NOVARTIS

Hypertension Patient Case - Jillian

Image


Image

- Meet Jillian*

- Why EXFORGE?

**Meet Jillian***

**Age:** 52

**BMI:** 31

**Medical History:**

- Hypertension diagnosed 1 year ago
- Obstructive sleep apnoea (on CPAP)
- Family history of cardiovascular disease
- Pre-diabetes

**Current antihypertensive medications:**

- DIOVAN (valsartan 160 mg)

**At current clinic visit:**

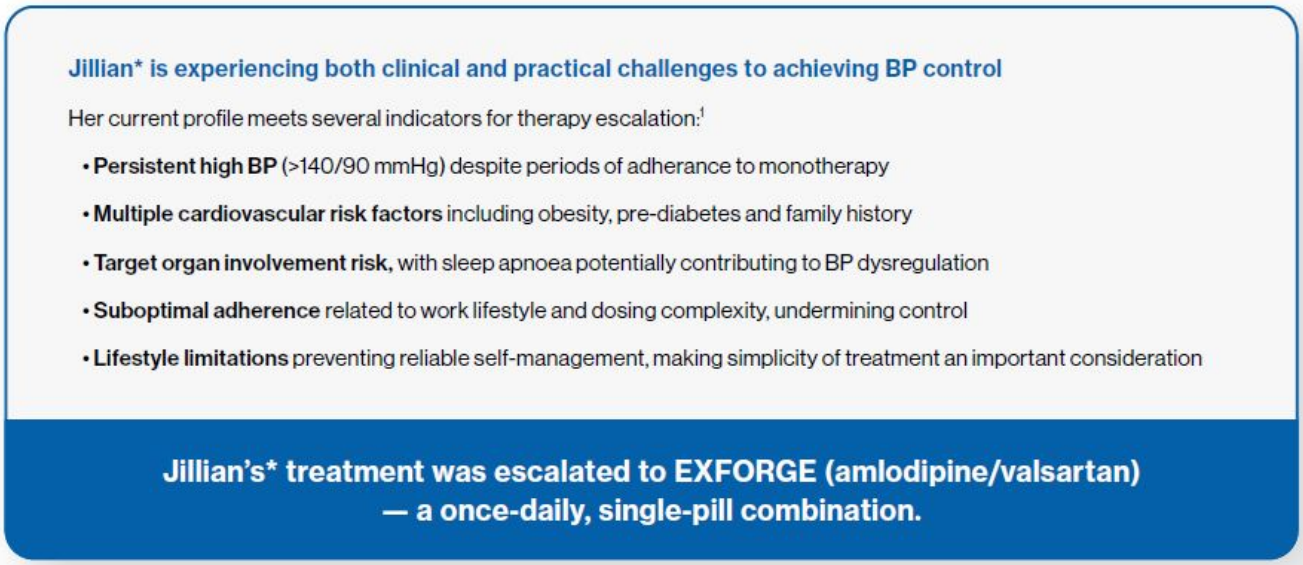
- **BP:** 156/98 mmHg

Image


**Background:**

- Works as a night-shift nurse
- Reports fatigue and poor sleep due to shift work, compounded by sleep apnoea
- Struggles with diet and consistent physical exercise due to her work schedule
- Sometimes misses evening medication dose, particularly while working night shift, or when her routine is disrupted
- Expresses that she is “trying her best” and is frustrated that her BP remains uncontrolled

Image




- Meet Jillian*

- Why EXFORGE?

**EXFORGE addresses Jillian’s* challenges to BP control**

Image

**Proven efficacy[2,3]**

Clinical data shows people like Jillian* achieving BP control[†] at 16 weeks[‡#a2,3]

Image

**Dual mechanism of action[2,3]**

Targets both vascular resistance and RAAS pathway, improving BP control[‡‡#] in people like Jillian* where monotherapy has failed[a2,3]

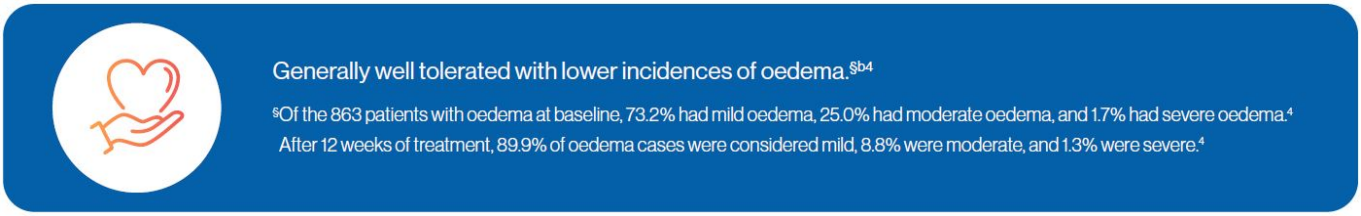
Image

**Once-daily dosing[2]**

Supports simplified regimens for people like Jillian* with adherence and lifestyle challenges

[†]BP control: <140/90 mmHg or <130/80 mmHg for diabetics[3]
[‡]72.7% of patients on EXFORGE 5/160 mg (±HCTZ) (95% CI 68.6–76.9)[3]
[#]74.8% of patients on EXFORGE 10/160 mg (±HCTZ) (95% CI 70.8–78.9)[3]

Image




## Footnotes and References

**DIOVAN:** In placebo-controlled trials in patients with hypertension (n=2,542) treated with DIOVAN (10–320 mg), the overall incidence of AEs was comparable with that of placebo.[5] AEs with an incidence of ≥1% irrespective of causal association with DIOVAN: headache, dizziness, viral infection, upper respiratory tract infection, coughing, rhinitis, sinusitis, pharyngitis, diarrhoea, abdominal pain, nausea, fatigue, back pain, arthralgia.[5]

**EXFORGE:** In five controlled clinical studies including patients (n=2,613) treated with

EXFORGE, AEs with an incidence of ≥1% were: nasopharyngitis, influenza, headache, oedema, pitting oedema, facial oedema, oedema peripheral, fatigue, flushing, asthenia, hot flush.[2]

[a] EX-FAST: Randomised, double-blind, multicentre study in patients with BP uncontrolled on monotherapy who were switched directly to amlodipine/valsartan 5/160 mg (n=443) or 10/160 mg (n=451). If BP was uncontrolled at week 8 (BP ≥140/90 mmHg or ≥130/80 mmHg in diabetics), open-label HCTZ 12.5 mg was added.[3] If BP remained uncontrolled at week 12, HCTZ dose was increased to 25 mg (patients with controlled BP at week 8 but not at week 12 received HCTZ 12.5 mg).[3] Primary efficacy endpoint was the proportion of patients with BP control (mean BP <140/90 mmHg in non-diabetic patients and <130/80 mmHg in diabetic patients) at the study endpoint (week 16). Peripheral oedema was the most frequent drug-related AE and led to discontinuation in 10 patients (2.3%) in the EXFORGE 5/160 mg group and in 41 patients (9.1%) treated with amlodipine/valsartan 10/160 mg.[3]

[b] Prospective, open-label, post-marketing surveillance study evaluating efficacy and safety of single-pill combination of amlodipine and valsartan in adults (n=8,336) with arterial hypertension (systolic BP >140 mmHg and/or diastolic BP >90 mmHg) in realworld clinical practice.[4] Single-pill combination (SPC) amlodipine/valsartan 5/80, 5/160, or 10/160 mg once daily was prescribed and patients were observed over a 3-month period (12 weeks).[4] The reason for prescription of SPC amlodipine/valsartan was specified for 8,287 patients: 43.4% were non-responders to previous monotherapy, 42.9% were non-responders to previous combination therapy, 9.6% could not tolerate previous therapy.[4]

**Abbreviations: BP,** blood pressure; **CPAP,** continuous positive airway pressure; **HCTZ,** hydrochlorothiazide; **RAAS,** Renin-Angiotensin-Aldosterone System; **SPC,** single pill combination.

**References**


1. McEvoy JW et al. Eur Heart J. 2024; 45(38): 3912-4018.
2. EXFORGE (amlodipine/valsartan) Australian approved Product Information.
3. Allemann Y et al. J Clin Hypertens (Greenwich). 2008; 10(3):185–94.
4. Karpov Y et al. Adv Ther 2012; 29: 134–147.
5. DIOVAN (valsartan) Australian approved Product Information.


**DIOVAN PBS Information:** General benefit. This product is listed on the PBS as an angiotensin II antagonist.

**EXFORGE PBS Information:** Restricted benefit. Hypertension in a patient who is not adequately controlled with either an angiotensin II antagonist OR a dihydropyridine calcium channel blocker.

For DIOVAN prescribing information, please **click here**.

For EXFORGE prescribing information, please **click here**.

**This content is intended for Australian healthcare professionals and is**

**promotional.**

## Adverse events should be reported.

**Adverse events and product complaints should also be reported to Novartis.**

For Medical Enquiries, Information Services, Adverse Events and Product Complaints please contact: 1800 671 203 or medinfo.phauno@novartis.com

Colleagues are available from 9:00 to 17:00 from Monday to Friday.

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