

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 dose 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

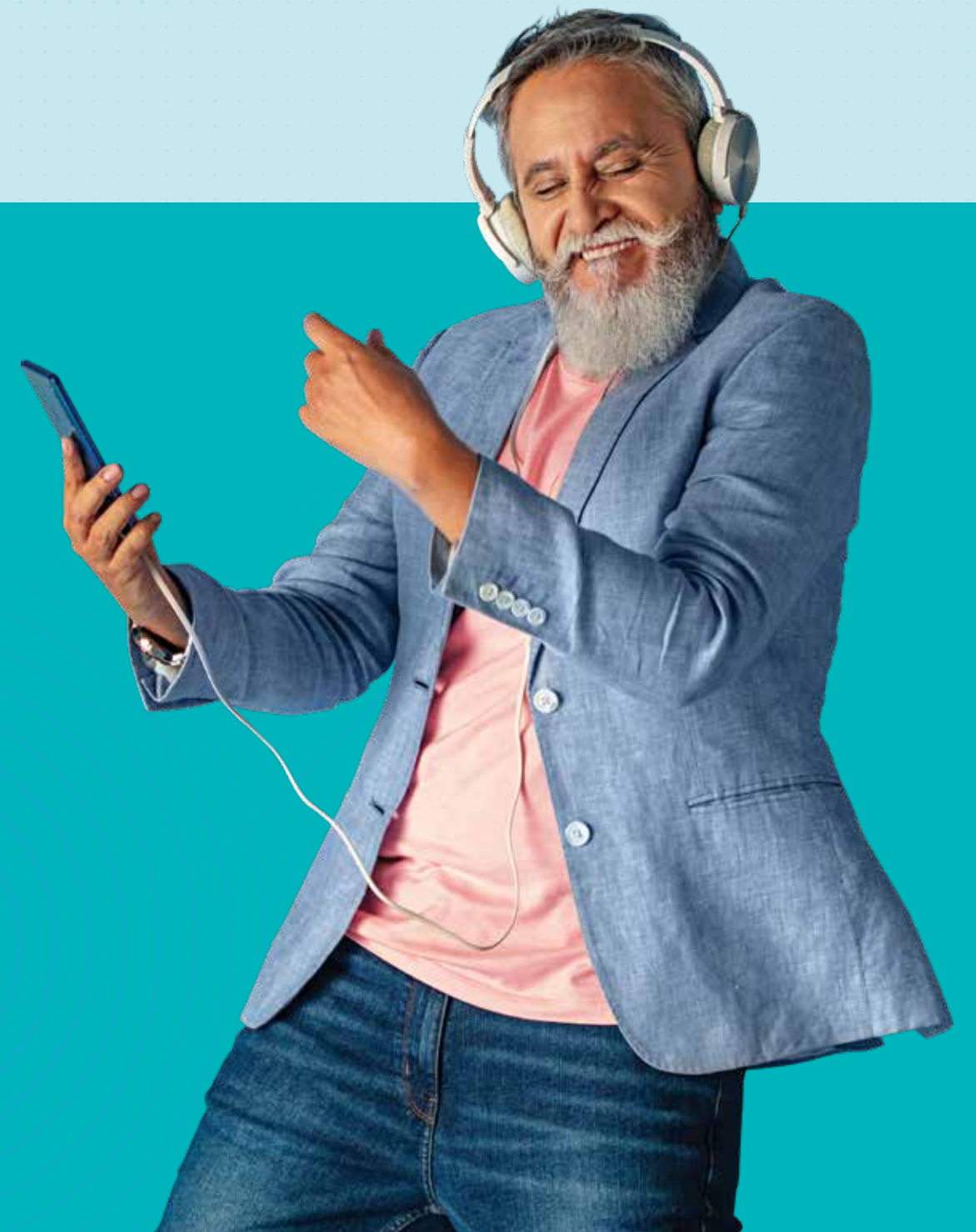
** to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure.

[#]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):1996-7 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

Cardiac Rehabilitation in Heart Failure



Cardiac Rehabilitation in Heart Failure

What is cardiac rehab?

- It is a medically supervised program that includes exercise training, education on heart-healthy living, and counselling to reduce stress.

How does cardiac rehabilitation help in the management of heart failure?

-  Helps you in improving physical, mental, & social function.
-  Helps reduce the risk of complications and hospitalisation.
-  Helps slowing down the progression of heart failure.

Exercise in heart failure

Note: Consult your doctor about which exercises are safe for you and how much you should do.

What are the benefits of exercises in Heart Failure?

-  Ensures the heart improves circulation
-  Helps increase energy levels
-  Helps you manage blood pressure and cholesterol levels
-  Helps you do the activities you love
-  It reduces risk of complications and hospitalisation
-  Improves your quality of life



When should you not exercise?

Stop your exercise, rest, and notify your doctor.



A rapid heart rate that does not resolve after 15 minutes of rest



Dizziness



Chest discomfort



Weakness

ಹೃದಯ ವೈಫಲ್ಯದಲ್ಲಿ ಹೃದಯದ ಪುನರ್ವಸನ

ಹೃದಯದ ಪುನರ್ವಸನ ಅಂದರೇನು?

- ಇದು ವೈದ್ಯಕೀಯ ಮೇಲ್ವಿಚಾರಣೆಯಲ್ಲಿ ನಡೆಯುವ ಕಾರ್ಯಕ್ರಮವಾಗಿದ್ದು, ಇದು ವ್ಯಾಯಾಮದ ತರಬೇತಿ, ಹೃದಯಕ್ಕೆ ಆರೋಗ್ಯಕರವಾದ ಜೀವನ ನಡೆಸುವ ಬಗ್ಗೆ ಶಿಕ್ಷಣ ಮತ್ತು ಟೆನ್ಡರ್ನನ್ನು ಕಡಿಮೆ ಮಾಡಲು ಹಿತವಚನವನ್ನು ಒಳಗೊಳ್ಳುತ್ತದೆ.

ಹೃದಯ ವೈಫಲ್ಯದ ನಿರ್ವಹಣೆಯಲ್ಲಿ ಹೃದಯದ ಪುನರ್ವಸನ ಹೇಗೆ ಸಹಾಯ ಮಾಡುತ್ತದೆ?

 ದೈಹಿಕ, ಮಾನಸಿಕ ಮತ್ತು ಸಾಮಾಜಿಕ ಕೆಲಸಕಾರ್ಯವನ್ನು ಸುಧಾರಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ.

 ತೊಡಕುಗಳು ಉಂಟಾಗುವ ಮತ್ತು ಆಸ್ಪತ್ರೆ ಸೇರಿಕೊಳ್ಳಬೇಕಾಗುವ ಅಪಾಯವನ್ನು ಕಡಿಮೆ ಮಾಡಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ.

 ಹೃದಯ ವೈಫಲ್ಯದ ವೃದ್ಧಿಯನ್ನು ನಿಧಾನಗೊಳಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ.

ಹೃದಯ ವೈಫಲ್ಯದಲ್ಲಿ ವ್ಯಾಯಾಮ

ಗಮನಿಸಿ: ಯಾವ ವ್ಯಾಯಾಮಗಳು ನಿಮಗೆ ಸುರಕ್ಷಿತ ಮತ್ತು ಎಷ್ಟರ ಮಟ್ಟಿಗೆ ಅವನ್ನು ಮಾಡಬೇಕು ಎಂಬ ಬಗ್ಗೆ ನಿಮ್ಮ ಡಾಕ್ಟರ್‌ರನ್ನು ಕೇಳಿರಿ.

ಹೃದಯ ವೈಫಲ್ಯದಲ್ಲಿ ವ್ಯಾಯಾಮಗಳಿಂದಾಗುವ ಪ್ರಯೋಜನಗಳೇನು?

 ಹೃದಯವನ್ನು ಬಲಿಷ್ಠಗೊಳಿಸುತ್ತವೆ ಮತ್ತು ರಕ್ತಸಂಚಾರವನ್ನು ಉತ್ತಮಗೊಳಿಸುತ್ತವೆ	 ಶಕ್ತಿಯ ಮಟ್ಟಗಳನ್ನು ಹೆಚ್ಚಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತವೆ	 ರಕ್ತದೊತ್ತಡ ಮತ್ತು ಕೊಲೆಸ್ಟೆರಾಲ್ ಮಟ್ಟಗಳನ್ನು ನಿರ್ವಹಿಸಲು ಸಹಾಯ ಮಾಡುತ್ತವೆ
 ನಿಮ್ಮ ಇಷ್ಟದ ಚಟುವಟಿಕೆಗಳನ್ನು ನಡೆಸಲು ಸಹಾಯ ಮಾಡುತ್ತವೆ	 ತೊಡಕುಗಳು ಉಂಟಾಗುವ ಮತ್ತು ಆಸ್ಪತ್ರೆ ಸೇರಿಕೊಳ್ಳಬೇಕಾಗುವ ಅಪಾಯವನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತವೆ	 ನಿಮ್ಮ ಜೀವನದ ಗುಣಮಟ್ಟವನ್ನು ಉತ್ತಮಗೊಳಿಸುತ್ತವೆ



ನೀವು ಯಾವಾಗ ವ್ಯಾಯಾಮ ಮಾಡಬಾರದು?

ನಿಮ್ಮ ವ್ಯಾಯಾಮವನ್ನು ನಿಲ್ಲಿಸಿ, ವಿಶ್ರಾಂತಿ ಪಡೆದುಕೊಳ್ಳಿ ಮತ್ತು ನಿಮ್ಮ ಡಾಕ್ಟರ್‌ರಿಗೆ ತಿಳಿಸಿ.



ಉಸಿರು
ಕೆರಿದಾಗುವುದು



15 ನಿಮಿಷಗಳ ವಿಶ್ರಾಂತಿಯ ನಂತರವೂ ವೇಗದ ಹೃದಯ ಬಡಿತ



ತಲೆಸುತ್ತು



ಎದೆಯಲ್ಲಿ
ಅಸ್ವಸ್ಥತೆ



ನಿಶ್ಚಕ್ತಿ