

# 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

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

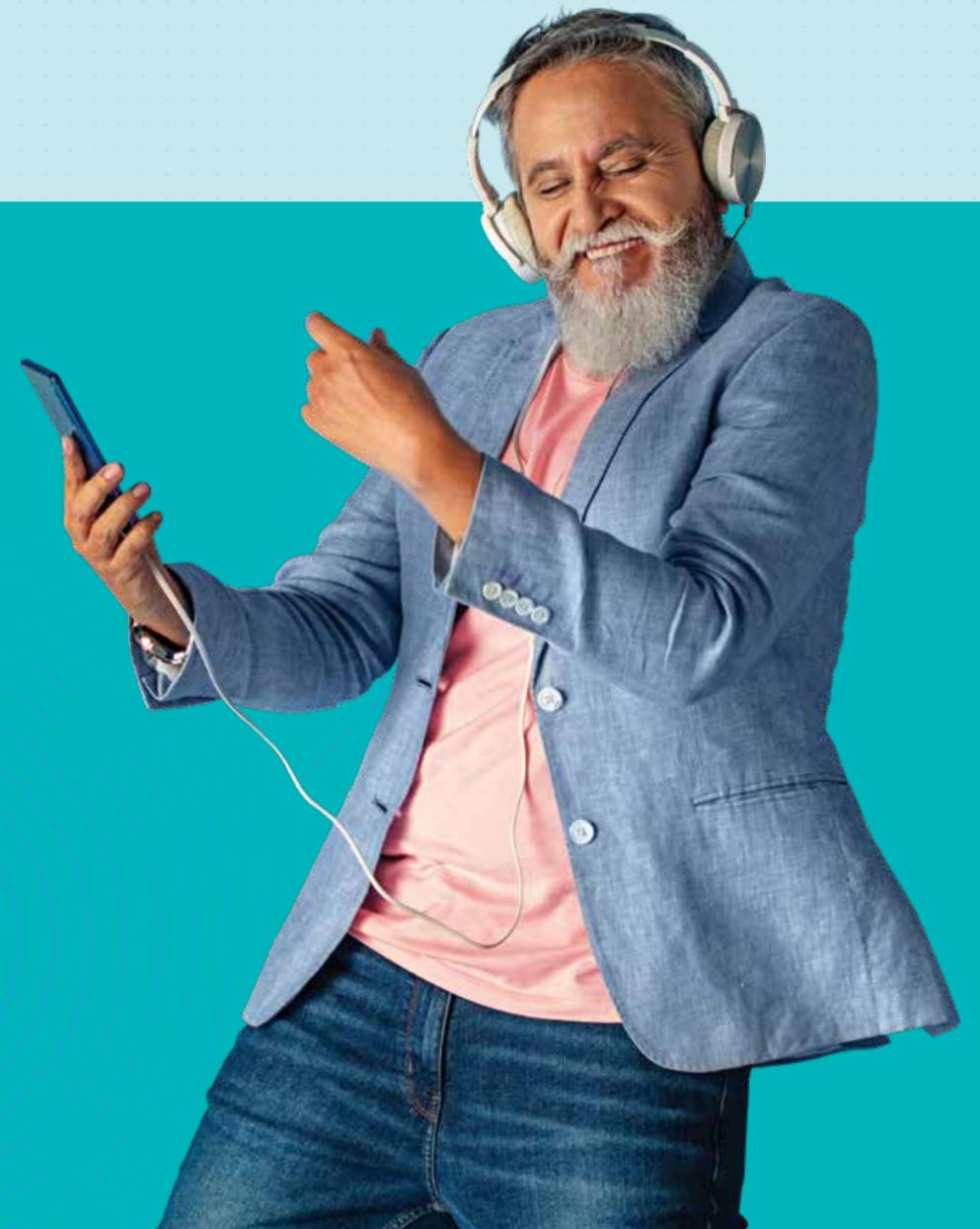


**Abbreviated Prescribing Information**  
**Azmarda<sup>®</sup>**  
COMPOSITION: Tablets - Film-coated tablets containing 50 mg, 100 mg, or 200 mg Sacubitril/Valsartan as sodium salt complex. INDICATIONS: Azmarda<sup>®</sup> is indicated to reduce the risk of cardiovascular death and hospitalisation 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 initiated 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. Heart. 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

# Basic Diet in Heart Failure



# Basic Diet in Heart Failure

- It's very important to take good care of yourself if you have heart failure.
- Along with medication, your doctor may make changes to your lifestyle, including your diet.
- A healthy, balanced diet can help improve your symptoms and general health.

## Include in your diet



Unsalted nuts



Fresh, unprocessed fruits and vegetables



Fresh skinless poultry and fish



Spices and herbs



Low fat dairy products



Whole grains, legumes, and beans

## Avoid from your diet



Salt and salted snacks



Red meat



Pre-packed canned or processed food, processed chicken and fish



Bottled pickle, chutney sauces and ketchups



Cheese and butter



Beverages like alcohol and caffeine

## Points to by heart

### Cut down salt intake

Excess salt causes fluid retention putting more strain on your heart and making heart failure symptoms worse.

### Restrict your fluid intake

Drinking too much fluids may lead to increased blood pressure, weight gain, and make heart failure symptoms worse.

### Take doctor's advice

Speak to your doctor and discuss about diet to be followed.

#### References:

<https://www.webmd.com/heart-disease/heart-failure/low-sodium-eating> as accessed on 15 May 2023 [https://www.cardiosmart.org/docs/default-source/assets/worksheet/hf-ap-limitingsalt.pdf?sfvrsn=5b47b777\\_3](https://www.cardiosmart.org/docs/default-source/assets/worksheet/hf-ap-limitingsalt.pdf?sfvrsn=5b47b777_3) as accessed on 15 May 2023  
Adapted from <https://www.ucsfhealth.org/education/diet-and-congestive-heart-failure> as accessed on 15 May 2023 Adapted from <https://www.healthline.com/health/heart-failure/meal-plans#limiting-alcohol> as accessed on 15 May 2023  
Adapted from <https://www.heart.org/en/health-topics/heart-failure/treatment-options-for-heart-failure/lifestyle-changes-for-heart-failure> as accessed on 15 May 2023

# ഹാർട്ട് ഫെയ്ലിയർ ഉള്ളവർ പാലിക്കേണ്ട അടിസ്ഥാന ആഹാരക്രമം

- ഹാർട്ട് ഫെയ്ലിയർ അഥവാ ഹൃദയസ്തംഭനം ഉണ്ടെങ്കിൽ ആരോഗ്യം നല്ലപോലെ ശ്രദ്ധിക്കണം.
- ഔഷധങ്ങൾ നിർദ്ദേശിക്കുന്നതിനു പുറമേ ഡോക്ടർ ഭക്ഷണക്രമം ഉൾപ്പെടെ നിങ്ങളുടെ ജീവിത ശൈലിയിൽ മാറ്റങ്ങൾ വരുത്തിയേക്കാം.
- ആരോഗ്യദായകമായ സമീകൃതാഹാരം നിങ്ങളുടെ രോഗലക്ഷണങ്ങളും പൊതു ആരോഗ്യവും മെച്ചപ്പെടുത്താൻ സഹായിക്കും.

## നിങ്ങളുടെ ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തുക

## നിങ്ങളുടെ ഭക്ഷണത്തിൽ നിന്നും ഒഴിവാക്കുക

-  ഉപ്പില്ലാത്ത അണ്ടിപ്പരിപ്പുകൾ
-  ഫ്രഷ് ആയ, സംസ്കരിച്ചിട്ടില്ലാത്ത പഴങ്ങളും പച്ചക്കറികളും
-  ഫ്രഷ് ആയ, തൊലികളുണുത കോഴിയും മത്സ്യവും
-  സുഗന്ധമസാലകളും മുലികകളും
-  കൊഴുപ്പ് കുറഞ്ഞ പാൽ ഉൽപ്പന്നങ്ങൾ
-  മുഴുവനോടെയുള്ള ധാന്യങ്ങൾ, പരിപ്പുകൾ, പയർ വർഗ്ഗങ്ങൾ

-  ഉപ്പും ഉപ്പുള്ള പലഹാരങ്ങളും
-  ചുവന്ന മാംസം
-  മുൻകൂർ ആയി പായ്ക്ക് ചെയ്ത, ടിന്നിലടച്ച അല്ലെങ്കിൽ സംസ്കരിച്ച ഭക്ഷണസാധനങ്ങൾ, പ്രോസസ്സ് ചെയ്ത കോഴിയും മീനും
-  മദ്യം, കഫീൻ അടങ്ങിയ പാനീയങ്ങൾ
-  ചീസ്, ബട്ടർ
-  മദ്യവും കഫീനും അടങ്ങിയ ലഹരി പാനീയങ്ങൾ

## ഹൃദയത്തിൽ സൂക്ഷിക്കുക

**ഉപ്പ് കഴിക്കുന്നത് കുറയ്ക്കുക**  
 ഉപ്പ് കഴിക്കുന്നത് കൂടുതൽ ആയാൽ അത് ശരീരത്തിൽ നിരൂ കെട്ടാൻ കാരണമാകും. ഇത് ഹൃദയത്തിന്റെ അധ്വാനഭാരം വർദ്ധിപ്പിക്കും, ഹൃദയസ്തംഭനത്തിന്റെ രോഗലക്ഷണങ്ങൾ കൂടുതൽ വഷളാക്കുകയും ചെയ്യും.

**കുടിക്കുന്ന ദ്രാവകങ്ങളുടെ അളവ് നിയന്ത്രിക്കുക**  
 വളരെയധികം ദ്രാവകങ്ങൾ കഴിച്ചാൽ അത് ബ്ലഡ് പ്രഷറും ശരീരഭാരവും വർദ്ധിക്കാൻ കാരണമാകും, ഹൃദയസ്തംഭനത്തിന്റെ രോഗലക്ഷണങ്ങൾ കൂടുതൽ വഷളാക്കും.

**ഡോക്ടറുടെ ഉപദേശം തേടുക**  
 നിങ്ങളുടെ ഡോക്ടറോട് സംസാരിക്കുക, പാലിക്കേണ്ട ആഹാരക്രമത്തെ പറ്റി ഉപദേശം സ്വീകരിക്കുക.

References:  
<https://www.webmd.com/heart-disease/heart-failure/low-sodium-eating> as accessed on 15 May 2023 [https://www.cardiosmart.org/docs/default-source/assets/worksheet/hf-ap-limitingsalt.pdf?sfvrsn=5b47b777\\_3](https://www.cardiosmart.org/docs/default-source/assets/worksheet/hf-ap-limitingsalt.pdf?sfvrsn=5b47b777_3) as accessed on 15 May 2023  
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