



trikafta®

(elexacaftor/tezacaftor/ivacaftor
and ivacaftor)

100 mg/50 mg/75 mg and 150 mg tablets
50 mg/25 mg/37.5 mg and 75 mg tablets
100 mg/50 mg/75 mg and 75 mg oral granules
80 mg/40 mg/60 mg and 59.5 mg oral granules

Jen,
Clayton's mom

YOU  CF

Clayton, age 5
F508del/G542X

People with CF pictured may or may not be taking TRIKAFTA.

A breakthrough treatment
for people with cystic fibrosis
(CF) age **2 years and older**
with at least one copy of the
F508del mutation or at least
one other mutation that is
responsive to TRIKAFTA®

CF will always be part of the equation, but you know there's more to who you are.

Ask your doctor about making TRIKAFTA part of the equation—a triple combination therapy that treats the underlying cause.

What is TRIKAFTA® (elexacaftor/tezacaftor/ivacaftor and ivacaftor)?

TRIKAFTA is a prescription medicine used for the treatment of cystic fibrosis (CF) in patients aged 2 years and older who have at least one copy of the F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene or another mutation that is responsive to treatment with TRIKAFTA.

Talk to your doctor to learn if you have an indicated CF gene mutation.

It is not known if TRIKAFTA is safe and effective in children under 2 years of age.

IMPORTANT SAFETY INFORMATION

Before taking TRIKAFTA, tell your doctor about all of your medical conditions, including if you:

- are allergic to TRIKAFTA or any ingredients in TRIKAFTA. See the Patient Information for a list of ingredients
- have kidney problems
- have or have had liver problems
- are pregnant or plan to become pregnant. It is not known if TRIKAFTA will harm your unborn baby. You and your doctor should decide if you will take TRIKAFTA while you are pregnant

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



(elixacaftor/tezacaftor/ivacaftor
and ivacaftor)



Start learning about TRIKAFTA®

Click below to get the information you're looking for.

03

[Who is TRIKAFTA for and how long has it been approved?](#)

04

[How does TRIKAFTA work?](#)

06

[How was TRIKAFTA studied in children with CF age 2 through 5 years?](#)

08

[How was TRIKAFTA studied in children with CF age 6 through 11 years?](#)

11

[How was TRIKAFTA studied in people with CF age 12+ with F508del and a mutation defined in the study?](#)

15

[How was TRIKAFTA studied in people with CF age 12+ with the F508del/F508del mutation?](#)

18

[How do I give TRIKAFTA oral granules?](#)

19

[How do I prepare TRIKAFTA oral granules?](#)

20

[How do I take TRIKAFTA tablets?](#)

21

[I missed a dose—what should I do?](#)

22

[What is the Important Safety Information?](#)

27

[Vertex GPS™: Guidance & Patient Support](#)

28

[Summary of TRIKAFTA studies](#)

TRIKAFTA IS APPROVED

FOR PEOPLE WITH CF AGE 2+



with at least one **F508del mutation** or at least **one other mutation*** that is responsive to treatment with TRIKAFTA

*Predicted to respond to TRIKAFTA based on results in a laboratory setting. Not clinically evaluated.

There are 178 mutations that are eligible for TRIKAFTA.
To find out if you have an eligible mutation, visit [TRIKAFTAEligibility.com](https://www.trikafta.com/eligibility).

When was TRIKAFTA approved?

TRIKAFTA is a breakthrough treatment for people with cystic fibrosis (CF) with at least one copy of the F508del mutation or at least one other mutation that is responsive to TRIKAFTA.



IMPORTANT SAFETY INFORMATION (Continued)

Before taking TRIKAFTA, tell your doctor about all of your medical conditions, including if you (continued):

- are breastfeeding or planning to breastfeed. It is not known if TRIKAFTA passes into your breast milk. You and your doctor should decide if you will take TRIKAFTA while you are breastfeeding



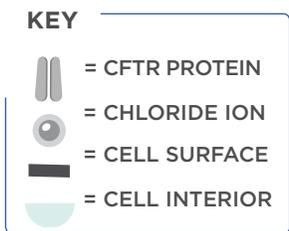
(elixacaftor/tezacaftor/ivacaftor and ivacaftor)

HOW DOES TRIKAFTA® WORK?

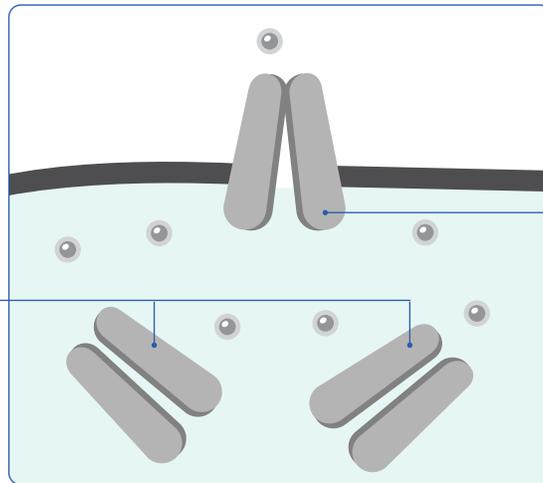
The underlying cause

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.

CF gene mutations cause one or 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.

IMPORTANT SAFETY INFORMATION (Continued)

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

TRIKAFTA may affect the way other medicines work, and other medicines may affect how TRIKAFTA works. The dose of TRIKAFTA may need to be adjusted when taken with certain medicines. Ask your doctor or pharmacist for a list of these medicines if you are not sure.

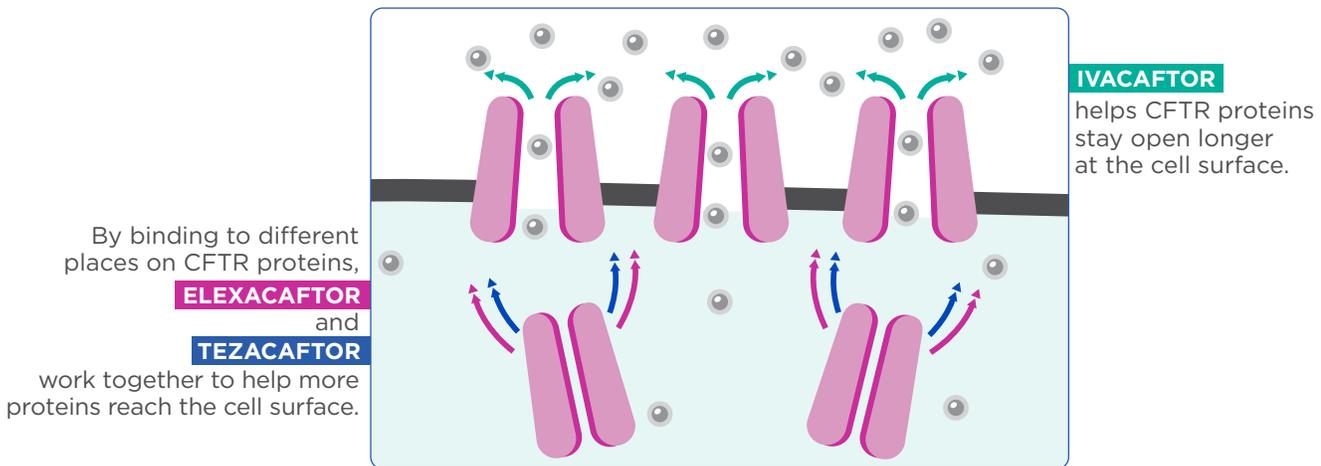


(elexacaftor/tezacaftor/ivacaftor and ivacaftor)

HOW DOES TRIKAFTA® WORK?

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 or another mutation responsive to TRIKAFTA.



Together, the 3 components help responsive CFTR proteins function better.

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 your treatment, speak with your healthcare provider.

IMPORTANT SAFETY INFORMATION (Continued)

Tell your doctor about all the medicines you take (continued).

Especially tell your doctor if you take:

- antibiotics such as rifampin (RIFAMATE®, RIFATER®) or rifabutin (MYCOBUTIN®)
- seizure medicines such as phenobarbital, carbamazepine (TEGRETOL®, CARBATROL®, EQUETRO®), or phenytoin (DILANTIN®, PHENYTEK®)
- St. John’s wort

How was TRIKAFTA® studied?

This study evaluated the **safety and tolerability** of TRIKAFTA in children with CF age 2 through 5 years (Study 4). Because the focus was safety and side effects, the study did not use a placebo. The efficacy and safety of TRIKAFTA were evaluated in 2 studies of people with CF age 12 years and older (Studies 1 and 2). [View additional study results](#) for Study 4 on page 7.

The study also evaluated:



Sweat chloride, which is a measure of the amount of salt in a person's sweat. Sweat chloride level measurement is used to help diagnose CF. High sweat chloride levels are a hallmark of CF and are connected to the way CF works in the body.



Body mass index, which is a measure of someone's weight in relation to their height.

75 children with CF age 2 through 5 years with either one copy of the F508del mutation and a mutation defined in the study* or two copies of the F508del mutation participated in the 24-week safety study.



Each child took TRIKAFTA granules every 12 hours with fat-containing food for 24 weeks (~6 months).



All participants knew they were taking TRIKAFTA, and no children in the study took placebo.



Each participant's dose of TRIKAFTA granules was based on their age and weight. [Learn about the recommended dose](#) on page 18.



All participants continued to take their other prescribed CF therapies.

*Mutations that either do not make a CFTR protein or make a protein that is not responsive to ivacaftor and tezacaftor/ivacaftor.



(elixacaftor/tezacaftor/ivacaftor and ivacaftor)

SAFETY STUDY RESULTS: CHILDREN WITH CF AGE 2 THROUGH 5 YEARS



What should I keep in mind about the study?

Because no one took placebo in the safety study, it is not known if changes seen in the study were due to TRIKAFTA®.

Keep in mind that all results shown are an average of all people studied and differed among individuals and mutations. Your loved one may have a different experience.

This study took place during the COVID-19 pandemic. As a result, Vertex put in place certain processes and guidelines during the study, which may have affected the study results. Talk to your healthcare provider if you have any questions.



What were the safety study results?



For children with CF age 2-5 years, the safety of TRIKAFTA observed in the study **was similar to what was observed in people with CF age 12+.**

Please see pages 22-24 for [Important Safety Information](#) and for [side effects](#).



What else was found in the study?



Sweat chloride decreased by 57.9 mmol/L on average through 24 weeks.
On average, children started the study with a sweat chloride level of 100.7 mmol/L.



Body mass index (BMI) increased by 0.03 kg/m² on average at 24 weeks.
For example, a child who is 3'2" and weighs 38 pounds would gain about an ounce at 24 weeks.

IMPORTANT SAFETY INFORMATION (Continued)

Tell your doctor about all the medicines you take (continued).

Especially tell your doctor if you take (continued):

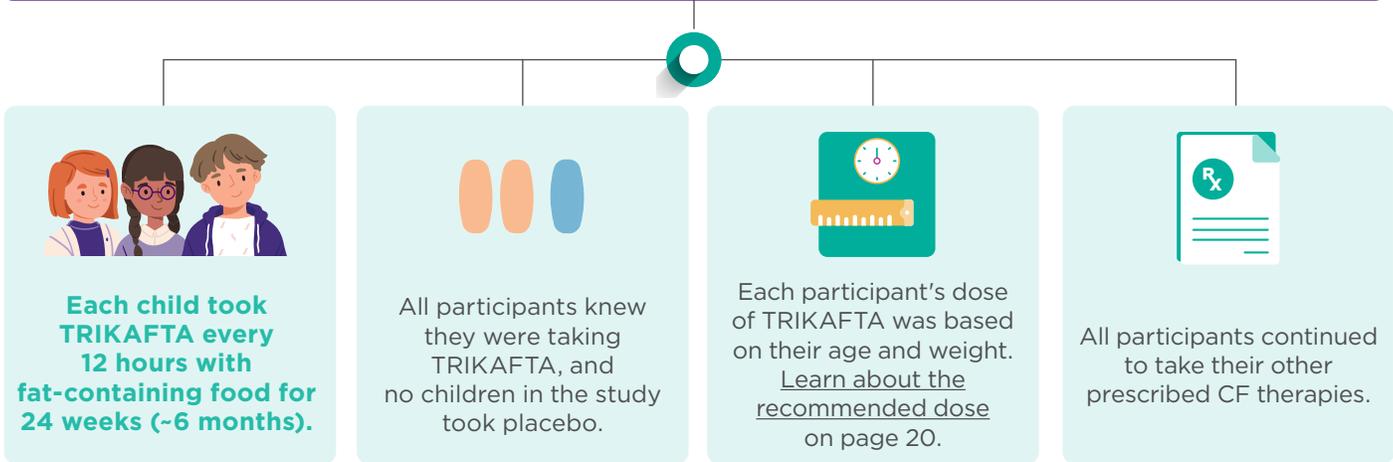
- antifungal medicines including ketoconazole, itraconazole (such as SPORANOX®), posaconazole (such as NOXAFIL®), voriconazole (such as VFEND®), or fluconazole (such as DIFLUCAN®)
- antibiotics including telithromycin, clarithromycin (such as BIAXIN®), or erythromycin (such as ERY-TAB®)

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

How was TRIKAFTA® studied?

This study evaluated the **safety and tolerability** of TRIKAFTA in children with CF age 6 through 11 years (Study 3). Because the focus was safety and side effects, the study did not use a placebo.

66 children with CF age 6 through 11 years with one copy of the F508del mutation and a mutation defined in the study* or two copies of the F508del mutation participated in the 24-week safety study.



*Mutations that either do not make a CFTR protein or make a protein that is not responsive to ivacaftor and tezacaftor/ivacaftor.



What should I keep in mind about the study?

Because no one took placebo in the safety study, it is not known if changes seen in the study were due to TRIKAFTA.

Keep in mind that all results shown are an average of all people studied and differed among individuals and mutations. Your loved one may have a different experience.

This study took place during the COVID-19 pandemic. As a result, Vertex put in place certain processes and guidelines during the study, which may have affected the study results. Talk to your healthcare provider if you have any questions.

IMPORTANT SAFETY INFORMATION (Continued)

What should I avoid while taking TRIKAFTA?

- Avoid food or drink that contains grapefruit while you are taking TRIKAFTA



What were the safety study results?



For children with CF age 6-11 years, the safety of TRIKAFTA® observed in the study **was similar to what was observed in people with CF age 12+.**

Please see pages 22-24 for [Important Safety Information](#) and for [side effects](#).



What else was found in the study?

Lung function (FEV₁*) increased by **10.2 percentage points** on average through 24 weeks.

On average, children in the study started with an FEV₁ of 88.8%.

*FEV₁=forced expiratory volume, or how much air a person can exhale in a forced breath in 1 second.



Sweat chloride decreased by **60.9 mmol/L** on average through 24 weeks.

On average, children started the study with a sweat chloride level of 102.2 mmol/L.

Sweat chloride is a measure of the amount of salt in a person's sweat.

IMPORTANT SAFETY INFORMATION (Continued)

What are the possible side effects of TRIKAFTA?

TRIKAFTA can cause serious side effects, including:

- **Liver damage and worsening of liver function** in people with severe liver disease that can be serious and may require transplantation. Liver damage has also happened in people without liver disease
- **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. Your doctor will do blood tests to check your liver:
 - before you start TRIKAFTA
 - every 3 months during your first year of taking TRIKAFTA
 - every year while you are taking TRIKAFTA

Your doctor may do blood tests to check the liver more often if you have had high liver enzymes in your blood in the past.

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

What else was found in the study? (continued)



Respiratory symptom score increased by **7 points** on average through 24 weeks.

On average, children began the study with a score of 80.3 points.

Respiratory symptoms that were measured include cough, difficulty breathing, wheezing, congestion, mucus production, and waking up from coughing.

Respiratory symptoms were measured using a tool called the Cystic Fibrosis Questionnaire-Revised (CFQ-R) Respiratory Domain score.

The average increase in CFQ-R score means that, overall, the symptoms studied have improved. It does not mean there was an improvement in each symptom measured.



Body mass index (BMI*) increased by **1 kg/m²** on average at 24 weeks.

For example, a child whose BMI put them in the 60th percentile of weight for children of the same gender and age rose to the 70th percentile.

*BMI=a measure of someone's weight in relation to their height.

Massimo gets an early start

Learn why Massimo's mom, Stacey, felt confident about starting him on TRIKAFTA® as soon as he was eligible.

Watch their story at [ConsideringTRIKAFTA.com](https://www.ConsideringTRIKAFTA.com).



IMPORTANT SAFETY INFORMATION (Continued)

What are the possible side effects of TRIKAFTA (continued)?

Call your doctor right away if you have any of the following symptoms of liver problems:

- pain or discomfort in the upper right stomach (abdominal) area
- yellowing of your skin or the white part of your eyes
- loss of appetite
- nausea or vomiting
- dark, amber-colored urine

How was TRIKAFTA® studied?

Study 1 was designed to determine the **possible benefits and risks** of TRIKAFTA compared with placebo. All people in this study had one copy of the F508del mutation. “A mutation defined in the study” refers to mutations that either do not make a CFTR protein or make a protein that is not responsive to ivacaftor and tezacaftor/ivacaftor.

403 people with CF 12 years and older with one copy of the F508del mutation and a mutation defined in the study participated in the 24-week study.



200 people took TRIKAFTA with fat-containing food.

Two tablets, each containing elexacaftor 100 mg/tezacaftor 50 mg/ivacaftor 75 mg in the morning, and 1 tablet containing ivacaftor 150 mg in the evening about 12 hours later



203 people took placebo twice daily with fat-containing food about 12 hours apart.

All participants continued to take their other prescribed CF therapies.

IMPORTANT SAFETY INFORMATION (Continued)

What are the possible side effects of TRIKAFTA (continued)?

TRIKAFTA can cause serious side effects, including (continued):

- **Serious allergic reactions** have happened to people who are treated with TRIKAFTA. Call your healthcare provider or go to the emergency room right away if you have any symptoms of an allergic reaction. Symptoms of an allergic reaction may include:
 - rash or hives
 - tightness of the chest or throat or difficulty breathing
 - swelling of the face, lips, and/or tongue, or difficulty swallowing
 - light-headedness or dizziness



At 4 weeks, lung function (FEV₁*) improved significantly

ON AVERAGE, FOR PEOPLE TAKING TRIKAFTA®
LUNG FUNCTION INCREASED BY

13.8 PERCENTAGE POINTS
 VS PLACEBO



Lung function (FEV₁*) improvement was maintained through 24 weeks



The study results of TRIKAFTA are an average of all people studied and differed among individuals. Your experience may be different.

*FEV₁=forced expiratory volume, or how much air a person can exhale in a forced breath in 1 second.



Fewer pulmonary exacerbations

Through 24 weeks, the number of pulmonary exacerbations **significantly decreased by 63%** for people taking TRIKAFTA® compared with placebo.

There were 41 pulmonary exacerbations in the TRIKAFTA group and 113 in the placebo group.

Pulmonary exacerbations are changes in certain symptoms that require treatment with new oral, intravenous (IV), or inhaled antibiotics.

Additional pulmonary exacerbation results



71% fewer pulmonary exacerbations that led to hospitalizations through 24 weeks.

- 9 in the TRIKAFTA group and 32 in the placebo group



78% fewer pulmonary exacerbations that led to IV antibiotics through 24 weeks.

- 11 in the TRIKAFTA group and 51 in the placebo group

This study was not designed to determine whether these changes were because of TRIKAFTA. These additional results are not included in the [full Prescribing Information](#) for TRIKAFTA.



Decrease in sweat chloride

Significant decrease of 41.2 mmol/L on average compared with placebo at 4 weeks. Results were maintained throughout the study, with a decrease of **41.8 mmol/L** on average compared with placebo through 24 weeks.

On average, people taking TRIKAFTA started the study with a sweat chloride level of 102.3 mmol/L.

Sweat chloride is a measure of the amount of salt in a person's sweat.

The study results of TRIKAFTA are an average of all people studied and differed among individuals. Your experience may be different.

IMPORTANT SAFETY INFORMATION (Continued)

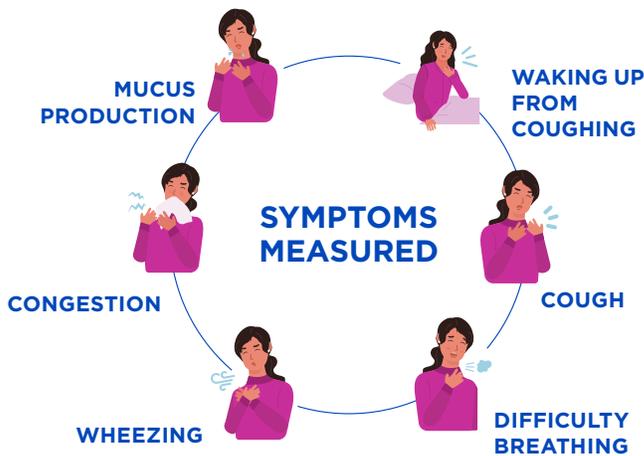
What are the possible side effects of TRIKAFTA (continued)?

TRIKAFTA can cause serious side effects, including (continued):

- **Abnormality of the eye lens (cataract)**, which has happened in some children and adolescents treated with TRIKAFTA. If you are a child or adolescent, your doctor should perform eye examinations before and during treatment with TRIKAFTA to look for cataracts

Improvement in CF respiratory symptoms

People taking TRIKAFTA® reported a **significant 20.1-point average increase** in CF respiratory symptom score compared with placebo at 4 weeks. Results were maintained throughout the study, with an increase of **20.2 points** on average compared with placebo through 24 weeks.



On average, people taking TRIKAFTA began the study with a score of 68.3 points.

Respiratory symptoms were measured using a tool called the Cystic Fibrosis Questionnaire-Revised (CFQ-R) Respiratory Domain score.

The average increase in CFQ-R score means that, overall, the symptoms studied have improved. It does not mean there was an improvement in each symptom measured.



Increase in body mass index (BMI*)

Significant BMI increase of 1 kg/m² on average compared with placebo at 24 weeks.

For example, a person who is 5'5" and weighs 130 pounds would gain about 6 pounds at 24 weeks.

*BMI=a measure of someone's weight in relation to their height.

The study results of TRIKAFTA are an average of all people studied and differed among individuals. Your experience may be different.

IMPORTANT SAFETY INFORMATION (Continued)

What are the possible side effects of TRIKAFTA (continued)?

The most common side effects of TRIKAFTA include:

- headache
- upper respiratory tract infection (common cold) including stuffy and runny nose
- stomach (abdominal) pain
- diarrhea
- rash
- increase in liver enzymes
- increase in a certain blood enzyme called creatine phosphokinase
- flu (influenza)
- inflamed sinuses
- increase in blood bilirubin

How was TRIKAFTA® studied?

Study 2 was designed to determine the **possible benefits and risks** of TRIKAFTA compared with SYMDEKO® (tezacaftor/ivacaftor and ivacaftor), a prescription medicine used for the treatment of people with CF with two F508del mutations.

107 people with CF 12 years and older with two copies of the F508del mutation participated in the study.

For the first 4 weeks, everyone took SYMDEKO. Then, participants were randomly split into 2 groups:



55 people switched to TRIKAFTA for 4 weeks. Participants took TRIKAFTA with fat-containing food.

Two tablets, each containing elixacaftor 100 mg/tezacaftor 50 mg/ivacaftor 75 mg in the morning, and 1 tablet containing ivacaftor 150 mg in the evening about 12 hours later



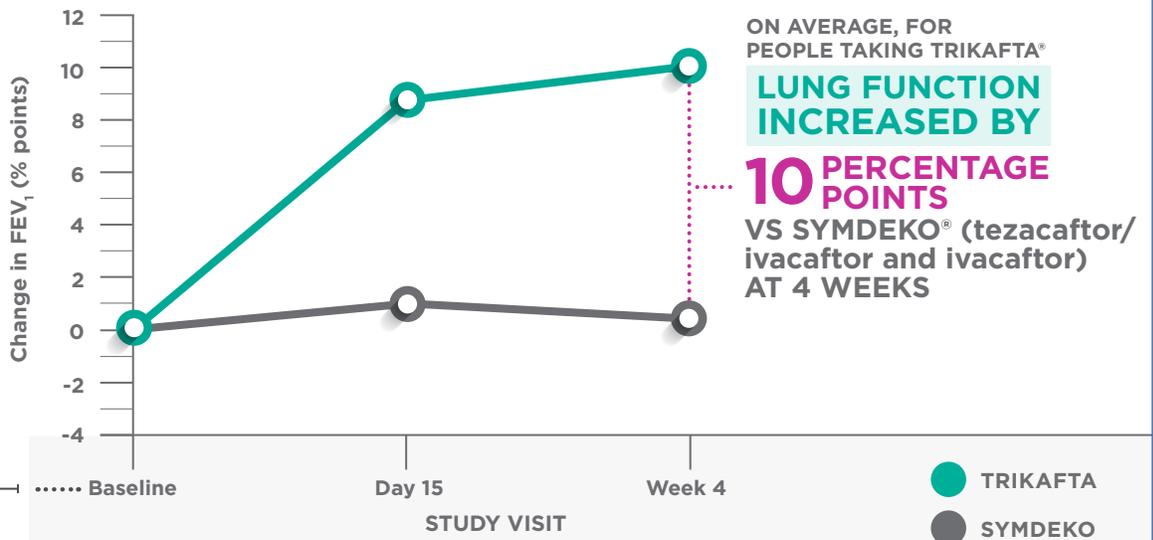
52 people continued taking SYMDEKO for 4 more weeks. Participants took SYMDEKO with fat-containing food.

One tablet containing tezacaftor 100 mg/ivacaftor 150 mg in the morning, and 1 tablet containing ivacaftor 150 mg in the evening about 12 hours later

All participants discontinued any previous CFTR modulators but continued to take their other prescribed CF therapies.



Significant improvement in lung function (FEV₁*)



107 people took SYMDEKO for 4 weeks.

At baseline, participants were randomly split into 2 groups: 55 switched to TRIKAFTA and 52 continued taking SYMDEKO for 4 more weeks.

The study results of TRIKAFTA are an average of all people studied and differed among individuals. Your experience may be different.

*FEV₁=forced expiratory volume, or how much air a person can exhale in a forced breath in 1 second.

IMPORTANT SAFETY INFORMATION (Continued)

What are the possible side effects of TRIKAFTA (continued)?

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of TRIKAFTA. For more information, ask your doctor or pharmacist. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

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



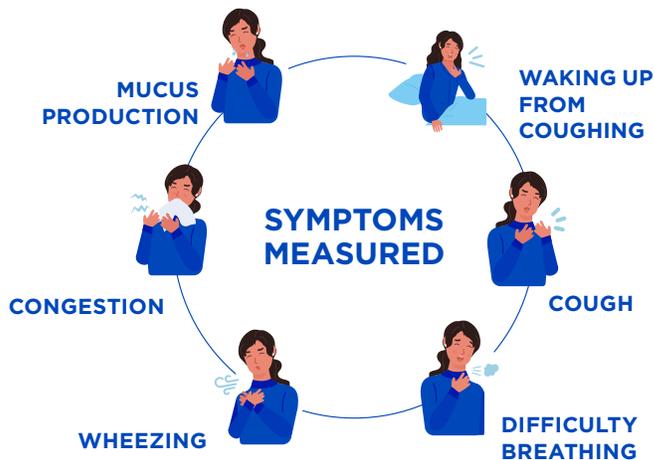
Decrease in sweat chloride

Significant decrease of 45.1 mmol/L on average compared with SYMDEKO[®] (tezacaftor/ivacaftor and ivacaftor) at 4 weeks.

On average, people taking TRIKAFTA[®] started the study with a sweat chloride level of 91.4 mmol/L. Sweat chloride is a measure of the amount of salt in a person's sweat.

Improvement in CF respiratory symptoms

People taking TRIKAFTA reported a **significant 17.4-point average increase** in CF respiratory symptom score compared with SYMDEKO at 4 weeks.



On average, people taking TRIKAFTA began the study with a score of 70.6 points.

Respiratory symptoms were measured using a tool called the Cystic Fibrosis Questionnaire-Revised (CFQ-R) Respiratory Domain score.

The average increase in CFQ-R score means that, overall, the symptoms studied have improved. It does not mean there was an improvement in each symptom measured.

The study results of TRIKAFTA are an average of all people studied and differed among individuals. Your experience may be different.

IMPORTANT SAFETY INFORMATION

Before taking TRIKAFTA, tell your doctor about all of your medical conditions, including if you:

- are allergic to TRIKAFTA or any ingredients in TRIKAFTA. See the Patient Information for a list of ingredients
- have kidney problems
- have or have had liver problems
- are pregnant or plan to become pregnant. It is not known if TRIKAFTA will harm your unborn baby. You and your doctor should decide if you will take TRIKAFTA while you are pregnant
- are breastfeeding or planning to breastfeed. It is not known if TRIKAFTA passes into your breast milk. You and your doctor should decide if you will take TRIKAFTA while you are breastfeeding

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



(eleacaftor/tezaaftor/ivacaftor and ivacaftor)

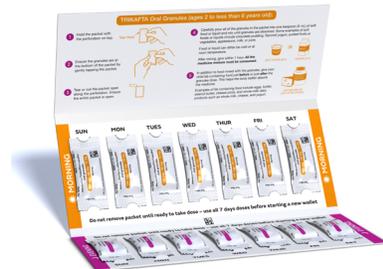
HOW DO I GIVE TRIKAFTA® ORAL GRANULES?

For children age 2 through 5 years weighing less than 14 kg (~31 lb)

For children age 2 through 5 years weighing 14 kg (~31 lb) or more

How are TRIKAFTA oral granules packaged?

Each carton of TRIKAFTA has 56 oral granule packets, organized in 4 weekly wallets. Each wallet has 1 packet for the morning (eleacaftor/tezaaftor/ivacaftor) and 1 packet for the evening (ivacaftor) for the 7 days of the week.



What is the recommended dose?

Your doctor will prescribe TRIKAFTA based on your loved one's age and weight.



Morning Dose



One white and blue packet
(eleacaftor 80 mg/tezaaftor 40 mg/ivacaftor 60 mg) mixed with 1 teaspoon (5 mL) of soft food or liquid and given with a fat-containing food



About 12 hours later



Evening Dose



One white and green packet
(ivacaftor 59.5 mg) mixed with 1 teaspoon (5 mL) of soft food or liquid and given with a fat-containing food



Morning Dose



One white and orange packet
(eleacaftor 100 mg/tezaaftor 50 mg/ivacaftor 75 mg) mixed with 1 teaspoon (5 mL) of soft food or liquid and given with a fat-containing food



About 12 hours later



Evening Dose



One white and pink packet
(ivacaftor 75 mg) mixed with 1 teaspoon (5 mL) of soft food or liquid and given with a fat-containing food

Every dose matters



Make sure to give every dose of TRIKAFTA exactly as prescribed by your healthcare provider. Because the 3 components of TRIKAFTA work together to treat the underlying cause, each and every dose matters.

Talk to your healthcare provider about all of the medicines your loved one takes, as the dose of TRIKAFTA may need to be adjusted.



(ellexacaftor/tezacaftor/ivacaftor and ivacaftor)

HOW DO I PREPARE TRIKAFTA® ORAL GRANULES?

Why it's important to give your loved one fat-containing food before or after each dose

Always give your loved one food that contains fat just before or just after each dose of TRIKAFTA granules. This helps the body absorb TRIKAFTA better.

Fat-containing foods to give your loved one

- Whole milk
- Whole-milk yogurt
- Eggs
- Whole-milk cheese
- Butter
- Peanut butter
- Nuts



If you have questions about the amount or types of fat containing food to give with TRIKAFTA, talk to your care team.



Avoid foods and drinks that contain **grapefruit while taking TRIKAFTA** because they may affect the amount of TRIKAFTA in the body.

How do I prepare TRIKAFTA granules?

1. Hold the packet with the cut line on top.
2. Shake the packet gently to settle the TRIKAFTA granules.
3. Tear or cut the packet open along the cut line.
4. Carefully pour all of the TRIKAFTA granules in the packet into 1 teaspoon (5 mL) of soft food or liquid in a small container. Food or liquid should be refrigerated or at room temperature.
5. Mix the granules with the **1 teaspoon (5 mL)** of food or liquid.



Foods and liquids you can mix TRIKAFTA granules into

- Puréed fruits or vegetables
- Applesauce
- Milk
- Yogurt
- Water
- Juice

6. Give TRIKAFTA granules to your loved one **within 1 hour** of mixing with food or liquid. Make sure they take **the entire medicine** mixture.



Remember, every child is different, so be sure to talk to your healthcare provider about what foods are best for your loved one when they take TRIKAFTA granules.



(eleacaftor/tezacaftor/ivacaftor and ivacaftor)

HOW DO I TAKE TRIKAFTA® TABLETS?

For children age 6 through 11 years weighing less than 30 kg (~66 lb)

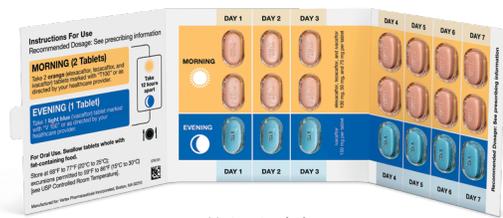
For children age 6 through 11 years weighing 30 kg (~66 lb) or more and people age 12 years and older

How are TRIKAFTA tablets packaged?

Each carton of TRIKAFTA has 4 weekly blister cards. Each blister card contains 21 tablets.



Not actual size.



Not actual size.

What is the recommended dose?

Your doctor will prescribe TRIKAFTA based on age and weight.

Morning Dose



Two light orange tablets
(eleacaftor 50 mg/tezacaftor 25 mg/ivacaftor 37.5 mg) with fat-containing food

About 12 hours later

Evening Dose



One light blue tablet
(ivacaftor 75 mg) with fat-containing food

Morning Dose



Two orange tablets
(eleacaftor 100 mg/tezacaftor 50 mg/ivacaftor 75 mg) with fat-containing food

About 12 hours later

Evening Dose



One light blue tablet
(ivacaftor 150 mg) with fat-containing food

Every dose matters



Make sure to take every dose of TRIKAFTA exactly as prescribed by your healthcare provider. Because the 3 components of TRIKAFTA work together to treat the underlying cause, each and every dose matters.

Talk to your healthcare provider about all the medicines you take, as the dose of TRIKAFTA may need to be adjusted.



(elixacaftor/tezacaftor/ivacaftor and ivacaftor)

I MISSED A DOSE—WHAT SHOULD I DO?



What to do if a morning dose was missed

If it's been **6 hours or LESS** since the morning dose is usually taken:

- **The missed dose should be taken** with fat-containing food as soon as possible
- The next dose should be taken at the usual time with fat-containing food

If it's been **MORE than 6 hours** since the morning dose is usually taken:

- **The missed dose should be taken** with fat-containing food as soon as possible
- **The evening dose should NOT be taken.** Resume regular dosing schedule the next day



What to do if an evening dose was missed

If it's been **6 hours or LESS** since the evening dose is usually taken:

- **The missed dose should be taken** with fat-containing food as soon as possible
- The next dose should be taken at the usual time with fat-containing food

If it's been **MORE than 6 hours** since the evening dose is usually taken:

- **The missed dose should NOT be taken**
- The next morning dose should be taken at the usual time with fat-containing food

Do not take more than your usual dose of TRIKAFTA® to make up for a missed dose.



Trilandia adventures: resources for you and your loved one

Take a trip to Trilandia with your loved one for stories, videos, and a game to help them learn about TRIKAFTA and sticking with a treatment routine.

Visit ExploreTrilandia.com to start your adventure.



(ellexacaftor/tezacaftor/ivacaftor
and ivacaftor)

WHAT IS THE IMPORTANT SAFETY INFORMATION?



What should I tell my doctor about my medical conditions before starting TRIKAFTA®?

Before taking TRIKAFTA, tell your doctor about all of your medical conditions, including if you:



are allergic to TRIKAFTA or any ingredients in TRIKAFTA. See the Patient Information for a list of ingredients



have kidney problems



have or have had liver problems



are pregnant or plan to become pregnant. It is not known if TRIKAFTA will harm your unborn baby. You and your doctor should decide if you will take TRIKAFTA while you are pregnant



are breastfeeding or planning to breastfeed. It is not known if TRIKAFTA passes into your breast milk. You and your doctor should decide if you will take TRIKAFTA while you are breastfeeding



Are there any other medicines that may interact with TRIKAFTA?

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

TRIKAFTA may affect the way other medicines work, and other medicines may affect how TRIKAFTA works. The dose of TRIKAFTA may need to be adjusted when taken with certain medicines. Ask your doctor or pharmacist for a list of these medicines if you are not sure.

Especially tell your doctor if you take:

- antibiotics such as rifampin (RIFAMATE®, RIFATER®) or rifabutin (MYCOBUTIN®)
- seizure medicines such as phenobarbital, carbamazepine (TEGRETOL®, CARBATROL®, EQUETRO®), or phenytoin (DILANTIN®, PHENYTEK®)
- St. John's wort
- antifungal medicines including ketoconazole, itraconazole (such as SPORANOX®), posaconazole (such as NOXAFIL®), voriconazole (such as VFEND®), or fluconazole (such as DIFLUCAN®)
- antibiotics including telithromycin, clarithromycin (such as BIAXIN®), or erythromycin (such as ERY-TAB®)



What should I avoid while taking TRIKAFTA®?



Avoid food or drink that contains grapefruit while you are taking TRIKAFTA



What are the possible side effects of TRIKAFTA?

TRIKAFTA can cause serious side effects, including:



Liver damage and worsening of liver function in people with severe liver disease that can be serious and may require transplantation. Liver damage has also happened in people without liver disease



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. Your doctor will do blood tests to check your liver:

- before you start TRIKAFTA
- every 3 months during your first year of taking TRIKAFTA
- every year while you are taking TRIKAFTA

Your doctor may do blood tests to check the liver more often if you have had high liver enzymes in your blood in the past.

Call your doctor right away if you have any of the following symptoms of liver problems:

- pain or discomfort in the upper right stomach (abdominal) area
- loss of appetite
- yellowing of your skin or the white part of your eyes
- nausea or vomiting
- dark, amber-colored urine



Serious allergic reactions have happened to people who are treated with TRIKAFTA. Call your healthcare provider or go to the emergency room right away if you have any symptoms of an allergic reaction. Symptoms of an allergic reaction may include:

- rash or hives
- swelling of the face, lips, and/or tongue, or difficulty swallowing
- tightness of the chest or throat or difficulty breathing
- light-headedness or dizziness



Abnormality of the eye lens (cataract), which has happened in some children and adolescents treated with TRIKAFTA. If you are a child or adolescent, your doctor should perform eye examinations before and during treatment with TRIKAFTA to look for cataracts

**Your healthcare provider will monitor you for side effects.
Be sure to call your healthcare provider if you have any questions.**



What were the most common side effects seen with TRIKAFTA®?

This information is based on what was reported in a study of people age 12 years and older with one copy of the F508del mutation and another mutation defined in the study (Study 1).*

Most common side effects experienced in a 24-week study in people taking TRIKAFTA compared with those taking placebo

Side effect	TRIKAFTA (n=202)	Placebo (n=201)	Side effect	TRIKAFTA (n=202)	Placebo (n=201)
Headache	17%	15%	Increase in a blood enzyme called creatine phosphokinase (CPK) [‡]	9%	4%
Upper respiratory tract infection (common cold)	16%	12%	Increase in a liver enzyme called aspartate aminotransferase (AST) [†]	9%	2%
Stomach (abdominal) pain	14%	9%	Runny nose	8%	3%
Diarrhea	13%	7%	Stuffy nose	7%	5%
Rash	10%	5%	Flu (influenza)	7%	1%
Increase in a liver enzyme called alanine aminotransferase (ALT) [†]	10%	3%	Inflamed sinuses	5%	4%
Nasal congestion	9%	7%	Increase in blood bilirubin [‡]	5%	1%

The safety of TRIKAFTA observed in children with CF age 6 through 11 years (Study 3) and age 2 through 5 years (Study 4) was similar to what was observed in the study of people with CF age 12 years and older (Study 1[§]).

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of TRIKAFTA. For more information, ask your doctor or pharmacist. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

The side effects listed here were experienced by at least 5% of patients taking TRIKAFTA. Additionally, they occurred at least 1% more often in those taking TRIKAFTA compared to those taking placebo.

[†]Mutations that either do not make a CFTR protein or make a protein that is not responsive to ivacaftor and tezacaftor/ivacaftor.

[‡]Elevated levels of these blood tests could mean there is liver irritation or injury.

[‡]This enzyme is measured to help determine if there has been irritation to muscles.

[§]These people had one copy of the F508del mutation and another mutation defined in the study.

Information for SYMDEKO® (tezacaftor/ivacaftor and ivacaftor) is included below because SYMDEKO was studied in comparison with TRIKAFTA® (elexacaftor/tezacaftor/ivacaftor and ivacaftor) in people who have two copies of the F508del mutation (Study 2).

What is SYMDEKO?

SYMDEKO is a prescription medicine used for the treatment of cystic fibrosis (CF) in patients age 6 years and older who have two copies of the F508del mutation, or who have at least one mutation in the CF gene that is responsive to treatment with SYMDEKO.

Talk to your doctor to learn if you have an indicated CF gene mutation.

It is not known if SYMDEKO is safe and effective in children under 6 years of age.

IMPORTANT SAFETY INFORMATION

Before taking SYMDEKO, tell your doctor about all of your medical conditions, including if you:

- have or have had liver problems
- are allergic to SYMDEKO or any ingredients in SYMDEKO. See the Patient Information for a list of ingredients
- have kidney problems
- are pregnant or plan to become pregnant. It is not known if SYMDEKO will harm your unborn baby. You and your doctor should decide if you will take SYMDEKO while you are pregnant
- are breastfeeding or planning to breastfeed. It is not known if SYMDEKO passes into your breast milk. You and your doctor should decide if you will take SYMDEKO while you are breastfeeding

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

SYMDEKO may affect the way other medicines work and other medicines may affect how SYMDEKO works. The dose of SYMDEKO may need to be adjusted when taken with certain medicines. Ask your doctor or pharmacist for a list of these medicines if you are not sure.

Especially tell your doctor if you take:

- antibiotics such as rifampin (RIFAMATE®, RIFATER®) or rifabutin (MYCOBUTIN®)
- seizure medicines such as phenobarbital, carbamazepine (TEGRETOL®, CARBATROL®, EQUETRO®), or phenytoin (DILANTIN®, PHENYTEK®)
- St. John's wort
- antifungal medicines such as ketoconazole, itraconazole (such as SPORANOX®), posaconazole (such as NOXAFIL®), voriconazole (such as VFEND®), or fluconazole (such as DIFLUCAN®)
- antibiotics such as telithromycin, clarithromycin (such as BIAXIN®), or erythromycin (such as ERY-TAB®)

What should I avoid while taking SYMDEKO?

- SYMDEKO can cause dizziness in some people who take it. If you experience dizziness, do not drive or operate machines until symptoms improve.
- Avoid food or drink that contains grapefruit while you are taking SYMDEKO

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

IMPORTANT SAFETY INFORMATION for SYMDEKO® (Continued)

What are the possible side effects of SYMDEKO?

SYMDEKO can cause serious side effects, including:

- **High liver enzymes in the blood** have been reported in people treated with SYMDEKO or treated with ivacaftor alone. Your doctor will do blood tests to check your liver:
 - before you start SYMDEKO
 - every 3 months during your first year of taking SYMDEKO
 - every year while you are taking SYMDEKO

Your doctor may do blood tests to check the liver more often if you have had high liver enzymes in your blood in the past.

Call your doctor right away if you have any of the following symptoms of liver problems:

- pain or discomfort in the upper right stomach (abdominal) area
 - yellowing of your skin or the white part of your eyes
 - loss of appetite
 - nausea or vomiting
 - dark, amber-colored urine
- **Serious allergic reactions** have happened to people who are treated with SYMDEKO. Call your doctor or go to the emergency room right away if you have any symptoms of an allergic reaction. Symptoms of an allergic reaction may include:
 - rash or hives
 - tightness of the chest or throat or difficulty breathing
 - light-headedness or dizziness
 - **Abnormality of the eye lens (cataract)** has happened in some children and adolescents treated with SYMDEKO or with ivacaftor alone. If you are a child or adolescent, your doctor should perform eye examinations before and during treatment with SYMDEKO to look for cataracts

The most common side effects of SYMDEKO include headache, nausea, sinus congestion, and dizziness.

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all the possible side effects of SYMDEKO. Call your doctor for medical advice about side effects.

You may report side effects to FDA at 1-800-FDA-1088.



We're here to help you get there

Wherever life with cystic fibrosis (CF) takes you, Vertex GPS™: Guidance & Patient Support is here to help. We offer personalized, one-on-one support to help you start and stay on track with treatment. Once you're enrolled, you'll be assigned a dedicated Support Specialist who will be with you every step of the way.

Here are just some of the ways your Support Specialist can help:



Get you started on treatment by verifying your coverage and out-of-pocket costs with your **insurance company**. They'll also connect with your **healthcare provider** to discuss any requirements or questions your insurance company may have while determining coverage.



Help you explore financial assistance options, regardless of your insurance coverage. And if you have commercial insurance, the Vertex GPS Co-pay Assistance Program may be able to lower your co-pay to as little as \$0 per fill.*

*Eligibility restrictions and limitations apply. Annual assistance is limited to a maximum of \$20,000.



Keep you on track with your treatment by coordinating shipments with your **specialty pharmacy** and reminding you when it's time to refill your Vertex medicine. And if your daily routine changes, they can help you pre-plan refills, ship your medicine to a new address, and share tips to help you stay motivated.



Meet your everyday needs with information on nutrition and tips for staying physically active and maintaining a healthy mindset. And if you're caring for someone with CF, they'll send educational resources to help you teach your loved one about the importance of their daily treatment routine.



Plan for what's ahead as you approach big life changes. They can help you prepare for your next chapter and give you tips on staying on track with treatment. They can also share advice from others living with CF.



Not enrolled in Vertex GPS?

If you have been prescribed a Vertex medicine, ask your healthcare provider to complete an enrollment form for you.



Already enrolled?

If you are currently enrolled in GPS, you can call or text your Support Specialist at **1-877-752-5933 (press 2 when calling)**, Monday through Friday, from 8:30 AM to 7 PM ET.

Discover more about GPS and the support resources available at VertexGPS.com.

Get Delicious Recipes and Food Ideas

Visit CF Recipes on Everyday-CF.com



Filter recipes by type of meal and level of difficulty



Find ways to take recipes to the next level



Explore fresh tips for when you're on the go

Everyday **CF**

Your source for fresh insights, resources, and tips for supporting your life with CF.

Everyday-CF.com is an educational website developed by Vertex Pharmaceuticals Incorporated.



(elxacaftor/tezacaftor/ivacaftor and ivacaftor)



SUMMARY OF TRIKAFTA® STUDIES

		Age 12 years and older	
		Study 1 TRIKAFTA compared to placebo	Study 2 TRIKAFTA compared to SYMDEKO® (tezacaftor/ivacaftor and ivacaftor)
On average, people taking TRIKAFTA experienced:		24-week study of F508del/ a mutation defined in the study*	4-week study of F508del/ F508del
	Improvement in lung function (FEV₁) FEV ₁ =forced expiratory volume, or how much air a person can exhale in a forced breath in 1 second	●	●
	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 their height	●	Not evaluated in this study

In a study of children with CF age 6 to 11 years (Study 3) and a separate study of children with CF age 2 to 5 years (Study 4), the safety of TRIKAFTA observed was similar to what was seen in people with CF age 12 years and older (Study 1).

IMPORTANT SAFETY INFORMATION (Continued)

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

TRIKAFTA may affect the way other medicines work, and other medicines may affect how TRIKAFTA works. The dose of TRIKAFTA may need to be adjusted when taken with certain medicines. Ask your doctor or pharmacist for a list of these medicines if you are not sure.

Additional Safety Information

TRIKAFTA can cause serious side effects, including liver damage and worsening of liver function, high liver enzymes in the blood, serious allergic reactions, and abnormality of the eye lens (cataract).

To learn more about the studies' designs and results, see pages 6 through 17.

*Mutations that either do not make a CFTR protein or make a protein that is not responsive to ivacaftor and tezacaftor/ivacaftor.

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

To learn more, talk to your healthcare provider and visit [TRIKAFTA.com](https://www.trikafta.com).



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