From the makers of

Azmarda®

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

In HF patients

GOOD PEOPLE for GOOD HEALTH

THE ONLY* ONE:

INNOVATIVE DRUG DESIGN AND
CO-CRYSTAL LATTICE ENGINEERING

In patients with HF

Rx Azmarda®

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

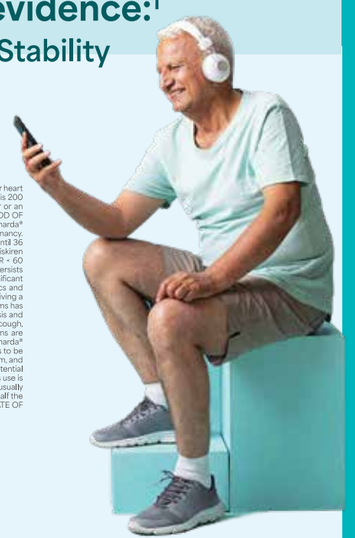
The **ONE** for **PREDICTABLE** Outcomes

Global standards of quality[1]

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 coadministered 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, hypoaldosteronism, or receiving a high-potassium diet. Angioedema • If angioedema occurs, Azmarda® should be discontinued immediately and appropriate therapy and monitoring should be provided 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, asthenia, 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.
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

JB/VIVA HF/AZ/Q1/GB/14/RC/KM/2024 | Valid Upto May 2025

GOOD PEOPLE for GOOD HEALTH

What is Heart Failure?

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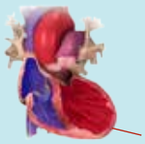
What is Heart Failure?

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.

References:
https://www.heart.org/-/media/Files/Health-Topics/Answers-by-Heart/What-Is-Heart-Failure.pdf
https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142

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ಹೃದಯ ವೈಫಲ್ಯ ಅಂದರೇನು?

ನಿಮ್ಮ ಹೃದಯ ಒಂದು ಪಂಪು. ಅದು ರಕ್ತ, ಆಕ್ಸಿಜನ್ ಮತ್ತು ಪೌಷ್ಟಿಕಾಂಶಗಳನ್ನು ನಿಮ್ಮ ದೇಹದಾದ್ಯಂತ ಪಂಪ್ ಮಾಡುತ್ತದೆ.

ಸ್ವಾಭಾವಿಕ ಸ್ಥಿತಿಯ ಹೃದಯ

ಬಲಿಷ್ಠ ಸ್ನಾಯು ಗೋಡೆಗಳನ್ನು ಹೊಂದಿರುತ್ತದೆ; ಅವು ಸಂಕುಚನಗೊಂಡಾಗ ರಕ್ತ ಪಂಪ್ ಆಗಿ ದೇಹದ ಎಲ್ಲಾ ಭಾಗಗಳಿಗೂ ಹೋಗುತ್ತದೆ. ಹೃದಯದ ಸ್ನಾಯುವು ಎಡ ವೆಂಟ್ರಿಕಲ್ ನಿಂದ ರಕ್ತವನ್ನು ಪಂಪ್ ಮಾಡಿ ಹೊರಗೆ ಕಳಿಸುತ್ತದೆ.

ಹೃದಯ ವೈಫಲ್ಯ

ಎಂಬುದು ಒಂದು ರೋಗಸ್ಥಿತಿಯಾಗಿದ್ದು , ಅದರಲ್ಲಿ ಹೃದಯದ ಗೋಡೆಗಳು ನಿಧಾನವಾಗಿ ದುರ್ಬಲಗೊಂಡು ಹಿಗ್ಗುತ್ತವೆ; ಅದರ ಪರಿಣಾಮವಾಗಿ ಸಾಕಷ್ಟು ರಂಕ್ತವನ್ನು ಪಂಪ್ ಮಾಡಲು ಸಾಧ್ಯವಾಗದಂತೆ ಹೃದಯಕ್ಕೆ ತಡೆಯಾಗುತ್ತದೆ.

ಹೃದಯ ವೈಫಲ್ಯದಲ್ಲಿ, ಹೃದಯದ ಸ್ನಾಯುವು ದುರ್ಬಲಗೊಂಡಿದ್ದು ಅದು ನಿಮ್ಮ ದೇಹದ ಅವಶ್ಯಕತೆಗಳನ್ನು ಪೂರೈಸುವಷ್ಟು ರಕ್ತವನ್ನು ಪಂಪ್ ಮಾಡಲಾರದು.

ಹೃದಯ ವೈಫಲ್ಯದ ಸಾಮಾನ್ಯ ಕಾರಣಗಳು

- ತೀವ್ರ ಶ್ವಾಸಕೋಶದ ರೋಗ
- ಹೃದಯದ ಸ್ನಾಯುಗಳ ರೋಗಗಳು
- ಅಸ್ವಾಭಾವಿಕ ಹೃದಯದ ವಾಲ್ವ್‌ಗಳು
- ಕಾರೊನರಿ ಆರ್ಟರಿ ರೋಗ
- ಹೃದಯಾಘಾತದ ಇತಿಹಾಸ
- ಅಧಿಕ ರಕ್ತದ್ದೊತಡ

ಹೃದಯ ವೈಫಲ್ಯದ ಸಾಮಾನ್ಯ ಲಕ್ಷಣಗಳು ಯಾವುವು?

- ಉಸಿರು ಕಿರಿದಾಗುವುದು
- ವಿಪರೀತ ಕೆಮ್ಮುವುದು
- ದ್ರವ ಜಮಾವಣೆ (ಎಡೀಮಾ)
- ಸುಸ್ತು ಮತ್ತು ತಲೆಸುತ್ತು
- ವಾಕರಿಕೆ ಅಥವಾ ಹಸಿವಾಗದಿರುವುದು
- ಗೊಂದಲ
- ಹೃದಯ ಬಡಿತದ ಗತಿ ಹೆಚ್ಚುವುದು

ಹೃದಯ ವೈಫಲ್ಯದೊಂದಿಗೆ ಚೆನ್ನಾಗಿ ಜೀವನ ಸಾಗಿಸುವುದು ಹೇಗೆ?

ಮೊದಲು ಅದನ್ನು ನಿರ್ವಹಿಸುವುದು ಕಷ್ಟವಾಗಬಹುದು, ಆದರೆ ಲಕ್ಷಣಗಳನ್ನು ನಿರ್ವಹಿಸಲು ಕಲಿತು ಸಕ್ರಿಯ ಜೀವನ ಸಾಗಿಸಬಹುದು..

ನೀವು ಏನು ಮಾಡಬಹುದು?

- ಹೃದಯ ವೈಫಲ್ಯದ ಸ್ವಯಂ–ಆರೈಕೆಯ ದೈನಂದಿಕವನ್ನು ಸೃಷ್ಟಿಸಿ
- ನಿರ್ದಿಷ್ಟ ಆಹಾರ ಮತ್ತು ಆರೋಗ್ಯಕರ ಜೀವನಕ್ರಮವನ್ನು ಅನುಸರಿಸಿ.
- ನಿಮ್ಮ ಔಷಧಿಗಳ ಕಡೆಗೆ ವಿಶೇಷ ಗಮನ ಕೊಡಿ
- ನಿಮ್ಮ ಲಕ್ಷಣಗಳನ್ನು ಅನುಸರಿಸಿ ನೋಡಿ ಅವನ್ನು ನಿರ್ವಹಿಸಲು ಕಲಿತುಕೊಳ್ಳಿ.

References:
https://www.heart.org/-/media/Files/Health-Topics/Answers-by-Heart/What-Is-Heart-Failure.pdf
https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms-causes/syc-20373142