Q2 2022 Results

July 27, 2022

Bristol Myers Squibb™

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 Form 10-Q and Form 8-K. These documents are available on the SEC's website, on the Company's website or from Bristol Myers Squibb Investor Relations. No forward-looking statement can be guaranteed.

In addition, any forward-looking statements and the 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 or revise any of the provided information, whether as a result of new information, future events, changed circumstances or otherwise.

This presentation also includes certain non-generally accepted accounting principles (GAAP) financial measures that we use to describe our 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, analysts and investors overall understanding of the Company's underlying financial performance and trends and facilitate comparisons among current, past and future periods. The non-GAAP information presented 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 GAAP financial measure are available on our website at bms.com/investors.

Also note that a reconciliation of certain forward-looking non-GAAP financial measures is not provided because comparable GAAP measures for such statements 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 able to reliably predict the impact of certain specified items or currency exchange rates beyond the next twelve months. In addition, the Company believes such a reconciliation would imply a degree of precision and certainty that could be confusing to investors. The variability of the specified items may have a significant and unpredictable impact on our future GAAP results.

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Q2 2022 Results

Giovanni Caforio

Board Chair and
Chief Executive Officer

Q2 2022 Performance

Operational Performance	**Strong commercial execution** • Q2 sales: ~$11.9B, +2% YoY, +5% ex-FX • Double-digit EPS growth in Q2 • Continued growth for in-line products & strengthened momentum from New Product Portfolio; two new launches YTD with Opdualag & Camzyos
Pipeline Execution	**Key milestones** • Breyanzi: best-in-class CD19 CAR T with broadest U.S. label in 2L LBCL; application under review in EU • Positive Ph2 for milvexian in secondary stroke prevention with data to be presented at ESC 2022; plan to initiate registrational Ph3 program by end of year • Opdivo: approval of 1L ESCC (CM-648) in U.S. & Japan
Financial Strength	• Adjusting GAAP & Reaffirming Non-GAAP Guidance for FY 2022 • Balance sheet strength & strong cash flow generation — ~$6.1B YTD cash from operating activities — ~$13.2B total cash & marketable debt securities
Business Development	• Planned acquisition of Turning Point Therapeutics expected to close Q3 2022; repotrectinib potential best-in-class, next generation ROS1/NTRK inhibitor; expected launch in 2H 2023

Turning Point Therapeutics: Strong Strategic Fit

- **Potential best-in-class** ROS1 inhibitor in NSCLC
- **Highly potent & differentiated** small molecule
- Designed to bind in presence of **solvent front & gatekeeper mutations**

ROS1+ TKI-Naïve NSCLC; **cORR** (95% CI)		**79%**
TKI-Pretreated Activity		✓ cORRs of 28-42% (n=100)
CNS Activity (*ROS1*+ NSCLC)		✓
***ROS1*+ TKI-Naïve NSCLC Durability**	**DOR**	• 18-month DOR: 76% • mDOR: not mature
	PFS	• 18-month PFS: 72% • mPFS: not mature
Generally Well Tolerated Safety Profile		

Source: www.tptherapeutics.com

Planned launch of **repotrectinib**: **2H 2023**

Transaction Details

- Planned close in **Q3 2022**
- Expected to be accretive to non-GAAP EPS in **2025**

Broadens portfolio in precision oncology & solid tumors

Portfolio Depth Provides Significant Near-term Catalysts

2022 Key Milestones

Opdivo (+/- Yervoy)	U.S./EU expected approvals: ✓ 1L ESCC (CM-648) ✓ Neo-adj lung EFS (CM-816) (U.S.)
Opdualag	✓ 1L melanoma U.S. approval ✓ Initiation 2L+ CRC Ph3
bempeg	✗ 1L melanoma ✗ 1L renal ✗ 1L bladder
Breyanzi	✓ 2L LBCL U.S. approval ✓ 3L+ LBCL EU approval
Abecma	☐ 2L+ MM Ph2 (KarMMa-2)
iberdomide	✓ Initiation 2L+ MM Ph3 (EXCALIBER)
mezigdomide (CC-92480)	☐ 4L+ MM Ph1/2
deucravacitinib	☐ PsO U.S. approval ✓ SLE Ph2
cendakimab	☐ AD Ph2
Camzyos	✓ oHCM U.S. approval ✓ oHCM Ph3 (VALOR) ☐ Initiation nHCM Ph3
milvexian	✓ SSP Ph2

2023/2024 Key Milestones

Opdivo (+/- Yervoy)	Metastatic: ☐ 1L CRPC (CM-7DX) ☐ 1L HCC (CM-9DW) Early Stage: ☐ Adj. HCC (CM-9DX) ☐ Adj. RCC (CM-914) ☐ Peri-adj lung (CM-77T) ☐ Peri-adj MIBC (CM-078) ☐ Adj. NSCLC (ANVIL, co-op group)
Opdualag	☐ 1L melanoma EU approval ☐ Initiation 1L lung Ph3 ☐ 2L HCC Ph2
bempeg	✗ Neo-adj. cis-ineligible MIBC
Breyanzi	☐ 3L+ FL ☐ 3L+ CLL
Abecma	☐ 3L+ MM Ph3 (KarMMa-3)
alnuctamab BCMA TCE	☐ Initiation of pivotal trial
iberdomide	☐ Initiation of Post transplant maintenance Ph3 H2H vs Rev ☐ Initiation of NDMM Ph3 H2H vs. Rev
mezigdomide (CC-92480)	☐ Initiation triplet 2L+ MM Ph3
Reblozyl	☐ 1L MDS Ph3 (COMMANDS) ☐ 1L MF Ph3 (INDEPENDENCE)
deucravacitinib	☐ PsO EU approval ☐ PsA Ph3 ☐ CD & DLE Ph2 ☐ UC Ph2 (IM011-127)
cendakimab	☐ EoE Ph3
Zeposia	☐ CD Ph3
Camzyos	☐ HFpEF Ph2 (EMBARK)

Milestones represent data readouts unless otherwise specified
To be expanded to include regulatory milestones pending future registrational successes

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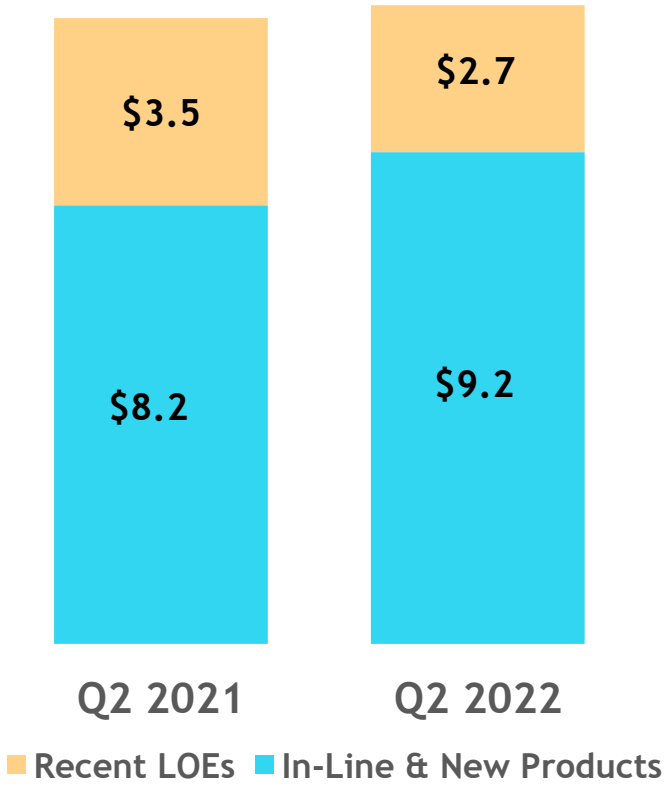
Q2 2022 Results

David Elkins

Chief Financial Officer

Strong Total Company Performance

Total Company
+$11.9B, +2% YoY, +5% Ex-FX



$B	Q2 Net Sales	YoY %	Ex-FX %
Total Company	$11.9	2%	5%
In-Line Products	*$8.7*	*9%*	*13%*
New Product Portfolio	*$0.5*	*	*
In-Line Products & New Product Portfolio	$9.2	11%	16%
Recent LOEs[1]	$2.7	(22%)	(20%)

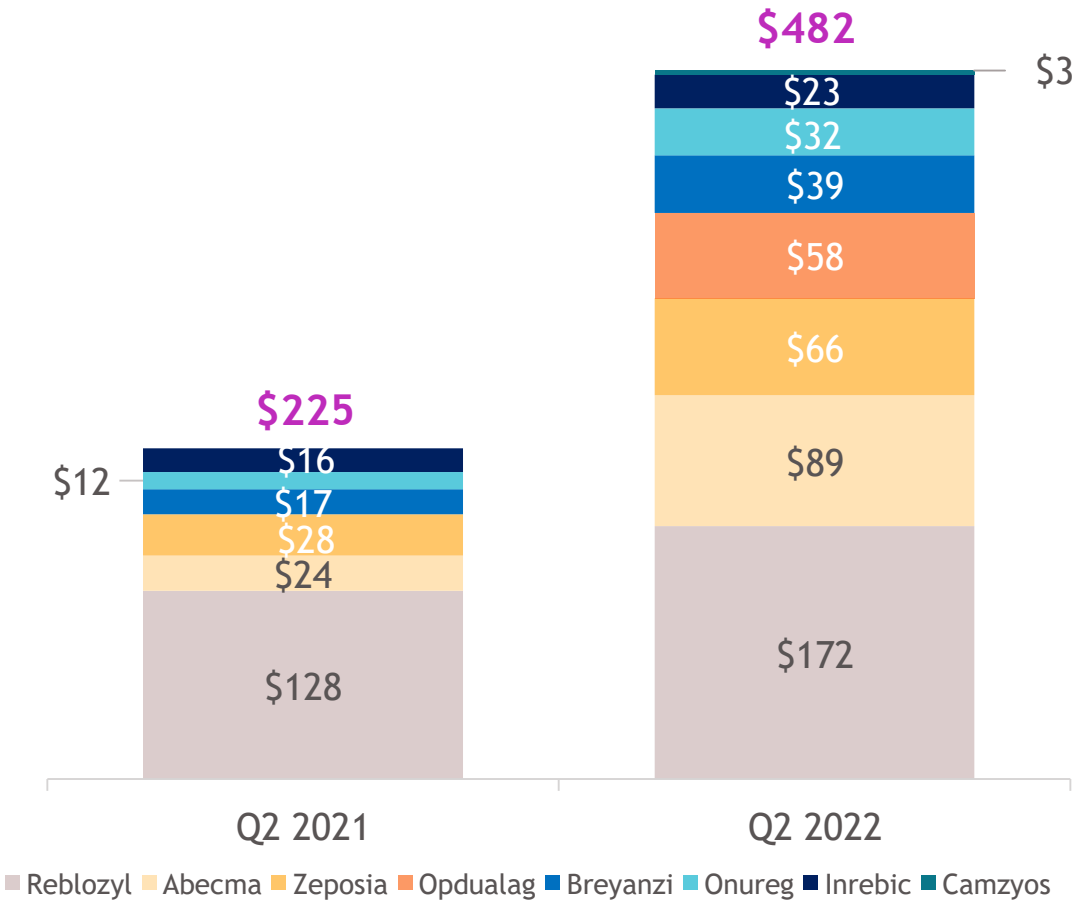
[1]Recent LOE Brands = Revlimid & Abraxane

* In excess of +100%

New Product Portfolio Sales Performance

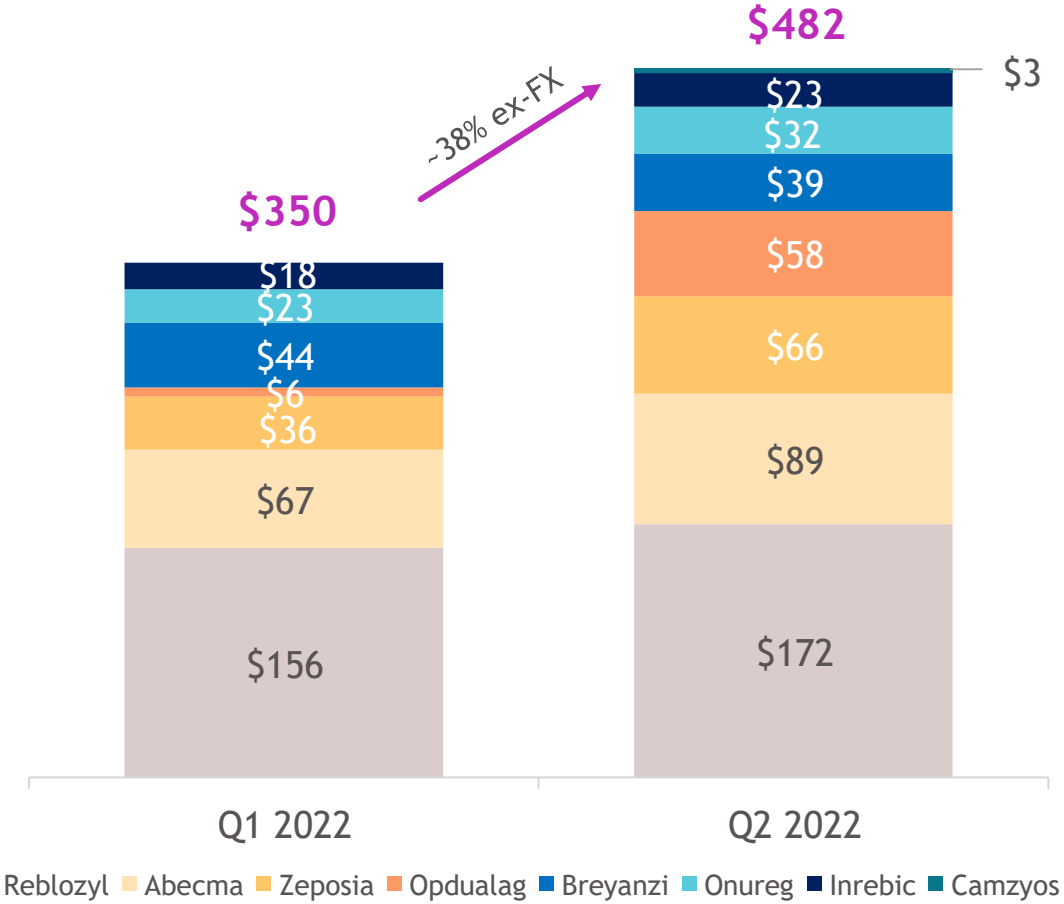
Revenues more than **doubled** vs PY

Q2 2022 vs Q2 2021 $M



Double-digit growth vs PQ

Q2 2022 vs Q1 2022 $M



Anticipated approval of deucravacitinib: **PDUFA: September 10, 2022**

Q2 2022 Solid Tumor product summary

Q2 Global Net Sales

	$M	YoY %	Ex-Fx %
OPDIVO (nivolumab)	$2,063	+8%	+12%
YERVOY (ipilimumab)	$525	+3%	+7%
Opdualag (nivolumab and relatlimab-rmbw)	$58	---	---
Abraxane	$241	(19%)	(17%)

Key Commentary

Opdivo

- U.S. growth driven by demand in 1L lung, 1L renal, 1L gastric, adj. esophageal & adj. bladder cancer
- Ex-U.S. growth from new launches in multiple geographies
- Continued growth expected from current & new indications

Yervoy: Growth driven by strong international demand

Opdualag

- 3rd approved I-O agent; potential to be a new SOC in 1L melanoma
- Strong revenue driven by demand & +$10M inventory stocking
- CHMP positive opinion in EU in 1L mel (RELATIVITY-047)

Q2 2022 Cardiovascular product summary

Q2 Global Net Sales

	$M	YoY %	Ex-Fx %
Eliquis apixaban	$3,235	+16%	+20%
CAMZYOS (mavacamten) 2.5, 5, 10, 15mg capsules	$3	---	---

Key Commentary

Eliquis

- Best-in-class medicine & leading product within OAC category
- Robust demand in U.S. & favorable gross-to-net adjustments vs PY; ~$200M inventory build vs Q1'22
- Continues to be #1 OAC in key international markets

Camzyos

- First-in-class myosin inhibitor indicated for NYHA class II & III symptomatic oHCM
- Establishing foundation with >1K HCPs REMS certified across top HCM centers
- Broadening user base & supporting patient initiation

Q2 2022 Hematology product summary

Q2 Global Net Sales

	$M	YoY %	Ex-Fx %
Revlimid (lenalidomide) capsules	$2,501	(22%)	(21%)
Pomalyst (pomalidomide) capsules	$908	+6%	+9%
SPRYCEL dasatinib	$544	+1%	+5%
Reblozyl (luspatercept-aamt) for injection 25mg • 75mg	$172	+34%	+36%
Abecma (idecabtagene vicleucel)	$89	*	*
Empliciti (elotuzumab)	$77	(10%)	(5%)
Breyanzi (lisocabtagene maraleucel)	$39	*	*
ONUREG (azacitidine) tablets	$32	*	*
INREBIC (fedratinib) capsules	$23	+44%	+44%

* In excess of +100%

Key Commentary

Revlimid - Impacted by generic entry

- Continue to expect FY 2022 revenues of $9 - $9.5B

Pomalyst - Increased demand as patients move into earlier lines, extending treatment duration

Reblozyl

- Robust U.S. demand; encouraging trends in treatment duration & patient adherence
- Expansion in international markets based on reimbursement timing

Abecma - Strong demand supported by increased manufacturing capacity

Breyanzi - Best-in-class CD19 profile with broadest U.S. 2L LBCL label; continue to invest in capacity expansion in 2023

Q2 2022 Immunology product summary

Q2 Global Net Sales

	$M	YoY %	Ex-Fx %
ORENCIA (abatacept)	$876	+8%	+11%
ZEPOSIA (ozanimod) 0.92 mg capsules	$66	*	*

* In excess of +100%

Deucravacitinib

Anticipated U.S. approval September 10, 2022

Key Commentary

Orencia

- Continued growth due to higher demand & expanded market share

Zeposia

- Demand growth including expansion into UC
- Favorable inventory & gross-to-net adjustments of +$20M vs Q1'22
- Continue to build volume in 2H 2022 & expand access in 2023

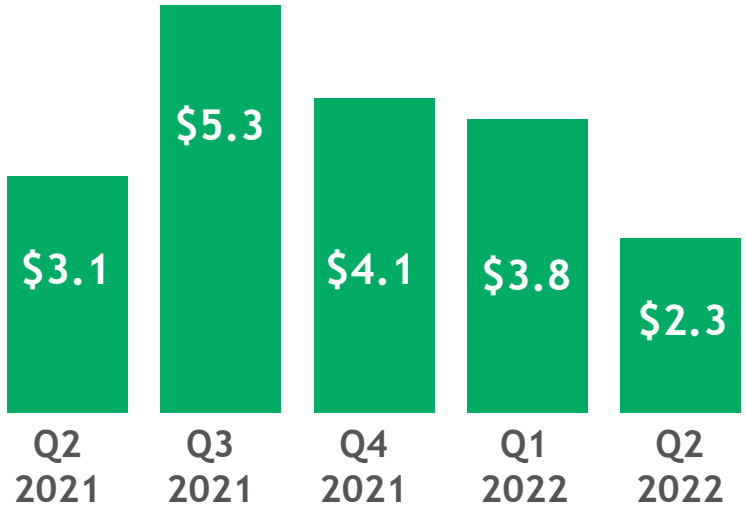
Q2 2022 Financial Performance

$ in billions, except EPS	US GAAP		Non-GAAP	
	Q2 2022	Q2 2021	Q2 2022	Q2 2021
Total Revenues, net	11.9	11.7	11.9	11.7
Gross Margin %	77.1%	79%	78.3%	79.8%
Operating Expenses[1]	4.1	4.4	4.1	4.1
Acquired IPR&D	0.4	0.8	0.4	0.8
Amortization of Acquired Intangibles	2.4	2.5	-	-
Effective Tax Rate	27%	31.7%	17%	17.6%
Diluted EPS	0.66	0.47	1.93	1.63
Diluted Shares Outstanding *(# in millions)*	2,149	2,252	2,149	2,252
Diluted EPS Impact from Acquired IPR&D[2]	(0.14)	(0.30)	(0.14)	(0.30)

[1] Operating Expenses = MS&A and R&D
[2] Comprises the net impact from Acquired IPRD & Licensing income

Balanced Approach to Capital Allocation

Cash flow from Operations $B



$B	Q2 2022
Total Cash*	~$13.2B
Total Debt	~$42B

$45B - $50B in free cash flow** 2022 - 2024

Business Development

- Prioritize small & mid-sized bolt-on opportunities
  - Planned acquisition for precision oncology company, Turning Point Therapeutics
- Replenish & diversify portfolio

Debt Reduction

- Continued debt reduction; ~$10B in maturities through 2024
  - $2.9B in debt repayments in Q2
- Maintain strong investment-grade credit rating

Returning Cash to Shareholders

- Continued dividend growth***
- Opportunistic share repurchase
  - ~$5B ASR agreement executed in Q1
  - ~$10.2B remaining authorization

*Cash includes cash, cash equivalents and marketable debt securities
**Non-GAAP: There is no reliable or reasonable estimable comparable GAAP metric for this non-GAAP forward-looking information
***Subject to Board approval

2022 Guidance

	US GAAP		Non-GAAP	
	April (Prior)	July (Revised)	April (Prior)	July (Revised)
Total net Sales	**In-line with 2021**	**~$46B**	**In-line with 2021**	**~$46B**
Recent LOE Products[1]	~$10B or double-digit decline	No Change	~$10B or double-digit decline	No Change
Revlimid	$9 - $9.5B	No Change	$9 - $9.5B	No Change
In-line Products & New Product Portfolio	~$36.5B or low double-digit increase	~$36B or low double-digit increase	~$36.5B or low double-digit increase	~$36B or low double-digit increase
Gross Margin %	~78%	No Change	~78%	~79%
Operating Expenses[2]	Mid single-digit decline	No Change	Low single-digit decline	No Change
Tax Rate	~22%	~23%	~16.5%	No Change
Diluted EPS[3]	**$2.92 - $3.22**	**$2.71 - $3.01**	**$7.44 - $7.74**	Reaffirmed

[1]Key LOE Products = Revlimid & Abraxane
[2]Operating Expenses = MS&A and R&D; does not include Acquired IPR&D and amortization of acquired intangibles
[3]April guidance includes net impact of ($0.21) from acquired IPRD and licensing income, which comprises ($0.10) in Q1 and an additional ($0.11) in April due to buyout of future royalty obligation; July guidance includes YTD net impact of ($0.24) from acquired IPRD and licensing income

Q&A

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

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

David Elkins
Executive VP,
Chief Financial Officer

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

2022 Key News Flow

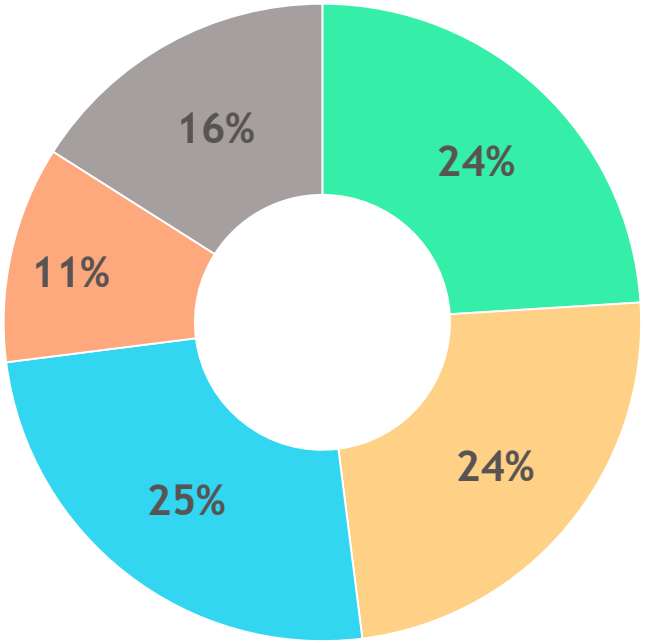
Asset	Timing
Opdivo Approval in 1L ESCC (CM-648)	Approved in U.S. & EU
Opdivo Approval in Neo-Adj. Lung EFS (CM-816)	Approved in U.S. Application under review in EU
Opdualag Approval in 1L Melanoma (RELATIVITY-047)	Approved in U.S. CHMP Positive Opinion in EU
Bempegaldesleukin 1L Melanoma/Adjuvant Melanoma 1L Renal Cell Carcinoma (RCC) 1L Muscle Invasive Urothelial Carcinoma	Program discontinued
Breyanzi Approval in 3L+ LBCL	Approved in EU
Breyanzi Approval in 2L LBCL (Transplant Eligible & Transplant Non-Eligible)	Approved in U.S. Application under review in EU in TE

Asset	Timing
deucravacitinib Approval in mod-to-severe PsO POETYK PSO-1 & PSO-2	U.S. PDUFA – September 10, 2022 Application under review in EU
deucravacitinib Ph2 in Systemic Lupus Erythematosus (PAISLEY)	Positive POC Registration program to initiate end of 2022
Camzyos Approval in symptomatic obstructive HCM (EXPLORER-HCM)	Approved in U.S. Application under review in EU
Camzyos Ph3 in obstructive HCM NYHA Class III & IV (VALOR)	Positive data presented at ACC 2022
milvexian (FXIa inhibitor) Ph 2 in SSP	Data in-house To be presented at ESC: August 28, 2022

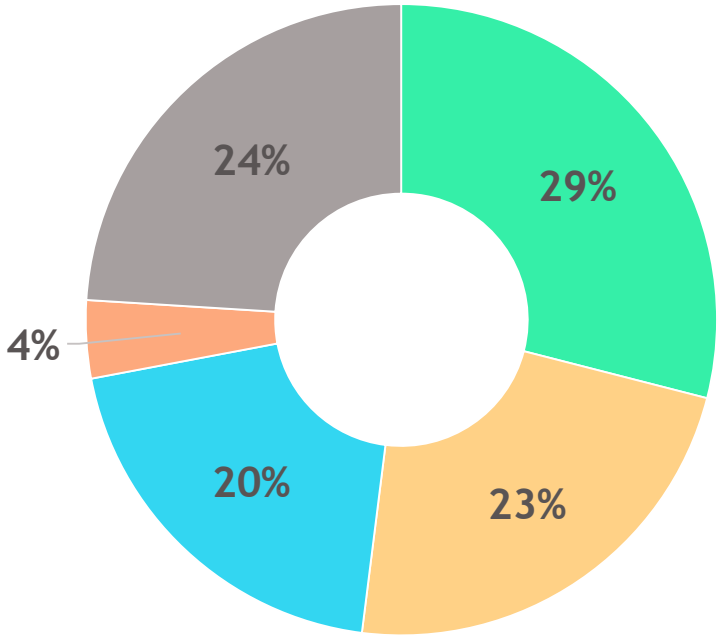
Q2 2022 Opdivo Sales Mix

OPDIVO™ (nivolumab)
INJECTION FOR INTRAVENOUS USE 10 mg/mL

U.S. Sales Mix



Ex-U.S. Sales Mix

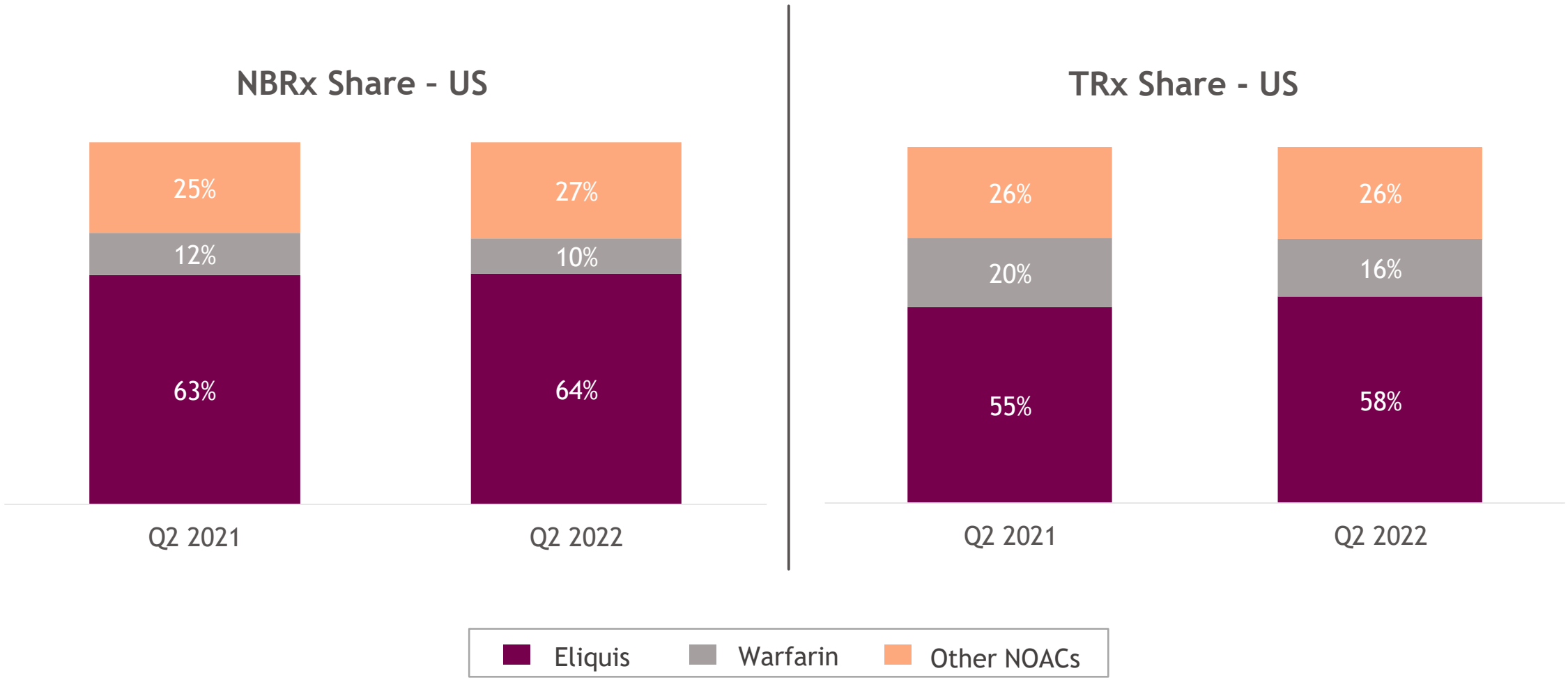


NSCLC RCC Melanoma Upper GI All others

Note: percentages are approximate

Q2 2022 Eliquis NBRx/TRx Share

Eliquis apixaban



Rx Source: Symphony Health

Our Commitment as a sustainable organization

	Environment	Social	Governance
Key Priorities	Embracing environmental stewardship	Promoting product quality & safety Cultivating diversity, equity & inclusion Ensuring health equity, patient access & innovation	Maintaining highest ethics, integrity & compliance Upholding Board oversight & accountability
Concrete Commitments	2024 • Science-based emissions reduction targets established 2030 • 100% renewable electricity 2040 • Net neutral GHG • 100% EV fleet • 100% equitable water use • Zero waste to landfill	2021 • **≥ 25%** new clinical trial sites in diverse metro areas 2022 • Gender **parity** at executive level • **2X** representation for Black/African American & Hispanic/Latino executives 2025 • **$1B** spend with diverse suppliers	• Experienced & diverse Board – Board oversight of strategy & key enterprise risks – 64% female & ethnically diverse directors • Shareholder rights – Regular shareholder engagement – Proxy access – Special meeting right (15%)

Clinical Development Portfolio – Phase I and II

Data as of July 15th, 2022

Phase I

✦ AHR Antagonist [1]^	Solid Tumors
✦ Anti-CCR8^	Solid Tumors
✦ Anti-CTLA-4 NF Probody^	Solid Tumors
✦ Anti-ILT4^	Solid Tumors
✦ Anti-NKG2A^	Solid Tumors
✦ Anti-SIRPα^	Solid Tumors
✦ AR-LDD	Solid Tumors
✦ CD3xPSCA Bispecific[1]	Solid Tumors
✦ DGK Inhibitor	Solid Tumors
✦ IL-12 Fc^	Solid Tumors
✦ LSD1 Inhibitor^	Solid Tumors
✦ MAGE A4/8 TCER	Solid Tumors
✦ STING Agonist^	Solid Tumors
✦ TGFβ Inhibitor^	Solid Tumors
✦ TIGIT Bispecific	Solid Tumors
OPDIVO	Solid Tumors
OPDIVO+YERVOY	Solid Tumors
✦ alnuctamab BCMA TCE	RR Multiple Myeloma
✦ Anti-SIRPα	Hematologic Malignancies
✦ BCMA ADC^	RR Multiple Myeloma
✦ BCMA NEX T	RR Multiple Myeloma
✦ BCMA NKE	RR Multiple Myeloma
✦ BET Inhibitor (CC-90010)^	Hematologic Malignancies
✦ CD19 NEX T	RR Non-Hodgkin's Lymphoma
✦ CD33 NKE	RR Multiple Myeloma
✦ CD47xCD20	Non-Hodgkin's lymphoma
✦ CK1α Degrader	Hematologic Malignancies
✦ GPRC5D CAR T	RR Multiple Myeloma
✦ GSPT1 CELMoD (CC-90009)^	RR Acute Myeloid Leukemia
✦ ROR1 CAR T	Hematologic Malignancies
iberdomide^	Diffuse Large B-cell Lymphoma 1L RR NHL, LBCL, FL 3L+
OPDIVO	Hematologic Malignancies
✦ Cardiac Myosin Inhibitor	Hypertrophic Cardiomyopathy
✦ FXIa Inhibitor	Thrombotic Disorders
✦ ROMK Inhibitor	Heart Failure
✦ Anti-CD40	Autoimmune Disease
✦ RIPK1 Inhibitor	Autoimmune Disease
✦ IL2-CD25	Autoimmune Disease
✦ TYK2 Inhibitor	Autoimmune Disease
afimetoran (TLR 7/8 Inhibitor)	Cutaneous Lupus Erythematosus
✦ NME	Fibrosis
✦ Anti-Tau	Neuroscience
✦ BTK Inhibitor	Neuroscience
✦ eIF2b Activator	Neuroscience
✦ FAAH/MGLL Dual Inhibitor	Neuroscience

Phase II

✦ Anti-CTLA-4 NF	Solid Tumors
✦ Anti-CTLA-4 Probody	Solid Tumors
✦ Anti-Fucosyl GM1^	Solid Tumors
✦ Anti-IL-8^	Solid Tumors
✦ Anti-TIGIT^	Solid Tumors
✦ BET Inhibitor (CC-90010)^	Solid Tumors
✦ farletuzumab ecteribulin	Solid Tumors
OPDIVO	Colorectal Cancer 1L Pan-Tumor TMB High Solid Tumors
OPDIVO+YERVOY	Metastatic Castration-Resistant Prostate Cancer 2L Solid Tumors
OPDIVO+CDK4/6 Inhibitor	Neoadjuvant ER+/HER2- Breast Cancer
nivolumab+relatlimab	Stage IV Non-Small Cell Lung Cancer 1L Hepatocellular carcinoma 1L Hepatocellular carcinoma 2L
✦ A/I CELMoD (CC-99282)^	RR Non-Hodgkin's Lymphoma
✦ BET Inhibitor (BMS-986158)	Hematologic Malignancies
✦ mezigdomide (CC-92480)	RR Multiple Myeloma 4L+ RR Multiple Myeloma 2L+ & ND Multiple Myeloma
ABECMA (ide-cel)	RR Multiple Myeloma 2L RR Multiple Myeloma 4L+
BREYANZI (liso-cel)	Chronic Lymphocytic Leukemia 3L+ Follicular Lymphoma (FL) 3L Marginal Zone Lymphoma (MZL) 3L
IDHIFA	Acute Myeloid Leukemia 1L
iberdomide	RR Multiple Myeloma 2L+ & Newly Diagnosed Multiple Myeloma
OPDIVO+EMPLICITI	RR Multiple Myeloma
✦ danicamtiv	Genetic Dilated Cardiomyopathy
✦ milvexian (FXIa Inhibitor)	Venous Thromboembolism (VTE) Prevention Secondary Stroke Prevention
CAMZYOS	Heart Failure with preserved Ejection Fraction (HFpEF) Non-Obstructive Hypertrophic Cardiomyopathy

Phase II

✦ afimetoran (TLR 7/8 Inhibitor)	Systemic Lupus Erythematosus
✦ branebrutinib	Atopic Dermatitis Rheumatoid Arthritis Sjögren's Syndrome Systemic Lupus Erythematosus
✦ MK2 Inhibitor	Ankylosing Spondylitis
✦ S1PR1 Modulator	Atopic Dermatitis
cendakimab	Atopic Dermatitis
deucravacitinib	Crohn's Disease Discoid Lupus Erythematosus Systemic Lupus Erythematosus Ulcerative Colitis
✦ HSP47	Non-alcoholic Steatohepatitis (NASH)
✦ LPA1 Antagonist	Pulmonary Fibrosis
ORENCIA	COVID-19 Treatment

✦ NME leading indication

^ Trials exploring various combinations

1. BMS has an exclusive option to license and/or option to acquire

Oncology | Hematology | CV | Immunology | Fibrosis | Neuroscience | COVID-19

Clinical Development Portfolio – Phase III

Data as of July 15th, 2022

Phase III

✦ subcutaneous nivolumab + rHuPH20	Adjuvant Melanoma
	Renal Cell Carcinoma 2L
OPDIVO	Adjuvant Gastric Cancer
	Adjuvant Hepatocellular Carcinoma
	Metastatic Castration-Resistant Prostate Cancer 1L
	Periadjuvant Muscle Invasive Urothelial Carcinoma
	Periadjuvant Non-Small Cell Lung Cancer
OPDIVO+YERVOY	Adjuvant Melanoma
	Adjuvant Renal Cell Carcinoma
	Bladder Cancer 1L
	Microsatellite Instability High Colorectal Cancer 1L+
	Stage 3 Unresectable Non-Small Cell Lung Cancer
OPDUALAG	Adjuvant Melanoma
	Microsatellite Stable Metastatic Colorectal Cancer 2L+
✦ iberdomide	RR Multiple Myeloma 2L+
ABECMA (ide-cel)	RR Multiple Myeloma 3L+
IDHIFA	RR Acute Myeloid Leukemia with IDH2 Mutation
INREBIC	Myelofibrosis previously treated with Ruxolitinib
ISTODAX	Peripheral T-cell Lymphoma 1L
ONUREG	Lower Risk Myelodysplastic Syndrome
	Angioimmunoblastic T-cell Lymphoma
REBLOZYL	TD Myelodysplastic Syndrome Associated Anemia 1L
	TD Myelofibrosis Associated Anemia 1L
CAMZYOS	Obstructive Hypertrophic Cardiomyopathy SRT eligible
✦ cendakimab	Eosinophilic Esophagitis
✦ deucravacitinib	Moderate to severe Psoriasis
	Psoriatic Arthritis
ZEPOSIA	Crohn's disease

Registration US, EU, JP

✦ deucravacitinib	Moderate to Severe Psoriasis (US, JP, EU)
OPDIVO	Neoadjuvant Non-Small Cell Lung Cancer (EU, JP)
OPDUALAG	Melanoma 1L (EU)
BREYANZI	Large B-cell Lymphoma 2L TE (EU)
	Large B-cell Lymphoma 2L TE & TNE (JP)
REBLOZYL	B-Thalassemia NTD (EU)
CAMZYOS	Obstructive Hypertrophic Cardiomyopathy (EU)

✦ NME leading indication

Oncology | Hematology | CV | Immunology

Fibrosis | Neuroscience | COVID-19

Development Partnerships: ABECMA (ide-cel): 2seventy bio; AHR: Ikena Oncology; Anti-Tau: Prothena; CAMZYOS in China, Singapore, Thailand, Macau, HK, Taiwan: LianBio; CD3xPSCA: Avencell; eIF2b Activator: Evotec; TIGIT Bispecific: Agenus; ELIQUIS: Pfizer; EMPLICITI: AbbVie; farletuzumab ecteribulin: Eisai; HSP47: Nitto Denko Corporation; rHuPH20: Halozyme; IDHIFA: Agios Pharmaceuticals, Inc.; IL-12 Fc: Dragonfly Therapeutics; MAGEA4/8 TCR: Immatics; milvexian: Janssen Pharmaceuticals, Inc.; OPDIVO, YERVOY, OPDUALAG: Ono; REBLOZYL: Acceleron Pharma Inc

Changes to the Development Pipeline – Q2 2022

	Phase 1	Phase II	Phase III
New or Phase Transition:	✦DGK Inhibitor in Solid Tumors ✦RIPK1 Inhibitor in Autoimmune Disease	✦Anti-IL-8 in Solid Tumors relatlimab + nivolumab in Hepatocellular Carcinoma 1L	✦iberdomide in RR Multiple Myeloma 2L+ OPDUALAG in metastatic Colorectal Cancer 2L+
Removed:		✦FA Relaxin in Heart Failure	

Oncology | Hematology | Immunology | CV | Fibrosis | Neuroscience | COVID-19

✦ NME leading indication

Registrational Submissions *(n=2)*

- BREYANZI in LBCL 2L (EU)
- OPDIVO in Neoadj NSCLC (JP)

Approvals *(n=10)*

- BREYANZI in RR DLBCL 3L+ (EU)
- BREYANZI RR LBCL after one prior therapy (US)
- CAMZYOS in oHCM (US)
- OPDIVO in adj UBC (EU)
- O+Y, O+C in ESCC 1L (EU, JP, US)

Q2 2022 Late-Stage Drug Development Clinical Trials Update

Oncology	Hematology	Cell Therapy	Immunology	Cardiovascular
Opdivo	iberdomide	Breyanzi	cendakimab	milvexian
Opdualag	mezigdomide	Abecma	deucravacitinib	Camzyos
	Reblozyl		Zeposia	

Opdivo (anti-PD1)

Lung Cancer Trials

Indication	Neoadjuvant NSCLC	Peri-Adjuvant NSCLC	Stage III Unresectable NSCLC
Phase/Study	Phase III - CM -816	Phase III - CM -77T	Phase III - CM -73L
# of Patients	N = 505	N = 452	N = 888
Design	• Platinum doublet chemo • Opdivo + platinum doublet chemo • Opdivo + Yervoy*	• Neoadjuvant Opdivo + platinum-based doublet chemo followed by adj. Opdivo • Platinum-based chemo doublet followed by placebo	• Opdivo + CCRT followed by Opdivo + Yervoy • Opdivo + CCRT followed by Opdivo • CCRT followed by durvalumab
Endpoints	• pCR • EFS	• EFS	• PFS
Status	• Presented pCR at AACR 2021 & EFS at AACR 2022 • U.S. FDA approval March 2022, application under review in EU & Japan • Published in NEJM April 2022	• Enrollment complete • Projected data readout 2023/2024	• Enrolling • Projected data readout 2025
CT Identifier	NCT02998528	NCT04025879	NCT04026412

*for exploratory analysis

Opdivo (anti-PD1)

Early-Stage Trials

Indication	Adjuvant RCC	Adjuvant Melanoma	Peri-Adjuvant MIUC	Adjuvant HCC
Phase/Study	Phase III - CM-914	Phase III - CM -76K – Stage II B/C	Phase III - CA 017-078	Phase III - CM -9DX
# of Patients	N = 1641	N = 790	N = 861	N = 545
Design	• Part A: Opdivo + Yervoy vs Placebo • Part B: Opdivo + Yervoy vs Placebo vs Opdivo + Placebo	• Opdivo • Placebo	• Chemotherapy • Opdivo + Chemotherapy	• Opdivo • Placebo
Endpoints	• DFS	• RFS	• pCR • EFS	• RFS
Status	• Enrollment complete • Projected data readout 2022 (Part A) & 2024 (Part B)	• Enrollment complete • Projected data readout 2023	• Enrolling • Projected data readout 2024	• Enrollment complete • Projected data readout 2024
CT Identifier	NCT03138512	NCT04099251	NCT03661320	NCT03383458

Opdivo (anti-PD1)

Metastatic Trials

Indication	1L RCC	1L Bladder	1L mCRPC
Phase/Study	Phase III - CA209 -8Y8	Phase III - CM -901	Phase III - CM-7DX
# of Patients	N = 418	N = 1307	N = 984
Design	• Opdivo + Yervoy • Opdivo	• PD-L1+ & Cis-ineligible: Opdivo + Yervoy w/ Opdivo follow-up vs SOC chemo • Cis-eligible: Opdivo + gemcitabine-cisplatin w/ Opdivo follow-up vs SOC chemo	• Opdivo + docetaxel + prednisone • Placebo + docetaxel + prednisone
Endpoints	• ORR • PFS	• PFS • OS in PD-L1+ (>=1%) (cis-eligible & ineligible) • OS in cisplatin-eligible & ineligible pts	• rPFS • OS
Status	• Enrollment complete • Projected data readout 2H 2022	• Enrolling (cis-eligible & ineligible) • Projected data readouts 2023 • PDL1+ did not meet primary endpoint in OS	• Enrollment complete • Projected data readout 2023
CT Identifier	NCT03873402	NCT03036098	NCT04100018

Opdivo (anti-PD1)

Metastatic Trials

Indication	1L HCC	1L+ MSI High CRC	SubQ - 2L RCC
Phase/Study	Phase III - CM-9DW	Phase III - CM -8HW	Phase III - CM -67T
# of Patients	N = 728	N = 831	N = 454
Design	• Opdivo + Yervoy • sorafenib/lenvatinib	• Opdivo • Opdivo + Yervoy • Chemotherapy	• Opdivo + rHuPH20 (SC) • Opdivo (IV)
Endpoints	• OS	• PFS Arm B vs. A, all lines • PFS Arm B vs. C, first line	• Cavgd28 (Opdivo serum concentration) • Cminss
Status	• Enrolling • Projected data readout 2024	• Enrolling • Projected data readout 2024	• Enrolling • Projected data readout 2024
CT Identifier	NCT04039607	NCT04008030	NCT04810078

Opdualag (anti-LAG3 + anti-PD1 FDC)

Indication	1L Melanoma	Adjuvant Melanoma	2L+ MSS mCRC
Phase/Study	Phase II/III - RELATIVITY-047	Phase III – CA224-098	Phase III - CA224-123
# of Patients	N = 714	N = 1050	N = 700
Design	• Relatlimab + nivolumab • Nivolumab	• Relatlimab + nivolumab • Nivolumab	• Relatlimab + nivolumab • Investigator's Choice: regorafenib or TAS-102 (trifluridine/tipiracil)
Endpoints	• PFS	• RFS	• OS in PD-L1 CPS≥1 • OS in all-comers
Status	• Presented PFS at ASCO 2021 & PFS2 at ESMO 2021 • OS/ORR presented in March 2022 ASCO virtual plenary • U.S. FDA approval March 2022; positive CHMP opinion in EU July 2022	• Enrolling • Projected data readout 2026	• Enrolling • Projected data readout 2025
CT Identifier	NCT03470922	NCT05002569	NCT05328908

Opdualag (anti-LAG3 + anti-PD1 FDC)

Indication	1L HCC	2L HCC (Post TKI)	Stage IV 1L NSCLC
Phase/Study	Phase II - CA224-106	Phase II - CA224-073	Phase II - CA224-104
# of Patients	N = 162	N = 250	N = 520
Design	• Nivolumab + relatlimab + bevacizumab • Nivolumab + placebo + bevacizumab	• Nivolumab + relatlimab dose 1 • Nivolumab + relatlimab dose 2 • Nivolumab	• Nivolumab + relatlimab dose 1 + platinum doublet chemotherapy (PDCT) • Nivolumab + relatlimab dose 2 + PDCT • Nivolumab + relatlimab dose 1 or dose 2 + PDCT • Nivolumab + placebo + PDCT
Endpoints	• DLTs • PFS	• ORR	• TRAEs leading to discontinuation within 12 weeks after 1st dose • ORR
Status	• Enrolling • Projected data readout 2025	• Enrolling • Projected data readout 2025	• Enrolling • Projected data readout 2023/2024
CT Identifier	NCT05337137	NCT04567615	NCT04623775

iberdomide (A/I CELMoD)

Indication	RRMM & NDMM	2L+ RRMM
Phase/Study	Phase I/II – CC-220-MM-001	Phase III – EXCALIBER
# of Patients	N = 532	N = 864
Design	• Cohort A: iberdomide monotherapy • Cohort B: iberdomide + dexamethasone (dex) - Part I • Cohort D: iberdomide + dex - Part II • Cohort E: iberdomide + dex + daratumumab – Part 1 • Cohort F: iberdomide + dex + bortezomib - Part I • Cohort G: iberdomide + carfilzomib & dex -Part I • Cohort I: iberdomide + dex in post BCMA RRMM-Part II • Cohort J1: iberdomide (1.0, 1.3, 1.6mg) + bortezomib + dex in NDMM TNE- Part II • Cohort K: iberdomide (1.0, 1.3, 1.6mg) + daratumumab + dex in NDMM TNE- Part II	• iberdomide (1.0, 1.3,1.6 mg) + daratumumab (1800 mg) + dex (40 mg) - (iberDd) • daratumumab (1800 mg) + bortezomib (1.3 mg/m2) + dex (20 mg) - (DVd)
Endpoints	• MTDs of iberdomide as monotherapy and in combination with other treatment in Part I • RP2D based on PK/PD and MTD in Part I • ORR of iberdomide in combination in Part II	• PFS • OS
Status	• Data presented at ASCO 2019, ASH 2020, EHA & ASH 2021, & EHA 2022 • Expect additional data 2H 2022	• Enrolling • Projected data readout 2026
CT Identifier	NCT02773030	NCT04975997

iberdomide (A/I CELMoD)

Indication	3L+ R/R NHL, LBCL, & FL	1L DLBCL
Phase/Study	Phase I/IIa – NHL-001	Phase I - DLBCL-001
# of Patients	N = 232	N = 116
Design	Part I dose escalation • Cohort A: iberdomide monotherapy in R/R lymphoma • Cohort B: iberdomide + rituximab in R/R B-Cell NHL • Cohort C: iberdomide + obinutuzumab in R/R FL or MZL Part II dose expansion • Cohort D: iberdomide monotherapy in aggressive B-cell lymphoma & FL • Cohort E: iberdomide + rituximab in aggressive B-cell lymphoma • Cohort F: iberdomide + rituximab in FL grade 1-3a • Cohort G: iberdomide + obinutuzumab in FL grade 1-3a	Part I: dose escalation • iberdomide + R-CHOP • CC-99282 + R-CHOP Part II: dose expansion • iberdomide + R-CHOP • CC-99282 + R-CHOP
Endpoints	• MTD • RP2D based on PK/PD and MTD • Safety and tolerability	• MTD • RP2D based on PK/PD and MTD • Safety and tolerability
Status	• Enrolling • Projected data readout 2023	• Enrolling • Projected data readout 2024
CT Identifier	NCT04464798	NCT04884035

mezigdomide (CC-92480 - A/I CELMoD)

Indication	4L+ RRMM	2L+ RRMM & NDMM
Phase/Study	Phase I/II - CC-92480-MM-001	Phase I/II - CC-92480-MM-002
# of Patients	N = 201	N = 424
Design	Part I Escalation Cohorts: • 6/28 Schedule: CC-92480 0.2-0.8 mg BID + dex • 14/28 Schedule: CC-92480 0.8 mg BID and 1.6-2 mg QD + dex 10/28 Schedule: CC-92480 0.1-1 mg QD + dex • 21/28 Schedule: CC-92480 0.8-1 mg QD + dex • 21/28 Monotherapy: CC-92480 0.6-1 mg QD Part II Expansion Cohort • 21/28 Schedule: CC-92480 1 mg QD + dex	Dose escalation and expansion cohorts of CC-92480 combined with standard of care therapies: • Cohorts A/D: + bortezomib (1.3mg) + dex • Cohort B/E: + daratumumab + dex • Cohort C/F: + carfilzomib + dex • Cohort H/J: + elotuzumab + dex • Cohort I/K: + isatuximab + dex • Cohort G: + bortezomib + dex
Endpoints	• Safety and tolerability in Part I • MTD in Part I • ORR in Part II	• RP2D based on PK/PD and MTD • Safety and tolerability • ORR
Status	• Monotherapy cohort enrolling • Data presented at ASCO 2020 for Part I • Projected data readout 2H 2022 for Part II	• Enrolling A, B, C, D, & H • Data presented at ASH 2021 & to present cohorts A,C, & D at IMS 2022
CT Identifier	NCT03374085	NCT03989414

Reblozyl (Erythroid Maturation Agent)

Indication	1L TD Myelodysplastic Syndrome (MDS) Associated Anemia	1L TD Myelofibrosis (MF) Associated Anemia
Phase/Study	Phase III - COMMANDS	Phase III - INDEPENDENCE
# of Patients	N = 350	N = 309
Design	• Reblozyl - 1.0 mg/kg SC every 3 weeks • Epoetin Alfa - 450 IU/kg SC weekly	• Reblozyl 1.33 mg/kg SC every 3 weeks + BSC • Placebo + BSC
Endpoints	• Red Blood Cell Transfusion Independence (RBC-TI) for 12 weeks [84 days] with associated concurrent mean hemoglobin increase ≥ 1.5 g/dL	• RBC-TI during any consecutive 12-week period starting within the first 24 weeks
Status	• Enrolling • Expected data readout 2023	• Enrolling • Expected data readout 2024
CT Identifier	NCT03682536	NCT04717414

Breyanzi (CD 19 CAR T)

Indication	2L LBCL TE	2L LBCL TNE	3L+ DLBCL	R/R iNHL	3L+ CLL	3L+ LBCL Combos
Phase/Study	Phase III – TRANSFORM	Phase II – PILOT	Phase II POC – OUTREACH	Phase II – TRANSCEND FL	Phase II – TRANSCEND CLL	Phase I/II POC – PLATFORM
# of Patients	N = 184	N = 61	N = 41	N = 188	N = 259	N = 108
Design	• Breyanzi • SOC (R-DHAP, R-ICE or R-GDP)	• Breyanzi	• Breyanzi in the outpatient setting (community sites)	• Breyanzi • Single arm/multi cohort: 3L+ FL, 2L FL (high risk), 3L+ marginal zone lymphoma	• Breyanzi • Breyanzi + ibrutinib • Breyanzi + venetoclax	• Breyanzi + durvalumab • Breyanzi + avadomide • Breyanzi + iberdomide • Breyanzi + ibrutinib • Breyanzi + relatlimab +/- Opdivo • Breyanzi + CC-99282
Endpoints	• EFS	• ORR	• Safety and tolerability in the outpatient setting	• ORR	• ORR • CRR	• DLT • CRR
Status	• Data presented at ASH 2021 • Published in Lancet June 2022 • U.S. FDA approval June 2022 • Application under review in EU & Japan	• Data presented at ASCO and EHA 2022 • U.S. FDA approval June 2022 • Application under review in Japan	• Data presented at ASH & ASCO 2021 • Enrollment complete • Projected data readout 2023	• Enrolling • Projected data readout 2023	• Enrolling • Monotherapy projected data readout 2023	• Enrolling • Projected data readout 2024
CT Identifier	NCT03575351	NCT03483103	NCT03744676	NCT04245839	NCT03331198	NCT03310619

Abecma (BCMA CAR T)

Indication	1L, 2L, & 4L+ RRMM	3L+ RRMM
Phase/Study	Phase II POC – KarMMa-2	Phase III – KarMMa-3
# of Patients	N = 235	N = 381
Design	• 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: NDMM with suboptimal response to ASCT	• Abecma • Standard regimens as per Investigator's discretion – DPd, DVd, IRd, Kd, EPd
Endpoints	• ORR • CRR	• PFS
Status	• Enrolling cohorts 1 & 3 • Cohort 2a-c enrollment complete; projected data readout 2H 2022	• Enrollment complete • Projected data readout 2023
CT Identifier	NCT03601078	NCT03651128

cendakimab (anti-IL13)

Indication	Eosinophilic Esophagitis (EoE)	Atopic Dermatitis (AD)
Phase/Study	Phase III - CC-93538-EE-001	Phase II - CC-93538-AD-001
# of Patients	N = 399	N = 214
Design	• 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	• Cendakimab 720 mg SC QW • Cendakimab 720 mg SC Q2W • Cendakimab 360 mg SC Q2W • Placebo
Endpoints	• Change in Dysphagia Days (Clinical Response) at Week 24 • Eosinophil Histologic Response (<15/hpf) at Week 24	• Percent Change in EASI from Baseline at Week 16
Status	• Enrolling • Expected data readout 2024	• Enrollment complete • Expected data readout 2H 2022
CT Identifier	NCT04753697	NCT04800315

deucravacitinib (TYK-2 inhibitor)

Indication — **Moderate to Severe Psoriasis (PsO)**

	Phase III – IM011-046 - POETYK-1	Phase III – IM011-047 - POETYK-2	Phase III - IM011-075 – POETYK-LTE
Phase/Study			
# of Patients	N = 666	N = 1020	N = 1452
Design	• Deucravacitinib 6mg QD • Placebo • apremilast 30mg BID	• Deucravacitinib 6mg QD • Placebo • apremilast 30mg BID	• Deucravacitinib 6mg QD • Long-term safety study
Endpoints	• PASI-75 & sPGA 0/1 at Week 16	• PASI-75 & sPGA 0/1 at Week 16	• Incidence of Adverse Events & Serious Adverse Events • PASI-75 & sPGA 0/1 over time
Status	• Presented 52-week data at EADV 2021 • PDUFA Sept 10, 2022 & application under review in EU & Japan	• Presented 52-week data at EADV 2021 • PDUFA Sept 10, 2022 & application under review in EU and Japan	• Enrollment complete • Expected data readout 2026
CT Identifier	NCT03624127	NCT03611751	NCT04036435

deucravacitinib (TYK-2 inhibitor)

Indication	Psoriatic Arthritis (PsA)		
Phase/Study	Phase II - IM011-084	Phase III - IM011-054	Phase III - IM011-055
# of Patients	N = 203	N = 650	N = 700
Design	Part A: • Deucravacitinib dose 6mg QD • Deucravacitinib dose 12mg QD • Placebo Part B: At wk 16, all pts on Deucravacitinib not achieving minimal disease activity (+ all pts on Placebo) roll into Stelara	52-week study of patients with active PsA in TNF-naïve patients • Deucravacitinib 6 mg QD • Placebo	52-week study of patients with active PsA in TNF-naïve and TNF-IR patients • Deucravacitinib 6 mg QD • Placebo • apremilast
Endpoints	• % pts achieving ACR20 response at Week 16	• % pts achieving ACR20 response at Week 16	• % pts achieving ACR20 response at Week 16
Status	Data presented ACR 2020 in part A Data presented at EULAR 2022 in part B	• Enrolling • Expected data readout 2024 (52 wks)	• Enrolling • Expected data readout 2024 (52 wks)
CT Identifier	NCT03881059	NCT04908202	NCT04908189

deucravacitinib (TYK-2 inhibitor)

Indication	Systemic Lupus Erythematosus (SLE)	Discoid Lupus Erythematosus (DLE)	Ulcerative Colitis (UC) Moderate to Severe	Crohn's Disease (CD) Moderate to Severe
Phase/Study	Phase II - IM011-021 - PAISLEY	Phase II - IM011-132	Phase II - IM011-127	Phase II - IM011-023
# of Patients	N = 363	N = 75	N = 50	N = 240
Design	52-week study: • Deucravacitinib dose 3 mg BID • Deucravacitinib dose 6 mg BID • Deucravacitinib dose 12 mg QD • Placebo	52-week study: • Deucravacitinib dose A • Deucravacitinib dose B • Placebo	• Deucravacitinib • Placebo	• Deucravacitinib dose A • Deucravacitinib dose B • Placebo
Endpoints	• Proportion of participants who meet response criteria SRI-4 at week 32	• Change from baseline in CLASI-A activity score at week 16	• Proportion of participants in clinical response at Week 12	• Proportion of pts achieving clinical remission at week 12 • Proportion of pts achieving endoscopic response at week 12
Status	• Data presented at EULAR 2022	• Enrolling • Expected data readout 2023	• Enrolling • Expected data readout 2023	• Enrolling • Expected data readout 2023
CT Identifier	NCT03252587	NCT04857034	NCT04613518	NCT03599622

Zeposia (S1P agonist)

Indication	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	• Zeposia (0.92mg daily) • Placebo	• Zeposia (0.92mg daily) • Placebo	• Zeposia (0.92mg daily) • Placebo
Endpoints	• Proportion of pts in clinical remission (CDAI* score < 150) at week 12 (induction)	• Proportion of pts in clinical remission (CDAI* score < 150) at week 12 (induction)	• Proportion of pts in clinical remission (CDAI score of < 150) at week 52 (maintenance) • Proportion of pts with a Simple Endoscopic Score for Crohn's Disease (SES-CD) decrease of ≥ 50% at week 52 (maintenance)
Status	• Enrolling • Expected data readout 2024	• Enrolling • Expected data readout 2024	• Enrolling • Expected data readout 2025 (52 wks post induction & basis for filing)
CT Identifier	NCT03440372	NCT03440385	NCT03464097

milvexian (FXIa inhibitor)

Indication	VTE Prevention	Secondary Stroke Prevention
Phase/Study	Phase IIb - AXIOMATIC-TKR Non-BMS Sponsored	Phase IIb - AXIOMATIC-SSP
# of Patients	N = 1242	N = 2366
Design	• Arm A – Milvexian 25 mg BID + Placebo • Arm B – Milvexian 50 mg BID • Arm C – Milvexian 100 mg BID + Placebo • Arm D – Milvexian 200 mg BID • Arm E – Milvexian 25mg once daily + Placebo • Arm F – Milvexian 200 mg once daily + Placebo • Arm G – Milvexian 50 mg once daily + Placebo • Arm I – Enoxaparin 40 mg	• Arm A - Placebo + 100 mg Aspirin + 75 mg Clopidogrel • Arm B - Milvexian 200 mg BID + 100 mg Aspirin + 75 mg Clopidogrel • Arm C - Milvexian 100 mg BID + 100 mg Aspirin + 75 mg Clopidogrel • Arm D - Milvexian 50 mg BID + 100 mg Aspirin + 75 mg Clopidogrel • Arm E - Milvexian 25 mg BID + 100 mg Aspirin + 75 mg Clopidogrel • Arm F - Milvexian 25 mg QD+ 100 mg Aspirin + 75 mg Clopidogrel Note: Clopidogrel for 21 days; continue with Milvexian and aspirin
Endpoints	• VTE • Bleeding Event	• Composite of new ischemic stroke during the treatment period and new covert brain infarction (FLAIR + DWI) detected by MRI at Day 90
Status	• Presented at AHA 2021 • NEJM 2021	• SSP data in-house; to be presented at ESC 2022
CT Identifier	NCT03891524	NCT03766581

Camzyos (myosin inhibitor)

Indication	Symptomatic Obstructive Hypertrophic Cardiomyopathy (oHCM)		Heart Failure with Preserved Ejection Fraction (HFpEF)
Phase/Study	Phase III - EXPLORER	Phase III - VALOR	Phase IIa - EMBARK
# of Patients	N = 251	N = 110	N = 35
Design	• Camzyos dose 2.5mg, 5mg, 10mg or 15mg • Placebo	• Camzyos – 2.5mg, 5mg, 10mg or 15mg • Placebo	• Camzyos
Endpoints	• Composite Peak VO2 and NYHA	• 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	• TEAEs and SAEs • Effect on cTnT levels (at rest) • Effect on NT-proBNP levels
Status	• Published in Lancet 2020 • Presented at HFSA & AHA 2021 & ACC 2022 • U.S.FDA approved April 2022; application under review in EU	• Positive topline results February 2022 • Published in JACC July 2022 • Presented at ACC 2022 • Data shared with Health Authorities	• Enrolling • Projected data readout 2023/2024
CT Identifier	NCT03470545	NCT04349072	NCT04766892

Abbreviations

AD	Atopic Dermatitis
Adj	Adjuvant
AE	Adverse Event
AHA	American Heart Association
AML	Acute Myeloid Leukemia
ASH	American Society of Hematology
BCMA	B-Cell Maturation Antigen
BID	Twice a Day
CAR T	Chimeric Antigen Receptor Therapy
CD	Crohn's Disease
CDAI	Crohn's Disease Activity Index
CLL	Chronic Lymphocytic Leukemia
CM	Checkmate
CR	Complete Response
CRC	Colorectal Cancer
DFS	Disease-free survival
DLBCL	Diffuse Large B-Cell Lymphoma
DLE	Discoid Lupus Erythematosus
EADV	European Academy of Dermatology and Venereology
EFS	Event Free Survival
EoE	Eosinophilic Esophagitis
ESA	Erythropoietin Stimulating Agents
ESCC	Esophageal Squamous Cell Carcinoma
FDC	Fixed Dose Combination
FL	Follicular Lymphoma
HCC	Hepatocellular Carcinoma
HFpEF	Heart Failure w/ Preserved Ejection Fraction
iNHL	Indolent Non-Hodgkin's Lymphoma
I-O	Immuno-Oncology
IV	Intravenous
LBCL	Large B-Cell Lymphoma
LVOT	Left Ventricular Outflow Tract
mCRPC	Metastatic Castration-Resistant Prostate Cancer
MDS	Myelodysplastic Syndrome
mDSD	modified Daily Symptom Diary
Mel	Melanoma
MF	Myelofibrosis
MIUC	Muscle Invasive Urothelial Cancer
MM	Multiple Myeloma
MR	Minimal Response
MS	Multiple Sclerosis
MSI-H	High Microsatellite Instability
MTD	Maximum Tolerated Dose
nHCM	Non-Obstructive Hypertrophic Cardiomyopathy
NSCLC	Non-Small Cell Lung Cancer
NTD	Non-Transfusion Dependent
NYHA	New York Health Association
oHCM	Obstructive Hypertrophic Cardiomyopathy
ORR	Overall Response Rate
OS	Overall Survival
PASI	Psoriasis Area and Severity Index
pCR	Pathological Complete Response
PDUFA	Prescription Drug User Fee Act
PFS	Progression Free Survival
POC	Proof of Concept
PsA	Psoriatic Arthritis
PsO	Psoriasis
QD	Once Daily
RBC-TI	Red Blood Cell Transfusion Independence
RCC	Renal Cell Carcinoma
RP2D	Recommended Phase 2 Dose
RR	Relapsed Refractory
SAE	Serious Adverse Event
SC	Subcutaneous
SCT	Stem Cell Transplant
SLE	Systemic Lupus Erythematosus
SoC	Standard of Care
sPGA	Static Physicians Global Assessment
SRT	Septal Reduction Therapy
SSP	Secondary Stroke Prevention
SubQ	Subcutaneous
TCE	T-Cell Engager
TD	Transfusion Dependent
TE	Transplant Eligible
TEAE	Treatment Emergent Adverse Events
TKR	Total Knee Replacement
TNE	Transplant Non-Eligible
TNF	Tumor Necrosis Factor
UC	Ulcerative Colitis
TNF	Tumor Necrosis Factor
UC	Ulcerative Colitis