

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

216540Orig1s000

Trade Name: **ATTRUBY**

***Generic or Proper
Name:*** **acoramidis**

Sponsor: **BridgeBio Pharma Inc.**

Approval Date: **November 22, 2024**

Indication: **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**

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APPROVAL LETTER



NDA 216540

NDA APPROVAL

BridgeBio Pharma, Inc.
Attention: Stuart Heminway
Senior Vice President, Regulatory Affairs
1800 Owens St., Suite C-1200
San Francisco, CA 94158

Dear Stuart Heminway:

Please refer to your new drug application (NDA) dated November 29, 2023, received November 29, 2023, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Attruby (acoramidis) tablets.

This NDA provides for the use of Attruby (acoramidis) tablets 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.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.¹ Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information, Patient Package Insert) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.²

The SPL will be accessible via publicly available labeling repositories.

¹ <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

² We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *SPL Standard for Content of Labeling Technical Qs & As*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved NDA 216540.**” Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for Attruby (acoramidis) tablets shall be 30 months from the date of manufacture when stored at 25 °C.

ADVISORY COMMITTEE

Your application for Attruby was not referred to an FDA advisory committee because the application did not raise significant public health questions on the role of the drug in the diagnosis, cure, mitigation, treatment, or prevention of a disease.

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to identify an unexpected serious risk of pregnancy and maternal complications, adverse effects on the developing fetus and neonate, and adverse effects on the infant.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess this serious risk.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following study:

- 4726-1 Conduct a worldwide descriptive study that collects prospective and retrospective data in women exposed to acoramidis during pregnancy or lactation to assess risk of pregnancy and maternal complications, adverse effects on the developing fetus and neonate, and adverse effects on the infant. Infant outcomes will be assessed through at least the first year of life. The minimum number of patients will be specified in the protocol.

The timetable you submitted on November 7, 2024, states that you will conduct this study according to the following schedule:

Draft Protocol Submission:	05/2025
Final Protocol Submission:	11/2025
Study/Trial Completion:	11/2034
Interim #1:	11/2028
Interim #2:	11/2031
Final Report Submission:	05/2035

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.³

Finally, we have determined that only a clinical trial (rather than a nonclinical or observational study) will be sufficient to identify an unexpected serious risk of increased exposure to acoramidis in patients with hepatic impairment and drug-drug interactions that increase exposure to acoramidis or other drugs.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following trials:

- 4726-2 Conduct a clinical pharmacokinetic study to evaluate the effect of mild, moderate and severe hepatic impairment on the pharmacokinetics of acoramidis. Transthyretin (TTR) concentration should be measured in all subjects.

The timetable you submitted on October 30, 2024 and November 7, 2024, states that you will conduct this trial according to the following schedule:

³ See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act* (October 2019).
<https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

Draft Protocol Submission: 06/2025

Final Protocol Submission: 09/2025

Trial Completion: 05/2026

Final Report Submission: 08/2026

- 4726-3 Conduct a clinical pharmacokinetic study to evaluate the effect of repeated doses of acoramidis on the pharmacokinetics of a CYP2C9 substrate.

The timetable you submitted on October 30, 2024 and November 7, 2024, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission: 04/2025

Final Protocol Submission: 06/2025

Trial Completion: 11/2025

Final Report Submission: 01/2026

- 4726-4 Conduct a clinical pharmacokinetic study to evaluate the effect of repeated doses of a UGT inducer (e.g., carbamazepine or phenytoin) on the pharmacokinetics of acoramidis

The timetable you submitted on October 30, 2024 and November 7, 2024, states that you will conduct this trial according to the following schedule:

Draft Protocol Submission: 04/2025

Final Protocol Submission: 06/2025

Trial Completion: 11/2025

Final Report Submission: 01/2026

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.⁴

Submit clinical protocol(s) to your IND 133574 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate:

Required Postmarketing Protocol Under 505(o), Required Postmarketing Final Report Under 505(o), Required Postmarketing Correspondence Under 505(o).

Submission of the protocol(s) for required postmarketing observational studies to your IND is for purposes of administrative tracking only. These studies do not constitute

⁴ See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act* (October 2019).

<https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

U.S. Food and Drug Administration

Silver Spring, MD 20993

www.fda.gov

clinical investigations pursuant to 21 CFR 312.3(b) and therefore are not subject to the IND requirements under 21 CFR part 312.

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to report to FDA periodically on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B(a)(1) of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B(a)(1) and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs*.⁵

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.⁶ Information and Instructions for completing the form can be found at FDA.gov.⁷

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

POST-APPROVAL FEEDBACK MEETING

New molecular entities qualify for a post-approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication

⁵ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

⁶ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁷ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

COMPENDIAL STANDARDS

A drug with a name recognized in the official United States Pharmacopeia or official National Formulary (USP-NF) generally must comply with the compendial standards for strength, quality, and purity, unless the difference in strength, quality, or purity is plainly stated on its label (see FD&C Act § 501(b), 21 USC 351(b)). FDA typically cannot share application-specific information contained in submitted regulatory filings with third parties, which includes USP-NF. To help ensure that a drug continues to comply with compendial standards, application holders may work directly with USP-NF to revise official USP monographs. More information on the USP-NF is available on USP's website⁸.

If you have any questions, please contact Maryam Changi, Regulatory Project Manager, at (240) 402-2725.

Sincerely,

{See appended electronic signature page}

Lisa Yanoff, MD
Deputy Director
Office of Cardiology, Hematology,
Endocrinology and Nephrology
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert
- Carton and Container Labeling

⁸ <https://www.uspnf.com/>

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

LISA B YANOFF
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