Q4 2023 Results

February 2, 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, including our ability to complete the acquisition of Karuna Therapeutics, Inc. and RayzeBio, Inc. 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 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.

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Q4 2023 Results

Chris Boerner, PhD

Chief Executive Officer

Strong execution in Q4 drives momentum into 2024

+9%

In-line and new product growth[1]

$4.3B

Strong cash flow generation[2]

Low single-digit increase

Revenue growth in 2024[3]*

Momentum in key brands[1]

+7% Eliquis apixaban

+8% OPDIVO (nivolumab) INJECTION FOR INTRAVENOUS USE 10 mg/mL

+61% Reblozyl (luspatercept-aamt) for injection 25mg • 75mg

+83% Opdualag (nivolumab and relatlimab-rmbw) Injection for intravenous use | 480 mg/160 mg

+84% Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

>100% CAMZYOS (mavacamten) 2.5, 5, 10, 15mg capsules

>100% SOTYKTU (deucravacitinib) 6 mg tablets

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information"; 1. Q4 YoY worldwide growth vs 2022; 2. 2023 Q4 Cash Flow From Operations; 3. See 2024 Guidance slide for additional disclosures

Revenue growth today supported by Legacy & Growth Portfolios

Legacy Portfolio

Generating **strong cash flow** and **flexibility** to invest in growth

~$26B sales (2023)

Eliquis (apixaban) tablets 5mg 2.5mg

Abraxane

Revlimid (lenalidomide) capsules 2.5 · 5 · 10 · 15 · 20 · 25 mg

Pomalyst (pomalidomide) capsules 1 · 2 · 3 · 4 mg

SPRYCEL dasatinib 100 mg tablets

Growth Portfolio

Including a more diversified and robust range of products

11 major brands across **4 TAs**

\+ **12 assets** in/entering registrational stage

\+ **30+ assets** in early-stage clinical development

\+ **Assets from ongoing BD**

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

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

YERVOY (ipilimumab)

KRAZATI (adagrasib) 200 mg TABLETS [1]

AUGTYRO (repotrectinib)

CAMZYOS (mavacamten) 2.5, 5, 10, 15 mg capsules

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

Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Abecma [2] (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

SOTYKTU (deucravacitinib) 6 mg tablets

ZEPOSIA (ozanimod) 0.92 mg capsules

ORENCIA (abatacept)

Oncology | Hematology | Cardiovascular | Immunology

Legacy: Post-LoE products or products with ≤3 years to potential impact from major LoE or IRA; **Growth:** >3 years until major LoE event or potential IRA impact. "Major" brands include those with $1Bn+ risk-adjusted consensus annual sales

1. Mirati Therapeutics acquisition closed January 2024; 2. Partnered with 2SeventyBio

Executing on our plan to drive sustainable, top-tier long-term growth

Maximize performance through 2025

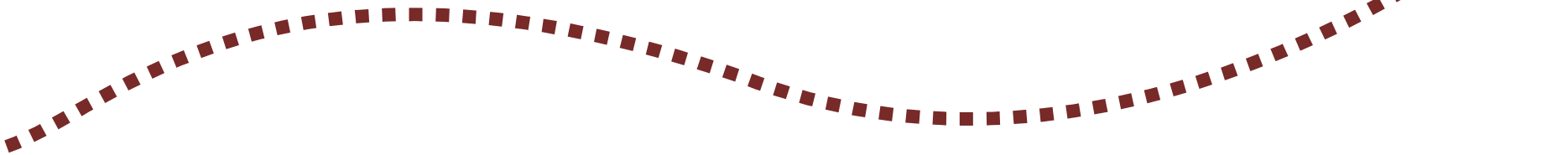
- Drive strong commercial execution
- Launch new medicines
- Integrate Mirati[1], Karuna[2], RayzeBio[2]

Navigate transition period

- Accelerate delivery of late-stage portfolio
- Deliver against R&D productivity
- P&L discipline

Accelerate growth from late 2020s

- Prosecute early to mid-pipeline
- Deliver potential from recently acquired assets
- Continue to enhance pipeline through disciplined BD



Revenue, illustrative

1. Mirati Therapeutics acquisition closed January 2024; 2. Subject to satisfaction of customary closing conditions; Karuna Therapeutics & RayzeBio in 1H 2024

Entering this period with a number of key strengths

Growing position in large, attractive TAs

Leadership positions in Oncology, Hematology & Cardiovascular

Growing presence in Immunology & Neuroscience

Recently launched assets with significant growth potential

Robust & innovative pipeline

Expanding registrational pipeline, growing from 6 to **12 assets**

Robust **early-stage pipeline** with **30+ assets** and opportunity to deliver **~10 INDs** per year

Differentiated platforms with significant potential

Center of the innovative **cell therapy** ecosystem

Industry-leading capabilities in **targeted protein degradation**

Differentiated actinium-based radiopharmaceutical platform[1]

Financial strength & flexibility

Profitable business with meaningful cash generation

Strong balance sheet with flexibility to invest

Continued commitment to **return cash to shareholders**

1. Subject to satisfaction of customary closing conditions; anticipated closing of RayzeBio in 1H 2024

Q4 execution & recent business accomplishments supports momentum for 2024

Commercial

Increased investment to accelerate growth (e.g., **Sotyktu, Camzyos**)

Re-accelerated Reblozyl growth expanding label in 1L MDS (COMMANDS)

Established Opdualag as SOC in 1L melanoma

Increased CAR-T manufacturing capacity, especially **Breyanzi**

Research & Development

Delivered 10 INDs in 2023

U.S. approval for Augtyro

Achieved multiple clinical development milestones

Platform momentum for early programs

- Initiated **NEX T CD19** in MS
- **AR LDD** Ph1 data at ASCO GU

Business Development[1,2]

MIRATI THERAPEUTICS®

SYSTIMMUNE

KARUNA THERAPEUTICS

RayzeBio

Not an exhaustive list of assets, programs, or indications

1. Mirati Therapeutics acquisition closed January 2024; 2. Subject to satisfaction of customary closing conditions; anticipated closing Karuna Therapeutics, RayzeBio, & SystImmune in 1H 2024

We are focused on disciplined execution

Commercial	• **Accelerate performance** for key growth drivers • Ensure right **level of resourcing**
Research & Development	• Drive **top-tier productivity** • Accelerate **high priority programs** • Discontinue lower value programs
Financial	• Maintain **P&L efficiency** through Operating Expense offsets

Driving a strong sense of urgency and accountability

Delivering growth in 2024

2024 Guidance Highlights*[1]

Total Revenues Reported Rates	Low single-digit increase
Total Revenues Ex-FX	Low single-digit increase
Non-GAAP EPS	$7.10 - $7.40

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information" 1. 2024 EPS Guidance reflects the recent acquisition of Mirati closed in January 2024 and excludes the impact of any potential future strategic acquisitions, including the announced planned acquisitions of RayzeBio and Karuna (anticipated 1H 2024 subject to customary closing conditions), divestitures, specified items, and the impact of future Acquired IPRD charges

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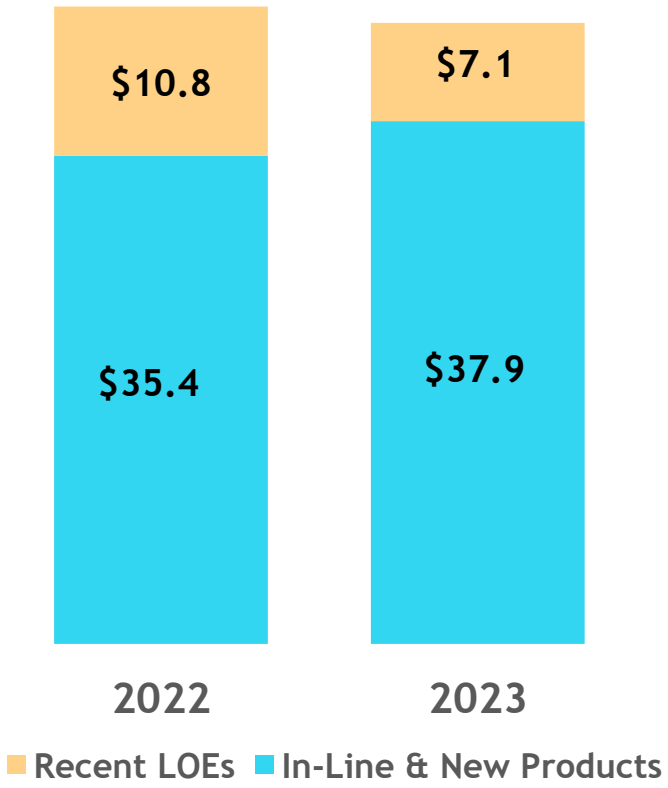
Q4 2023 Results

David Elkins

Executive Vice President
and Chief Financial Officer

Total company performance driven by In-Line & New Product Portfolios

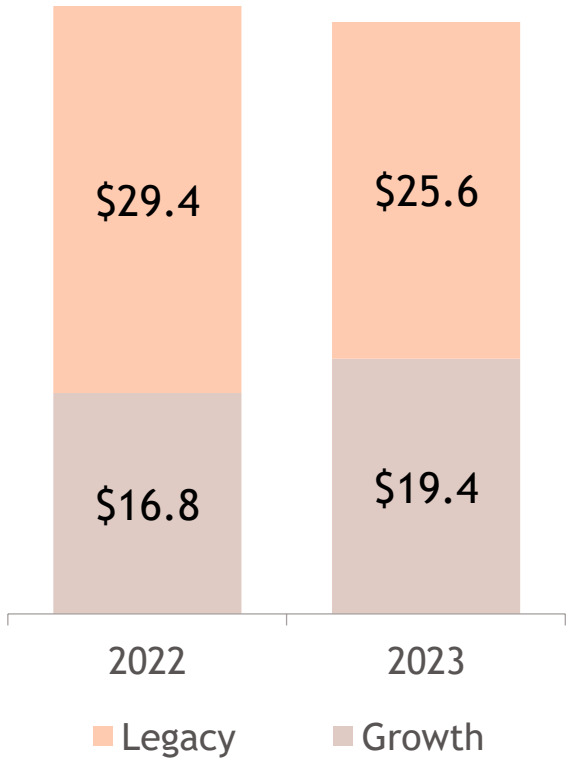
Total Company Sales ~$45B
(2%) YoY, (2%) Ex-FX*



$B	2023 Net Sales[1]	YoY %	Ex-FX* %
Total Company	$45.0	(2%)	(2%)
In-Line Products	*$34.3*	*+3%*	*+4%*
New Product Portfolio	*$3.6*	*+77%*	*+76%*
In-Line Products & New Product Portfolio	$37.9	+7%	+8%
Recent LOEs[2]	$7.1	(34%)	(34%)

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Amounts may not add due to rounding; 2. Recent LOE Brands = Revlimid & Abraxane

Growth & Legacy Portfolios



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 [2]

Other Growth Brands[1]

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

Other Mature Brands

1. Other Growth Brands: Onureg, Inrebic, Nulojix, Empliciti, & Royalty revenues; 2. Mirati Therapeutics acquisition closed January 2024

Q4 & Full Year 2023 Oncology product summary

Global Net Sales ($M)

	Q4 2023			FY 2023		
		YoY	Ex-FX*		YoY	Ex-FX*
OPDIVO (nivolumab)	$2,387	+8%	+8%	$9,009	+9%	+10%
YERVOY (ipilimumab)	$566	0%	0%	$2,238	+5%	+6%
Abraxane	$247	+38%	+42%	$1,004	+24%	+27%
Opdualag (nivolumab and relatlimab-rmbw)	$190	+83%	+83%	$627	**	**
AUGTYRO (repotrectinib)	$1	---	---	$1	---	---

Opdivo:

- U.S. YoY volume growth in 1L lung, upper GI & adj. bladder cancer
- Ex-U.S. YoY growth primarily from demand in 1L lung & upper GI & expanded access

Opdualag:

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

Augtyro:

- Launched in U.S. with Q4 sales from stocking
- Filed in EU (ROS1+/NTRK) & Japan (ROS1+)

*See "Forward-Looking Statements and Non-GAAP Financial Information"; **In excess of 100%; 1. BMS Internal Analysis

Q4 & Full Year 2023 Cardiovascular product summary

Global Net Sales ($M)

	Q4 2023			FY 2023		
		YoY	Ex-FX*		YoY	Ex-FX*
Eliquis apixaban	$2,874	+7%	+6%	$12,206	+4%	+3%

	Q4 2023			FY 2023		
		YoY	Ex-FX*		YoY	Ex-FX*
CAMZYOS (mavacamten) capsules	$88	**	**	$231	**	**

Best-in-class & leading OAC within category

- U.S. growth driven by strong underlying demand
- Ex-U.S. strong demand offset by UK generic impact vs. prior year

First-in-class myosin inhibitor

- U.S. increase in total treated & commercial dispensed patients
- Expansion in international markets based on reimbursement timing

	As of Sept 30, 2023	As of Dec 31, 2023
Patients in hub[1]	~4900	~6100
Patients on commercial drug[1]	~3500	~4500

*See "Forward-Looking Statements and Non-GAAP Financial Information"; **In excess of 100%; 1. BMS Internal Analysis

Q4 & Full Year 2023 Hematology product summary

Global Net Sales ($M)

	Q4 2023	YoY	Ex-FX*	FY 2023	YoY	Ex-FX*
Revlimid (lenalidomide) capsules	$1,450	(36%)	(36%)	$6,097	(39%)	(39%)
Pomalyst (pomalidomide) capsules	$890	+1%	+1%	$3,441	(2%)	(1%)
SPRYCEL dasatinib	$526	(9%)	(9%)	$1,930	(11%)	(10%)
Reblozyl (luspatercept-aamt) for injection 25mg • 75mg	$320	+61%	+60%	$1,008	+41%	+40%
Abecma (idecabtagene vicleucel)	$100	(20%)	(21%)	$472	+22%	+21%
Breyanzi (lisocabtagene maraleucel)	$101	+84%	+84%	$364	+100%	**
ONUREG (azacitidine) tablets	$47	+27%	+24%	$168	+35%	+35%
INREBIC (fedratinib) capsules	$29	+26%	+26%	$110	+29%	+29%

Reblozyl:

- Strong launch in 1L MDS-associated anemia in a broad, RS-agnostic patient population
- Increased demand driven by switches from ESAs
- Approved in Japan with a broad label

Abecma:

- Focus on opportunities for growth including potential KarMMa-3 approval
- Approved in Japan 3L+ MM & positive CHMP opinion

Breyanzi:

- Strengthening supply position expected this year
- Revenue growth from Q2 onward expected to be supported by expanded indications

*See "Forward-Looking Statements and Non-GAAP Financial Information"; **In excess of 100%

Q4 & Full Year 2023 Immunology product summary

Global Net Sales ($M)

	Q4 2023			FY 2023		
		YoY	Ex-FX*		YoY	Ex-FX*
ORENCIA (abatacept)	$985	+8%	+9%	$3,601	+4%	+5%
ZEPOSIA (ozanimod) 0.92 mg capsules	$133	+68%	+66%	$434	+74%	+72%
SOTYKTU (deucravacitinib) 6 mg tablets	$63	**	**	$170	**	**

First-in-class selective allosteric TYK2 inhibitor

Sotyktu:

- U.S. continued volume growth including pull-through of CVS patients & expanded commercial access wins with ESI/Cigna (one step-edit)
- Increasing investment to drive greater share in the oral psoriasis market

2023 Sotyktu Commercially Paid Scripts[1]

Q1	Q2	Q3	Q4
2,700	4,400	6,500	8,700

1. Symphony METYS TRx Data; *See "Forward-Looking Statements and Non-GAAP Financial Information"; **In excess of +100%

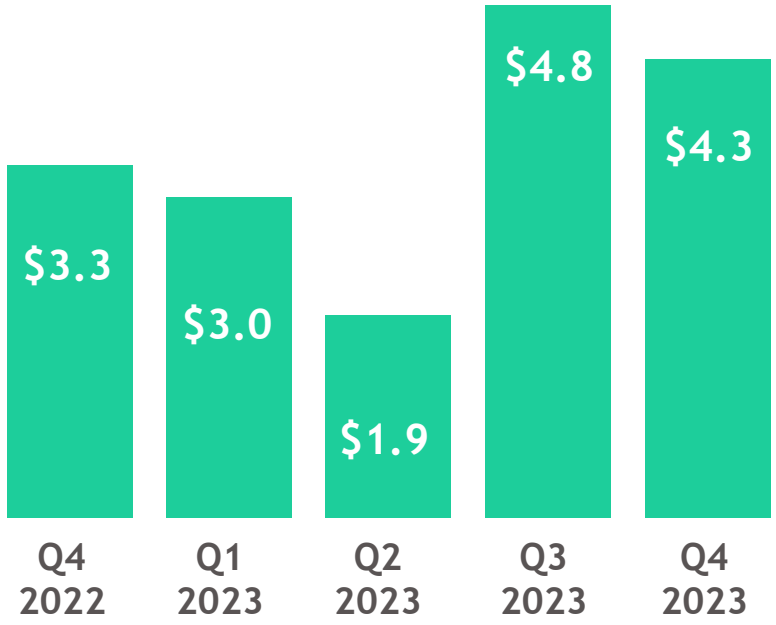
Q4 & Full Year 2023 Financial Performance

$ in billions, except EPS	US GAAP		Non-GAAP*	
	Q4 2023	FY 2023	Q4 2023	FY 2023
Total Revenues, net	11.5	45.0	11.5	45.0
Gross Margin %	76.1%	76.2%	76.4%	76.6%
Operating Expenses[1]	4.6	17.1	4.5	16.8
Acquired IPR&D	0.6	0.9	0.6	0.9
Amortization of Acquired Intangibles	2.3	9.0	-	-
Effective Tax Rate	(5.3%)	4.7%	14.9%	14.7%
Diluted EPS	0.87	3.86	1.70	7.51
Diluted Shares Outstanding *(# in millions)*	2,033	2,078	2,033	2,078
Diluted EPS Impact from Acquired IPR&D[2]	(0.20)	(0.28)	(0.20)	(0.28)

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

Strategic approach to Capital Allocation

Cash flow from Operations $B



$B	Q4 2023
Total Cash*	~$12.6
Total Debt	~$39.8

Strong operating cash flow generation

Business Development

- Prioritize opportunities to further diversify portfolio & strengthen long-term outlook focused mainly on bolt-ons & licensing opportunities
  - Completed acquisition of Mirati Therapeutics
  - Entered into agreements to acquire Karuna Therapeutics & RayzeBio; planned close by 1H 2024

Balance Sheet Strength

- Maintain strong investment-grade credit rating

Returning Cash to Shareholders

- Continued annual dividend growth**
- Opportunistic share repurchase
  - ~$5B in share repurchase authorization remaining as of December 31, 2023

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

2024 Guidance

	Non-GAAP*[1]
	February
Total Revenues Reported Rates	Low single-digit increase
Total Revenues Ex-FX	Low single-digit increase
Gross Margin %	~74%
Operating Expenses[3]	Low single-digit increase
Other Income/(Expense)	~$250M
Tax Rate	~17.5%
Diluted EPS	$7.10 - $7.40

Expected future impact from pending deals[2]

SYSTIMMUNE

~$800M Upfront in Q1
(Acquired IPR&D)

KARUNA THERAPEUTICS

~$0.30 Dilution
(Primarily from financing)

RayzeBio

~$0.13 Dilution
(split between financing and operational)

1. 2024 Guidance reflects the recent acquisition of Mirati closed in January 2024 and excludes the impact of any potential future strategic acquisitions, including the announced planned acquisitions of RayzeBio and Karuna, divestitures, specified items, and the impact of future Acquired IPRD charges 2. Subject to satisfaction of customary closing conditions; anticipated closing for Karuna Therapeutics, RayzeBio, & SystImmune in 1H 2024; 3. Operating Expenses = MS&A and R&D
*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information"

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Q4 2023 Results Q&A

Chris Boerner, PhD
Chief Executive Officer

David Elkins
Executive VP,
Chief Financial Officer

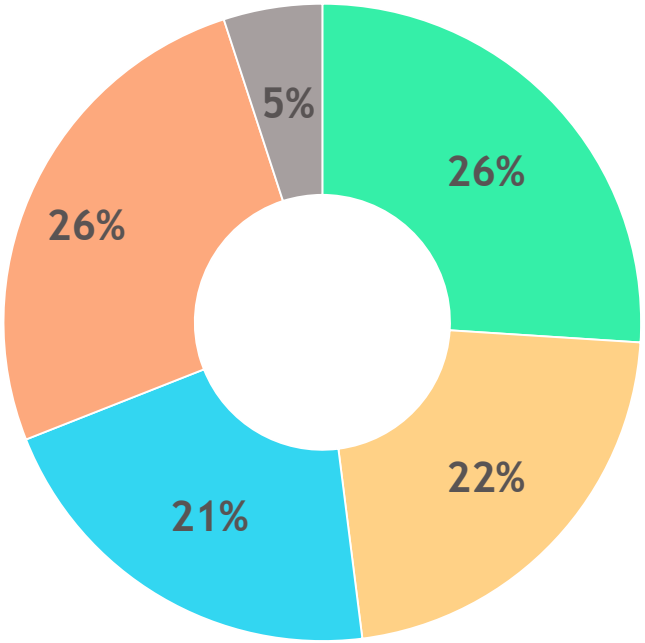
Samit Hirawat, MD
Executive VP,
Chief Medical Officer,
Global Drug Development

Adam Lenkowsky
Executive VP,
Chief Commercialization Officer

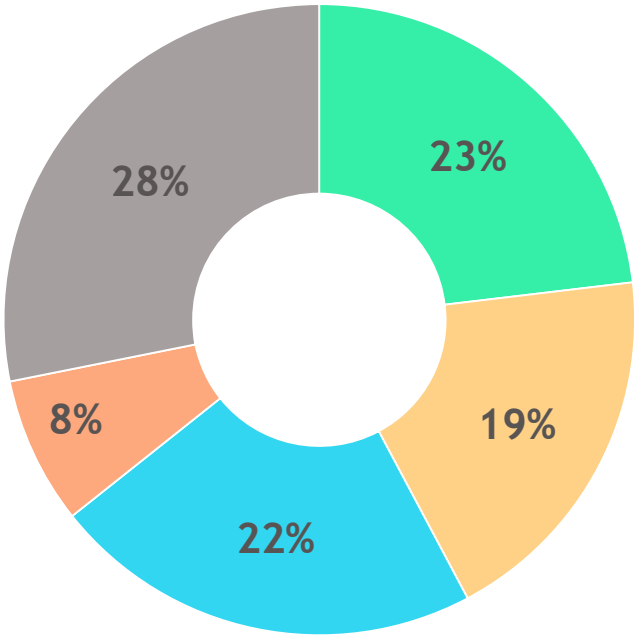
Q4 2023 Opdivo Sales Mix

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

U.S. Sales Mix



Ex-U.S. Sales Mix

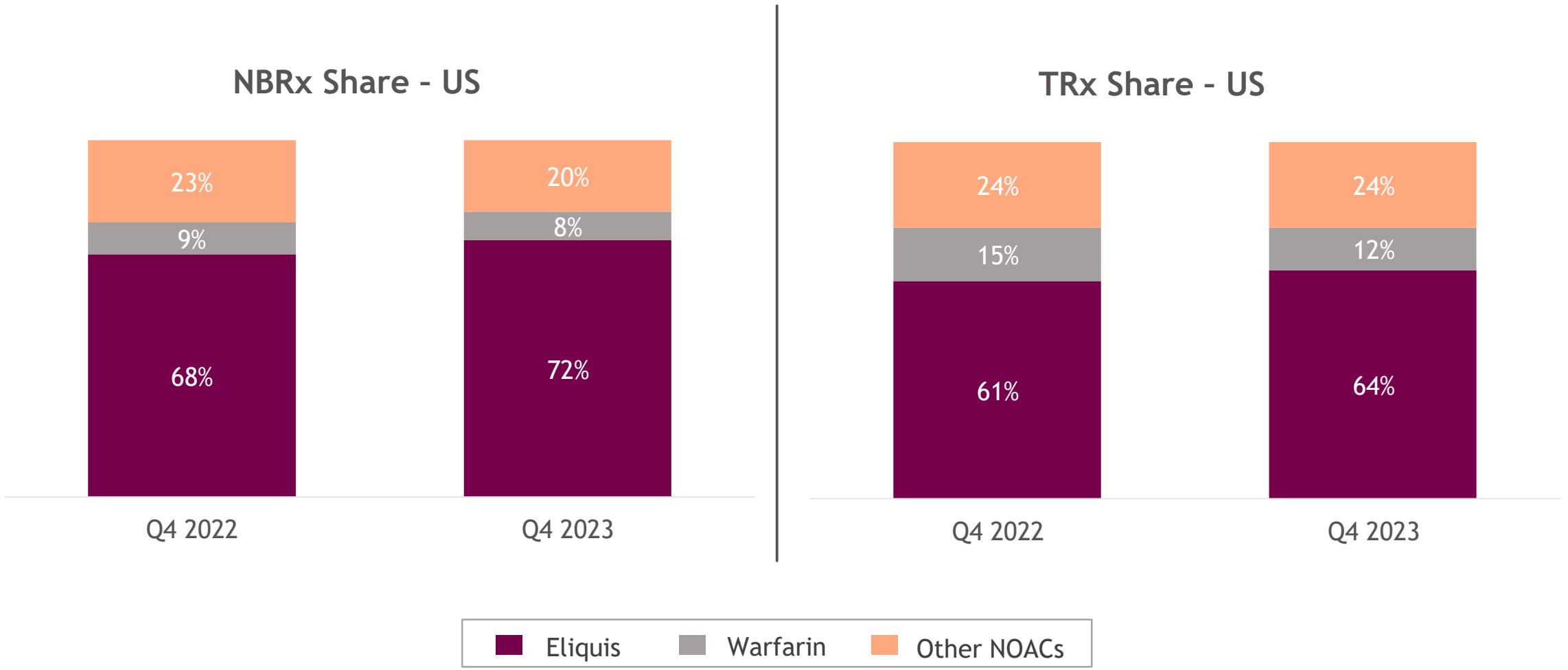


NSCLC RCC Melanoma Upper GI/Bladder All others

Note: percentages are approximate

Q4 2023 Eliquis NBRx/TRx Share

Eliquis apixaban



Rx Source: IQVIA

Portfolio evolution: Potential to add 16+ NMEs over decade

NMEs by potential year of first approval

2022 - 2023	2024 - 2025	2026 - 2027	2028 - 2030
Opdualag (nivolumab and relatlimab-rmbw)	Cendakimab	Iberdomide	LPA_1 antagonist
CAMZYOS (mavacamten) capsules	KARUNA THERAPEUTICS KarXT[1]	Mezigdomide	CD19 NEX T
SOTYKTU (deucravacitinib) 6 mg tablets	KRAZATI (adagrasib) 200 mg TABLETS[2]	Alnuctamab	GPRC5D CAR T
AUGTYRO (repotrectinib) 40 mg capsules recently approved		Milvexian	BET inhibitor (986158)
		Golcadomide	AR LDD
		RayzeBio RYZ101[1]	MYK-224
			SYSTIMMUNE BL-B01D1[1]
			PRMT5/MTA Inhibitor[2]

Potential for additional **40+** LCM opportunities across these NMEs & approved products

New pipeline additions since Jan 2023 | Oncology | Hematology | Cardiovascular | Immunology | Neuroscience

1. Subject to satisfaction of customary closing conditions; Karuna Therapeutics, RayzeBio, & SystImmune in 1H 2024; 2. Mirati Therapeutics acquisition closed January 2024; Krazati approved in 2022
Unmarketed products are subject to positive registrational trials and regulatory approval

Multiple key pipeline milestones expected in 2024

ABECMA • *3-5L RRMM (KarMMa-3) approval*	**Cendakimab** • *EoE Ph3*	**PRMT5/MTA Inhibitor[2]** • *MTAP-deleted cancers Ph1*
AR LDD • *mCRPC Ph1*	**KarXT[1]** • *Schizophrenia approval*	**RYZ101[1]** • *ES-SCLC Ph1*
BL-B01D1[1] (EGFRxHER3 ADC) • *NSCLC Ph1*	**Krazati (KRAS^{G12C} Inhibitor)[2]** • *1L NSCLC TPS<50% Ph2* • *2L NSCLC confirmatory Ph3*	**SOTYKTU[3]** • *PsA-2 Ph3 at Wk52* • *PsA-1 Ph3 at Wk52*
CD19 NEX T • *Severe refractory SLE dose escalation Ph1*	**OPDUALAG** • *1L HCC Ph2* • *1L NSCLC Ph2*	**ZEPOSIA[4]** • *CD Ph3 Induction 1* • *CD Ph3 Induction 2*

Milestones represent expected data read-outs unless otherwise specified | 1. Subject to satisfaction of customary closing conditions; anticipated closing for Karuna Therapeutics, RayzeBio & SystImmune in 1H 2024; 2. Mirati Therapeutics acquisition closed January 2024; 3. Data anticipated 2024/2025. 4. Week 12 primary endpoint

Our ESG updates & looking ahead

Key Achievements

Q4 2023

- ✓ Inaugural **TCFD Report** Published
- ✓ Announced **5-year VPPA with National Grid Renewables** supporting BMS' 2030 goal of 100% **purchased electricity from renewable sources**
- ✓ **Founding Sponsor of My Green Lab's Converge**, designed to **reduce the environmental impact of labs** in the value chain
- ✓ Provided **277 health equity grants** and **donations totaling $19.4M**
- ✓ **Graduated 48 early-stage investigator physicians** from cohort 1 of the **Robert A. Winn Diversity in Clinical Trials: Career Development Award program**
- ✓ **$3.3M grant** for first-ever **New Jersey Safety Net Innovation Program** with the Camden Coalition to **improve health equity in New Jersey**

2024 Features, Events, and Milestones

January 2024

Feature
Episode on Impact for Sustainability in partnership with CNBC and Schneider Electric

February 2024

Event
GreenBiz 2024-BMS presenting at Scope 3 Bootcamp

April 2024

Milestones
Evolved ESG strategy launch & 2023 ESG Report publication

Clinical Development Portfolio – Phase I and II

Data as of February 2nd, 2024

Phase I

Anti-CCR8^	✦ Solid Tumors
Anti-ILT4^	✦ Solid Tumors
AR LDD	✦ 1L, 2L+ Metastatic Castration-Resistant Prostate Cancer
DGK Inhibitor	✦ Solid Tumors
Helios CELMoD	✦ Solid Tumors
JNK Inhibitor	✦ Solid Tumors
MAGE A4/8 TCER*	✦ Solid Tumors
NME 1	✦ Prostate Cancer
PRMT5 Inhibitor	✦ Solid Tumors
SHP2 Inhibitor^	✦ Solid Tumors
TGFβ Inhibitor^	✦ Solid Tumors
TIGIT Bispecific	✦ Gastric Cancer
alnuctamab + mezigdomide	RR Multiple Myeloma
Anti-SIRPα	✦ Hematologic Malignancies
BCL6 LDD	✦ Lymphoma
BCMA NKE	✦ RR Multiple Myeloma
BET Inhibitor (BMS-986378)^	✦ RR Non-Hodgkin's Lymphoma
CD33-GSPT1 ADC	✦ Acute Myeloid Leukemia
CD33 NKE	✦ Acute Myeloid Leukemia
CK1α Degrader	✦ Hematologic Malignancies
Dual Targeting BCMAxGPRC5D CAR T	✦ RR Multiple Myeloma
golcadomide^	1L Diffuse Large B-cell Lymphoma
GPRC5D CAR T	✦ RR Multiple Myeloma
FXIa Inhibitor	✦ Thrombotic Disorders
Anti-CD40	✦ Autoimmune Disease
CD19 NEX T	✦ Severe Refractory Systemic Lupus Erythematosus
IL2-CD25	✦ Autoimmune Disease
NME 2	✦ Autoimmune Disease
PKCθ Inhibitor	✦ Autoimmune Disease
Anti-MTBR-Tau	✦ Alzheimer's Disease
CD19 NEX T	Multiple Sclerosis
eIF2b Activator	✦ Neuroscience
FAAH/MGLL Dual Inhibitor	✦ Neuroscience
TYK2 Inhibitor (BMS-986465)	✦ Neuroinflammation Disorders

Phase II

AUGTYRO	NTRK Pan-Tumor
Anti-CTLA-4 NF Probody® Therapeutic	✦ Colorectal Cancer
	Lung Cancer
Anti-Fucosyl GM1^	✦ RR Small Cell Lung Cancer
Anti-IL-8^	✦ Solid Tumors
Anti-NKG2A^	✦ Non-Small Cell Lung Cancer
BET Inhibitor (BMS-986378)^	✦ Solid Tumors
farletuzumab ecteribulin	✦ Ovarian Cancer
	Non-Small Cell Lung Cancer
KRAZATI	1L Non-Small Cell Lung Cancer
	3L+ Colorectal Cancer
nivolumab + relatlimab	Stage IV 1L Non-Small Cell Lung Cancer
	1L Hepatocellular Carcinoma
BET Inhibitor (BMS-986158)	✦ 1L Myelofibrosis
BREYANZI	RR Marginal Zone Lymphoma (MZL)
golcadomide	✦ RR Non-Hodgkin's Lymphoma
REBLOZYL	A-Thalassemia
CAMZYOS	Heart Failure with preserved Ejection Fraction (HFpEF)
danicamtiv	✦ Dilated Cardiomyopathy
MYK-224	Obstructive Hypertrophic Cardiomyopathy
	✦ Heart Failure with preserved Ejection Fraction (HFpEF)
afimetoran	✦ Systemic Lupus Erythematosus
SOTYKTU	Alopecia Areata
	Discoid Lupus Erythematosus
TYK2 Inhibitor (BMS-986322)	✦ Moderate-to-Severe Psoriasis

* Partner-run study
✦ NME leading indication
^ Trials exploring various combinations

Clinical Development Portfolio – Phase III

Data as of February 2nd, 2024

Phase III

KRAZATI	1L Non-Small Cell Lung Cancer
	2L Colorectal Cancer
OPDIVO	Adjuvant Hepatocellular Carcinoma
	Peri-adjuvant Muscle-Invasive Urothelial Carcinoma
	Peri-adjuvant Non-Small Cell Lung Cancer
	Stage IB-IIIA Adjuvant Non-Small Cell Lung Cancer*
OPDIVO + YERVOY	1L Hepatocellular Carcinoma
	1L Muscle Invasive Urothelial Carcinoma
	1L+ Microsatellite Instability High Colorectal Cancer
	Stage 3 Unresectable Non-Small Cell Lung Cancer
OPDUALAG	Adjuvant Melanoma
SC nivolumab + relatlimab + rHuPH20	✦ 1L Melanoma
SC nivolumab + rHuPH20 (multi-indications)	✦ 2L Renal Cell Carcinoma
ABECMA	✦ Newly Diagnosed Multiple Myeloma with Suboptimal Response post-ASCT
alnuctamab	✦ RR Multiple Myeloma
iberdomide	✦ 2L+ Multiple Myeloma
	Post-ASCT Maintenance Newly Diagnosed Multiple Myeloma
mezigdomide	✦ 2L+ Multiple Myeloma Vd
	2L+ Multiple Myeloma Kd
REBLOZYL	1L TD Myelofibrosis Associated Anemia
	1L NTD Myelodysplastic Syndrome Associated Anemia
CAMZYOS	Non-Obstructive Hypertrophic Cardiomyopathy
milvexian	Secondary Stroke Prevention*
	Acute Coronary Syndrome*
	✦ Atrial Fibrillation*
cendakimab	✦ Eosinophilic Esophagitis
	Eosinophilic Gastroenteritis #
LPA1 Antagonist	✦ Idiopathic Pulmonary Fibrosis (IPF)
	Progressive Pulmonary Fibrosis (PPF)
obexelimab *	✦ IgG4-Related Disease
SOTYKTU	Psoriatic Arthritis
	Systemic Lupus Erythematosus
	Sjögren's Syndrome
ZEPOSIA	Crohn's Disease

Registration US, EU, JP

AUGTYRO	ROS1 NSCLC (EU, JP)
	NTRK Pan-Tumor (EU)
OPDIVO + YERVOY	1L Muscle Invasive Urothelial Carcinoma cis-eligible (US, EU, JP)
ABECMA	3-5L Multiple Myeloma (US, EU)
BREYANZI	3L+ Chronic Lymphocytic Leukemia (US)
	RR Follicular Lymphoma (US, JP)
	RR Mantle Cell Lymphoma (US)
REBLOZYL	1L TD Myelodysplastic Syndrome Associated Anemia (EU)

Oncology | Hematology | CV | Neuroscience | Immunology

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

Development Partnerships:
ABECMA: 2seventy bio; farletuzumab ecteribulin: Eisai; rHuPH20: Halozyme; MAGEA4/8 TCER: Immatics; milvexian: Janssen Pharmaceuticals Inc., a Johnson & Johnson company; OPDIVO, YERVOY, OPDUALAG in Japan: Ono; PKCθ Inhibitor: Exscientia; REBLOZYL: Merck; SHP2 Inhibitor: BridgeBio Pharma; TIGIT Bispecific: Agenus; obexelimab: Zenas BioPharma in Japan, South Korea, Taiwan, HK, Singapore, and Australia

Q4 2023 Key Clinical Trials Update

Oncology

- Augtyro
- Opdivo
- Opdualag
- Krazati

Hematology

- Abecma
- Breyanzi
- Reblozyl
- alnuctamab
- iberdomide
- mezigdomide

Immunology

- Zeposia
- Sotyktu
- cendakimab
- obexelimab
- LPA1 antagonist

Cardiovascular

- Camzyos
- milvexian
- MYK-224

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	• Recruiting • U.S. FDA approval November 2023 in ROS1+; ROS1+/NTRK+ application under review in EU; ROS1+ application under review in Japan • ROS1+ data published in NEJM January 2024
CT Identifier	NCT03093116

[a]Based on tolerability

Opdivo (anti-PD1)

Lung Cancer Trials

Indication	Peri-Adjuvant NSCLC	Stage IB-IIIA Adjuvant NSCLC	Stage III Unresectable NSCLC
Phase/Study	Phase III – CheckMate -77T	Phase III – ANVIL Non-BMS Sponsored*	Phase III - CheckMate -73L
# of Patients	N = 452	N = 903	N = 888
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 + CCRT followed by Opdivo + Yervoy • Opdivo + CCRT followed by Opdivo • CCRT followed by durvalumab
Endpoints	• Primary: EFS • Key secondary: OS	• Primary: DFS, OS	• Primary: PFS • Key secondary: OS
Status	• Positive topline results in September 2023 • Data presented as a Late Breaker at ESMO 2023	• Projected data readout 2025	• Projected data readout 2025
CT Identifier	NCT04025879	NCT02595944	NCT04026412

*Trial conducted by NCI/ECOG

Opdivo (anti-PD1)

Early-Stage Trials

Indication	Peri-Adjuvant MIUC	Adjuvant HCC
Phase/Study	Phase III - CA 017-078	Phase III – CheckMate -9DX
# of Patients	N = 861	N = 545
Design	• Opdivo 360 mg Q3W for four cycles + chemotherapy • Chemotherapy	• Opdivo 480 mg Q4W • Placebo
Endpoints	• Primary: pCR, EFS • Key secondary: OS	• Primary: RFS • Key secondary: OS
Status	• Projected data readout 2025	• Projected data readout 2025
CT Identifier	NCT03661320	NCT03383458

Opdivo (anti-PD1)

Metastatic Trials

Indication	1L HCC	1L+ MSI High CRC
Phase/Study	Phase III – CheckMate -9DW	Phase III - CheckMate -8HW
# of Patients	N = 732	N = 831
Design	• Opdivo + Yervoy • 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)
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
Status	• Projected data readout 2026	• Positive topline results in December 2023 for PFS 1L B vs C • Data presented as Late Breaker at ASCO GI 2024 • Study continues for arms B vs. A in all lines; projected data readout 2025
CT Identifier	NCT04039607	NCT04008030

Opdivo (anti-PD1)

Metastatic Trials

Indication	1L MIUC	2L RCC SC
Phase/Study	Phase III - CheckMate -901	Phase III - CheckMate -67T
# of Patients	N = 1,290	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 1200 mg Q4W + rHuPH20 SC • Opdivo IV 3 mg/kg
Endpoints	Primary: • PFS, OS in cis-eligible patients • OS in PD-L1+ (>=1%) & cis-ineligible	Primary: • Cavgd28 (Opdivo serum concentration) • Cminss • Key secondary: ORR
Status	• U.S. FDA Priority Review PDUFA April 5, 2024, for cis-eligible & application under review in EU • Data presented as a Late Breaker at ESMO 2023 • Cis-eligible data published in NEJM October 2023 • Projected data readout 2024 in cis-ineligible • Did not meet primary OS endpoint in PD-L1+	• Positive topline results in October 2023 • Data presented at ASCO GU 2024
CT Identifier	NCT03036098	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 HCC	1L Stage IV NSCLC
Phase/Study	Phase I/II - RELATIVITY-106	Phase II - CA224-104
# of Patients	N = 162	N = 420
Design	• Nivolumab + relatlimab + bevacizumab • Nivolumab + placebo + bevacizumab	Part I: • Nivolumab + relatlimab Dose 1 + PDCT • Nivolumab + relatlimab Dose 2 + PDCT Part II: • Nivolumab + relatlimab Dose 2 + PDCT • Nivolumab + PDCT
Endpoints	Primary: DLTs, ORR	Primary: • Part I: TRAEs leading to discontinuation within 12 weeks after first dose • Part II: ORR
Status	• Recruiting • Projected data readout 2024	• Projected data readout 2024
CT Identifier	NCT05337137	NCT04623775

Krazati (KRAS^{G12C} inhibitor)

Indication	1L NSCLC	1L NSCLC
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: 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 AUC 5 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 • Key secondary: OS	Primary: • ORR for cohort A & E • PFS for Cohort C (at 6 months)
Status	• Recruiting • Projected data readout 2028	• Recruiting • Projected data readout 2024
CT Identifier	NCT04613596	NCT05609578

Krazati ($KRAS^{G12C}$ inhibitor)

Indication`	2L CRC	3L+ CRC
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 2024	• Recruiting • Projected data readout 2023/2024
CT Identifier	NCT04793958	NCT03785249

Abecma (anti-BCMA CAR T)

Indication	3L-5L MM	NDMM with Suboptimal Response post-ASCT
Phase/Study	Phase III – KarMMa-3	Phase III – KarMMa-9
# of Patients	N = 381	N = 618
Design	• Abecma • Standard regimens as per Investigator's discretion – DPd, DVd, IRd, Kd, EPd	• Abecma followed by lenalidomide maintenance • Lenalidomide maintenance therapy alone
Endpoints	• Primary: PFS • Key secondary: OS	• Primary: PFS • Key secondary: OS
Status	• U.S. FDA ODAC • Japan approval in Dec 2023; Positive CHMP Opinion in EU • Data presented at ASH 2023 • Published in NEJM February 2023	• Recruiting • Projected data readout 2027
CT Identifier	NCT03651128	NCT06045806

Breyanzi (anti-CD19 CAR T)

Indication	R/R NHL	R/R iNHL	3L+ CLL
Phase/Study	Phase I/II – TRANSCEND	Phase II – TRANSCEND FL	Phase II – TRANSCEND CLL
# of Patients	N = 385	N = 213	N = 209
Design	• Breyanzi Study included R/R DLBCL, MCL, FL 3B, & PMBCL	• Breyanzi iNHL includes 3L+ FL, 2L FL (high risk), 3L+ MZL	• Breyanzi • Breyanzi + ibrutinib • Breyanzi + venetoclax
Endpoints	• Primary: ORR	• Primary: ORR	• Primary: CRR
Status	• U.S. FDA Priority Review PDUFA May 31, 2024; filed in Japan for R/R MCL • Data presented as Late Breaker at ICML 2023 in R/R MCL	• U.S. FDA Priority Review PDUFA May 23, 2024; filed in Japan for R/R FL • Data presented at ASH 2023 in 2L FL • Projected data readout 2025 in 3L+ MZL	• U.S. FDA Priority Review PDUFA March 14, 2024 • Data presented at ASH 2023
CT Identifier	NCT02631044	NCT04245839	NCT03331198

Reblozyl (Erythroid Maturation Agent)

Indication	1L Myelodysplastic Syndrome (MDS) Associated Anemia	1L TD Myelofibrosis (MF) Associated Anemia
Phase/Study	Phase III - COMMANDS	Phase III - INDEPENDENCE
# of Patients	N = 362	N = 309
Design	• Reblozyl 1.0 mg/kg SC Q3W • Epoetin Alfa 450 IU/kg SC QW	• Reblozyl 1.33 mg/kg SC Q3W + JAK2i • Placebo SC Q3W + JAK2i
Endpoints	• Primary: RBC-TI for 12 weeks with a mean hemoglobin increase ≥ 1.5 g/dL through week 24	• Primary: RBC-TI during any consecutive 12-week period starting within the first 24 weeks • Key secondary: RBC-TI ≥ 16 weeks (RBC-TI 16)
Status	• U.S. FDA approval August 2023 & Japan approval January 2024 • Application under review in EU • Data presented at ASCO, EHA & ASH 2023	• Recruiting • Expected data readout 2025
CT Identifier	NCT03682536	NCT04717414

Reblozyl (Erythroid Maturation Agent)

Indication	TD & NTD Alpha-Thalassemia (Ex-US study)	1L NTD Low-or Intermediate Risk Myelodysplastic Syndrome (MDS) Associated Anemia
Phase/Study	Phase II - CA056-015	Phase III – ELEMENT-MDS
# of Patients	N = 177	N = 360
Design	• Reblozyl 1.0 mg/kg SC Q3W • Placebo SC Q3W + Best Supportive Care	• Reblozyl 1.0 mg/kg SC Q3W • Epoetin Alfa 450 IU/kg SC QW
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	Primary: • Proportion of participants during Wk 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 Wk 1-48
Status	• Recruiting • Expected data readout 2025	• Recruiting • Expected data readout 2027
CT Identifier	NCT05664737	NCT05949684

alnuctamab (BCMA x CD3 T-Cell Engager)

Indication	2-4L MM	3L+ MM
Phase/Study	Phase III – ALUMMINATE	Phase I/II – CA058-002
# of Patients	N = 466	N = 156

Design	• alnuctamab 3/6/30 mg SC
	• Investigator's choice of SOC: DPd, EPd, Kd
		• Part A[1]: alnuctamab SC + mezigdomide + dex
		• Part B[2]: alnuctamab SC + mezigdomide + dex
		• Part C[2]:
		  • alnuctamab SC + mezigdomide + dex
		  • alnuctamab

Endpoints	• Primary: PFS
	• Key secondary: OS
		• Part A: Safety, tolerability & RP2D dose
		• Part B/C:
		  • Primary: ORR
		  • Key secondary endpoints: PFS, OS

Status	• Trial initiated • Projected data readout 2025	• Trial initiated • Projected data readout 2027
CT Identifier	NCT06232707	NCT06163898

1. Part A: Have previously received ≥ 3 prior lines of anti-myeloma therapy
2. Part B and Part C: Have received 1 to 3 prior lines of anti-myeloma therapy

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

Zeposia (S1P agonist)

Indication	YELLOWSTONE Program: Crohn's Disease (CD) - Moderate to Severe		
Phase/Study	Phase III - RPC01-3201 (Induction 1)	Phase III - RPC01-3202 (Induction 2)	Phase III - RPC01-3203 (Maintenance)
# of Patients	N = 600	N = 606	N = 485
Design	• Zeposia 0.92 mg QD • Placebo	• Zeposia 0.92 mg QD • Placebo	• Zeposia 0.92 mg QD • Placebo
Endpoints	• Primary: Proportion of pts in clinical remission (CDAI* score < 150) at week 12	• Primary: Proportion of pts in clinical remission (CDAI* score < 150) at week 12	Primary: • Proportion of pts in clinical remission (CDAI score of < 150) at week 52 • Proportion of pts with a Simple Endoscopic Score for Crohn's Disease (SES-CD) decrease of ≥ 50% at week 52
Status	• Expected data readout 2024	• Expected data readout 2024	• Expected data readout 2026 (52 wks post induction & basis for filing)
CT Identifier	NCT03440372	NCT03440385	NCT03464097

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	• Recruiting • Expected data readout 2025 (52 wks)	• Expected data readout 2024 (52 wks)
CT Identifier	NCT04908202	NCT04908189

Sotyktu (TYK-2 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	• Recruiting • Expected data readout 2025	• Recruiting • Expected data readout 2026	• Recruiting • Expected data readout 2026	• Recruiting • Expected data readout 2027
CT Identifier	NCT04857034	NCT05617677	NCT05620407	NCT05946941

Sotyktu (TYK-2 inhibitor)

Indication	Alopecia Areata (AA)
Phase/Study	Phase II – IM011-134
# of Patients	N = 90
Design	• Sotyktu Dose 1 • Sotyktu Dose 2 • Placebo, followed by Sotyktu Dose 1 or Dose 2
Endpoints	• Primary: Change from baseline in SALT score at Week 24
Status	• Expected data readout 2024
CT Identifier	NCT05556265

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	• Expected data readout 2024	• Expected data readout 2024
CT Identifier	NCT04753697	NCT05214768

obexelimab (CD19 x FcγRIIB bifunctional mAb)

Indication	IgG4-Related Disease
Phase/Study	Phase III – INDIGO Non-BMS Sponsored*
# 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

*Trial conducted by Zenas BioPharma

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	• Primary: Absolute change from baseline in forced vital capacity (FVC) measured in ML • Key secondary: Disease progression	• Primary: Absolute change from baseline in forced vital capacity (FVC) measured in ML • Key secondary: Disease progression
Status	• Recruiting • Expected data readout 2026	• Recruiting • Expected data readout 2028
CT Identifier	NCT06003426	NCT06025578

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 = 35	N = 420
Design	• Camzyos	• Camzyos • Placebo
Endpoints	Primary: • TEAEs and SAEs • Effect on NT-proBNP levels • Effect on cTnT levels (at rest)	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 2024	• Recruiting • 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 Janssen

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 Secondary: • Summary of plasma concentrations of MYK-224
Status	• Recruiting • Projected data readout 2025
CT Identifier	NCT06122779

Abbreviations

AA	Alopecia Areata
AACR	American Association for Cancer Research
Adj	Adjuvant
AE	Adverse Event
AHA	American Heart Association
AML	Acute Myeloid Leukemia
ASH	American Society of Hematology
BCMA	B-Cell Maturation Antigen
BID	Twice a Day
BIW	Twice a Week
CAR T	Chimeric Antigen Receptor Therapy
CCRT	Concurrent Chemoradiation Therapy
CD	Crohn's Disease
CDAI	Crohn's Disease Activity Index
CLL	Chronic Lymphocytic Leukemia
CM	Checkmate
CR	Complete Response
CRR	Complete Remission Rate
CRC	Colorectal Cancer
DFS	Disease-free survival
DLBCL	Diffuse Large B-Cell Lymphoma
DLE	Discoid Lupus Erythematosus
DLT	Dose Limiting Toxicity
EADV	European Academy of Dermatology and Venereology
EASI	Eczema Area & Severity Index
EFS	Event Free Survival
EoE	Eosinophilic Esophagitis
ESA	Erythropoietin Stimulating Agents
ESCC	Esophageal Squamous Cell Carcinoma
FDC	Fixed Dose Combination
FDA	Food & Drug Administration
FL	Follicular Lymphoma
Hb	Hemoglobin
HCC	Hepatocellular Carcinoma
HFpEF	Heart Failure w/ Preserved Ejection Fraction
iNHL	Indolent Non-Hodgkin's Lymphoma
I-O	Immuno-Oncology
IPSS-R	International Prognostic Scoring System
IV	Intravenous
LBCL	Large B-Cell Lymphoma
LVOT	Left Ventricular Outflow Tract
mCRPC	Metastatic Castration-Resistant Prostate Cancer
MDS	Myelodysplastic Syndrome
mDSD	modified Daily Symptom Diary
Mel	Melanoma
MF	Myelofibrosis
MIUC	Muscle Invasive Urothelial Cancer
MM	Multiple Myeloma
MR	Minimal Response
MS	Multiple Sclerosis
MSI-H	High Microsatellite Instability
MSS	Microsatellite Stable
MTD	Maximum Tolerated Dose
MZL	Marginal Zone Lymphoma
nHCM	Non-Obstructive Hypertrophic Cardiomyopathy
ND	Newly Diagnosed
NSCLC	Non-Small Cell Lung Cancer
NTD	Non-Transfusion Dependent
NTRK	Neurotrophic Tyrosine Receptor Kinase
NYHA	New York Health Association
oHCM	Obstructive Hypertrophic Cardiomyopathy
ORR	Overall Response Rate
OS	Overall Survival
PASI	Psoriasis Area and Severity Index
pCR	Pathological Complete Response
PDCT	Platinum-Based Chemotherapy
PDL	Programmed Death Ligand
PDUFA	Prescription Drug User Fee Act
PF	Pulmonary Fibrosis
PFS	Progression Free Survival
POC	Proof of Concept
PsA	Psoriatic Arthritis
PsO	Psoriasis
QD	Once Daily
QW	Once Weekly
RBC-TI	Red Blood Cell Transfusion Independence
RCC	Renal Cell Carcinoma
RFS	Recurrence-free survival
RP2D	Recommended Phase 2 Dose
RP3D	Recommended Phase 3 Dose
ROS	C-ROS Oncogene
RR	Relapsed Refractory
SAE	Serious Adverse Event
SC	Subcutaneous
SCT	Stem Cell Transplant
SLE	Systemic Lupus Erythematosus
SoC	Standard of Care
sPGA	Static Physicians Global Assessment
SRI	Systemic Lupus Responder Index
SRT	Septal Reduction Therapy
SSP	Secondary Stroke Prevention
SubQ/SC	Subcutaneous
TD	Transfusion Dependent
TE	Transplant Eligible
TEAE	Treatment Emergent Adverse Events
TKI	Tyrone Kinase Inhibitor
TRAE	Treatment Related Adverse Events
TE	Transplant Eligible
TNF	Tumor Necrosis Factor
UC	Ulcerative Colitis
VO2	Volume of Oxygen