

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

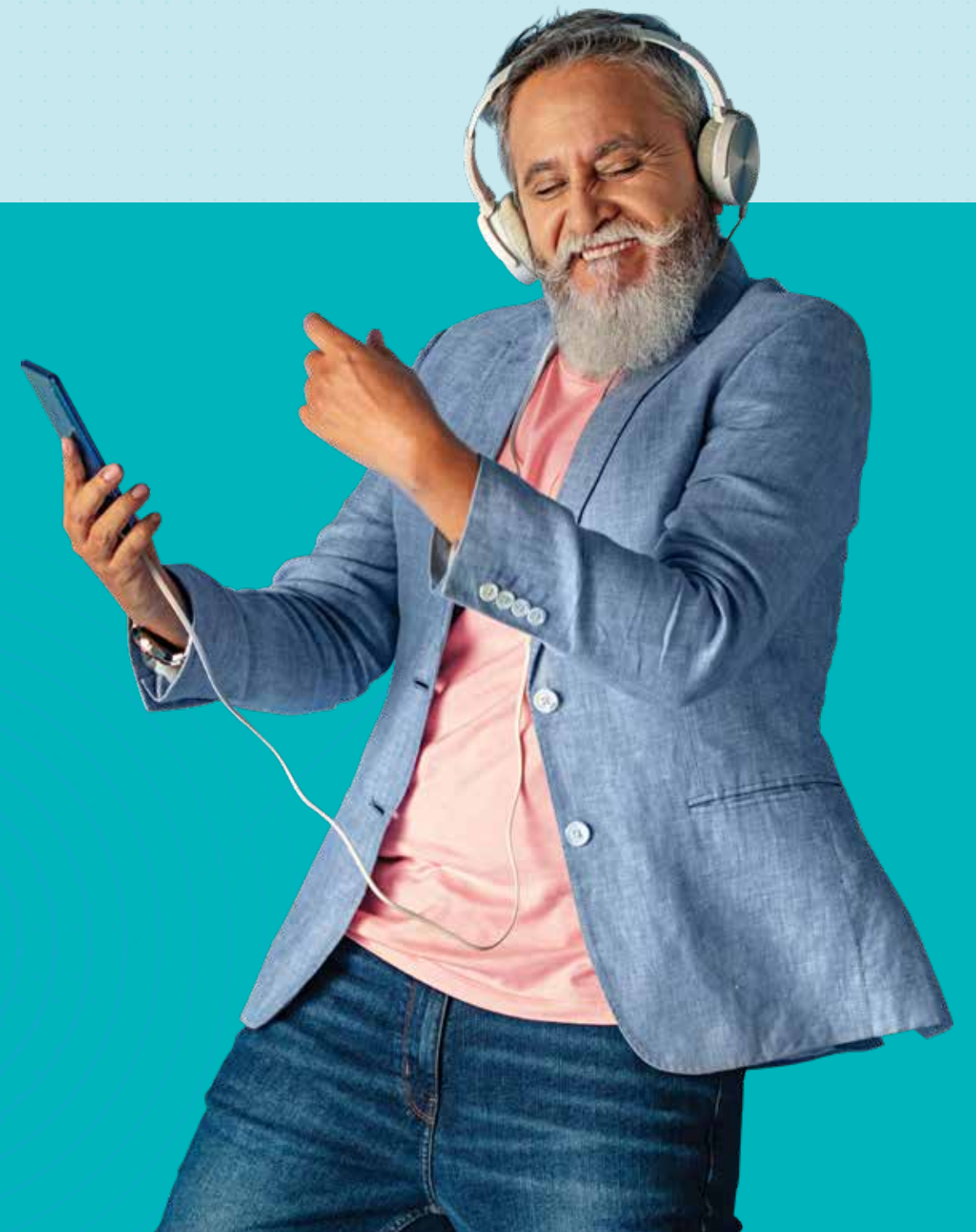
** to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure.

[#]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):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

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.

ହାର୍ଟ ଫେଲୁଅରରେ ମୌଳିକ ଆହାର

- ଯଦି ଆପଣଙ୍କର ହାର୍ଟ ଫେଲୁଅର ଅଛି ତେବେ ଆପଣଙ୍କର ଉତ୍ତମ ଯୁକ୍ତା ଅତ୍ୟନ୍ତ ଗୁରୁତ୍ୱପୂର୍ଣ୍ଣ ଅଟେ ।
- ଔଷଧ ସହିତ ଆପଣଙ୍କ ଡାକ୍ତର ଆପଣଙ୍କ ଆହାର ସହ ଜୀବନଶୈଳୀରେ ପରିବର୍ତ୍ତନ ଆଣିପାରନ୍ତି ।
- ଏକ ସୁସ୍ଥକର, ସନ୍ତୁଳିତ ଆହାର ଆପଣଙ୍କ ଲକ୍ଷଣ ଏବଂ ସାଧାରଣ ସ୍ୱାସ୍ଥ୍ୟରେ ଉନ୍ନତି ଆଣିବାରେ ସାହାଯ୍ୟ କରିପାରେ ।

ଆପଣଙ୍କ ଖାଦ୍ୟରେ ଅନ୍ତର୍ଭୁକ୍ତ କରନ୍ତୁ

ଆପଣଙ୍କ ଆହାର ଠାରୁ ଦୂରେଇ ରଖନ୍ତୁ



ଲୁଣ ପଡିନଥିବା ବାବାମ



ଲୁଣ ଏବଂ ଲୁଣିଆ ସ୍ୱାଦ



ସତେଜ, ଅଣପ୍ରକ୍ରିୟାକୃତ ଫଳ ଏବଂ ପନିପରିବା



ରେଡ୍ ମିଟ୍



ସତେଜ ଡ୍ରାବିହୀନ କୁକୁଡ଼ା ଏବଂ ମାଛ



ପ୍ରି-ପ୍ୟାକ୍ଡ କେନ୍ଦ୍ର କିମ୍ବା ପ୍ରକ୍ରିୟାକୃତ ଖାଦ୍ୟ, ପ୍ରକ୍ରିୟାକୃତ ଚିକେନ୍ ଏବଂ ମାଛ



ମସଲା ଏବଂ ହର୍ବ୍ସ



ମଦ ଏବଂ କେଫିନ୍ ପରି ପାନୀୟ



କମ ଚର୍ବିଯୁକ୍ତ ଦୁଗ୍ଧଜାତ ଦ୍ରବ୍ୟ



ଚୀଜ୍ ଏବଂ ବଟର



ପୁରା ଶସ୍ୟ, ଲେଗମ୍ ଏବଂ ବିନ୍ଦୁ



ମଦ ଏବଂ କେଫିନ୍ ପରି ପାନୀୟ

ହୃଦୟ ପାଇଁ ପଏଣ୍ଟ୍ ଗୁଡ଼ିକ

ଲୁଣ ଗ୍ରହଣକୁ ହ୍ରାସ କରନ୍ତୁ

ଅତ୍ୟଧିକ ଲୁଣ ତରଳ ଧାରଣ ହେତୁ ଆପଣଙ୍କ ହୃଦୟରେ ଅଧିକ ଚାପ ସୃଷ୍ଟି କରିଥାଏ ଏବଂ ହାର୍ଟ ଫେଲୁଅର ଲକ୍ଷଣକୁ ଆହୁରି ଖରାପ କରିଥାଏ ।

ଆପଣଙ୍କର ତରଳ ପଦାର୍ଥକୁ ସୀମିତ କରନ୍ତୁ

ଅତ୍ୟଧିକ ତରଳ ପଦାର୍ଥ ପିଇବା ଦ୍ୱାରା ରକ୍ତଚାପ ବୃଦ୍ଧି, ଓଜନ ବୃଦ୍ଧି ହୋଇପାରେ ଏବଂ ହାର୍ଟ ଫେଲୁଅର ଅଧିକ ଖରାପ ହୋଇପାରେ ।

ଡାକ୍ତରଙ୍କ ପରାମର୍ଶ ନିଅନ୍ତୁ

ଆପଣଙ୍କ ଡାକ୍ତରଙ୍କ ସହ କଥା ହୁଅନ୍ତୁ ଏବଂ ଅନୁସରଣ କରାଯିବାକୁ ଥିବା ଖାଦ୍ୟ ବିଷୟରେ ଆଲୋଚନା କରନ୍ତୁ ।

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