

# THE ONLY\* ONE:

INNOVATIVE DRUG DESIGN AND  
 CO-CRYSTAL LATTICE ENGINEERING

In patients with HF



Rx **Azmarda**<sup>®</sup>

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

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



**Global standards of quality<sup>1</sup>**

**Significant future risk reduction<sup>1, #</sup>**

**Robust clinical evidence:<sup>1</sup>**  
 • Efficacy • Safety • Stability

**AZMARDA<sup>®</sup>**  
**IS THE**  
**ONLY\* ONE**



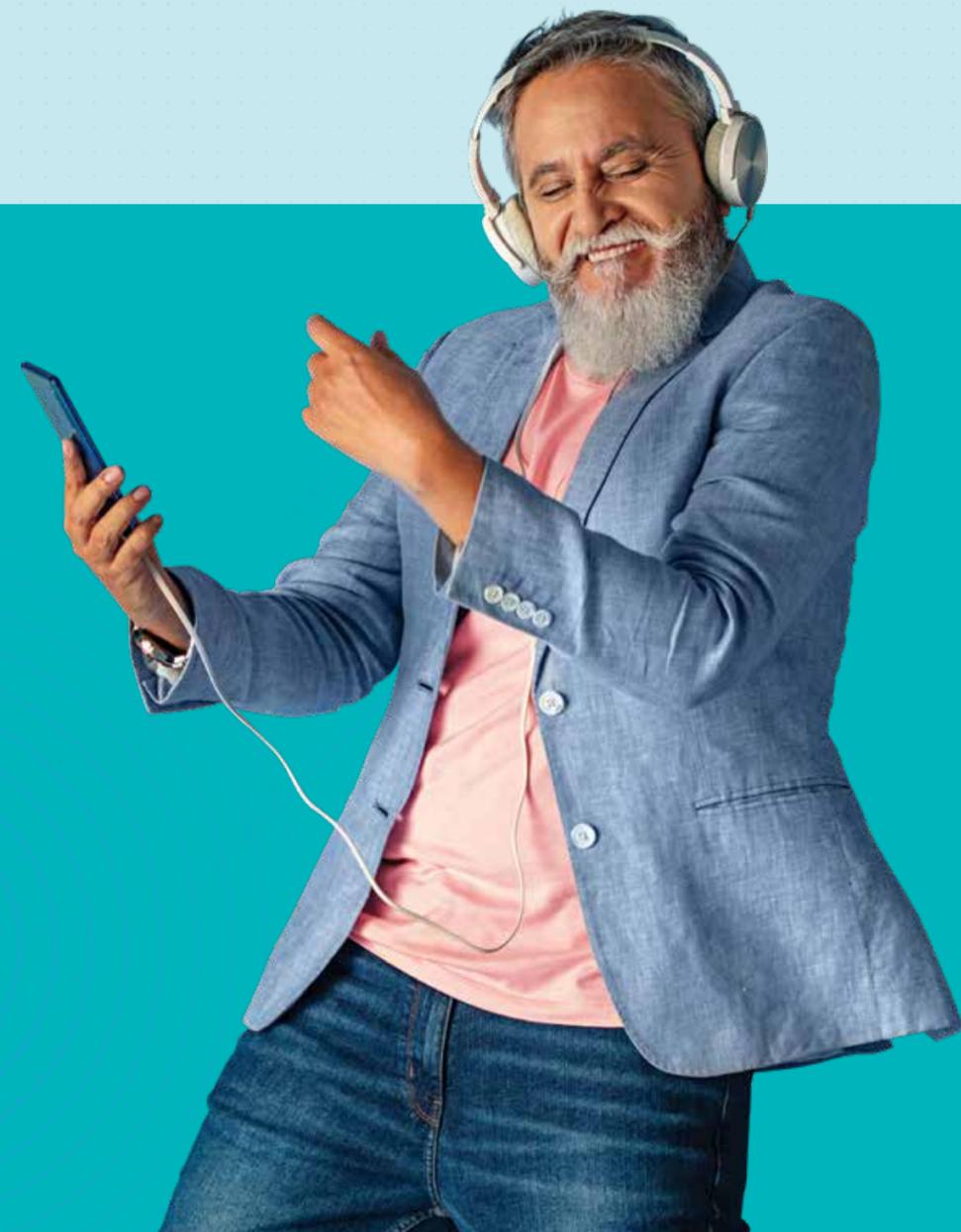
**Abbreviated Prescribing Information**  
**Azmarda<sup>®</sup>**  
 COMPOSITION: Tablets - Film-coated tablets containing 50 mg, 100 mg, or 200 mg Sacubitril/Valsartan as sodium salt complex. INDICATIONS: Azmarda<sup>®</sup> is indicated to reduce the risk of cardiovascular death and hospitalisation 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<sup>®</sup> is 200 mg twice daily. The recommended starting dose of Azmarda<sup>®</sup> 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<sup>®</sup> 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<sup>®</sup> must not be administered with an ACE inhibitor due to the risk of angioedema. Azmarda<sup>®</sup> must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. If treatment with Azmarda<sup>®</sup> is stopped, ACE inhibitor therapy must not be initiated until 36 hours after the last dose of Azmarda<sup>®</sup>. Azmarda<sup>®</sup> must not be administered with aliskiren in patients with type 2 diabetes. Azmarda<sup>®</sup> should not be co-administered with an ARB due to the ARB-blocking activity of Azmarda<sup>®</sup>. Concomitant use with aliskiren should be avoided in patients with renal impairment (eGFR < 60 mL/min/1.73 m<sup>2</sup>). 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<sup>®</sup> should be reduced or the product temporarily discontinued. Impaired renal function - Down titration of Azmarda<sup>®</sup> should be considered in patients who develop a clinically significant decrease in renal function. Caution should be exercised when administering Azmarda<sup>®</sup> 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, hypoadosteronism, or receiving a high-potassium diet. Angioedema - If angioedema occurs, Azmarda<sup>®</sup> should be discontinued immediately and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. Azmarda<sup>®</sup> 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<sup>®</sup> with aliskiren in patients with type 2 diabetes is contraindicated, concomitant use of Azmarda<sup>®</sup> with ACE inhibitors is also contraindicated. Concomitant use not recommended - ARB, concomitant use of Azmarda<sup>®</sup> with aliskiren, should be avoided in patients with renal impairment (eGFR < 60 mL/min/1.73 m<sup>2</sup>). 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<sup>®</sup> must not be used during pregnancy. Breastfeeding - It is not known whether Azmarda<sup>®</sup> is excreted in human milk. Because of the potential risk for adverse drug reactions in breastfed newborns or infants, Azmarda<sup>®</sup> is not recommended during breastfeeding. Geriatric patients - No dosage adjustment is required. Paediatric patients - Azmarda<sup>®</sup> 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 m<sup>2</sup>), start Azmarda<sup>®</sup> 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 Azmarda<sup>®</sup> at half the usually recommended starting dose. In patients with severe hepatic impairment, the use of Azmarda<sup>®</sup> is not recommended. PACKAGING INFORMATION: For more information, please refer to the full prescribing information. DATE OF PREPARATION: March 2023.

Azmarda<sup>®</sup> 50: Pack of 14 tablets (Alu-Alu strips of 2 x14)  
 Azmarda<sup>®</sup> 100: Pack of 14 tablets (Alu-Alu strips of 2 x14)  
 Azmarda<sup>®</sup> 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.

**References**  
 Imported from the innovator (Novartis). #Significant future risk reduction related to CV/mortality/hospitalisation for HF  
 1) McKenney et al. N Engl J Med. 2019;381(11):1093-1094. 2) Desai et al. Eur Heart J. 2015;36(30):1992-7. 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

## ಹೃದಯ ವೈಫಲ್ಯದಲ್ಲಿ ಪ್ರತಿದಿನ ನಿಮ್ಮನ್ನು ಪರೀಕ್ಷೆ ಮಾಡುವ ಸಾಧನಗಳು

ಪ್ರತಿದಿನ 7 ವಿಷಯಗಳನ್ನು ಅನುಸರಿಸಿ ನೋಡಬೇಕು



### ಪ್ರತಿದಿನ ತೂಕ

ಒಂದೇ ತಕ್ಕಡಿಯ ಮೇಲೆ ಪ್ರತಿದಿನ ಬೆಳಿಗ್ಗೆ ನಿಮ್ಮ ತೂಕ ನೋಡಿ.



### ಎಡೀಮ (ದ್ರವ ಜಮಾವಣೆ)

ಕಾಲಿನ ಕೆಳಭಾಗ, ಕಾಲುಗಂಟು (ಹದಡು) ಮತ್ತು ಪಾದ ಎಲ್ಲಾದರೂ ಊದಿಕೊಂಡಿದೆಯಾ ಎಂದು ನೋಡಿ.



### ಉಸಿರು ಕಿರಿದಾಗುವುದು

ನಿಮ್ಮ ದೈನಂದಿನ ಚಟುವಟಿಕೆಗಳನ್ನು ಮಾಡುವುದು ಸಾಧ್ಯವಾಗದಂತೆ ಉಸಿರು ಕಟ್ಟಿಕೊಳ್ಳುವುದು ಅಥವಾ ಉಸಿರು ಉಲ್ಬಣಿಸುವುದು.



### ರಕ್ತದೊತ್ತಡ

ನಿಯಮಿತವಾಗಿ ನಿಮ್ಮ ರಕ್ತದೊತ್ತಡವನ್ನು ಪರೀಕ್ಷಿಸುತ್ತಿರಿ.



### ಸೋಡಿಯಮ್ ಕಡಿಮೆ ಇರುವ ಆಹಾರ

ಉಪ್ಪು (ಸೋಡಿಯಮ್) ಕಡಿಮೆ ಇರುವ ಆಹಾರವನ್ನು ತಿನ್ನಿ.



### ಔಷಧಿಗಳು

ಡಾಕ್ಟರ್‌ರು ನಿರ್ದೇಶಿಸಿದ ಪ್ರಕಾರ ತಪ್ಪದೆ ಔಷಧಿ ತೆಗೆದುಕೊಳ್ಳಿ.  
ಯಾವುದೇ ಅಡ್ಡಪರಿಣಾಮಗಳು ಅಥವಾ ಇತರ ಸಮಸ್ಯೆಗಳನ್ನು ಡಾಕ್ಟರ್‌ರಿಗೆ ತಿಳಿಸಿ.



### ಹೃದಯಕ್ಕೆ ಆರೋಗ್ಯ ಕರವಾದ ಅಭ್ಯಾಸಗಳನ್ನು ಅಳವಡಿಸಿಕೊಳ್ಳಿ

ನಿಯಮಿತ ವ್ಯಾಯಾಮ  
ಒಳ್ಳೆಯ ಪೌಷ್ಟಿಕ ಆಹಾರ  
ಮದ್ಯಪಾನ ಮತ್ತು ಧೂಮಪಾನ ಮಾಡಬೇಡಿ  
ಟೆನ್ಡನ್ಸ್‌ಅನ್ನು ನಿಭಾಯಿಸಿ

ಬದಲಾವಣೆಗಳು ಆಗುತ್ತಿರುವುದು ಗೊತ್ತಾದಾಗ, ನೀವು ಕ್ರಮ ಕೈಗೊಳ್ಳುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚು,  
ನಿಮ್ಮ ಜೀವನ ಕ್ರಮದಲ್ಲಿ ಮತ್ತು ಚಿಕಿತ್ಸೆಯ ಪ್ಲಾನ್‌ನಲ್ಲಿ ಸಣ್ಣಪುಟ್ಟ ಬದಲಾವಣೆಗಳನ್ನು ಮಾಡುವುದರಿಂದ,  
ಅತ್ಯಂತ ಹೆಚ್ಚು ಕಾಲ ಬದುಕಲು ಮತ್ತು ಅತ್ಯಂತ ಆರೋಗ್ಯ ಕರ ಜೀವನ ಸಾಗಿಸಲು ಸಹಾಯವಾಗುತ್ತದೆ.

ನಿಮ್ಮ ಡಾಕ್ಟರ್‌ರ ಹತ್ತಿರ ಮಾತಾಡಿ ಮತ್ತು ಪ್ರತಿದಿನ ಪರಿಶೀಲಿಸುವ ನಿಮ್ಮ ವ್ಯಕ್ತಿಗತ ಸಾಧನಗಳ  
ಬಗ್ಗೆ ಹೆಚ್ಚು ತಿಳಿದುಕೊಳ್ಳಿ.

#### 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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