## Q4 2022 Results

February 2, 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 operating margin is not provided because a comparable GAAP measure is 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.

O4 2022 Results Not for Product Promotional Use



### Q4 2022 Results



## Giovanni Caforio, MD

Chairman of the Board and Chief Executive Officer

### Q4 & Full Year 2022 Performance

#### **Strong Commercial Execution**

Global Net Sales

Q4:~\$11.4B (5%) YoY; (1%) Ex-FX\*

FY: ~\$46.2B in-line YoY; +3% Ex-FX\*

In-Line Brands & New Product Portfolio:

Q4:~\$9.0B +7% YoY; +12% Ex-FX\*

FY:~\$35.4B +9% YoY; +13% Ex-FX\*

3 first-in-class medicines launched in 2022





O4 2022 Results



#### **Strong Financial Execution**

Earnings Per Share (EPS)

Q4: GAAP \$0.95, (11%) YoY Non-GAAP\* \$1.82, (1%) YoY

FY: GAAP \$2.95, (5%) YoY; Non-GAAP\* \$7.70, +8% YoY

#### 2023 Guidance

Total Sales ~2% YoY Growth¹

GAAP EPS\* \$4.03 - \$4.33 Non-GAAP EPS\* \$7.95 - \$8.25

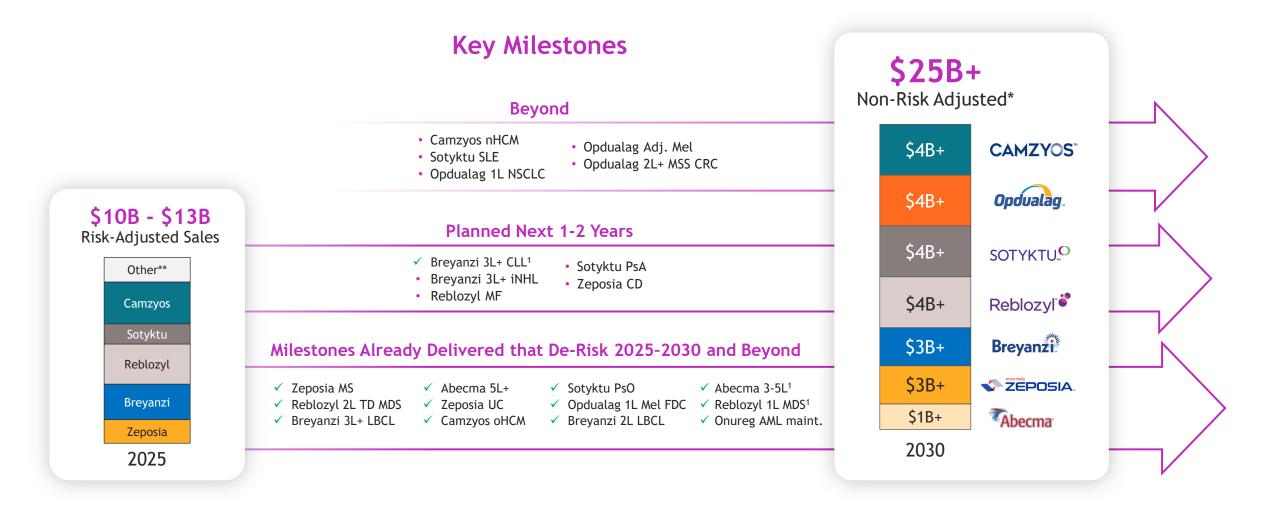
Reflects continued top & bottom-line growth

### **Delivered** on Our Commitments

Key Milestones in 2022						
Opdivo (+/- Yervoy)	U.S./EU expected approvals:  1L ESCC (CM-648)  Neo-adj lung EFS (CM-816) (U.S.)  Adj. RCC (CM-914)	Reblozyl	✓ 1L MDS Ph3 (COMMANDS)			
Opdualag	1L melanoma U.S. approval 1L melanoma EU approval	mezigdomide	✓ 4L+ MM Ph1/2 ✓ Initiation triplet 2L+ MM Ph3			
	✓ Initiation 2L+ CRC Ph3	Sotyktu	✓ PsO U.S. approval ✓ SLE Ph2			
bempeg	<ul> <li>1L melanoma</li> <li>1L renal</li> <li>1L bladder</li> <li>Neo-adj. cis-ineligible MIBC</li> </ul>	cendakimab	✓ AD Ph2¹			
Breyanzi	✓ 2L LBCL U.S. approval ✓ 3L+ LBCL EU approval		oHCM U.S. approval oHCM Ph3 (VALOR)			
Abecma	✓ 2L+ MM Ph2 (KarMMa-2) ✓ 3L-5L MM Ph3 (KarMMa-3)	Camzyos	Initiation nHCM Ph3 (ODYSSEY-HCM)			
iberdomide	✓ Initiation 2L+ MM Ph3 (EXCALIBER)	milvexian	✓ SSP Ph2			

Q4 2022 Results

# New Product Portfolio Significantly De-Risked with Important Catalysts Ahead



### **Near-term Catalysts Across Diversified Portfolio**

2023 Key Milestones							
Opdivo (+/- Yervoy)	Early Stage:  ☐ Neo-adjuvant NSCLC Ph3 (CM-816) approval in EU  iberdomide		<ul> <li>Initiation of pivotal post-transplant maintenance H2H vs Revlimid</li> </ul>				
	Metastatic  □ 1L mCRPC Ph3 (CM-7DX)  Reblozyl		☐ 1L MDS (COMMANDS) U.S.				
Opdualag	☐ 1L NSCLC Ph2		filing				
repotrectinib	□ ROS1+ NSCLC (TRIDENT-1) U.S. filing	Sotyktu	☐ Mod-to-severe PsO EU approval¹				
Abecma	☐ 3-5L MM Ph3 (KarMMa-3) filing		☐ CD Ph2 (IM011-023) ☐ UC Ph2 (IM011-127)				
	☐ Initiation NDMM Ph3 (KarMMa-9)	LPA <sub>1</sub> Antagonist	☐ Initiation IPF Ph3☐ PPF Ph2 (IM027-040)				
	☐ 2L TE LBCL EU approval		040)				
Breyanzi	✓ 3L+ CLL Ph1/2 (TRANSCEND-CLL)	Camzyos	□ oHCM EU approval				
Dieyalizi	☐ 3L+ FL Ph2 (TRANSCEND- FL)	milvexian	☐ Initiation Ph3 program <sup>2,3</sup>				

Q4 2022 Results

	2024/2025 Ke
	Metastatic:  ☐ 1L HCC Ph3 (CM-9DW)  ☐ 1L+ MSI High CRC Ph3 (CM-8HW)
Opdivo (+/- Yervoy)	Early Stage:  Peri-adj NSCLC Ph3 (CM-77T)  Peri-adj MIBC Ph3 (CM-078)  Adj HCC Ph3 (CM-9DX)  Stage III Unresectable NSCLC Ph3 (CM-73L)  Adj NSCLC Ph3 (ANVIL, co-op group)
Opdualag	☐ 1L HCC Ph2 ☐ 2L HCC Ph2 ☐ 2L+ MSS mCRC Ph3
alnuctamab BCMA TCE	□ Initiation MM Ph3



### Delivered Significant Financial & Portfolio Milestones Through Strong Execution

~ 3	Year	Finar	cial	Ach:	ievem	ents <sup>1</sup>
~ )	IEai	ı ıııaı	ıcıaı	ACII	IEVEIII	

High single-digit

Non-GAAP EPS growth<sup>2</sup>

Mid-20s

Cost synergies

Sales growth

\$3B+

Significant Operating Cash Flow<sup>3</sup>

Q4 2022 Results

\$40B+

#### ~3 Year Portfolio Achievements<sup>4</sup>

New products delivered

9



















3 First-in-Class Assets Approved in 2022

**BD** execution

MYOK, TPTX

Added new indications across portfolio

15+

#### Strengthens Foundation for Portfolio Renewal & Long-Term Growth

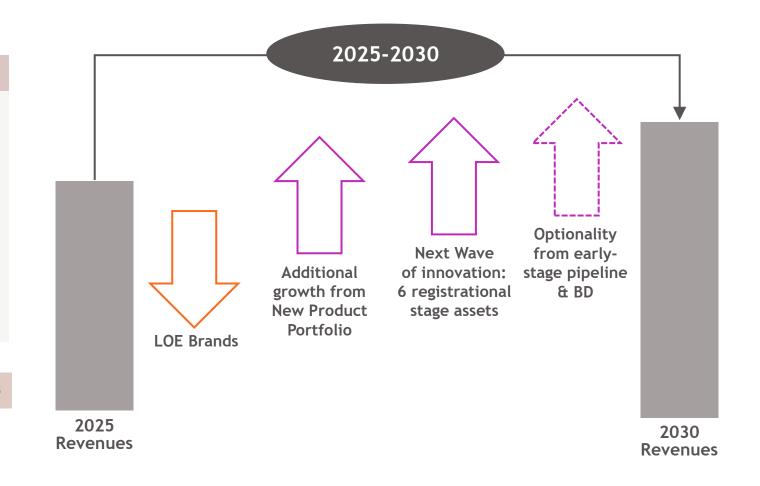
### Multiple Paths for Long-Term Growth

#### 2020-2025

#### On track to deliver

- Low-to-mid single digit revenue CAGR\*
- \$8B 10B growth from in-line brands (primarily I-O & Eliquis)
- \$10B 13B from New Product Portfolio
- 40%+ operating margin\*\*

Continued growth reflected in 2023 guidance



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### Q4 2022 Results



**David Elkins** 

Executive Vice President and Chief Financial Officer

### **Strong Total Company Performance**

#### Total Company Sales ~\$46.2B in-line YoY, +3% ex-FX

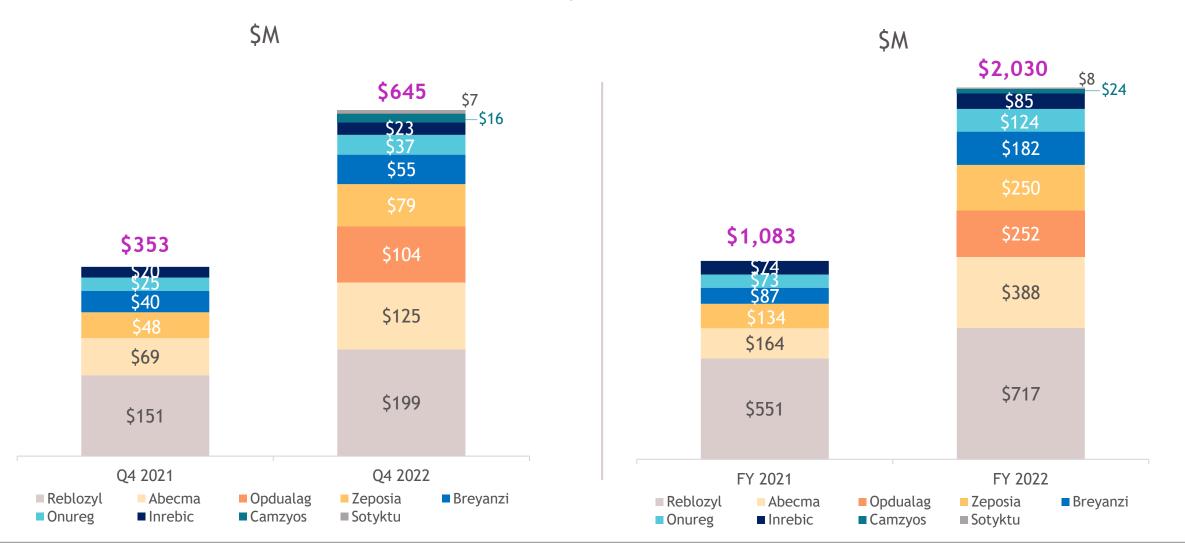


Q4 2022 Results

\$B	FY 22 Net Sales*	YoY %	Ex-FX %
Total Company	\$46.2	-	+3%
In-Line Products	\$33.3	+7%	+11%
New Product Portfolio	\$2.0	+87%	+92%
In-Line Products & New Product Portfolio	\$35.4	+9%	+13%
Recent LOEs <sup>1</sup>	\$10.8	(23%)	(22%)

### New Product Portfolio Sales Performance

#### Sales nearly doubled vs PY



### Q4 & Full Year 2022 Solid Tumor product summary

#### Global Net Sales (\$M)

	Q4 2022			FY 2022		
		YoY	Ex-FX		YoY	Ex-FX
OPDIVO 15M (nivolumab)  RECTOR POR REPRANCES ES SURgist	\$2,216	+11%	+16%	\$8,249	+10%	+14%
YERVOY. (pilimumab) legectron for infrareneous infusion	\$568	+4%	+9%	\$2,131	+5%	+10%
Abraxane <sup>a</sup>	\$179	(41%)	(39%)	\$811	(31%)	(30%)
Opdualag (niolumab and relatlimab-mbw) Injection for intravenous use   480 mg/160 mg	\$104			\$252		

#### **Opdivo**

- U.S. growth driven by demand in 1L lung, 1L renal, 1L gastric, adj. esophageal, adj. bladder cancer & neoadjuvant lung
- Ex-U.S. growth from 1L lung, upper GI cancers & timing of shipments vs PY
- Continued growth expected from current & expanded indications

#### **Opdualag**

- 3<sup>rd</sup> approved I-O agent; potential to be a new SOC in 1L melanoma
- U.S. growth driven by strong demand; share in the high teens

### Q4 & Full Year 2022 Cardiovascular product summary

#### Global Net Sales (\$M)

	<u>Q4 2022</u>			FY 2022		
		YoY	Ex-FX		YoY	Ex-FX
Eliquis. apixaban	\$2,688	+1%	+6%	\$11,789	+10%	+14%

#### Best-in-class & leading OAC within category

- U.S. robust demand & gross-to-net adjustments offset by timing of wholesaler buying patterns in Q4'22 vs PY
- Ex-U.S. continues to be #1 OAC in key international markets; impacted by some generic entry (UK/NL & Canada) & pricing measures

	Q4 2022			E	FY 2022		
		YoY	Ex-FX		YoY	Ex-FX	
CAMZYOS™ (mavacamten) 23.5, 10, 100; (mavacamten) capsules	\$16			\$24			

#### First-in-class myosin inhibitor

- Significant increase in REMS certified HCPs, total treated patients & commercial dispensed patients
- EU approval in oHCM expected mid-year
- VALOR: U.S. PDUFA date June 16, 2023

	As of Sept 30, 2022 <sup>1</sup>	As of Dec 31, 2022 <sup>1</sup>
REMS Certified physicians	>2000	>2600
Patients in Hub	>1100	>1800
Patients on commercial drug	>350	>900

### Q4 & Full Year 2022 Hematology product summary

#### Global Net Sales (\$M)

	Q4 2022			FY 2022		
		YoY	Ex-FX		YoY	Ex-FX
Reviimid* (lenalidomide) cupanies	\$2,260	(32%)	(31%)	\$9,978	(22%)	(21%)
Pomalyst (pomalidomide) cosses	\$877	+3%	+6%	\$3,497	+5%	+8%
SPR <sup>*</sup> CEL*	\$578	+4%	+8%	\$2,165	+2%	+6%
Empliciti (elotuzumab)	\$71	(12%)	(7%)	\$296	(11%)	(7%)

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

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

	Q4 2022			I	FY 20	FY 2022	
		YoY	Ex-FX		YoY	Ex-FX	
Reblozyl*** (luspatercept-aamt) for injection 25mg + 75mg	\$199	+32%	+34%	\$717	+30%	+32%	
Abecma (idecabtagene vicleucel) ######	\$125	+81%	+87%	\$388	**	**	
Breyanzi.	\$55	+38%	+48%	\$182	**	**	
ONUREG (azacitidine) stokes	\$37	+48%	+52%	\$124	+70%	+74%	
INREBIC* (fediatinit) capsules	\$23	+15%	+15%	\$85	+15%	+16%	

#### Reblozyl

- Robust U.S. demand with progress in increasing treatment duration & patient adherence
- Continued expansion in international markets based on reimbursement timing

**Abecma & Breyanzi** - Strong demand supported by increased manufacturing capacity

### Q4 & Full Year 2022 Immunology product summary

#### Global Net Sales (\$M)

	Q4 2022			FY 2022		
		YoY %	Ex-FX %		YoY %	Ex-FX %
ORENCIA* (abatacept)	\$913	+6%	+9%	\$3,464	+5%	+8%
ZEPOSIA, (ozanimod)   002 mg.	\$79	+65%	+69%	\$250	+87%	+93%

#### Zeposia

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- Strong demand growth including expansion into UC
- Continuing to improve formulary access; achieved 0 or 1 step edit across several plans

	<u>Q4</u>	2022		E	Y 2022	2
		YoY	Ex-FX		YoY	Ex-FX
SOTYKTU <sup>T</sup> (deucravacitinib) <sup>6 mg</sup> <sub>reblets</sub>	\$7			\$8		

#### First-in-class selective allosteric TYK2 inhibitor

- Very encouraging HCP feedback & strong early adoption
- Focused on driving demand to enable broader access in 2024
- Positive CHMP Opinion in mod-to-severe PsO in Jan. '23

As of Dec 31, 2022 <sup>1</sup>		
Volume	>2000 TRx Equivalent	
Market Share <sup>2</sup>	~25-30%	
Source of Business	<ul><li>Systemic-naïve (~1/3)</li><li>Otezla-experienced (~1/3)</li><li>Biologic-experienced (~1/3)</li></ul>	

### Q4 & Full Year 2022 Financial Performance

	US GAAP		Non-0	GAAP*
\$ in billions, except EPS	Q4 2022	FY 2022	Q4 2022	FY 2022
Total Revenues, net	11.4	46.2	11.4	46.2
Gross Margin %	77.3%	78%	77.9%	78.8%
Operating Expenses <sup>1</sup>	4.8	17.3	4.8	16.9
Acquired IPR&D	0.1	0.8	0.1	0.8
Amortization of Acquired Intangibles	2.3	9.6	-	-
Effective Tax Rate	(8.9%)	17.7%	10.9%	15.3%
Diluted EPS	0.95	2.95	1.82	7.70
Diluted Shares Outstanding (# in millions)	2,124	2,146	2,124	2,146
Diluted EPS Impact from Acquired IPR&D <sup>2</sup>	(0.01)	(0.24)	(0.01)	(0.24)

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<sup>&</sup>lt;sup>1</sup> Operating Expenses = MS&A and R&D

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### Balanced Approach to Capital Allocation

#### Cash flow from Operations \$B



\$B	Q4 2022
Total Cash*	~\$9.3B
Total Debt	~\$39.3B

**Strong** operating cash flow generation

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

Balance Sheet Strength

- Debt reduction: ~\$5B debt paid in 2022
- Maintain strong investment-grade credit rating

Returning Cash to Shareholders

- Continued annual dividend growth\*\*
  - 14<sup>th</sup> consecutive dividend increase
- Opportunistic share repurchase
  - ~\$7.2B remaining authorization

### 2023 Guidance

	US GAAP*	Non-GAAP*
Total Net Sales Reported Rates	~2% increase	~2% increase
Total Net Sales Ex-FX	~2% increase	~2% increase
Revlimid	~\$6.5 billion	~\$6.5 billion
Gross Margin %	~77%	~77%
Operating Expenses <sup>1</sup>	Mid-single digit decline	Low-single digit decline
Tax Rate	~22%	~17%
Diluted EPS	\$4.03 - \$4.33	\$7.95 - \$8.25

Q4 2022 Results

### Bristol Myers Squibb™

### Q4 2022 Results Q&A



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



Chris Boerner, PhD
Executive VP,
Chief Commercialization Officer



David Elkins
Executive VP,
Chief Financial Officer



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

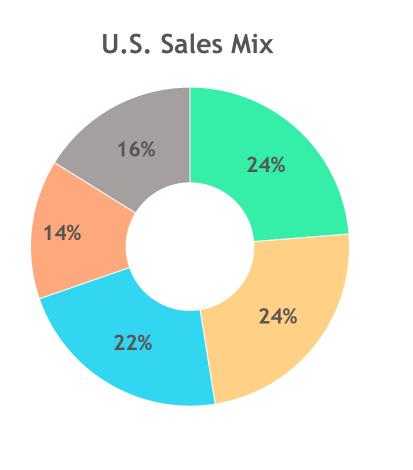
### 2023 Key News Flow

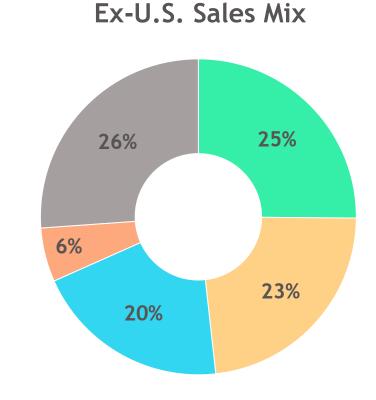
Asset	Timing	Asset	Timing
<b>Opdivo</b> EU approval in Neo-Adj. Lung EFS (CM-816)	Application under review	Reblozyl 1L TD MDS Associated Anemia (COMMANDS) filing	2023
Opdivo 1L mCRPC Ph3 (CM-7DX)	2023	Sotyktu EU approval in mod-to-severe PsO POETYK PSO-1 & PSO-2	Positive CHMP Opinion in January 2023
Opdualag Stage IV 1L NSCLC Ph2 (CA227-104)	2023	Sotyktu Crohn's Disease Ph2 (LATTICE-CD)	1H 2023
repotrectinib ROS1+ NSCLC (TRIDENT-1) filing	2023	Sotyktu Ulcerative Colitis Ph2 (LATTICE-UC)	2H 2023
Abecma 3-5L MM (KarMMa-3) filing	2023	LPA <sub>1</sub> antagonist Progressive Pulmonary Fibrosis (PPF) Ph2 (IM027-040)	2023
<b>Breyanzi</b> EU approval in 2L LBCL (Transplant Eligible)	Application under review	Camzyos EU approval in symptomatic obstructive HCM (EXPLORER-HCM)	Application under review
Breyanzi 3L+ CLL Ph1/2 (TRANSCEND-CLL)	Met primary endpoint in January 2023	Camzyos U.S. approval in obstructive HCM SRT eligible (VALOR)	U.S. PDUFA June 16, 2023
Reblozyl EU approval in NTD Beta-Thalassemia Associated Anemia	Positive CHMP Opinion in January 2023		

Bristol Myers Squibb<sup>™</sup> Q4 2022 Results

### Q4 2022 Opdivo Sales Mix



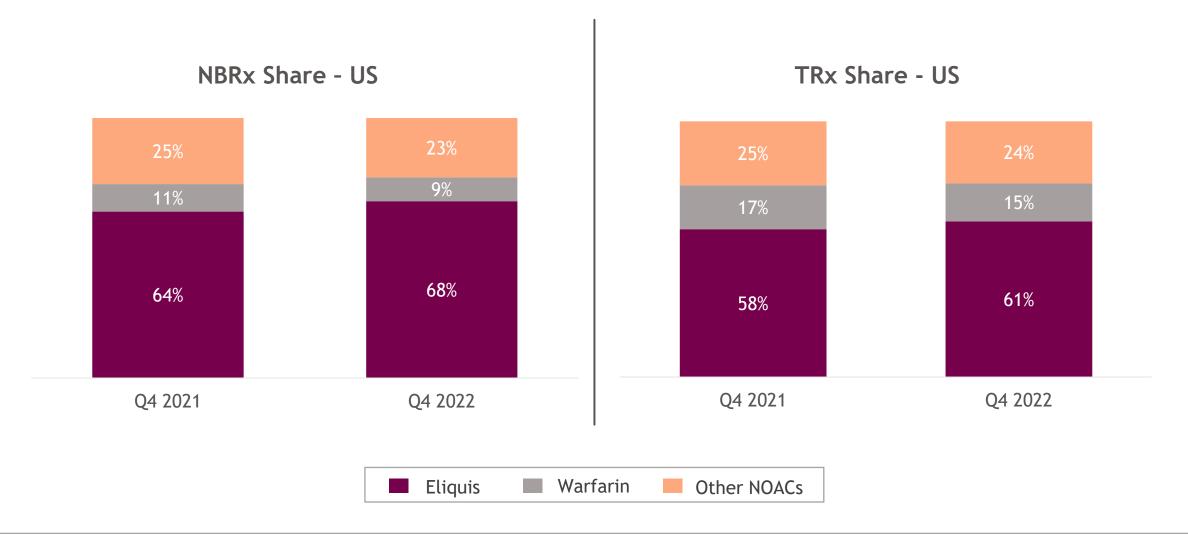




■ NSCLC ■ RCC ■ Melanoma ■ Upper GI ■ All others

### Q4 2022 Eliquis NBRx/TRx Share





# Bristol Myers Squibb Company Reconciliation of Certain GAAP Line Items to Certain Non-GAAP Line Items

(Unaudited, dollars in millions)

	Year-Ended December 31		
	2020	2021	2022
Total Revenues	\$42,518	\$46,385	\$46,159
Gross Profit	\$30,745	\$36,445	\$36,022
Specified items (a)	\$3,300	\$603	\$356
Gross Profit excluding specified items	\$34,045	\$37,048	\$36,378
Marketing, selling and administrative	\$7,661	\$7,690	\$7,814
Specified items (a)	(\$279)	(\$3)	(\$79)
Marketing, Selling and Administrative excluding specified items	\$7,382	\$7,687	\$7,735
Research and Development	\$10,048	\$10,195	\$9,509
Specified items (a)	(\$903)	(\$843)	(\$308)
Gross Profit excluding specified items	\$9,145	\$9,352	\$9,201
Operating margin	31%	40%	41%
Specified items (a)	10%	3%	1%
Operating margin excluding specified items (b)	41%	43%	42%

O4 2022 Results

### Our Commitment as a Purpose Driven Organization









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

- 2024 Set scientifically validated goals to reduce our emissions
- 2030 100% renewable electricity
- 2040 Net neutral GHG
  - 100% EV fleet
  - 100% equitable water use
  - Zero waste to landfill

- ≥ 25% new clinical trial sites in diverse metro areas
- Gender parity at executive level
  - 2X representation for Black/African American & Hispanic/Latino executives
- \$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%)

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### Clinical Development Portfolio - Phase I and II

Pha	ase I	Р	hase II	Ph	ase II
→ AHR Antagonist ^	Solid Tumors	★ Anti-CTLA-4 NF Probody®	Solid Tumors	→ afimetoran (TLR 7/8 Inhibitor)	Systemic Lupus Erythematosus
→ Anti-CCR8 <sup>^</sup>	Solid Tumors	Therapeutic		cendakimab	Atopic Dermatitis
→ Anti-ILT4 <sup>^</sup>	Solid Tumors	→ Anti-Fucosyl GM1^	Solid Tumors	certainmab	Crohn's Disease
→ Anti-NKG2A <sup>^</sup>	Solid Tumors	<ul><li>↑ Anti-IL-8^</li><li>↑ Anti-TIGIT^</li></ul>	Solid Tumors Solid Tumors		Discoid Lupus Erythematosus
♦ AR-LDD	Solid Tumors	→ BET Inhibitor (CC-90010)^	Solid Tumors	SOTYKTU	Alopecia Areata
♦ Claudin 18.2 ADC	Solid Tumors	★ farletuzumab ecteribulin	Solid Tumors		Ulcerative Colitis
→ CD3xPSCA Bispecific	Solid Tumors		ROS1 NSCLC	4 LICD 47	
→ DGK Inhibitor	Solid Tumors	→ repotrectinib	NTRK PanTumor	+ HSP47	Non-alcoholic Steatohepatitis (NAS
→ JNK Inhibitor	Solid Tumors		2L Colorectal Cancer	→ LPA1 Antagonist	Pulmonary Fibrosis
+ LSD1 Inhibitor^	Solid Tumors	OPDIVO	Pan-Tumor TMB High		
♦ MAGE A4/8 TCER	Solid Tumors		Solid Tumors		
→ SHP2 Inhibitor <sup>^</sup>	Solid Tumors		2L Metastatic Castration-Resistant		
+ TGFβ Inhibitor <sup>^</sup>	Solid Tumors	OPDIVO+YERVOY	Prostate Cancer		
→ TIGIT Bispecific	Solid Tumors		Solid Tumors		
OPDIVO	Solid Tumors	OPDIVO+CDK4/6 Inhibitor	Neoadjuvant ER+/HER2- Breast Cancer		
OPDIVO+YERVOY	Solid Tumors	nivolumab+relatlimab	Stage IV 1L Non-Small Cell Lung Cancer		
→ alnuctamab BCMA TCE	RR Multiple Myeloma		1L, 2L Hepatocellular carcinoma		
→ Anti-SIRPα	Hematologic Malignancies	→ A/I CELMoD (CC-99282) <sup>^</sup>	RR Non-Hodgkin's Lymphoma		
→ BCMA ADC <sup>^</sup>	RR Multiple Myeloma	→ BET Inhibitor (BMS-986158)	Hematologic Malignancies		
→ BCMA NKE	RR Multiple Myeloma	mezigdomide (CC-92480)	2L+ Multiple Myeloma		
→ BET Inhibitor (CC-90010) <sup>^</sup>	Hematologic Malignancies	ABECMA (ide-cel)	1-4L+ Multiple Myeloma		
+ CD33 NKE	RR Multiple Myeloma		3L+ Chronic Lymphocytic Leukemia (CLL)		
+ CD47xCD20	Non-Hodgkin's lymphoma	BREYANZI (liso-cel)	3L+ Follicular Lymphoma (FL)		
+ CK1α Degrader	Hematologic Malignancies	DICTANZI (tiso-cet)	3L+ Marginal Zone Lymphoma (MZL)		
+ GPRC5D CAR T	RR Multiple Myeloma		3L+ Mantle Cell Lymphoma (MCL)		
+ GSPT1 CELMoD (CC-90009)^	RR Acute Myeloid Leukemia	IDHIFA	1L Acute Myeloid Leukemia		
	1L Diffuse Large B-cell	iberdomide	Newly Diagnosed Multiple Myeloma		
iberdomide^	Lymphoma	OPDIVO+EMPLICITI	RR Multiple Myeloma	A NAC loading indicati	lan
	RR NHL, LBCL, 3L+ FL	REBLOZYL	A-Thalassemia Subcutaneous	→ NME leading indication	ION
OPDIVO	Hematologic Malignancies	ONUREG	Low- or Intermediate-risk	^ Trials exploring vari	ous combinations
→ FXIa Inhibitor	Thrombotic Disorders	UNUKEG	Myelodysplastic Syndrome	That's exploring vari	ous combinations
→ Anti-CD40	Autoimmune Disease	◆Cardiac Myosin Inhibitor	Obstructive Hypertrophic		
→ RIPK1 Inhibitor	Autoimmune Disease	(MYK-224)	Cardiomyopathy	Oncology Hem	natology CV
+ IL2-CD25	Autoimmune Disease	→ danicamtiv	Genetic Dilated Cardiomyopathy		
→ PKCθ Inhibitor	Autoimmune Disease	CAMZYOS	Heart Failure with preserved Ejection	Fibrosis Neu	roscience Immunology
→ TYK2 Inhibitor	Autoimmune Disease	CAME I OS	Fraction (HFpEF)		
afimetoran (TLR 7/8 Inhibitor)	Cutaneous Lupus Erythematosus				
→ Anti-Tau	Neuroscience				
→ BTK Inhibitor	Neuroscience				
→ eIF2b Activator	Neuroscience				
→ FAAH/MGLL Dual Inhibitor	Neuroscience				

Ristol Myers Squibb Q4 2022 Results

Not for Product Promotional Use

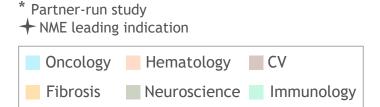
### Clinical Development Portfolio - Phase III

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→ subcutaneous nivolumab + rHuPH20	Adjuvant Melanoma 2L Renal Cell Carcinoma
	Adjuvant Gastric Cancer
	Adjuvant Melanoma
	Adjuvant Hepatocellular Carcinoma
OPDIVO	1L Metastatic Castration-Resistant Prostate Cancer
	Peri-adjuvant Muscle Invasive Urothelial Carcinoma
	Peri-adjuvant Non-Small Cell Lung Cancer
	Stage IB-IIIA Adjuvant NSCLC*
	Adjuvant Renal Cell Carcinoma
	1L Hepatocellular Carcinoma
OPDIVO + YERVOY	1L Bladder Cancer
	1L+ Microsatellite Instability High Colorectal Cancer
	Stage 3 Unresectable Non-Small Cell Lung Cancer
	Adjuvant Melanoma
OPDUALAG	2L+ Microsatellite Stable Metastatic Colorectal Cancer
	1L Melanoma Subcutaneous
→ iberdomide	2L+ Multiple Myeloma
→ mezigdomide (CC-92480)	2L+ Multiple Myeloma
ABECMA (ide-cel)	3-5L 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*
CAMZYOS	Non-obstructive Hypertrophic Cardiomyopathy
→ cendakimab	Eosinophilic Esophagitis
SOTYKTU	Psoriatic Arthritis
	Systemic Lupus Erythematosus
ZEPOSIA	Crohn's Disease

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SOTYKTU	Moderate to Severe Psoriasis (EU)
OPDIVO	Neoadjuvant Non-Small Cell Lung Cancer (EU, JP)
BREYANZI	2L Large B-cell Lymphoma (EU)
REBLOZYL	B-Thalassemia NTD (EU)
	Obstructive Hypertrophic Cardiomyopathy (EU)
CAMZYOS	Obstructive Hypertrophic Cardiomyopathy SRT eligible (US)

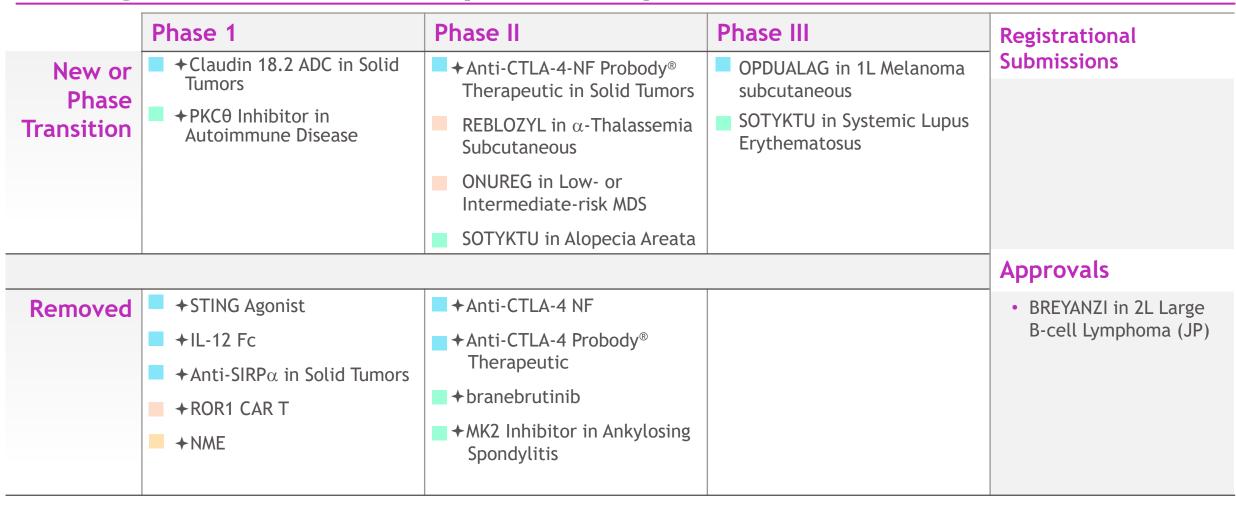


Development Partnerships: ABECMA (ide-cel): 2seventy bio; AHR: Ikena Oncology; Anti-Tau: Prothena; CAMZYOS in China, Singapore, Thailand, Macau, HK, Taiwan: LianBio; Claudin 18.2 ADC: LaNova Medicines; CD3xPSCA: Avencell; eIF2b Activator: Evotec; EMPLICITI: AbbVie; farletuzumab ecteribulin: Eisai; HSP47: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

H Bristol Myers Squibb™

O4 2022 Results

### Changes to the Development Pipeline - Q4 2022



 → NME leading indication
 ■ Oncology
 ■ Hematology
 ■ Immunology
 ■ CV
 ■ Fibrosis
 ■ Neuroscience

till Bristol Myers Squibb Q4 2022 Results

### Q4 2022 Late-Stage Drug Development Clinical Trials Update

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

Q4 2022 Results Trial Status as of 2.2.2023 Not for Product Promotional Use

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Oncology

Hematology

Cell Therapy

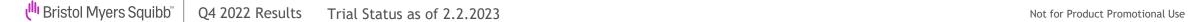
### Opdivo (anti-PD1)

### Lung Cancer Trials

Indication	Neoadjuvant NSCLC	Peri-Adjuvant NSCLC	Stage IB-IIIA Adjuvant NSCLC	Stage III Unresectable NSCLC
Phase/Study	Phase III - CM -816	Phase III - CM -77T	Phase III - ANVIL Non-BMS Sponsored*	Phase III - CM -73L
# of Patients	N = 505	N = 452	N = 903	N = 888
Design	<ul> <li>Platinum-based doublet chemo</li> <li>Opdivo + platinum-based doublet chemo</li> </ul>	<ul> <li>Neoadjuvant Opdivo + platinum- based doublet chemo followed by adjuvant Opdivo</li> <li>Neoadjuvant placebo + platinum-based chemo doublet followed by placebo</li> </ul>	<ul> <li>Opdivo</li> <li>Observation (patients followed serially with imaging for 1 year)</li> </ul>	<ul> <li>Opdivo + CCRT followed by Opdivo + Yervoy</li> <li>Opdivo + CCRT followed by Opdivo</li> <li>CCRT followed by durvalumab</li> </ul>
Endpoints	<ul><li>pCR</li><li>EFS</li></ul>	<ul><li>Primary: EFS</li><li>Key secondary: OS</li></ul>	• DFS • OS	<ul><li>Primary: PFS</li><li>Key secondary: OS</li></ul>
Status	<ul> <li>Presented pCR at AACR 2021 &amp; EFS at AACR 2022</li> <li>U.S. FDA approval March 2022</li> <li>Application under review in EU &amp; Japan</li> <li>Published in NEJM April 2022</li> </ul>	Projected data readout 2024	Projected data readout 2024	Projected data readout 2025
CT Identifier	NCT02998528	NCT04025879	NCT02595944	NCT04026412

\*Trial conducted by NCI/ECOG

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Hematology

**Cell Therapy** 

Immunology

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### Opdivo (anti-PD1)

Early-Stage Trials

Indication	Adjuvant Melanoma	Peri-Adjuvant MIUC	Adjuvant HCC
Phase/Study	Phase III - CM -76K - Stage II B/C	Phase III - CA 017-078	Phase III - CM -9DX
# of Patients	N = 790	N = 861	N = 545
Design	<ul><li>Opdivo</li><li>Placebo</li></ul>	<ul><li>Chemotherapy</li><li>Opdivo + chemotherapy</li></ul>	<ul><li>Opdivo</li><li>Placebo</li></ul>
Endpoints	<ul><li>Primary: RFS</li><li>Key secondary: OS</li></ul>	<ul><li>Primary: pCR &amp; EFS</li><li>Key secondary: OS</li></ul>	<ul><li>Primary: RFS</li><li>Key secondary: OS</li></ul>
Status	<ul> <li>Positive topline results in September 2022</li> <li>Data presented as Late Breaker at SMR 2022</li> </ul>	Projected data readout 2024	Projected data readout 2025
CT Identifier	NCT04099251	NCT03661320	NCT03383458







### Opdivo (anti-PD1)

#### Metastatic Trials

Indication	1L MIUC	1L mCRPC	
Phase/Study	Phase III - CM -901	Phase III - CM-7DX	
# of Patients	N = 1307	N = 984	
Design	<ul> <li>PD-L1+ &amp; Cis-ineligible: Opdivo + Yervoy w/ Opdivo follow-up vs SOC chemo</li> <li>Cis-eligible: Opdivo + gemcitabine-cisplatin w/ Opdivo follow-up vs SOC chemo</li> </ul>	<ul> <li>Opdivo + docetaxel + prednisone</li> <li>Placebo + docetaxel + prednisone</li> </ul>	
Endpoints	<ul> <li>PFS</li> <li>OS in PD-L1+ (&gt;=1%), cis-eligible &amp; cis-ineligible</li> <li>OS in cis-eligible &amp; cis-ineligible pts</li> </ul>	<ul><li>Primary: rPFS &amp; OS</li><li>Key secondary: ORR</li></ul>	
Status	<ul> <li>Recruiting</li> <li>Projected data readout 2023 (cis-eligible) &amp; 2024 (cis-ineligible)</li> <li>PDL1+ did not meet primary OS endpoint</li> </ul>	Projected data readout 2023	
CT Identifier	<u>NCT03036098</u>	NCT04100018	



Q4 2022 Results Trial Status as of 2.2.2023



Oncology

Hematology

Cell Therapy

### Opdivo (anti-PD1)

#### **Metastatic Trials**

Indication	1L HCC	1L+ MSI High CRC	2L RCC SubQ
Phase/Study	Phase III - CM-9DW	Phase III - CM -8HW	Phase III - CM -67T
# of Patients	N = 732	N = 831	N = 454
Design	<ul><li>Opdivo + Yervoy</li><li>sorafenib/lenvatinib</li></ul>	<ul><li>Opdivo</li><li>Opdivo + Yervoy</li><li>Chemotherapy</li></ul>	<ul><li>Opdivo + rHuPH20 (SC)</li><li>Opdivo (IV)</li></ul>
Endpoints	<ul><li>Primary: OS</li><li>Key secondary: ORR</li></ul>	<ul> <li>Primary:</li> <li>PFS Arm B vs. A, all lines</li> <li>PFS Arm B vs. C, first line</li> <li>Key secondary: ORR Arm B Vs A all lines</li> </ul>	Primary:
Status	Projected data readout 2025	<ul><li>Recruiting</li><li>Projected data readout 2024</li></ul>	<ul><li>Recruiting</li><li>Projected data readout 2023</li></ul>
CT Identifier	NCT04039607	NCT04008030	NCT04810078



Q4 2022 Results Trial Status as of 2.2.2023

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### Opdualag (anti-LAG3 + anti-PD1 FDC)

Indication	Adjuvant Melanoma	1L Melanoma SubQ	2L+ 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><li>Relatlimab + nivolumab</li><li>Nivolumab</li></ul>	<ul> <li>Relatlimab + nivolumab FDC SubQ</li> <li>Relatlimab + nivolumab FDC IV</li> </ul>	<ul> <li>Relatlimab + nivolumab</li> <li>Investigator's Choice: regorafenib or TAS-102 (trifluridine/tipiracil)</li> </ul>
Endpoints	<ul><li>Primary: RFS</li><li>Key secondary: OS</li></ul>	Primary:  Cavgd28 of nivolumab; Cminss of nivolumab  Cavgd28 of relatlimab; Cminss of relatlimab  Key secondary: ORR	Primary:  OS in PD-L1 CPS≥1  OS in all-comers  Key secondary: ORR
Status	Projected data readout 2026	<ul> <li>Recruiting</li> <li>Projected data readout 2025</li> </ul>	<ul> <li>Recruiting</li> <li>Projected data readout 2025</li> </ul>
CT Identifier	NCT05002569	NCT05625399	NCT05328908



### Opdualag (anti-LAG3 + anti-PD1 FDC)

Indication	1L HCC	2L HCC (Post TKI)	1L Stage IV NSCLC
Phase/Study	Phase I/II - CA224-106	Phase II - CA224-073	Phase II - CA224-104
# of Patients	N = 162	N = 250	N = 420
Design	<ul> <li>Nivolumab + relatlimab + bevacizumab</li> <li>Nivolumab + placebo + bevacizumab</li> </ul>	<ul> <li>Nivolumab + relatlimab Dose 1</li> <li>Nivolumab + relatlimab Dose 2</li> <li>Nivolumab</li> </ul>	<ul> <li>Nivolumab + relatlimab Dose 1 + platinum doublet chemotherapy (PDCT)</li> <li>Nivolumab + relatlimab Dose 2 + PDCT</li> <li>Nivolumab + relatlimab Dose 1 or Dose 2 + PDCT</li> <li>Nivolumab + placebo + PDCT</li> </ul>
Endpoints	<ul><li>DLTs</li><li>PFS</li></ul>	• ORR	<ul> <li>TRAEs leading to discontinuation within 12 weeks after 1st dose</li> <li>ORR</li> </ul>
Status	<ul><li>Recruiting</li><li>Projected data readout 2025</li></ul>	Projected data readout 2024	<ul><li>Recruiting</li><li>Projected data readout 2023</li></ul>
CT Identifier	NCT05337137	NCT04567615	NCT04623775



Q4 2022 Results Trial Status as of 2.2.2023



### repotrectinib (ROS1/NTRK)

#### Indication

#### **ROS1 NSCLC & NTRK+ Solid Tumors**

Phase/Study	Phase I/II - TRIDENT-1		
# of Patients	N = 500		
Design	Phase I:  Dose escalation; food-effect, dose escalation with food; & Midazolam DDI  Phase II: Expansion cohorts  ROS1 TKI-naïve ROS1+ NSCLC  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	Phase I: DLTs & RP2D Phase II: ORR		
Status	<ul> <li>Recruiting</li> <li>Projected data readout 2023</li> </ul>		
CT Identifier	<u>NCT03093116</u>		



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## iberdomide (CELMoD)

Indication	2L+ MM
Phase/Study	Phase III - EXCALIBER
# of Patients	N = 864
Design	<ul> <li>Iberdomide (1.0, 1.3,1.6 mg) + daratumumab (1800 mg) + dex (40 mg) - (iberDd)</li> <li>Daratumumab (1800 mg) + bortezomib (1.3 mg/m2)<sup>a</sup> + dex (20 mg)<sup>a</sup> - (DVd)</li> </ul>
Endpoints	<ul><li>Primary: PFS</li><li>Key secondary: OS</li></ul>
Status	<ul> <li>Recruiting</li> <li>Projected data readout 2027</li> </ul>
CT Identifier	NCT04975997



## 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> <li>Mezigdomide (0.3, 0.6, 1.0 mg) + bortezomib (1.3 mg/m2)<sup>a</sup> + dex (20 mg) - (MeziVd)</li> <li>Pomalyst (4 mg) + bortezomib (1.3 mg/m2)<sup>a</sup> + dex (20 mg) - (PVd)</li> </ul>	<ul> <li>Mezigdomide (0.3, 0.6, 1.0 mg) + carfilzomib (56 mg/m2)<sup>b</sup> + dex (40 mg)<sup>b</sup> - (MeziKd)</li> <li>Carfilzomib (56 mg/m2)<sup>a</sup> + dex (20 mg)<sup>a</sup> - (Kd)</li> </ul>
Endpoints	<ul><li>Primary: PFS</li><li>Key secondary: OS</li></ul>	<ul><li>Primary: PFS</li><li>Key secondary: OS</li></ul>
Status	<ul><li>Recruiting</li><li>Projected data readout 2026</li></ul>	<ul> <li>Recruiting</li> <li>Projected data readout 2026</li> </ul>
CT Identifier	NCT05519085	NCT05552976



## Reblozyl (Erythroid Maturation Agent)

Indication	1L TD Myelodysplastic Syndrome (MDS) Associated Anemia	1L TD Myelofibrosis (MF) Associated Anemia	TD 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> <li>Reblozyl (1.0 mg/kg) SC every 3 weeks</li> <li>Epoetin Alfa (450 IU/kg) SC weekly</li> </ul>	<ul> <li>Reblozyl (1.33 mg/kg) SC every 3 weeks + BSC</li> <li>Placebo + BSC</li> </ul>	<ul><li>Reblozyl (1.0mg/kg) SC every 3 weeks</li><li>Placebo SC</li></ul>
Endpoints	<ul> <li>Red Blood Cell Transfusion Independence (RBC-TI) for 12 weeks (84 days) with a mean hemoglobin increase ≥ 1.5 g/dL through week 24</li> </ul>	RBC-TI during any consecutive 12-week period starting within the first 24 weeks	<ul> <li>TD: ≥50% reduction in TF burden over any rolling 12 weeks between W13-W48</li> <li>NTD: ≥1 g/dL Hb mean increase from baseline in W13-W24</li> </ul>
Status	Positive topline results in October 2022	<ul><li>Recruiting</li><li>Expected data readout 2025</li></ul>	<ul><li>Recruiting</li><li>Expected data readout 2025</li></ul>
CT Identifier	NCT03682536	NCT04717414	NCT05664737



Trial Status as of 2.2.2023 Q4 2022 Results



Oncology

(IDSS-R) Low-or Intermediate Risk MDS

## Onureg (Hypomethylating Agent)

Indication

indication	(IP35-R) LOW-OF IIILEFINE GIALE RISK MD5
Phase/Study	Phase II/III - CA055-026
# of Patients	N = 230
Design	<ul> <li>Onureg + best supportive care (200mg, 300mg in Phase II)</li> <li>Onureg + best supportive care (RP3D in Phase III)</li> <li>Placebo</li> </ul>
Endpoints	Safety & Tolerability & RP3D (Phase II)     Achieved Complete Remission per IWG 2006 (Phase II & III)
Status	Recruiting     Projected data readout 2026
CT Identifier	<u>NCT05469737</u>





Hematology

# 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 = 188
Design	<ul> <li>Breyanzi</li> <li>SOC (R-DHAP, R-ICE or R-GDP)</li> </ul>	• Breyanzi Single arm/multi cohort: 3L+ FL, 2L FL (high risk), 3L+ MZL	<ul><li>Breyanzi</li><li>Breyanzi + ibrutinib</li><li>Breyanzi + venetoclax</li></ul>
Endpoints	• EFS	• ORR	• CRR
Status	<ul> <li>US FDA approval June 2022 &amp; Japan December 2022</li> <li>Application under review in EU</li> <li>Published in Lancet June 2022 &amp; in Blood December 2022</li> <li>Data presented at ASH 2021 &amp; 2022</li> </ul>	<ul> <li>Recruiting</li> <li>Projected data readout 2023 (2L, 3L+ FL)</li> <li>Projected data readout 2024/2025 (3L+ MZL)</li> </ul>	Met primary endpoint in monotherapy arm in January 2023
CT Identifier	NCT03575351	NCT04245839	NCT03331198



Trial Status as of 2.2.2023 Q4 2022 Results



## 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> <li>Cohort 1: ≥ 3 prior regimens</li> <li>Cohort 2a: 1L with ASCT &amp; relapsed within 18 months</li> <li>Cohort 2b: 1L excluding ASCT &amp; relapsed within 18 months</li> <li>Cohort 2c: inadequate response post ASCT during initial treatment</li> <li>Cohort 3: inadequate response post ASCT, with Revlimid maintenance therapy</li> </ul>	<ul> <li>Abecma</li> <li>Standard regimens as per Investigator's discretion</li> <li>DPd, DVd, IRd, Kd, EPd</li> </ul>
Endpoints	• ORR • CRR	<ul><li>Primary: PFS</li><li>Key secondary: OS</li></ul>
Status	<ul> <li>Recruiting cohorts 1 &amp; 3</li> <li>Data presented at ASH 2022 on cohorts 2a and 2c</li> </ul>	<ul> <li>Positive topline results August 2022</li> <li>Data at EHA EBMT 2023</li> </ul>
CT Identifier	NCT03601078	NCT03651128









### Indication Eosinophilic Esophagitis (EoE) Phase/Study Phase III - CC-93538-EE-001 # of Patients N = 399 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 Design Change in Dysphagia Days (Clinical Response) at Week 24 Eosinophil Histologic Response (<15/hpf) at Week 24</li> **Endpoints** Recruiting Status Expected data readout 2024 CT Identifier NCT04753697



O4 2022 Results Trial Status as of 2.2.2023



## LPA<sub>1</sub> antagonist

Indication	Pulmonary Fibrosis	
Phase/Study	Phase II - IM027-040	
# of Patients	N = 373	
Design	Cohort 1:  LPA <sub>1</sub> Dose 1 + post treatment follow-up or optional treatment extension  LPA <sub>1</sub> Dose 2 + post treatment follow-up or optional treatment extension  IPF Placebo  Cohort 2:  LPA <sub>1</sub> Dose 1 + post treatment follow-up or optional treatment extension  LPA <sub>1</sub> Dose 2 + post treatment follow-up or optional treatment extension  PF-ILD Placebo	
Endpoints	Rate of change in percent predicted forced vital capacity (ppFVC) in IPF participants	
Status	<ul> <li>Achieved proof-of-concept in IPF &amp; to be presented at future medical congress</li> <li>PF cohort recruiting &amp; expected data readout in 2023</li> </ul>	
CT Identifier	NCT04308681	





Hematology

**Cell Therapy** 

Immunology

## Sotyktu (TYK-2 inhibitor)

### Indication

### Moderate to Severe Psoriasis (PsO)

### Alopecia Areata (AA)

Phase/Study	Phase III - POETYK-1	Phase III - POETYK-2	Phase II - IM011-134
# of Patients	N = 666	N = 1020	N = 90
Design	<ul><li>Sotyktu (6mg) QD</li><li>Placebo</li><li>apremilast (30mg) BID</li></ul>	<ul><li>Sotyktu (6mg) QD</li><li>Placebo</li><li>apremilast (30mg) BID</li></ul>	<ul> <li>Sotyktu Dose 1</li> <li>Sotyktu Dose 2</li> <li>Placebo, followed by Sotyktu Dose 1 or Dose 2</li> </ul>
Endpoints	• PASI-75 & sPGA 0/1 at Week 16	• PASI-75 & sPGA 0/1 at Week 16	Change from baseline in SALT score at Week 24
Status	<ul> <li>Published 52-week data in JAAD July 2022</li> <li>Presented 2-year data at EADV 2022</li> <li>U.S. FDA &amp; Japan PMDA approvals September 2022</li> <li>Positive CHMP Opinion in January 2023</li> </ul>	<ul> <li>Published 52-week data in JAAD September 2022</li> <li>U.S. FDA &amp; Japan PMDA approvals September 2022</li> <li>Positive CHMP Opinion in January 2023</li> </ul>	<ul> <li>Recruiting</li> <li>Expected data readout 2024</li> </ul>
CT Identifier	NCT03624127	NCT03611751	NCT05556265







Oncology

Hematology

**Cell Therapy** 

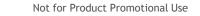
Immunology



### Indication **Psoriatic Arthritis (PsA)**

Phase/Study	Phase III - POETYK-PsA-1	Phase III - POETYK-PsA-2	
# of Patients	N = 650	N = 700	
Design	<ul> <li>52-week study of patients with active PsA in TNF-naïve patients</li> <li>Sotyktu (6 mg) QD</li> <li>Placebo</li> </ul>	<ul> <li>52-week study of patients with active PsA in TNF-naïve and TNF-IR patients</li> <li>Sotyktu (6 mg) QD</li> <li>Placebo</li> <li>Apremilast</li> </ul>	
Endpoints	% pts achieving ACR20 response at Week 16	% pts achieving ACR20 response at Week 16	
Status	<ul> <li>Recruiting</li> <li>Expected data readout 2025 (52 wks)</li> </ul>	<ul> <li>Recruiting</li> <li>Expected data readout 2024 (52 wks)</li> </ul>	
CT Identifier	NCT04908202	NCT04908189	









### 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><li>Sotyktu</li><li>Placebo</li></ul>	<ul><li>Sotyktu</li><li>Placebo</li></ul>	<ul><li>52-week study:</li><li>Sotyktu Dose A</li><li>Sotyktu Dose B</li><li>Placebo</li></ul>
Endpoints	Proportion of participants who meet response criteria SRI-4 at week 52	Proportion of participants who meet response criteria SRI-4 at week 52	Change from baseline in CLASI-A activity score at week 16
Status	<ul><li>Recruiting</li><li>Expected data readout 2026</li></ul>	<ul><li>Recruiting</li><li>Expected data readout 2026</li></ul>	<ul><li>Recruiting</li><li>Expected data readout 2023</li></ul>
CT Identifier	NCT05617677	NCT05620407	NCT04857034





Crohn's Disease (CD) Moderate to Severe

## Sotyktu (TYK-2 inhibitor)

Ulcerative Colitis (UC) Moderate to Severe

**Indication** 

Phase/Study	Phase II - IM011-127	Phase II - LATTICE-CD
# of Patients	N = 50	N = 241
Design	<ul><li>Sotyktu (High Dose)</li><li>Placebo</li></ul>	<ul><li>Sotyktu Dose A</li><li>Sotyktu Dose B</li><li>Placebo</li></ul>
Endpoints	<ul> <li>Proportion of participants in clinical response at Week 12</li> </ul>	<ul> <li>Proportion of pts achieving clinical remission at week 12</li> <li>Proportion of pts achieving endoscopic response at week 12</li> </ul>
Status	<ul><li>Recruiting</li><li>Expected data readout in 2H 2023</li></ul>	Expected data readout in 1H 2023
CT Identifier	NCT04613518	NCT03599622







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



Q4 2022 Results Trial Status as of 2.2.2023



**Secondary Stroke Prevention** 



Phase/Study	Phase III - LIBREXIA STROKE Non-BMS Sponsored*					
# of Patients	N = 15,000					
Design	<ul> <li>Milvexian (25mg) BID + background antiplatelet therapy</li> <li>Placebo + background antiplatelet therapy</li> </ul>					
Endpoints	<ul> <li>Primary: Time to first occurrence of ischemic stroke (~41 months)</li> <li>Key secondary:         <ul> <li>Time to first occurrence of any component of the composite of CVD, MI, or ischemic stroke (~41 months)</li> <li>Time to first occurrence of ischemic stroke (up to day 90)</li> </ul> </li> </ul>					
Status	<ul> <li>Trial initiating</li> <li>Projected data readout 2026</li> </ul>					
CT Identifier	NCT05702034					

\*Trial conducted by Janssen



Indication

Q4 2022 Results Trial Status as of 2.2.2023



Hematology

**Heart Failure with** 

**Cell Therapy** 

Non-Obstructive Hypertrophic

## Camzyos (myosin inhibitor)

**Symptomatic Obstructive** 

Indication		diomyopathy (oHCM)	Preserved Ejection Fraction (HFpEF)	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><li>Camzyos (2.5mg, 5mg, 10mg or 15mg)</li><li>Placebo</li></ul>	<ul><li>Camzyos (2.5mg, 5mg, 10mg or 15mg)</li><li>Placebo</li></ul>	• Camzyos	<ul><li>Camzyos</li><li>Placebo</li></ul>		
Endpoints	Composite of improvement of Peak VO2 and reduction of one or more class in NYHA function	<ul> <li>SRT Status</li> <li>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</li> </ul>	<ul> <li>TEAEs and SAEs</li> <li>Effect on cTnT levels (at rest)</li> <li>Effect on NT-proBNP levels</li> </ul>	<ul> <li>Change from baseline in Clinical Summary Score (KCCQ-23 CSS) at Week 52</li> <li>Change from baseline in peak oxygen consumption (pVO2) at Week 52</li> </ul>		
Status	<ul> <li>Published in Lancet 2020</li> <li>Presented at HFSA &amp; AHA 2021</li> <li>&amp; ACC 2022</li> <li>U.S. FDA approval April 2022</li> <li>Application under review in EU</li> </ul>	<ul> <li>Published in JACC July 2022</li> <li>Presented at ACC 2022</li> <li>U.S. PDUFA June 16, 2023</li> <li>Application under review in EU</li> </ul>	<ul><li>Recruiting</li><li>Projected data readout 2023/2024</li></ul>	<ul> <li>Recruiting</li> <li>Projected data readout 2025</li> </ul>		
CT Identifier	NCT03470545	NCT04349072	NCT04766892	NCT05582395		



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### **Abbreviations**

AA	Alopecia Areata	EoE	Eosinophilic Esophagitis	MTD	Maximum Tolerated Dose	RP3D	Recommended Phase 3 Dose
	American Association for Cancer		Losinophitic Esophagitis	mib	maximum roterated bose	I J	Recommended Flase 3 Dose
AACR	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
<b>BCMA</b>	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	оНСМ	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	PDL	Programmed Death Ligand	TCE	T-Cell Engager
CLL	Chronic Lymphocytic Leukemia	LVOT	Left Ventricular Outflow Tract	PDUFA	Prescription Drug User Fee Act	TD	Transfusion Dependent
CM	Checkmate	mCRPC	Metastatic Castration-Resistant Prostate Cancer	PF	Pulmonary Fibrosis	TE	Transplant Eligible
CR	Complete Response	MDS	Myelodysplastic Syndrome	PFS	Progression Free Survival	TEAE	Treatment Emergent Adverse Events
CRR	Complete Remission Rate	mDSD	modified Daily Symptom Diary	POC	Proof of Concept	TKI	Tyrone Kinase Inihibitor
CRC	Colorectal Cancer	Mel	Melanoma	PsA	Psoriatic Arthritis	TRAE	Treatment Related Adverse Events
DFS	Disease-free survival	MF	Myelofibrosis	PsO	Psoriasis	TE	Transplant Eligible
DLBCL	Diffuse Large B-Cell Lymphoma	MIUC	Muscle Invasive Urothelial Cancer	QD	Once Daily	TNF	Tumor Necrosis Factor
DLE	Discoid Lupus Erythematosus	MM	Multiple Myeloma	QW	Once Weekly	UC	Ulcerative Colitis
DLT	Dose Limiting Toxicity	MR	Minimal Response	RBC-TI	Red Blood Cell Transfusion Independence	VO2	Volume of Oxygen
EADV	European Academy of Dermatology and Venereology	MS	Multiple Sclerosis	RCC	Renal Cell Carcinoma		
EASI	Eczema Area & Severity Index	MSI-H	High Microsatellite Instability	RFS	Recurrence-free survival		
EFS	Event Free Survival	MSS	Microsatellite Stable	RP2D	Recommended Phase 2 Dose		52

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