**MEDIA RELEASE • MEDIA RELEASE • MEDIA RELEASE**

**Novartis’ new heart failure medicine Entresto™ (sacubitril valsartan) recommended by CHMP for EU approval**

* *Positive opinion from EU review body puts Entresto (sacubitril valsartan) on track to be approved for HFrEF patients across Europe by the end of 2015*
* *Entresto (sacubitril valsartan) was studied in world’s largest heart failure trial, which was stopped early on strength of results that showed a 20% cut in cardiovascular deaths versus the ACE inhibitor, enalapril1*

**Frimley, September 25, 2015** **–** Novartis announced today that the Committee for Medicinal Products for Human Use (CHMP) has adopted a positive opinion for Entresto™ (sacubitril valsartan). Pending final approval by the European Commission (EC), Entresto (sacubitril valsartan), previously known as LCZ696, will be licensed for use in the UK for the treatment of adult patients with symptomatic chronic heart failure and reduced ejection fraction (HFrEF).

“Despite widespread use of available treatments and implementation of NICE guidelines, outcomes remain poor for those diagnosed with heart failure. The CHMP’s endorsement of Entresto brings hope to heart failure patients in the UK,” said Hugh O’Dowd, General Manager at Novartis UK & Ireland.

The CHMP’s decision, which follows previous US and Swiss approvals, is based on results from the 8,442-patient PARADIGM-HF study in patients with HFrEF, which was stopped early when it was shown Entresto (sacubitril valsartan) significantly reduced the risk of cardiovascular death versus ACE-inhibitor enalapril1. At the end of the study patients who were given Entresto (sacubitril valsartan) were more likely to be alive and less likely to have been hospitalised for heart failure than those given enalapril. Analysis of safety data showed that Entresto (sacubitril valsartan) had a similar tolerability profile to enalapril.

“The striking results in the PARADIGM-HF trial led me to believe that, once approved, LCZ696 could quickly replace what has been the bedrock treatment for more than 20 years, ACE-inhibitors,” said Professor John McMurray of the University of Glasgow and one of two Principal Investigators. “Thousands of lives could be extended and hospital admissions prevented with LCZ696’s unique ability to boost natriuretic peptides, heart-helpful hormones, while simultaneously inhibiting the RAAS system.”

Heart failure is a highly debilitating, life-threatening condition in which the heart cannot pump enough blood around the body because the muscles of the heart become too weak or too stiff to work properly2. As a consequence, patients face a high risk of death, repeated hospitalisations and symptoms such as breathlessness, fatigue and fluid retention that significantly impact quality of life. Heart failure affects around 550,000 people in the UK3 and costs the NHS about £2.3bn a year4. Even though so many people live with heart failure, most fail to recognise the symptoms, meaning many are misdiagnosed or incorrectly attribute the signs to growing older.

Early this month, Entresto (sacubitril valsartan) was given a positive scientific opinion under theMedicines and Healthcare products Regulatory Agency (MHRA) Early Access to Medicines Scheme (EAMS) for patients with significant unmet medical need. This allows Entresto (sacubitril valsartan) to be made available to eligible patients before the EC makes a final European licensing decision based on the recommendations of the CHMP.

###

**Novartis Media Relations**

**Michael Amos**

Novartis Communications UK Ltd.

Tel: +44 7920 467679 (Press Office)

Email: press.office@novartis.com

**About Entresto™ (sacubitril valsartan) in heart failure**

Entresto (sacubitril valsartan) is an ARNI (angiotensin receptor neprilysin inhibitor) and has a unique mode of action, which is thought to reduce the strain on the failing heart5. It harnesses the body's natural defences against heart failure, simultaneously acting to enhance the levels of natriuretic and other endogenous vasoactive peptides, while also inhibiting the renin-angiotensin-aldosterone system (RAAS)5.

In the Phase III trial, PARADIGM-HF, in patients with heart failure with a reduced ejection fraction, patients on Entresto (sacubitril valsartan) were significantly less likely to die from cardiovascular causes than those on the comparator, ACE-inhibitor enalapril1.

In PARADIGM-HF, Entresto (sacubitril valsartan)1:

* Reduced the risk of dying from a cardiovascular cause by 20% (p=0.00004) vs enalapril
* Reduced heart failure hospitalisations by 21% (p=0.00004) vs enalapril
* Reduced the risk of dying from any cause by 16% (p=0.0005) vs enalapril
* Overall there was a 20% risk reduction on the primary endpoint, a composite measure of CV death or heart failure hospitalisation (p=0.0000002).

Patients’ reports of how they felt and doctors’ assessments of disease severity were also significantly better with Entresto (sacubitril valsartan) than enalapril6.

**Disclaimer**

The foregoing release contains forward-looking statements that can be identified by words such as “recommended,” “positive opinion,” “on track,” “will,” “hope,” “soon,” “could,” or similar terms, or by express or implied discussions regarding potential marketing approvals for Entresto (sacubitril valsartan), or regarding potential future revenues from Entresto (sacubitril valsartan). You should not place undue reliance on these statements. Such forward-looking statements are based on the current beliefs and expectations of management regarding future events, and are subject to significant known and unknown risks and uncertainties. Should one or more of these risks or uncertainties materialize, or should underlying assumptions prove incorrect, actual results may vary materially from those set forth in the forward-looking statements. There can be no guarantee that Entresto (sacubitril valsartan) will be submitted or approved for sale in any market, or at any particular time. Nor can there be any guarantee that Entresto (sacubitril valsartan) will receive regulatory approval or be commercially successful in the future. In particular, management’s expectations regarding Entresto (sacubitril valsartan) could be affected by, among other things, the uncertainties inherent in research and development, including unexpected clinical trial results and additional analysis of existing clinical data; unexpected regulatory actions or delays or government regulation generally; the company’s ability to obtain or maintain proprietary intellectual property protection; general economic and industry conditions; global trends toward health care cost containment, including ongoing pricing pressures; unexpected safety issues; unexpected manufacturing or quality issues, and other risks and factors referred to in Novartis AG’s current Form 20-F on file with the US Securities and Exchange Commission. Novartis is providing the information in this press release as of this date and does not undertake any obligation to update any forward-looking statements contained in this press release as a result of new information, future events or otherwise.

**About Novartis**

Novartis provides innovative healthcare solutions that address the evolving needs of patients and societies. Headquartered in Basel, Switzerland, Novartis offers a diversified portfolio to best meet these needs: innovative medicines, eye care and cost-saving generic pharmaceuticals. Novartis is the only global company with leading positions in these areas. In 2014, the Group achieved net sales of USD 58.0 billion, while R&D throughout the Group amounted to approximately USD 9.9 billion (USD 9.6 billion excluding impairment and amortization charges). Novartis Group companies employ approximately 120,000 full-time-equivalent associates. Novartis products are available in more than 180 countries around the world. For more information, please visit <http://www.novartis.com>

Novartis is on Twitter. Sign up to follow @Novartis at <http://twitter.com/novartis>.

**References**

1. McMurray, JJV *et al*. Angiotensin-Neprilysin Inhibition versus Enalapril in Heart Failure. *N Engl J Med.* 2014;371:993-1004
2. Mosterd A, Hoes, A. Clinical epidemiology of heart failure. *Heart.* 2007;93:1137-1146
3. British Heart Foundation. At-home treatment for heart failure patients eases burden for families and for NHS. 9 June 2015. Available at: [https://www.bhf.org.uk/news-from-the-bhf/news-archive/2015/june/at-home-treatment-for-heart-failure-patients-eases-burden-for-families-and-for-nhs Last accessed September 2015](https://www.bhf.org.uk/news-from-the-bhf/news-archive/2015/june/at-home-treatment-for-heart-failure-patients-eases-burden-for-families-and-for-nhs%20Last%20accessed%20September%202015)
4. 3. NHS Choices. The NHS in England. About the National Health Service (NHS). January 2015. Available at [http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx Last accessed September 2015](http://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx%20Last%20accessed%20September%202015).

5. Langenickel TH and Dole WP. Angiotensin receptor-neprilysin inhibition with LCZ696: a novel approach for the treatment of heart failure. *Drug Discov Today Ther Strateg*. 2012;9:e131-e139

6. Packer M, *et al.* Angiotensin-Neprilysin Inhibition and Clinical Progression in Surviving Patients with Heart Failure *Circulation.* 2015;131:54-61