

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 dosage 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

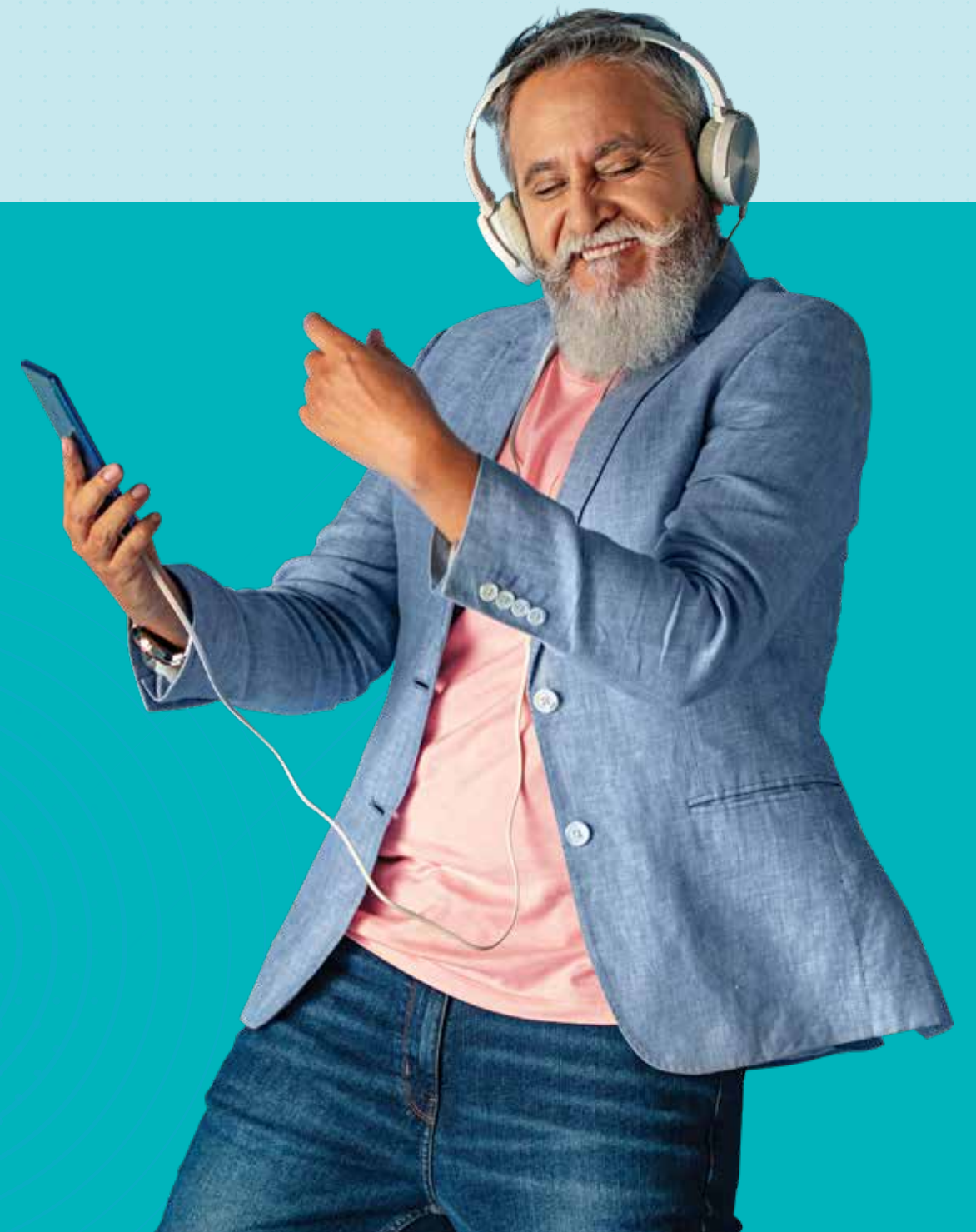
** to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure.

[#]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):1990-7 3) Packer et al. Circulation 2015;131(1):54-61

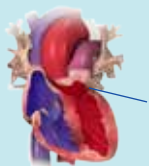
2) Source Haddad H et al. The PARASAIL study-Patient reported outcomes from the Canadian real-world experience use of Vymada in patients with heart failure and reduced ejection fraction, European Journal of Heart Failure (2017) 19 (Suppl. S1), 34. Source Canu A et al. Results of a single center experience on 200 consecutive patients treated with Entresto (Vymada), European Journal of Heart Failure (2017) 19 (Suppl. S1), 413

What is Heart Failure?

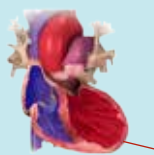


What is Heart Failure?

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.

ହୃଦୟାତ କ'ଣ?

ଆପଣଙ୍କ ହୃଦୟ ବା ହାର୍ଟ ଏକ ପମ୍ପ ଅଟେ । ଏହା ଆପଣଙ୍କ ଶରୀର ମାଧ୍ୟମରେ ରକ୍ତ, ଅମ୍ଳଜାନ ଏବଂ ପୋଷକତତ୍ତ୍ୱକୁ ପମ୍ପ କରିଥାଏ ।



ସାଧାରଣତଃ ହାର୍ଟରେ

ଶକ୍ତିଶାଳୀ ମସ୍ତୁଳାର ଡ୍ରାଇସ ଅଛି ଯାହା ଶରୀରର ସମସ୍ତ ଅଙ୍ଗକୁ ରକ୍ତ ପମ୍ପ କରିବା ପାଇଁ ସଂକୃତିତ କରେ । ହୃଦୟ ମାଂସପେଶୀ ବାମ ଭେଣ୍ଟ୍ରିକଲ ଦ୍ୱାରା ରକ୍ତକୁ ପମ୍ପ କରେ ।



ହାର୍ଟ ଫେଲୁଅର

ଏକ ଏପରି ଅବସ୍ଥା ଯାହା ହାର୍ଟ ଡ୍ରାଇସରେ ଥିବା ମାଂସପେଶୀକୁ ଧୀରେ ଧୀରେ ଦୁର୍ବଳ ଏବଂ ବୃଦ୍ଧିର କାରଣ ବନିଥାଏ, ଯାହା ଦ୍ୱାରା ହୃଦୟକୁ ଯଥେଷ୍ଟ ରକ୍ତ ପମ୍ପ କରିବାରୁ ରୋକାଯାଇପାରେ । ହାର୍ଟ ଫେଲୁଅରରେ, ଦୁର୍ବଳ ହୃଦୟ ମାଂସପେଶୀ ଆପଣଙ୍କ ଶରୀରର ଆବଶ୍ୟକତା ପୂରଣ କରିବା ପାଇଁ ପର୍ଯ୍ୟାପ୍ତ ରକ୍ତ ପମ୍ପ କରିପାରିବ ନାହିଁ ।

ହାର୍ଟ ଫେଲୁଅରର ସାଧାରଣ କାରଣ



ଗୁରୁତର ପୁଷ୍ପପୁଷ୍ପ ରୋଗ



ହୃଦୟ ମାଂସପେଶୀର ରୋଗ



ଅସ୍ୱାଭାବିକ ହାର୍ଟ ଭଲ୍ଭ



କରୋନାରୀ ଧମନୀ ରୋଗ



ହୃଦୟାତର ଇତିହାସ



ଉଚ୍ଚ ରକ୍ତଚାପ

ହୃଦୟାତର ସାଧାରଣ ଲକ୍ଷଣଗୁଡ଼ିକ କ'ଣ?



ନିଃଶ୍ୱାସ
ପ୍ରଶ୍ୱାସରେ
ଅସୁବିଧା



ଅତ୍ୟଧିକ
କାଶ



ତରଳ ପଦାର୍ଥ
ଜମିବା (ଏଡିମା)



କ୍ଳାନ୍ତି ଏବଂ ମୁଣ୍ଡ
ବୁଲାଇବା



ବାତି କିମ୍ବା
ଭୋକର ଅଭାବ



ଦୃଢ଼



ହାର୍ଟ ରେଟ୍
ବୃଦ୍ଧି

ହାର୍ଟ ଫେଲୁଅର ସହିତ ଜିପରି ଉତ୍ତମ ଜୀବନ ନିର୍ବାହ କରିବେ?

ପ୍ରଥମେ ନିୟନ୍ତ୍ରଣ କରିବା କଷ୍ଟସାଧ୍ୟ ହୋଇପାରେ, କିନ୍ତୁ ବ୍ୟକ୍ତି ଲକ୍ଷଣ ଗୁଡ଼ିକୁ ନିୟନ୍ତ୍ରଣ କରିବା ଏବଂ ଜଣେ ଏକ ସକ୍ରିୟ ଜୀବନଯାପନ କରିବାକୁ ଶିଖିପାରେ ।

ଆପଣ କଣ କରି ପାରିବେ?



ଏକ ହାର୍ଟ ଫେଲୁଅର ସେଲ୍ଫ-କେୟାର ରୁଟିନ୍ ବନାନ୍ତୁ



ନିର୍ଦ୍ଦିଷ୍ଟ ଖାଦ୍ୟ ଏବଂ ସୁସ୍ଥକର ଜୀବନଶୈଳୀ ଅନୁସରଣ କରନ୍ତୁ



ଆପଣଙ୍କ ଔଷଧ ପ୍ରତି ଧ୍ୟାନ ଦିଅନ୍ତୁ



ଆପଣଙ୍କ ଲକ୍ଷଣଗୁଡ଼ିକୁ ଅନୁଧ୍ୟାନ ଏବଂ ନିୟନ୍ତ୍ରଣ କରିବା ଶିଖନ୍ତୁ