

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, #}

AZMARDA[®]
IS THE
ONLY* ONE

Robust clinical evidence:¹
 • Efficacy • Safety • Stability



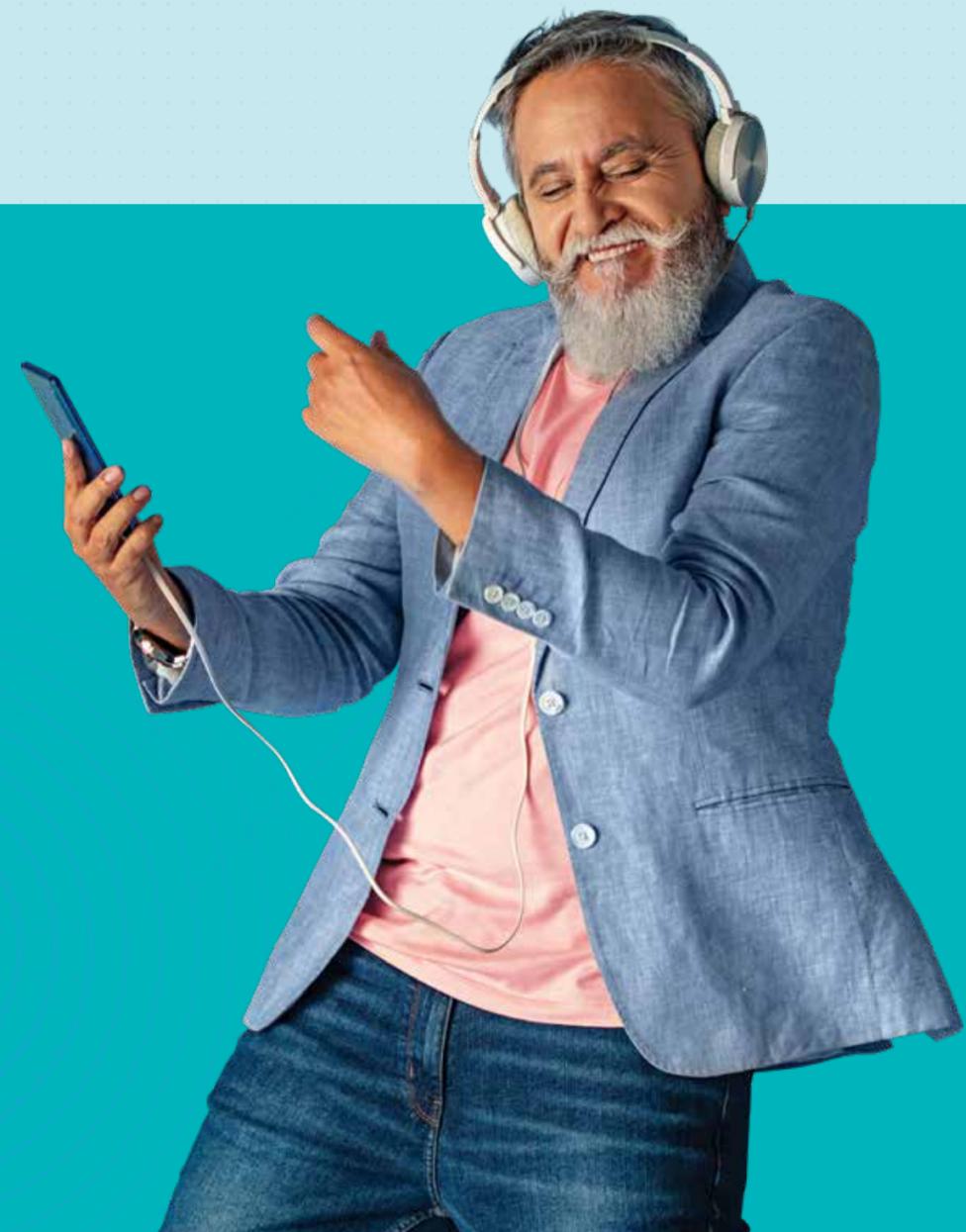
Abbreviated Prescribing Information
Azmarda[®]
 COMPOSITION: Tablets - Film-coated tablets containing 50 mg, 100 mg, or 200 mg Sacubitril/Valsartan as sodium salt complex. INDICATIONS: Azmarda[®] is indicated to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients 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 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.

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(11):1541-51
 4) 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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ହାର୍ଟ ଫେଲୁଅରରେ ହୃଦରୋଗ ପୁନର୍ବାସ

କାର୍ତ୍ତିଆକ ରିହାବ୍ କ'ଣ?

- ଏହା ଏକ ମେଡିକାଲ ଦ୍ୱାରା ତଦାରଖକାରୀ କାର୍ଯ୍ୟକ୍ରମ ଯେଉଁଥିରେ ବ୍ୟାୟାମ ତାଲିମ, ହୃଦୟ-ସୁସ୍ଥ ଜୀବନ ଉପରେ ଶିକ୍ଷା ଏବଂ ଚାପ ହ୍ରାସ କରିବାକୁ ପରାମର୍ଶ ଦିଆଯିବା ଅନ୍ତର୍ଭୁକ୍ତ ।

ହାର୍ଟ ଫେଲୁଅରରେ କାର୍ତ୍ତିଆକ ରିହାବିଲିଟେଶନ୍ କିପରି ସାହାଯ୍ୟ କରେ?

-  ଶାରୀରିକ, ମାନସିକ ଏବଂ ସାମାଜିକ କାର୍ଯ୍ୟରେ ଉନ୍ନତି ଆଣିବାରେ ଆପଣଙ୍କୁ ସାହାଯ୍ୟ କରେ
-  ଜଟିଳତା ଏବଂ ଡାକ୍ତରଖାନାରେ ଭର୍ତ୍ତି ହେବାର ଆଶଙ୍କା ହ୍ରାସ କରିବାରେ ସାହାଯ୍ୟ କରେ
-  ହାର୍ଟ ଫେଲୁଅରର ଅଗ୍ରଗତିକୁ ମନ୍ଦର କରିବାରେ ସାହାଯ୍ୟ କରେ

ହାର୍ଟ ଫେଲୁଅରରେ ବ୍ୟାୟାମ

ଟିପ୍ପଣୀ: କେଉଁ ବ୍ୟାୟାମ ଆପଣଙ୍କ ପାଇଁ ସୁରକ୍ଷିତ ଏବଂ ଆପଣ କେତେ କରିବା ଉଚିତ ତାହା ଡାକ୍ତରଙ୍କ ସହିତ ପରାମର୍ଶ କରନ୍ତୁ

ହାର୍ଟ ଫେଲୁଅରରେ ବ୍ୟାୟାମର ଉପକାରिता କ'ଣ?

 ହୃଦୟକୁ ମଜବୁତ କରେ ଏବଂ ରକ୍ତ ସଞ୍ଚାଳନରେ ଉନ୍ନତ ଆଣେ	 ଶକ୍ତି ସ୍ତର ବୃଦ୍ଧି କରିବାରେ ସାହାଯ୍ୟ କରେ	 ରକ୍ତଚାପ ଏବଂ କୋଲେଷ୍ଟ୍ରଲ ସ୍ତର ନିୟନ୍ତ୍ରଣ କରିବାରେ ସାହାଯ୍ୟ କରେ
 ଆପଣଙ୍କୁ ଭଲ ଲାଗୁଥିବା କାର୍ଯ୍ୟକଳାପ କରିବାରେ ସାହାଯ୍ୟ କରେ	 ଏହା ଜଟିଳତା ଏବଂ ଡାକ୍ତରଖାନାରେ ଭର୍ତ୍ତି ହେବାର ଆଶଙ୍କାକୁ ହ୍ରାସ କରେ	 ଆପଣଙ୍କ ଜୀବନର ଗୁଣବତ୍ତାରେ ଉନ୍ନତି ଆଣେ



ଆପଣ କେବେ ବ୍ୟାୟାମ କରିବା ଉଚିତ ନୁହେଁ?

ଆପଣଙ୍କର ବ୍ୟାୟାମ ବନ୍ଦ କରନ୍ତୁ, ବିଶ୍ରାମ କରନ୍ତୁ ଏବଂ ଡାକ୍ତରଙ୍କୁ ଜଣାନ୍ତୁ ।

 ନିଃଶ୍ୱାସ ପ୍ରଶ୍ୱାସରେ ଅସୁବିଧା	 ଏକ ଦ୍ରୁତ ହୃଦସ୍ପନ୍ଦନ ଯାହା 15 ଦିନର ବ୍ୟାୟାମ ପରେ ବି ସମାଧାନ ହୁଏ ନାହିଁ	 ମୁଣ୍ଡ ବୁଲାଇବା	 ଛାତି ଅସୁବିଧା	 ଦୁର୍ବଳତା
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