Bristol Myers Squibb™

ESC 2022

Investor Presentation
August 28, 2022

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

ESC 2022

Samit Hirawat

Chief Medical Officer,
Global Drug Development

FXIa inhibition brings a new anticoagulation paradigm to improve patient care

Past

Warfarin

- SOC for preventing strokes

- Unpredictable efficacy & safety profile
- Narrow therapeutic window
- Frequent monitoring
- Risk of bleeding

Present

DOACs

- Predictable control
- Wider therapeutic window
- No laboratory monitoring

- Frequent non-treatment or under treatment due to bleeding concerns (~40% patients)
- Challenges combining with dual antiplatelet regimens

milvexian

- Robust efficacy
- Differentiated bleeding profile supported by clinical data
- Ability to combine with dual antiplatelet therapy

Factor XIa is a validated target with demonstrated efficacy and evidence for lower bleeding risk

FXIa is part of the intrinsic pathway of the coagulation cascade

Supports hypothesis for a better bleeding profile

Genetics & Epidemiology

Congenital FXI-deficient patients

- Lower risk for venous thromboembolism & ischemic strokes
- Spontaneous bleeding is uncommon

Retrospective cohort study of 10,193 patients including over 1200 with measured FXI deficiency:[1]

Risk of CV events lower by

↓ **48%**

In patients with mild deficiency

HR 0.52

↓ **43%**

In patients with moderate-to-severe deficiency

HR 0.57[1]

Risk of VTE lower by

↓ **61%**

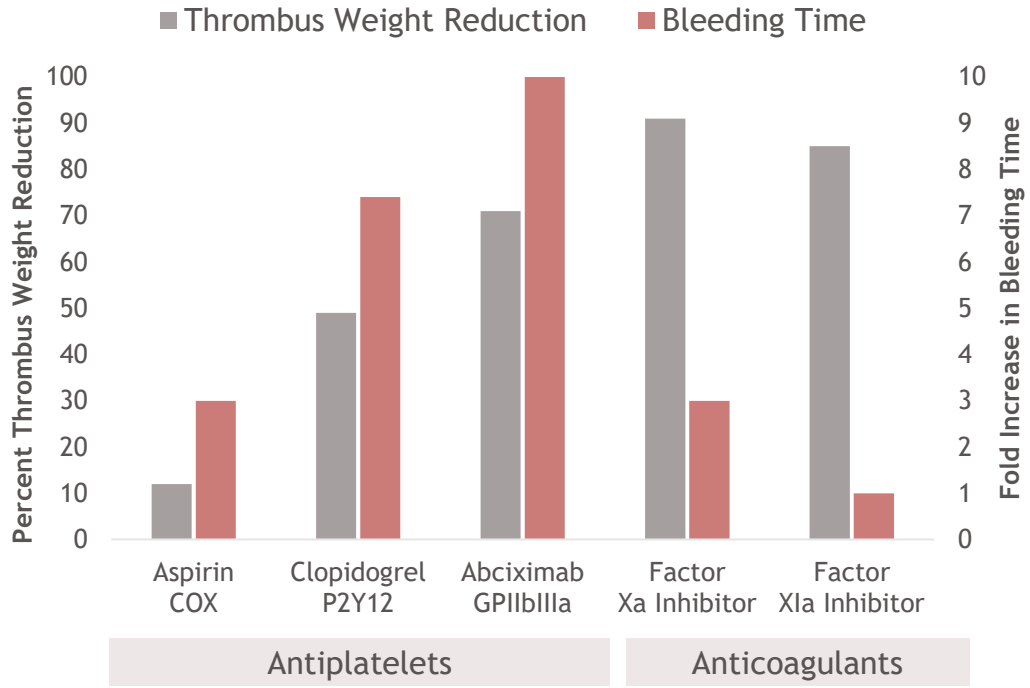
In patients with mild deficiency

HR 0.39

No VTE events

In patients with moderate-to-severe deficiency[1]

Preclinical[2]



[1] Preis et al, Blood 2017 [2]Wong P, et al. J Thomb Haemost. 2022;20(2): 399-408.

Robust Phase 2 program has demonstrated a differentiated anticoagulant profile

Required Phase 2 outcome	Monotherapy	Combination therapy
	• Clear demonstration of efficacy • Unique bleeding profile	• Strong efficacy on top of dual antiplatelet therapy • No increase in serious bleeds
Actual Phase 2 outcome	**Differentiated monotherapy profile**	**Differentiated profile in combination therapy**

AXIOMATIC-TKR Phase 2 data (NEJM 2021)

Clear efficacy vs. enoxaparin

Differentiated safety profile vs. FXa

- No major bleeds observed in milvexian arms
- No dose response in bleeding observed in doses ≥50 mg

AXIOMATIC-SSP Phase 2 data (ESC 2022)

Compelling reduction in symptomatic ischemic strokes

No signal for increase in intracranial bleeds (BARC 3c)

No fatal bleeding (BARC 5)

BARC: Bleeding Academic Research Consortium
BARC Type 3c = Intracranial hemorrhage confirmed by autopsy, imaging, or lumbar puncture; intraocular bleed compromising vision
BARC Type 5 = Probable fatal bleeding or definite fatal bleeding (overt or autopsy or imaging confirmation)

Milvexian Phase 2 SSP: randomized, double-blind, multicenter dose-ranging study

- Assess impact of efficacy & safety on top of DAPT
  - 21-days of DAPT followed by ASA alone to 90 days
- Evaluate wide dose range for milvexian
  - 16-fold (25 mg to 400 mg total daily dose)

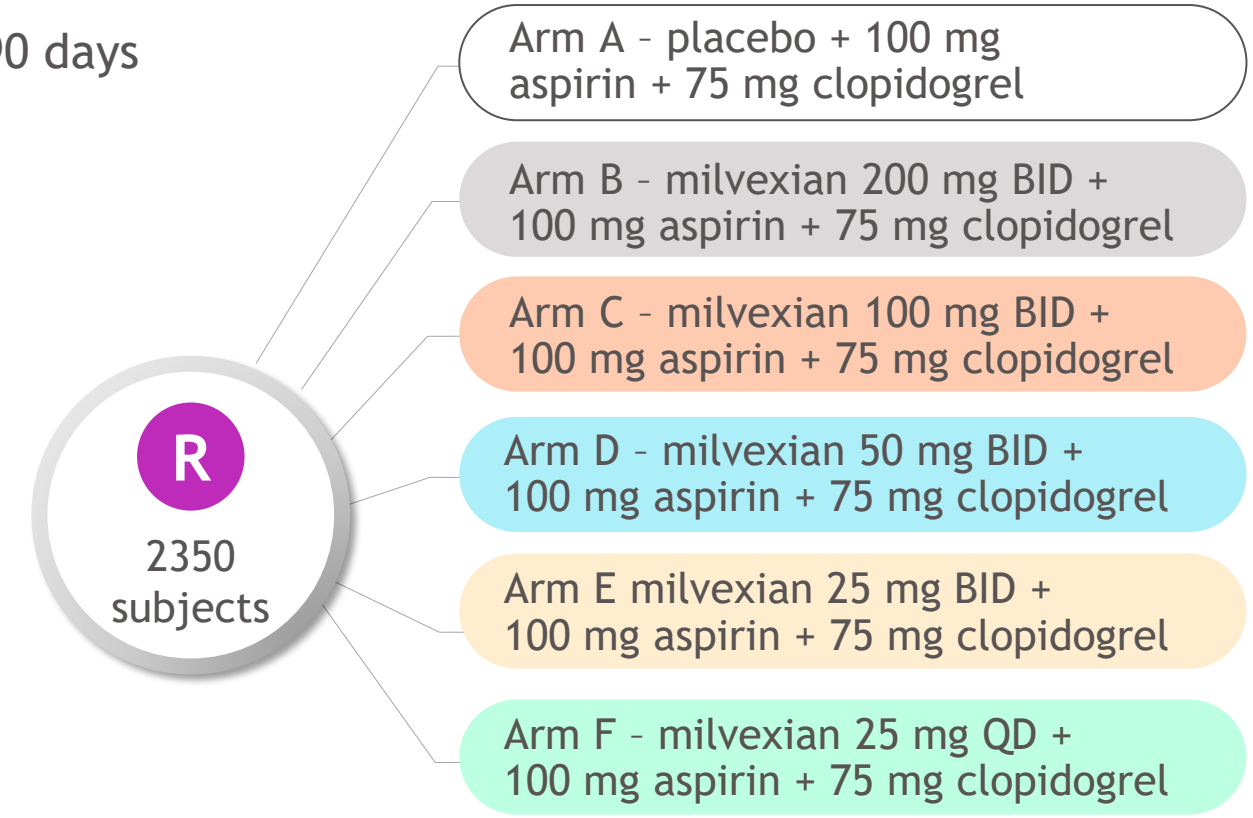
Primary Endpoint

Composite of

- new ischemic stroke during the treatment period
- new covert brain infarction (FLAIR + DWI) detected by MRI at Day 90

Secondary Endpoint

- Event rate based on BARC 3 and 5
- Event rate based on BARC, ISTH & PLATO

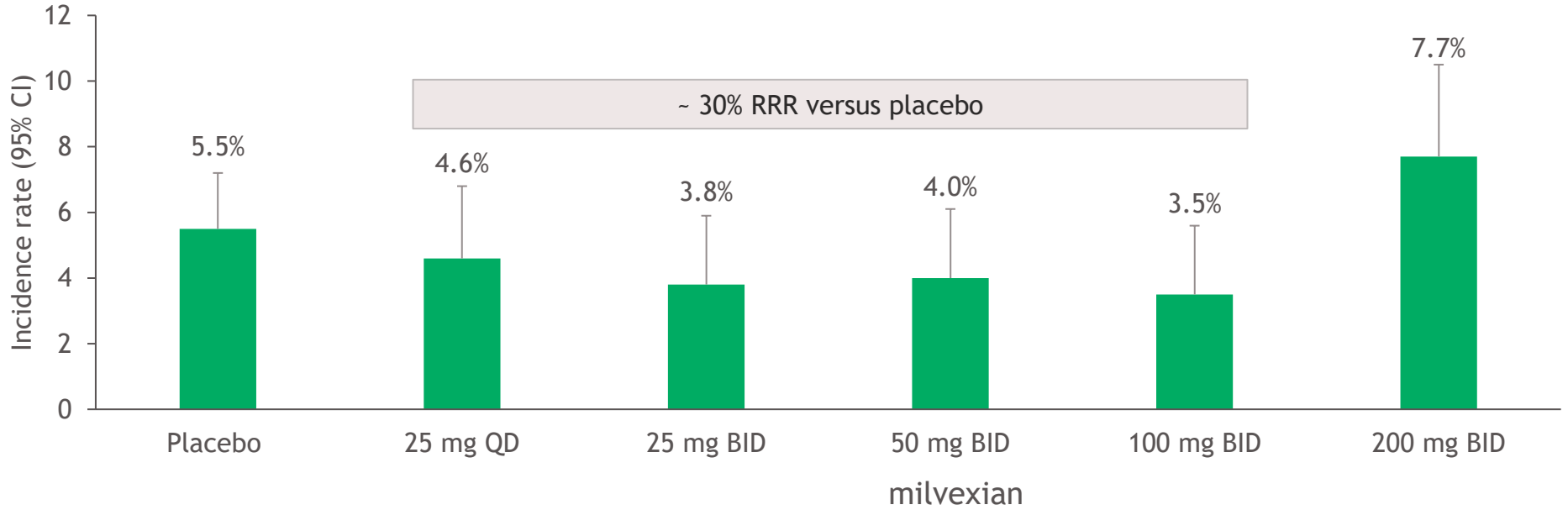


Clinically meaningful (~30%) reduction in ischemic stroke across 8-fold dose range

Primary Efficacy[1]
(all evaluable subjects)

	Placebo (n = 625)	milvexian 25 mg QD (n = 308)	milvexian 25 mg BID (n = 287)	milvexian 50 mg BID (n = 306)	milvexian 100 mg BID (n = 277)	milvexian 200 mg BID (n = 317)
Subjects with composite event,%	16.6	16.2	18.5	14.1	14.8	16.4
Symptomatic ischemic stroke	6.1	4.9	4.2	4.2	4.0	8.5
Covert infarcts	10.6	11.4	14.3	9.8	10.8	7.9
Estimate for composite event (95% CI)	16.8 (14.1, 19.4)	16.7 (14.4, 19.0)	16.6 (14.5, 18.7)	15.6 (13.6, 17.8)	15.4 (13.0, 18.0)	15.3 (12.4, 20.5)
Relative risk (95% CI)	-	0.99 (0.87, 1.10)	0.99 (0.84, 1.16)	0.93 (0.76, 1.17)	0.92 (0.73, 1.19)	0.91 (0.70, 1.32)

Symptomatic ischemic stroke[2]
(all randomized subjects)



	25 mg QD	25 mg BID	50 mg BID	100 mg BID	200 mg BID
RR (95% CI) vs placebo	0.83 (0.46, 1.49)	0.69 (0.36, 1.30)	0.72 (0.39, 1.33)	0.65 (0.33, 1.25)	1.40 (0.87, 2.25)

No hemorrhagic strokes occurred

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1. Evaluable Population: Includes All Randomized Participants with a Day 90 MRI
2. ITT Population: Intent-to-Treat population that includes all participants who were randomized to a treatment, regardless of whether they received study drug or not

RRR: Relative risk reduction; 30% RRR is average across milvexian doses 25 mg QD to 100 mg BID

Favorable safety profile

		milvexian				
		QD Regimen	BID Regimen			
	Placebo (n = 682)	25 mg (n = 325)	25 mg (n = 313)	50 mg (n = 325)	100 mg (n = 306)	200 mg (n = 344)
AE, n (%)	399 (58.5)	190 (58.5)	186 (59.4)	192 (59.1)	193 (63.1)	211 (61.3)
SAE, n (%)	94 (13.8)	37 (11.4)	39 (12.5)	41 (12.6)	42 (13.7)	54 (15.7)
Bleeding AE, n (%)	66 (9.7)	31 (9.5)	27 (8.6)	48 (14.8)	41 (13.4)	42 (12.2)
Discontinuation due to AE, n (%)	83 (12.2)	44 (13.5)	47 (15.0)	46 (14.2)	51 (16.7)	79 (23.0)
Death, n (%)	0	1 (0.3)	1 (0.3)	1 (0.3)	2 (0.7)	0

All Treated Participants; Includes all participants who received at least one dose of study medication

AE, adverse event; SAE, serious adverse event

Differentiated bleeding profile

Bleeding type, n (%)	Placebo	milvexian				
	(n=682)	25 mg QD (n=325)	25 mg BID (n = 313)	50 mg BID (N = 325)	100 mg QD (n=306)	200 mg BID (n=344)
BARC 5	0	0	0	0	0	0
BARC 3c	2 (0.3)	0	0	3 (0.9)	0	1 (0.3)
BARC 3	4 (0.6)	2 (0.6)	2 (0.6)	5 (1.5)	5 (1.6)	5 (1.5)

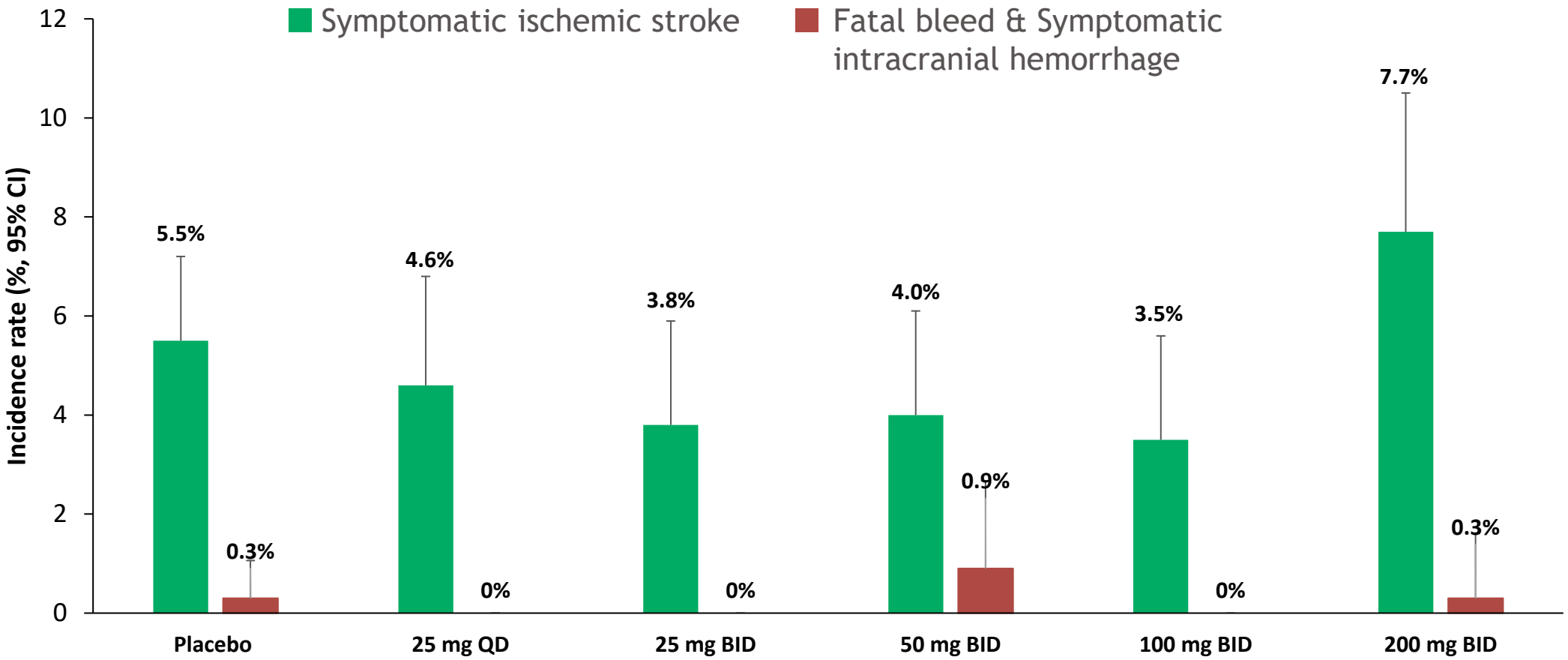
No fatal bleeding

No signal for increase in intracranial bleeds

Bleeding data represents all treated participants

BARC Type 3 = Overt bleeding plus hemoglobin drop of 3 to < 5 g/dL (provided hemoglobin drop is related to bleed); transfusion with overt bleeding; or overt bleeding plus hemoglobin drop < 5 g/dL (provided hemoglobin drop is related to bleed); cardiac tamponade; bleeding requiring surgical intervention for control; bleeding requiring IV vasoactive agents; or BARC Type 3c
BARC Type 3c = Intracranial hemorrhage confirmed by autopsy, imaging, or lumbar puncture; intraocular bleed compromising vision
BARC Type 5 = Probable fatal bleeding or definite fatal bleeding (overt or autopsy or imaging confirmation)

Clear net clinical benefit observed across 8-fold dose range



SSP data reinforces differentiated anti-thrombosis profile for milvexian

Compelling efficacy

Reduction observed in symptomatic ischemic strokes

~30% relative risk reduction vs placebo across doses from 25-100 mg BID

Differentiated bleeding profile

No signal for increase in intracranial (BARC 3c) and fatal bleeds (BARC 5)

Further strengthens profile

Monotherapy profile established in TKR

Ability to combine with dual antiplatelet therapy

Establishes POC

Enables multiple indications to be pursued across Phase 3 program

Planning registrational program focused on 3 core indications

	Secondary Stroke Prevention (SSP)	Acute Coronary Syndrome (ACS)	Atrial Fibrillation (AF)
Treatment opportunity	**In combination with DAPT:** • significantly reduce recurrent ischemic stroke • without significantly increasing the risk of severe bleeds, including intracranial and fatal	**In combination with DAPT:** • significantly reduce recurrent CV events • without significantly increasing the risk of severe bleeds, including intracranial and fatal	**Compared to SOC FXa:** • significantly reduce Major and CRNM bleeding • at least comparable efficacy
Rationale	• Profile supported by AXIOMATIC-SSP study	• Supported by AXIOMATIC-SSP • Stroke and ACS have similar underlying pathophysiology and treatment	• Differentiated monotherapy profile demonstrated in AXIOMATIC-TKR study

Phase 3 planned to start by year end 2022

ESC 2022

Chris Boerner

Executive Vice President
Chief Commercialization Officer

Ability to extend leadership in thrombotic diseases with milvexian

Plavix® (clopidogrel bisulfate) 75mg tablets

Eliquis® (apixaban) tablets

milvexian

Peak global sales:
$7.1B (2011)

FY global sales:
$10.8B (2021)

Potential next-generation anti-thrombotic
$5B+ NRA potential

Building upon history of successful CV partnerships

NRA: NonRisk Adjusted sales subject to positive registrational trials and health authority

Milvexian has the potential to offer comparable or better efficacy with reduced bleed risk to a broad range of patients

Limitations of antiplatelet therapy

- Stroke Recurrence and CV events remain high despite antiplatelet use
- Concerns today with combining OACs & dual-antiplatelet therapy

Limitations of monotherapy/FXa

- Many patients remain untreated or undertreated (with respect to OAC) due to bleeding risk

Phase 3 Program Indications

Secondary Stroke Prevention

Acute Coronary Syndrome

Atrial Fibrillation

Milvexian has the potential to significantly improve patient outcomes in SSP

Unmet need

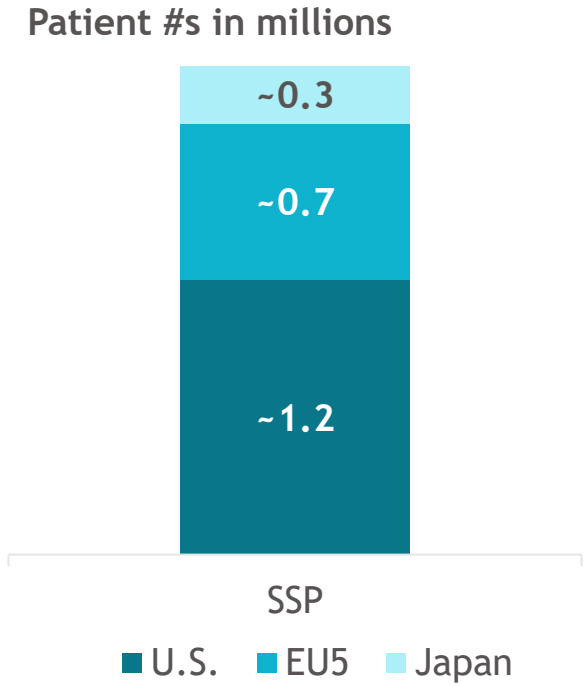
- Recurrent stroke rates remain high despite antiplatelet therapy
- Anticoagulants (warfarin) have increased bleeding risk without adding benefit
- DOACs are not indicated

Treatment Opportunity

In combination with DAPT:

- significantly reduce recurrent ischemic stroke
- without significantly increasing the risk of severe bleeds, including intracranial and fatal

Incident Population[1]



Tsao CW et al. Circulation. 2022.; 145 (8): e153-e639.

[1]Ischemic stroke and high-risk TIA incidence across G7

Milvexian has the potential to improve patient care by advancing ACS treatment paradigm

Unmet need

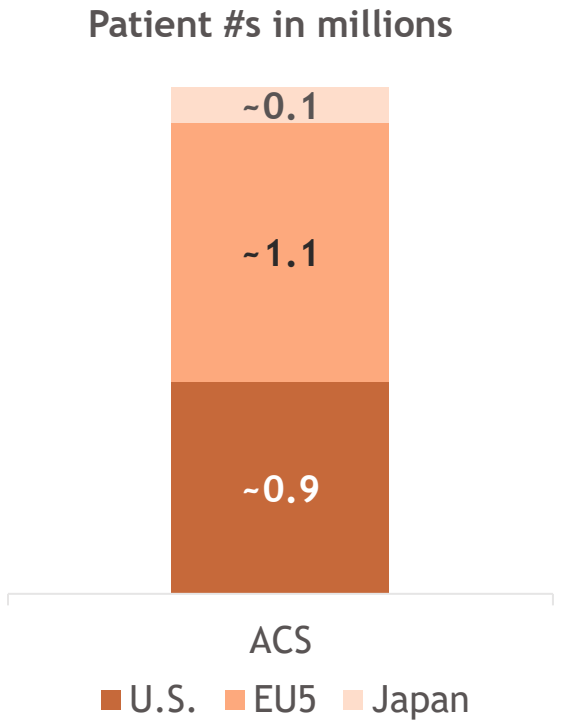
- The risk of recurrent CV events remains high, at 5-10%, despite antiplatelet therapy
- While DAPT use results in decreased events, it is at a cost of increased major bleeding
- Limited success in combining DOAC & DAPT therapies due unfavorable bleed profile

Treatment Opportunity

In combination with DAPT:

- significantly reduce recurrent CV events
- without significantly increasing the risk of severe bleeds, including intracranial and fatal

Incident Population



Steg G et al. JAMA. 2007;297:1197-1206.
Bhatt DL et al. JAMA. 2010;304(12):1350–1357
Sorbets E et al. Eur Heart J. 2020;41(3):347-356.

Despite widespread use of DOACs, there remains an unmet need for safer anticoagulant therapies in AF

Unmet Need

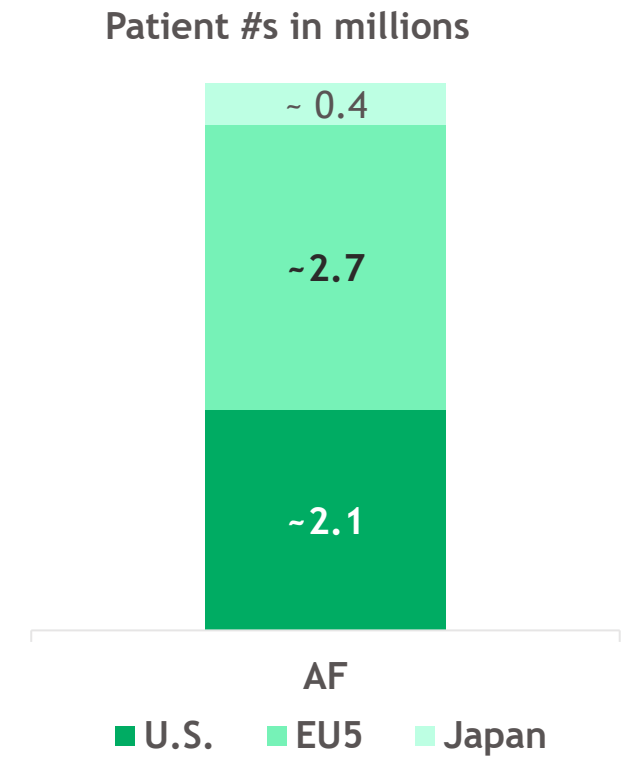
- Bleeding remains a major concern
- As a result, ~40% of AF population remains untreated or undertreated
- Underutilization of DOACs may leave patients at risk for a thrombo-embolic stroke event

Treatment Opportunity

Compared to SOC FXa:

- significantly reduce Major and CRNM bleeding
- at least comparable efficacy

Annual New Patients*



*New to Brand AF annual patients within the OAC market

Curr Med Res Opin. 2022 Jan;38(1):7-18. doi: 10.1080/03007995.2021.1982684. Epub 2021 Oct 9. PMID: 34632887.
DOAC-Dosing-for-Atrial-Fibrillation-AFib-UPDATED-Feb-19-19.pdf (acc.org)

Note: New to Brand Patients based on US IQVIA data, considers new to OAC AF patients, Ex-US New to brand patients as a proportion of total prevalence may differ +/- 5% from US proportion.

Milvexian offers the potential to address the unmet needs in patients with thrombotic diseases

- Milvexian, a potential next-generation anti-thrombotic with a demonstrated profile that is differentiated from FXa
- Phase 3 program targeting at least 3 large commercial opportunities with significant unmet need
- Significant commercial opportunity – $5B+ NRA revenue opportunity
- Further expands growing CV franchise

NRA: Non-Risk Adjusted sales subject to positive registrational trials and health authority

Opportunity for sustained leadership in cardiovascular

Successful history of developing leading CV medicines

Plavix® (clopidogrel bisulfate) 75mg tablets

Eliquis™ apixaban

Avapro® (irbesartan) 150-mg • 300-mg Tablets

PRAVACHOL® (pravastatin sodium) 40 mg tablets

Expanded into cardiomyopathies

CAMZYOS™ (mavacamten) capsules

Opportunity to extend into our leadership in anti-thrombotics

milvexian

Data as of July 27th, 2022

Broad and diversified clinical development portfolio

	Phase 1				Phase 2			Phase 3	Marketed
Oncology	AHR Antagonist (*Ikena*)[2]	Anti-NKG2A	IL-12 Fc	TGFß Inhibitor	Anti-CTLA-4 NF	Anti-Fucosyl GM1	BET Inhibitor[1] (CC-90010)	Subcutaneous nivolumab	OPDIVO[1] (nivolumab); Opdualag (nivolumab and relatlimab); YERVOY (ipilimumab) Injection for intravenous infusion
	Anti-CCR8	AR LDD	LSD1 Inhibitor	TIGIT Bispecific	Anti-CTLA-4 Probody	Anti-TIGIT	farletuzumab ecteribulin		
	Anti-CTLA-4 NF-Probody	CD3xPSCA (*Avencell*)[2]	MAGEA4/8 TCER		Anti-IL-8				
	Anti-ILT4	DGK Inhibitor	STING Agonist						
Hematology	alnuctamab	BCMA NKE	CK1α CELMoD		A/I CELMoD (CC-99282)	BET Inhibitor (BMS-986158)	mezigdomide (CC-92480)	iberdomide	Abecma (idecabtagene vicleucel); Breyanzi; INREBIC (fedratinib) capsules; ONUREG (azacitidine); Reblozyl (luspatercept-aamt) for injection; Empliciti (elotuzumab); Pomalyst (pomalidomide) capsules; Revlimid
	Anti-SIRPα[1]	CD19 NEX T	GPRC5D CAR T						
	BCMA ADC	CD33 NKE	GSPT1 CELMoD (CC-90009)						
	BCMA NEX T	CD47xCD20	ROR1 CAR T						
Cardiovascular	Cardiac Myosin Inhibitor	FXIa Inhibitor		ROMK Inhibitor	danicamtiv	milvexian (FXIa Inhibitor)			CAMZYOS (mavacamten) capsules; Eliquis apixaban
Immunology	Anti-CD40	Anti-RIPK1 Inhibitor	IL2-CD25	TYK2 Inhibitor	afimetoran (TLR 7/8 Inhibitor)	branebrutinib		cendakimab	ORENCIA[3] (abatacept); ZEPOSIA[4] (ozanimod)
					MK2 Inhibitor	S1PR1 Modulator		deucravacitinib	
Fibrosis	NME				HSP47	LPA1 Antagonist			
Neuroscience	Anti-Tau (*Prothena*)[2]	BTK Inhibitor	eIF2b Activator	FAAH/MGLL Dual Inhibitor					

1 - In development for solid tumors and hematology;
2 - BMS has an exclusive option to license and/or option to acquire
3 - In development for immunology and COVID-19;
4 - In development for Immunology and Neuroscience

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Please standby as we transition to the Q&A portion of our presentation

Q&A

Samit Hirawat, MD

Chief Medical Officer,
Global Drug Development

Chris Boerner, Ph.D.

Executive Vice President,
Chief Commercialization Officer

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-5L
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