

AURORA: A PHASE 3 VX-445 TRIPLE COMBINATION REGIMEN CYSTIC FIBROSIS CLINICAL TRIAL PROGRAM

Vertex is conducting the global **AURORA Phase 3 clinical trial program** to evaluate VX-445 in triple combination with tezacaftor and ivacaftor for certain people with cystic fibrosis. The program currently consists of two trials, AURORA F/MF and AURORA F/F. Additional studies are planned as part of this clinical trial program.

ABOUT AURORA F/MF

AURORA F/MF

PATIENT POPULATION

Patients with one *F508del* mutation and one minimal function mutation (F/MF). Minimal function mutations are clinically severe mutations that result in little-to-no functioning cystic fibrosis transmembrane conductance regulator (CFTR) protein and are not responsive to tezacaftor, ivacaftor or the combination of tezacaftor and ivacaftor.

For a list of the minimal function mutations currently included in this study, [click here](#).

AGES ELIGIBLE FOR THE STUDY

12
YEARS OF AGE AND OLDER

NUMBER OF PATIENTS

360
PATIENTS

PRIMARY ENDPOINT

Absolute change in percent predicted forced expiratory volume in one second (ppFEV₁) from baseline at Week 4.

SELECTED SECONDARY ENDPOINTS

- Absolute change in ppFEV₁ from baseline through Week 24.
- Number of pulmonary exacerbations through Week 24.
- Absolute change in sweat chloride from baseline at Week 4 and through Week 24.
- Absolute change in Cystic Fibrosis Questionnaire - Revised (CFQ-R) respiratory domain score from baseline at Week 4 and through Week 24. CFQ-R is a validated patient-reported outcome measure.
- Absolute change in body mass index (BMI) from baseline at Week 24.
- Safety and tolerability assessments.

TRIAL DESIGN

+ TRIPLE COMBINATION REGIMEN

180
PATIENTS

MORNING

VX-445
200 mg
Tezacaftor
100 mg
Ivacaftor
150 mg

EVENING

Ivacaftor
150 mg

+ TRIPLE PLACEBO REGIMEN

180
PATIENTS

MORNING

Placebo
0 mg
Placebo
0 mg
Placebo
0 mg

EVENING

Placebo
0 mg

24 WEEKS OF TREATMENT

**4 WEEK
PRIMARY EFFICACY
ENDPOINT**

**24 WEEK
SECONDARY
ENDPOINTS**

All eligible patients who complete the AURORA F/MF study may roll over into a 96-week open-label extension trial where they will receive the VX-445 triple combination regimen.

ABOUT AURORA F/F

AURORA F/F

PATIENT POPULATION

Patients with two copies of the *F508del* mutation (F/F).

AGES ELIGIBLE FOR THE STUDY

12
YEARS OF AGE AND OLDER

NUMBER OF PATIENTS

100
PATIENTS

PRIMARY ENDPOINT

Absolute change in percent predicted forced expiratory volume in one second (ppFEV₁) from baseline at Week 4.

SELECTED SECONDARY ENDPOINTS

- Absolute change in sweat chloride from baseline at Week 4.
- Absolute change in CFQ-R respiratory domain score from baseline at Week 4.
- Safety and tolerability assessments.

TRIAL DESIGN

RUN-IN PERIOD

+ TEZACAFTOR + IVACAFTOR

100
PATIENTS

MORNING	EVENING
Tezacaftor 100 mg	Ivacaftor 150 mg
Ivacaftor 150 mg	

4 WEEK RUN-IN PERIOD

TREATMENT PERIOD

+ TRIPLE COMBINATION REGIMEN

50
PATIENTS

MORNING	EVENING
VX-445 200 mg	Ivacaftor 150 mg
Tezacaftor 100 mg	
Ivacaftor 150 mg	

+ PLACEBO + TEZACAFTOR + IVACAFTOR

50
PATIENTS

MORNING	EVENING
Placebo 0 mg	Ivacaftor 150 mg
Tezacaftor 100 mg	
Ivacaftor 150 mg	

4 WEEKS OF TREATMENT

4 WEEK PRIMARY AND SECONDARY ENDPOINTS

All eligible patients who complete the AURORA F/F study may roll over into a 96-week open-label extension trial where they will receive the VX-445 triple combination regimen.

ABOUT THE VX-445 TRIPLE COMBINATION REGIMEN

In CF patients with certain types of mutations in the *CFTR* gene, the CFTR protein is not processed and moved through the cell normally, resulting in little-to-no CFTR protein at the cell surface. VX-445 and tezacaftor are designed to increase the amount of mature protein at the cell surface by targeting the processing and trafficking defect of the *F508del* CFTR protein. Ivacaftor is designed to enhance the function of the CFTR protein once it reaches the cell surface.

The initiation of the AURORA Phase 3 program, together with the ongoing Phase 3 ECLIPSE VX-659 triple combination program, brings Vertex one step closer to the goal of developing a triple combination regimen for up to 90 percent of all people with CF, including F/MF patients, the largest group of patients who do not have a medicine to treat the underlying cause of their disease.

For additional information on this clinical study program, please visit www.clinicaltrials.gov.

