

Q1 2023 Results

April 27, 2023

Forward Looking Statements and Non-GAAP Financial Information

This presentation contains statements about Bristol-Myers Squibb Company's (the "Company") future financial results, plans, business development strategy, anticipated clinical trials, results and regulatory approvals that constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. All statements that are not statements of historical facts are, or may be deemed to be, forward-looking statements. Actual results may differ materially from those expressed in, or implied by, these statements as a result of various factors, including, but not limited to, (i) new laws and regulations, (ii) our ability to obtain, protect and maintain market exclusivity rights and enforce patents and other intellectual property rights, (iii) our ability to achieve expected clinical, regulatory and contractual milestones on expected timelines or at all, (iv) difficulties or delays in the development and commercialization of new products, (v) difficulties or delays in our clinical trials and the manufacturing, distribution and sale of our products, (vi) adverse outcomes in legal or regulatory proceedings, (vii) risks relating to acquisitions, divestitures, alliances, joint ventures and other portfolio actions and (viii) political and financial instability, including changes in general economic conditions. These and other important factors are discussed in the Company's most recent annual report on Form 10-K and reports on Forms 10-Q and 8-K. These documents are available on the U.S. Securities and Exchange Commission's website, on the Company's website or from Bristol-Myers Squibb Investor Relations. No forward-looking statements can be guaranteed.

In addition, any forward-looking statements and clinical data included herein are presented only as of the date hereof. Except as otherwise required by applicable law, the Company undertakes no obligation to publicly update any of the provided information, whether as a result of new information, future events, changed circumstances or otherwise.

This presentation includes certain non-generally accepted accounting principles ("GAAP") financial measures that we use to describe the Company's performance. The non-GAAP financial measures are provided as supplemental information and are presented because management has evaluated the Company's financial results both including and excluding the adjusted items or the effects of foreign currency translation, as applicable, and believes that the non-GAAP financial measures presented portray the results of the Company's baseline performance, supplement or enhance management's, analysts' and investors' overall understanding of the Company's underlying financial performance and trends and facilitate comparisons among current, past and future periods. This presentation also provides certain revenues and expenses excluding the impact of foreign exchange ("Ex-FX"). We calculate foreign exchange impacts by converting our current-period local currency financial results using the prior period average currency rates and comparing these adjusted amounts to our current-period results. Ex-FX financial measures are not accounted for according to GAAP because they remove the effects of currency movements from GAAP results.

The non-GAAP information presented herein provides investors with additional useful information but should not be considered in isolation or as substitutes for the related GAAP measures. Moreover, other companies may define non-GAAP measures differently, which limits the usefulness of these measures for comparisons with such other companies. We encourage investors to review our financial statements and publicly filed reports in their entirety and not to rely on any single financial measure. An explanation of these non-GAAP financial measures and a reconciliation to the most directly comparable financial measure are available on our website at www.bms.com/investors.

Also note that a reconciliation of forward-looking non-GAAP gross margin, non-GAAP operating expenses and non-GAAP tax rate is not provided because a comparable GAAP measure for such measures are not reasonably accessible or reliable due to the inherent difficulty in forecasting and quantifying measures that would be necessary for such reconciliation. Namely, we are not, without unreasonable effort, able to reliably predict the impact of the unwind of inventory purchase price adjustments, accelerated depreciation and impairment of property, plant and equipment and intangible assets, and stock compensation resulting from acquisition-related equity awards, or currency exchange rates. In addition, the Company believes such a reconciliation would imply a degree of precision and certainty that could be confusing to investors. These items are uncertain, depend on various factors and may have a material impact on our future GAAP results.



Q1 2023 Results



Giovanni Caforio, MD

Chairman of the Board
and Chief Executive Officer

Q1 2023 Performance

Strong Commercial Execution

Global Net Sales

Q1: ~\$11.3B (3%) YoY; (1%) Ex-FX*

In-Line Brands & New Product Portfolio:

Q1: ~\$9.3B +8% YoY; +10% Ex-FX*

Strong Financial Execution

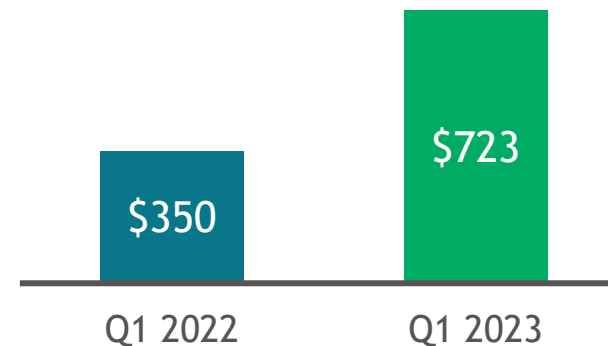
Earnings Per Share (EPS)

Q1: GAAP \$1.07, +81% YoY

Non-GAAP* \$2.05, +5% YoY

New Product Performance

\$ in millions



Revenues **more than doubled** vs prior year

2023 Guidance

Total Sales ^{1*} ~2% YoY Growth	Increased GAAP EPS*	\$4.10 - \$4.40
	Affirmed Non-GAAP EPS*	\$7.95 - \$8.25

Reflects continued top & bottom-line growth

Near-term Catalysts Across Diversified Portfolio

2023 Key Milestones				2024/2025 Key Milestones			
Opdivo (+/- Yervoy)	Early Stage: <input type="checkbox"/> Neo-adjuvant NSCLC Ph3 (CM-816) approval in EU	iberdomide	<input checked="" type="checkbox"/> Initiation of pivotal post-transplant maintenance H2H vs Revlimid	Opdivo (+/- Yervoy)	Metastatic: <input type="checkbox"/> 1L HCC Ph3 (CM-9DW) <input type="checkbox"/> 1L+ MSI High CRC Ph3 (CM-8HW)	Reblozyl	<input type="checkbox"/> 1L MF Ph3 (INDEPENDENCE)
	Metastatic <input type="checkbox"/> 1L mCRPC Ph3 (CM-7DX)		Reblozyl		<input type="checkbox"/> 1L MDS (COMMANDS) U.S. filing	cendakimab	<input type="checkbox"/> EoE Ph3
Opdualag	<input type="checkbox"/> 1L NSCLC Ph2	Sotyktu			<input checked="" type="checkbox"/> Mod-to-severe PsO EU approval <input checked="" type="checkbox"/> CD Ph2 (IM011-023) ¹ <input type="checkbox"/> UC Ph2 (IM011-127)	Sotyktu	<input type="checkbox"/> PsA Ph3
repotrectinib	<input type="checkbox"/> ROS1+ NSCLC (TRIDENT-1) U.S. filing		LPA ₁ Antagonist			<input type="checkbox"/> Initiation IPF Ph3 <input type="checkbox"/> PPF Ph2 (IM027-040)	Zeposia
Abecma	<input checked="" type="checkbox"/> 3-5L MM Ph3 (KarMMa-3) filing <input type="checkbox"/> Initiation NDMM Ph3 (KarMMa-9)	Camzyos			<input type="checkbox"/> oHCM EU approval ²		
	Breyanzi		<input type="checkbox"/> 2L TE LBCL EU approval <input checked="" type="checkbox"/> 3L+ CLL Ph1/2 (TRANSCEND-CLL) <input type="checkbox"/> 3L+ FL Ph2 (TRANSCEND-FL)			LIBREXIA (milvexian)	<input checked="" type="checkbox"/> Initiation Ph3 program ³
alnuctamab BCMA TCE		<input type="checkbox"/> Initiation MM Ph3					

New Product Portfolio Significantly De-Risked with Important Catalysts Ahead

Key Milestones

Beyond

- Camzyos nHCM
- Sotyktu SLE
- Opdualag 1L NSCLC
- Opdualag Adj. Mel
- Opdualag 2L+ MSS CRC

Planned Next 1-2 Years

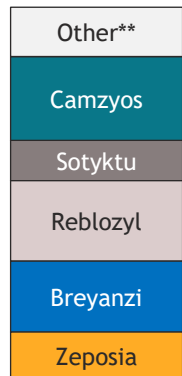
- ✓ Breyanzi 3L+ CLL
- Breyanzi 3L+ iNHL
- Reblozyl MF
- Sotyktu PsA
- Zeposia CD

Milestones Already Delivered that De-Risk 2025-2030 and Beyond

- ✓ Zeposia MS
- ✓ Abecma 5L+
- ✓ Sotyktu PsO
- ✓ Abecma 3-5L
- ✓ Reblozyl 2L TD MDS
- ✓ Zeposia UC
- ✓ Opdualag 1L Mel FDC
- ✓ Reblozyl 1L MDS
- ✓ Breyanzi 3L+ LBCL
- ✓ Camzyos oHCM
- ✓ Breyanzi 2L LBCL
- ✓ Onureg AML maint.

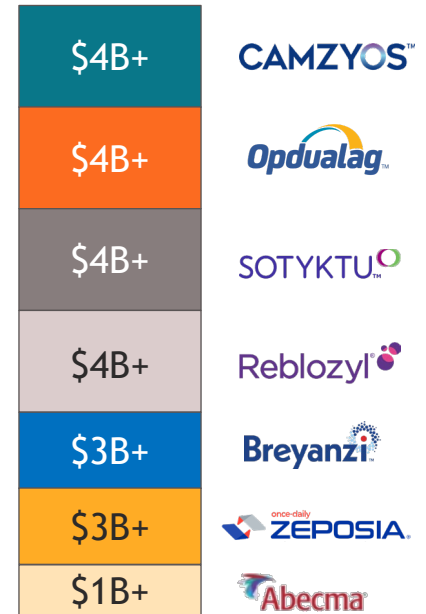
\$10B - \$13B

Risk-Adjusted Sales



2025

\$25B+
Non-Risk Adjusted*



2030

Milestones represent data readouts unless otherwise specified;
subject to positive registrational trials and health authority approval

Q1 2023 Results

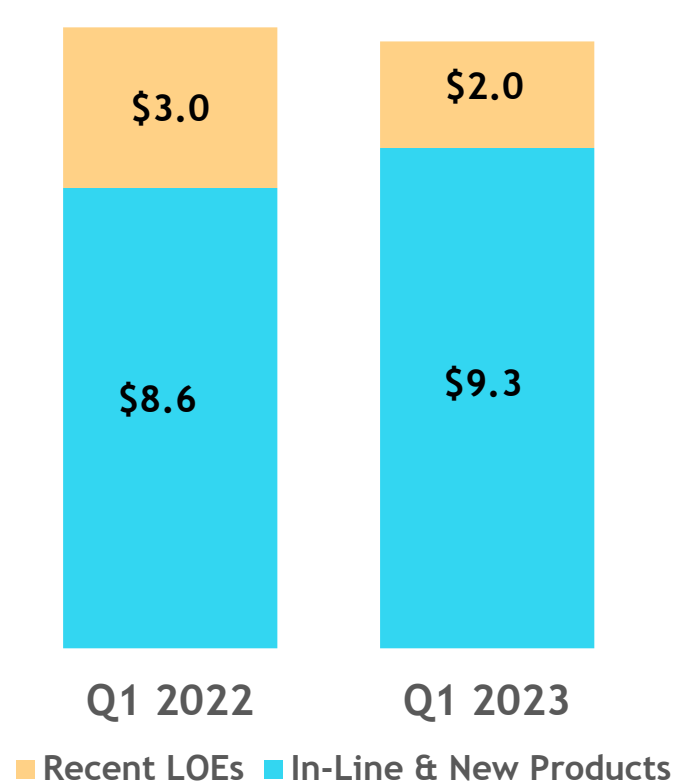


David Elkins

Executive Vice President
and Chief Financial Officer

Strong Total Company Performance

Total Company Sales ~\$11.3B
(3%) YoY, (1%) Ex-FX*



\$B	Q1 Net Sales ¹	YoY %	Ex-FX* %
Total Company	\$11.3	(3%)	(1%)
In-Line Products	\$8.6	+4%	+6%
New Product Portfolio	\$0.7	**	**
In-Line Products & New Product Portfolio	\$9.3	+8%	+10%
Recent LOEs ²	\$2.0	(34%)	(33%)

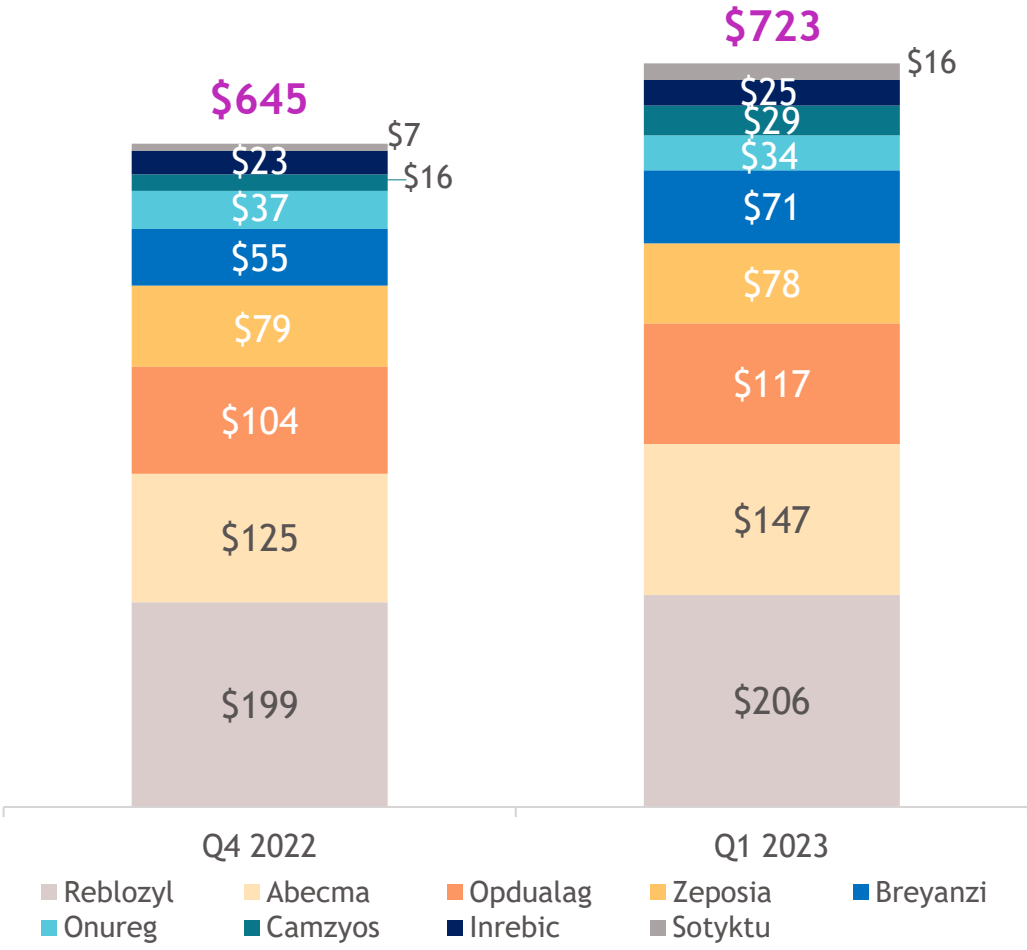
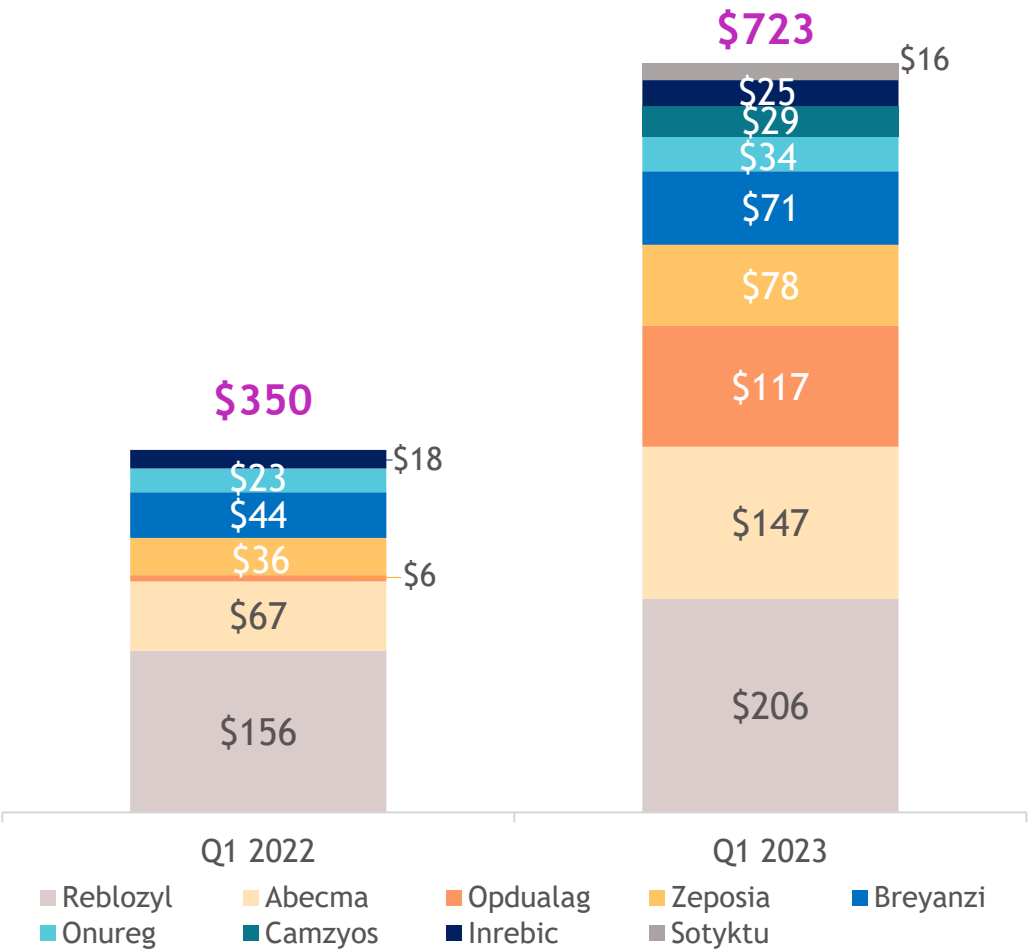
New Product Portfolio Sales Performance

Revenues more than doubled vs prior year

+12% or +11% Ex-FX* growth vs prior quarter





\$ in millions

\$ in millions



Q1 2023 Solid Tumor Product Summary

Q1 Global Net Sales

	\$M	YoY %	Ex-FX* %
 <small>INJECTION FOR INTRAVENOUS USE 10 mg/mL</small>	\$2,202	+15%	+17%
 <small>INJECTION FOR INTRAVENOUS INFUSION</small>	\$508	(1%)	+2%
 <small>INJECTION FOR INTRAVENOUS USE 480 mg/160 mg</small>	\$117	**	**
	\$239	+12%	+14%

**In excess of +100%

Opdivo


- U.S. growth driven by demand in 1L lung, upper GI indications & adj. bladder cancer
- Ex-U.S. growth from 1L lung & upper GI indications

Opdualag

- 3rd approved I-O agent; potential to be a new SOC in 1L melanoma
- U.S. growth driven by strong demand; >20% market share¹ in 1L melanoma


Q1 2023 Cardiovascular Product Summary

Q1 Global Net Sales

	\$M	YoY %	Ex-FX* %
 Eliquis apixaban	\$3,423	+7%	+8%

Best-in-class & leading OAC within category

- U.S. robust underlying demand strength
- Ex-U.S. continues to be #1 OAC in key international markets; impacted by some generic entry (UK & Canada) & pricing measures

	\$M	YoY %	Ex-FX* %
 CAMZYOS (mavacamten) capsules	\$29	---	---


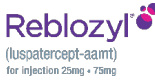




First-in-class myosin inhibitor

- U.S. increase in total treated & commercial dispensed patients
 - VALOR: U.S. PDUFA date June 16, 2023
- EU CHMP Positive Opinion in oHCM; approval expected mid-year

	As of Dec 31, 2022 ¹	As of March 31, 2023 ¹
REMS Certified HCPs	~2600	~3200
Patients in hub	~1800	~2700
Patients on commercial drug	~900	~1500

Q1 2023 Hematology Product Summary

Q1 Global Net Sales¹

	\$M	YoY %	Ex-FX* %
 <small>(lenalidomide) capsules</small>	\$1,750	(37%)	(37%)
 <small>(pomalidomide) capsules</small>	\$832	+1%	+2%
 <small>dasatinib 800 mg capsules</small>	\$429	(11%)	(9%)
 <small>(lusatercept-aamt) for injection 25mg + 75mg</small>	\$206	+32%	+33%
 <small>(idecabtagene vicleucel)</small>	\$147	**	**
 <small>(lisocabtagene maraleucel)</small>	\$71	+61%	+66%
 <small>(azacitidine) tablets 100mg + 200mg</small>	\$34	+48%	+52%
 <small>(fedratinib) capsules 100mg</small>	\$25	+39%	+39%

**In excess of +100%

Revlimid - Impact from Gx entry; FY 2023 revenue projection of ~\$6.5B

Pomalyst - Growth driven by demand for triplet-based regimens in earlier lines & favorable buying patterns ex-U.S.

Reblozyl

- U.S. demand growth & progress in patient adherence
- Continued expansion in international markets based on reimbursement timing

Abecma - Strong demand supported by increased manufacturing capacity


- KarMMA-3: U.S. PDUFA date December 16, 2023; filed in EU & Japan

Breyanzi - Strong 2L/3L+ demand supported by increased manufacturing capacity

- EU CHMP Positive Opinion in 2L LBCL

Q1 2023 Immunology Product Summary

Q1 Global Net Sales

	\$M	YoY %	Ex-FX* %
 ORENCIA [®] (abatacept)	\$764	(4%)	(1%)
 ZEPOSIA [®] (ozanimod) 0.52 mg capsules	\$78	**	**

**In excess of +100%

Zeposia

- Growth from demand in MS & expanding contribution from UC
- Continued focus on improving formulary access
- Expansion in international markets based on reimbursement timing

	\$M	YoY %	Ex-FX* %
 SOTYKTU [™] (deucravacitinib) 6 mg tablets	\$16	---	---

First-in-class selective allosteric TYK2 inhibitor

- U.S. continued strong early adoption; significant demand growth in Q1
- Focused on driving demand to enable broader access in 2024

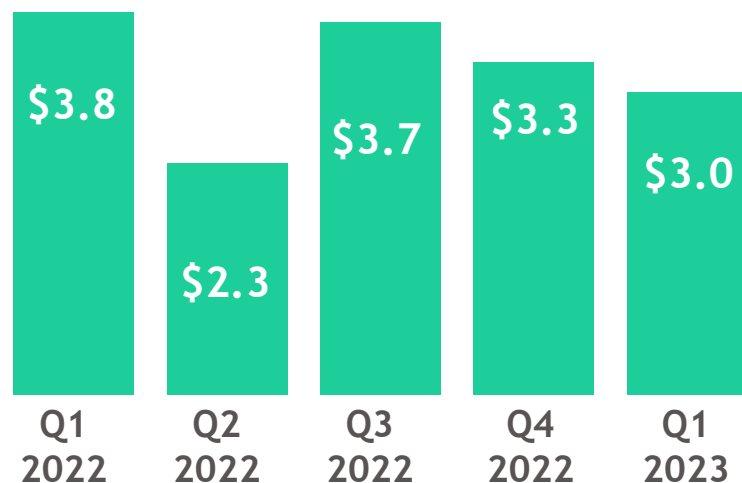
	As of Dec 31, 2022 ¹	As of March 31, 2023 ¹
Volume	>2000 TRx Equivalent	>9500 TRx Equivalent ²
Market Share ³	~25-30%	Mid-30s%
Source of Business	<ul style="list-style-type: none"> • Systemic-naïve (~1/3) • Otezla-experienced (~1/3) • Biologic-experienced (~1/3) 	Consistent with prior quarter

Q1 2023 Financial Performance

\$ in billions, except EPS	US GAAP		Non-GAAP*	
	Q1 2023	Q1 2022	Q1 2023	Q1 2022
Total Revenues, net	11.3	11.6	11.3	11.6
Gross Margin %	77.4%	78.8%	77.8%	79.2%
Operating Expenses ¹	4.1	4.1	4.0	4.0
Acquired IPR&D	0.1	0.3	0.1	0.3
Amortization of Acquired Intangibles	2.3	2.4	-	-
Effective Tax Rate	18.2%	23.9%	15.5%	15.9%
Diluted EPS	1.07	0.59	2.05	1.96
Diluted Shares Outstanding (# in millions)	2,113	2,164	2,113	2,164
Diluted EPS Impact from Acquired IPR&D ²	(0.01)	(0.10)	(0.01)	(0.10)

Balanced Approach to Capital Allocation

Cash flow from Operations \$B



\$B	Q1 2023
Total Cash*	~\$9.3B
Total Debt	~\$37.8B

Strong operating cash flow generation

Business Development

- Prioritize opportunities to further diversify portfolio & strengthen long-term outlook

Balance Sheet Strength

- Continued debt reduction
 - ~\$1.6B in debt repayments in Q1
- Maintain strong investment-grade credit rating

Returning Cash to Shareholders

- Continued annual dividend growth**
 - 14th consecutive dividend increase
- Opportunistic share repurchase
 - ~\$7B remaining authorization

2023 Guidance

	US GAAP*		Non-GAAP*
	February (Prior)	April (Revised)	April (Affirm)
Total Revenues Reported Rates	~2% increase	No Change	~2% increase
Total Revenues Ex-FX	~2% increase	No Change	~2% increase
Revlimid	~\$6.5 billion	No Change	~\$6.5 billion
Gross Margin %	~77%	No Change	~77%
Operating Expenses ¹	Mid-single digit decline	No Change	Low-single digit decline
Tax Rate	~22%	~21%	~17%
Diluted EPS	\$4.03 - \$4.33	\$4.10 - \$4.40	\$7.95 - \$8.25

Q1 2023 Results Q&A



Giovanni Caforio, MD
Chairman of the Board,
Chief Executive Officer



Chris Boerner, PhD
Executive VP,
Chief Operating Officer



David Elkins
Executive VP,
Chief Financial Officer



Samit Hirawat, MD
Executive VP,
Chief Medical Officer,
Global Drug Development

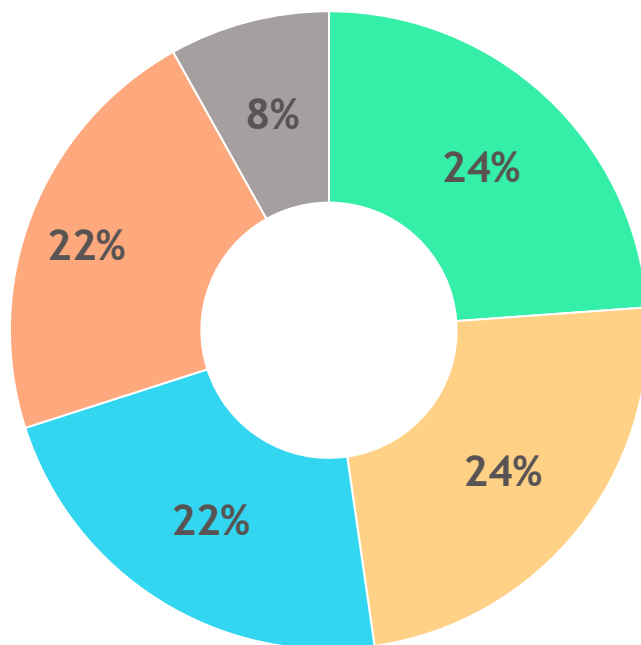
2023 Key News Flow

Asset	Timing	Asset	Timing
Opdivo EU approval in Neo-Adj. Lung EFS (CM-816)	Application under review	Reblozyl EU approval in NTD Beta-Thalassemia Associated Anemia	Approved in EU March 2023
Opdivo 1L mCRPC Ph3 (CM -7DX)	2023	Reblozyl 1L TD MDS Associated Anemia (COMMANDS) filing	Filing in 2023 Data at ASCO & EHA 2023
Opdualag Stage IV 1L NSCLC Ph2 (CA227-104)	YE 2023/2024	Sotyktu EU approval in mod-to-severe PsO POETYK PSO-1 & PSO-2	Approved in EU March 2023
repotrectinib ROS1+ NSCLC (TRIDENT-1) filing	2023	Sotyktu Crohn's Disease Ph2 (LATTICE-CD)	PoC not achieved ¹
Abecma 3-5L MM (KarMMa-3) filing	U.S. PDUFA December 16, 2023 Application under review in EU & Japan	Sotyktu Ulcerative Colitis (higher dose) Ph2 (IM011-127)	2H 2023
Breyanzi EU approval in 2L LBCL (Transplant Eligible)	CHMP Positive Opinion	LPA₁ antagonist Progressive Pulmonary Fibrosis (PPF) Ph2 (IM027-040)	2023
Breyanzi 3L+ CLL Ph1/2 (TRANSCEND-CLL)	Met primary endpoint in January 2023 Data at ASCO 2023	Camzyos EU approval in symptomatic obstructive HCM (EXPLORER-HCM)	CHMP Positive Opinion
Breyanzi 2L & 3L+ FL Ph2 (TRANSCEND-FL)	2023	Camzyos U.S. approval in obstructive HCM SRT eligible (VALOR)	U.S. PDUFA June 16, 2023

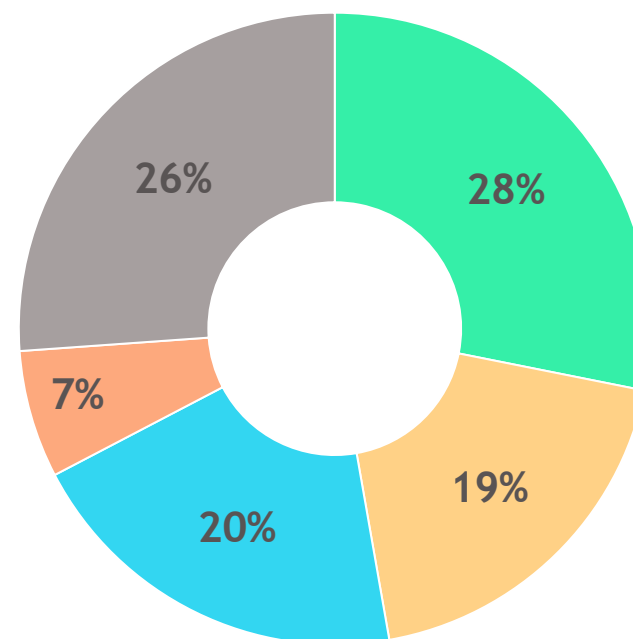
Q1 2023 Opdivo Sales Mix



U.S. Sales Mix



Ex-U.S. Sales Mix

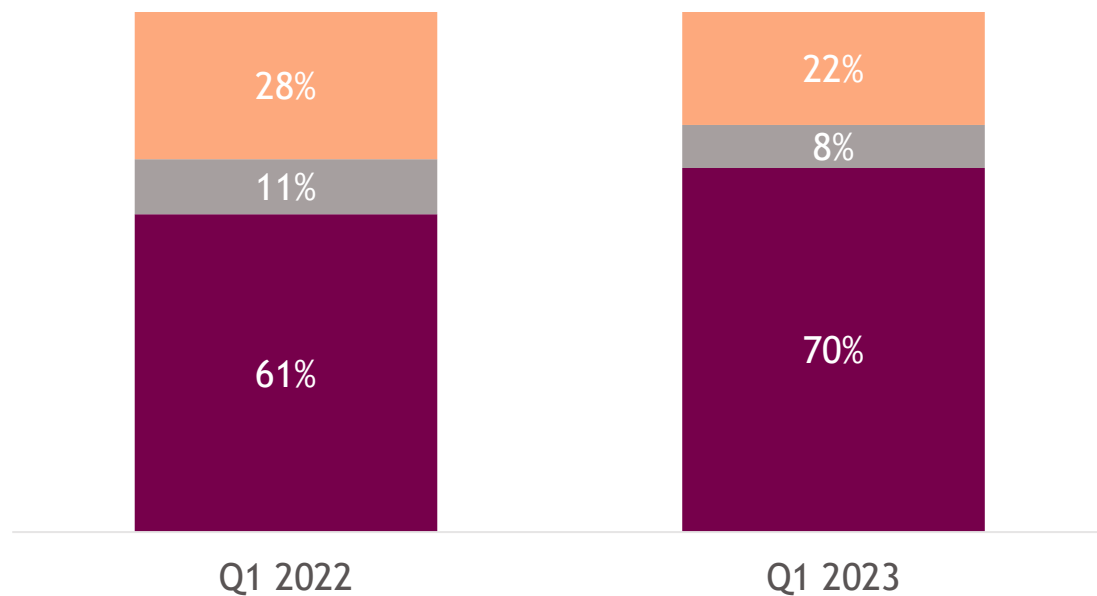


■ NSCLC ■ RCC ■ Melanoma ■ Upper GI ■ All others

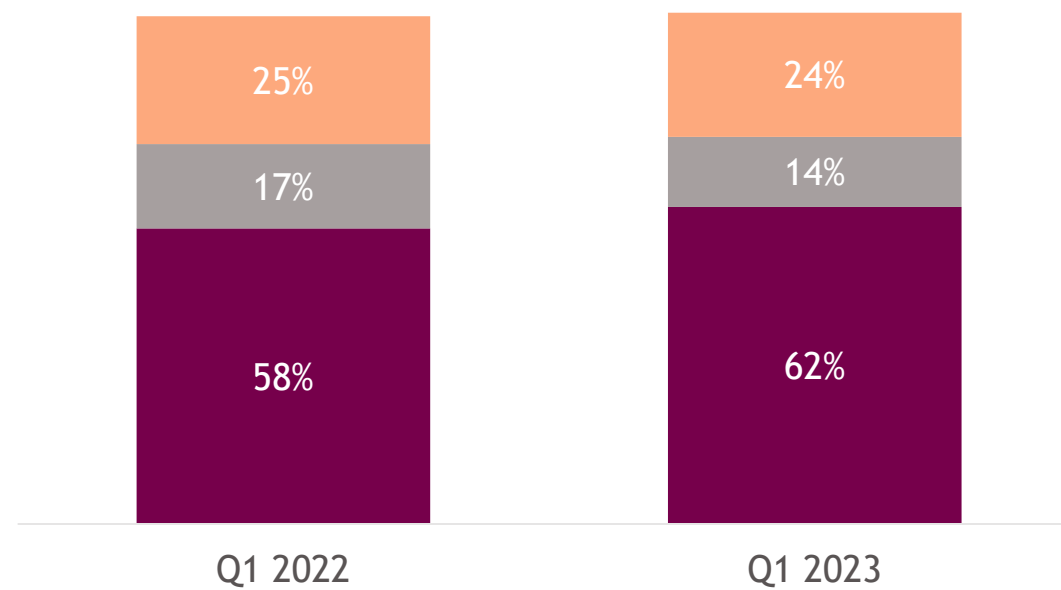
Q1 2023 Eliquis NBRx/TRx Share



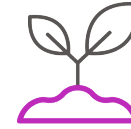
NBRx Share - US



TRx Share - US



Our ESG Achievements and Looking Ahead¹



ESG Strategy	Inclusion & Diversity	Health Equity	Environment
<ul style="list-style-type: none"> ✓ Initiated ESG materiality assessment ✓ Assessment is global and follows double materiality best practices ✓ ESG operating model to further align with company strategy 	<ul style="list-style-type: none"> ✓ Executive representation: <ul style="list-style-type: none"> • 6.1% Black/African American (VP+ in the U.S.) • 6.1% Hispanic/Latino (VP+ in the U.S.) • 49% of executives are women ✓ 58% clinical trial sites in diverse metro areas ✓ \$1B global spend on diverse-owned businesses 	<ul style="list-style-type: none"> ✓ Nearly \$100 million in distributed funding from BMS has reached more than 10 million people ✓ *BMS Foundation has distributed: <ul style="list-style-type: none"> • \$100 million to establish Robert A. Winn Diversity in Clinical Trials Award Program • \$45 million across 32 grants to advance health equity in cancer, cardiovascular disease, and immunology 	<ul style="list-style-type: none"> ✓ Exceeded GHG emission reduction target from 2% to 6% for 2022 ✓ Exceeded waste to landfill target from 5% to 37% for 2022

Looking Ahead

ESG materiality assessment results will be shared later this year

Progress on expanded **2025 I&D goals** announced earlier this year

Announced distribution of an additional **\$10 million² in grant funding to 17 U.S. organizations** focused on addressing social determinants of health

Reporting **Task Force on Climate Related Financial Disclosures (TCFD)** metrics for the first time later this year

Clinical Development Portfolio - Phase I & II

Data as of April 27th, 2023

Phase I		Phase II	
✦ AHR Antagonist**^	Solid Tumors	✦ Anti-CTLA-4 NF Probody® Therapeutic	Solid Tumors
✦ Anti-CCR8^	Solid Tumors	✦ Anti-Fucosyl GM1^	Solid Tumors
✦ Anti-ILT4^	Solid Tumors	✦ Anti-IL-8^	Solid Tumors
✦ Anti-NKG2A^	Solid Tumors	✦ Anti-TIGIT^	Solid Tumors
✦ AR-LDD	Solid Tumors	✦ BET Inhibitor (CC-90010)^	Solid Tumors
✦ Claudin 18.2 ADC	Solid Tumors	✦ farletuzumab ecteribulin	Solid Tumors
✦ CD3xPSCA Bispecific*	Solid Tumors	✦ repotrectinib	ROS1 NSCLC
✦ DGK Inhibitor	Solid Tumors		NTRK PanTumor
✦ JNK Inhibitor	Solid Tumors	OPDIVO	2L Colorectal Cancer
✦ MAGE A4/8 TCER*	Solid Tumors		Pan-Tumor TMB High
✦ NME	Solid Tumors		Solid Tumors
✦ SHP2 Inhibitor^	Solid Tumors	OPDIVO+YERVOY	2L Metastatic Castration-Resistant Prostate Cancer
✦ TGFβ Inhibitor^	Solid Tumors		Solid Tumors
✦ TIGIT Bispecific	Solid Tumors		Stage IV 1L Non-Small Cell Lung Cancer
OPDIVO	Solid Tumors	nivolumab+relatlimab	1L, 2L Hepatocellular carcinoma
OPDIVO+YERVOY	Solid Tumors		RR Non-Hodgkin's Lymphoma
✦ alnuctamab BCMA TCE	RR Multiple Myeloma	✦ A/I CELMoD (CC-99282)^	Hematologic Malignancies
✦ Anti-SIRPα	Hematologic Malignancies	✦ BET Inhibitor (BMS-986158)	1-4L+ Multiple Myeloma
✦ BCMA ADC^	RR Multiple Myeloma	ABECMA (ide-cel)	3L+ Chronic Lymphocytic Leukemia (CLL)
✦ BCMA NKE	RR Multiple Myeloma		3L+ Follicular Lymphoma (FL)
✦ BET Inhibitor (CC-90010)^	Hematologic Malignancies	BREYANZI (liso-cel)	3L+ Marginal Zone Lymphoma (MZL)
✦ CD33 NKE	RR Multiple Myeloma		3L+ Mantle Cell Lymphoma (MCL)
✦ CD47xCD20	Non-Hodgkin's Lymphoma	REBLOZYL	A-Thalassemia
✦ CK1α Degradar	Hematologic Malignancies	ONUREG	Low- or Intermediate-risk Myelodysplastic Syndrome
✦ GPRC5D CAR T	RR Multiple Myeloma	✦ Cardiac Myosin Inhibitor (MYK-224)	Obstructive Hypertrophic Cardiomyopathy
✦ GSPT1 CELMoD (CC-90009)^	RR Acute Myeloid Leukemia	✦ danicamtiv	Genetic Dilated Cardiomyopathy
A/I CELMoD (CC-99282)^	1L Diffuse Large B-cell Lymphoma	CAMZYOS	Heart Failure with preserved Ejection Fraction (HFpEF)
OPDIVO	Hematologic Malignancies		
✦ FXIa Inhibitor	Thrombotic Disorders	✦ afimeteran (TLR 7/8 Inhibitor)	Systemic Lupus Erythematosus
✦ Anti-CD40	Autoimmune Disease	✦ TYK2 Inhibitor (BMS-986322)	Moderate-to-Severe Psoriasis
✦ CD19 NEX T	Severe Refractory Systemic Lupus Erythematosus		Crohn's Disease
✦ RIPK1 Inhibitor	Autoimmune Disease		Discoid Lupus Erythematosus
✦ IL2-CD25	Autoimmune Disease		Alopecia Areata
✦ PKCθ Inhibitor	Autoimmune Disease		Ulcerative Colitis
afimeteran (TLR 7/8 Inhibitor)	Cutaneous Lupus Erythematosus	SOTYKTU	
✦ Anti-Tau*	Neuroscience		
✦ BTK Inhibitor	Neuroscience	✦ HSP47	Non-alcoholic Steatohepatitis (NASH)
✦ eIF2b Activator	Neuroscience	✦ LPA1 Antagonist	Pulmonary Fibrosis
✦ FAAH/MGLL Dual Inhibitor	Neuroscience		

* Partner-run study

✦ NME leading indication

^ Trials exploring various combinations

■ Oncology
 ■ Hematology
 ■ CV
 ■ Fibrosis
 ■ Neuroscience
 ■ Immunology

Clinical Development Portfolio - Phase III

Data as of April 27th, 2023

Phase III

✦ subcutaneous nivolumab + rHuPH20 (multi-indications)	2L Renal Cell Carcinoma
OPDIVO	Adjuvant Hepatocellular Carcinoma
	1L Metastatic Castration-Resistant Prostate Cancer
	Peri-adjuvant Muscle Invasive Urothelial Carcinoma
	Peri-adjuvant Non-Small Cell Lung Cancer
	Stage IB-IIIa Adjuvant NSCLC*
OPDIVO + YERVOY	1L Hepatocellular Carcinoma
	1L Bladder Cancer
	1L+ Microsatellite Instability High Colorectal Cancer
	Stage 3 Unresectable Non-Small Cell Lung Cancer
OPDUALAG	Adjuvant Melanoma
	2/3L+ Microsatellite Stable Metast. Colorectal Cancer
✦ subcutaneous nivolumab + relatlimab + rHuPH20	1L Melanoma
✦ iberdomide	2L+ Multiple Myeloma
	Post-Transplant Maintenance Newly Diagnosed Multiple Myeloma
✦ mezigdomide (CC-92480)	2L+ Multiple Myeloma
INREBIC	Myelofibrosis previously treated with Ruxolitinib
REBLOZYL	1L TD Myelodysplastic Syndrome Associated Anemia
	1L TD Myelofibrosis Associated Anemia
✦ milvexian (FXIa Inhibitor)	Secondary Stroke Prevention*
	Acute Coronary Syndrome*
	Atrial Fibrillation*
CAMZYOS	Non-obstructive Hypertrophic Cardiomyopathy
✦ cendakimab	Eosinophilic Esophagitis
SOTYKTU	Psoriatic Arthritis
	Systemic Lupus Erythematosus
ZEPOSIA	Crohn's Disease

Registration US, EU, JP

OPDIVO	Neoadjuvant Non-Small Cell Lung Cancer (EU)
	Adj Melanoma stage IIB/C (US, EU)
BREYANZI	2L Large B-cell Lymphoma (EU)
ABECMA (ide-cel)	3-5L Multiple Myeloma (US, EU, JP)
CAMZYOS	Obstructive Hypertrophic Cardiomyopathy (EU)
	Obstructive Hypertrophic Cardiomyopathy SRT eligible (US)

* Partner-run study

✦ NME leading indication

■ Oncology	■ Hematology	■ CV
■ Fibrosis	■ Neuroscience	■ Immunology

Development Partnerships: ABECMA (ide-cel): 2seventy bio; AHR: Ikena Oncology; Anti-Tau: Prothena; CAMZYOS in China, Singapore, Thailand, Macau, HK, Taiwan: LianBio; Claudin 18.2 ADC: LaNova Medicines; CD3xPSCA: Avencell; eIF2b Activator: Evotec; farletuzumab ecteribulin: Eisai; HSP47: Nitto Denko Corporation; rHuPH20: Halozyme; IDHIFA: Servier; MAGEA4/8 TCER: Immatics; milvexian: Janssen Pharmaceuticals, Inc.; OPDIVO, YERVOY, OPDUALAG in Japan: Ono; PKCθ Inhibitor: Exscientia; REBLOZYL: Merck; SHP2 Inhibitor: BridgeBio Pharma; TIGIT Bispecific: Agenus

Changes to the Development Pipeline - Q1 2023

	Phase I	Phase II	Phase III	Registrational Submissions (n=5)
New or Phase Transition	<ul style="list-style-type: none"> ✦ CD19 NEX T in Severe Refractory Systemic Lupus Erythematosus ✦ NME in Solid Tumors 	<ul style="list-style-type: none"> ✦ TYK2 Inhibitor (BMS-986322) in Moderate-to-Severe Psoriasis 	<ul style="list-style-type: none"> ✦ milvexian in Acute Coronary Syndrome ✦ milvexian in Atrial Fibrillation iberdomide Post-Transplant Maintenance Newly Diagnosed Multiple Myeloma 	<ul style="list-style-type: none"> OPDIVO in adjuvant melanoma (US/EU) ABECMA in 3-5L relapsed or refractory multiple myeloma (US/EU/JP)
Removed	<ul style="list-style-type: none"> ✦ LSD1 Inhibitor iberdomide in lymphoma 		<ul style="list-style-type: none"> ✦ Subcutaneous nivolumab + rHuPH20 auto-injector in adjuvant melanoma (multi-indications) 	Approvals (n=3) <ul style="list-style-type: none"> OPDIVO in neo-adjuvant NSCLC (JP) SOTYKTU in moderate-to-severe plaque psoriasis (EU) REBLOZYL β-Thalassemia NTD (EU)

✦ NME leading indication

■ Oncology
 ■ Hematology
 ■ Immunology
 ■ CV
 ■ Fibrosis
 ■ Neuroscience

Q1 2023 Late-Stage Drug Development Clinical Trials Update

Oncology	Hematology	Cell Therapy	Immunology	Cardiovascular
<u>Opdivo</u>	<u>iberdomide</u>	<u>Breyanzi</u>	<u>cendakimab</u>	<u>milvexian</u>
<u>Opdualag</u>	<u>mezigdomide</u>	<u>Abecma</u>	<u>LPA1 antagonist</u>	<u>Camzyos</u>
<u>repotrectinib</u>	<u>Reblozyl</u>		<u>Sotyktu</u>	
	<u>Onureg</u>		<u>Zeposia</u>	



Opdivo (anti-PD1)

Lung Cancer Trials

Indication	Neoadjuvant NSCLC	Peri-Adjuvant NSCLC	Stage IB-IIIA Adjuvant NSCLC	Stage III Unresectable NSCLC
Phase/Study	Phase III - CheckMate -816	Phase III - CheckMate -77T	Phase III - ANVIL Non-BMS Sponsored*	Phase III - CheckMate -73L
# of Patients	N = 505	N = 452	N = 903	N = 888
Design	<ul style="list-style-type: none"> Opdivo 360 mg Q3W for three cycles + PDCT PDCT 	<ul style="list-style-type: none"> Neoadjuvant Opdivo + PDCT followed by adjuvant Opdivo Neoadjuvant placebo + PDCT followed by placebo 	<ul style="list-style-type: none"> Opdivo Q4W Observation (patients followed serially with imaging for 1 year) 	<ul style="list-style-type: none"> Opdivo + CCRT followed by Opdivo + Yervoy Opdivo + CCRT followed by Opdivo CCRT followed by durvalumab
Endpoints	<ul style="list-style-type: none"> Primary: pCR, EFS 	<ul style="list-style-type: none"> Primary: EFS Key secondary: OS 	<ul style="list-style-type: none"> Primary: DFS, OS 	<ul style="list-style-type: none"> Primary: PFS Key secondary: OS
Status	<ul style="list-style-type: none"> Presented pCR at AACR 2021 & EFS at AACR 2022 U.S. FDA approval March 2022 & Japan PMDA approval March 2023 Application under review in EU Published in NEJM April 2022 	<ul style="list-style-type: none"> Projected data readout 2024 	<ul style="list-style-type: none"> Projected data readout 2024 	<ul style="list-style-type: none"> Projected data readout 2025
CT Identifier	<u>NCT02998528</u>	<u>NCT04025879</u>	<u>NCT02595944</u>	<u>NCT04026412</u>

*Trial conducted by NCI/ECOG





Opdivo (anti-PD1)

Early-Stage Trials

Indication	Adjuvant Melanoma	Peri-Adjuvant MIUC	Adjuvant HCC
Phase/Study	Phase III - CheckMate -76K - Stage IIB/C	Phase III - CA 017-078	Phase III - CheckMate -9DX
# of Patients	N = 790	N = 861	N = 545
Design	<ul style="list-style-type: none">Opdivo 480 mg Q4WPlacebo	<ul style="list-style-type: none">Opdivo 360 mg Q3W for four cycles + chemotherapyChemotherapy	<ul style="list-style-type: none">Opdivo 480 mg Q4WPlacebo
Endpoints	<ul style="list-style-type: none">Primary: RFSKey secondary: OS	<ul style="list-style-type: none">Primary: pCR, EFSKey secondary: OS	<ul style="list-style-type: none">Primary: RFSKey secondary: OS
Status	<ul style="list-style-type: none">Presented as Late Breaker at SMR 2022U.S. PDUFA October 13, 2023Application under review in the EU	<ul style="list-style-type: none">Projected data readout 2024	<ul style="list-style-type: none">Projected data readout 2025
CT Identifier	<u>NCT04099251</u>	<u>NCT03661320</u>	<u>NCT03383458</u>





Opdivo (anti-PD1)

Metastatic Trials

Indication

1L MIUC

1L mCRPC

Phase/Study	Phase III - CheckMate -901	Phase III - CheckMate-7DX
# of Patients	N = 1,307	N = 984
Design	<ul style="list-style-type: none">• PD-L1+ & cis-ineligible: Opdivo + Yervoy w/ Opdivo follow-up vs SOC chemotherapy• Cis-eligible: Opdivo + gemcitabine-cisplatin w/ Opdivo follow-up vs SOC chemotherapy	<ul style="list-style-type: none">• Opdivo + docetaxel + prednisone• Placebo + docetaxel + prednisone
Endpoints	<p>Primary:</p> <ul style="list-style-type: none">• PFS, OS in cis-eligible patients• OS in PD-L1+ ($\geq 1\%$) & cis-ineligible	<ul style="list-style-type: none">• Primary: rPFS, OS• Key secondary: ORR
Status	<ul style="list-style-type: none">• Recruiting• Projected data readout 2023 (cis-eligible) & 2024 (cis-ineligible)• PDL1+ did not meet primary OS endpoint	<ul style="list-style-type: none">• Projected data readout 2023
CT Identifier	<u>NCT03036098</u>	<u>NCT04100018</u>





Opdivo (anti-PD1)

Metastatic Trials

Indication	1L HCC	1L+ MSI High CRC	2L RCC SC
Phase/Study	Phase III - CheckMate -9DW	Phase III - CheckMate -8HW	Phase III - CheckMate -67T
# of Patients	N = 732	N = 831	N = 454
Design	<ul style="list-style-type: none">Opdivo + Yervoysorafenib/lenvatinib	<ul style="list-style-type: none">OpdivoOpdivo + YervoyChemotherapy	<ul style="list-style-type: none">Opdivo + rHuPH20 SCOpdivo IV
Endpoints	<ul style="list-style-type: none">Primary: OSKey secondary: ORR	<p>Primary:</p> <ul style="list-style-type: none">PFS Arm B vs. A, all linesPFS Arm B vs. C, first line <p>Key secondary: ORR, OS</p>	<p>Primary:</p> <ul style="list-style-type: none">Cavgd28 (Opdivo serum concentration)Cminss <p>Key secondary: ORR</p>
Status	<ul style="list-style-type: none">Projected data readout 2025	<ul style="list-style-type: none">Projected data readout 2024	<ul style="list-style-type: none">Projected data readout 2023
CT Identifier	NCT04039607	NCT04008030	NCT04810078





Opdualag (anti-LAG3 + anti-PD1 FDC)

Indication

Adjuvant Melanoma

1L Melanoma SC

2L/3L+ MSS mCRC

Phase/Study	Phase III - RELATIVITY-098	Phase III - RELATIVITY-127	Phase III - RELATIVITY-123
# of Patients	N = 1050	N = 814	N = 700
Design	<ul style="list-style-type: none"> • Relatlimab + nivolumab FDC 160 mg/480 mg Q4W • Nivolumab 480mg Q4W 	<ul style="list-style-type: none"> • Relatlimab + nivolumab + rHuPH20 FDC SC • Relatlimab + nivolumab FDC IV 	<ul style="list-style-type: none"> • Relatlimab + nivolumab FDC • Investigator's Choice: regorafenib or TAS-102 (trifluridine/tipiracil)
Endpoints	<ul style="list-style-type: none"> • Primary: RFS • Key secondary: OS 	Primary: <ul style="list-style-type: none"> • Cavgd28 of nivolumab; Cminss of nivolumab • Cavgd28 of relatlimab; Cminss of relatlimab <ul style="list-style-type: none"> • Key secondary: ORR 	Primary : <ul style="list-style-type: none"> • OS in PD-L1 CPS\geq1 • OS in all-comers <ul style="list-style-type: none"> • Key secondary: ORR
Status	<ul style="list-style-type: none"> • Projected data readout 2026 	<ul style="list-style-type: none"> • Recruiting • Projected data readout 2025 	<ul style="list-style-type: none"> • Recruiting • Projected data readout 2025
CT Identifier	<u>NCT05002569</u>	<u>NCT05625399</u>	<u>NCT05328908</u>





Opdualag (anti-LAG3 + anti-PD1 FDC)

Indication

1L HCC

2L+ HCC (Post TKI)

1L Stage IV NSCLC

Phase/Study	Phase I/II - RELATIVITY-106	Phase II - CA224-073	Phase II - CA224-104
# of Patients	N = 162	N = 250	N = 420
Design	<ul style="list-style-type: none">• Nivolumab + relatlimab + bevacizumab• Nivolumab + placebo + bevacizumab	<ul style="list-style-type: none">• Nivolumab + relatlimab Dose 1• Nivolumab + relatlimab Dose 2• Nivolumab	<p>Part I:</p> <ul style="list-style-type: none">• Nivolumab + relatlimab Dose 1 + PDCT• Nivolumab + relatlimab Dose 2 + PDCT <p>Part II:</p> <ul style="list-style-type: none">• Nivolumab + relatlimab Dose 2 + PDCT• Nivolumab + PDCT
Endpoints	Primary: DLTs, PFS	<ul style="list-style-type: none">• Primary: ORR	<p>Primary:</p> <ul style="list-style-type: none">• Part I: TRAEs leading to discontinuation within 12 weeks after first dose• Part II: ORR
Status	<ul style="list-style-type: none">• Recruiting• Projected data readout 2024	<ul style="list-style-type: none">• Projected data readout 2024	<ul style="list-style-type: none">• Recruiting• Projected data readout YE 2023/2024
CT Identifier	<u>NCT05337137</u>	<u>NCT04567615</u>	<u>NCT04623775</u>





repotrectinib (ROS1/NTRK)

Indication

ROS1 NSCLC & NTRK+ Solid Tumors

Phase/Study	Phase I/II - TRIDENT-1
# of Patients	N = 500
Design	<p>Phase I:</p> <ul style="list-style-type: none">• Dose escalation; food-effect, dose escalation with food; & Midazolam DDI <p>Phase II: Expansion cohorts</p> <ul style="list-style-type: none">• ROS1 TKI-naïve ROS1+ NSCLC 160 mg QD for the first 14 days, then 160 mg BID^a• 1 Prior ROS1 TKI and 1 Platinum based chemo ROS1+ NSCLC• 2 Prior ROS1 TKIs ROS1+ NSCLC (No Chemo or I-O)• 1 Prior ROS1 TKI ROS1+ NSCLC (No Chemo or I-O)• TRK TKI-naïve NTRK+ solid tumors• TRK TKI-pretreated NTRK+ solid tumors
Endpoints	<p>Primary:</p> <ul style="list-style-type: none">• Phase I: DLTs, RP2D• Phase II: ORR
Status	<ul style="list-style-type: none">• Recruiting• Projected data readout 2023
CT Identifier	<u>NCT03093116</u>





iberdomide (CELMoD)

Indication

2L+ MM

Post-Transplant Maintenance NDMM

Phase/Study	Phase III - EXCALIBER	Phase III - EXCALIBER-Maintenance
# of Patients	N = 864	N = 1,216
Design	<ul style="list-style-type: none">Iberdomide 1.0, 1.3, 1.6 mg + daratumumab 1800 mg + dex 40 mg - (iberDd)Daratumumab 1800 mg + bortezomib 1.3 mg/m²^a + dex 20 mg^a - (DVd)	<ul style="list-style-type: none">Iberdomide Dose 1Iberdomide Dose 2Iberdomide Dose 3Lenalidomide
Endpoints	<ul style="list-style-type: none">Primary: PFSKey secondary: OS	<ul style="list-style-type: none">Primary: PFSKey Secondary: MRD, OS
Status	<ul style="list-style-type: none">RecruitingProjected data readout 2027	<ul style="list-style-type: none">Trial initiatingProjected data readout 2029
CT Identifier	<u>NCT04975997</u>	<u>NCT05827016</u>



mezigdomide (CELMoD)

Indication

2L+ MM

2L+ MM

Phase/Study	Phase III - SUCCESSOR-1	Phase III - SUCCESSOR-2
# of Patients	N = 810	N = 575
Design	<ul style="list-style-type: none">Mezigdomide 0.3, 0.6, 1.0 mg + bortezomib 1.3 mg/m²^a + dex 20 mg - (MeziVd)Pomalyst 4 mg + bortezomib 1.3 mg/m²^a + dex 20 mg - (PVd)	<ul style="list-style-type: none">Mezigdomide 0.3, 0.6, 1.0 mg + carfilzomib 56 mg/m²^b + dex 40 mg^b - (MeziKd)Carfilzomib 56 mg/m²^a + dex 20 mg^a - (Kd)
Endpoints	<ul style="list-style-type: none">Primary: PFSKey secondary: OS	<ul style="list-style-type: none">Primary: PFSKey secondary: OS
Status	<ul style="list-style-type: none">RecruitingProjected data readout 2026	<ul style="list-style-type: none">RecruitingProjected data readout 2026
CT Identifier	<u>NCT05519085</u>	<u>NCT05552976</u>



Reblozyl (Erythroid Maturation Agent)

Indication **1L TD Myelodysplastic Syndrome (MDS)
Associated Anemia** **1L TD Myelofibrosis (MF)
Associated Anemia** **TD & NTD Alpha-Thalassemia
(Ex-US study)**

Phase/Study	Phase III - COMMANDS	Phase III - INDEPENDENCE	Phase II - CA056-015
# of Patients	N = 362	N = 309	N = 177
Design	<ul style="list-style-type: none"> • Reblozyl 1.0 mg/kg SC Q3W • Epoetin Alfa 450 IU/kg SC QW 	<ul style="list-style-type: none"> • Reblozyl 1.33 mg/kg SC Q3W + Best Supportive Care • Placebo SC Q3W + Best Supportive Care 	<ul style="list-style-type: none"> • Reblozyl 1.0 mg/kg SC Q3W • Placebo SC Q3W + Best Supportive Care
Endpoints	<ul style="list-style-type: none"> • RBC-TI for 12 weeks with a mean hemoglobin increase ≥ 1.5 g/dL through week 24 	<ul style="list-style-type: none"> • Primary: RBC-TI during any consecutive 12-week period starting within the first 24 weeks • Key secondary: RBC-TI ≥ 16 weeks (RBC-TI 16) 	<p>Primary:</p> <ul style="list-style-type: none"> • TD: $\geq 50\%$ reduction in TF burden over any rolling 12 weeks between W13-W48 • NTD: ≥ 1 g/dL Hb mean increase from baseline in W13-W24 <p>Key secondary:</p> <ul style="list-style-type: none"> • TD: No. of participants with $\geq 33\%$ reduction from baseline in RBC transfusion burden • NTD: Change from baseline to W24 in hemoglobin in the absence of transfusion
Status	<ul style="list-style-type: none"> • Positive topline results in October 2022 • Data to be presented at ASCO & EHA 2023 	<ul style="list-style-type: none"> • Recruiting • Expected data readout 2025 	<ul style="list-style-type: none"> • Recruiting • Expected data readout 2025
CT Identifier	<u>NCT03682536</u>	<u>NCT04717414</u>	<u>NCT05664737</u>





Onureg (Hypomethylating Agent)

Indication

(IPSS-R) Low-or Intermediate Risk MDS

Phase/Study	Phase II/III - METEOROID
# of Patients	N = 230
Design	<ul style="list-style-type: none">Onureg 200 mg, 300 mg in Phase II + Best Supportive CareOnureg RP3D in Phase III + Best Supportive CarePlacebo
Endpoints	<p>Primary:</p> <ul style="list-style-type: none">Safety & Tolerability & RP3D (Phase II)Achieved Complete Remission per IWG 2006 within 6 cycles (Phase II & III) <p>Key Secondary:</p> <ul style="list-style-type: none">84-day pRBC TI (Phase II & III)
Status	<ul style="list-style-type: none">RecruitingProjected data readout 2026
CT Identifier	<u>NCT05469737</u>





Breyanzi (CD 19 CAR T)

Indication

2L LBCL TE

R/R iNHL

3L+ CLL

Phase/Study	Phase III - TRANSFORM	Phase II - TRANSCEND FL	Phase II - TRANSCEND CLL
# of Patients	N = 184	N = 213	N = 209
Design	<ul style="list-style-type: none"> Breyanzi SOC (R-DHAP, R-ICE or R-GDP) 	<ul style="list-style-type: none"> Breyanzi <p>iNHL includes 3L+ FL, 2L FL (high risk), 3L+ MZL</p>	<ul style="list-style-type: none"> Breyanzi Breyanzi + ibrutinib Breyanzi + venetoclax
Endpoints	<ul style="list-style-type: none"> Primary: EFS 	<ul style="list-style-type: none"> Primary: ORR 	<ul style="list-style-type: none"> Primary: CRR
Status	<ul style="list-style-type: none"> U.S. FDA approval June 2022 & Japan PMDA December 2022 EU CHMP Positive Opinion Published in Lancet June 2022 & in Blood December 2022 Data presented at ASH 2022 	<ul style="list-style-type: none"> Recruiting Projected data readout 2023 in 2L (high risk), 3L+ FL Projected data readout 2025 in 3L+ MZL 	<ul style="list-style-type: none"> Met primary endpoint in monotherapy arm in January 2023 Data to be presented at ASCO 2023
CT Identifier	<u>NCT03575351</u>	<u>NCT04245839</u>	<u>NCT03331198</u>





Abecma (BCMA CAR T)

Indication

1L-4L+ MM

3L-5L MM

Phase/Study	Phase II - KarMMa-2	Phase III - KarMMa-3
# of Patients	N = 235	N = 381
Design	<ul style="list-style-type: none">• Cohort 1: ≥ 3 prior regimens• Cohort 2a: 1L with ASCT & relapsed within 18 months• Cohort 2b: 1L excluding ASCT & relapsed within 18 months• Cohort 2c: inadequate response post ASCT during initial treatment• Cohort 3: inadequate response post ASCT, with Revlimid maintenance therapy	<ul style="list-style-type: none">• Abecma• Standard regimens as per Investigator's discretion<ul style="list-style-type: none">- DPd, DVd, IRd, Kd, EPd
Endpoints	<ul style="list-style-type: none">• Primary: ORR, CRR	<ul style="list-style-type: none">• Primary: PFS• Key secondary: OS
Status	<ul style="list-style-type: none">• Recruiting• Data presented at ASH 2022 on cohorts 2a and 2c	<ul style="list-style-type: none">• Data presented at EHA EBMT 2023• Published in NEJM February 2023• U.S. PDUFA December 16, 2023• Application under review in EU & Japan
CT Identifier	<u>NCT03601078</u>	<u>NCT03651128</u>





cendakimab (anti-IL13)

Indication

Eosinophilic Esophagitis (EoE)

Phase/Study	Phase III - CC-93538-EE-001
# of Patients	N = 399
Design	<ul style="list-style-type: none">• Cendakimab 360 mg SC QW for 24 wks, followed by 360 mg SC QW for 24 wks• Cendakimab 360 mg SC QW for 24 wks, followed by 360 mg SC Q2W for 24 wks• Placebo
Endpoints	<ul style="list-style-type: none">• Change in Dysphagia Days (Clinical Response) at Week 24• Eosinophil Histologic Response (≤ 6/hpf) at Week 24
Status	<ul style="list-style-type: none">• Recruiting• Expected data readout 2024
CT Identifier	<u>NCT04753697</u>





LPA₁ antagonist

Indication

Pulmonary Fibrosis

Phase/Study	Phase II - IM027-040
# of Patients	N = 373
Design	<p>Cohort 1 IPF:</p> <ul style="list-style-type: none">• LPA₁ 30 mg BID + post treatment follow-up or optional treatment extension• LPA₁ 60 mg BID + post treatment follow-up or optional treatment extension• IPF Placebo + post treatment follow-up or optional treatment extension <p>Cohort 2 PPF:</p> <ul style="list-style-type: none">• LPA₁ 30 mg BID + post treatment follow-up or optional treatment extension• LPA₁ 60 mg BID + post treatment follow-up or optional treatment extension• PF-ILD (PPF) Placebo + post treatment follow-up or optional treatment extension
Endpoints	<ul style="list-style-type: none">• Rate of change in percent predicted forced vital capacity (ppFVC) in IPF participants
Status	<ul style="list-style-type: none">• Achieved PoC in IPF in 2022• IPF data to be presented as Late Breaker at ATS 2023• PPF expected data readout in 2023
CT Identifier	<u>NCT04308681</u>





Sotyktu (TYK-2 inhibitor)

Indication

Alopecia Areata (AA)

Phase/Study	Phase II - IM011-134
# of Patients	N = 90
Design	<ul style="list-style-type: none">• Sotyktu Dose 1• Sotyktu Dose 2• Placebo, followed by Sotyktu Dose 1 or Dose 2
Endpoints	<ul style="list-style-type: none">• Change from baseline in SALT score at Week 24
Status	<ul style="list-style-type: none">• Recruiting• Expected data readout 2024
CT Identifier	NCT05556265





Sotyktu (TYK-2 inhibitor)

Indication

Psoriatic Arthritis (PsA)

Phase/Study	Phase III - POETYK-PsA-1	Phase III - POETYK-PsA-2
# of Patients	N = 650	N = 700
Design	52-week study of patients with active PsA in TNF-naïve patients <ul style="list-style-type: none">Sotyktu 6 mg QDPlacebo	52-week study of patients with active PsA in TNF-naïve and TNF-IR patients <ul style="list-style-type: none">Sotyktu 6 mg QDPlaceboApremilast
Endpoints	<ul style="list-style-type: none">% pts achieving ACR20 response at Week 16	<ul style="list-style-type: none">% pts achieving ACR20 response at Week 16
Status	<ul style="list-style-type: none">RecruitingExpected data readout 2025 (52 wks)	<ul style="list-style-type: none">RecruitingExpected data readout 2024 (52 wks)
CT Identifier	<u>NCT04908202</u>	<u>NCT04908189</u>





Sotyktu (TYK-2 inhibitor)

Indication Systemic Lupus Erythematosus (SLE) Discoid Lupus Erythematosus (DLE)

Phase/Study	Phase III - POETYK SLE-1	Phase III - POETYK SLE-2	Phase II - IM011-132
# of Patients	N = 490	N = 490	N = 75
Design	<ul style="list-style-type: none">• Sotyktu• Placebo	<ul style="list-style-type: none">• Sotyktu• Placebo	52-week study: <ul style="list-style-type: none">• Sotyktu Dose A• Sotyktu Dose B• Placebo
Endpoints	<ul style="list-style-type: none">• Proportion of participants who meet response criteria SRI-4 at week 52	<ul style="list-style-type: none">• Proportion of participants who meet response criteria SRI-4 at week 52	<ul style="list-style-type: none">• Change from baseline in CLASI-A activity score at week 16
Status	<ul style="list-style-type: none">• Recruiting• Expected data readout 2026	<ul style="list-style-type: none">• Recruiting• Expected data readout 2026	<ul style="list-style-type: none">• Recruiting• Expected data readout 2025
CT Identifier	<u>NCT05617677</u>	<u>NCT05620407</u>	<u>NCT04857034</u>





Sotyktu (TYK2 inhibitor)

Indication

Crohn's Disease (CD) Moderate to Severe

Ulcerative Colitis (UC) Moderate to Severe

Phase/Study	Phase II - LATTICE-CD	Phase II - IM011-127
# of Patients	N = 241	N = 50
Design	<ul style="list-style-type: none">• Sotyktu Dose A• Sotyktu Dose B• Placebo	<ul style="list-style-type: none">• Sotyktu (High Dose)• Placebo
Endpoints	<ul style="list-style-type: none">• Proportion of pts achieving clinical remission at week 12• Proportion of pts achieving endoscopic response at week 12	<ul style="list-style-type: none">• Proportion of participants in clinical response at Week 12
Status	<ul style="list-style-type: none">• POC not achieved; awaiting higher dose UC Ph2 data to inform future IBD development plans	<ul style="list-style-type: none">• Expected data readout in 2H 2023
CT Identifier	<u>NCT03599622</u>	<u>NCT04613518</u>





Zeposia (S1P agonist)

Indication

YELLOWSTONE Program: Crohn's Disease (CD) - Moderate to Severe

Phase/Study	Phase III - RPC01-3201 (Induction 1)	Phase III - RPC01-3202 (Induction 2)	Phase III - RPC01-3203 (Maintenance)
# of Patients	N = 600	N = 600	N = 485
Design	<ul style="list-style-type: none">• Zeposia 0.92 mg QD• Placebo	<ul style="list-style-type: none">• Zeposia 0.92 mg QD• Placebo	<ul style="list-style-type: none">• Zeposia 0.92 mg QD• Placebo
Endpoints	<ul style="list-style-type: none">• Proportion of pts in clinical remission (CDAI* score < 150) at week 12	<ul style="list-style-type: none">• Proportion of pts in clinical remission (CDAI* score < 150) at week 12	<ul style="list-style-type: none">• Proportion of pts in clinical remission (CDAI score of < 150) at week 52• Proportion of pts with a Simple Endoscopic Score for Crohn's Disease (SES-CD) decrease of $\geq 50\%$ at week 52
Status	<ul style="list-style-type: none">• Recruiting• Expected data readout 2024	<ul style="list-style-type: none">• Recruiting• Expected data readout 2024	<ul style="list-style-type: none">• Recruiting• Expected data readout 2025 (52 wks post induction & basis for filing)
CT Identifier	<u>NCT03440372</u>	<u>NCT03440385</u>	<u>NCT03464097</u>





milvexian (FXIa inhibitor)

Indication	Secondary Stroke Prevention	Acute Coronary Syndrome	Non-Valvular Atrial Fibrillation
Phase/Study	Phase III - LIBREXIA-STROKE Non-BMS Sponsored*	Phase III - LIBREXIA-ACS Non-BMS Sponsored*	Phase III - LIBREXIA-AF Non-BMS Sponsored*
# of Patients	N = 15,000	N = 16,000	N = 15,500
Design	<ul style="list-style-type: none"> Milvexian 25 mg BID + background antiplatelet therapy Placebo + background antiplatelet therapy 	<ul style="list-style-type: none"> Milvexian + background antiplatelet therapy Placebo + background antiplatelet therapy <p>Note: participants enrolled within 7 days of ACS +/- catheterization</p>	<ul style="list-style-type: none"> Milvexian Eliquis
Endpoints	<ul style="list-style-type: none"> Primary: Time to first occurrence of ischemic stroke <p>Key secondary:</p> <ul style="list-style-type: none"> Time to first occurrence of any component of the composite of CVD, MI, or ischemic stroke Time to first occurrence of ischemic stroke 	<ul style="list-style-type: none"> Primary: Time to first occurrence of MACE Key secondary: Time to first occurrence of any component of the composite of MAVE 	<ul style="list-style-type: none"> Primary: Time to first occurrence of composite endpoint of stroke & non-CNS system embolism <p>Key secondary:</p> <ul style="list-style-type: none"> Time to first occurrence of ISTH major bleeding Time to first occurrence of the composite of ISTH major & CRNM bleeding
Status	<ul style="list-style-type: none"> Recruiting Projected data readout 2026 (event driven) 	<ul style="list-style-type: none"> Recruiting Projected data readout 2026 (event driven) 	<ul style="list-style-type: none"> Recruiting Projected data readout 2027 (event driven)
CT Identifier	<u>NCT05702034</u>	<u>NCT05754957</u>	<u>NCT05757869</u>





Camzyos (myosin inhibitor)

Indication

Symptomatic Obstructive
Hypertrophic Cardiomyopathy (oHCM)

Heart Failure with
Preserved Ejection
Fraction (HFpEF)

Non-Obstructive Hypertrophic
Cardiomyopathy (nHCM)

Phase/Study	Phase III - EXPLORER	Phase III - VALOR	Phase II - EMBARK	Phase III - ODYSSEY-HCM
# of Patients	N = 251	N = 110	N = 35	N = 420
Design	<ul style="list-style-type: none"> Camzyos 2.5mg, 5mg, 10mg, 15mg QD Placebo 	<ul style="list-style-type: none"> Camzyos 2.5mg, 5mg, 10mg, 15mg QD Placebo 	<ul style="list-style-type: none"> Camzyos 	<ul style="list-style-type: none"> Camzyos Placebo
Endpoints	<ul style="list-style-type: none"> Primary: Composite of improvement of Peak VO2 and reduction of one or more class in NYHA function 	Primary: <ul style="list-style-type: none"> SRT status Number of subjects who decide to proceed with SRT prior to or at Week 16 and the number of subjects who remain guideline eligible for SRT at Week 16 	Primary: <ul style="list-style-type: none"> TEAEs and SAEs Effect on NT-proBNP levels Effect on cTnT levels (at rest) 	Primary: <ul style="list-style-type: none"> Change from baseline in Clinical Summary Score (KCCQ-23 CSS) at Week 52 Change from baseline in peak oxygen consumption (pVO2) at Week 52 Secondary: Change from baseline in VE/VCO2 slope to Week 52
Status	<ul style="list-style-type: none"> Published in Lancet 2020 Presented at HFSA & AHA 2021 & ACC 2022 U.S. FDA approval April 2022 EU CHMP Positive Opinion 	<ul style="list-style-type: none"> Published in JACC July 2022 Presented at ACC 2022 U.S. PDUFA June 16, 2023 Application under review in EU 	<ul style="list-style-type: none"> Recruiting Projected data readout 2023/2024 	<ul style="list-style-type: none"> Recruiting Projected data readout 2025
CT Identifier	NCT03470545	NCT04349072	NCT04766892	NCT05582395



Abbreviations

AA	Alopecia Areata	EoE	Eosinophilic Esophagitis	MTD	Maximum Tolerated Dose	RP3D	Recommended Phase 3 Dose
AACR	American Association for Cancer Research	ESA	Erythropoietin Stimulating Agents	MZL	Marginal Zone Lymphoma	ROS	C-ROS Oncogene
Adj	Adjuvant	ESCC	Esophageal Squamous Cell Carcinoma	nHCM	Non-Obstructive Hypertrophic Cardiomyopathy	RR	Relapsed Refractory
AE	Adverse Event	FDC	Fixed Dose Combination	ND	Newly Diagnosed	SAE	Serious Adverse Event
AHA	American Heart Association	FDA	Food & Drug Administration	NSCLC	Non-Small Cell Lung Cancer	SC	Subcutaneous
AML	Acute Myeloid Leukemia	FL	Follicular Lymphoma	NTD	Non-Transfusion Dependent	SCT	Stem Cell Transplant
ASH	American Society of Hematology	Hb	Hemoglobin	NTRK	Neurotrophic Tyrosine Receptor Kinase	SLE	Systemic Lupus Erythematosus
BCMA	B-Cell Maturation Antigen	HCC	Hepatocellular Carcinoma	NYHA	New York Health Association	SoC	Standard of Care
BID	Twice a Day	HFpEF	Heart Failure w/ Preserved Ejection Fraction	oHCM	Obstructive Hypertrophic Cardiomyopathy	sPGA	Static Physicians Global Assessment
BIW	Twice a Week	iNHL	Indolent Non-Hodgkin's Lymphoma	ORR	Overall Response Rate	SRI	Systemic Lupus Responder Index
CAR T	Chimeric Antigen Receptor Therapy	I-O	Immuno-Oncology	OS	Overall Survival	SRT	Septal Reduction Therapy
CCRT	Concurrent Chemoradiation Therapy	IPSS-R	International Prognostic Scoring System	PASI	Psoriasis Area and Severity Index	SSP	Secondary Stroke Prevention
CD	Crohn's Disease	IV	Intravenous	pCR	Pathological Complete Response	SubQ/SC	Subcutaneous
CDAI	Crohn's Disease Activity Index	LBCL	Large B-Cell Lymphoma	PDCT	Platinum-Based Chemotherapy	TD	Transfusion Dependent
CLL	Chronic Lymphocytic Leukemia	LVOT	Left Ventricular Outflow Tract	PDL	Programmed Death Ligand	TE	Transplant Eligible
CM	Checkmate	mCRPC	Metastatic Castration-Resistant Prostate Cancer	PDUFA	Prescription Drug User Fee Act	TEAE	Treatment Emergent Adverse Events
CR	Complete Response	MDS	Myelodysplastic Syndrome	PF	Pulmonary Fibrosis	TKI	Tyrone Kinase Inhibitor
CRR	Complete Remission Rate	mDSD	modified Daily Symptom Diary	PFS	Progression Free Survival	TRAE	Treatment Related Adverse Events
CRC	Colorectal Cancer	Mel	Melanoma	POC	Proof of Concept	TE	Transplant Eligible
DFS	Disease-free survival	MF	Myelofibrosis	PsA	Psoriatic Arthritis	TNF	Tumor Necrosis Factor
DLBCL	Diffuse Large B-Cell Lymphoma	MIUC	Muscle Invasive Urothelial Cancer	PsO	Psoriasis	UC	Ulcerative Colitis
DLE	Discoid Lupus Erythematosus	MM	Multiple Myeloma	QD	Once Daily	VO2	Volume of Oxygen
DLT	Dose Limiting Toxicity	MR	Minimal Response	QW	Once Weekly		
EADV	European Academy of Dermatology and Venereology	MS	Multiple Sclerosis	RBC-TI	Red Blood Cell Transfusion Independence		
EASI	Eczema Area & Severity Index	MSI-H	High Microsatellite Instability	RCC	Renal Cell Carcinoma		
EFS	Event Free Survival	MSS	Microsatellite Stable	RFS	Recurrence-free survival		
				RP2D	Recommended Phase 2 Dose		