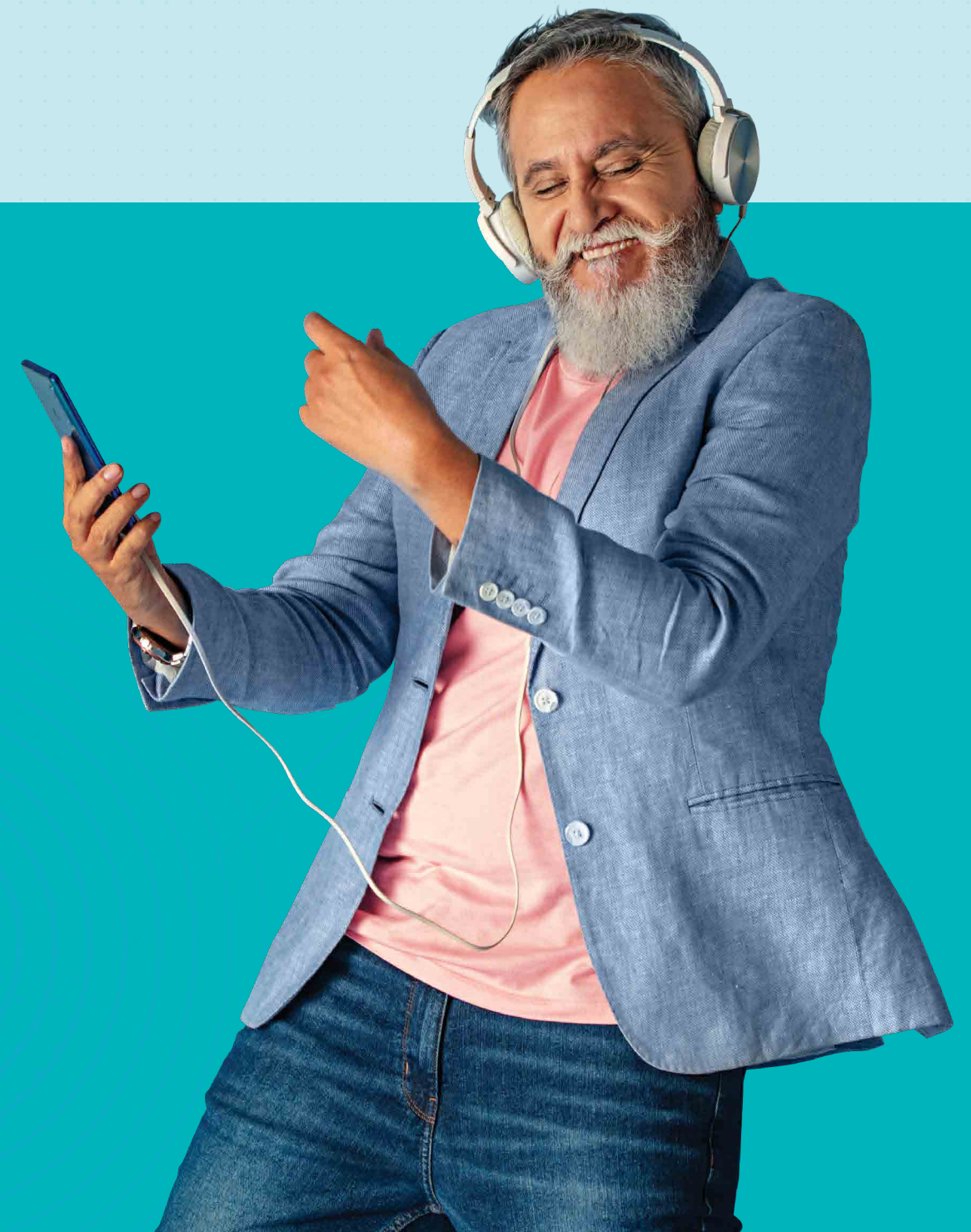
** to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure.

#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

What is Heart Failure?



What is Heart Failure?

Your heart is a pump. It pumps blood, oxygen, and nutrients through your body.



The normal heart
has strong muscular walls that contract to pump blood out to all parts of the body. Heart muscle pumps blood out of the left ventricle.



Heart failure
is a condition that causes the muscle in the heart wall to slowly weaken and enlarge, preventing the heart from pumping enough blood.
In heart failure, weakened heart muscle cannot pump enough blood to meet the needs of your body.

Common causes of heart failure



Severe lung disease



Diseases of heart muscles



Abnormal heart valves



Coronary artery disease



History of heart attack



High blood pressure

What are the common symptoms of heart failure?



Shortness of breath



Excessive coughing



Built up of fluid (oedema)



Fatigue and dizziness



Nausea or lack of appetite



Confusion



Increased heart rate

How to live well with heart failure?

It can be difficult to manage at first, but one can learn to manage the symptoms and live an active life.

What you can do?



Create a heart failure self-care routine.



Follow specific diet and healthy lifestyle.



Pay careful attention to your medications.



Learn to track and manage your symptoms.

हार्ट फेल्योर क्या है?

आपका हृदय एक पंप है। ये आपके पूरे शरीर में रक्त, ऑक्सीजन और पोषक तत्वों को पंप करता है।



सामान्य हृदय

में मांसपेशी की दीवारें मज़बूत होती हैं जो रक्त को शरीर के सभी हिस्सों में पंप करने के लिए सिकुड़ती हैं। हृदय की मांसपेशियाँ रक्त को बाएँ निलय (वेंट्रिकल) से बाहर पंप करती हैं।



हार्ट फेल्योर

ऐसी स्थिति है जिसके कारण हृदय की मांसपेशी की दीवार धीरे धीरे कमज़ोर और बड़ी होने लगती है, जिससे हृदय में पर्याप्त रक्त पंप नहीं कर पाता।

हार्ट फेल्योर में, हृदय की कमज़ोर मांसपेशियाँ आपके शरीर की जरूरतों को पूरा करने के लिए पर्याप्त रक्त पंप नहीं कर सकतीं।

हार्ट फेल्योर के सामान्य कारण



गंभीर फेफड़े का रोग



हृदय की मांसपेशी के रोग



असामान्य हार्ट वॉल्व



कोरोनरी आर्टरी डिजीज़



हार्ट अटैक का इतिहास



ऊँचा रक्त चाप

हार्ट फेल्योर के सामान्य लक्षण क्या हैं?



साँस
फूलना



अत्यधिक
खाँसी



द्रव जुटना
(एडेमा)



थकान और
चकराना



उबकाई या भूख
नहीं लगना



संभ्रम



हृदय गति
बढ़ना

हार्ट फेल्योर के साथ अच्छी तरह से कैसे रहें?

पहले तो इसके साथ तालमेल बिठाना कठिन हो सकता है लेकिन व्यक्ति लक्षणों का प्रबंधन करना और सक्रिय जीवन जीना सीख सकता है।

आप क्या कर सकते हैं?



हार्ट फेल्योर से जुड़ी स्वयं देखभाल की दिनचर्या बनाएँ



विशिष्ट आहार योजना और स्वस्थ जीवनशैली का पालन करें



अपनी दवाओं पर सावधानी से ध्यान रखें



अपने लक्षणों पर निगाह रखना और उसका प्रबंधन करना सीखें।