Q2 2024 Results

July 26, 2024

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 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 measures, including non-GAAP earnings per share (EPS), to the most directly comparable GAAP measures is not provided because comparable GAAP measures for such measures are not reasonably accessible or reliable due to the inherent difficulty in forecasting and quantifying measures that would be necessary for such reconciliation. Namely, we are not, without unreasonable effort, able to reliably predict the impact of accelerated depreciation and impairment charges, legal and other settlements, gains and losses from equity investments and other adjustments. 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.

Bristol Myers Squibb®

Q2 2024 Results

Chris Boerner, PhD

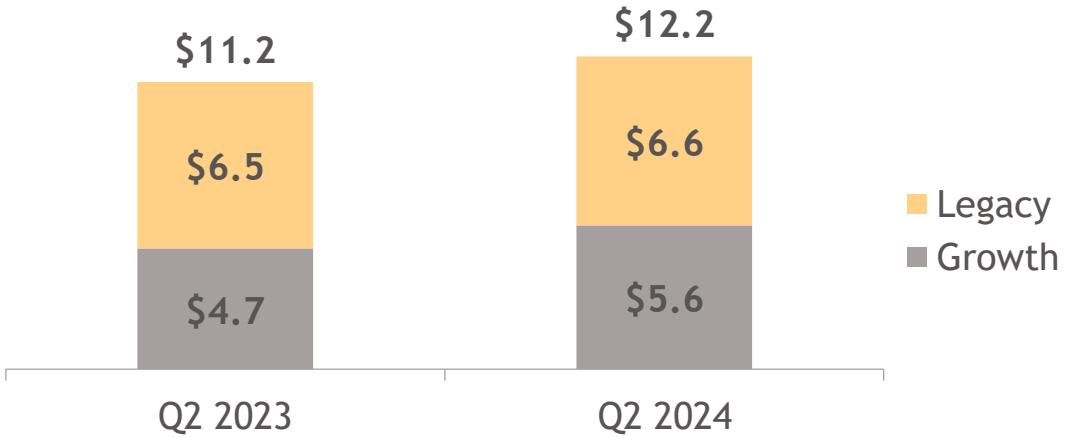
Board Chair
and Chief Executive Officer

Q2 2024 performance

Commercial

Growth portfolio revenues: +18% or +21% Ex-FX* YoY

$ in billions



+53% Breyanzi

+53% Opdualag (nivolumab and relatlimab-rmbw) Injection for intravenous use | 480 mg/160 mg

>100% SOTYKTU (deucravacitinib) 6 mg tablets

+82% Reblozyl (luspatercept-aamt) for injection 25mg • 75mg

>100% CAMZYOS (mavacamten) capsules

Research & Development

Achieved multiple clinical & regulatory milestones[1]

Breyanzi

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

KRAZATI (adagrasib) 200 mg TABLETS

AUGTYRO (repotrectinib)

- Subcutaneous nivolumab: potential to extend durability of IO business
  - U.S. FDA PDUFA date: December 29, 2024
  - EU application under review

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Not an exhaustive list of assets, programs, or indications

Reshaping BMS for sustained top-tier growth & value creation

Focusing on transformational medicines where we have a competitive advantage

Driving operational excellence throughout the organization

Strategically allocating capital for long-term growth and returns

Accelerating delivery of important medicines to more patients

Focusing pipeline in core therapeutic areas where we have competitive advantage

Hematology	Oncology	Cardiovascular	Immunology	Neuroscience
Extending in IO & broadening beyond IO with novel modalities: —Cell Therapies —Degraders —ADCs —Radiopharmaceuticals		Leveraging deep expertise across: —Thrombosis —Heart failure —Cardiomyopathies	Transformational programs to: —Control inflammation —Reset immune memory —Promote homeostasis	Developing new treatments: —Neuropsychiatry —Neurodegeneration

Advancing first-in-class and/or best-in-class medicines

KarXT: First-in-class M1/M4 with multi-billion-dollar potential

U.S. FDA PDUFA date: September 26, 2024

Schizophrenia[1]

~1.6M people[2]
treated in U.S.

~70% of patients
on current therapies are not well managed

Launch preparations underway

Future growth drivers[1]

Adjunctive Schizophrenia	Alzheimer's Psychosis
Phase 3 data 2025	*Phase 3 data 2026*
Alzheimer's Agitation	Bipolar I Disorder

Future Initiations

Alzheimer's Cognition	Autism Spectrum Disorder (Irritability)

Newly Planned Indications

Registrational study Planned study

1. Subject to positive registrational trials and regulatory approval 2. DRG – Clarivate, as of July 2023

Strengthening pipeline momentum in the near term

2H 2024 key milestones*[1]

Expanding in IO & diversifying beyond IO

Opdualag™ (nivolumab and relatlimab-rmbw) Injection for intravenous use | 480 mg/160 mg

Present Phase 2 data
& initiate Phase 3 trial in 1L NSCLC

PRMT5i

Phase 1 data readout
in advanced solid tumors

SC Nivolumab

U.S. FDA PDUFA date:
December 29th

Accelerating return in Neuroscience

KarXT

U.S. FDA PDUFA date:
September 26th

Expanding in Immunology

SOTYKTU™ (deucravacitinib) 6 mg tablets

Phase 3 PsA data readout
POETYK-PsA-I & II

CD19 NEX-T

Phase 1 data readout
in severe, refractory SLE

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Subject to positive registrational trials and regulatory approval

Pipeline enters catalyst-rich period starting next year

2025-2026 key milestones*

Growth Products indication expansion[1]

- Reblozyl 1L TD MF associated anemia (INDEPENDENCE)
- Opdualag Adjuvant Melanoma
- Camzyos nHCM (ODYSSEY)
- Sotyktu SLE (POETYK-SLE I & II)
- KarXT Adjunctive Schizophrenia (ARISE)
- KarXT Alzheimer's Psychosis (ADEPT)

NME registrational data

- Milvexian LIBREXIA program
- LPA_1 IPF (ALOFT)
- Iberdomide 2L+ MM (EXCALIBER-RRMM)
- Mezigdomide 2L+ MM (SUCCESSOR I & II)
- GPRC5D CAR T 4L+ MM (QUINTESSENTIAL)
- RYZ101 2L+ GEP-NETs

Key early-stage data

- EGFR x HER3 ADC Advanced solid tumors
- Krazati 1L NSCLC (TPS <50%)
- RYZ101 ES-SCLC
- Golcadomide 1L FL (GOLSEEK II)
- MYK-224 HFpEF (AURORA)

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Subject to positive registrational trials and regulatory approval

Raising our 2024 outlook

2024 Guidance Highlights*[1]

Total Revenues Reported Rates	Upper end of low single-digit range
Total Revenues Ex-FX	Upper end of low single-digit range
Non-GAAP EPS[2]	Increasing range to $0.60 - $0.90

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information" 1. 2024 EPS Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items, and the impact of future Acquired IPRD charges; 2. Includes the net impact of Acquired IPRD and licensing income through Q2 2024. Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items, and the impact of future Acquired IPRD charges.

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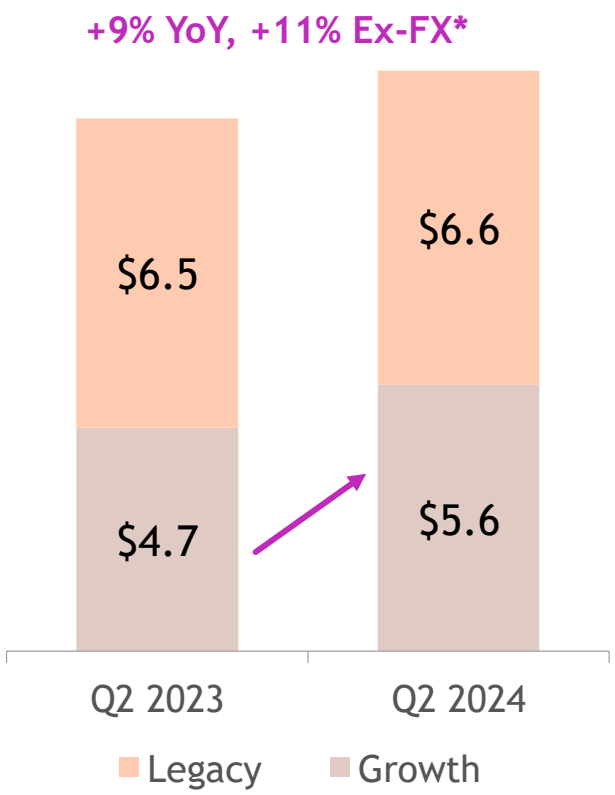
Q2 2024 Results

David Elkins

Executive Vice President
and Chief Financial Officer

Composition of revenue continues to transition to the Growth Portfolio

$ in billions



Growth Portfolio

OPDIVO (nivolumab)
Reblozyl (luspatercept-aamt) for injection 25mg • 75mg
Opdualag (nivolumab and relatlimab-rmbw)
CAMZYOS (mavacamten) capsules
SOTYKTU (deucravacitinib) 6 mg tablets
Breyanzi (lisocabtagene maraleucel)
ZEPOSIA (ozanimod) 0.92 mg capsules
YERVOY (ipilimumab)
ORENCIA (abatacept)
Abecma (idecabtagene vicleucel)
AUGTYRO (repotrectinib)
KRAZATI (adagrasib) 200 mg tablets

Other Growth Brands[1]

+18% YoY

+21% Ex-FX*

Legacy Portfolio

Eliquis (apixaban) tablets 5mg 2.5mg
Revlimid (lenalidomide) capsules 2.5 · 5 · 10 · 15 · 20 · 25 mg
Pomalyst (pomalidomide) capsules 1 · 2 · 3 · 4 mg
SPRYCEL dasatinib 100 mg tablets
Abraxane (nanoparticle albumin-bound paclitaxel)

Other Mature Brands

+2% YoY

+3% Ex-FX*

*See "Forward-Looking Statements and Non-GAAP Financial Information"; 1. Other Growth Brands: Onureg, Inrebic, Nulojix, Empliciti, & Royalty revenues

Q2 2024 Oncology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
OPDIVO (nivolumab)	$2,387	+11%	+16%
YERVOY (ipilimumab)	$630	+8%	+10%
Opdualag (nivolumab and relatlimab-rmbw)	$235	+53%	+53%
Abraxane (nanoparticle albumin-bound paclitaxel)	$231	(10%)	(6%)
KRAZATI (adagrasib)	$32	---	---
AUGTYRO (repotrectinib)	$7	---	---

Opdivo:

- U.S. sales growth vs. PY including favorable inventory dynamics
- Ex-U.S. demand growth & expanded access

Opdualag:

- U.S. growth driven by strong demand; achieved ~25%-30% market share[1] in 1L melanoma
- Focused on driving share from PD-1 mono (<15%), dual IO, & BRAF/MEK settings

Krazati:

- Focused on increasing demand & new patient share in 2L+ NSCLC

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. BMS Internal Analysis

Q2 2024 Cardiovascular product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
Eliquis apixaban	$3,416	+7%	+7%
CAMZYOS (mavacamten)	$139	**	**

Eliquis: Best-in-class & leading OAC within category

- U.S. growth driven by strong underlying demand
- #1 OAC in key Ex-U.S. markets

Camzyos[1]: First-in-class myosin inhibitor

- Strong increase in total treated & commercial dispensed patients in U.S.
  - Momentum strengthening in new patient starts
- Ex-U.S. expansion based on reimbursement timing

As of	Mar 31, 2024	Jun 30, 2024
Patients in hub[2]	~7,500	~8,900
Patients on commercial drug[2]	~5,600	~6,900

*See "Forward-Looking Statements and Non-GAAP Financial Information"; **In excess of 100%; 1. Sequential sales Q1 to Q2 include ~$15M GTN benefit 2. BMS internal analysis & patient figures are U.S. only

Q2 2024 Hematology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
Revlimid (lenalidomide) capsules	$1,353	(8%)	(7%)
Pomalyst (pomalidomide) capsules	$959	+13%	+14%
Reblozyl (luspatercept-aamt) for injection 25mg • 75mg	$425	+82%	+82%
SPRYCEL dasatinib 100 mg tablets	$424	(7%)	(6%)
Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION	$153	+53%	+55%
Abecma (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION	$95	(28%)	(27%)

Reblozyl:

- Strong demand in 1L MDS-associated anemia
- Increasing market share across both RS positive and RS negative populations
- Securing reimbursement across Ex-U.S. markets

Breyanzi:

- Growth driven by expanded manufacturing capacity and increased demand across LBCL as well as recently approved expanded indications

*See "Forward-Looking Statements and Non-GAAP Financial Information"

Q2 2024 Immunology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
ORENCIA® (abatacept)	$948	+2%	+5%
ZEPOSIA® (ozanimod) 0.92 mg capsules	$151	+51%	+51%
SOTYKTU™ (deucravacitinib) 6 mg tablets	$53	**	**

Sotyktu[1,2]: First-in-class TYK2 inhibitor

- Achieved 26% sequential growth in commercially paid scripts in the U.S.
- Continued focus on demand growth and access improvements

Sotyktu Commercially Paid Scripts[3]

Q3'23	Q4'23	Q1'24	Q2'24
~6,500	~8,700	~9,800	~12,300

*See "Forward-Looking Statements and Non-GAAP Financial Information"; **In excess of +100%; 1. Q1 & Q2 2024 sales include clinical trial sales of ~$2M & ~$5M, respectively; 2. Q2 sales include (~$10M) GTN impact including ($6M) adjustment from Q1; 3. Symphony Health, an ICON plc Company, Metys® U.S. TRx data

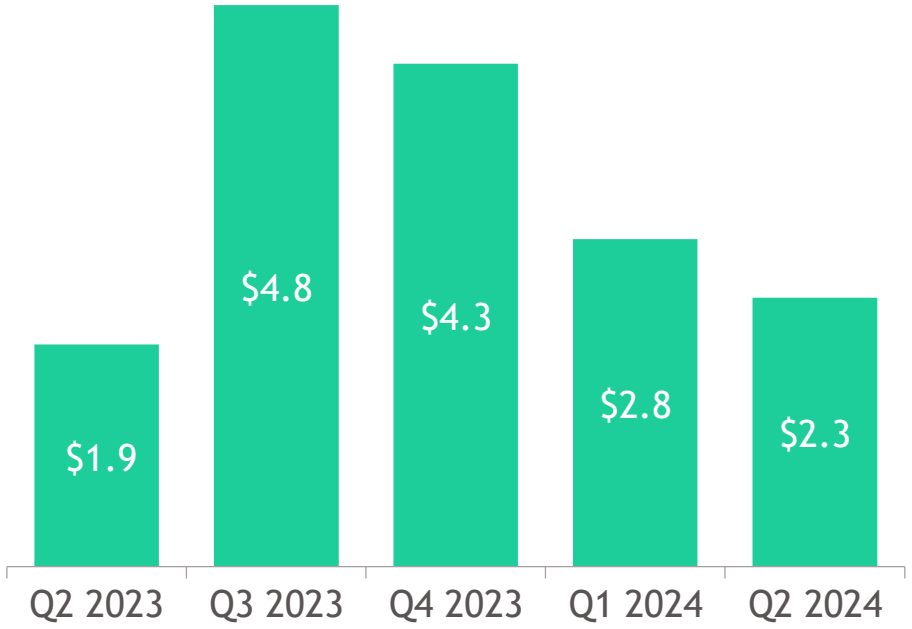
Q2 2024 Financial Performance

$ in billions, except EPS	US GAAP		Non-GAAP*	
	Q2 2024	Q2 2023	Q2 2024	Q2 2023
Total Revenues, net	12.2	11.2	12.2	11.2
Gross Margin %	73.2%	74.4%	75.6%	75.0%
Operating Expenses[1]	4.8	4.2	4.2	4.2
Acquired IPR&D	0.1	0.2	0.1	0.2
Amortization of Acquired Intangibles	2.4	2.3	-	-
Effective Tax Rate	(30.9%)	(11.7%)	14.1%	16.9%
Diluted EPS	0.83	0.99	2.07	1.75
Diluted Shares Outstanding *(# in millions)*	2,029	2,102	2,029	2,102
Diluted EPS Impact from Acquired IPR&D[2]	(0.04)	(0.05)	(0.04)	(0.05)

*See "Forward-Looking Statements and Non-GAAP Financial Information"; 1. Operating Expenses = MS&A and R&D; 2. Represents the net impact from Acquired IPRD & Licensing income reported in Q2

Strategic approach to Capital Allocation

Cash flow from Operations $B



$B	Q2 2024
Total Cash*	~$7.0
Total Debt	~$52.4

Strong operating cash flow generation

Business Development

- Pursue opportunities and partnerships to diversify portfolio & strengthen long-term outlook

Balance Sheet Strength

- Maintain strong investment-grade credit rating
- Planned debt pay down of ~$10B over 2 years
- Reduced total debt by ~$3.1B in Q2

Returning Cash to Shareholders

- Remain committed to our dividend**
- ~$5B in share repurchase authorization remaining as of June 30, 2024

*Cash includes cash, cash equivalents and marketable debt securities; **Subject to Board approval

Revised 2024 Guidance

	Non-GAAP*	
	April (Prior)	July (Updated)
Total Revenues Reported Rates	Low single-digit increase	Upper end of low single-digit range
Total Revenues Ex-FX	Low single-digit increase	Upper end of low single-digit range
Gross Margin %	~74%	Between ~74% and ~75%
Operating Expenses[1]	Low single-digit increase	No change
Other Income/ (Expense)	~($250M)	~($50M)
Tax Rate[2]	~69%	~66%
Diluted EPS[2]	$0.40 - $0.70	$0.60 - $0.90

Key Highlights

- Total Revenues (reported & Ex-FX) are expected to be at the upper end of low-single digit range
- Gross Margin updated due to sales mix
- Operating Expenses are expected to be at upper end of low single-digit range
- Other Income/(Expense) updated mainly due to royalties
- Underlying Tax Rate excluding Acquired IPR&D:
  - Q2 at ~14.2%
  - FY'24 estimated at ~18%

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information"; 1. Operating Expenses = MS&A and R&D, excluding Acquired IPR&D and Amortization of acquired intangibles; 2. Includes the net impact of Acquired IPRD and licensing income through Q2 2024. Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items, and the impact of future Acquired IPRD charges.

Delivering on focused strategic execution in Q2

Q2 Performance	• Topline growth: +9% or +11% Ex-FX* • Growth portfolio: +18% or +21% Ex-FX*
Driving Sustainable Growth	• Focusing on Transformational Medicines • Driving Operational Excellence • Strategically Allocating Capital
Advancing our Pipeline	• Multiple regulatory approvals & clinical development milestones achieved • Near-to-mid-term catalysts strengthen long-term outlook
Return to Neuroscience	• KarXT: First-in-class medicine with multi-billion-dollar potential set to launch in schizophrenia • U.S. FDA PDUFA date: September 26, 2024

Raising FY 2024 Non-GAAP Guidance

*See "Forward-Looking Statements and Non-GAAP Financial Information"

Bristol Myers Squibb®

Q2 2024 Results Q&A

Chris Boerner, PhD
Board Chair,
Chief Executive Officer

David Elkins
Executive VP,
Chief Financial Officer

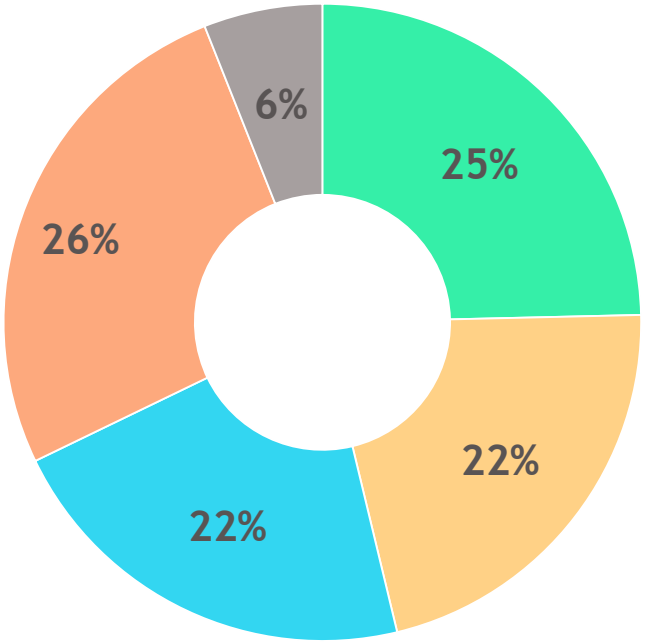
Samit Hirawat, MD
Executive VP,
Chief Medical Officer,
Global Drug Development

Adam Lenkowsky
Executive VP,
Chief Commercialization Officer

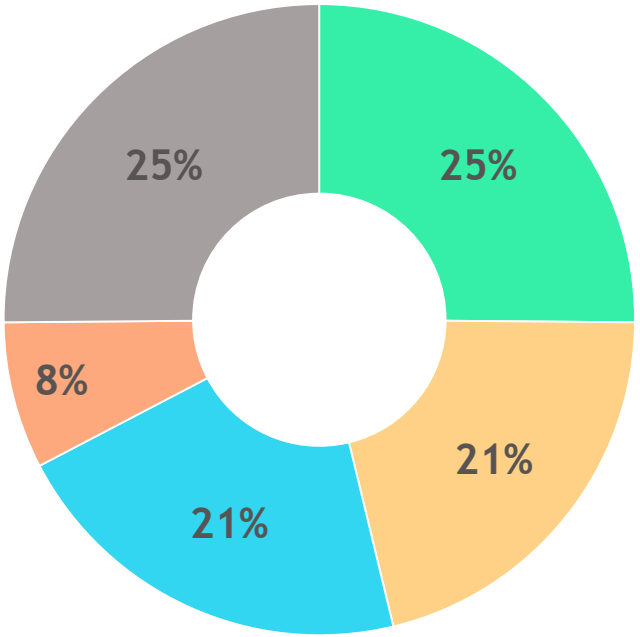
Q2 2024 Opdivo Sales Mix

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

U.S. Sales Mix



Ex-U.S. Sales Mix

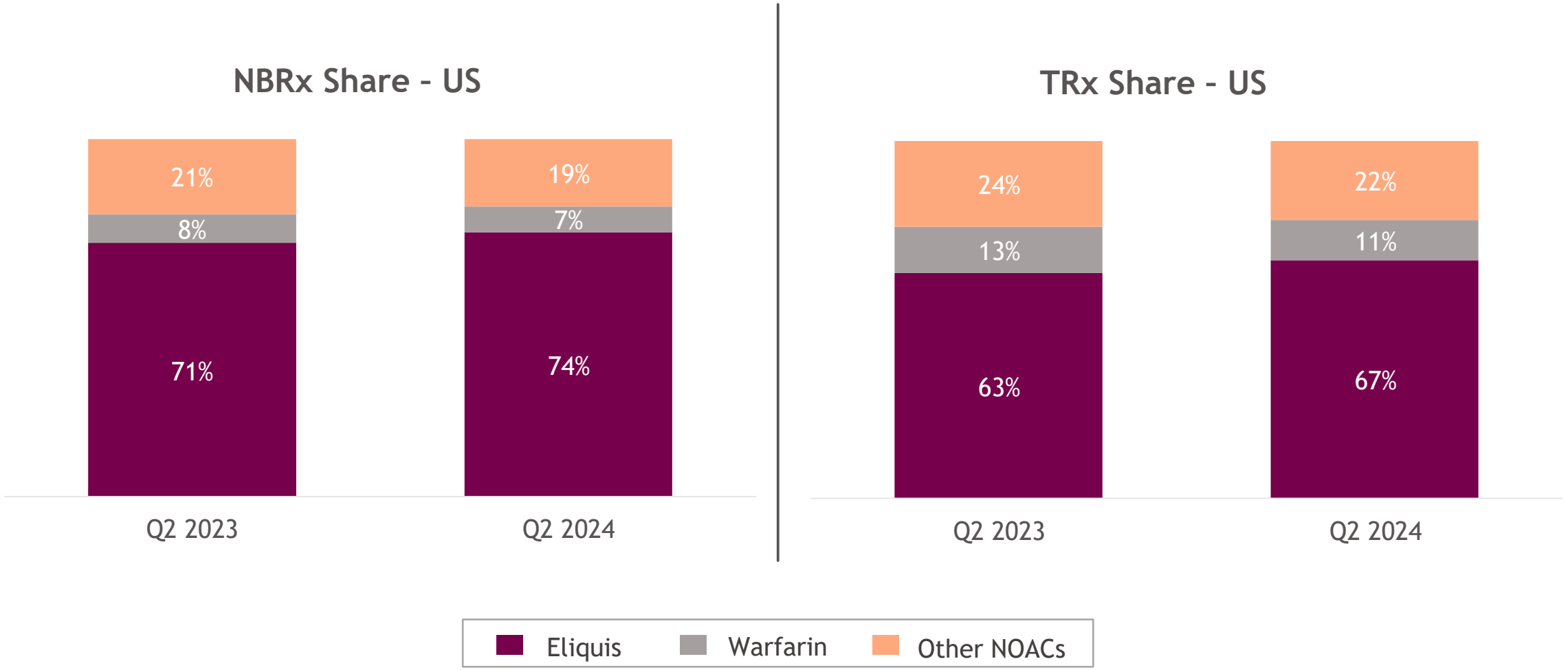


NSCLC RCC Melanoma Upper GI/Bladder All others

Note: percentages are approximate

Q2 2024 Eliquis NBRx/TRx Share

Eliquis apixaban



Rx Source: IQVIA

Composition of Other Growth & Other Legacy Products

Other Growth Products[1]

- Onureg
- Inrebic
- Empliciti
- Nulojix
- 3rd Party Royalty Revenue

Other Legacy Products

- Idhifa
- Istodax
- Thalomid
- Glucophage
- Kenalog
- Vidaza
- Baraclude
- Reyataz
- Other Mature Brands

1. Any brands not listed in “Other Growth Products” should be classified within “Other Legacy Products”

Q2 environmental, social, and governance progress

ESG strategy, management

Named to the 2023 Dow Jones Sustainability™ World Indices.[1]

Member of
Dow Jones Sustainability Indices
Powered by the S&P Global CSA

One of America's 100 Most JUST Companies, jumping from 349th position to 100th

JUST capital

Advancing patient health around the world

ASPIRE 10-year strategy announced, expanding access to patients in LMICs

ATOM Coalition

collaboration announced to provide access to our immuno-oncology therapies like OPDIVO® in select LMICs

ATOM
Access to Oncology Medicines

Fostering a high-performing & inclusive global workforce

6 consecutive years of being awarded a top score on Disability Equality Index®

DEI DISABILITY EQUALITY INDEX℠
Best Place To Work For Disability Inclusion

Reducing our environment impact

SBTi validation of our near-term and long-term net-zero targets

SCIENCE BASED TARGETS
DRIVING AMBITIOUS CORPORATE CLIMATE ACTION

1. Index recognizes progress increasing workforce representation, reducing environmental impact, enhancing data privacy and cyber security programs, establishing principles for responsible artificial intelligence

Clinical Development Portfolio — Phase I and II

Data as of July 26th, 2024

Phase I

Anti-CCR8	✦ Solid Tumors
AR LDD	✦ 1L, 2L+ Metastatic Castration-Resistant Prostate Cancer
BMS-986463	✦ Solid Tumors
EGFRxHER3 Bispecific ADC	✦ 1L Non-Small Cell Lung Cancer*
Helios CELMoD	✦ Solid Tumors
JNK Inhibitor	✦ Solid Tumors
MAGEA4/8 TCER	✦ Solid Tumors*
$KRAS^{G12D}$ Inhibitor	✦ Solid Tumors
NME 1	✦ Prostate Cancer
PRMT5 Inhibitor	✦ Solid Tumors
RYZ101	Extensive Stage Small Cell Lung Cancer
SHP2 Inhibitor	✦ Solid Tumors
SOS1 Inhibitor	✦ Solid Tumors
TIGIT Bispecific	✦ Gastric Cancer
BCL6 LDD	✦ Lymphoma
CD33-GSPT1 ADC	✦ Acute Myeloid Leukemia
CD33 NKE	✦ Acute Myeloid Leukemia
CK1α Degrader	✦ Hematologic Malignancies
Dual Targeting BCMAxGPRC5D CAR T	✦ RR Multiple Myeloma
HbF Activating CELMoD	✦ Sickle Cell Disease
BMS-986454	✦ Autoimmune Disease
CD19 NEX-T	✦ Severe Refractory Systemic Lupus Erythematosus
IL2-CD25	✦ Autoimmune Disease
PKCθ Inhibitor	✦ Autoimmune Disease
BMS-986495	✦ Neurodegenerative Diseases
CD19 NEX-T	Multiple Sclerosis
eIF2B Activator	✦ Alzheimer's Disease
FAAH/MGLL Dual Inhibitor	✦ Neurodegenerative Diseases
TRPC4/5 Inhibitor	✦ Mood and Anxiety Disorders
BMS-986465 (TYK2 Inhibitor)	✦ Neuroinflammation Disorders

Phase II

Anti-Fucosyl GM1	✦ RR Small Cell Lung Cancer
Anti-IL-8	✦ Solid Tumors
KRAZATI	1L Non-Small Cell Lung Cancer PD-L1<50%
nivolumab + relatlimab	1L Hepatocellular Carcinoma
	Stage IV 1L Non-Small Cell Lung Cancer
BREYANZI	RR Marginal Zone Lymphoma
golcadomide	✦ RR Non-Hodgkin's Lymphoma
GPRC5D CAR T	✦ RR Multiple Myeloma
REBLOZYL	A-Thalassemia
CAMZYOS	Heart Failure with preserved Ejection Fraction
MYK-224	✦ Heart Failure with preserved Ejection Fraction
	Obstructive Hypertrophic Cardiomyopathy
afimetoran	✦ Systemic Lupus Erythematosus
BMS-986322 (TYK2 Inhibitor)	✦ Moderate-to-Severe Psoriasis
SOTYKTU	Discoid Lupus Erythematosus
Anti-MTBR Tau	✦ Alzheimer's Disease

Oncology | Hematology | CV | Neuroscience | Immunology

* Partner-run study

✦ NME leading indication

Clinical Development Portfolio — Phase III

Data as of July 26th, 2024

Phase III

KRAZATI	1L Non-Small Cell Lung Cancer PD-L1≥50%
	2L Colorectal Cancer
OPDIVO	Adjuvant Hepatocellular Carcinoma
	Peri-adjuvant Muscle-Invasive Urothelial Carcinoma
	Stage IB-IIIA Adjuvant Non-Small Cell Lung Cancer*
OPDIVO + YERVOY	1L Muscle Invasive Urothelial Carcinoma cis-ineligible
OPDUALAG	Adjuvant Melanoma
RYZ101	✦ 2L+ Gastroenteropancreatic Neuroendocrine Tumors
SC nivolumab + relatlimab + rHuPH20	✦ 1L Melanoma
ABECMA	Newly Diagnosed Multiple Myeloma with Suboptimal Response post-ASCT
golcadomide	High Risk 1L Large B-cell Lymphoma
iberdomide	✦ 2L+ Multiple Myeloma
	Post-ASCT Maintenance Newly Diagnosed Multiple Myeloma
mezigdomide	2L+ Multiple Myeloma Kd
	✦ 2L+ Multiple Myeloma Vd
REBLOZYL	1L TD Myelofibrosis Associated Anemia
	1L NTD Myelodysplastic Syndrome Associated Anemia
CAMZYOS	Non-Obstructive Hypertrophic Cardiomyopathy
milvexian	Acute Coronary Syndrome*
	Atrial Fibrillation*
	Secondary Stroke Prevention*
cendakimab	✦ Eosinophilic Esophagitis
	Eosinophilic Gastroenteritis #
LPA1 Antagonist	✦ Idiopathic Pulmonary Fibrosis
	Progressive Pulmonary Fibrosis
obexelimab	✦ IgG4-Related Disease
SOTYKTU	Psoriatic Arthritis
	Sjögren's Syndrome
	Systemic Lupus Erythematosus
KarXT	Adjunctive Schizophrenia
	Psychosis in Alzheimer's Disease

Registration US, EU, JP

AUGTYRO	ROS1 NSCLC (EU, JP)
	NTRK Pan-Tumor (EU)
OPDIVO	Peri-adjuvant Non-Small Cell Lung Cancer (US, EU)
OPDIVO + YERVOY	1L Hepatocellular Carcinoma (EU)
	1L Muscle Invasive Urothelial Carcinoma cis-eligible (EU, JP)
	1L+ Microsatellite Instability High Colorectal Cancer (EU)
SC nivolumab + rHuPH20 (multi-indications)	✦ 2L Renal Cell Carcinoma (US, EU)
BREYANZI	RR Follicular Lymphoma (JP)
KarXT	✦ Schizophrenia (US)

Oncology | Hematology | CV | Neuroscience | Immunology

* Partner-run study
✦ NME leading indication
\# Japan only

Development Partnerships:
ABECMA: 2seventy bio; **AUGTYRO:** Zai Lab in China, Hong Kong, Macau, and Taiwan; **EGFRxHER3 Bispecific ADC**: SystImmune; **KarXT:** Zai Lab in China, Hong Kong, Macau, and Taiwan; **KRAZATI:** Zai Lab in China, Hong Kong, Macau, and Taiwan; **MAGEA4/8 TCER:** Immatics; **milvexian:** Johnson & Johnson; **obexelimab:** Zenas BioPharma in South Korea, Taiwan, Hong Kong, Singapore, and Australia; **OPDIVO, YERVOY, OPDUALAG:** Ono in Japan; **PKCθ Inhibitor:** Exscientia; **REBLOZYL:** Merck; **rHuPH20:** Halozyme; **SHP2 Inhibitor:** BridgeBio Pharma; **TIGIT Bispecific:** Agenus

Q2 2024 key clinical trials update

Oncology	Hematology	Immunology	Cardiovascular	Neuroscience
• Augtyro • Opdivo • Opdualag • Krazati • RYZ101 • BMS-986507	• Abecma • Breyanzi • Reblozyl • BMS-986393 • iberdomide • mezigdomide • golcadomide	• Sotyktu • cendakimab • LPA1 antagonist • obexelimab	• Camzyos • milvexian • MYK-224	• KarXT • Anti-MTBR-Tau

Augtyro (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 160 mg QD for the first 14 days, then 160 mg BID[a] • 1 Prior ROS1 TKI and 1 Platinum based chemo ROS1+ NSCLC • 2 Prior ROS1 TKIs ROS1+ NSCLC (chemo & I-O naïve) • 1 Prior ROS1 TKI ROS1+ NSCLC (chemo & I-O naïve) • TRK TKI-naïve NTRK+ solid tumors • TRK TKI-pretreated NTRK+ solid tumors
Endpoints	Primary: • Phase I: DLTs, RP2D • Phase II: ORR Key Secondary Phase II: DOR, IC-ORR
Status	• U.S. FDA approval November 2023 in ROS1+ NSCLC & June 2024 in NTRK+ solid tumors • EU application under review in ROS1+/NTRK+ & Japan in ROS1+ NSCLC
CT Identifier	NCT03093116

[a] Based-on tolerability

Opdivo (anti-PD1)

Indication	Peri-Adjuvant NSCLC	Stage IB-IIIA Adjuvant NSCLC
Phase/Study	Phase III – CheckMate -77T	Phase III – ANVIL Non-BMS Sponsored*
# of Patients	N = 452	N = 903
Design	• Neoadjuvant Opdivo 360 mg + PDCT Q3W for 4 cycles followed by adjuvant Opdivo 480 mg Q4W for 1 year • Neoadjuvant placebo + PDCT followed by placebo	• Opdivo Q4W • Observation (patients followed serially with imaging for 1 year)
Endpoints	• Primary: EFS • Key secondary: OS	• Primary: DFS, OS
Status	• U.S. FDA PDUFA October 8, 2024 • EU application under review • Data published in NEJM May 2024	• Projected data readout 2025
CT Identifier	NCT04025879	NCT02595944

*Trial conducted by NCI/ECOG

Opdivo (anti-PD1)

Indication	1L HCC	1L+ MSI High CRC	Adjuvant HCC
Phase/Study	Phase III – CheckMate -9DW	Phase III – CheckMate -8HW	Phase III – CheckMate -9DX
# of Patients	N = 732	N = 831	N = 545
Design	• Opdivo 1 mg/kg + Yervoy 3 mg/kg Q3W up to four doses, followed by Opdivo 480 mg Q4W • sorafenib/lenvatinib	• Opdivo 240 mg Q2W for six cycles, followed by Opdivo 480 mg Q4W (Arm A) • Opdivo 240 mg + Yervoy 1 mg/kg Q3W for four cycles, followed by Opdivo 480 mg Q4W (Arm B) • Chemotherapy (Arm C)	• Opdivo 480 mg Q4W • Placebo
Endpoints	• Primary: OS • Key secondary: ORR	Primary: • PFS Arm B vs. A, all lines • PFS Arm B vs. C, first line Key secondary: ORR, OS	• Primary: RFS • Key secondary: OS
Status	• EU application under review • Presented as Late Breaker at ASCO 2024	• EU application under review • Data presented as Late Breaker at ASCO GI 2024 • Projected data readout 2025 for Arm B vs. A	• Projected data readout 2025
CT Identifier	NCT04039607	NCT04008030	NCT03383458

Opdivo (anti-PD1)

Indication	1L MIUC	Peri-Adjuvant MIUC	2L RCC SC
Phase/Study	Phase III – CheckMate -901	Phase III – CA017-078	Phase III – CheckMate -67T
# of Patients	N = 1,290	N = 861	N = 454
Design	• PD-L1+ & cis-ineligible: Opdivo 1 mg/kg + Yervoy 3 mg/kg Q3W up to 4 cycles followed by Opdivo 480 mg Q4W vs SOC chemotherapy • Cis-eligible: Opdivo 360 mg in combination with chemotherapy Q3W vs SOC chemotherapy	• Opdivo 360 mg Q3W for four cycles + chemotherapy • Chemotherapy	• Opdivo 1200 mg Q4W + rHuPH20 Q4W FDC SC • Opdivo IV 3 mg/kg Q2W
Endpoints	Primary: • PFS, OS in cis-eligible patients • OS in PD-L1+ (≥1%) & cis-ineligible	• Primary: pCR, EFS • Key secondary: OS	Primary: • Cavgd28 (Opdivo serum concentration) • Cminss Key secondary: ORR
Status	• U.S. FDA approval March 2024, EU approval May 2024, & filed in Japan in cis-eligible • Projected data readout 2024 in cis-ineligible • Did not meet primary OS endpoint in PD-L1+	• Projected data readout 2025	• U.S. FDA PDUFA December 29, 2024 • EU application under review • Data presented at ASCO GU 2024
CT Identifier	NCT03036098	NCT03661320	NCT04810078

Opdualag (anti-LAG3 + anti-PD1 FDC)

Indication	Adjuvant Melanoma	1L Melanoma SC
Phase/Study	Phase III – RELATIVITY-098	Phase III – RELATIVITY-127
# of Patients	N = 1050	N = 814
Design	• Relatlimab + nivolumab FDC 160 mg/480 mg Q4W • Nivolumab 480 mg Q4W	• Relatlimab + nivolumab + rHuPH20 FDC SC • Relatlimab + nivolumab FDC IV
Endpoints	• Primary: RFS • Key secondary: OS	Primary: • Cavgd28 of nivolumab; Cminss of nivolumab • Cavgd28 of relatlimab; Cminss of relatlimab Key secondary: ORR
Status	• Projected data readout 2026	• Recruiting • Projected data readout 2025
CT Identifier	NCT05002569	NCT05625399

Opdualag (anti-LAG3 + anti-PD1 FDC)

Indication	1L Stage IV NSCLC	1L HCC
Phase/Study	Phase II – CA224-104	Phase I/II - RELATIVITY-106
# of Patients	N = 420	N = 162
Design	Part I: • Nivolumab + relatlimab Dose 1 + PDCT • Nivolumab + relatlimab Dose 2 + PDCT Part II: • Nivolumab + relatlimab Dose 2 + PDCT • Nivolumab + PDCT	• Nivolumab + relatlimab + bevacizumab • Nivolumab + placebo + bevacizumab
Endpoints	Primary: • Part I: TRAEs leading to discontinuation within 12 weeks after first dose • Part II: ORR	Primary: DLTs, ORR
Status	• Established proof of concept to enable registrational trial	• Projected data readout 2024
CT Identifier	NCT04623775	NCT05337137

Krazati ($KRAS^{G12C}$ inhibitor)

Indication	1L NSCLC PD-L1≥ 50%	1L NSCLC PD-L1<50%
Phase/Study	Phase II/III – KRYSTAL-7	Phase II – KRYSTAL-17
# of Patients	N = 806	N = 90
Design	Phase II: • Adagrasib 600 mg BID: PD-L1<1% • Adagrasib 400 mg BID + pembrolizumab: PD-L1<1% • Adagrasib 400 mg BID + pembrolizumab: PD-L1≥1% Phase III: PD-L1≥ 50% • Adagrasib 400 mg BID + pembrolizumab 200 mg Q3W: PD-L1≥ 50% • Pembrolizumab 200 mg IV Q3W: PD-L1≥ 50%	• Cohort A: Adagrasib 400 mg BID for 2 cycles followed by adagrasib 400 mg BID + 200 mg pembrolizumab Q3W: PD-L ≥1% • Cohort C: Pembrolizumab 200 mg Q3W + pemetrexed 500 mg/m2 Q3W + cisplatin 75 mg/m2 Q3W OR carboplatin Q3W before enrollment followed by adagrasib 400 mg BID + pembrolizumab 200 mg Q3W + pemetrexed 500 mg/m2 Q3W: PD-L1<50% • Cohort E: Adagrasib 400 mg BID + pembrolizumab 200mg Q3W + pemetrexed 500 mg/m2 Q3W + cisplatin 75 mg/m2 Q3W OR carboplatin Q3W for 4 cycles followed by adagrasib 400 mg BID + pembrolizumab 200 mg Q3W + pemetrexed 500 mg/m2 Q3W: PD-L1<50%
Endpoints	Phase II: • Primary: ORR Phase III: • Primary: PFS / OS	Primary: • PFS for Cohort C (at 6 months) • ORR for Cohort E
Status	• Recruiting • Phase II data presented at ESMO 2023 • Projected data readout 2028	• Recruiting • Projected data readout 2024
CT Identifier	NCT04613596	NCT05609578

Krazati (KRAS^{G12C} inhibitor)

Indication	2L CRC	3L+ CRC, 2-3L Pancreatic, Advanced Solid Tumors
Phase/Study	Phase III – KRYSTAL-10	Phase I/II – KRYSTAL-1
# of Patients	N = 461	N = 822
Design	• Adagrasib + cetuximab • Chemotherapy	Phase I: • Dose exploration & expansion as monotherapy and in combination with pembrolizumab or cetuximab or afatinib Phase II: • Adagrasib stratified by tumor type • Adagrasib + cetuximab in CRC
Endpoints	Primary: OS, PFS	Primary: ORR
Status	• Projected data readout 2026	• U.S. FDA approval June 2024 in 3L+ CRC • Recruiting • Projected data readout 2025
CT Identifier	NCT04793958	NCT03785249

RYZ101 ^{225}Ac-DOTATE (SSTR2 inhibitor)

Indication	2L+ GEP-NETs*
Phase/Study	Phase Ib/III – ACTION-1
# of Patients	Phase Ib N=17; Phase III N = 288
Design	Phase Ib dose escalation: • RYZ101 q8 weeks x 4 infusions Phase III: • RYZ101 10.2 MBq Q8W • Standard regimens as per Investigator's discretion — everolimus 10 mg QD, sunitinib 37.5 QD, octreotide 60 mg Q4W, or lanreotide 120 mg Q2W
Endpoints	Phase Ib: • Primary: RP3D Phase III: • Primary: PFS • Key secondary: OS
Status	• Recruiting • Phase Ib data presented at ASCO 2024 • Projected data readout 2026
CT Identifier	NCT05477576

*GEP-NETs expressing SSTR2 who are refractory to LU177 SA treatment

BMS-986507 (EGFR x HER3 ADC)

Indication	1L NSCLC
Phase/Study	Phase I – LUNG-101 Non-BMS Sponsored*
# of Patients	N = 260
Design	• BMS-986507 cohort A: D1/D8 Q3W schedule • BMS-986507 cohort B: D1 Q3W schedule Tumor types for investigation include NSCLC, SCLC, Breast Cancer, Esophageal Cancer, & Nasopharyngeal Cancer
Endpoints	Primary: Safety & tolerability Secondary: PK, ORR
Status	• Recruiting • Projected data readout 2025
CT Identifier	NCT05983432

*Trial conducted by SystImmune

Abecma (anti-BCMA CAR T)

Indication	NDMM with Suboptimal Response post-ASCT
Phase/Study	Phase III – KarMMa-9
# of Patients	N = 618
Design	• Abecma followed by lenalidomide maintenance • Lenalidomide maintenance therapy alone
Endpoints	• Primary: PFS • Key secondary: OS
Status	• Recruiting • Projected data readout 2027
CT Identifier	NCT06045806

Breyanzi (anti-CD19 CAR T)

Indication	R/R iNHL
Phase/Study	Phase II – TRANSCEND FL
# of Patients	N = 213
Design	• Breyanzi iNHL includes 3L+ FL, 2L FL (high risk), 3L+ MZL
Endpoints	• Primary: ORR
Status	• U.S. FDA approval May 2024; application under review in Japan in R/R FL • Projected data readout 2025 in 3L+ MZL
CT Identifier	NCT04245839

Reblozyl (Erythroid Maturation Agent)

Indication	1L TD Myelofibrosis (MF) Associated Anemia	1L NTD Low-or Intermediate Risk Myelodysplastic Syndrome (MDS) Associated Anemia
Phase/Study	Phase III – INDEPENDENCE	Phase III – ELEMENT-MDS
# of Patients	N = 309	N = 360
Design	• Reblozyl 1.33 mg/kg SC Q3W + JAK2i • Placebo SC Q3W + JAK2i	• Reblozyl 1.0 mg/kg SC Q3W • Epoetin Alfa 450 IU/kg SC QW
Endpoints	• Primary: RBC-TI during any consecutive 12-week period starting within the first 24 weeks • Key secondary: RBC-TI ≥ 16 weeks (RBC-TI 16)	Primary: Proportion of participants during weeks 1-96 who convert to TD (≥ 3 units/16 weeks per IWG 2018) Key secondary: Mean hemoglobin increase ≥ 1.5 g/dL + TI for at least 16 wks during weeks 1-48
Status	• Recruiting • Expected data readout 2025	• Recruiting • Expected data readout 2027
CT Identifier	NCT04717414	NCT05949684

Reblozyl (Erythroid Maturation Agent)

Indication	TD & NTD Alpha-Thalassemia (Ex-US study)
Phase/Study	Phase II – CA056-015
# of Patients	N = 177
Design	• Reblozyl 1.0 mg/kg SC Q3W • Placebo SC Q3W + Best Supportive Care
Endpoints	Primary: • TD: ≥50% reduction in TF burden over any rolling 12 weeks between W13-W48 • NTD: ≥1 g/dL Hb mean increase from baseline in W13-W24 Key secondary: • TD: No. of participants with ≥ 33% reduction from baseline in RBC transfusion burden • NTD: Change from baseline to W24 in hemoglobin in the absence of transfusion
Status	• Recruiting • Expected data readout 2026
CT Identifier	NCT05664737

BMS-986393 (GPRC5D CAR T)

Indication	4L+ MM*
Phase/Study	Phase II – QUINTESSENTIAL
# of Patients	N = 150
Design	• BMS-986393
Endpoints	• Primary: ORR in prior 4L+ • Key secondary: CRR in prior 4L+, ORR and CRR in all prior 3L+, BOR of PR
Status	• Recruiting • Projected data readout 2026
CT Identifier	NCT06297226

*Quadruple Class Exposed - Received at least 4 classes of treatment including IMiD, PI, anti CD38 mAb, & anti-BCMA therapy, and at least 3 prior LOT

iberdomide (CELMoD)

Indication	2L+ MM	Post-Transplant Maintenance NDMM
Phase/Study	Phase III – EXCALIBER	Phase III – EXCALIBER-Maintenance
# of Patients	N = 864	N = 1216
Design	• Iberdomide 1.0, 1.3, 1.6 mg + daratumumab 1800 mg + dex 40 mg – (iberDd) • Daratumumab 1800 mg + bortezomib 1.3 mg/m2[a] + dex 20 mg[a] – (DVd)	• Iberdomide 0.75, 1.0, 1.3 mg • Lenalidomide 10 mg
Endpoints	• Primary: PFS • Key secondary: OS	• Primary: PFS • Key Secondary: MRD, OS
Status	• Recruiting • Projected data readout 2026	• Recruiting • Projected data readout 2029
CT Identifier	NCT04975997	NCT05827016

[a] BIW dosing

mezigdomide (CELMoD)

Indication	2L+ MM	2L+ MM
Phase/Study	Phase III – SUCCESSOR-1	Phase III – SUCCESSOR-2
# of Patients	N = 810	N = 575
Design	• Mezigdomide 0.3, 0.6, 1.0 mg + bortezomib 1.3 mg/m2[a] + dex 20 mg – (MeziVd) • Pomalyst 4 mg + bortezomib 1.3 mg/m2[a] + dex 20 mg – (PVd)	• Mezigdomide 0.3, 0.6, 1.0 mg + carfilzomib 56 mg/m2[b] + dex 40 mg [b] – (MeziKd) • Carfilzomib 56 mg/m2[a] + dex 20 mg[a] or 70 mg/m2[b] + dex 40 mg[b]- (Kd)
Endpoints	• Primary: PFS • Key secondary: OS	• Primary: PFS • Key secondary: OS
Status	• Recruiting • Projected data readout 2026	• Recruiting • Projected data readout 2026
CT Identifier	NCT05519085	NCT05552976

[a] BIW dosing; [b] QW dosing

golcadomide (CELMoD)

Indication	High-Risk 1L LBCL	Newly Diagnosed Advanced Stage 1L FL
Phase/Study	Phase III – GOLSEEK-1	Phase II – GOLSEEK-2
# of Patients	N = 850	N = 90
Design	• Golcadomide 0.4 mg + R-CHOP • Placebo + R-CHOP	• Golcadomide Dose 1 + Rituximab • Golcadomide Dose 2 + Rituximab • Rituximab + Chemotherapy (CHOP or Bendamustine)
Endpoints	• Primary: PFS • Key secondary: OS, PFS in Non-HGBL, EFS, CMR, MRD	• Primary: CMR (Golcadomide + Rituximab arms only)
Status	• Recruiting • Projected data readout 2028	• Trial initiated • Projected data readout 2026
CT Identifier	NCT06356129	NCT06425302

Sotyktu (TYK-2 inhibitor)

Indication	Psoriatic Arthritis (PsA)	
Phase/Study	Phase III – POETYK-PsA-1	Phase III – POETYK-PsA-2
# of Patients	N = 650	N = 700
Design	52-week study of patients with active PsA in TNF-naïve patients • Sotyktu 6 mg QD • Placebo	52-week study of patients with active PsA in TNF-naïve and TNF-IR patients • Sotyktu 6 mg QD • Placebo • Apremilast
Endpoints	• Primary: % pts achieving ACR20 response at week 16	• Primary: % pts achieving ACR20 response at week 16
Status	• Expected data readout 2024 (52 weeks)	• Expected data readout 2024 (52 weeks)
CT Identifier	NCT04908202	NCT04908189

Sotyktu (TYK-2 inhibitor)

Indication	Systemic Lupus Erythematosus (SLE)		Discoid Lupus Erythematosus (DLE)	Sjogren's (SjS)
Phase/Study	Phase III – POETYK SLE-1	Phase III – POETYK SLE-2	Phase II - IM011-132	Phase III – POETYK SjS-1
# of Patients	N = 490	N = 490	N = 75	N = 756
Design	• Sotyktu 3 mg BID • Placebo	• Sotyktu 3 mg BID • Placebo	52-week study: • Sotyktu Dose 1 • Sotyktu Dose 2 • Placebo	• Sotyktu 3 mg BID • Sotyktu 6 mg BID • Placebo
Endpoints	• Primary: Proportion of participants who meet response criteria SRI-4 at week 52	• Primary: Proportion of participants who meet response criteria SRI-4 at week 52	• Primary: Change from baseline in CLASI-A activity score at week 16	• Primary: Change from baseline in ESSDAI at week 52
Status	• Recruiting • Expected data readout 2026	• Recruiting • Expected data readout 2026	• Expected data readout 2024	• Recruiting • Expected data readout 2027
CT Identifier	NCT05617677	NCT05620407	NCT04857034	NCT05946941

cendakimab (anti-IL-13)

Indication	Eosinophilic Esophagitis (EoE)	Eosinophilic Gastroenteritis (EGE) (Japan study)
Phase/Study	Phase III – CC-93538-EE-001	Phase III – CC-93538-EG-001
# of Patients	N = 430	N = 48
Design	• Cendakimab 360 mg SC QW for 24 weeks, followed by 360 mg SC QW for 24 weeks • Cendakimab 360 mg SC QW for 24 weeks, followed by 360 mg SC Q2W for 24 weeks • Placebo for 48 weeks	• Cendakimab for 48 weeks • Placebo for 48 weeks
Endpoints	Primary: • Change in Dysphagia Days (clinical response) at week 24 • Eosinophil histologic response (≤ 6/hpf) at week 24	• Primary: Eosinophil histologic response (change from baseline) at week 16 • Key secondary: Clinical response up to week 48
Status	• Positive topline results July 2024	• Expected data readout 2024
CT Identifier	NCT04753697	NCT05214768

LPA_1 Antagonist

Indication	Idiopathic Pulmonary Fibrosis	Progressive Pulmonary Fibrosis
Phase/Study	Phase III – ALOFT-IPF	Phase III – ALOFT-PPF
# of Patients	N = 1185	N = 1092
Design	• LPA_1 Dose 60 mg BID • LPA_1 Dose 120 mg BID • Placebo	• LPA_1 Dose 60 mg BID • LPA_1 Dose 120 mg BID • Placebo
Endpoints	Cohort 1: • Primary: No. of participants that experience spontaneous syncopal events over first 4 weeks • Key secondary: No. of participants who discontinued treatment due to any low BP-related Adverse Events Cohort 2: • Primary: Absolute change from baseline in forced vital capacity measured in mL • Key secondary: Disease progression	Cohort 1: • Primary: # of participants that experience spontaneous syncopal events over first 4 weeks Cohort 2: • Primary: Absolute change from baseline in forced vital capacity measured in ML • Key secondary: Disease progression
Status	• Recruiting • Expected data readout 2026	• Recruiting • Expected data readout 2028
CT Identifier	NCT06003426	NCT06025578

obexelimab (CD19 x FcγRIIB bifunctional mAb)

Indication	IgG4-Related Disease
Phase/Study	Phase III – INDIGO
# of Patients	N = 200
Design	• Obexelimab SC • Placebo SC
Endpoints	• Primary: Time to first IgG4-RD flare that requires initiation of rescue therapy in the opinion of the investigator and the Adjudication Committee (AC) from randomization to Week 52
Status	• Recruiting • Expected data readout 2025
CT Identifier	NCT05662241

Camzyos (myosin inhibitor)

Indication	Heart Failure with Preserved Ejection Fraction (HFpEF)	Non-Obstructive Hypertrophic Cardiomyopathy (nHCM)
Phase/Study	Phase II – EMBARK	Phase III – ODYSSEY-HCM
# of Patients	N = 30	N = 580
Design	• Camzyos	• Camzyos • Placebo
Endpoints	Primary: • TEAEs and SAEs • Effect on NT-proBNP levels change from baseline to Week 26 • Effect on cTnT levels (at rest) change from baseline to Week 26	Primary: • Change from baseline in Clinical Summary Score (KCCQ-23 CSS) at Week 48 • Change from baseline in peak oxygen consumption (pVO2) at Week 48 Secondary: Change from baseline in VE/VCO2 slope to Week 48
Status	• Data in-house	• Projected data readout 2025
CT Identifier	NCT04766892	NCT05582395

milvexian (FXIa inhibitor)

Indication	Secondary Stroke Prevention	Acute Coronary Syndrome	Non-Valvular Atrial Fibrillation
Phase/Study	Phase III – LIBREXIA-STROKE Non-BMS Sponsored*	Phase III – LIBREXIA-ACS Non-BMS Sponsored*	Phase III – LIBREXIA-AF Non-BMS Sponsored*
# of Patients	N = 15,000	N = 16,000	N = 15,500
Design	• Milvexian 25 mg BID + background antiplatelet therapy • Placebo + background antiplatelet therapy	• Milvexian 25 mg BID + background antiplatelet therapy • Placebo + background antiplatelet therapy Note: participants enrolled within 7 days of ACS +/- catheterization	• Milvexian 100 mg BID • Eliquis
Endpoints	• Primary: Time to first occurrence of ischemic stroke Key secondary: • Time to first occurrence of any component of the composite of CVD, MI, or ischemic stroke • Time to first occurrence of ischemic stroke	• Primary: Time to first occurrence of MACE Key secondary: • Time to first occurrence of any component of the composite of MAVE	• Primary: Time to first occurrence of composite endpoint of stroke & non-CNS system embolism Key secondary: • Time to first occurrence of ISTH major bleeding • Time to first occurrence of the composite of ISTH major & CRNM bleeding
Status	• Recruiting • Projected data readout 2026 (event driven)	• Recruiting • Projected data readout 2026 (event driven)	• Recruiting • Projected data readout 2027 (event driven)
CT Identifier	NCT05702034	NCT05754957	NCT05757869

*Trials conducted by Johnson & Johnson

MYK-224 (myosin inhibitor)

Indication	Heart Failure with Preserved Ejection Fraction (HFpEF)
Phase/Study	Phase IIa – AURORA-HFpEF
# of Patients	N = 48
Design	• MYK-224 • Placebo
Endpoints	Primary: • TEAEs and SAEs • AEs leading to treatment discontinuation Key Secondary: • Summary of plasma concentrations of MYK-224
Status	• Recruiting • Projected data readout 2025
CT Identifier	NCT06122779

KarXT (M1/M4 muscarinic agonist & M1 antagonist)

Indication	Schizophrenia	
Phase/Study	Phase III – EMERGENT-2	Phase III – EMERGENT-3
# of Patients	N = 252	N = 256
Design	• KarXT 50 mg/20 mg BID, 100 mg/20 mg BID, 125 mg/30 mg BID* • Placebo	• KarXT 50 mg/20 mg BID, 100 mg/20mg BID, 125 mg/30 mg BID* • Placebo
Endpoints	• Primary: Change From Baseline in Positive and Negative Syndrome Scale (PANSS) Total Score at Week 5	• Primary: Change From Baseline in Positive and Negative Syndrome Scale (PANSS) Total Score at Week 5
Status	• U.S. PDUFA September 26, 2024 • Published in Lancet in 2024	• U.S. PDUFA September 26, 2024 • Published in JAMA Psychiatry in 2024
CT Identifier	NCT04659161	NCT04738123

*Based-on tolerability

KarXT (M1/M4 muscarinic agonist & M1 antagonist)

Indication	Adjunctive Schizophrenia
Phase/Study	Phase III – ARISE
# of Patients	N = 400
Design	• KarXT 50 mg/20 mg, 75mg/20 mg BID, 100mg/20 mg BID, 125mg/30 mg BID* • Placebo
Endpoints	• Primary: Change From Baseline in Positive and Negative Syndrome Scale (PANSS) Total Score at Week 6 • Key secondary: Change from Baseline in Personal Social Performance (PSP) at Week 6
Status	• Projected data readout 2025
CT Identifier	NCT05145413

*Based-on tolerability

KarXT (M1/M4 muscarinic agonist & M1 antagonist)

Indication	Psychosis in Alzheimer's Disease	
Phase/Study	Phase III – ADEPT-1	Phase III – ADEPT-2
# of Patients	N = 380	N = 400
Design	• KarXT 20 mg/2 mg TID, 30 mg/3 mg TID, 40 mg/4 mg TID, 50 mg/5 mg TID, 66.7/6.67 mg TID* • Placebo	• KarXT 20 mg/2 mg TID, 30 mg/3 mg TID, 40 mg/4 mg TID, 50 mg/5 mg TID, 66.7/6.67 mg TID* • Placebo
Endpoints	• Primary: Time from randomized withdrawal to relapse during the 26-week period • Key secondary: Time from randomized withdrawal to discontinuation for any reason during the 26-week period	• Primary: Change from Baseline to End of Treatment in the Neuropsychiatric Inventory-Clinician: Hallucinations and Delusions (NPI-C: H+D) score • Key secondary: Change from Baseline to week 12 in the Cohen-Mansfield Agitation Inventory (CMAI) score
Status	• Projected data readout 2026	• Projected data readout 2026
CT Identifier	NCT05511363	NCT06126224

*Based-on tolerability

BMS-986446 (anti-MTBR-tau)

Indication	Alzheimer's Disease
Phase/Study	Phase II – TargetTau-1
# of Patients	N = 475
Design	• BMS-986446 Dose A • BMS-986446 Dose B • Placebo
Endpoints	Primary: • Mean change from baseline in CDR-SB score Secondary: • Mean change from baseline in brain tau deposition as measured by tau PET
Status	• Recruiting • Projected data readout 2027
CT Identifier	NCT06268886

Abbreviations

AACR	American Association for Cancer Research
Ac	Actinium
ACR	American College of Rheumatology
ACS	Acute Coronary Syndrome
ADC	Antibody Drug Conjugate
AE	Adverse Event
ASCO	American Society of Clinical Oncology
ASCT	Autologous Stem Cell Transplantation
ASH	American Society of Hematology
BCMA	B-Cell Maturation Antigen
BID	Twice a Day
BIW	Twice a Week
BOR	Best Overall Response
CAR T	Chimeric Antigen Receptor Therapy
Cavgd28	Avg Drug Concentration over 28 Days
CD19	Cluster of Differentiation 19
CDAI	Crohn's Disease Activity Index
CDAI	Crohn's Disease Activity Index
CDR	Clinical Dementia Rating
CLASI	Cutaneous Lupus Erythematosus Disease Area and Severity Index
CM	CheckMate
Cminss	Steady state trough concentration
CRC	Colorectal Cancer
CRNM	Clinically Relevant Non-Major
CRR	Complete Remission Rate
cTnT	Cardiac Troponin T
Dd	Daratumumab-Durvalumab
DDI	Drud Drug Interaction
DFS	Disease-free survival
DLBCL	Diffuse Large B-Cell Lymphoma
DLE	Discoid Lupus Erythematosus
DLT	Dose Limiting Toxicity
DOR	Duration of Response
DPd	Daratumumab, Pomalidomide, and Dexamethasone
DVd	Daratumumab, Bortezomib, and Dexamethasone
EFS	Event Free Survival
EGE	Eosinophilic Gastroenteritis
EGFR	Epidermal Growth Factor Receptor
EoE	Eosinophilic Esophagitis
EPd	Elotuzumab, Pomalidomide, and Dexamethasone
ESMO	European Society for Medical Oncology
ESSDAI	EULAR Sjögren's Syndrome Disease Activity Index
FDA	Food & Drug Administration
FDC	Fixed Dose Combination
FL	Follicular Lymphoma
GI	Gastrointestinal
GU	Genitourinary
Hb	Hemoglobin
HCC	Hepatocellular Carcinoma
HER3	Human Epidermal Growth Factor Receptor 3
HFpEF	Heart Failure w/ Preserved Ejection Fraction
IC	Intracranial
ICML	International Conference on Malignant Lymphoma
IgG4-RD	Immunoglobulin G4-Related Disease
iNHL	Indolent Non-Hodgkin's Lymphoma
I-O	Immuno-Oncology
ISTH	International Society for Thrombosis and Haemostasis
IV	Intravenous
IWG	International Working Group
JAK2i	Janus Kinase Inhibitor
Kd	Kyprolis (Carfilzomib) + dexamethasone
KRAS	Kirsten Rat Sarcoma Viral Oncogene
LAG3	Lymphocyte Activation Gene 3
LBCL	Large B-Cell Lymphoma
mAb	Monoclonal Antibody
MACE	Major Adverse Cardiovascular Events
MAVE	Major Adverse Vascular Events
MBq	Megabecquerel
MDS	Myelodysplastic Syndrome
MF	Myelofibrosis
MIUC	Muscle Invasive Urothelial Carcinoma
MM	Multiple Myeloma
MR	Minimal Response
MRD	Minimal Residual Disease
MSI-H	High Microsatellite Instability
MZL	Marginal Zone Lymphoma
ND	Newly Diagnosed
NEJM	New England Journal of Medicine
nHCM	Non-Obstructive Hypertrophic Cardiomyopathy
NSCLC	Non-Small Cell Lung Cancer
NTD	Non-Transfusion Dependent
NT-proBNP	N-terminal Pro B-type Natriuretic Peptide
NTRK	Neurotrophic Tyrosine Receptor Kinase
ORR	Overall Response Rate
OS	Overall Survival
pCR	Pathological Complete Response
PDCT	Platinum-Based Chemotherapy
PDL	Programmed Death Ligand
PDUFA	Prescription Drug User Fee Act
PET	Positron Emission Tomography
PF	Pulmonary Fibrosis
PFS	Progression Free Survival
PK	Pharmacokinetic
PMBCL	Primary Mediastinal Large B cell Lymphoma
PR	Partial Response
PsA	Psoriatic Arthritis
Q2W	Every Two Weeks
Q3W	Every Three Weeks
Q4W	Every Four Weeks
Q8W	Every Eight Weeks
QD	Once Daily
QW	Once Weekly
RBC-TI	Red Blood Cell Transfusion Independence
RCC	Renal Cell Carcinoma
R-CHOP	Rituximab, Cyclophosphamide, Hydroxy-daunorubicin, Oncovin, and Prednisone
RFS	Recurrence-free survival
ROS	C-ROS Oncogene
RP2D	Recommended Phase 2 Dose
RP3D	Recommended Phase 3 Dose
RR	Relapsed Refractory
SAE	Serious Adverse Event
SjS	Sjögren's Syndrome
SLE	Systemic Lupus Erythematosus
SoC	Standard of Care
SRI	Systemic Lupus Responder Index
SSTR2	Somatostatin Receptor 2
SC	Subcutaneous
TD	Transfusion Dependent
TE	Transplant Eligible
TEAE	Treatment Emergent Adverse Events
TF	Transfusion
TID	Three Times a Day
TKI	Tyrone Kinase Inhibitor
TNF	Tumor Necrosis Factor
TRAE	Treatment Related Adverse Events
TRK	Tyrosine Kinase
TYK-2	Tyrosine Kinase 2
VCO2	Volume of Carbon Dioxide
VE	Ventilatory Efficiency
VO2	Volume of Oxygen