

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 initiated 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

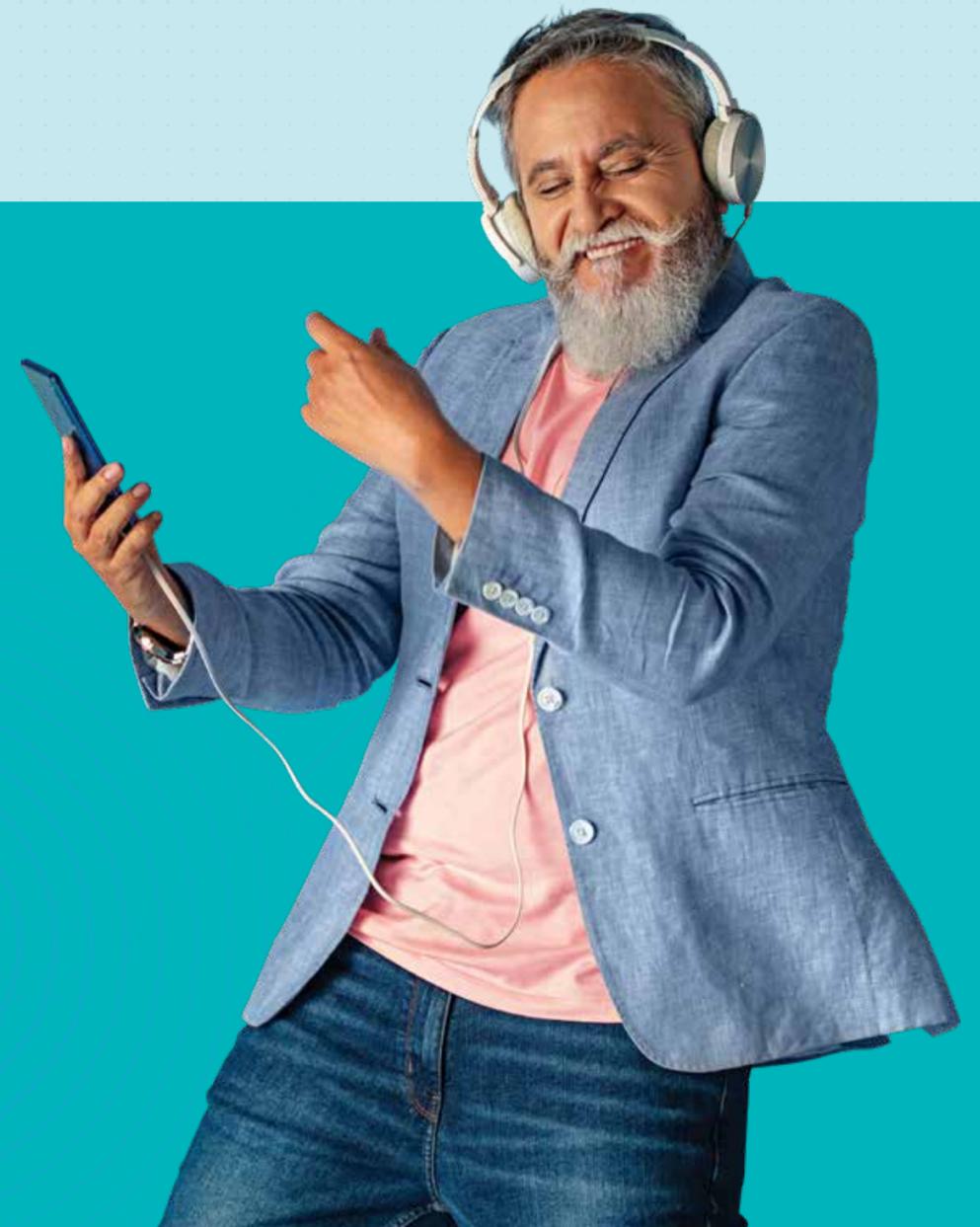
** to reduce the risk of cardiovascular death and hospitalisation for heart failure in adult patients with chronic heart failure.

<https://www.azmarda.com>

References

1) 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(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.

References:

<https://www.webmd.com/heart-disease/heart-failure/low-sodium-eating> as accessed on 15 May 2023 https://www.cardiosmart.org/docs/default-source/assets/worksheet/hf-ap-limitingsalt.pdf?sfvrsn=5b47b777_3 as accessed on 15 May 2023
Adapted from <https://www.ucsfhealth.org/education/diet-and-congestive-heart-failure> as accessed on 15 May 2023 Adapted from <https://www.healthline.com/health/heart-failure/meal-plans#limiting-alcohol> as accessed on 15 May 2023
Adapted from <https://www.heart.org/en/health-topics/heart-failure/treatment-options-for-heart-failure/lifestyle-changes-for-heart-failure> as accessed on 15 May 2023

இதயச் செயலிழப்புக்கான அடிப்படை உணவு

- உங்களுக்கு இதயச் செயலிழப்பு இருந்தால் உங்கள் மீது நீங்களே அக்கறை காட்டுவது மிகவும் முக்கியமானது..
- மருந்துடன் உங்கள் மருத்துவர், உங்கள் உணவு உட்பட உங்கள் வாழ்க்கை முறையில் மாற்றங்களைச் செய்யலாம்.
- ஆரோக்கியமான, சமநிலையான உணவு உங்கள் அறிகுறிகள் மற்றும் பொதுவான ஆரோக்கியத்தை மேம்படுத்த உதவலாம்.

உங்கள் உணவில் சேருங்கள்



உப்புச் சேர்க்காத கொட்டைகள்



புதிய, செயல்முறை செய்யாத பழங்கள் மற்றும் காய்கறிகள்



புதிய தோல் இல்லாத கோழிக்கறி மற்றும் மீன்



மசாலாக்கள் மற்றும் மூலிகைகள்



குறைந்த கொழுப்பு பால் பொருட்கள்



சிறு தானியங்கள், லெக்யூம்கள் மற்றும் பீன்கள்

உங்கள் உணவில் தவிருங்கள்



உப்பு மற்றும் உப்புச் சேர்த்த ஸ்னாக்ஸ்



சிவப்பு இறைச்சி



முன்னதாக வேக வைக்கப்பட்டு அடைக்கப்பட்ட அல்லது செயல்முறை செய்த உணவு, செயல்முறை செய்த கோழிக்கறி மற்றும் மீன்



பாட்டிலில் அடைக்கப்பட்ட ஊறுகாய் சட்னி, சாஸ் மற்றும் கெச்சப்கள்



பாலாடைக் கட்டி மற்றும் வெண்ணெய்



மது மற்றும் காஃபீன் போன்ற பானங்கள்

நினைவில் வைக்க வேண்டியவை

உப்பு எடுத்துக் கொள்வதைக் குறைக்கவும்

அதிகப்படியான உப்பு உடலில் திரவத்தைத் தக்க வைக்கிறது. இது உங்கள் இதயத்திற்கு அதிக அழுத்தத்தை ஏற்படுத்தி இதயச் செயலிழப்பு அறிகுறிகளை மோசமாக்குகிறது.

நீங்கள் திரவம் எடுப்பதைக் குறையுங்கள்

அதிக திரவம் அருந்துவது அதிகரித்த ரத்த அழுத்தம், எடை அதிகரிப்பு மற்றும் இதயச் செயலிழப்பு அறிகுறிகளை மோசமாக்கலாம்.

மருத்துவரின் அறிவுரையை பின்பற்றுங்கள்

உங்கள் மருத்துவரிடம் பேசுங்கள் மற்றும் பின்பற்ற வேண்டிய உணவுப் பழக்கம் பற்றி கலந்து பேசுங்கள்

References:

<https://www.webmd.com/heart-disease/heart-failure/low-sodium-eating> as accessed on 15 May 2023 https://www.cardiosmart.org/docs/default-source/assets/worksheet/hf-ap-limitingsalt.pdf?sfvrsn=5b47b777_3 as accessed on 15 May 2023

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