From the makers of
In HF patients
Rx Azmarda®
Sacubitril/Valsartan (50mg/100mg/200mg Tablets)

GOOD PEOPLE for GOOD HEALTH

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 quality[1]
- Significant future risk reduction[1,#]
- Robust clinical evidence:[1]
  • Efficacy • Safety • Stability

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 coadministered 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, hypoaldosteronism, 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 dose 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.
Images are for representation purposes only.

References
*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

JB/VIVA HF/AZ/Q1/GB/14/RC/KM/2024 | Valid Upto May 2025

GOOD PEOPLE for GOOD HEALTH

Daily monitoring tools in Heart Failure

Daily monitoring tools in Heart Failure

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7 Things to Track Daily

☐ **Daily weight**

- Weigh yourself on the same scale every morning

☐ **Oedema**

- Watch for any swelling on ankles, lower legs and feet

☐ **Shortness of breath**

- Breathlessness or worsening in your ability to do your regular activities

☐ **Blood pressure**

- Monitor your blood pressure regularly

☐ **Low sodium diet**

- Eat food which is low in salt (sodium)

☐ **Medication**

- Be sure to take medicines as directed
- Report any side effects or other concerns

☐ **Adopt heart-healthy habits**

- Regular exercise
- Good nutrition
- Avoid alcohol and smoking
- Manage stress

When you are aware of the changes, you are more likely to take action. Making small changes in your lifestyle and treatment plan can help

you live your longest and healthiest life.

Speak to your doctor and know more about your personalised daily monitoring tools.

References:

Adapted on https://www.heart.org/en/health-topics/heart-failure/warning-signs-of-heart- failure/managing-heart-failure-symptoms as on 15 May 2023

Adapted from https://www.cardiosmart.org/assets/worksheet/your-heart-failure-checklist as on 15 may 2023

ହାର୍ଟ ଫେଲୁଅରରେ ଦୈନିକ ଯାଞ୍ଚ ଉପକରଣ

GOOD PEOPLE *for* GOOD HEALTH

ଦୈନିକ ଅନୁଧ୍ୟାନ କରିବା ପାଇଁ 7 ଟି ଜିନିଷ

☐ **ଦୈନିକ ଓଜନ**

- ପ୍ରତିଦିନ ସକାଳେ ସମାନ ସ୍କେଲ୍‌ରେ ନିଜକୁ ଓଜନ କରନ୍ତୁ

☐ **ଏଡିମା**

- ଗୋଇଠି, ତଳ ଗୋଡ଼ ଏବଂ ପାଦରେ ଯେକୌଣସି ଫୁଲା ପାଇଁ ଦେଖନ୍ତୁ

☐ **ନିଃଶ୍ୱାସ ପ୍ରଶ୍ୱାସରେ ଅସୁବିଧା**

- ନିଃଶ୍ୱାସ ପ୍ରଶ୍ୱାସରେ ଅସୁବିଧା କିମ୍ବା ଆପଣଙ୍କ ନିୟମିତ କାର୍ଯ୍ୟକଳାପ କରିବା ପାଇଁ ଆପଣଙ୍କ କ୍ଷମତାରେ ଖରାପ

☐ **ରକ୍ତ ଚାପ**

- ନିୟମିତ ଭାବରେ ଆପଣଙ୍କର ରକ୍ତଚାପ ଉପରେ ନଜର ରଖନ୍ତୁ

☐ **କମ୍ ସୋଡିୟମ ଆହାର**

- କମ୍ ଲୁଣ (ସୋଡିୟମ) ଥିବା ଖାଦ୍ୟ ଖାଆନ୍ତୁ

☐ **ଔଷଧ**

- ନିର୍ଦ୍ଦେଶ ଅନୁଯାୟୀ ନିଶ୍ଚିତ ରୂପେ ଔଷଧ ସେବନ କରନ୍ତୁ
- କୌଣସି ପାର୍ଶ୍ୱ ପ୍ରତିକ୍ରିୟା କିମ୍ବା ଅନ୍ୟାନ୍ୟ ସମସ୍ୟା ବିଷୟରେ ରିପୋର୍ଟ କରନ୍ତୁ

☐ **ହୃଦୟ-ସୁସ୍ଥକାରୀ ଅଭ୍ୟାସ ଗ୍ରହଣ କରନ୍ତୁ**

- ନିୟମିତ ବ୍ୟାୟାମ
- ଉତ୍ତମ ପୁଷ୍ଟିକର ଖାଦ୍ୟ
- ମଦ୍ୟପାନ ଏବଂ ଧୂମପାନରୁ ଦୂରେଇ ରୁହନ୍ତୁ
- ଚାପ ନିୟନ୍ତ୍ରଣ କରନ୍ତୁ

ଯେବେ ଆପଣ ପରିବର୍ତ୍ତନଗୁଡିକ ବିଷୟରେ ଅବଗତ ଥିବେ, ଆପଣ କାର୍ଯ୍ୟାନୁଷ୍ଠାନ ଗ୍ରହଣ କରିବାର ସମ୍ଭାବନା ଅଧିକ ଥାଏ । ଆପଣଙ୍କ ଜୀବନଶୈଳୀ ଏବଂ ଚିକିତ୍ସା ଯୋଜନାରେ ଛୋଟ ପରିବର୍ତ୍ତନ କରିବା ଯାହା

ଆପଣଙ୍କୁ ଦୀର୍ଘ ଏବଂ ସୁସ୍ଥ ଜୀବନ ଯାପନରେ ସାହାଯ୍ୟ କରିପାରିବ ।

ଆପଣଙ୍କ ଡାକ୍ତରଙ୍କ ସହ କଥା ହୁଅନ୍ତୁ ଏବଂ ଆପଣଙ୍କ ବ୍ୟକ୍ତିଗତ ଦୈନିକ ଯାଞ୍ଚ ଉପକରଣ ଗୁଡ଼ିକ ବିଷୟରେ ଅଧିକ ଜାଣନ୍ତୁ ।

References:

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