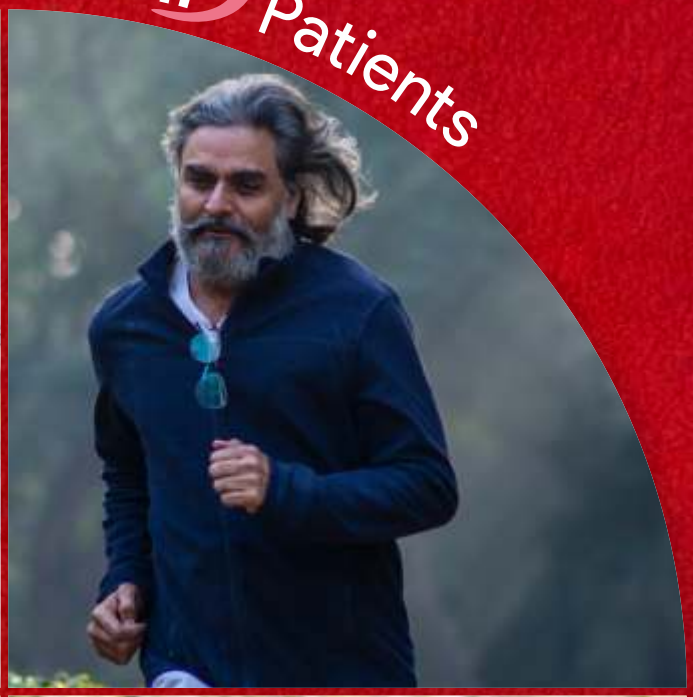
La Renon

For Full Spectrum of HF Patients



Saculysin 50 100 200

Sacubitril and Valsartan Tablets

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BACKGROUND:

Heart failure (HF) is associated with significant morbidity, mortality, and health care expenditure. HFpEF patients have a similar post-discharge mortality risk and equally high rates of rehospitalisation, compared to patients with HFrEF. European Society of Cardiology (ESC) recommends treating patients to recommend or maximum tolerated dose of beta-blockers and angiotensin-converting-enzyme inhibitors (ACE-inhibitors), or angiotensin II receptor blockers (ARBs) when ACE-inhibitors are not tolerated. Sacubitril/valsartan is a first-in-class angiotensin receptor-neprilysin inhibitor (ARNI) that has been recommended in clinical practice guidelines to reduce morbidity and mortality in patients with chronic, symptomatic heart failure (HF) with reduced ejection fraction (HFrEF). The optimal implementation of sacubitril/valsartan in clinical practice has the potential to reduce the overall burden of HF.

INDICATION :

Saculysin is indicated to reduce the risk of cardiovascular death and hospitalization 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.

MECHANISM OF ACTION :

- **Saculysin** contains a neprilysin inhibitor, sacubitril, and an angiotensin receptor blocker, valsartan.
- Valsartan inhibits the effects of angiotensin II by selectively blocking the AT1 receptor, and also inhibits angiotensin II-dependent aldosterone release.
- The cardiovascular and renal effects of Saculysin in heart failure patients are attributed to the increased levels of peptides that are degraded by neprilysin, such as natriuretic peptides, which leads to prolonged duration of the favourable effects of these peptides, and the simultaneous inhibition of the effects of angiotensin II by valsartan.

KEY FEATURES:

- A novel ARNI for management of heart failure.
- Recommended by recent heart failure guidelines of US, Europe and Indian consensus.
- Compared to ACEI/ARB, it was safe and well tolerated in patients with HFrEF or HFpEF.
- Reduces all-cause mortality, CV mortality (including sudden death) and HF hospitalization.
- Reduces NT-proBNP levels, improves left ventricular remodeling, and a significant reduction in arrhythmic load after switching to ARNI.
- Improves renal dysfunction, improves quality of life.

DOSAGE AND ADMINISTRATION:

- **Starting Dose :** 24/26 mg–49/51 mg twice daily.
- **Tolerated Dose:** 97/103 mg twice daily.
- Sacubitril/Valsartan is to be taken twice a day and maybe administered without regard to meals.

References :
1. Eur Heart J. 2017 Jun 21;38 (24):1883-1890
2. Heart Fail Rev. 2019 Mar; 24(2):167-176.

***NTproBNP**: N terminal Btype Natriuretic peptide.

La Renon Healthcare Private Limited
207-208 Iscon Elegance | Circle P | Prahlad Nagar Cross Roads | S.G. Highway Ahmedabad-380015, Gujarat, India.
Phone : + 91-79-6616 8998 / 26936656 | Fax : +91-6616 8998 | E-mail : info@larenon.com | Web : www.larenon.com