

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

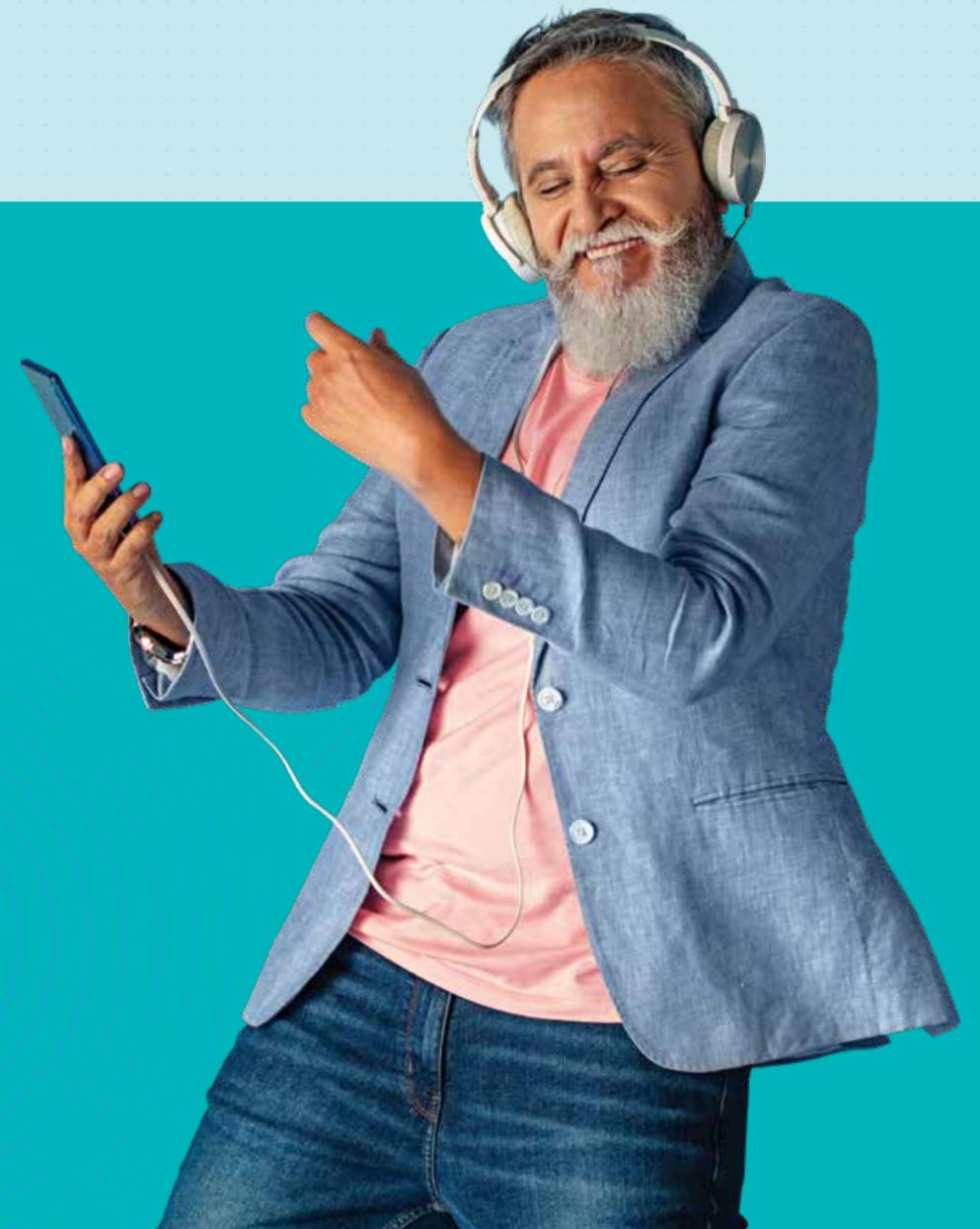


Abbreviated Prescribing Information
Azmarda[®]
 COMPOSITION: Tablets - Film-coated tablets containing 50 mg, 100 mg, or 200 mg Sacubitril/Valsartan as sodium salt complex. INDICATIONS: Azmarda[®] is indicated to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients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

References
 1) McKenney et al. N Engl J Med. 2019;381(11):1053-1064. 2) Desai et al. Heart. 2015;91(19):2119-2127. 3) Packer et al. Circulation. 2015;131(11):1541-1551.
 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.

இதயச் செயலிழப்பு என்றால் என்ன?

உங்கள் இதயம் ஒரு பம்பு ஆகும். இது ரத்தம், ஆக்சிஜன் மற்றும் ஊட்டச்சத்துக்களை உங்கள் உடல் முழுவதும் தள்ளுகிறது.



இயல்பான இதயம்

வலிமையான தசைச் சுவற்றைக் கொண்டது. இது ரத்தத்தை உடலின் எல்லாப் பாகங்களுக்கும் அனுப்பச் சூடுபடுத்துகிறது. இதய தசைகள் ரத்தத்தை இடது கீழறையிலிருந்து வெளியே தள்ளுகின்றன.



இதயச் செயலிழப்பு

என்பது இதயச் சுவர்களை மெதுவாக பலவீனமடைய மற்றும் பெரிதாக்கி, போதுமான ரத்தத்தை தள்ள விடாமல் இதயத்தைத் தடுக்கும் நிலையாகும்.

இதயச் செயலிழப்பில், பலவீனமான இதயத் தசை உங்கள் உடலின் தேவையைப் பூர்த்திச் செய்யப் போதுமான ரத்தத்தை தள்ள முடியாமல் பலவீனமடைகின்றன.

இதயச் செயலிழப்புக்கான பொதுவான காரணிகள்



கடுமையான நுரையீரல் நோய்



இதயத் தசைகளின் நோய்கள்



அசாதாரண இதய வால்வுகள்



கரோனரி ஆர்டரி நோய்



மாரடைப்பின் வரலாறு



உயர் ரத்த அழுத்தம்

இதயச் செயலிழப்பின் பொதுவான அறிகுறிகள் என்ன?



மூச்சுத் திணறல்



அதிகப்படியாக இருமுதல்



திரவம் சேருதல் (ஒடிம)



களைப்பு மற்றும் தலைச்சுற்றல்



குமட்டல் அல்லது பசியின்மை



குழப்பம்



அதிகரித்த இதயத் துடிப்பு

இதயச் செயலிழப்புடன் எவ்வாறு வாழ்வது?

முதலில் சமாளிப்பது கடினமாக இருக்கலாம். ஆனால் ஒருவர் தன் அறிகுறிகளை சமாளித்து ஒரு சுறுசுறுப்பான வாழ்க்கையை வாழலாம்.

நீங்கள் என்ன செய்யலாம்?



இதயச் செயலிழப்புக்கான சுய பராமரிப்பை வழக்கமாக ஆக்கிக் கொள்ளுங்கள்



ஆரோக்கிய வாழ்க்கை முறையைப் பின்பற்றுங்கள்



உங்கள் மருந்துகளை அக்கறையுடன் வைத்திருக்க வேண்டும்



உங்கள் அறிகுறிகளைக் கண்டறிந்து சமாளிக்கக் கற்றுக் கொள்ளுங்கள்