Q3 2024 Results

October 31, 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®

Q3 2024 Results

Chris Boerner, PhD

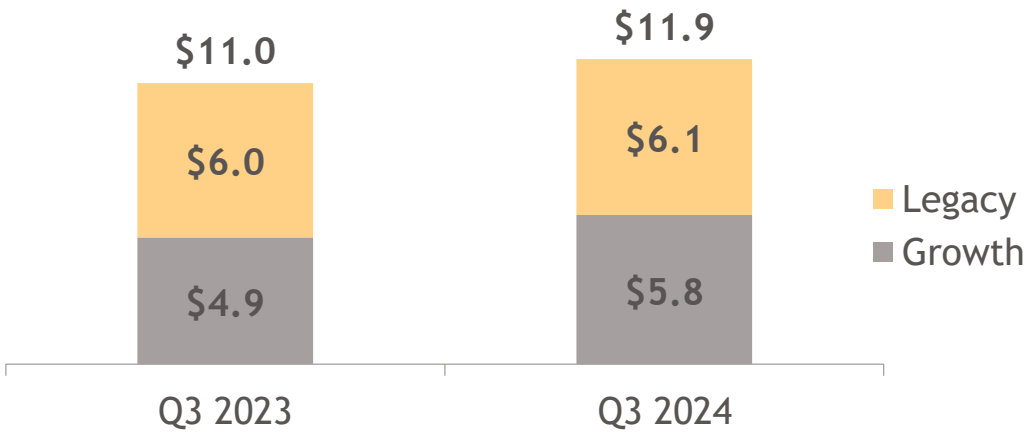
Board Chair
and Chief Executive Officer

Q3 2024 performance

Commercial

Growth portfolio revenues: +18% or +20% Ex-FX* YoY

$ in billions



+40% Opdualag (nivolumab and relatlimab-rmbw) Injection for intravenous use | 480 mg/160 mg

+80% Reblozyl (luspatercept-aamt) for injection 25mg • 75mg

+129% CAMZYOS (mavacamten) capsules

+143% Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Research & Development

Achieved multiple clinical & regulatory milestones[1]

Re-established presence in Neuroscience

COBENFY (xanomeline and trospium chloride) capsules
50mg/20mg, 100mg/20mg, 125mg/30mg

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

Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

nivolumab + relatlimab HD

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

COBENFY™
(xanomeline and trospium chloride) capsules
50mg/20mg, 100mg/20mg, 125mg/30mg

Novel first-in-class schizophrenia treatment

U.S. Approval:
September 26, 2024

Launch now underway

Anticipate majority of access by 2H 2025*

First new mechanism in decades

- ~1.6M patients treated in the U.S.[1]
- ~70% of patients not well managed with current treatments

Compelling efficacy with proven safety & tolerability profile

- Depth & breadth of efficacy across symptom domains
- No boxed warning & atypical antipsychotic class warnings & precautions

Expansion opportunities[2]

- **Expected Phase 3 data readouts:** Adjunctive Schizophrenia (2025) & Alzheimer's Psychosis (2026)
- **Planned registrational studies:**
  - Alzheimer's Agitation, Bipolar I Disorder, Alzheimer's Cognition, & Autism Spectrum Disorder Irritability

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. DRG – Clarivate, as of July 2023; 2. Subject to positive registrational trials and regulatory approval

Reshaping the company for long-term sustainable growth



Focusing on transformational medicines where we have a competitive advantage	**Driving operational excellence** throughout the organization	**Strategically allocating capital** for long-term growth & returns
• Growth portfolio led by Reblozyl, Breyanzi, Camzyos & Opdualag • 8 new oncology registrational trials[1] added in past year	• Focusing R&D on higher ROI programs • Realizing anticipated internal cost savings of ~$1.5B by YE 2025*	• Business development remains a priority • Committed to our dividend

Accelerating delivery of important medicines to more patients

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Refer to Appendix for details

Near-term milestones build pipeline momentum*[1]

CAR T in Immunology	**CD19 NEX-T** Phase 1 data at ACR: November 2024
Extending in Immuno-Oncology	**Subcutaneous nivolumab** U.S. FDA PDUFA date: December 29th
Expanding in Immunology	SOTYKTU® (deucravacitinib) 6 mg tablets Phase 3 PsA POETYK-PsA-I & II: data by YE

Pipeline enters catalyst-rich period starting next year[2]

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Subject to positive registrational trials and regulatory approval; 2. Refer to Appendix for details

Raising our 2024 revenue and EPS outlook

2024 Guidance Highlights*

Total Revenues Reported Rates	Expected to increase ~5%
Total Revenues Ex-FX	Expected to increase ~6%
Non-GAAP EPS[1]	Increasing range to $0.75 - $0.95

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information" 1. 2024 Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items, and the impact of future Acquired IPRD charges and includes the net impact of Acquired IPRD and licensing income through Q3 2024

Executing on critical business priorities to build a solid foundation for sustainable growth

Focusing on commercial execution

- Growth Portfolio continues to expand

Re-established presence in Neuroscience

- Cobenfy U.S. approval: Multi-billion-dollar potential including LCM opportunities

Advancing our pipeline

- Near-term catalysts: CD19 NEX-T, Sotyktu, & Subcutaneous nivolumab

Maintaining P&L discipline

- On track to deliver against productivity initiatives

Strengthening the company to deliver long-term value

Bristol Myers Squibb®

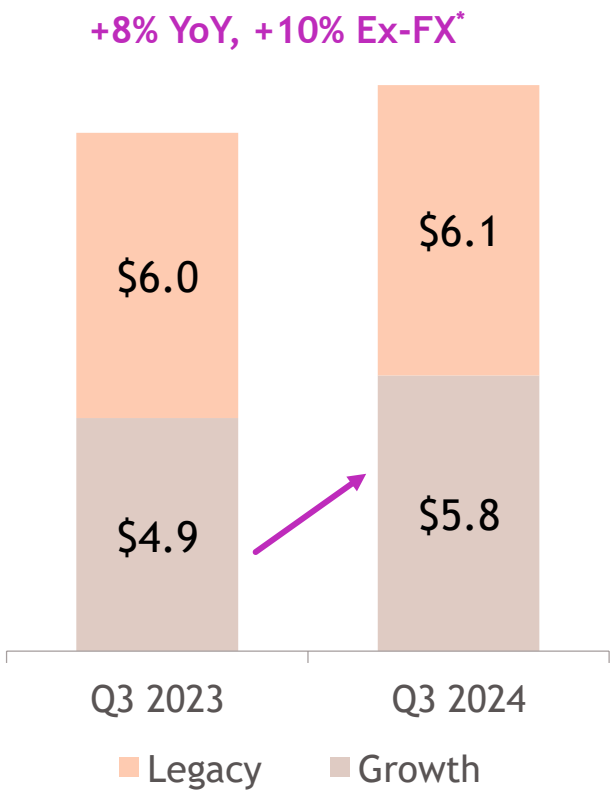
Q3 2024 Results

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

+20% 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

+1% YoY

+1% Ex-FX*

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

Q3 2024 Oncology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
OPDIVO (nivolumab)	$2,360	+4%	+7%
YERVOY (ipilimumab)	$642	+11%	+13%
Abraxane[1] (nanoparticle albumin-bound paclitaxel)	$253	(3%)	+1%
Opdualag (nivolumab and relatlimab-rmbw)	$233	+40%	+40%
KRAZATI (adagrasib)	$34	---	---
AUGTYRO (repotrectinib)	$10	---	---

Opdivo[2]:

- Global sales growth reflects increased volume
- Subcutaneous nivolumab: U.S. FDA PDUFA date December 29, 2024

Opdualag[3]:

- U.S. growth driven by strong demand; achieved ~30% market share[4] as a SOC in 1L melanoma

Krazati[5]:

- Sales more than doubled versus prior year

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Abraxane: Anticipate increased pressure from Gx entrants on Q4 U.S. sales; 2. Opdivo: U.S. approval in periadjuvant NSCLC (CM-77T) October 2024 & 1L HCC (CM-9DW) U.S. PDUFA date April 21, 2025; 3. Opdualag: Q3 2024 U.S. sales impacted by ($10M) inventory drawdown; 4. BMS Internal Analysis; 5. Krazati: +113% YoY growth on a reported basis vs Q3 2023 WW Net Sales of ~$16M (as reported by Mirati)

Q3 2024 Cardiovascular product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
Eliquis apixaban	$3,002	+11%	+11%
CAMZYOS (mavacamten) 2.5, 5, 10, 15mg capsules	$156	+129%	+129%

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

- U.S. growth driven by strong underlying demand & increasing market share
- #1 OAC in key Ex-U.S. markets[1]

Camzyos: First-in-class myosin inhibitor

- Strong increase in total treated & commercial dispensed patients in U.S.
- Ex-U.S. expansion based on reimbursement timing[2]

As of	Jun 30, 2024	Sept 30, 2024
Patients in hub[3]	~8,900	~10,200
Patients on commercial drug[3]	~6,900	~8,200

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Eliquis: Q3 2024 Ex-US sales included +$20M inventory build; 2. Camzyos: Q3 2024 Ex-US sales included +$4M one-time GTN adjustment; 3. BMS internal analysis & patient figures are U.S. only

Q3 2024 Hematology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
Revlimid (lenalidomide) capsules	$1,412	(1%)	(1%)
Pomalyst[1] (pomalidomide) capsules	$898	+3%	+3%
Reblozyl (luspatercept-aamt) for injection 25mg • 75mg	$447	+80%	+81%
SPRYCEL[2] dasatinib 100 mg tablets	$290	(44%)	(43%)
Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION	$224	+143%	+143%
Abecma (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION	$124	+33%	+34%

Reblozyl:

- Strong demand in 1L MDS-associated anemia
- Focus on increasing market share in 1L RS negative population
- Ex-U.S. growth driven by both European markets[3] & recent Japanese approval

Breyanzi:

- Growth driven by expanded manufacturing capacity & increased demand

*See "Forward-Looking Statements and Non-GAAP Financial Information"; 1. Pomalyst: In the EU, generic pomalidomide products entered the market in August 2024; 2. U.S. generic Sprycel launched Sept. 1, 2024; 3. AMNOG six-month free pricing period in Germany ended Sept. 30, 2024

Q3 2024 Immunology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
ORENCIA® (abatacept)	$936	+1%	+3%
ZEPOSIA® (ozanimod) 0.92 mg capsules	$147	+20%	+19%
SOTYKTU™ (deucravacitinib) 6 mg tablets	$66[1,2]	0%	0%

Sotyktu: First-in-class TYK2 inhibitor

- ~15% sequential growth in commercially paid scripts in the U.S.
- Launched in major ex-U.S. markets
- Continued focus on demand growth & access improvements

Sotyktu Commercially Paid Scripts[3]

Q4'23	Q1'24	Q2'24	Q3'24
~8,700	~9,800	~12,400	~14,300

*See "Forward-Looking Statements and Non-GAAP Financial Information"; 1. Q3 2023 sales include a clinical purchase of ~$30M; 2. Q3 2024 sales include inventory build of +$4M; 3. Symphony Health, an ICON plc Company, Metys® U.S. TRx data

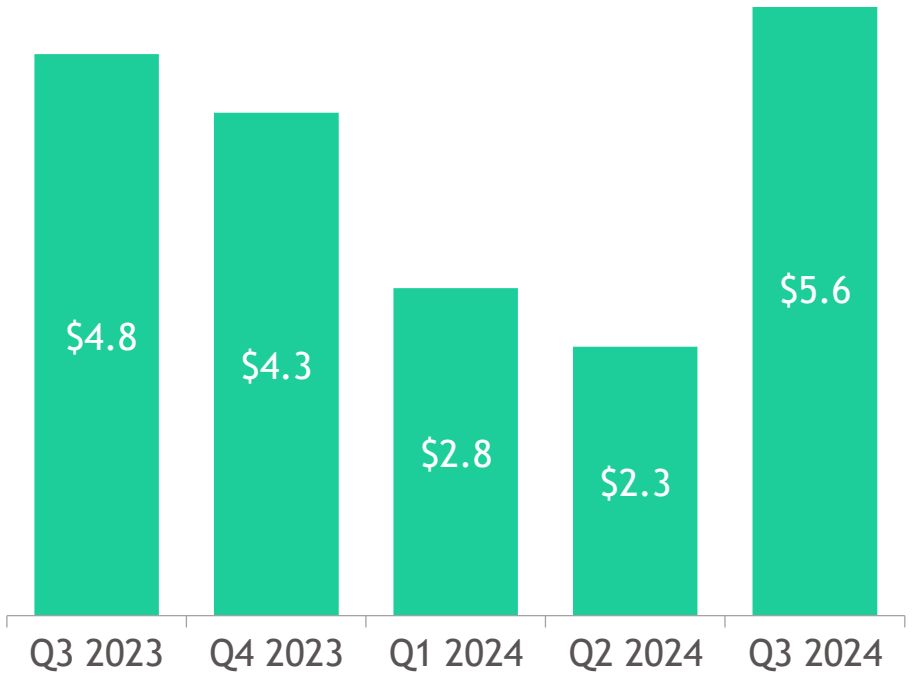
Q3 2024 Financial Performance

$ in billions, except EPS	US GAAP		Non-GAAP*	
	Q3 2024	Q3 2023	Q3 2024	Q3 2023
Total Revenues, net	11.9	11.0	11.9	11.0
Gross Margin %	75.1%	77.1%	76.0%	77.3%
Operating Expenses[1]	4.4	4.2	4.3	4.1
Acquired IPR&D	0.3	0.1	0.3	0.1
Amortization of Acquired Intangibles	2.4	2.3	-	-
Effective Tax Rate	27.5%	9.5%	18.5%	11.6%
Diluted EPS	0.60	0.93	1.80	2.00
Diluted Shares Outstanding *(# in millions)*	2,031	2,064	2,031	2,064
Diluted EPS Impact from Acquired IPR&D[2]	(0.09)	(0.03)	(0.09)	(0.03)

*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 Q3

Strategic approach to Capital Allocation

Cash flow from Operations $B



$B	Q3 2024
Total Cash*	~$8.4
Total Debt	~$49.8

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 by end of 1H 2026**
- Reduced total debt by ~$2.7B in Q3 (by ~$5.9B over Q2 & Q3)

Returning Cash to Shareholders

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

*Cash includes cash, cash equivalents and marketable debt securities; **Relative to the total debt level as of March 31, 2024; ***Subject to Board approval

Revised 2024 Guidance

	Non-GAAP*	
	July (Prior)	October (Updated)
Total Revenues Reported Rates	Upper end of low single-digit range	~5% increase
Total Revenues Ex-FX*	Upper end of low single-digit range	~6% increase
Gross Margin %	Between ~74% and ~75%	Between ~74.5% and ~75%
Operating Expenses[1]	Low single-digit increase	~4% to ~5% increase
Other Income/ (Expense)	~($50M)	~$125M
Tax Rate[2]	~66%	~60%
Diluted EPS[2]	$0.60 - $0.90	$0.75 - $0.95

Key Highlights

- Raising FY Revenue & EPS guidance due to strength of results YTD
- Gross Margin range narrowed due to sales mix
- FY OpEx guidance reflects increased investment in Q4 to support portfolio & pipeline
- OIE guidance reflects higher royalty & interest income
- Underlying Tax Rate excluding Acquired IPR&D:
  - Q3 at ~18.8%
  - 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 Q3 2024. Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items, and the impact of future Acquired IPRD charges

Delivered Solid Performance in Q3

Q3 Performance	• Topline growth: +8% or +10% Ex-FX* • Growth portfolio: +18% or +20% Ex-FX*
Re-established Presence in Neuroscience	• Cobenfy: First-in-class medicine with multi-billion-dollar potential including LCM opportunities • Launch in schizophrenia now underway; anticipate majority of access by 2H 2025
Driving Sustainable Growth	• Focusing on transformational medicines • Driving operational excellence • Strategically allocating capital
Advancing our Pipeline	• 8 new oncology registrational trials added in past year[1] • Near-term milestones build pipeline momentum

Raising FY 2024 Revenue & EPS Non-GAAP Guidance

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Refer to Appendix for details

Bristol Myers Squibb®

Q3 2024 Results Q&A

Chris Boerner, PhD
Board Chair,
Chief Executive Officer

David Elkins
Executive VP,
Chief Financial Officer

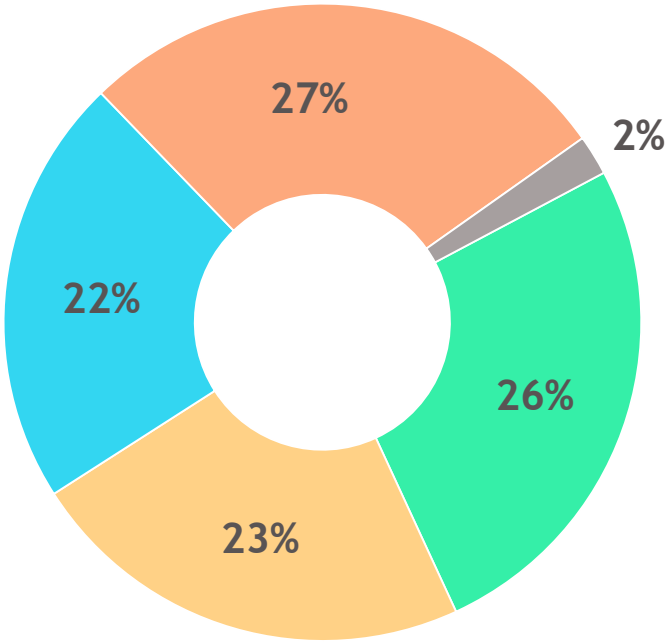
Samit Hirawat, MD
Executive VP,
Chief Medical Officer,
Global Drug Development

Adam Lenkowsky
Executive VP,
Chief Commercialization Officer

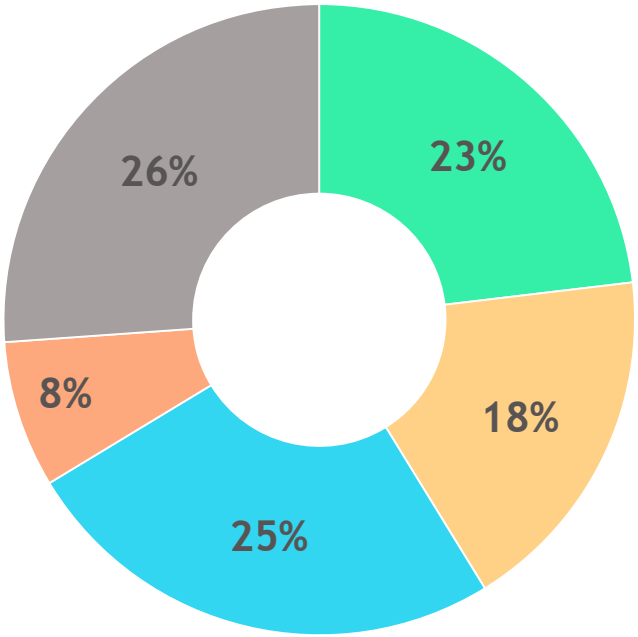
Q3 2024 Opdivo Sales Mix

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

U.S. Sales Mix



Ex-U.S. Sales Mix

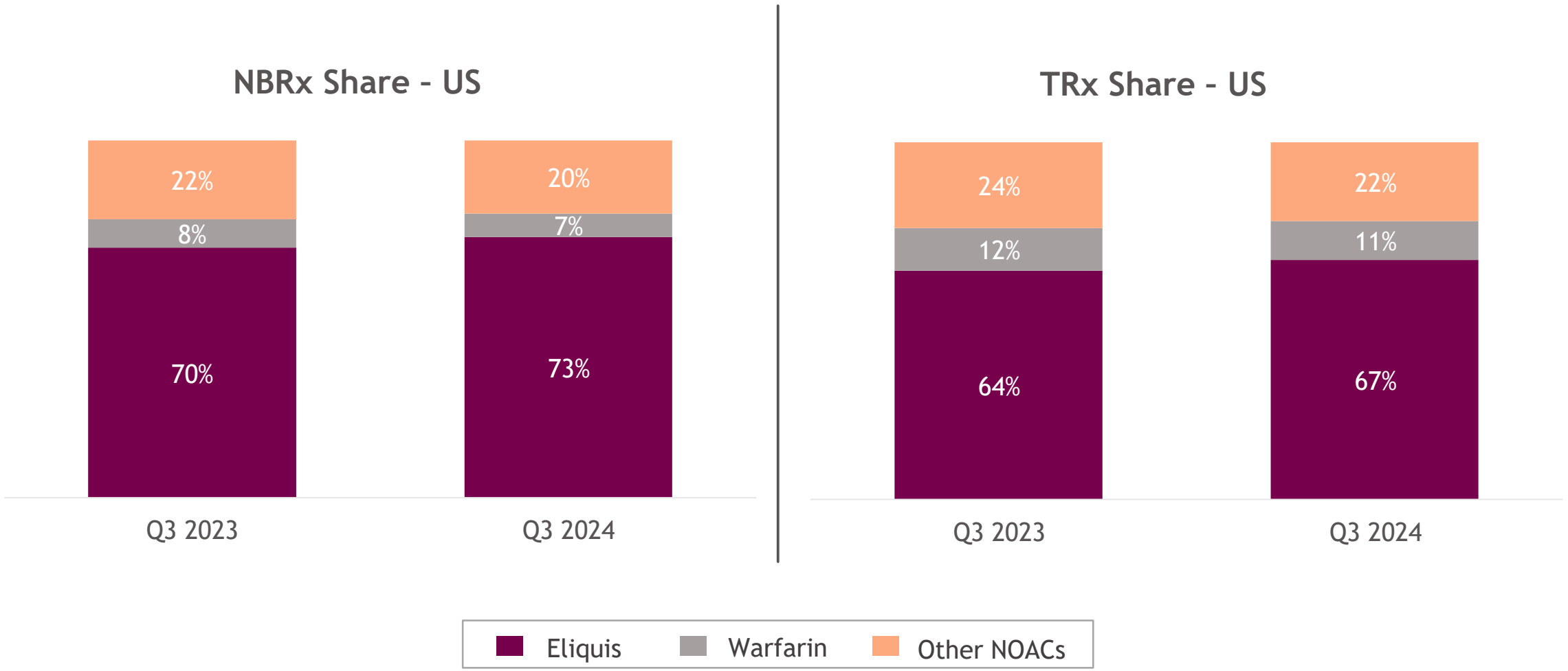


NSCLC RCC Melanoma Upper GI/Bladder All others

Note: percentages are approximate

Q3 2024 Eliquis NBRx/TRx Share

Eliquis™ apixaban



Rx Source: IQVIA

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)
- Cobenfy Adjunctive Schizophrenia (ARISE)
- Cobenfy Alzheimer's Psychosis (ADEPT)

NME registrational data[1]

- 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

8 new registrational trials added in oncology since last year

Registrational programs

Studies underway | Newly planned

KRAZATI® (adagrasib) 200 mg TABLETS	RYZ101	KRAZATI® (adagrasib) 200 mg TABLETS	Nivo + Rela HD	Anti-Fucosyl GM1[1]	Nivo + Rela HD	AR LDD	EGFR x HER3 ADC
2L CRC	2L+ GEP-NETs	1L NSCLC PD-L1≥50%	1L NSCLC PD-L1 1-49% & NSQ	1L ES-SCLC	1L NSCLC PD-L1≥50% & NSQ	mCRPC	Solid Tumors
2025-2026		*2027-2030 (Anticipated data readouts)*					

Data to establish PoC*

- Phase 1 – AR LDD mCRPC (2024)[2]
- Phase 1 - RYZ101 ES-SCLC (2025)
- Phase 1 - EGFR x HER3 ADC in solid tumors (2025)[3]
- Phase 2 - Krazati 1L NSCLC (TPS <50%) (2025)

Key Phase 1 data*

- MTA-Cooperative PRMT5 inhibitor in solid tumors (2024)[4]
- Anti-CCR8 in solid tumors (2025)
- RYZ101-201 HR+/HER2- Breast Cancer (2027)

*Anticipated year of data readout 1. Enrollment commences January 2025; 2. Data presented at ASCO GU 2024; 3. Phase 1 global trial (U.S. & RoW); 4. Data presented at ENA 2024

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”

Clinical Development Portfolio — Phase I and II

Data as of Oct 31st, 2024

Phase I

Anti-CCR8	✦ Solid Tumors
AR LDD	✦ Metastatic Castration-Resistant Prostate Cancer
BMS-986460	✦ Prostate Cancer
BMS-986463	✦ Solid Tumors
BMS-986484	✦ Solid Tumors
EGFRxHER3 ADC	✦ 1L Non-Small Cell Lung Cancer*
	Solid Tumors*
	Metastatic Non-Small Cell Lung Cancer
Helios CELMoD	✦ Solid Tumors
JNK Inhibitor	✦ Solid Tumors
$KRAS^{G12D}$ Inhibitor	✦ Solid Tumors
PRMT5 Inhibitor	✦ Solid Tumors
RYZ101	Extensive Stage Small Cell Lung Cancer
	HR+/HER2- Unresectable Metastatic Breast Cancer
RYZ801	✦ Hepatocellular Carcinoma
SOS1 Inhibitor	✦ Solid Tumors
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	Autoimmune Diseases
	✦ 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

KRAZATI	1L Non-Small Cell Lung Cancer PD-L1<50%
BREYANZI	RR Marginal Zone Lymphoma
golcadomide	RR Follicular Lymphoma
GPRC5D CAR T	✦ RR Multiple Myeloma
REBLOZYL	A-Thalassemia
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 Oct 31st, 2024

Phase III

Anti-Fucosyl GM1 + nivolumab	✦ 1L Extensive Stage Small Cell Lung Cancer
KRAZATI	1L Non-Small Cell Lung Cancer PD-L1≥50%
	2L Colorectal Cancer
nivolumab + relatlimab HD	✦ 1L Non-Small Cell Lung Cancer
OPDIVO	Adjuvant Hepatocellular Carcinoma
	Peri-adjuvant Muscle-Invasive Urothelial Carcinoma
	Stage IB-IIIA Adjuvant Non-Small Cell Lung Cancer*
OPDUALAG	Adjuvant Melanoma
RYZ101	✦ 2L+ SSTR2+ Gastroenteropancreatic Neuroendocrine Tumors
SC nivolumab + relatlimab + rHuPH20	✦ 1L Melanoma
golcadomide	✦ High Risk 1L Large B-cell Lymphoma
GPRC5D CAR T	2-4L Multiple Myeloma
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 #
admilparant (LPA1 Antagonist)	✦ Idiopathic Pulmonary Fibrosis
	Progressive Pulmonary Fibrosis
obexelimab	✦ IgG4-Related Disease
SOTYKTU	Psoriatic Arthritis
	Sjögren's Syndrome
	Systemic Lupus Erythematosus
COBENFY (KarXT)	Adjunctive Schizophrenia
	Psychosis in Alzheimer's Disease

Registration US, EU, JP

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

Oncology Hematology CV Neuroscience Immunology

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

Development Partnerships:
AUGTYRO: Zai Lab; **EGFRxHER3 ADC**: SystImmune; **KarXT:** Zai Lab; **KRAZATI:** Zai Lab; **milvexian:** Johnson & Johnson; **obexelimab:** Zenas BioPharma; **OPDIVO, YERVOY, OPDUALAG:** Ono; **PKCθ Inhibitor:** Exscientia; **REBLOZYL:** Merck; **rHuPH20:** Halozyme

Environmental, Social, & Governance

As a leading biopharma company, we understand our responsibility extends well beyond discovery, development and delivery of innovative medicines. Our evolving ESG strategy builds on a legacy of sustainability efforts. Importantly, we are aligning our commercial strategy and our ESG and Health Equity Strategy more closely in our efforts to optimize risk management and support value creation over the long term.

Inclusion & Diversity

Executive representation (Executive Director and above):

6.3%	6.5%	47.4%
Black/African American (U.S.)	Hispanic/ Latino (U.S.)	Women (Global)

58%	>$1B
Clinical trial sites in diverse metro areas	Global spend with diverse-owned businesses

Environmental Responsibility

>80%	~87%
of purchased electricity from renewable source by 2026 through VPPA*	of waste diverted from landfill through 2023

- Validation of near and long-term targets from Science Based Targets initiative (SBTi)
- ENERGY STAR 2024 Partner of the year: Sustained Excellence Award
- Leadership in Energy and Environmental Design (LEED) Award for state-of-the-art research facility in Cambridge, MA

Health Equity & Access to Healthcare

- Launched ASPIRE, a 10-year strategy to advance access in LMIC to reach more than 208,000 patients by 2033
- Establishing new enterprise Health Equity strategy focused on the goal to overcome geographic and socio-economic barriers to treatment in a sustainable way

ESG Strategy & Governance

- Enhancing BMS' transparency through greater voluntary reporting; new position statements and data disclosures
- Building enterprise capabilities to comply with evolving ESG regulatory requirements including completing ESG double Materiality Assessment to align with CSRD
- Executing enhanced ESG operating model to maximize impact across the company's three core pillars and material topics

*VPPA = Virtual Power Purchasing Agreement

Q3 2024 key clinical trials update

Oncology	Hematology	Immunology	Cardiovascular	Neuroscience
• Opdivo	• Reblozyl	• Sotyktu	• Camzyos	• Cobenfy
• Opdualag	• BMS-986393	• cendakimab	• milvexian	• Anti-MTBR-Tau
• Nivo+Rela HD	• iberdomide	• admilparant	• MYK-224	
• Krazati	• mezigdomide	• obexelimab		
• BMS-986489	• golcadomide			
• BMS-986507				
• RYZ101				

Opdivo (anti-PD1)

Indication	Periadjuvant NSCLC	Stage IB-IIIA Adjuvant NSCLC	Adjuvant HCC	Peri-Adjuvant MIUC
Phase/Study	Phase III – CheckMate -77T	Phase III – ANVIL Non-BMS Sponsored*	Phase III – CheckMate -9DX	Phase III – CA017-078
# of Patients	N = 452	N = 903	N = 545	N = 861
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)	• Opdivo 480 mg Q4W • Placebo	• Opdivo 360 mg Q3W for four cycles + chemotherapy • Chemotherapy
Endpoints	• Primary: EFS • Key secondary: OS	• Primary: DFS, OS	• Primary: RFS • Key secondary: OS	• Primary: pCR, EFS • Key secondary: OS
Status	• U.S. FDA approval October 2024 • EU application under review • Data published in NEJM May 2024	• Projected data readout 2025	• Projected data readout 2025	• Projected data readout 2025
CT Identifier	NCT04025879	NCT02595944	NCT03383458	NCT03661320

*Trial conducted by NCI/ECOG

Opdivo (anti-PD1)

Indication	1L HCC	1L+ MSI High CRC	2L RCC SC
Phase/Study	Phase III – CheckMate -9DW	Phase III – CheckMate -8HW	Phase III – CheckMate -67T
# of Patients	N = 732	N = 831	N = 454
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 1200 mg Q4W + rHuPH20 Q4W FDC SC • Opdivo IV 3 mg/kg Q2W
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: • Cavgd28 (Opdivo serum concentration) • Cminss Key secondary: ORR
Status	• U.S. FDA PDUFA April 21, 2025 • EU & Japan applications under review • Presented as Late Breaker at ASCO 2024	• EU application under review • Data presented as Late Breaker at ASCO GI 2024 • Positive topline results October 2024 (Arm B vs. A)	• U.S. FDA PDUFA December 29, 2024 • EU application under review • Data presented at ASCO GU 2024
CT Identifier	NCT04039607	NCT04008030	NCT04810078

Opdualag (anti-PD1 + anti-LAG3 FDC)

Indication	Adjuvant Stage III/IV Melanoma	1L Melanoma SC
Phase/Study	Phase III – RELATIVITY-098	Phase III – RELATIVITY-127
# of Patients	N = 1050	N = 814
Design	• Relatlimab + nivolumab FDC IV 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 2025	• Projected data readout 2025
CT Identifier	NCT05002569	NCT05625399

Nivolumab + Relatlimab HD (anti-PD1 + anti-LAG3 FDC)

Indication	1L NSCLC
Phase/Study	Phase III
# of Patients	N = 800
Design	• Nivolumab + Relatlimab FDC IV 360 mg/360 mg + chemotherapy Q3W • Pembrolizumab 200 mg + chemotherapy IV Q3W
Endpoints	• Primary: OS • Key secondary: PFS, ORR
Status	• Recruiting • Projected data readout 2030
CT Identifier	NCT06561386

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 2025
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

BMS-986489 (anti-Fucosyl-GM1 + nivolumab)

Indication	1L ES-SCLC
Phase/Study	Phase III - TIGOS
# of Patients	N = 530
Design	• BMS-986489 (anti-fucosyl-GM1 + nivolumab FDC) combined with carboplatin + etoposide IV Q3W followed by BMS-986489 maintenance • Atezolizumab combined with carboplatin + etoposide IV Q3W followed by atezolizumab maintenance
Endpoints	Primary: OS Secondary: Time to definitive deterioration (TTDD)
Status	• Trial initiating • Projected data readout 2028
CT Identifier	NCT06646276

BMS-986507 (EGFR x HER3 ADC)

Indication	1L NSCLC & Advanced Solid Tumors	Advanced Solid Tumors
Phase/Study	Phase I – LUNG-101 Non-BMS Sponsored*	CA244-0001 Phase I/IIa
# of Patients	N = 260	N = 218
Design	• Cohort A: BMS-986507 D1/D8 Q3W schedule • Cohort B: BMS-986507 D1 Q3W schedule Tumor types for investigation include NSCLC, SCLC, Breast Cancer, Esophageal Cancer, Nasopharyngeal Cancer & Bladder	• Group A: BMS-986507 combination with osimertinib • Group B: BMS-986507 combination with pembrolizumab Tumor types for investigation are NSCLC EGFRmt and EGFRwt
Endpoints	Primary: Safety & tolerability Secondary: PK, ORR	Primary: Safety & tolerability Secondary: PK, ORR, DOR
Status	• Recruiting • Projected data readout 2025	• Trial initiating • Projected data readout 2026
CT Identifier	NCT05983432	NCT06618287

*Trial conducted by SystImmune

RYZ101 ^{225}Ac-DOTATATE (SSTR2 binder)

Indication	2L+ SSTR2+ GEP-NETs*	HR+/HER2- Unresectable Metastatic Breast Cancer
Phase/Study	Phase Ib/III – ACTION-1	Phase Ib/II – TRACY-1
# of Patients	Phase Ib N = 17; Phase III N = 288	N = 172
Design	Phase Ib: • RYZ101 Q8W x 4 infusions Phase III: • RYZ101 10.2 MBq Q8W • Standard of care as per Investigator's discretion – everolimus 10 mg QD, sunitinib 37.5 QD, octreotide 60 mg Q4W, or lanreotide 120 mg Q2W	Phase Ib dose escalation • RYZ101 Q6W x 6 infusions Phase II: • RYZ101 RP2D (Randomization) • RYZ101 RP2D + pembroluzimab (Expansion)
Endpoints	Phase Ib: • Primary: RP3D Phase III: • Primary: PFS • Key secondary: OS	Phase Ib: • Primary: RP2D Phase II: • Primary: DRR (Randomization) • Primary: ORR (Expansion)
Status	• Recruiting • Projected data readout 2026	• Recruiting • Projected data readout 2028
CT Identifier	NCT05477576	NCT06590857

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

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	• 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
# 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[1]	2-4L MM[2]
Phase/Study	Phase II – QUINTESSENTIAL	Phase III – QUINTESSENTIAL-2
# of Patients	N = 150	N = 440
Design	• BMS-986393	• BMS-986393 • Standard regimens (DPd or Kd) as per Investigator's discretion
Endpoints	• Primary: ORR in prior 4L+ • Key secondary: CRR in prior 4L+, ORR and CRR in all prior 3L+, BOR of PR	• Primary: PFS, MRD • Key secondary: OS, ORR
Status	• Recruiting • Projected data readout 2026	• Trial Initiating • Projected data readout 2028
CT Identifier	NCT06297226	NCT06615479

1. 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; 2. Refractory to lenalidomide

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	• Recruiting • Projected data readout 2026
CT Identifier	NCT06356129	NCT06425302

Sotyktu (TYK2 inhibitor)

Indication	Psoriatic Arthritis (PsA)	
Phase/Study	Phase III – POETYK-PsA-1	Phase III – POETYK-PsA-2
# of Patients	N = 670	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	• Expected data readout 2024
CT Identifier	NCT04908202	NCT04908189

Sotyktu (TYK2 inhibitor)

Indication	Discoid Lupus Erythematosus (DLE)	Systemic Lupus Erythematosus (SLE)		Sjogren's (SjS)
Phase/Study	Phase II - IM011-132	Phase III – POETYK SLE-1	Phase III – POETYK SLE-2	Phase III – POETYK SjS-1
# of Patients	N = 75	N = 490	N = 490	N = 756
Design	52-week study: • Sotyktu Dose 1 • Sotyktu Dose 2 • Placebo	• Sotyktu 3 mg BID • Placebo	• Sotyktu 3 mg BID • Placebo	• Sotyktu 3 mg BID • Sotyktu 6 mg BID • Placebo
Endpoints	• Primary: Change from baseline in CLASI-A activity score at week 16	• 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 ESSDAI at week 52
Status	• Expected data readout 2024	• Recruiting • Expected data readout 2026	• Recruiting • Expected data readout 2026	• Recruiting • Expected data readout 2027
CT Identifier	NCT04857034	NCT05617677	NCT05620407	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 • Presented data at UEGW and ACG 2024	• Positive topline results August 2024
CT Identifier	NCT04753697	NCT05214768

admilparant (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	Non-Obstructive Hypertrophic Cardiomyopathy (nHCM)
Phase/Study	Phase III – ODYSSEY-HCM
# of Patients	N = 580
Design	• Camzyos • Placebo
Endpoints	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	• Projected data readout 2025
CT Identifier	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 at 90 days	• 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

Cobenfy M1/M4 muscarinic agonist & M1 antagonist)

Indication	Adjunctive Schizophrenia
Phase/Study	Phase III – ARISE
# of Patients	N = 360
Design	• Cobenfy 50 mg/20 mg BID, 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	• Recruiting • Projected data readout 2025
CT Identifier	NCT05145413

*Based-on tolerability

Cobenfy (M1/M4 muscarinic agonist & M1 antagonist)

Indication — **Psychosis in Alzheimer's Disease**

Phase/Study	Phase III – ADEPT-1	Phase III – ADEPT-2	Phase III – ADEPT-4
# of Patients	N = 380	N = 400	N = 406
Design	• Cobenfy 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	• Cobenfy 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	• Cobenfy 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 in Neuropsychiatric Inventory-Clinician: Hallucinations and Delusions (NPI-C: H+D) score • Key secondary: Change from Baseline in the Cohen-Mansfield Agitation Inventory (CMAI) score	• Primary: Change from Baseline in Neuropsychiatric Inventory-Clinician: Hallucinations and Delusions (NPI-C: H+D) score • Key secondary: Change from in the Cohen-Mansfield Agitation Inventory (CMAI) score
Status	• Recruiting • Projected data readout 2026	• Recruiting • Projected data readout 2026	• Recruiting • Projected data readout 2026
CT Identifier	NCT05511363	NCT06126224	NCT06585787

*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

Ac	Actinium	Dd	Daratumumab-Durvalumab	HR+	Hormone Receptor Positive	ND	Newly Diagnosed	QW	Once Weekly
ACG	American College of Gastroenterology	DFS	Disease-free survival	IgG4-RD	Immunoglobulin G4-Related Disease	NEJM	New England Journal of Medicine	RBC-TI	Red Blood Cell Transfusion Independence
ACR20	American College of Rheumatology 20% Improvement Criteria	DLE	Discoid Lupus Erythematosus	IgG4-RD	IgG4-Related Disease	NET	Neuroendocrine Tumor	RCC	Renal Cell Carcinoma
ACS	Acute Coronary Syndrome	DOR	Duration of Response	IMiD	Immunomodulatory Imide Drug	nHCM	Non-Obstructive Hypertrophic Cardiomyopathy	R-CHOP	Rituximab, Cyclophosphamide, Hydroxydaunorubicin, Oncovin, and Prednisone
ADC	Antibody Drug Conjugate	DPd	Daratumumab, Pomalidomide, and Dexamethasone	IPF	Idiopathic Pulmonary Fibrosis	NSCLC	Non-Small Cell Lung Cancer	RFS	Recurrence-free survival
AE	Adverse Event	DRR	Durable Response Rate	IR	Inadequate Responder	NSQ	Non-Squamous	rHuPH20	Recombinant Human Hyaluronidase PH20
AF	Atrial Fibrillation	DVd	Daratumumab, Bortezomib, and Dexamethasone	ISTH	International Society for Thrombosis and Haemostasis	NTD	Non-Transfusion Dependent	RP2D	Recommended Phase 2 Dose
ASCO	American Society of Clinical Oncology	EFS	Event Free Survival	IU	International Units	ORR	Overall Response Rate	RP3D	Recommended Phase 3 Dose
BCMA	B-Cell Maturation Antigen	EGE	Eosinophilic Gastroenteritis	IV	Intravenous	OS	Overall Survival	RR	Relapsed Refractory
BID	Twice a Day	EGFR	Epidermal Growth Factor Receptor	IWG	International Working Group	pCR	Pathological Complete Response	SAE	Serious Adverse Event
BIW	Twice a Week	EGFRmt	Epidermal Growth Factor Receptor mutant	JAK2i	Janus Kinase Inhibitor	PD1	Programmed Death-1	SB	Sum of Boxes
BOR	Best Overall Response	EGFR wt	Epidermal Growth Factor Receptor wildtype	KCCQ-23	Kansas City Cardiomyopathy Questionnaire-23	PDCT	Platinum-Based Chemotherapy	SCLC	Small Cell Lung Cancer
BP	Blood Pressure	EoE	Eosinophilic Esophagitis	Kd	Kyprolis (Carfilzomib) + dexamethasone	PDL	Programmed Death Ligand	SjS	Sjögren's Syndrome
CAR T	Chimeric Antigen Receptor Therapy	ES	Extensive Stage	KRAS	Kirsten Rat Sarcoma Viral Oncogene	PDUFA	Prescription Drug User Fee Act	SLE	Systemic Lupus Erythematosus
Cavgd28	Average Drug Concentration over 28 Days	ESMO	European Society for Medical Oncology	LAG3	Lymphocyte Activation Gene 3	PET	Positron Emission Tomography	SoC	Standard of Care
CD19	Cluster of Differentiation 19	ESSDAI	EULAR Sjögren's Syndrome Disease Activity Index	LBCL	Large B-Cell Lymphoma	PFS	Progression Free Survival	SRI	Systemic Lupus Responder Index
CDR	Clinical Dementia Rating	FDA	Food & Drug Administration	LOT	Line of Therapy	PI	Proteasome Inhibitor	SSTR2	Somatostatin Receptor 2
CELMoD	Cereblon E3 Ligase Modulator	FDC	Fixed Dose Combination	LPA1	Lysophosphatidic Acid Receptor 1	PK	Pharmacokinetic	SubQ/SC	Subcutaneous
CHOP	Cychophosphamide, Hydroxydaunorubicin, Oncovin, Prednisone	GEP	Gastroenteropancreatic	LU177 SA	Lutetium-177 Specific Activity	PPF	Progressive Pulmonary Fibrosis	TD	Transfusion Dependent
CLASI	Cutaneous Lupus Erythematosus Disease Area and Severity Index	GI	Gastrointestinal	mAb	Monoclonal Antibody	PR	Partial Response	TEAE	Treatment Emergent Adverse Events
Cminss	Steady state trough concentration	GU	Genitourinary	MACE	Major Adverse Cardiovascular Events	PsA	Psoriatic Arthritis	TI	Transfusion Independence
CMR	Complete Molecular Response	Hb	Hemoglobin	MAVE	Major Adverse Vascular Events	PVd	Pomalidomide, Velcade, dexamethasone	TNF	Tumor Necrosis Factor
CNS	Central Nervous System	HCC	Hepatocellular Carcinoma	MBq	Megabecquerel	Q2W	Every Two Weeks	TYK2	Tyrosine Kinase 2
CRC	Colorectal Cancer	HER2	Human Epidermal Growth Factor Receptor 2	MDS	Myelodysplastic Syndrome	Q3W	Every Three Weeks	UEGW	United European Gastroenterology Week
CRNM	Clinically Relevant Non-Major	HER3	Human Epidermal Growth Factor Receptor 3	MF	Myelofibrosis	Q4W	Every Four Weeks	VCO2	Volume of Carbon Dioxide
CRNM	Clinically Relevant Non-Major	HFpEF	Heart Failure w/ Preserved Ejection Fraction	MI	Myocardial Infarction	Q6W	Every Six Weeks	VE	Ventilatory Efficiency
CRR	Complete Remission Rate	HGBL	High-Grade B-Cell Lymphoma	MM	Multiple Myeloma	Q8W	Every Eight Weeks	VO2	Volume of Oxygen
CVD	Cardiovascular Disease	Hpf	high-power field	MRD	Minimal Residual Disease	QD	Once Daily		