

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

AZMARDA[®]
IS THE
ONLY* ONE



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, hypoadosteronism, 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 dosage 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

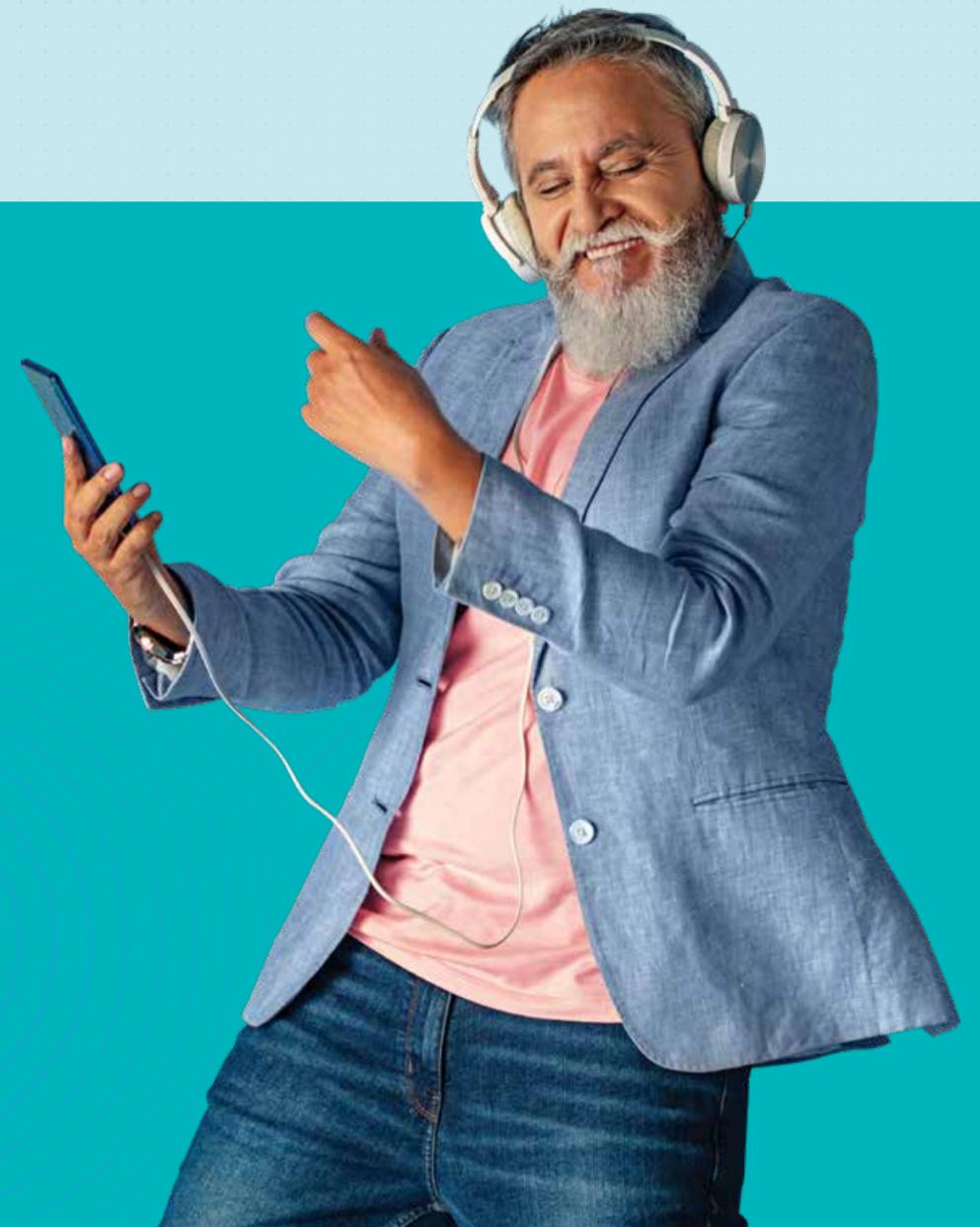
** to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure.

<https://www.novartis.com/azmarda>

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

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?

 Strengthens the heart and 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.

 Shortness of breath	 A rapid heart rate that does not resolve after 15 minutes of rest	 Dizziness	 Chest discomfort	 Weakness
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GOOD PEOPLE for GOOD HEALTH

ഹാർട്ട് ഫെയ്ലിയറും കാർഡിയാക് റിഹാബിലിറ്റേഷനും

എന്താണ് ഹൃദയസംബന്ധമായ പുനരധിവാസം അഥവാ കാർഡിയാക് റിഹാബിലിറ്റേഷൻ?

- ഒരു ഡോക്ടറുടെ മേൽനോട്ടത്തിലുള്ള പരിപാടി ആണ് ഇത്. ഇതിൽ വ്യായാമ പരിശീലനം, ഹൃദയാരോഗ്യം കാത്തു സൂക്ഷിച്ചുകൊണ്ടുള്ള ജീവിതത്തെ പറ്റി ബോധവൽക്കരണം, സമ്മർദ്ദം കുറയ്ക്കുവാനുള്ള കൗൺസലിംഗ് തുടങ്ങിയവ ഉൾപ്പെടുന്നു.

ഹാർട്ട് ഫെയ്ലിയർ മാനേജ് ചെയ്യുന്നതിൽ കാർഡിയാക് റിഹാബിലിറ്റേഷൻ എങ്ങനെ സഹായിക്കുന്നു ?

- ശാരീരികവും മാനസികവും സാമൂഹികവുമായ നിങ്ങളുടെ പ്രവർത്തനങ്ങൾ മെച്ചപ്പെടുത്തുവാൻ സഹായിക്കുന്നു.
- സങ്കീർണതകളും, ആശുപത്രിയിലെ കിടത്തി ചികിത്സയും കുറയ്ക്കുവാൻ സഹായിക്കുന്നു.
- ഹാർട്ട് ഫെയ്ലിയർ ക്രമേണ വർദ്ധിച്ച് വരുന്നത് പതുക്കെ ആക്കുവാൻ സഹായിക്കുന്നു.

ഹാർട്ട് ഫെയ്ലിയറും വ്യായാമവും

ശ്രദ്ധിക്കുക : നിങ്ങൾക്ക് സുരക്ഷിതമായി ചെയ്യാവുന്ന വ്യായാമങ്ങളും അവ എത്രത്തോളം ചെയ്യാമെന്നും ഡോക്ടറോട് ചോദിച്ച് മനസ്സിലാക്കുക.

ഹാർട്ട് ഫെയ്ലിയറിൽ വ്യായാമം കൊണ്ടുള്ള പ്രയോജനങ്ങൾ ?

ഹൃദയത്തിനെ ബലപ്പെടുത്തുന്നു, രക്തചംക്രമണം മെച്ചപ്പെടുത്തുന്നു	ഊർജവും ഓജസും വർദ്ധിപ്പിക്കുന്നു	ബ്ലഡ് പ്രഷറും കൊളസ്ട്രോളിന്റെ അളവും നിയന്ത്രിക്കുവാൻ സഹായിക്കുന്നു
നിങ്ങൾ ഇഷ്ടപ്പെടുന്ന പ്രവൃത്തികളിൽ ഏർപ്പെടുവാൻ സഹായിക്കുന്നു	സങ്കീർണതകൾ ഉണ്ടാകുവാനും, ആശുപത്രിയിലെ കിടത്തി ചികിത്സ വേണ്ടിവരുവാനും ഉള്ള സാധ്യത കുറയ്ക്കുന്നു	ജീവിത ഗുണമേന്മ മെച്ചപ്പെടുത്തുന്നു



എപ്പോൾ വ്യായാമം ചെയ്യുവാൻ പാടില്ല?

വ്യായാമം നിർത്തുക, വിശ്രമിക്കുക, ഡോക്ടറെ അറിയിക്കുക.

- ശ്വാസം മുട്ടൽ വന്നാൽ
- അതിവേഗമുള്ള ഹൃദയമിടിപ്പ് 15 മിനിറ്റിന് ശേഷവും മാറുന്നില്ലെങ്കിൽ
- തലകറക്കം
- നെഞ്ചിൽ അസ്വസ്ഥത
- തളർച്ച

References: <https://www.heart.org/en/health-topics/heart-failure/treatment-options-for-heart-failure/cardiac-rehab-for-heart-failure> <https://my.clevelandclinic.org/departments/heart/patient-education/recovery-care/heart-failure/exercise-activity> as accessed on 15 May 2023