Q1 2024 Results

April 25, 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.

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Q1 2024 Results

Chris Boerner, PhD

Board Chair
and Chief Executive Officer

Q1 2024 overview

Solid Commercial Performance	Topline growth: +5% or +6% Ex-FX*
Advanced our Pipeline	Multiple regulatory approvals & clinical development milestones
Closed Four Significant Deals	Strengthened long-term growth profile by diversifying in Oncology & expanding in Neuroscience
Executing productivity initiative	Actions underway to increase productivity & efficiency across the organization

No change to the underlying business outlook from February 2024

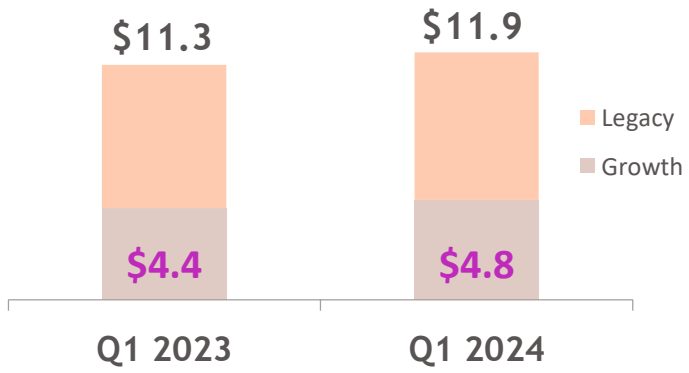
*See "Forward-Looking Statements and Non-GAAP Financial Information"

Q1 2024 Performance

Commercial

Growth Portfolio Revenues: +8% or +11% Ex-FX* YoY

$ in billions



+51% Breyanzi (lisocabtagene maraleucel) suspension for IV infusion

+72% Reblozyl (luspatercept-aamt) for injection 25mg • 75mg

+76% Opdualag (nivolumab and relatlimab-rmbw) injection for intravenous use | 480 mg/160 mg

>100% CAMZYOS (mavacamten) capsules

>100% SOTYKTU (deucravacitinib) 6 mg tablets

Research & Development[1]

Regulatory approvals:

- Breyanzi in 3L+ CLL/SLL in U.S.
- Abecma in 3L+ MM in U.S. & EU
- Reblozyl 1L MDS in EU & Japan

Achieved multiple clinical development milestones:

- Opdualag PoC in NSCLC established[2]
- Krazati 2L+ NSCLC (confirmatory trial)
- KarXT long-term efficacy & safety data
- GPRC5D CAR T in RRMM & golcadomide in NHL in registrational trials

Business Development

Closed key acquisitions & global licensing deal

MIRATI THERAPEUTICS®

SYSTIMMUNE

RayzeBio

KARUNA THERAPEUTICS

*See "Forward-Looking Statements and Non-GAAP Financial Information" 1. Not an exhaustive list of assets, programs, or indications; 2. Moving to registrational trial in a segment of NSCLC based on pre-specified analysis

KarXT: Potential first-in-class M1/M4 agonist with multi-billion-dollar peak sales opportunities

Significant market opportunity

- Large population: 1.6M[1] adults treated for schizophrenia in the U.S.
- ~70% of patients[1] on current therapies not well managed
- Current SOC options associated with significant AEs including serious metabolic dysfunction

Differentiated profile supported by long-term data[2,3,4]

- Compelling efficacy: >75% patients achieving >30% improvement in PANSS
- Differentiated safety: Continued lack of weight gain, metabolic dysfunction, & extrapyramidal symptoms

U.S. FDA PDUFA date September 26, 2024; Launch preparations underway

1. DRG – Clarivate, as of July 2023; 2. Kaul I, et al. SIRS 2024 (poster # F264). 3. Claxton A, et al. SIRS 2024 (oral). 4. Marcus R, et al. SIRS 2024 (poster #F74). AEs=Adverse Events, PANSS=Positive and Negative Syndrome Scale, SOC=Standard of Care

Strengthening the Company for the Transition Period & long-term growth

Realizing internal cost savings of ~$1.5B by the end of 2025*

- Identifying key assets and programs with highest potential
- Streamlining decision-making & reducing management layers
- Focusing R&D on higher ROI programs
- Investing in highest-priority growth brands

Cost savings to be reinvested in the highest potential opportunities

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information"

Continued confidence delivering underlying growth in 2024

2024 Guidance Highlights*[1]

Total Revenues Reported Rates	Low single-digit increase affirmed
Total Revenues Ex-FX	Low single-digit increase affirmed
Revised Non-GAAP EPS	$0.40 - $0.70 Includes (~$6.73) impact from Acquired IPR&D & dilution from recently closed transactions[2]

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information" 1. 2024 EPS Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items, and the impact of future Acquired IPRD charges 2. Comprised of net impact of Acquired IPR&D charge of ($6.30) mainly from Karuna Therapeutics & SystImmune and dilution for certain interest and/or operational expenses for Karuna Therapeutics (~$0.30) & RayzeBio (~$0.13)

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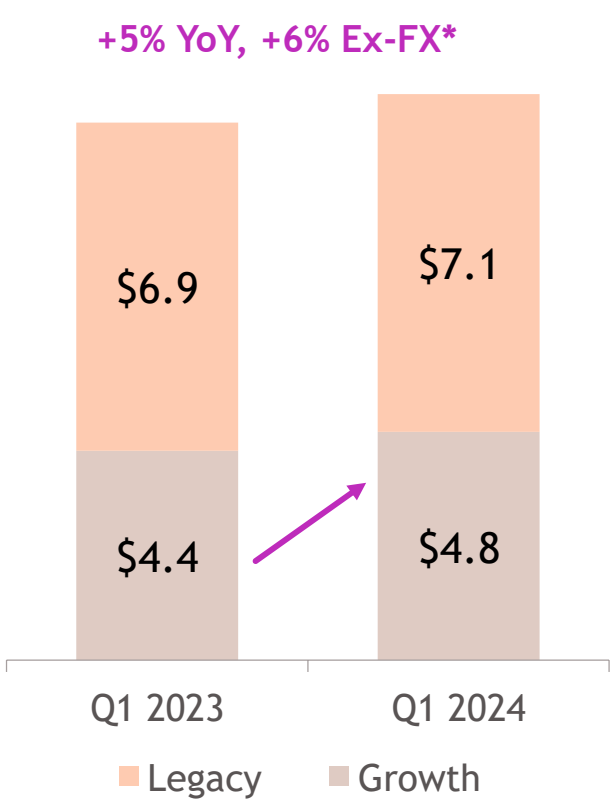
Q1 2024 Results

David Elkins

Executive Vice President
and Chief Financial Officer

Composition of revenue is rapidly transitioning to the Growth Portfolio

$ in billions



Growth Portfolio

OPDIVO (nivolumab)
Reblozyl (luspatercept-aamt) for injection 25mg • 75mg
Opdualag (nivolumab and relatlimab-rmbw) Injection for intravenous use | 480 mg/160 mg
CAMZYOS (mavacamten) capsules
SOTYKTU (deucravacitinib) 6 mg tablets
Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION
ZEPOSIA (ozanimod) | 0.92 mg capsules
YERVOY (ipilimumab)
ORENCIA (abatacept)
Abecma (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION
AUGTYRO (repotrectinib)
KRAZATI (adagrasib) | 200 mg TABLETS

Other Growth Brands[1]

+8% YoY

+11% Ex-FX*

Legacy Portfolio

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

Other Mature Brands

+2% YoY

+3% Ex-FX*

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

Q1 2024 Oncology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
OPDIVO (nivolumab)	$2,078	(6%)	(2%)
YERVOY (ipilimumab)	$583	+15%	+18%
Abraxane (nanoparticle albumin-bound paclitaxel)	$217	(9%)	(3%)
Opdualag (nivolumab and relatlimab-rmbw)	$206	+76%	+76%
KRAZATI (adagrasib)	$21	---	---
AUGTYRO (repotrectinib)	$6	---	---

Opdivo:

- U.S. impacted by inventory work down & timing of customer orders vs PY; continued demand growth across indications (e.g., upper GI & 1L lung)
- Ex-U.S. demand growth & expanded access

Opdualag:

- U.S. growth driven by strong demand; achieved 25%+ market share[3] in 1L melanoma
- Focused on driving share from PD-1 mono (<15%), dual I-O, & BRAF/MEK settings

Krazati:

- Pro forma full quarter global sales ~$27M including ~$25M in U.S.
- Focused on driving 2L+ NSCLC demand
- Priority Review U.S. PDUFA in 3L+ CRC: June 21, 2024

*See "Forward-Looking Statements and Non-GAAP Financial Information"
1. Represents BMS sales since closure of Mirati acquisition on January 23, 2024; 2. U.S. Priority Review PDUFA June 15, 2024 (NTRK); U.S. approval Nov 2023; application under review in EU (ROS1+/NTRK) & Japan (ROS1+) 3. BMS Internal Analysis

Q1 2024 Cardiovascular product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
Eliquis apixaban	$3,720	+9%	+9%
CAMZYOS (mavacamten)	$84	**	**

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

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

Camzyos: First-in-class myosin inhibitor

- Strong increase in total treated & commercial dispensed patients; Q1 net sales impacted by inventory & gross-to-net dynamics
  - Momentum strengthening in new patient starts
- International expansion based on reimbursement timing

As of	Dec 31, 2023	Mar 31, 2024
Patients in hub[1]	~6,100	~7,500
Patients on commercial drug[1]	~4,500	~5,600

*See "Forward-Looking Statements and Non-GAAP Financial Information"; **In excess of 100%; 1. BMS internal analysis & patient figures are U.S. only

Q1 2024 Hematology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
Revlimid (lenalidomide) capsules	$1,669	(5%)	(4%)
Pomalyst (pomalidomide) capsules	$865	+4%	+4%
SPRYCEL dasatinib 100 mg tablets	$374	(13%)	(11%)
Reblozyl (luspatercept-aamt) for injection 25mg • 75mg	$354	+72%	+72%
Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION	$107	+51%	+51%
Abecma (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION	$82	(44%)	(44%)

Reblozyl:

- Strong U.S. launch in 1L MDS-associated anemia
- Growth across a broad RS agnostic patient population, gaining momentum in the RS negative population
- EU 1L approval with a broad label

Breyanzi:

- U.S. approval in 3L+ CLL/SLL
- Tailwinds expected from Q2 onwards from additional manufacturing capacity & expanded indications

Abecma:

- KarMMa-3 approval expands the addressable patient population into earlier lines
- U.S. & EU approval in 3L+ MM

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

Q1 2024 Immunology product summary

Global Net Sales

	$M	YoY %	Ex-FX* %
ORENCIA (abatacept)	$798	+4%	+6%
ZEPOSIA (ozanimod) 0.92 mg capsules	$110	+41%	+41%
SOTYKTU (deucravacitinib) 6 mg tablets	$44	**	**

Sotyktu: First-in-class TYK2 inhibitor

- Achieved goal of ~10K commercial scripts in Q1
- Additional momentum driven by continued volume growth and access improvement
- Continued focus on demand growth and access improvements

Sotyktu Commercially Paid Scripts[1]

Q2'23	Q3'23	Q4'23	Q1'24
~4,400	~6,500	~8,700	~9,800

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

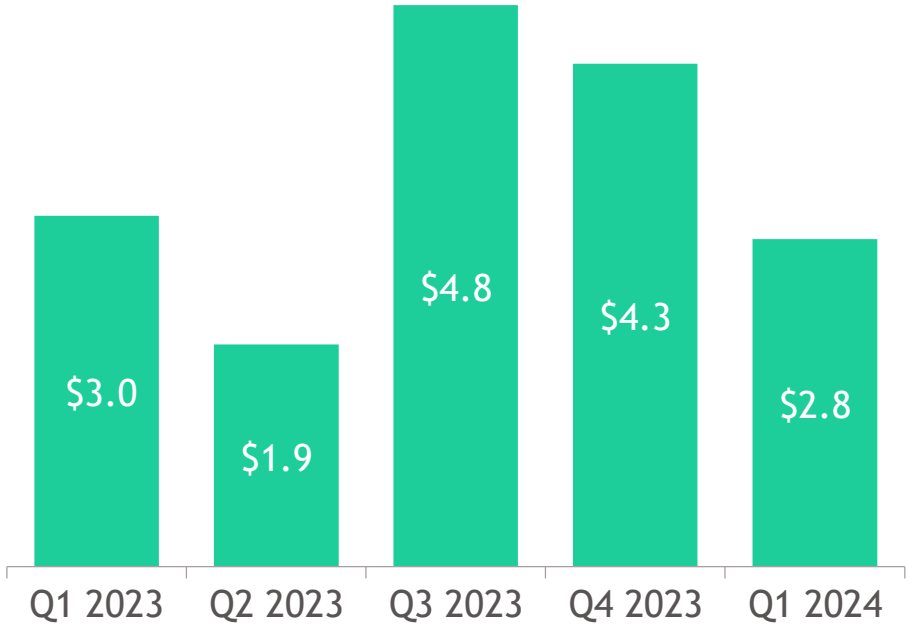
Q1 2024 Financial Performance

$ in billions, except EPS	US GAAP		Non-GAAP*	
	Q1 2024	Q1 2023	Q1 2024	Q1 2023
Total Revenues, net	11.9	11.3	11.9	11.3
Gross Margin %	75.3%	77.4%	75.5%	77.8%
Operating Expenses[1]	5.1	4.1	4.3	4.0
Acquired IPR&D	12.9	0.1	12.9	0.1
Amortization of Acquired Intangibles	2.4	2.3	-	-
Effective Tax Rate	(3.4%)	18.2%	(9.0%)	15.5%
Diluted EPS	(5.89)	1.07	(4.40)	2.05
Diluted Shares Outstanding *(# in millions)*	2,023	2,113	2,023	2,113
Diluted EPS Impact from Acquired IPR&D[2]	(6.30)	(0.01)	(6.30)	(0.01)

*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 through Q1

Strategic approach to Capital Allocation

Cash flow from Operations $B



$B	Q1 2024
Total Cash*	~$10.0
Total Debt	~$55.7

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 acquisitions of Mirati Therapeutics, Karuna Therapeutics & RayzeBio

Balance Sheet Strength

- Maintain strong investment-grade credit rating
- Planned debt pay down of ~$10B over 2 years

Returning Cash to Shareholders

- Continued annual dividend growth**
- ~$5B in share repurchase authorization remaining as of March 31, 2024

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

Actions to enhance productivity

Realizing internal cost savings of ~$1.5B by the end of 2025*

Strengthening the Company to navigate the Transition Period & Drive Long-Term Growth

- Focus on opportunities with the highest potential ROI to drive long-term growth
- Prioritize investment in key growth brands
- Optimize operations across the organization

Cost savings across the organization that include:

- Reduction of management layers
- ~2,200 employees impacted in 2024
- Pipeline rationalization
- Site consolidation
- Reduced third-party spend

Cost savings to be reinvested in the highest potential opportunities

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information"

2024 Non-GAAP EPS guidance adjusted for impact of recently closed transactions

2024 Non-GAAP EPS Guidance*	
February Diluted EPS (Prior)	$7.10 - $7.40
Acquired IPR&D Impact	($6.30)
Dilution Impact (RayzeBio)	($0.13)
Dilution Impact (Karuna)	($0.30)
Total Deals Impact	**($6.73)**
Revised Diluted EPS[1,2]	**$0.40 - $0.70**

Reflects consistent underlying outlook for 2024

*The Company does not reconcile forward-looking non-GAAP measures. See "Forward-Looking Statements and Non-GAAP Financial Information" 1. 2024 EPS Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items, and the impact of future Acquired IPRD charges 2. Comprised of net impact of Acquired IPR&D charge of ($6.30) primarily from Karuna Therapeutics & SystImmune and dilution for certain interest and/or operational expenses for Karuna Therapeutics (~$0.30) & RayzeBio (~$0.13)

Revised 2024 Guidance

	Non-GAAP*	
	February (Prior)	April (Revised)
Total Revenues Reported Rates	Low single-digit increase	No Change
Total Revenues Ex-FX	Low single-digit increase	No Change
Gross Margin %	~74%	No Change
Operating Expenses[1]	Low single-digit increase	No Change
Other Income/(Expense)	~$250M	~($250M)
Tax Rate	~17.5%	~69%
Diluted EPS[2]	$7.10 - $7.40	$0.40 - $0.70

Key Highlights

- No change to Revenue or Gross Margin
- No change to Operating Expenses
- Other Income/(Expense) updated for financing costs of Karuna and RayzeBio
  - ~$13B of debt at 5.3%
- Acquired IPR&D consists primarily of:
  - Karuna ~$12.1B
  - SystImmune ~$0.8B
- Underlying Tax Rate excluding Acquired IPR&D:
  - Q1 at ~19.5%
  - 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. April 2024 EPS Guidance comprised of Acquired IPR&D charge of (~$6.30) mainly from Karuna Therapeutics & SystImmune and dilution for certain interest and/or operational expenses for Karuna Therapeutics (~$0.30) & RayzeBio (~$0.13) and excludes the impact of any potential future strategic acquisitions, divestitures, specified items, and the impact of future Acquired IPRD charges

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Q1 2024 Results Q&A

Chris Boerner, PhD
Board Chair,
Chief Executive Officer

David Elkins
Executive VP,
Chief Financial Officer

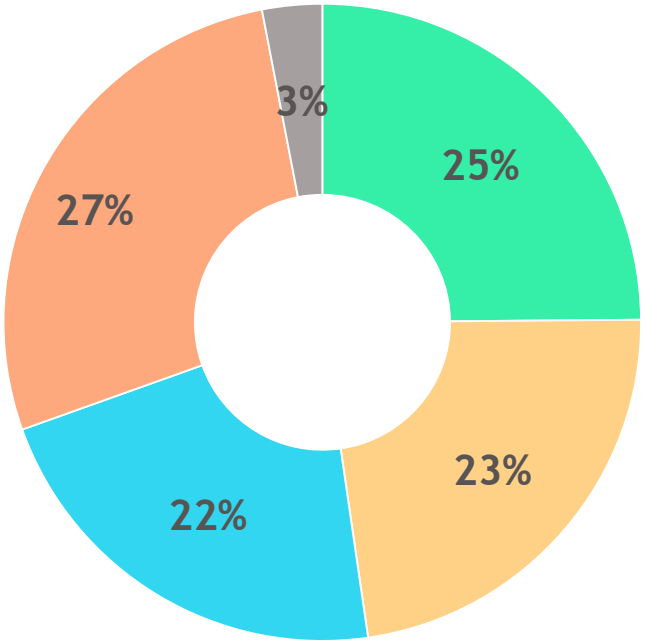
Samit Hirawat, MD
Executive VP,
Chief Medical Officer,
Global Drug Development

Adam Lenkowsky
Executive VP,
Chief Commercialization Officer

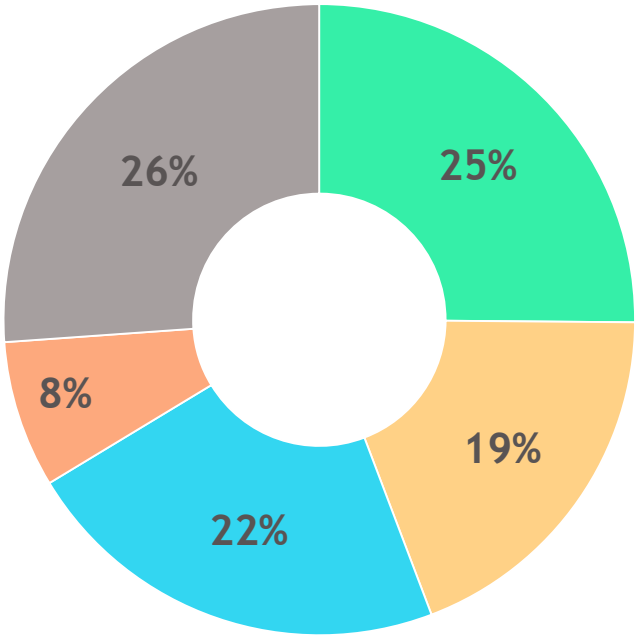
Q1 2024 Opdivo Sales Mix

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

U.S. Sales Mix



Ex-U.S. Sales Mix

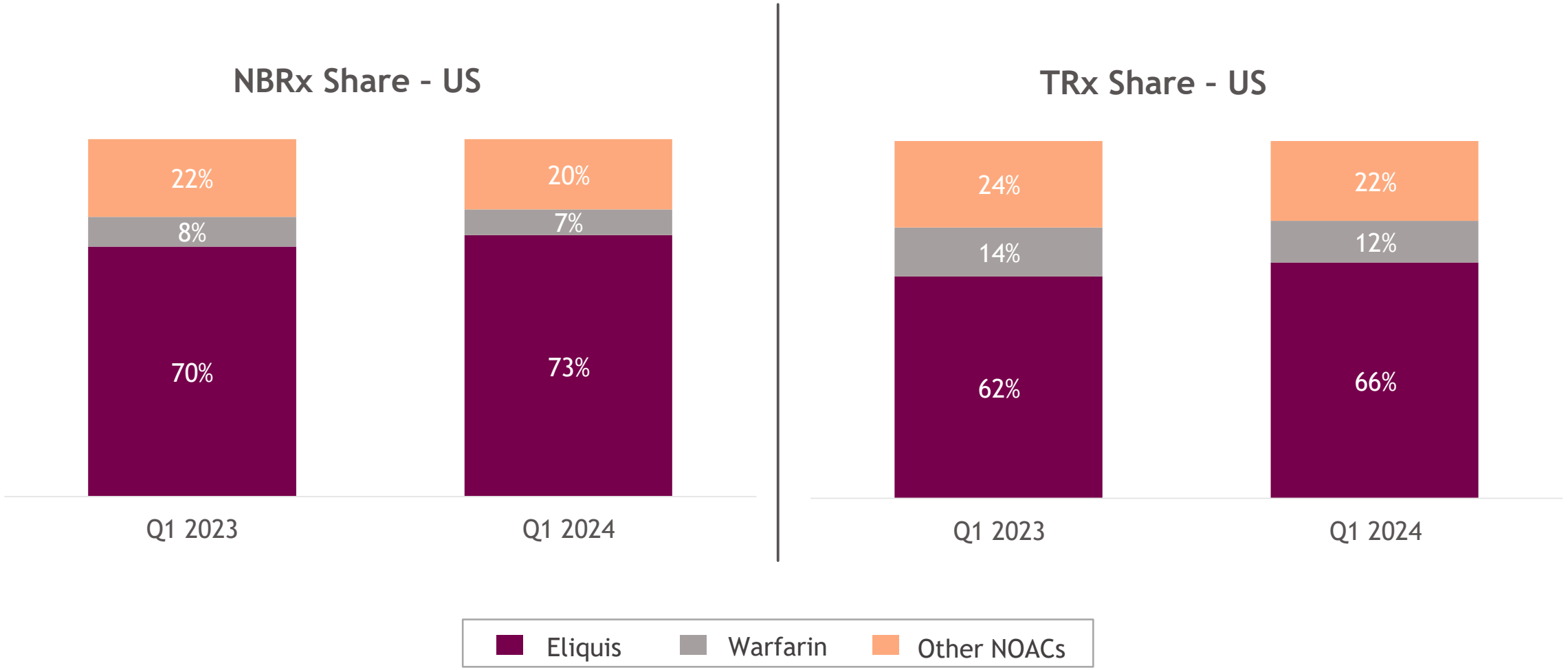


■ NSCLC ■ RCC ■ Melanoma ■ Upper GI/Bladder ■ All others

Note: percentages are approximate

Q1 2024 Eliquis NBRx/TRx Share

Eliquis apixaban



Rx Source: IQVIA

BMS released our 2023 ESG report with strong progress

Advancing Patient Health Around the World

12M+
People reached through BMS' health equity grants (2020-2023)

11
Emerging market brands (EMBs) filed

>80
LMICs have potential direct import access for 12 BMS medicines

~12.3M
Patients reached globally**

Expanding the Boundaries of Science

26%
Racially diverse clinical trial patient participants, exceeding target goal of 20%

11
Approvals across the U.S., E.U. and Japan in 2023

58%
Of clinical trial sites were located in highly diverse areas* of the U.S.

30+
Assets in early-stage clinical development

Fostering a High-Performing & Inclusive Global Workforce

9
BMS celebrated its 9th Global Patients Week

~41%
BMS employees are members of one or more PBRG

Nearly 9,000
Volunteer hours logged by BMS employees worldwide

47.4%
Of our employees at the executive level are female

Reducing our Environment Impact

In 2023, we published our first Task Force for Climate-related Financial Disclosure (TCFD) report

Announced a second 15-year Virtual Power Purchasing Agreement (VPPA) with National Grid Renewables for 145 megawatts (MW) of solar

* Defined as 30%+ non-white
** Excluding established brands (Baraclude, Abraxane, Vidaza, Reyataz and Nulojix)

Clinical Development Portfolio — Phase I and II

Data as of April 25th, 2024

Phase I

Anti-CCR8^	✦ Solid Tumors
AR LDD	✦ 1L, 2L+ Metastatic Castration-Resistant Prostate Cancer
EGFRxHER3 Bispecific ADC*	✦ 1L Non-Small Cell Lung Cancer
Helios CELMoD	✦ Solid Tumors
JNK Inhibitor	✦ Solid Tumors
MAGEA4/8 TCER*	✦ Solid Tumors
$KRAS^{G12D}$ Inhibitor	✦ Solid Tumors
NME 1	✦ Prostate Cancer
PRMT5 Inhibitor	✦ Solid Tumors
RYZ101	Extensive Stage Small Cell Lung Cancer
SHP2 Inhibitor^	✦ Solid Tumors
SOS1 Inhibitor	✦ Solid Tumors
TIGIT Bispecific	✦ Gastric Cancer
alnuctamab + mezigdomide	RR Multiple Myeloma
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
BMS-986454	✦ Autoimmune Disease
CD19 NEX T	✦ Severe Refractory Systemic Lupus Erythematosus
IL2-CD25	✦ Autoimmune Disease
PKCθ Inhibitor	✦ Autoimmune Disease
CD19 NEX T	Multiple Sclerosis
eIF2B Activator	✦ Neuroscience
FAAH/MGLL Dual Inhibitor	✦ Neuroscience
TRPC4/5 Inhibitor	✦ Mood and Anxiety Disorders
TYK2 Inhibitor (BMS-986465)	✦ Neuroinflammation Disorders

Phase II

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

Oncology | Hematology | CV | Neuroscience | Immunology

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

Clinical Development Portfolio — Phase III

Data as of April 25th, 2024

Phase III

KRAZATI	1L Non-Small Cell Lung Cancer PD-L1≥50%
	2L Colorectal Cancer
OPDIVO	Adjuvant Hepatocellular Carcinoma
	Peri-adjuvant Muscle-Invasive Urothelial Carcinoma
	Stage IB-IIIA Adjuvant Non-Small Cell Lung Cancer*
OPDIVO + YERVOY	1L Hepatocellular Carcinoma
	1L Muscle Invasive Urothelial Carcinoma cis-ineligible
	1L+ Microsatellite Instability High Colorectal Cancer
	Stage 3 Unresectable Non-Small Cell Lung Cancer
OPDUALAG	Adjuvant Melanoma
RYZ101	✦ 2L+ Gastroenteropancreatic Neuroendocrine Tumors
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
golcadomide	High Risk 1L Large B-cell Lymphoma
iberdomide	✦ 2L+ Multiple Myeloma
	Post-ASCT Maintenance Newly Diagnosed Multiple Myeloma
mezigdomide	2L+ Multiple Myeloma Kd
	✦ 2L+ Multiple Myeloma Vd
REBLOZYL	1L TD Myelofibrosis Associated Anemia
	1L NTD Myelodysplastic Syndrome Associated Anemia
CAMZYOS	Non-Obstructive Hypertrophic Cardiomyopathy
milvexian	Acute Coronary Syndrome*
	✦ Atrial Fibrillation*
	Secondary Stroke Prevention*
cendakimab	✦ Eosinophilic Esophagitis
	Eosinophilic Gastroenteritis #
LPA1 Antagonist	✦ Idiopathic Pulmonary Fibrosis (IPF)
	Progressive Pulmonary Fibrosis (PPF)
obexelimab *	✦ IgG4-Related Disease
SOTYKTU	Psoriatic Arthritis
	Sjögren's Syndrome
	Systemic Lupus Erythematosus
ZEPOSIA	Crohn's Disease
KarXT	Adjunctive Schizophrenia
	Psychosis in Alzheimer's Disease

Registration US, EU, JP

AUGTYRO	ROS1 NSCLC (EU, JP)
	NTRK Pan-Tumor (US, EU)
KRAZATI	3L+ Colorectal Cancer (US)
OPDIVO	Peri-adjuvant Non-Small Cell Lung Cancer (US, EU)
OPDIVO + YERVOY	1L Muscle Invasive Urothelial Carcinoma cis-eligible (EU, JP)
BREYANZI	RR Follicular Lymphoma (US, JP)
	RR Mantle Cell Lymphoma (US)
KarXT	✦ Schizophrenia (US)

Oncology | Hematology | CV | Neuroscience | Immunology

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

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

Strengthening our registrational pipeline

Key Opportunities

5 Oncology

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

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

KRAZATI (adagrasib) 200 mg TABLETS

Planned 1L lung Ph3 study ☆

- subcutaneous nivolumab
- RYZ101 (^{225}Ac) ☆

8 Hematology

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

Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Abecma (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

- alnuctamab
- Iberdomide
- mezigdomide
- golcadomide ☆
- GPRC5D CAR T ☆

3 Immunology

SOTYKTU (deucravacitinib) 6 mg tablets

- LPA$_1$ antagonist
- cendakimab

2 Cardiovascular

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

- milvexian

1 Neuroscience

- KarXT[1] ☆

Schizophrenia & Psychosis in Alzheimer's Disease

1. U.S. PDUFA in schizophrenia September 26, 2024

☆ New asset or study added to registrational pipeline

Q1 2024 key clinical trials update

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

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+ NSCLC; U.S. FDA Priority Review PDUFA June 15, 2024, in NTRK+ solid tumors • Application under review in EU in ROS1+/NTRK+ & in Japan in ROS1+ NSCLC
CT Identifier	NCT03093116

[a] Based-on tolerability

Opdivo (anti-PD1)

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	• U.S. FDA PDUFA October 8, 2024 & application under review in EU • Data presented as a Late Breaker at ESMO 2023	• Projected data readout 2025	• Projected data readout 2024
CT Identifier	NCT04025879	NCT02595944	NCT04026412

*Trial conducted by NCI/ECOG

Opdivo (anti-PD1)

Indication	Peri-Adjuvant MIUC	Adjuvant HCC
Phase/Study	Phase III – CA017-078	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)

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 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)
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	• Positive topline results in March 2024	• Positive topline results in December 2023 for PFS 1L B vs C • Data presented as Late Breaker at ASCO GI 2024 • Projected data readout in 2025 for Arm B vs. A in all lines
CT Identifier	NCT04039607	NCT04008030

Opdivo (anti-PD1)

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 Q4W FDC SC • Opdivo IV 3 mg/kg Q2W
Endpoints	Primary: • PFS, OS in cis-eligible patients • OS in PD-L1+ (>=1%) & cis-ineligible	Primary: • Cavgd28 (Opdivo serum concentration) • Cminss Key secondary: ORR
Status	• U.S. FDA approval March 2024 & application under review in EU for cis-eligible • Cis-eligible data presented as a Late Breaker at ESMO 2023 & 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 Stage IV NSCLC	1L HCC
Phase/Study	Phase II – CA224-104	Phase I/II - RELATIVITY-106
# of Patients	N = 420	N = 162
Design	Part I: • Nivolumab + relatlimab Dose 1 + PDCT • Nivolumab + relatlimab Dose 2 + PDCT Part II: • Nivolumab + relatlimab Dose 2 + PDCT • Nivolumab + PDCT	• Nivolumab + relatlimab + bevacizumab • Nivolumab + placebo + bevacizumab
Endpoints	Primary: • Part I: TRAEs leading to discontinuation within 12 weeks after first dose • Part II: ORR	Primary: DLTs, ORR
Status	• Established proof of concept to enable registrational trial	• Projected data readout 2025
CT Identifier	NCT04623775	NCT05337137

Krazati ($KRAS^{G12C}$ inhibitor)

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

Krazati ($KRAS^{G12C}$ inhibitor)

Indication	2L CRC	3L+ CRC, 2-3L Pancreatic, Advanced Solid Tumors
Phase/Study	Phase III – KRYSTAL-10	Phase I/II – KRYSTAL-1
# of Patients	N = 461	N = 822
Design	• Adagrasib + cetuximab • Chemotherapy	Phase I: • Dose exploration & expansion as monotherapy and in combination with pembrolizumab or cetuximab or afatinib Phase II: • Adagrasib stratified by tumor type • Adagrasib + cetuximab in CRC
Endpoints	Primary: OS, PFS	Primary: ORR
Status	• Projected data readout 2025	• U.S. FDA Priority Review PDUFA June 21, 2024, in 3L+ CRC • Recruiting • Projected data readout 2025
CT Identifier	NCT04793958	NCT03785249

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

Indication	2L+ GEP-NETs*
Phase/Study	Phase Ib/III – ACTION-1
# of Patients	Phase Ib N=17; Phase III N = 288
Design	Phase Ib dose escalation: • RYZ101 q8 weeks x 4 infusions Phase III: • RYZ101 10.2 MBq Q8W • Standard regimens as per Investigator's discretion — everolimus 10 mg QD, sunitinib 37.5 QD, octreotide 60 mg Q4W, or lanreotide 120 mg Q2W
Endpoints	Phase Ib: • Primary: RP3D Phase III: • Primary: PFS • Key secondary: OS
Status	• Recruiting • Phase Ib data presented at ESMO 2023 • Projected data readout 2025
CT Identifier	NCT05477576

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

BMS-986507 (EGFR x HER3 ADC)

Indication	1L NSCLC
Phase/Study	Phase I – LUNG-101 Non-BMS Sponsored*
# of Patients	N = 100
Design	• BMS-986507 cohort A • BMS-986507 cohort B
Endpoints	Primary: Safety & tolerability Secondary: PK, ORR
Status	• Recruiting • Projected data readout 2024
CT Identifier	NCT05983432

*Trial conducted by SystImmune

Abecma (anti-BCMA CAR T)

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

Breyanzi (anti-CD19 CAR T)

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

Reblozyl (Erythroid Maturation Agent)

Indication	1L TD Myelofibrosis (MF) Associated Anemia	1L NTD Low-or Intermediate Risk Myelodysplastic Syndrome (MDS) Associated Anemia
Phase/Study	Phase III – INDEPENDENCE	Phase III – ELEMENT-MDS
# of Patients	N = 309	N = 360
Design	• Reblozyl 1.33 mg/kg SC Q3W + JAK2i • Placebo SC Q3W + JAK2i	• Reblozyl 1.0 mg/kg SC Q3W • Epoetin Alfa 450 IU/kg SC QW
Endpoints	• Primary: RBC-TI during any consecutive 12-week period starting within the first 24 weeks • Key secondary: RBC-TI ≥ 16 weeks (RBC-TI 16)	Primary: • Proportion of participants during 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	NCT04717414	NCT05949684

Reblozyl (Erythroid Maturation Agent)

Indication	TD & NTD Alpha-Thalassemia (Ex-US study)
Phase/Study	Phase II – CA056-015
# of Patients	N = 177
Design	• Reblozyl 1.0 mg/kg SC Q3W • Placebo SC Q3W + Best Supportive Care
Endpoints	Primary: • TD: ≥50% reduction in TF burden over any rolling 12 weeks between W13-W48 • NTD: ≥1 g/dL Hb mean increase from baseline in W13-W24 Key secondary: • TD: No. of participants with ≥ 33% reduction from baseline in RBC transfusion burden • NTD: Change from baseline to W24 in hemoglobin in the absence of transfusion
Status	• Recruiting • Expected data readout 2025
CT Identifier	NCT05664737

BMS-986393 (GPRC5D CAR T)

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

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

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	• Recruiting • 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

golcadomide (CELMoD)

Indication	High-Risk 1L LBCL
Phase/Study	Phase III – GOLSEEK-1
# of Patients	N = 850
Design	• Golcadomide 0.4 mg + R-CHOP • Placebo + R-CHOP
Endpoints	• Primary: PFS • Key secondary: OS, EFS
Status	• Trial initiating • Projected data readout 2028
CT Identifier	NCT06356129

Zeposia (S1P agonist)

Indication	YELLOWSTONE Program: Crohn's Disease (CD) - Moderate to Severe		
Phase/Study	Phase III – RPC01-3201 (Induction I)	Phase III – RPC01-3202 (Induction II)	Phase III – RPC01-3203 (Maintenance)
# of Patients	N = 625	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	• Did not meet primary endpoint	• Expected data readout 2025 (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	• Expected data readout 2025 (52 wks)	• Expected data readout 2024 (52 wks)
CT Identifier	NCT04908202	NCT04908189

Sotyktu (TYK-2 inhibitor)

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

cendakimab (anti-IL-13)

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

LPA_1 Antagonist

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

obexelimab (CD19 x FcγRIIB bifunctional mAb)

Indication	IgG4-Related Disease
Phase/Study	Phase III – INDIGO 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

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 change from baseline to Week 26 • Effect on cTnT levels (at rest) change from baseline to Week 26	Primary: • Change from baseline in Clinical Summary Score (KCCQ-23 CSS) at Week 48 • Change from baseline in peak oxygen consumption (pVO2) at Week 48 Secondary: Change from baseline in VE/VCO2 slope to Week 48
Status	• Projected data readout 2024	• Projected data readout 2025
CT Identifier	NCT04766892	NCT05582395

milvexian (FXIa inhibitor)

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

*Trials conducted by Johnson & Johnson

MYK-224 (myosin inhibitor)

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

KarXT (M1/M4 muscarinic agonist & M1 antagonist)

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

*Based-on tolerability

KarXT (M1/M4 muscarinic agonist & M1 antagonist)

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

*Based-on tolerability

KarXT (M1/M4 muscarinic agonist & M1 antagonist)

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

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

*Based-on tolerability

BMS-986446 (anti-MTBR-tau)

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

Abbreviations

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