

When treating ATTR-CM

Starting early may make a difference



IN ATTRibute-CM

Attruby demonstrated a significant reduction in the combination of ACM and CVH at Month 30 ($P=0.018$, F-S test)^{1,2}

3 MONTHS

observable difference
in time to first event
(ACM or CVH)¹

42% RRR

in the composite of ACM
and recurrent CVH in
a post hoc analysis^{3*}

50% RRR

in CVH frequency²
The mean number of CVH events
was 0.3 per year for Attruby-treated
patients compared with 0.6 per year
for placebo¹

ATTRibute-CM Study Design

Attruby was assessed in adults with variant or wild-type cardiac amyloidosis for efficacy (N=611) and safety (N=632) over 30 months in a phase 3, randomized (2:1), double-blind, placebo-controlled study.[†] Concomitant tafamidis use was allowed after 12 months. The primary endpoint was a 4-part hierarchical composite (ACM, CVH, CFB in NT-proBNP, CFB in 6MWD). Secondary endpoints included CVM and CVH.^{1,2‡}

POST HOC EXPLORATORY ANALYSIS

Attruby showed an observable difference
in cumulative CV outcomes[§] at 1 month⁴

1 MONTH

numerical difference
in mean cumulative CV
outcomes compared
with placebo⁴

49% RISK REDUCTION

in total CV outcomes[§] with
Attruby vs placebo at Month 30
(HR: 0.51; 95% CI: 0.43-0.62;
nominal $P<0.0001$)⁴

**53 CV OUTCOMES
AVOIDED**

per 100 treated participants
at Month 30 as estimated
by a modified Andersen-Gill
model (95% CI: 29-79)⁴



**EARLY ACTION
MATTERS**

~20%

of cumulative CV outcomes had
already occurred within 6 months
in the mITT population of ATTRibute-CM⁴

This analysis is descriptive and exploratory in nature. Results are limited by small sample size and not adjusted for multiplicity.

*RRR was calculated using the negative binomial regression model. The total number of events for Attruby compared with placebo (2:1 randomized) was 79 vs 52 for ACM, respectively, and 182 vs 170 for CVH, respectively.³

[†]Efficacy assessment included 611 participants in the prespecified mITT population (eGFR ≥ 30 mL/min/1.73 m²). A total of 632 patients underwent randomization. Of these patients, 21 who had stage 4 CKD were excluded from the primary analysis in the mITT population.¹

[‡]Prespecified, non-alpha protected.^{2,5}

[§]CV outcomes defined as cumulative CVM or recurrent CVH; there were no CVM events at month 1.⁴

6MWD=6-minute walk distance; ACM=all-cause mortality; ATTR-CM=transthyretin amyloid cardiomyopathy; CFB=change from baseline; CKD=chronic kidney disease; CV=cardiovascular; CVH=cardiovascular-related hospitalization; CVM=cardiovascular-related mortality; eGFR=estimated glomerular filtration rate; F-S test=Finkelstein-Schoenfeld test; HR=hazard ratio; mITT=modified intent-to-treat; NT-proBNP=N-terminal pro-B-type natriuretic peptide; RRR=relative risk reduction.

INDICATION

Attruby® (acoramidis) is indicated for the treatment of the cardiomyopathy of wild-type or variant transthyretin-mediated amyloidosis (ATTR-CM) in adults to reduce cardiovascular death and cardiovascular-related hospitalization.

IMPORTANT SAFETY INFORMATION

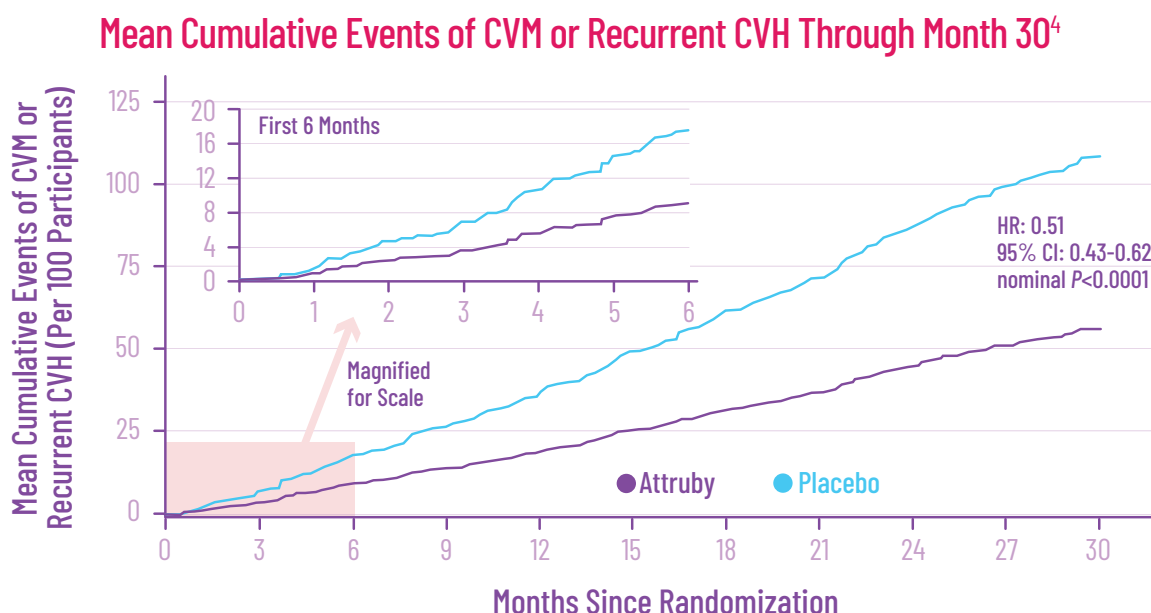
Adverse Reactions

Diarrhea (11.6% vs 7.6%) and upper abdominal pain (5.5% vs 1.4%) were reported in patients treated with Attruby versus placebo, respectively. The majority of these adverse reactions were mild and resolved without drug discontinuation.

Discontinuation rates due to adverse events were similar between patients treated with Attruby versus placebo (9.3% and 8.5%, respectively).

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information for Attruby.

Observed trends in CVM or recurrent CVH with Attruby



No. at Risk											
Attruby	409	407	401	393	385	369	365	358	344	336	0
Placebo	202	201	198	196	188	188	183	175	166	156	0

This analysis is descriptive and exploratory in nature. Results are limited by small sample size and not adjusted for multiplicity.



Discontinuations due to adverse events were similar for Attruby (9.3%) and placebo (8.5%)¹



SCAN FOR THE FULL ARTICLE
Effect of Acoramidis on Recurrent and Cumulative Cardiovascular Outcomes in ATTR-CM: Exploratory Analysis From ATTRIBUTE-CM

ATTR-CM=transthyretin amyloid cardiomyopathy; CVH=cardiovascular-related hospitalization; CVM=cardiovascular-related mortality; HR=hazard ratio.

REFERENCES: 1. Attruby. Prescribing information. BridgeBio Pharma, Inc.; 2024. 2. Gillmore JD, Judge DP, Cappelli F, et al. Efficacy and safety of acoramidis in transthyretin amyloid cardiomyopathy. *N Engl J Med*. 2024;390(2):132-142. doi:10.1056/NEJMoa2305434 3. Judge DP, Alexander KM, Cappelli F, et al. Efficacy of acoramidis on all-cause mortality and cardiovascular hospitalization in transthyretin amyloid cardiomyopathy. *J Am Coll Cardiol*. 2025;85(10):1003-1014. doi:10.1016/j.jacc.2024.11.042 4. Masri A, Judge DP, Ruberg FL, et al. Effect of acoramidis on recurrent and cumulative cardiovascular outcomes in ATTR-CM: exploratory analysis from ATTRIBUTE-CM. *J Am Coll Cardiol*. Published online September 28, 2025. doi:10.1016/j.jacc.2025.09.013 5. Data on file. BridgeBio Pharma, Inc.; 2024-2025.

IMPORTANT SAFETY INFORMATION (cont'd)

Laboratory Tests

Mean increase in serum creatinine of 0.2 and 0.0 mg/dL and a mean decrease in eGFR of 8.2 and 0.7 mL/min/1.73 m² was observed in the adults with ATTR-CM treated with Attruby versus placebo, respectively, at Day 28 and then stabilized. These changes were reversible after treatment discontinuation.

Use in Specific Populations

Pregnancy & Lactation: There are no data on the use of Attruby in pregnant women. Animal data have not shown developmental risk associated with the use of Attruby in pregnancy. There are no available data on the presence of Attruby in either human or animal milk or the effects of the drug on the breastfed infant or maternal milk production.

Please see additional Important Safety Information throughout and accompanying Full Prescribing Information for Attruby.



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