



## Healthy Heart LIMITLESS BOUNDARIES

In Heart Failure with Reduced Ejection Fraction

R<sub>x</sub> **Affoarni**<sup>®</sup>  
**50**  
**100**  
**200**

Sacubitril 24/49/97 mg + Valsartan 26/51/103 mg Tablets



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## BACKGROUND:

Heart failure continues to represent a significant public health challenge, contributing to substantial morbidity, mortality, and healthcare expenditures. Patients with heart failure with preserved ejection fraction (HFpEF) exhibit comparable risks for post-discharge mortality and rehospitalization to those with heart failure with reduced ejection fraction (HFrEF). The European Society of Cardiology (ESC) guidelines emphasize the use of optimal or maximum tolerated doses of beta-blockers, angiotensin-converting enzyme inhibitors (ACE inhibitors), or angiotensin II receptor blockers (ARBs) for managing symptoms and improving outcomes in heart failure patients.

Sacubitril/valsartan, an angiotensin receptor-neprilysin inhibitor (ARNI), has emerged as an effective therapy in the treatment of chronic symptomatic heart failure, particularly in HFrEF patients, as supported by multiple clinical practice guidelines. Its dual mechanism of action offers significant therapeutic potential to mitigate the burden of heart failure by modulating both neurohormonal pathways involved in the pathophysiology of the disease.

## INDICATION:

Affoarni is indicated **In Heart Failure With Reduced Ejection Fraction**

## MECHANISM OF ACTION:

- **Sacubitril** is a potent neprilysin inhibitor, which increases the levels of natriuretic peptides by preventing their degradation. These peptides such as atrial natriuretic peptide (ANP) and brain natriuretic peptide (BNP) play crucial roles in reducing fluid overload, promoting vasodilation, and improving renal function, which are all pivotal in the management of heart failure.
- **Valsartan** is an angiotensin II receptor blocker (ARB) that selectively antagonizes the AT1 receptor, inhibiting the effects of angiotensin II. This leads to decreased vasoconstriction, reduced aldosterone secretion, and diminished sympathetic activation, which together help to attenuate the detrimental neurohormonal effects in heart failure.
- The combination offers a synergistic effect by simultaneously enhancing the beneficial actions of natriuretic peptides while inhibiting the harmful effects of angiotensin II. This dual mechanism leads to improved cardiovascular homeostasis and renal function in heart failure patients.

## KEY FEATURES:

- **First-in-Class ARNI:** A novel therapeutic approach in the management of heart failure, combining neprilysin inhibition with angiotensin II receptor blockade.
- **Guideline-Endorsed:** Affoarni is recommended by global heart failure management guidelines, due to its proven efficacy and safety profile.
- **Well-Tolerated:** Clinical studies have demonstrated that Affoarni is safe and well-tolerated in both HFrEF and HFpEF patients, with a more favourable safety profile compared to traditional ACE inhibitors or ARBs.
- Significantly reduces all-cause mortality, cardiovascular death (including sudden death), and hospitalizations related to heart failure.
- Effectively lowers NT-proBNP levels, enhances left ventricular remodeling, and significantly reduces arrhythmic events after transitioning to ARNI therapy.
- Supports renal function and improves the overall quality of life for heart failure patients.

## DOSAGE AND ADMINISTRATION:

- **Starting Dose:** 24/26 mg to 49/51 mg, administered twice daily or as prescribed by the doctor.
- **Titration:** The dose can be titrated up to a maximum of 97/103 mg twice daily based on patient tolerance and clinical response.
- Affoarni may be administered with or without food, providing flexibility for patient compliance.



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### 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.

I am: \_\_\_\_\_  
Call me on: \_\_\_\_\_  
Mail me at: \_\_\_\_\_

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