



(elixacaftor/tezacaftor/ivacaftor and ivacaftor)

100 mg/50 mg/75 mg and 150 mg tablets

A BREAKTHROUGH TREATMENT

for people with cystic fibrosis (CF) age 12 years and older with at least one copy of the F508del mutation



ABOUT TRIKAFTA™

TRIKAFTA is a prescription medicine used for the treatment of cystic fibrosis (CF) in patients aged 12 years and older who have at least one copy of the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene. Patients should talk to their doctor to learn if they have an indicated CF gene mutation. It is not known if TRIKAFTA is safe and effective in children under 12 years of age.

TRIKAFTA is an oral medicine that targets CFTR protein defects caused by the F508del mutation.

TRIKAFTA clinical trials

The benefits and risks of TRIKAFTA were evaluated in two Phase 3 studies of people with CF, age 12 years and older. One study compared TRIKAFTA with placebo in people with F508del and another mutation defined in the study*. The other study compared TRIKAFTA with an active comparator, tezacaftor/ivacaftor and ivacaftor, in people with two F508del mutations.

In both studies, people taking TRIKAFTA experienced significant improvement in lung function (FEV₁)[†]



On average, people with F508del and another mutation defined in the study experienced an increase of **13.8 percentage points** compared with placebo at 4 weeks. Results were maintained through 24 weeks.



On average, people with F508del/F508del mutations experienced an increase of **10 percentage points** compared with the active comparator at 4 weeks.

*Mutations that either do not make a CFTR protein or make a protein that tezacaftor and/or ivacaftor cannot act on

[†]FEV₁=forced expiratory volume, or how much air a person can exhale in a forced breath in 1 second

Additional results:

On average, people taking TRIKAFTA experienced:	24-week study of F508del/ a mutation defined in the study	4-week study of F508del/F508del
Fewer pulmonary exacerbations Pulmonary exacerbations are changes in certain symptoms that require treatment with new oral, IV, or inhaled antibiotics	●	Not evaluated in this study
Decrease in sweat chloride Measured through a sweat test that determines the amount of salt in your sweat	●	●
Reduction in CF respiratory symptoms Respiratory symptoms were measured using a tool called the Cystic Fibrosis Questionnaire-Revised Respiratory Domain score	●	●
Increase in body mass index (BMI) BMI=a measure of someone's weight in relation to his or her height	●	Not evaluated in this study

Important Safety Information

Patients should not take TRIKAFTA if they take certain medicines, such as: antibiotics such as rifampin or rifabutin; seizure medicines such as phenobarbital, carbamazepine, or phenytoin; St. John's wort.

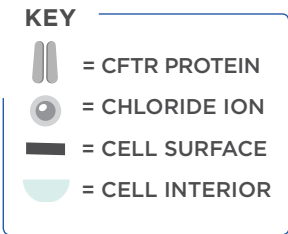
Before taking TRIKAFTA, patients should tell their doctor about all of their medical conditions, including if they: have kidney problems, have or have had liver problems, are pregnant or plan to become pregnant because it is not known if TRIKAFTA will harm an unborn baby, or are breastfeeding or planning to breastfeed because it is not known if TRIKAFTA passes into breast milk.

Please see additional Important Safety Information for TRIKAFTA throughout and [full Prescribing Information, including Patient Information.](#)

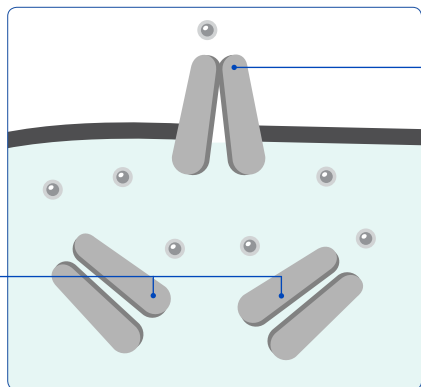
The underlying cause

CF is caused by mutations in the CF gene. These mutations lead to defects in a specific protein called the cystic fibrosis transmembrane conductance regulator (CFTR) protein. As a result of these defects, the CFTR proteins don't work the way they should. The most common mutation is the F508del mutation.

The F508del mutation causes both defects illustrated below:



Defect 1: Fewer CFTR proteins get to the cell surface, where they are normally located.



Defect 2: CFTR proteins don't open correctly if they do reach the cell surface.

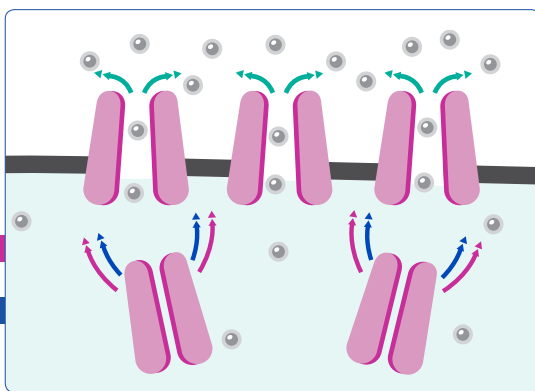
Because of these defects, chloride ions cannot move into or out of the cells like they should. This can cause thick, sticky mucus to build up in organs, such as the lungs.

TRIKAFTA: Three components that work together to target the underlying cause

TRIKAFTA adds **elexacaftor** to **tezacaftor** and **ivacaftor** to target CFTR protein defects caused by the F508del mutation.

What is known about how TRIKAFTA works was learned from studies conducted in a laboratory. Keep in mind that results from laboratory studies do not always match how these medicines work in a person. If you have questions about TRIKAFTA, speak with your healthcare provider.

By binding to different places on F508del-CFTR proteins, **ELEXACAFTOR** and **TEZACAFTOR** work together to help more proteins reach the cell surface.



IVACAFTOR helps CFTR proteins stay open longer at the cell surface.

Together, the 3 components help F508del-CFTR proteins function better.

Additional Important Safety Information

TRIKAFTA may affect the way other medicines work, and other medicines may affect how TRIKAFTA works. Therefore, the dose of TRIKAFTA may need to be adjusted when taken with certain medicines. Patients should especially tell their doctor if they take: antifungal medicines including ketoconazole, itraconazole, posaconazole, voriconazole, or fluconazole; antibiotics including telithromycin, clarithromycin, or erythromycin; other medicines including rifampin, rifabutin, phenobarbital, carbamazepine, phenytoin, and St John's wort.

TRIKAFTA may cause dizziness in some people who take it. Patients should not drive a car, operate machinery, or do anything that requires alertness until they know how TRIKAFTA affects them.

Patients should avoid food or drink that contains grapefruit while they are taking TRIKAFTA.

Please see additional Important Safety Information for TRIKAFTA throughout and full Prescribing Information, including Patient Information.



(elexacaftor/tezacaftor/ivacaftor
and ivacaftor)

Helping patients access TRIKAFTA™

The people who work at Vertex understand that medicines can only help people who can get them. The Vertex Guidance & Patient Support (Vertex GPS™) program provides a team of Vertex employees dedicated to helping eligible people in the United States who have been prescribed our medicines understand their insurance benefits and the resources that may be available to help them.

Vertex also offers a co-pay assistance program for eligible people with commercial insurance coverage and a free medicine program for qualifying people who meet certain income and other eligibility criteria. More information is available by visiting VertexGPS.com or by calling **1-877-752-5933 (press 2)**.

Additional Important Safety Information

TRIKAFTA can cause serious side effects, including:

High liver enzymes in the blood, which is a common side effect in people treated with TRIKAFTA. These can be serious and may be a sign of liver injury. The patient's doctor will do blood tests to check their liver before they start TRIKAFTA, every 3 months during the first year of taking TRIKAFTA, and every year while taking TRIKAFTA. Patients should call their doctor right away if they have any of the following symptoms of liver problems: pain or discomfort in the upper right stomach (abdominal) area; yellowing of the skin or the white part of the eyes; loss of appetite; nausea or vomiting; dark, amber-colored urine.

Abnormality of the eye lens (cataract) in some children and adolescents treated with TRIKAFTA. If the patient is a child or adolescent, their doctor should perform eye examinations before and during treatment with TRIKAFTA to look for cataracts.

The most common side effects of TRIKAFTA include headache, diarrhea, upper respiratory tract infection (common cold), including stuffy and runny nose, stomach (abdominal) pain, inflamed sinuses, increase in liver enzymes, increase in a certain blood enzyme called creatine phosphokinase, rash, flu (influenza), and increase in blood bilirubin.

These are not all the possible side effects of TRIKAFTA. **Please [click here](#) to see the full Prescribing Information for TRIKAFTA.**

For more information, please visit vrtx.com.



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