



UEGW 2020

Investor Presentation
October 12, 2020

Forward Looking Statement

This presentation contains statements about the Company's future plans and prospects that constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated as a result of various important factors, including those discussed in the company's most recent annual report on Form 10-K and reports on Form 10-Q and Form 8-K. These documents are available from the SEC, the Bristol-Myers Squibb website or from Bristol-Myers Squibb Investor Relations.

In addition, any forward-looking statements represent our estimates only as of the date hereof and should not be relied upon as representing our estimates as of any subsequent date. While we may elect to update forward-looking statements at some point in the future, we specifically disclaim any obligation to do so, even if our estimates change.



Samit Hirawat

Executive Vice President,
Chief Medical Officer
Global Drug Development

UEGW 2020: Zeposia is a potential new oral medicine for the treatment of Ulcerative Colitis (UC)

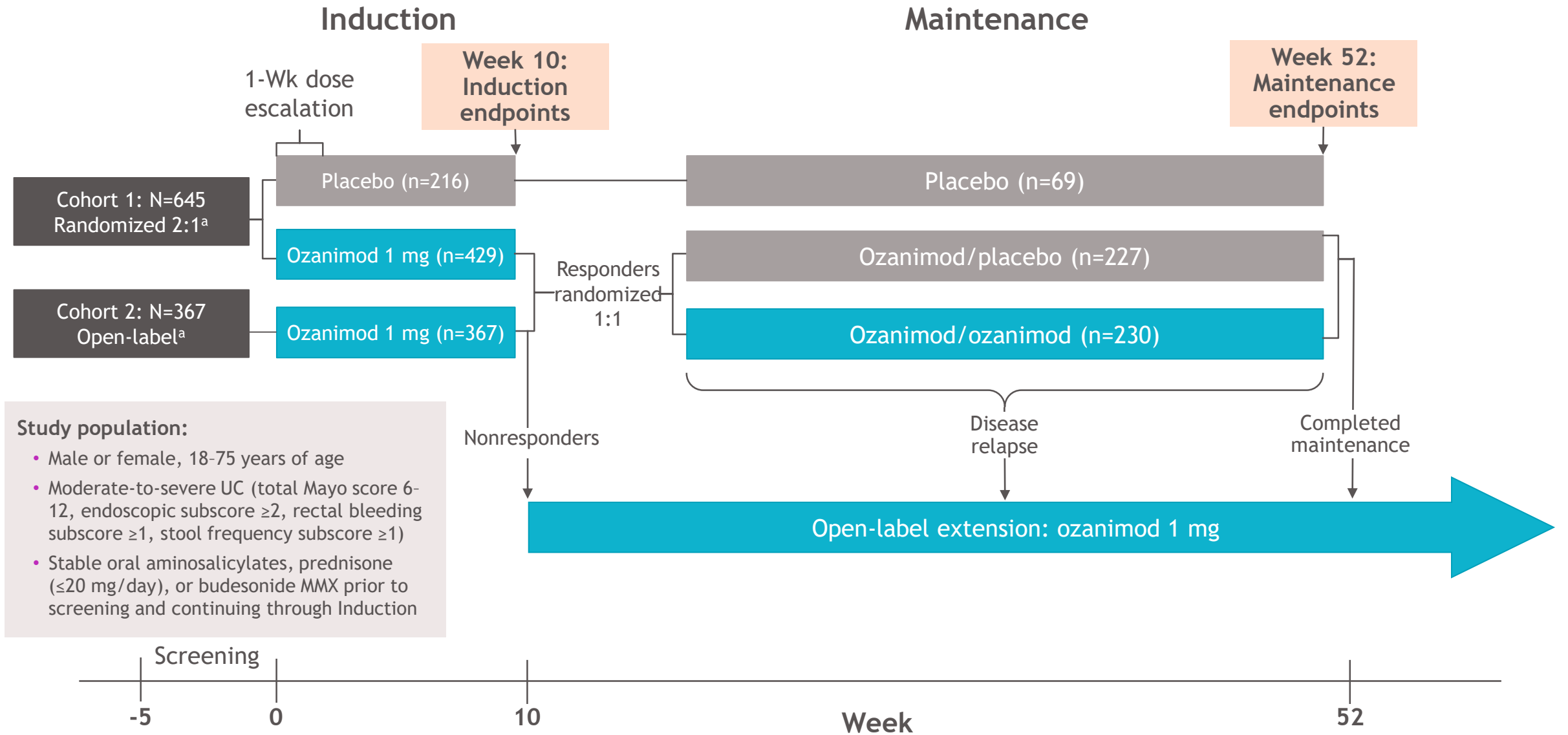
Significant unmet need remains in moderate to severe UC

- Limited efficacy with conventional treatments (steroids, 5-ASAs, immunomodulators)
- Novel treatments are biologics requiring injection, or post-TNF oral JAK inhibitors with associated safety concerns

Zeposia, a selective S1P modulator, is a new mechanism for UC

Ph3 data from True North demonstrated **efficacy comparable to biologics**, with **favorable safety** and an **oral administration**

Phase 3 TRUE NORTH study design



Multiple Endpoints Measured

Treatment goal:
Clinical improvement

Clinical remission (primary)

Clinical response

Treatment goal:
Durability

Maintenance of clinical remission

Corticosteroid-free remission*

Durable remission

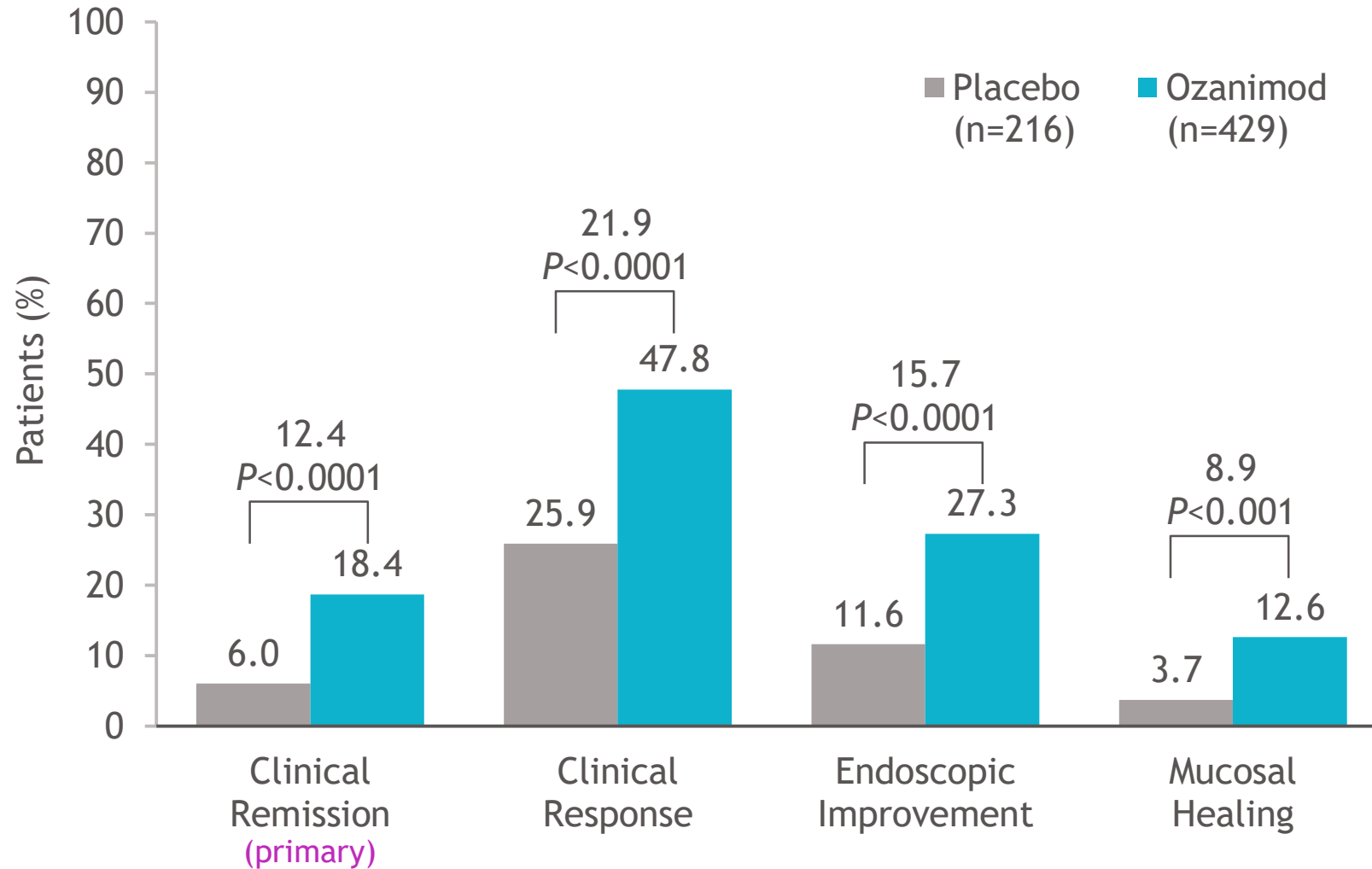
Treatment goal:
Healing of the Mucosa

Endoscopic improvement

Mucosal healing*

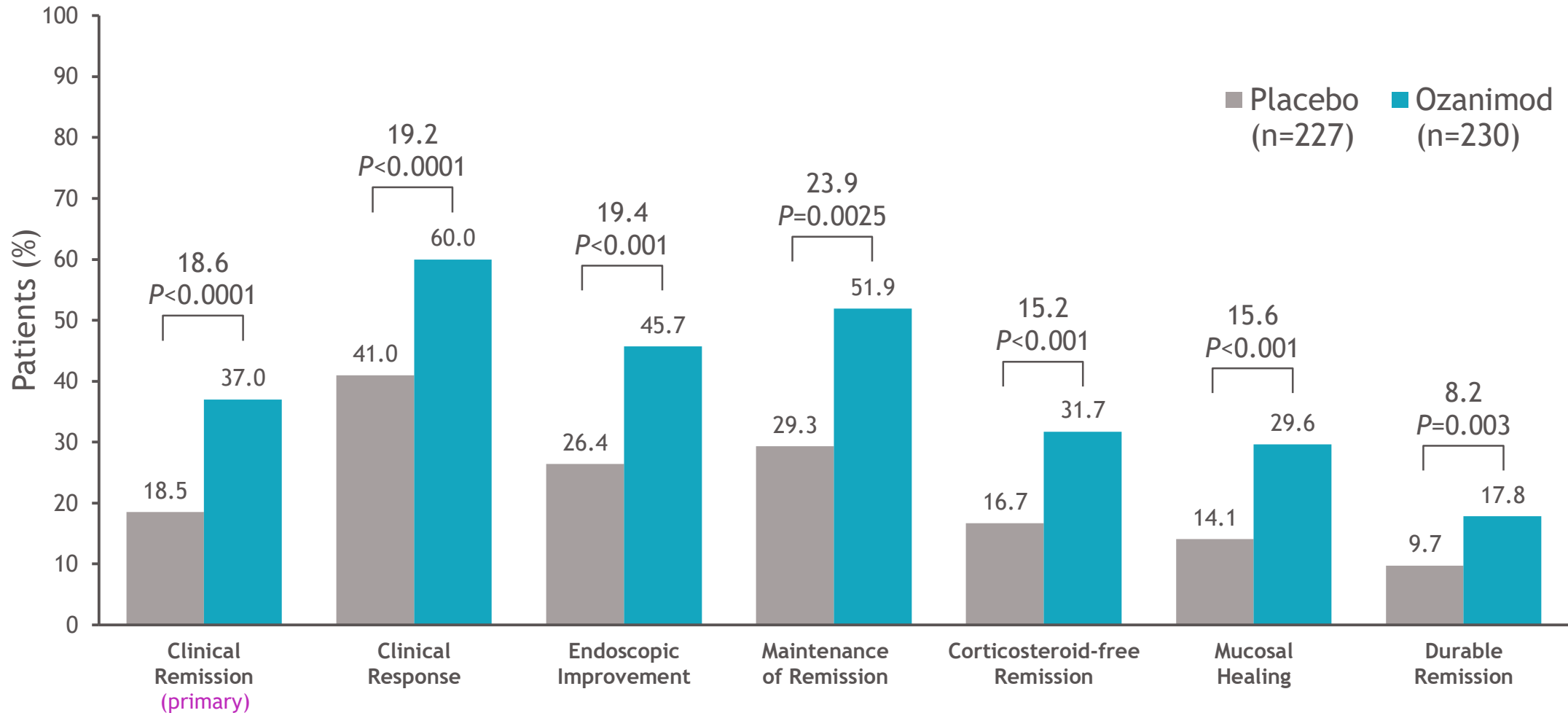
* more stringent definitions than historical clinical trials

Induction: Significant benefit at week 10 across endpoints



Benefit observed across both TNF naïve and experienced patients

Maintenance: Breadth of benefit maintained at 52 weeks



Benefit observed in both TNF naïve and experienced patients

Competitive efficacy demonstrated consistently across multiple measures

Consistent benefit demonstrated across:

Primary and
secondary endpoints



Induction and
maintenance



TNF naïve &
experienced patients



*Induction: more robust effects in TNF naïve; maintenance: similar effects in TNF naïve and exposed

Known, favorable safety profile for Zeposia

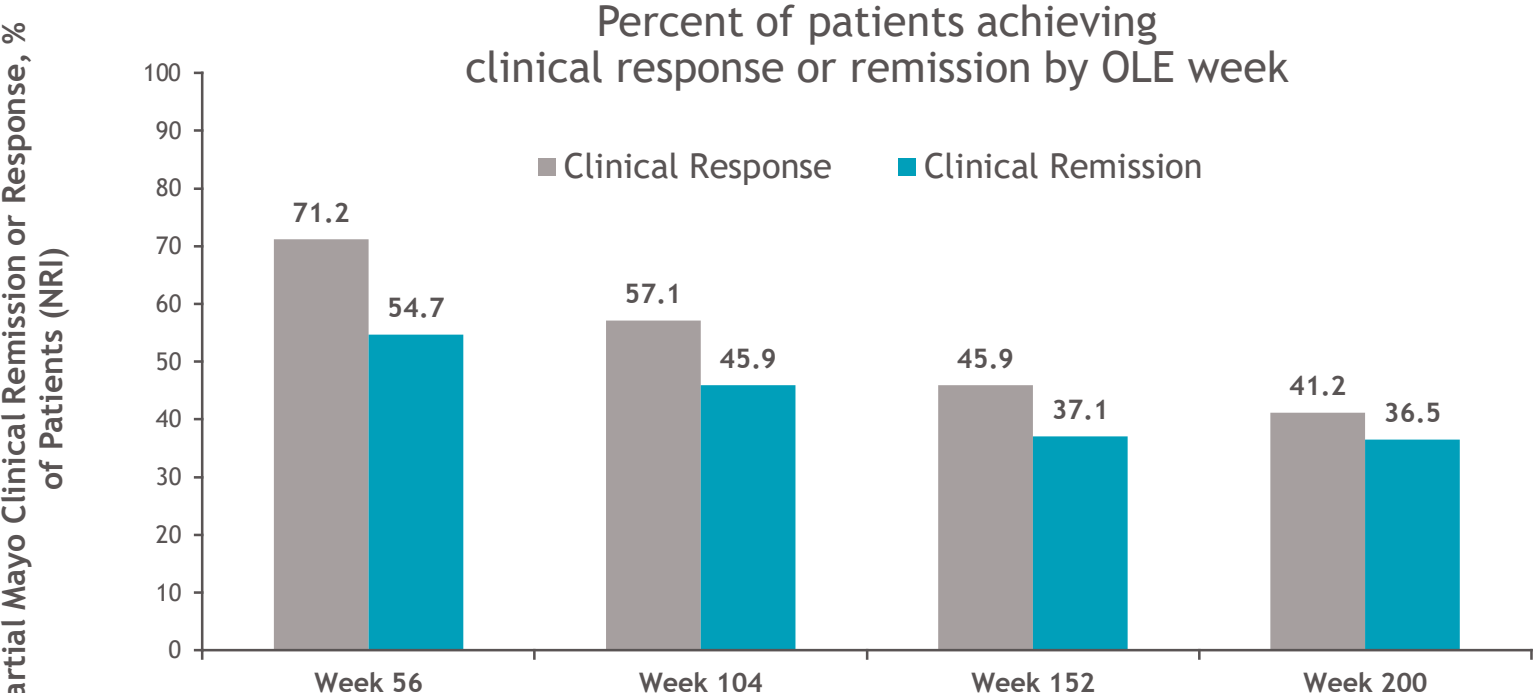
Induction Period (Week 10) Maintenance Period (Week 52)

	Ozanimod (n=429)	Placebo (n=216)	Ozanimod (n=230)	Placebo (n=227)
Any treatment-emergent adverse event (TEAE)	172 (40.1)	82 (38.0)	113 (49.1)	83 (36.6)
Common TEAEs (≥3% in any group)				
Anemia	18 (4.2)	12 (5.6)	3 (1.3)	4 (1.8)
Nasopharyngitis	15 (3.5)	3 (1.4)	7 (3.0)	4 (1.8)
Headache	14 (3.3)	4 (1.9)	8 (3.5)	1 (0.4)
Alanine aminotransferase increased	11 (2.6)	0	11 (4.8)	1 (0.4)
Arthralgia	10 (2.3)	3 (1.4)	7 (3.0)	6 (2.6)
Gamma glutamyl transferase increased	5 (1.2)	0	7 (3.0)	1 (0.4)
Serious TEAEs	17 (4.0)	7 (3.2)	12 (5.2)	18 (7.9)
UC exacerbation	6 (1.4)	4 (1.9)	1 (0.4)	9 (4.0)
Anemia	4 (0.9)	0	1 (0.4)	0
Appendicitis/Complicated appendicitis	1 (0.2)	0	0	3 (1.2)
Severe TEAEs	14 (3.3)	4 (1.9)	9 (3.9)	9 (4.0)
TEAEs leading to treatment discontinuation	14 (3.3)	7 (3.2)	3 (1.3)	6 (2.6)

Note: Cardiovascular events were infrequent (bradycardia: 0.5% vs 0%, hypertension: 1.4% vs 0%)

Durable efficacy and low rate of study discontinuation suggest favorable benefit-risk profile for long-term use

4-year data from Ph2 TOUCHSTONE



~40% clinical response and remission

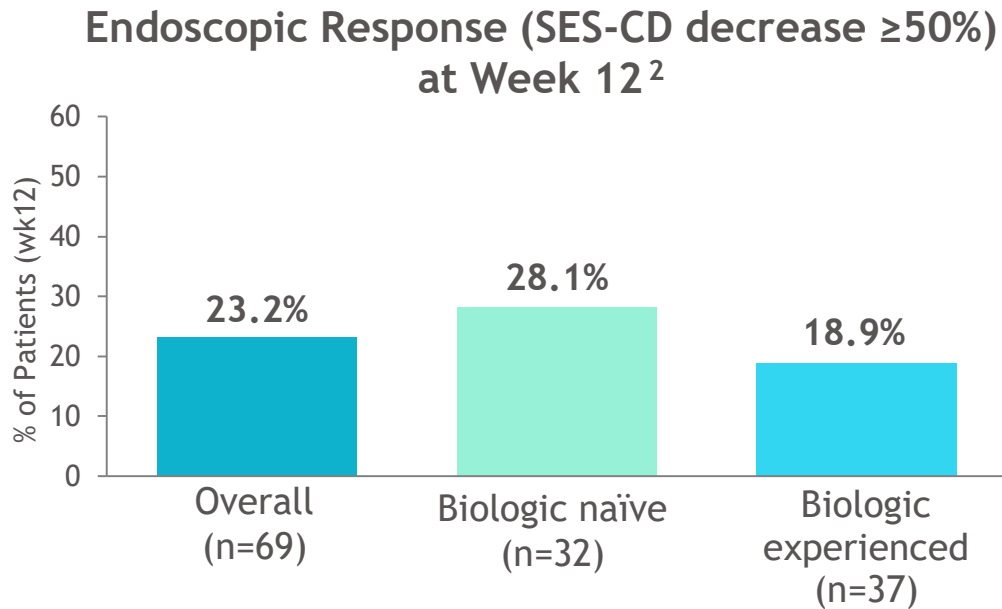
18% annual study discontinuation rate

NRI = non-responder imputation; OLE = open-label extension

Zeposia Ph 3 study ongoing in Crohn's Disease

Zeposia in CD

STEPSTONE (Ph 2)¹

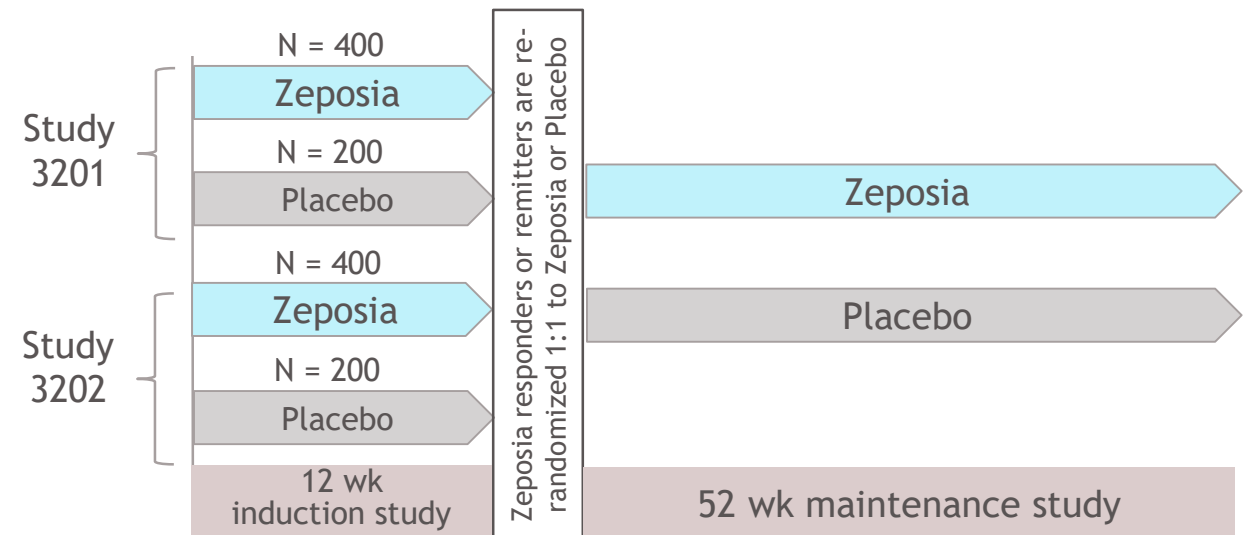


Mean CDAI reduction at week 12 was 130 points

1. Feagan et al. Lancet Gastroenterol Hepatol 15-Jun 2020 online;
2. ITT-NRI analysis for SES-CD (Simple Endoscopic Score for Crohn's Disease)

YELLOWSTONE program (Ph 3 Study Design)

Adults with moderately to severely active CD



Primary endpoints:

- Induction studies: Week 12 Clinical remission
- Maintenance study: Co primary @ Week 52 Clinical remission and endoscopic response

Zeposia provides UC patients with efficacy comparable to biologics, and a favorable safety profile in an oral medicine

- Clinically meaningful efficacy for Zeposia in UC across breadth of endpoints
 - New mechanism with selective S1P modulator
 - Consistent benefit observed across multiple measures in induction and maintenance
- Safety profile consistent with S1P modulator
- Durable efficacy demonstrated with long-term follow-up from Ph2
- Ongoing Ph3 study in Crohn's Disease provides opportunity to benefit additional patients living with IBD



Chris Boerner

Executive VP

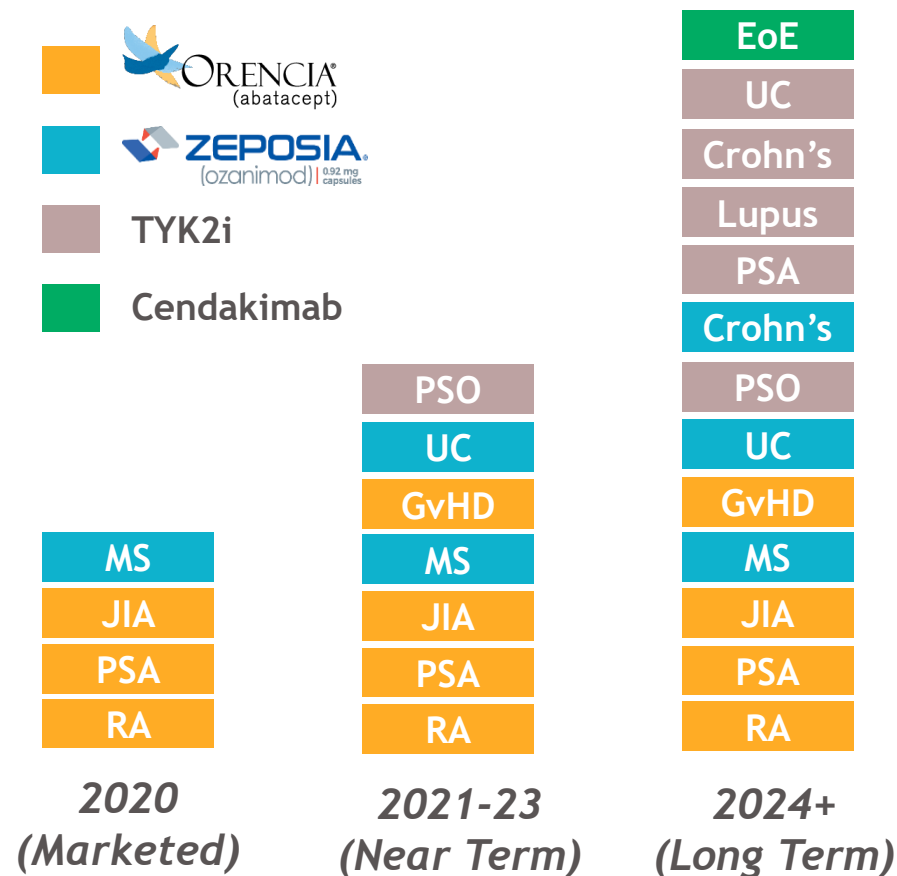
Chief Commercialization Officer

Immunology market and our near term opportunity

Immunology context

- BMS established a strong foundation in Immunology with Orenzia in RA
- This includes capabilities in targeted patient identification, data generation and access/reimbursement support
- Our success in Rheumatology builds a foundation for a broader set of Immunology opportunities across MS, GI and Dermatology

Marketed and potential future launches in Immunology

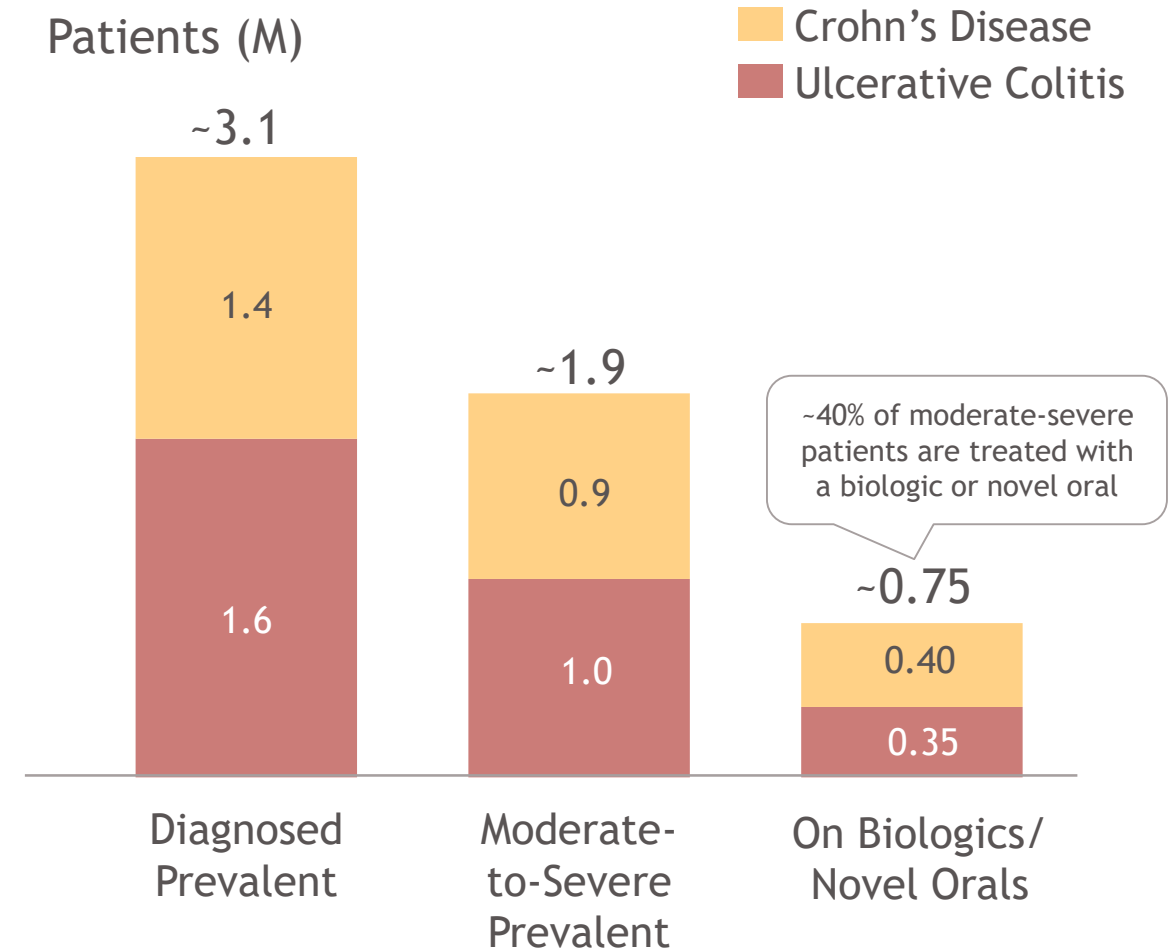


IBD: Building a differentiated portfolio

Our opportunity in IBD

- Large population, underserved by current therapy options
 - Biologics (older TNFs and newer treatments) are injectables and have limitations
 - First novel oral (JAK) reserved only post-TNF for UC (US)
- Despite available treatments, clinical remission remains low, highlighting significant remaining unmet need
- Novel MOA desired to present a new option for patients cycling through multiple therapies

U.S. and EU5 diagnosed IBD patients (2020e)



Potential to play an important role in UC, a disease of unmet need

UC Patients

- Diagnosed around age 30
- Flares (with pain, rectal bleeding, high stool frequency) impact all aspects of life and work
- Facing lifelong treatment, colectomy

Relief with current options, but concerns:

- Prolonged steroid use
- Fear of injectable/infused biologics (infections, malignancy)
- JAK and TNF options include black box warning

What physicians are looking for in a new UC treatment

Feedback via:



Ad boards
including KOLs,
community GIs, &
patients



Thought Leader
Meetings



Market Research
with community GIs

- **Efficacy** in line with current treatments
 - Breadth and totality of the data
 - Consistency across endpoints and subgroups
- **Safety** as good as, or better than, current treatment options
- **Convenient dosing** options for patients who dislike injections/infusions

Totality of Zeposia profile offers comprehensive solution



Competitive efficacy



Consistent results across multiple clinical endpoints

Differentiated safety



No black box in MS label

Convenient dosing



Once daily oral

Potential profile could enable use both pre- and post-biologics

Totality of Zeposia profile* combines competitive efficacy and differentiated safety with convenient oral dosing

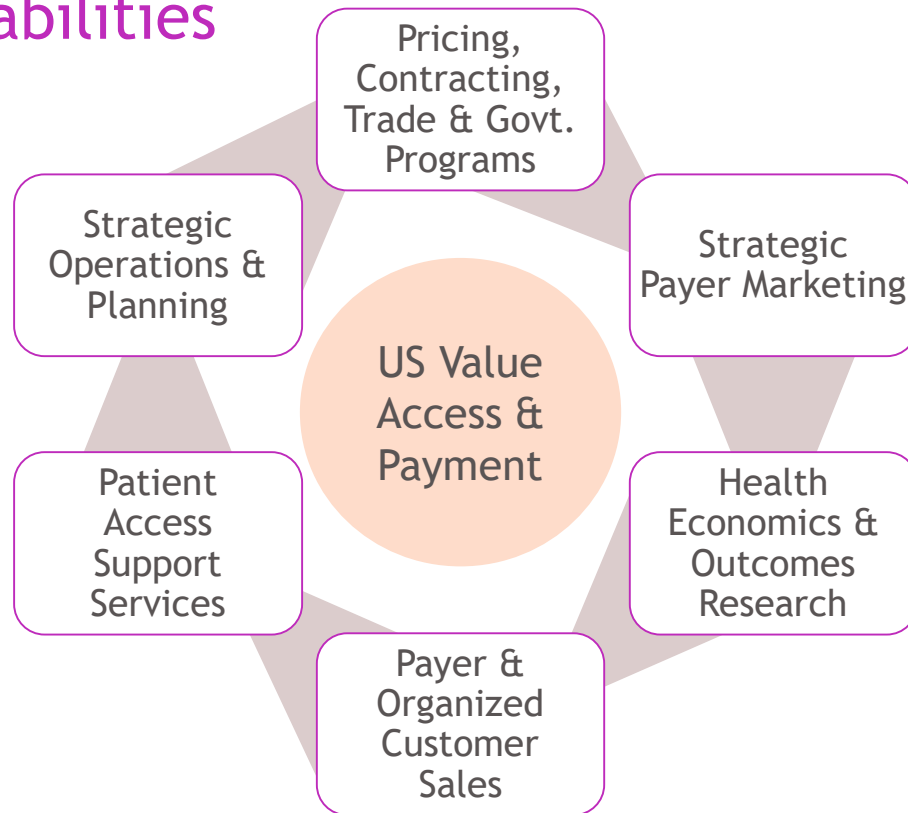


	S1P Modulator	Biologic (anti-integrin)	Biologic (anti-IL-12/23)	JAKi	Biologic (anti-TNF)
Efficacy	✓	✓	✓	✓	✓
Black Box Warning	No*	No	No	Yes	Yes
Dosing	Oral	IV/SC ¹	SC	Oral	IV/SC

*Based on current MS label

Strong capabilities and prior launch experience enable success

Access & Reimbursement Capabilities



Experience in introducing a new MOA and establishing the strength of the profile

Opportunity to build a differentiated GI franchise

Novel mechanisms across immunologic disorders and strong track record of commercial success



Establish GI franchise with Zeposia

- Positive Ph3 data in UC
- Enrolling Ph3 program in CD

Cendakimab

Broaden beyond IBD with Cendakimab in EoE

- Ph3 to start late 2020/early 2021

TYK2i

Expand with TYK2i

- POC studies underway in UC and CD

Zeposia offers biologic-like efficacy profile with favorable safety in an oral administration

Consistent efficacy across primary and secondary endpoints

Encouraging early physician feedback on the profile

Enables a future GI franchise, along with Cendakimab and TYK2i

Q&A



Giovanni Caforio, M.D.
Board Chair,
Chief Executive Officer



Chris Boerner, Ph.D.
Executive VP,
Chief Commercialization Officer



Samit Hirawat, M.D.
Executive VP,
Chief Medical Officer,
Global Drug Development