

induce this enzyme (e.g. rifampicin, carbamazepine, phenytoin and St John's wort) may reduce the efficacy of this product and their concomitant use is not recommended. Conversely, moderate and strong CYP3A4 inhibitors (e.g. fluconazole, erythromycin, ketoconazole, clarithromycin) increase concentrations of tezacaftor and ivacaftor, so daily dosing of morning and evening tablets may need to be reduced. Grapefruit and Seville oranges should also be avoided. As ivacaftor may inhibit CYP2C9, co-administered warfarin concentrations could be affected. Similarly, tezacaftor/ivacaftor may affect concomitant glimepiride and glipizide concentrations so caution is urged.

Tezacaftor/ivacaftor improves lung function in patients with cystic fibrosis (aged 12 years or over) who are homozygous for the F508del mutation, and in those who are heterozygous for F508del and have another responsive CFTR mutation. Tezacaftor/ivacaftor seems to be more effective than ivacaftor monotherapy in the heterozygous population. It is not clear how tezacaftor/ivacaftor will compare to lumacaftor/ivacaftor, a similar combination product

made by the same company. However, tezacaftor/ivacaftor does appear to have fewer drug interactions.

TT [manufacturer provided additional useful information](#)

REFERENCES

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2. Rowe SM, Daines C, Ringshausen FC, Kerem E, Wilson J, Tullis E, et al. Tezacaftor-ivacaftor in residual-function heterozygotes with cystic fibrosis. *N Engl J Med* 2017;377:2024-35. <https://doi.org/10.1056/NEJMoa1709847>

The Transparency Score is explained in [New drugs: transparency, Vol 37 No 1, Aust Prescr 2014;37:27](#).

At the time the comment was prepared, information about this drug was available on the websites of the [Food and Drug Administration](#) in the USA, the [European Medicines Agency](#) and the [Therapeutic Goods Administration](#).

A:

ANSWERS TO SELF-TEST QUESTIONS

- 1 False 2 False

Correction

Blood pressure: at what level is treatment worthwhile? [Correction]

Aust Prescr 2019;42:175

<https://doi.org/10.18773/austprescr.2019.062>

The article on blood pressure treatment ([Aust Prescr 2019;42:127-30](#)) has been corrected. [View corrected article](#).

A conflict-of-interest declaration, received after the original article was published, was received for Vlado Perkovic. It reads:

Vlado Perkovic has served on steering committees, advisory boards, or given scientific presentations supported by Abbvie, Astellas, Astra Zeneca, Bayer, Baxter, MBS, Boehringer Ingelheim, Dimerix, Durect, Eli Lilly, Gilead, GSK, Janssen, Merck, Metavant, Mitsubishi Tanabe, Mundipharma, Novartis, Novo Nordisk, Pfizer, Pharmalink, Relypsa, Retrophin, Sanofi, Servier, Vifor and Tricida.

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