

# Q4 2025 Results

February 5, 2026

# 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, government actions, agreements and regulations, including with respect to pricing controls and market access and the imposition of new tariffs, trade restrictions and export regulations, including the potential for international reference pricing and most-favored nation drug pricing for our products, (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](http://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.

Certain information presented in the accompanying presentation may not add due to the use of rounded numbers.

# Q4 2025 Results



**Chris Boerner, PhD**  
Board Chair and  
Chief Executive Officer

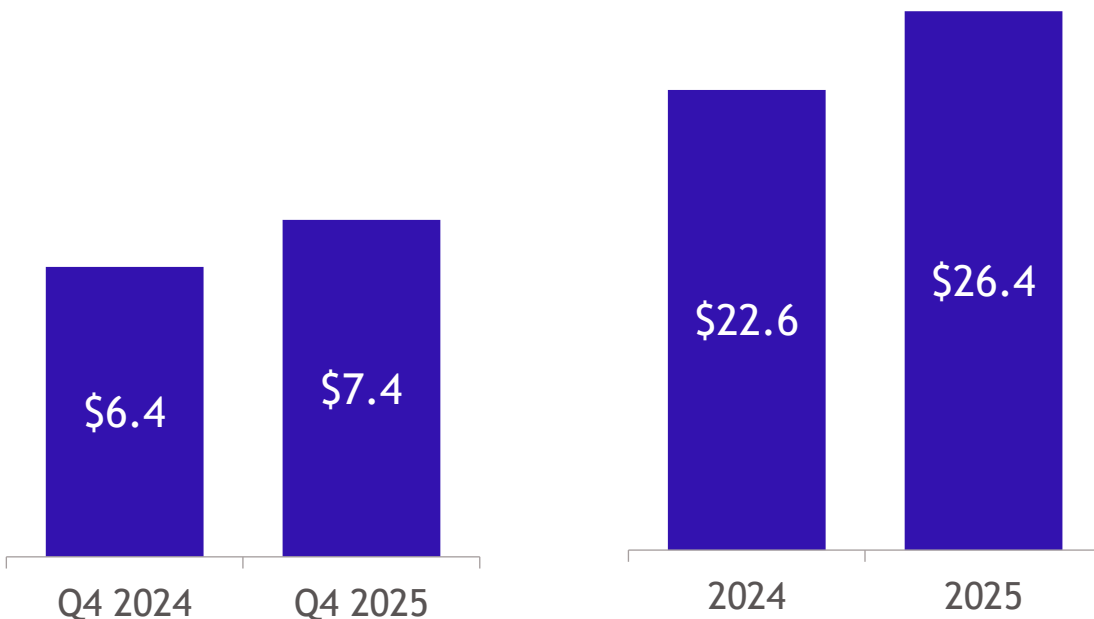
# Q4 & FY 2025 Performance

## Growth Portfolio Revenues

\$ in billions

+16%; +15% Ex-FX\*

+17%; +17% Ex-FX\*



## Key Milestones<sup>1</sup>

Growth Portfolio products with annual revenue >\$1B

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

**Breyanzi**  
(lisocabtagene maraleucel) SUSPENSION  
FOR IV INFUSION

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

**Reblozyl**  
(luspatercept-aamt)  
for injection 25mg + 75mg

Executing on recent launch opportunities

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

**OPDIVO Qvantig**  
nivolumab + hyaluronidase-nvhy  
SUBCUTANEOUS INJECTION | 120 mg + 2,000 units / mL

Achieved multiple clinical & regulatory milestones

**Breyanzi**  
(lisocabtagene maraleucel) SUSPENSION  
FOR IV INFUSION

Pumitamig

Zola-cel

navlimetostat  
(PRMT5 inhibitor)

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

# Significant data expected in 2026...and beyond\*

## NME registrational data

### 2026

- Admilparant **IPF** (ALOFT-IPF)
- Arlo-cel **4L+ MM** (QUINTESSENTIAL)
- Iberdomide **RRMM** PFS (EXCALIBER-RRMM)
- Mezigdomide **RRMM** (SUCCESSOR-2)
- Milvexian **AF** (LIBREXIA-AF<sup>1</sup>)
- Milvexian **SSP** (LIBREXIA-STROKE<sup>1</sup>)
- RYZ101 **2L+ GEP-NETs** (ACTION-1)

### 2027

- AR LDD **mCRPC** (rechARge)

### 2028

- Atigotatug + nivolumab **1L ES-SCLC** (TIGOS)
- Golcadomide **High-Risk 1L LBCL** (GOLSEEK-1)
- Iza-bren **1L TNBC** (IZABRIGHT-Breast01)
- Pumitamig **1L ES-SCLC** (ROSETTA-Lung-01<sup>2</sup>)
- Zola-cel **SLE** (Breakfree-SLE)
- Zola-cel **SSc** (Breakfree-SSc)

## LCM pivotal data

### 2026

- Cobenfy **AD Psychosis** (ADEPT-1, 2 & 4)
- Sotyktu **SLE** (POETYK SLE-1 & 2)

### 2027

- Admilparant **PPF** (ALOFT-PPF)
- Cobenfy **Bipolar-I** (BALSAM-1 & 2)
- Mezigdomide **RRMM** (SUCCESSOR-1)
- Reblozyl **1L NTD MDS Associated Anemia** (ELEMENT)
- Sotyktu **Sjogren's Disease** (POETYK SjS-1)

### 2028

- Arlo-cel **2-4L MM** (QUINTESSENTIAL-2)
- Cobenfy **AD Agitation** (ADAGIO-2)
- Cobenfy **AD Cognition** (MINDSET-1 & 2)
- Cobenfy **Adjunctive Bipolar-1** (BALSAM-4)
- Golcadomide **2L+ FL** (GOLSEEK-4)
- Iza-bren **EGFRm NSCLC** (IZABRIGHT-Lung01)
- Krazati **1L NSCLC PD-L1 ≥50%** (KRYSTAL-7)

## Key next wave early-stage data

### 2026

- BCMAxGPRC5D dual-targeting CAR T **RRMM**
- Golcadomide **1L FL** (GOLSEEK-2)
- MYK-224 **HFpEF** (AURORA)
- Navlimetostat (PRMT5 inhibitor) **Solid Tumors**
- Pumitamig **Solid Tumors<sup>2</sup>**
- Zola-cel **Autoimmune Diseases** (Breakfree-1 & 2)

### 2027

- Anti-MTBR-tau **Alzheimer's Disease** (TargetTau-1)
- FAAH/MAGL **AD Agitation** (BALANCE-AAD-1)
- FAAH/MAGL **MS Spasticity** (BALANCE-MSS-1)

\*See "Forward-Looking Statements"; NME: New Molecular Entity, LCM: Life Cycle Management; 1. Trial conducted by Johnson & Johnson; 2. Trial conducted by BioNTech

# 2026 Non-GAAP Revenue & EPS Guidance\*

Total Revenues (Reported & Ex-FX)<sup>1</sup>

~\$46.0 - \$47.5B

Non-GAAP EPS<sup>1</sup>

\$6.05 - \$6.35



Continued Strong  
Growth Portfolio Performance

WW Eliquis Revenue<sup>2</sup> growth  
10% to 15%

Continued LOE Impact for  
Legacy Portfolio

Lower OpEx YoY

\*See “Forward-Looking Statements and Non-GAAP Financial Information”; 2026 Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items that have not yet been identified and quantified, and the impact of future Acquired IPRD charges and licensing income; 1. Guidance provided in February was calculated based on mid-January foreign exchange rates; 2. The Company does not intend to provide guidance specific to U.S. Eliquis revenue for 2026 and 2027 going forward and is not reaffirming any previously provided guidance related thereto.

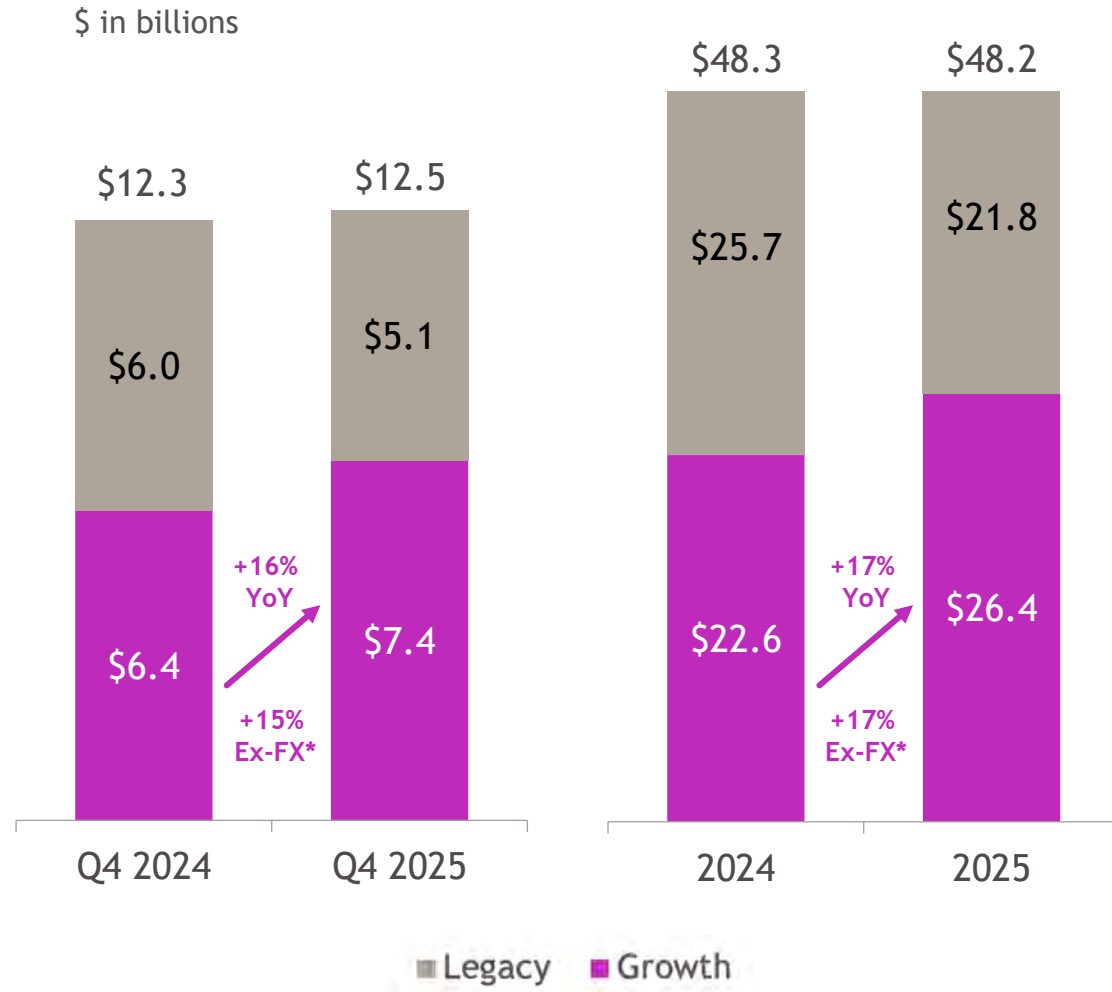
# Q4 2025 Results



**David Elkins**

Executive Vice President  
and Chief Financial Officer

# Revenue continues to transition to the Growth Portfolio








\*See “Forward-Looking Statements and Non-GAAP Financial Information”; 1. Other Growth Brands: Augtyro, Onureg, Inrebic, Nulojix, Empliciti, & Royalty Revenues, including royalties received from Merck on Winrevair



# Q4 2025 Oncology product summary

## Global Net Sales<sup>1</sup>

	\$M	YoY %	Ex-FX* %
 <small>INJECTION FOR INTRAVENOUS USE 10 mg/mL</small>	\$2,693	+9%	+7%
 <small>Injection for intravenous infusion</small>	\$810	+20%	+18%
 <small>Injection for intravenous use   480 mg/160 mg</small>	\$350	+38%	+37%
 <small>120 mg + 3,000 units / mL</small>	\$133	---	---
 <small>200 mg TABLETS</small>	\$55	+41%	+41%

## Opdivo

- Performance reflects recent launches in MSI-high CRC, HCC & 1L NSCLC strength

## Qvantig

- Increasing adoption from patients & providers across indicated tumor types
- Uptake progressing as expected


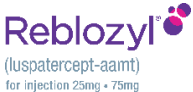




## Opdualag

- U.S. sales growth driven by continued demand as a standard of care in 1L melanoma
- Ex-U.S. growth from new EU launches

\*See “Forward-Looking Statements and Non-GAAP Financial Information”; 1. Abraxane: Q4 2025 WW Sales \$84M - YoY% (52%), (52%) Ex-FX\*

# Q4 2025 Hematology product summary

## Global Net Sales

	\$M	YoY %	Ex-FX* %
 <small>(pomalidomide) capsules</small>	\$692	(16%)	(16%)
 <small>(luspatercept-aamt) for injection 25mg • 75mg</small>	\$666	+22%	+21%
 <small>(lenalidomide) capsules</small>	\$602	(55%)	(55%)
 <small>(lisocabtagene maraleucel)</small>	\$392	+49%	+47%
 <small>(idecabtagene vicleucel)</small>	\$100	(4%)	(6%)
 <small>dasatinib 100 mg tablets</small>	\$79	(60%)	(60%)

## Reblozyl

- U.S. strong continued demand across 1L MDS-associated anemia
- Ex-U.S. growth driven by demand & new launches across multiple markets



## Breyanzi

- Best-in-class CD19 directed CAR T with strong demand across five indications
- Profile supports continued outpatient administration & adoption in community sites to enable CAR T class growth



\*See “Forward-Looking Statements and Non-GAAP Financial Information”; 1. In the U.S., generic pomalidomide entry is expected in Q1 of 2026; 2. In the U.S., generic lenalidomide products are no longer volume-limited as of January 31, 2026

# Q4 2025 Cardiovascular & Immunology product summary

## Global Net Sales (Cardiovascular)

	\$M	YoY %	Ex-FX* %
 <b>Eliquis</b> apixaban	\$3,453	+8%	+6%
 <b>CAMZYOS</b> (mavacamten) capsules	\$353	+59%	+57%

## Global Net Sales (Immunology)

	\$M	YoY %	Ex-FX* %
 <b>ORENCIA</b> (abatacept)	\$1,009	+1%	0%
 <b>SOTYKTU</b> <sup>1</sup> (deucravacitinib) 6 mg tablets	\$86	+4%	+3%

## Camzyos

- Continued strong U.S. demand in oHCM
- Ex-U.S. continued launch momentum across markets

## Eliquis

- U.S. sales reflect demand growth & market share gains
- Remains #1 OAC in key Ex-U.S. markets



## Sotyktu

- Preparation for March 6 PsA PDUFA
- Phase 3 data in SLE and SjD expected through 2026 and 2027

\*See "Forward-Looking Statements and Non-GAAP Financial Information"; 1. Sotyktu is no longer promoted in dermatology in the U.S. and in a number of ex-U.S. markets

# Q4 2025 Neuroscience product summary

## Global Net Sales

	\$M	YoY %	Ex-FX* %
 <sup>1</sup> ZEPOSIA <sup>1</sup> (ozanimod) capsules	\$160	+1%	(1%)
 <sup>1</sup> COBENFY <sup>1</sup> (xanomeline and trospium chloride) capsules 50mg/20mg, 100mg/20mg, 125mg/30mg	\$51	>200%	>200%

## Cobenfy

- Continued steady growth
- Strong and consistent feedback highlighting strength of efficacy on positive/negative symptoms and cognition
- Focused on driving breadth and depth of adoption

\*See “Forward-Looking Statements and Non-GAAP Financial Information”; 1. Zeposia is primarily being marketed in MS

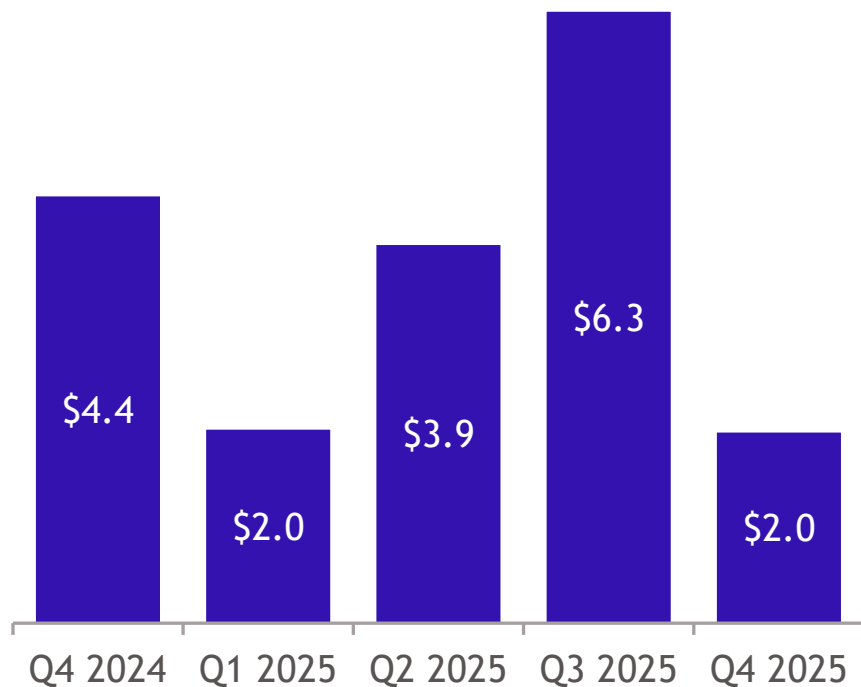
# Q4 & Full Year 2025 Financial Performance

\$ in billions, except EPS	U.S. GAAP		Non-GAAP*	
	Q4 2025	FY 2025	Q4 2025	FY 2025
Total Revenues, net	12.5	48.2	12.5	48.2
Gross Margin %	67.2%	71.1%	71.9%	72.6%
Operating Expenses <sup>1</sup>	4.8	17.2	4.6	16.6
Acquired IPR&D	1.4	3.7	1.4	3.7
Amortization of Acquired Intangibles	0.8	3.3	-	-
Effective Tax Rate	26.2%	24.4%	22.1%	18.8%
Diluted EPS	0.53	3.46	1.26	6.15
Diluted Shares Outstanding (# in millions)	2,041	2,039	2,041	2,039
Diluted EPS Impact from Acquired IPR&D <sup>2</sup>	(0.60)	(1.40)	(0.60)	(1.40)

\*See “Forward-Looking Statements and Non-GAAP Financial Information”; 1. Operating Expenses = SG&A and R&D; 2. Represents the net impact from Acquired IPRD & licensing income

# Strategic approach to Capital Allocation

## Cash flow from Operations \$B



\$B	Q4 2025
Total Cash <sup>1</sup>	~\$11.1
Total Debt	~\$45.1

## Business Development

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

## Balance Sheet Strength

- Strong balance sheet affords financial flexibility
- Maintain strong investment-grade credit rating
- Achieved targeted ~\$10B debt paydown ahead of schedule<sup>2</sup>

## Returning Cash to Shareholders

- Remain committed to our dividend<sup>3</sup>
- ~\$5B share repurchase authorization remaining as of Dec 31, 2025

1. Cash includes cash, cash equivalents and marketable debt securities; 2. Relative to the total debt level as of March 31, 2024; 3. Subject to Board approval

# 2026 Guidance\*

	Non-GAAP <sup>1</sup>
	February
Total FY Revenues (Reported & Ex-FX)	~\$46.0 - \$47.5B
Gross Margin %	~69-70%
Operating Expenses <sup>3</sup>	~\$16.3B
Other Income/ (Expense)	~(\$700M)
Tax Rate	~18%
Diluted EPS	\$6.05 - \$6.35

## Key Highlights

- FY revenue reflects:
  - Continued Growth Portfolio strength
  - 12% to 16% decline in Legacy Portfolio
    - 10% to 15% growth in WW Eliquis revenue<sup>2</sup>
- Gross margin reflects impact of product mix (higher Eliquis and lower Revlimid and Pomalyst revenue)
- OpEx reflects net impact from investments and savings from strategic productivity initiative
- OI&E reflects expiration of diabetes royalties, interest income, and interest expense

Diluted weighted-average shares outstanding of 2,049 million were used to calculate 2026 diluted EPS guidance

\*The Company does not reconcile forward-looking non-GAAP measures. See “Forward-Looking Statements and Non-GAAP Financial Information”; 2026 Guidance excludes the impact of any potential future strategic acquisitions, divestitures, specified items that have not yet been identified and quantified, and the impact of future Acquired IPRD charges and licensing income; 1. Guidance provided in February was calculated based on mid-January foreign exchange rates; 2. The Company does not intend to provide guidance specific to U.S. Eliquis revenue for 2026 and 2027 going forward, and is not reaffirming any previously provided guidance related thereto; 3. Operating Expenses = SG&A and R&D

# Q4 2025 Results Q&A



**Chris Boerner, PhD**

Board Chair,  
Chief Executive Officer



**David Elkins**

Executive VP,  
Chief Financial Officer



**Adam Lenkowsky**

Executive VP,  
Chief Commercialization  
Officer



**Cristian Massacesi, MD**

Executive VP,  
Chief Medical Officer,  
Global Drug Development



# Clinical Development Portfolio – Phase I and II

Data as of Feb 5<sup>th</sup>, 2026

## Phase I

Anti-CCR8	✦ Solid Tumors
BMS-986460 <sup>^</sup>	✦ Prostate Cancer
BMS-986482 <sup>+</sup>	✦ Solid Tumors
BMS-986488 <sup>+</sup>	✦ Solid Tumors
BMS-986500 <sup>+</sup>	✦ Solid Tumors
BMS-986506 <sup>+</sup>	✦ Solid Tumors
BMS-986517	✦ Solid Tumors
BMS-986523	✦ Solid Tumors
BMS-986525	✦ R/R Small Cell Lung Cancer
CD40xFAP Bispecific	✦ Solid Tumors
CEACAM5-TOPO1 ADC	✦ Solid Tumors
iza-bren	1L Non-Small Cell Lung Cancer*
	Metastatic Non-Small Cell Lung Cancer
	Solid Tumors*
navlimetostat (PRMT5 Inhibitor)	Solid Tumors
pumitamig	1L Hepatocellular Carcinoma
	1L Renal Cell Carcinoma
RYZ101	Extensive-Stage Small Cell Lung Cancer
	HR+/HER2- Unresectable Metastatic Breast Cancer

RYZ401	✦ Solid Tumors
RYZ801	✦ Hepatocellular Carcinoma
WEE1 CELMoD	✦ Solid Tumors
BCL6 LDD	✦ Lymphoma
CD33-GSPT1 ADC	✦ Acute Myeloid Leukemia
Dual Targeting BCMAxGPRC5D CAR T	✦ R/R Multiple Myeloma
HbF Activating CELMoD	✦ Sickle Cell Disease
mezigdomide + elranatamab	R/R Multiple Myeloma
BMS-986454	✦ Rheumatoid Arthritis
CD19 HD Allo CAR T	✦ Autoimmune Diseases
zola-cel	Idiopathic Inflammatory Myopathies
	Rheumatoid Arthritis
BMS-986495	✦ Neurodegenerative Diseases*
BMS-986521	✦ Neuropsychiatric Disorders
eIF2B Activator	✦ Alzheimer's Disease
KarXT Long-Acting Injectable	✦ Schizophrenia
TRPC4/5 Inhibitor	✦ Mood and Anxiety Disorders
zola-cel	Multiple Sclerosis
	Myasthenia Gravis

## Phase II

iza-bren	✦ 1L Triple-Negative Breast Cancer <sup>‡</sup>
	EGFR-mutated Post-TKI Non-Small Cell Lung Cancer <sup>‡</sup>
	Post-IO Metastatic Urothelial Cancer <sup>‡</sup>
navlimetostat (PRMT5 Inhibitor)	1L Non-Small Cell Lung Cancer <sup>‡</sup>
	✦ 1L Pancreatic Ductal Adenocarcinoma <sup>‡</sup>
	2L Non-Small Cell Lung Cancer
OPDIVO QVANTIG + YERVOY	1L Non-Small Cell Lung Cancer <sup>‡</sup>
pumitamig	1L Microsatellite Stable Colorectal Cancer <sup>‡</sup>
	1L Gastric Cancer <sup>‡</sup>
	2L Non-Small Cell Lung Cancer*

arlo-cel	✦ 4L+ Multiple Myeloma <sup>‡</sup>
golcadomide	1L Follicular Lymphoma
REBLOZYL	α-Thalassemia <sup>‡</sup>
MYK-224	✦ Heart Failure with Preserved Ejection Fraction
zola-cel	✦ Systemic Lupus Erythematosus <sup>‡</sup>
Anti-MTBR Tau	✦ Alzheimer's Disease
FAAH/MAGL Dual Inhibitor	Alzheimer's Disease Agitation
	✦ Multiple Sclerosis Spasticity

\* Partner-run study ✦ NME leading indication + CELMoD ^ LDD ‡ Registrational

# Clinical Development Portfolio – Phase III

Data as of Feb 5<sup>th</sup>, 2026

Phase III			
AR LDD	✦ Metastatic Castration-Resistant Prostate Cancer	milvexian	Atrial Fibrillation*
atigotatug + nivolumab	✦ 1L Extensive-Stage Small Cell Lung Cancer		Secondary Stroke Prevention*
KRAZATI	1L Non-Small Cell Lung Cancer	admilparant	✦ Idiopathic Pulmonary Fibrosis
	1L Non-Small Cell Lung Cancer PD-L1 $\geq$ 50%		Progressive Pulmonary Fibrosis
	2L Colorectal Cancer	obexelimab	✦ IgG4-Related Disease
nivolumab + relatlimab HD	✦ 1L Non-Small Cell Lung Cancer PD-L1 $\geq$ 1%	SOTYKTU	Sjögren's Disease
OPDIVO	Adjuvant Hepatocellular Carcinoma		Systemic Lupus Erythematosus
	Peri-adjuvant Muscle-Invasive Urothelial Carcinoma	zola-cel	Systemic Sclerosis
pumitamig	1L Extensive-Stage Small Cell Lung Cancer*	COBENFY	Adjunctive Bipolar-I Mania
	1L Non-Small Cell Lung Cancer*		Agitation in Alzheimer's Disease
	1L Non-Small Cell Lung Cancer PD-L1 $\geq$ 50%		Alzheimer's Disease Cognition
	1L Triple-Negative Breast Cancer*		Bipolar-I Mania
	Stage III Non-Small Cell Lung Cancer		Pediatric Autism Irritability
RYZ101	✦ 2L+ SSTR2+ Gastroenteropancreatic Neuroendocrine Tumors		Psychosis in Alzheimer's Disease
arlo-cel	2-4L Multiple Myeloma		
golcadomide	2L+ Follicular Lymphoma		
iberdomide	✦ High Risk 1L Large B-cell Lymphoma		
	✦ 2L+ Multiple Myeloma		
mezigdomide	Post-ASCT Maintenance Newly Diagnosed Multiple Myeloma		
	✦ 2L+ Multiple Myeloma Kd		
REBLOZYL	2L+ Multiple Myeloma Vd		
	1L NTD Myelodysplastic Syndrome Associated Anemia		
	1L TD Myelofibrosis Associated Anemia		

Registration US, EU, JP	
BREYANZI	R/R Marginal Zone Lymphoma (JP)
OPDIVO	1L Classical Hodgkin Lymphoma (US, EU)
SOTYKTU	Psoriatic Arthritis (US, EU, JP)

\* Partner-run study ✦ NME leading indication

Development Partnerships: Anti-CCR8 + nivolumab, nivolumab + relatlimab HD, OPDIVO, YERVOY: Ono; BMS-986495: Prothena; COBENFY (KarXT): Zai Lab; pumitamig (BNT327/BMS-986545): BioNTech; iza-bren: SystImmune; milvexian: Johnson & Johnson; obexelimab: Zenas BioPharma; REBLOZYL: Merck

# Q4 2025 Changes to the Development Pipeline

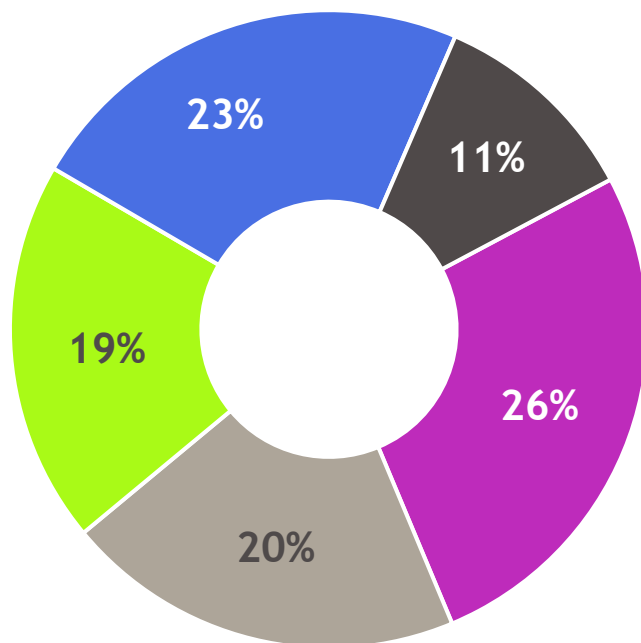
	Phase I	Phase II	Phase III	Registrational Submissions
New or Phase Transition	<ul style="list-style-type: none"> <li>■ BMS-986525 in R/R SCLC ✦</li> <li>■ punitamig in 1L HCC</li> <li>■ punitamig in 1L RCC</li> <li>■ mezigdomide + elranatamab in RRMM</li> <li>■ BMS-986521 in Neuropsychiatric Disorders ✦</li> </ul>	<ul style="list-style-type: none"> <li>■ punitamig in 2L NSCLC*</li> </ul>	<ul style="list-style-type: none"> <li>■ punitamig in 1L NSCLC PD-L1<math>\geq</math>50%</li> <li>■ punitamig in Stage III NSCLC</li> <li>■ zola-cel in SSc</li> <li>■ COBENFY in Pediatric Autism Irritability</li> </ul>	<ul style="list-style-type: none"> <li>■ OPDIVO in 1L cHL (US, EU)</li> </ul>
				Approvals
Removed			<ul style="list-style-type: none"> <li>■ SC nivolumab + relatlimab + rHuPH20 in 1L Melanoma</li> <li>■ milvexian in ACS*</li> </ul>	<ul style="list-style-type: none"> <li>■ AUGTYRO in NTRK Pan-Tumor (JP)</li> <li>■ BREYANZI in R/R MZL (US)</li> </ul>

\* Partner-run study; ✦ NME leading indication

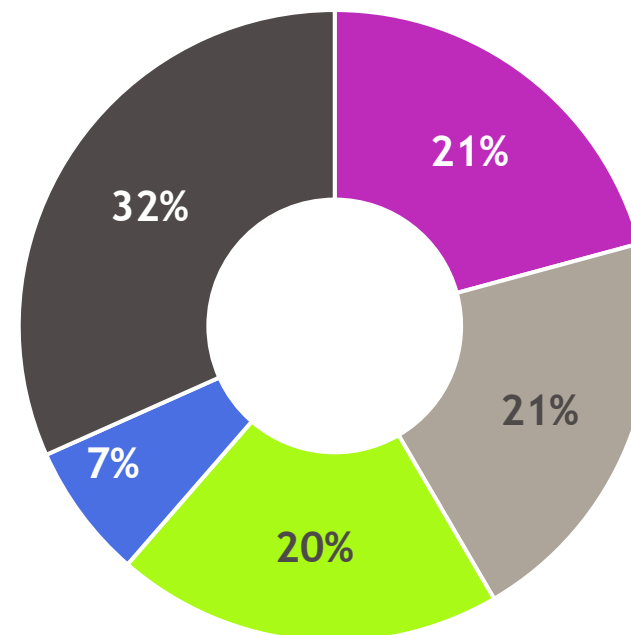
# Q4 2025 Opdivo Sales Mix



## U.S. Sales Mix



## Ex-U.S. Sales Mix



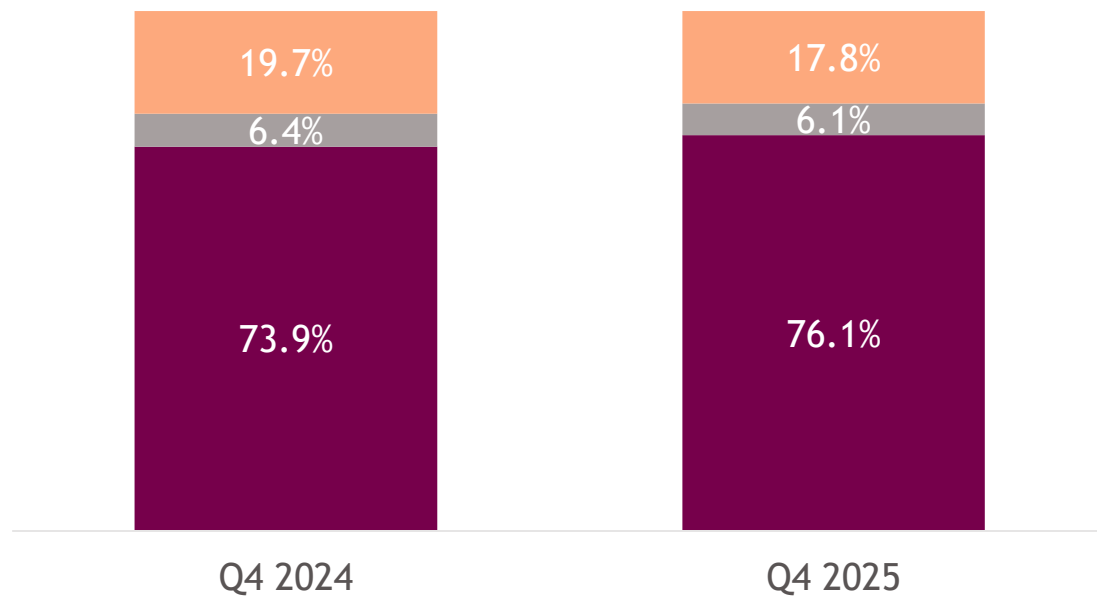
■ NSCLC ■ RCC ■ Melanoma ■ Upper GI / Bladder ■ All Others

Note: percentages are approximate

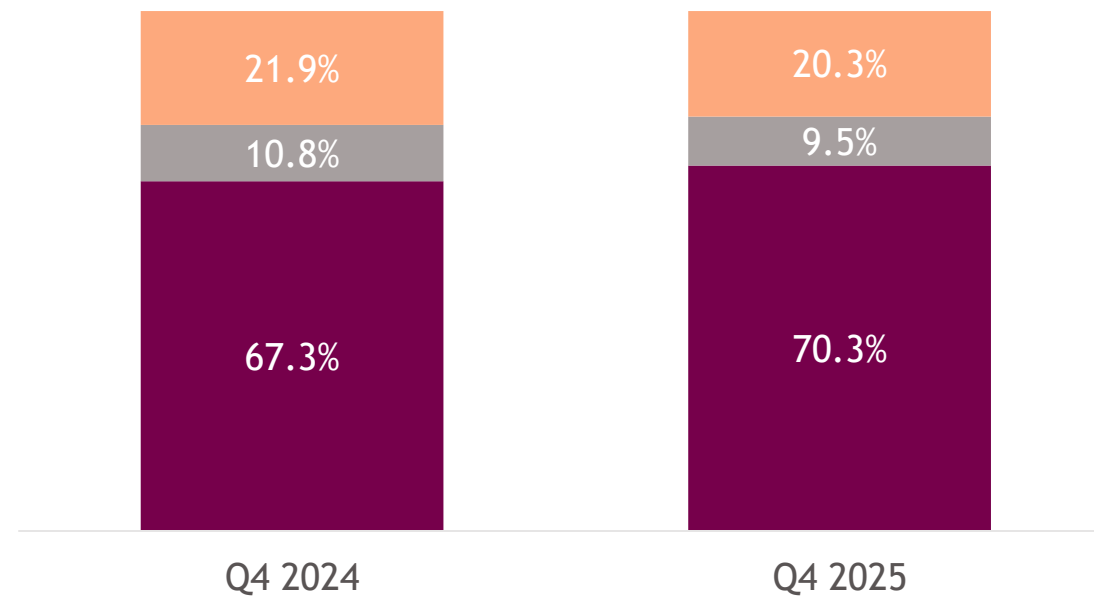
# Q4 2025 Eliquis NBRx/TRx Share



## NBRx Share - U.S.



## TRx Share - U.S.



Data Source: IQVIA Xponent data thru 12/19/2025; Q4'25 average calculated with currently available data

# Composition of Other Growth & Other Legacy Products

## Other Growth Products

- Augtyro
- Empliciti
- Inrebic
- Nulojix
- Onureg
- 3<sup>rd</sup> Party Royalty Revenue<sup>1</sup>

## Other Legacy Products

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

1. Includes royalties received from Merck on Winrevair

# Q4 2025 key clinical trials update

Oncology	Hematology	Immunology	Cardiovascular	Neuroscience
<ul style="list-style-type: none"><li>• <u>Krazati</u></li><li>• <u>Opdivo</u></li><li>• <u>Nivo+Rela HD</u></li><li>• <u>AR LDD</u></li><li>• <u>atigotatug</u></li><li>• <u>iza-bren</u></li><li>• <u>navlimetostat</u></li><li>• <u>pumitamig</u></li><li>• <u>RYZ101</u></li></ul>	<ul style="list-style-type: none"><li>• <u>Reblozyl</u></li><li>• <u>arlo-cel</u></li><li>• <u>iberdomide</u></li><li>• <u>mezigdomide</u></li><li>• <u>golcadomide</u></li></ul>	<ul style="list-style-type: none"><li>• <u>Sotyktu</u></li><li>• <u>admilparant</u></li><li>• <u>obexelimab</u></li><li>• <u>zola-cel</u></li></ul>	<ul style="list-style-type: none"><li>• <u>milvexian</u></li><li>• <u>MYK-224</u></li></ul>	<ul style="list-style-type: none"><li>• <u>Cobenfy</u></li><li>• <u>anti-MTBR-Tau</u></li><li>• <u>FAAH/MAGL</u></li></ul>



# Krazati (KRAS<sup>G12C</sup> inhibitor)

Indication	2L CRC (with KRAS <sup>G12C</sup> mutation)	1L NSCLC PD-L1 $\geq$ 50% (with KRAS <sup>G12C</sup> mutation)	1L NSCLC (with KRAS <sup>G12C</sup> mutation)
Phase/Study	Phase III - KRYSTAL-10	Phase III - KRYSTAL-7	Phase III - KRYSTAL-4
# of Patients	N = 461	N = 550 <sup>1</sup>	N = 630
Design	<ul style="list-style-type: none"> <li>Adagrasib 600 mg BID + cetuximab 500 mg/m<sup>2</sup> Q2W</li> <li>Chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Adagrasib 400 mg BID + pembrolizumab 200 mg Q3W</li> <li>Pembrolizumab 200 mg IV Q3W</li> </ul>	<ul style="list-style-type: none"> <li>Adagrasib 400 mg BID + pembrolizumab 200mg Q3W + chemotherapy Q3W</li> <li>Placebo BID + pembrolizumab 200mg Q3W + chemotherapy Q3W</li> </ul>
Endpoints	Primary: OS, PFS	Primary: OS, PFS	Primary: OS, PFS
Status	<ul style="list-style-type: none"> <li>Projected data readout 2026</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2028</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2029</li> </ul>
CT Identifier	<a href="#">NCT04793958</a>	<a href="#">NCT04613596</a>	<a href="#">NCT06875310</a>

1. Represents Phase III portion of trial; Phase II/III total N = 806





# Opdivo (anti-PD1)

Indication	Peri-Adjuvant MIUC	Adjuvant HCC	1L NSCLC SC + IV
Phase/Study	Phase III - CA017-078	Phase III - CheckMate -9DX	Phase II - CheckMate-1533
# of Patients	N = 855	N = 545	N = 76
Design	<ul style="list-style-type: none"> <li>Opdivo 360 mg Q3W for four cycles + chemotherapy</li> <li>Chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Opdivo 480 mg Q4W</li> <li>Placebo</li> </ul>	<ul style="list-style-type: none"> <li>Opdivo Qvantig + Yervoy + chemotherapy Dose 1</li> <li>Opdivo Qvantig + Yervoy + chemotherapy Dose 2</li> </ul>
Endpoints	<ul style="list-style-type: none"> <li>Primary: pCR, EFS</li> <li>Key secondary: OS</li> </ul>	<ul style="list-style-type: none"> <li>Primary: RFS</li> <li>Key secondary: OS</li> </ul>	<ul style="list-style-type: none"> <li>Primary: Cmax, Tmax</li> </ul>
Status	<ul style="list-style-type: none"> <li>Projected data readout 1H 2026</li> </ul>	<ul style="list-style-type: none"> <li>Projected data readout 2026</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2027</li> </ul>
CT Identifier	<a href="#">NCT03661320</a>	<a href="#">NCT03383458</a>	<a href="#">NCT06946797</a>



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

## Indication

1L NSCLC PD-L1 $\geq$ 1%

Phase/Study	Phase III - RELATIVITY-1093
# of Patients	N = 1,000
Design	<ul style="list-style-type: none"><li>• Nivolumab + Relatlimab FDC IV 360 mg/360 mg + chemotherapy Q3W</li><li>• Pembrolizumab 200 mg + chemotherapy IV Q3W</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: OS</li><li>• Key secondary: PFS, ORR</li></ul>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2030</li></ul>
CT Identifier	<a href="#">NCT06561386</a>



# AR LDD (dual androgen receptor degrader & antagonist)

Indication		Metastatic CRPC
Phase/Study	Phase III - rechARge	
# of Patients	N = 960	
Design	<p>Part I</p> <ul style="list-style-type: none"><li>• BMS-986365 Dose 1</li><li>• BMS-986365 Dose 2</li><li>• Investigator's choice of therapy<ul style="list-style-type: none"><li>• docetaxel + prednisone/prednisolone or</li><li>• abiraterone acetate + prednisone/prednisolone or enzalutamide</li></ul></li></ul>	<p>Part II</p> <ul style="list-style-type: none"><li>• BMS-986365 RP3D</li><li>• Investigator's choice of therapy<ul style="list-style-type: none"><li>• docetaxel + prednisone/prednisolone or</li><li>• abiraterone acetate + prednisone/prednisolone or enzalutamide</li></ul></li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: rPFS</li><li>• Key Secondary: OS</li></ul>	
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2027</li></ul>	
CT Identifier	<a href="#">NCT06764485</a>	



# atigotatug (anti-fucosyl-GM1) + nivolumab (anti-PD1)

## Indication

## 1L ES-SCLC

Phase/Study	Phase III - TIGOS
# of Patients	N = 530
Design	<ul style="list-style-type: none"><li>BMS-986489 (atigotatug + nivolumab FDC) combined with carboplatin + etoposide IV Q3W followed by BMS-986489 maintenance</li><li>Atezolizumab combined with carboplatin + etoposide IV Q3W followed by atezolizumab maintenance</li></ul>
Endpoints	Primary: OS Key Secondary: time to definitive deterioration (TTDD)
Status	<ul style="list-style-type: none"><li>Recruiting</li><li>Projected data readout 2028</li></ul>
CT Identifier	<a href="#">NCT06646276</a>



# iza-bren (izalontamab brengitecan, EGFR x HER3 ADC)

## Indication

## Advanced Solid Tumors

Phase/Study	Phase I/II - CA244-0001
# of Patients	N = 416
Design	<ul style="list-style-type: none"><li>• Group A: BMS-986507 D1/D8 Q3W schedule combination with osimertinib</li><li>• Group B: BMS-986507 D1/D8 Q3W schedule combination with pembrolizumab</li><li>• Group C: BMS-986507 combination with nivolumab</li><li>• Group D &amp; E: BMS-986507 combination with pumitamig (BNT327)</li></ul> <p>Tumor types for investigation are NSCLC EGFR<math>_{mt}</math> and EGFR<math>_{wt}</math>, and TNBC</p>
Endpoints	Primary: Safety & tolerability Secondary: PK, ORR, DOR
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2027</li></ul>
CT Identifier	<a href="#">NCT06618287</a>

\*Trial conducted by SystImmune



# iza-bren (izalontamab brengitecan, EGFR x HER3 ADC)

Indication	1L TNBC	EGFR-mutated Post-TKI NSCLC	Post-IO Metastatic Urothelial Cancer
Phase/Study	Phase II/III - IZABRIGHT-Breast01	Phase II/III - IZABRIGHT-Lung01	Phase II/III - IZABRIGHT-Bladder01
# of Patients	N = 500	N = 596	N = 470
Design	<ul style="list-style-type: none"> <li>Iza-bren Dose 1 on specified days</li> <li>Iza-bren Dose 2 on specified days</li> </ul> <p>Participants ineligible for anti-PD(L1), CPS&lt;10</p>	<ul style="list-style-type: none"> <li>Iza-bren Dose 1 on specified days</li> <li>Iza-bren Dose 2 on specified days</li> </ul>	<ul style="list-style-type: none"> <li>Iza-bren Dose 1 on specified days</li> <li>Iza-bren Dose 2 on specified days</li> </ul>
Endpoints	Primary: PFS Secondary: OS	Primary: PFS Secondary: OS, ORR	Primary: PFS, OS Secondary: OR, DoR, TTR
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2028</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2028</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2029</li> </ul>
CT Identifier	<a href="#">NCT06926868</a>	<a href="#">NCT07100080</a>	<a href="#">NCT07106762</a>



# navlimetostat (PRMT5 inhibitor)

Indication	1L Metastatic NSCLC (with Homozygous MTAP deletion)		1L Metastatic PDAC (with Homozygous MTAP deletion)	
Phase/Study	Phase II/III - MountainTAP-29		Phase II/III - MountainTAP-30	
# of Patients	N = 590		N = 470	
Design	Phase II <ul style="list-style-type: none"> <li>Navlimetostat Dose 1 + pembrolizumab + chemo</li> <li>Navlimetostat Dose 2 + pembrolizumab + chemo</li> <li>Placebo + pembrolizumab + chemo</li> </ul> Phase III <ul style="list-style-type: none"> <li>Navlimetostat + pembrolizumab + chemo</li> <li>Placebo + pembrolizumab + chemo</li> </ul>		Phase II <ul style="list-style-type: none"> <li>Navlimetostat Dose 1 + gemcitabine + nab-paclitaxel</li> <li>Navlimetostat Dose 2 + gemcitabine + nab-paclitaxel</li> <li>Placebo + gemcitabine + nab-paclitaxel</li> </ul> Phase III <ul style="list-style-type: none"> <li>Navlimetostat + gemcitabine + nab-paclitaxel</li> <li>Placebo + gemcitabine + nab-paclitaxel</li> </ul>	
Endpoints	Phase II <ul style="list-style-type: none"> <li>Primary: PFS</li> <li>Key Secondary: ORR, DOR</li> </ul>	Phase III <ul style="list-style-type: none"> <li>Primary: PFS, OS</li> <li>Key Secondary: ORR, DOR</li> </ul>	Phase II <ul style="list-style-type: none"> <li>Primary: PFS</li> <li>Key Secondary: ORR, DOR</li> </ul>	Phase III <ul style="list-style-type: none"> <li>Primary: PFS, OS</li> <li>Key Secondary: ORR, DOR</li> </ul>
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2031</li> </ul>		<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2029</li> </ul>	
CT Identifier	<a href="#">NCT07063745</a>		<a href="#">NCT07076121</a>	



# pumitamig (BNT327, PD-L1 x VEGF-A)

Indication	1L MSS CRC	1L Gastric Cancer	1L TNBC
Phase/Study	Phase II/III - ROSETTA CRC-203	Phase II/III - ROSETTA Gastric-204	Phase III - ROSETTA BREAST-01*
# of Patients	N = 990	N = 690	N = 558
Design	<ul style="list-style-type: none"> <li>Pumitamig + chemotherapy</li> <li>Bevacizumab + chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Pumitamig + chemotherapy</li> <li>Nivolumab + chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Pumitamig + Treatment of Physician's Choice (TPC) Chemotherapy</li> <li>Placebo + TPC Chemotherapy</li> </ul>
Endpoints	Phase II <ul style="list-style-type: none"> <li>Primary: OR</li> <li>Key Secondary: PFS, DOR</li> </ul> Phase III <ul style="list-style-type: none"> <li>Primary: PFS</li> <li>Key Secondary: OS, OR, DOR</li> </ul>	Phase II <ul style="list-style-type: none"> <li>Primary: OR</li> <li>Key Secondary: PFS, DOR</li> </ul> Phase III <ul style="list-style-type: none"> <li>Primary: PFS, OS</li> <li>Key Secondary: OR, DOR</li> </ul>	<ul style="list-style-type: none"> <li>Primary: PFS, OS</li> <li>Key Secondary: ORR, DOR, DCR</li> </ul>
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2030</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2030</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2029</li> </ul>
CT Identifier	<a href="#">NCT07221357</a>	<a href="#">NCT07221149</a>	<a href="#">NCT07173751</a>

\*Trial conducted by BioNTech





# pumitamig (BNT327, PD-L1 x VEGF-A)

Indication	1L NSCLC		1L ES-SCLC
Phase/Study	Phase II/III - ROSETTA LUNG-02*		Phase III - ROSETTA LUNG-01*
# of Patients	N = 1260		N = 621
Design	Non-Squamous Phase II <ul style="list-style-type: none"> <li>Pumitamig Dose 1 + carboplatin + pemetrexed</li> <li>Pumitamig Dose 2 + carboplatin + pemetrexed</li> </ul> Phase III <ul style="list-style-type: none"> <li>Pumitamig RP3D + carboplatin + pemetrexed</li> <li>Pembrolizumab + carboplatin + pemetrexed</li> </ul>	Squamous Phase II <ul style="list-style-type: none"> <li>Pumitamig Dose 1 + carboplatin + paclitaxel</li> <li>Pumitamig Dose 2 + carboplatin + paclitaxel</li> </ul> Phase III <ul style="list-style-type: none"> <li>Pumitamig RP3D + carboplatin + paclitaxel</li> <li>Pembrolizumab + carboplatin + paclitaxel</li> </ul>	<ul style="list-style-type: none"> <li>Atezolizumab + etoposide + carboplatin</li> <li>Pumitamig Dose 1 + etoposide + carboplatin</li> <li>Pumitamig Dose 2 + etoposide + carboplatin</li> </ul>
Endpoints	Phase II: <ul style="list-style-type: none"> <li>Primary: Safety &amp; tolerability</li> <li>Key secondary: ORR, DOR</li> </ul>	Phase III: <ul style="list-style-type: none"> <li>Primary: PFS</li> <li>Key secondary: OS, ORR, DOR</li> </ul>	<ul style="list-style-type: none"> <li>Primary: OS</li> <li>Key secondary: PFS, ORR</li> </ul>
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2029</li> </ul>		<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2028</li> </ul>
CT Identifier	<a href="#">NCT06712316</a>		<a href="#">NCT06712355</a>

\*Trials conducted by BioNTech



# pumitamig (BNT327, PD-L1 x VEGF-A)

## Indication

## Stage III NSCLC

## 1L NSCLC PD-L1 $\geq$ 50%

Phase/Study	Phase III - ROSETTA Lung-201	Phase III - ROSETTA Lung-202
# of Patients	N = 850	N = 750
Design	<ul style="list-style-type: none"><li>• Pumitamig</li><li>• Durvalumab</li></ul>	<ul style="list-style-type: none"><li>• Pumitamig</li><li>• Pembrolizumab</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: PFS</li><li>• Key secondary: OS, OR</li></ul>	<ul style="list-style-type: none"><li>• Primary: PFS, OS</li><li>• Key secondary: OR</li></ul>
Status	<ul style="list-style-type: none"><li>• Trial initiating</li><li>• Projected data readout 2030</li></ul>	<ul style="list-style-type: none"><li>• Trial initiating</li><li>• Projected data readout 2031</li></ul>
CT Identifier	<a href="#">NCT07361497</a>	<a href="#">NCT07361510</a>



# pumitamig (BNT327, PD-L1 x VEGF-A)

Indication	1L HCC	1L RCC	2L NSCLC (post-chemoimmunotherapy)
Phase/Study	Phase I/II - ROSETTA HCC-206	Phase I/II - ROSETTA RCC-208	Phase II - BNT327-07*
# of Patients	N = 129	N = 264	N = 60
Design	<ul style="list-style-type: none"> <li>Pumitamig</li> <li>Pumitamig + ipilimumab</li> </ul>	<ul style="list-style-type: none"> <li>Pumitamig</li> <li>Pumitamig + ipilimumab</li> <li>Pumitamig + cabozantinib</li> </ul>	<ul style="list-style-type: none"> <li>Pumitamig + docetaxel</li> </ul>
Endpoints	<div>Phase I:</div> <ul style="list-style-type: none"> <li>Primary: Safety &amp; tolerability</li> </ul> <div>Phase II:</div> <ul style="list-style-type: none"> <li>Primary: ORR</li> <li>Key secondary: AEs, SAEs, TRAEs</li> </ul>	<div>Phase I:</div> <ul style="list-style-type: none"> <li>Primary: Safety &amp; tolerability</li> </ul> <div>Phase II:</div> <ul style="list-style-type: none"> <li>Primary: ORR</li> <li>Key secondary: AEs, SAEs, TRAEs</li> </ul>	<ul style="list-style-type: none"> <li>Primary: Safety &amp; tolerability, ORR</li> <li>Key secondary: PFS, DOR</li> </ul>
Status	<ul style="list-style-type: none"> <li>Trial initiating</li> <li>Projected data readout 2029</li> </ul>	<ul style="list-style-type: none"> <li>Trial initiating</li> <li>Projected data readout 2029</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2028</li> </ul>
CT Identifier	<a href="#">NCT07291076</a>	<a href="#">NCT07293351</a>	<a href="#">NCT06841055</a>

\*Trials conducted by BioNTech



# RYZ101 $^{225}\text{Ac}$ -DOTATATE (SSTR2 binder)

Indication	2L+ SSTR2+ GEP-NETs*	1L ES-SCLC	HR+/HER2- Metastatic Breast Cancer
Phase/Study	Phase III - ACTION-1	Phase Ib	Phase Ib/II - TRACY-1
# of Patients	N = 288	N = 31	N = 124
Design	<ul style="list-style-type: none"> <li>RYZ101 10.2 MBq Q8W</li> <li>SoC as per Investigator's discretion               <ul style="list-style-type: none"> <li>everolimus 10 mg QD, sunitinib 37.5 QD, octreotide 60 mg Q4W, or lanreotide 120 mg Q2W</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>RYZ101 + SoC (dose escalation &amp; expansion)</li> </ul>	Phase Ib dose escalation <ul style="list-style-type: none"> <li>RYZ101 Q6W x 6 infusions</li> </ul> Phase II: <ul style="list-style-type: none"> <li>RYZ101 RP2D</li> </ul>
Endpoints	Phase Ib: <ul style="list-style-type: none"> <li>Primary: RP3D</li> </ul> Phase III: <ul style="list-style-type: none"> <li>Primary: PFS</li> <li>Key secondary: OS</li> </ul>	<ul style="list-style-type: none"> <li>Primary: RP2D, safety &amp; tolerability</li> </ul>	Phase Ib: <ul style="list-style-type: none"> <li>Primary: RP2D</li> </ul> Phase II: <ul style="list-style-type: none"> <li>Primary: ORR</li> </ul>
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2026</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2028</li> </ul>
CT Identifier	<a href="#">NCT05477576</a>	<a href="#">NCT05595460</a>	<a href="#">NCT06590857</a>

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



# Reblozyl (Erythroid Maturation Agent)

Indication	1L+ TD MF Associated Anemia	1L NTD Low or Intermediate Risk MDS Associated Anemia	TD & NTD Alpha-Thalassemia (Ex-U.S. study)
Phase/Study	Phase III - INDEPENDENCE	Phase III - ELEMENT-MDS	Phase II
# of Patients	N = 313	N = 360	N = 177
Design	<ul style="list-style-type: none"> <li>• Reblozyl 1.33 mg/kg SC Q3W + JAK2i</li> <li>• Placebo SC Q3W + JAK2i</li> </ul>	<ul style="list-style-type: none"> <li>• Reblozyl 1 mg/kg SC Q3W</li> <li>• Epoetin Alfa 450 IU/kg SC QW</li> </ul>	<ul style="list-style-type: none"> <li>• Reblozyl 1 mg/kg SC Q3W</li> <li>• Placebo SC Q3W + Best Supportive Care</li> </ul>
Endpoints	<p>Primary:</p> <ul style="list-style-type: none"> <li>• RBC-TI during any consecutive 12-week period starting within the first 24 weeks</li> </ul> <p>Key secondary:</p> <ul style="list-style-type: none"> <li>• RBC-TI <math>\geq</math> 16 weeks (RBC-TI 16)</li> </ul>	<p>Primary:</p> <ul style="list-style-type: none"> <li>• Proportion of participants during weeks 1-96 who convert to TD (<math>\geq</math> 3 units/16 weeks per IWG 2018)</li> </ul> <p>Key secondary:</p> <ul style="list-style-type: none"> <li>• Mean Hb increase <math>\geq</math> 1.5 g/dL + TI for at least 16 wks during weeks 1-48</li> </ul>	<p>Primary:</p> <ul style="list-style-type: none"> <li>• TD: <math>\geq</math>50% reduction in RBC transfusion burden over any rolling 12 weeks between W13-W48</li> <li>• NTD: <math>\geq</math>1 g/dL Hb mean increase from baseline in W13-W24</li> </ul> <p>Key secondary:</p> <ul style="list-style-type: none"> <li>• TD: No. of participants with <math>\geq</math> 33% reduction from baseline in RBC transfusion burden</li> <li>• NTD: Change from baseline to W24 in Hb in the absence of transfusion</li> </ul>
Status	<ul style="list-style-type: none"> <li>• Topline readout July 2025</li> </ul>	<ul style="list-style-type: none"> <li>• Recruiting</li> <li>• Projected data readout 2027</li> </ul>	<ul style="list-style-type: none"> <li>• Recruiting</li> <li>• Projected data readout 2026</li> </ul>
CT Identifier	<a href="#">NCT04717414</a>	<a href="#">NCT05949684</a>	<a href="#">NCT05664737</a>



# arlo-cel (arlocabtagene autoleucel, GPRC5D CAR T)

Indication	4L+ MM <sup>1</sup>	2-4L MM <sup>2</sup>
Phase/Study	Phase II - QUINTESSENTIAL	Phase III - QUINTESSENTIAL-2
# of Patients	N = 230	N = 440
Design	<ul style="list-style-type: none"> <li>Arlo-cel</li> </ul>	<ul style="list-style-type: none"> <li>Arlo-cel</li> <li>Standard regimens (DPd or Kd) as per Investigator's discretion</li> </ul>
Endpoints	<ul style="list-style-type: none"> <li>Primary: ORR in prior 4L+</li> <li>Key secondary: CRR in prior 4L+, ORR and CRR in all prior 3L+, BOR of PR</li> </ul>	<ul style="list-style-type: none"> <li>Primary: PFS, MRD-negative CR</li> <li>Key secondary: OS, ORR</li> </ul>
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2026</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2028</li> </ul>
CT Identifier	<a href="#">NCT06297226</a>	<a href="#">NCT06615479</a>

1. Quad Class Exposed - Received at least 4 classes of treatment including IMiD, PI, anti CD38 mAb, BCMA and at least 3 prior LoT; 2. Exposed to lenalidomide



# iberdomide (CELMoD)

Indication	2L+ MM	Post-Transplant Maintenance NDMM
Phase/Study	Phase III - EXCALIBER-RRMM	Phase III - EXCALIBER-Maintenance
# of Patients	N = 934	N = 1,216
Design	<ul style="list-style-type: none"><li>Iberdomide 1.0, 1.3, 1.6 mg + daratumumab 1800 mg + dex 40 mg - (iberDd)</li><li>Daratumumab 1800 mg + bortezomib 1.3 mg/m<sup>2</sup><sup>a</sup> + dex 20 mg<sup>a</sup> - (DVd)</li></ul>	<ul style="list-style-type: none"><li>Iberdomide 0.75, 1.0, 1.3 mg</li><li>Lenalidomide 10 mg</li></ul>
Endpoints	<ul style="list-style-type: none"><li>Primary: MRD, PFS</li><li>Key secondary: OS</li></ul>	<ul style="list-style-type: none"><li>Primary: PFS</li><li>Key Secondary: MRD, OS</li></ul>
Status	<ul style="list-style-type: none"><li>Topline readout September 2025 (MRD)</li><li>Projected data readout 2026 (PFS)</li></ul>	<ul style="list-style-type: none"><li>Recruiting</li><li>Projected data readout 2029</li></ul>
CT Identifier	<a href="#">NCT04975997</a>	<a href="#">NCT05827016</a>

<sup>a</sup> 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	<ul style="list-style-type: none"><li>• Mezigdomide 1.0 mg + bortezomib 1.3 mg/m<sup>2</sup><sup>a</sup> + dex 20 mg - (MeziVd)</li><li>• Pomalyst 4 mg + bortezomib 1.3 mg/m<sup>2</sup><sup>a</sup> + dex 20 mg - (PVd)</li></ul>	<ul style="list-style-type: none"><li>• Mezigdomide 1.0 mg + carfilzomib 56 mg/m<sup>2</sup><sup>b</sup> + dex 40 mg<sup>b</sup> - (MeziKd)</li><li>• Carfilzomib 56 mg/m<sup>2</sup><sup>a</sup> + dex 20 mg<sup>a</sup> or 70 mg/m<sup>2</sup><sup>b</sup> + dex 40 mg<sup>b</sup> - (Kd)</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: PFS</li><li>• Key secondary: OS</li></ul>	<ul style="list-style-type: none"><li>• Primary: PFS</li><li>• Key secondary: OS</li></ul>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2027</li></ul>	<ul style="list-style-type: none"><li>• Projected data readout 2026</li></ul>
CT Identifier	<a href="#">NCT05519085</a>	<a href="#">NCT05552976</a>

<sup>a</sup> BIW dosing; <sup>b</sup> QW dosing





# mezigdomide (CELMoD)

## Indication

## 2-4L MM

Phase/Study	Phase I/II - CA057-1040
# of Patients	N = 62
Design	<ul style="list-style-type: none"><li>• Phase 1 (Dose escalation)</li><li>• Phase 2 (Dose expansion)</li><li>• Mezigdomide + elranatamab + dexamethasone</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: Safety and tolerability, RP2D</li><li>• Key secondary: ORR, CRR</li></ul>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2027</li></ul>
CT Identifier	<a href="#">NCT06988488</a>



# golcadomide (CELMoD)

Indication	High-Risk 1L LBCL	2L+ FL	Newly Diagnosed Advanced Stage 1L FL
Phase/Study	Phase III - GOLSEEK-1	Phase III - GOLSEEK-4	Phase II - GOLSEEK-2
# of Patients	N = 850	N = 400	N = 90
Design	<ul style="list-style-type: none"><li>• Golcadomide 0.4 mg + R-CHOP</li><li>• Placebo + R-CHOP</li></ul>	<ul style="list-style-type: none"><li>• Golcadomide 0.4 mg + Rituximab</li><li>• Investigator's choice (R-lenalidomide or R-chemo)</li></ul>	<ul style="list-style-type: none"><li>• Golcadomide 0.2mg + Rituximab</li><li>• Golcadomide 0.4mg + Rituximab</li><li>• Rituximab + Chemotherapy (CHOP or Bendamustine)</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: PFS</li><li>• Key secondary: OS, PFS in Non-HGBL, EFS, CMR, MRD</li></ul>	<ul style="list-style-type: none"><li>• Primary: PFS</li><li>• Key secondary: ORR, OS</li></ul>	<ul style="list-style-type: none"><li>• Primary: CMR (Golcadomide + Rituximab arms only)</li></ul>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2028</li></ul>	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2028</li></ul>	<ul style="list-style-type: none"><li>• Projected data readout 2026</li></ul>
CT Identifier	<a href="#">NCT06356129</a>	<a href="#">NCT06911502</a>	<a href="#">NCT06425302</a>



# Sotyktu (TYK-2 inhibitor)

## Indication

## Psoriatic Arthritis (PsA)

Phase/Study	Phase III - POETYK-PsA-1	Phase III - POETYK-PsA-2
# of Patients	N = 670	N = 729
Design	52-week study of patients with active PsA in TNF-naïve patients <ul style="list-style-type: none"><li>• Sotyktu 6 mg QD</li><li>• Placebo</li></ul>	52-week study of patients with active PsA in TNF-naïve and TNF-IR patients <ul style="list-style-type: none"><li>• Sotyktu 6 mg QD</li><li>• Placebo</li><li>• Apremilast</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: % pts achieving ACR20 response at week 16</li></ul>	<ul style="list-style-type: none"><li>• Primary: % pts achieving ACR20 response at week 16</li></ul>
Status	<ul style="list-style-type: none"><li>• U.S. FDA PDUFA March 6, 2026</li><li>• Data presented at EULAR 2025</li></ul>	<ul style="list-style-type: none"><li>• U.S. FDA PDUFA March 6, 2026</li><li>• Data presented at AAD 2025</li></ul>
CT Identifier	<a href="#">NCT04908202</a>	<a href="#">NCT04908189</a>



# Sotyktu (TYK-2 inhibitor)

Indication	Systemic Lupus Erythematosus (SLE)		Sjogren's Disease (SjD)
Phase/Study	Phase III - POETYK SLE-1	Phase III - POETYK SLE-2	Phase III - POETYK SjS-1
# of Patients	N = 516	N = 513	N = 774
Design	<ul style="list-style-type: none"><li>• Sotyktu 3 mg BID</li><li>• Placebo</li></ul>	<ul style="list-style-type: none"><li>• Sotyktu 3 mg BID</li><li>• Placebo</li></ul>	<ul style="list-style-type: none"><li>• Sotyktu 3 mg BID</li><li>• Sotyktu 6 mg BID</li><li>• Placebo</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: Proportion of participants who meet response criteria SRI-4 at week 52</li></ul>	<ul style="list-style-type: none"><li>• Primary: Proportion of participants who meet response criteria SRI-4 at week 52</li></ul>	<ul style="list-style-type: none"><li>• Primary: Change from baseline in ESSDAI at week 52</li></ul>
Status	<ul style="list-style-type: none"><li>• Projected data readout 2026</li></ul>	<ul style="list-style-type: none"><li>• Projected data readout 2026</li></ul>	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2027</li></ul>
CT Identifier	<a href="#">NCT05617677</a>	<a href="#">NCT05620407</a>	<a href="#">NCT05946941</a>



# admilparant (LPA<sub>1</sub> antagonist)

Indication	Idiopathic Pulmonary Fibrosis (IPF)	Progressive Pulmonary Fibrosis (PPF)
Phase/Study	Phase III - ALOFT-IPF	Phase III - ALOFT-PPF
# of Patients	N = 1,255	N = 1,092
Design	<ul style="list-style-type: none"><li>• Admilparant 60 mg BID</li><li>• Admilparant 120 mg BID</li><li>• Placebo</li></ul>	<ul style="list-style-type: none"><li>• Admilparant 60 mg BID</li><li>• Admilparant 120 mg BID</li><li>• Placebo</li></ul>
Endpoints	<p>Cohort 1:</p> <ul style="list-style-type: none"><li>• Primary: No. of participants that experience spontaneous syncopal events over first 4 weeks</li><li>• Key secondary: No. of participants who discontinued treatment due to any low BP-related Adverse Events</li></ul> <p>Cohort 2:</p> <ul style="list-style-type: none"><li>• Primary: Absolute change from baseline in forced vital capacity measured in mL</li><li>• Key secondary: Disease progression</li></ul>	<p>Cohort 1:</p> <ul style="list-style-type: none"><li>• Primary: No. of participants that experience spontaneous syncopal events over first 4 weeks</li></ul> <p>Cohort 2:</p> <ul style="list-style-type: none"><li>• Primary: Absolute change from baseline in forced vital capacity measured in mL</li><li>• Key secondary: Disease progression</li></ul>
Status	<ul style="list-style-type: none"><li>• Projected data readout 2026</li></ul>	<ul style="list-style-type: none"><li>• Projected data readout 2027</li></ul>
CT Identifier	<a href="#">NCT06003426</a>	<a href="#">NCT06025578</a>



# obexelimab (CD19 x FcγRIIB bifunctional mAb)

Indication	IgG4-Related Disease
Phase/Study	Phase III - INDIGO
# of Patients	N = 194
Design	<ul style="list-style-type: none"><li>• Obexelimab SC</li><li>• Placebo SC</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• 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</li></ul>
Status	<ul style="list-style-type: none"><li>• Topline readout January 2026</li></ul>
CT Identifier	<a href="#">NCT05662241</a>



# zola-cel (CD19 NEX-T CAR T)

## Indication

Active Systemic Lupus Erythematosus (SLE)  
including Lupus Nephritis (LN)

Active Systemic Sclerosis (SSc)

Phase/Study	Phase II - Breakfree-SLE <sup>1</sup>	Phase III - Breakfree-SSc
# of Patients	N = 89	N = 92
Design	<ul style="list-style-type: none"><li>• Zola-cel 10M cell dose single infusion</li></ul>	<ul style="list-style-type: none"><li>• Zola-cel 10M cell dose single infusion</li><li>• SOC choice of Rituximab, Tocilizumab, or Nintedanib</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: Proportion of participants achieving drug-free Definition of Remission in SLE (DORIS) remission at month 6</li><li>• Key secondary: CRR, Participants with drug-free DORIS remission</li></ul>	<ul style="list-style-type: none"><li>• Primary: Absolute change from baseline in FVC in mL at month 12</li><li>• Key secondary: Absolute change from baseline in mRSS at month 12</li></ul>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Expected data readout 2028</li></ul>	<ul style="list-style-type: none"><li>• Trial initiating</li><li>• Expected data readout 2028</li></ul>
CT Identifier	<a href="#">NCT07015983</a>	<a href="#">NCT07335562</a>

1. Participants with inadequate response to glucocorticoids and at least 2 immunosuppressants



# milvexian (FXIa inhibitor)

Indication	Secondary Stroke Prevention	Non-Valvular Atrial Fibrillation
Phase/Study	Phase III - LIBREXIA-STROKE Non-BMS Sponsored*	Phase III - LIBREXIA-AF Non-BMS Sponsored*
# of Patients	N = 15,000	N = 20,283
Design	<ul style="list-style-type: none"><li>Milvexian 25 mg BID + background antiplatelet therapy</li><li>Placebo + background antiplatelet therapy</li></ul>	<ul style="list-style-type: none"><li>Milvexian 100 mg BID</li><li>Eliquis</li></ul>
Endpoints	<ul style="list-style-type: none"><li>Primary: Time to first occurrence of ischemic stroke</li></ul> Key secondary: <ul style="list-style-type: none"><li>Time to first occurrence of any component of the composite of CVD, MI, or ischemic stroke</li><li>Time to first occurrence of ischemic stroke at 90 days</li></ul>	<ul style="list-style-type: none"><li>Primary: Time to first occurrence of composite endpoint of stroke &amp; non-CNS system embolism</li></ul> Key secondary: <ul style="list-style-type: none"><li>Time to first occurrence of ISTH major bleeding</li><li>Time to first occurrence of the composite of ISTH major &amp; CRNM bleeding</li><li>Time to the First Occurrence of Composite Endpoint of Stroke, Non-CNS Systemic Embolism and ISTH Major Bleeding</li></ul>
Status	<ul style="list-style-type: none"><li>Recruiting</li><li>Projected data readout 2026 (event driven)</li></ul>	<ul style="list-style-type: none"><li>Projected data readout 2026 (event driven)</li></ul>
CT Identifier	<a href="#">NCT05702034</a>	<a href="#">NCT05757869</a>

\*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 = 208
Design	<ul style="list-style-type: none"><li>• MYK-224</li><li>• Placebo</li></ul>
Endpoints	<p>Primary:</p> <ul style="list-style-type: none"><li>• TEAEs and SAEs</li><li>• AEs leading to treatment discontinuation</li></ul> <p>Key Secondary:</p> <ul style="list-style-type: none"><li>• Summary of plasma concentrations of MYK-224</li></ul>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2026</li></ul>
CT Identifier	<a href="#">NCT06122779</a>



# Cobenfy (M1 /M4 muscarinic agonist)

## Indication

## Psychosis in Alzheimer's Disease (ADP)

Phase/Study	Phase III - ADEPT-1	Phase III - ADEPT-2
# of Patients	N = 380	N = 400
Design	<ul style="list-style-type: none"><li>• Cobenfy 20 mg/2 mg TID, 30 mg/3 mg TID, 40 mg/4 mg TID, 50 mg/5 mg TID, 66.7/6.67 mg TID*</li><li>• Placebo</li></ul>	<ul style="list-style-type: none"><li>• Cobenfy 20 mg/2 mg TID, 30 mg/3 mg TID, 40 mg/4 mg TID, 50 mg/5 mg TID, 66.7/6.67 mg TID*</li><li>• Placebo</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: Time from randomization to relapse during the 26-week double blind randomized withdrawal period</li><li>• Key secondary: Time from randomization to discontinuation for any reason during the 26-week Double-Blind Randomized Withdrawal treatment Period</li></ul>	<ul style="list-style-type: none"><li>• Primary: Change from baseline in Neuropsychiatric Inventory-Clinician: Hallucinations and Delusions (NPI-C: H+D) score to end of Week 14</li><li>• Key secondary: Change from baseline in Clinical Global Impressions-Severity (CGI-S) scale up to week 14.</li></ul>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2026</li></ul>	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2026</li></ul>
CT Identifier	<a href="#">NCT05511363</a>	<a href="#">NCT06126224</a>

\*Based-on tolerability



# Cobenfy (M1 /M4 muscarinic agonist)

## Indication

## Psychosis in Alzheimer's Disease (ADP)

Phase/Study	Phase III - ADEPT-4	Phase III - ADEPT-5
# of Patients	N = 406	N = 292
Design	<ul style="list-style-type: none"> <li>Cobenfy 20 mg/2 mg TID, 30 mg/3 mg TID, 40 mg/4 mg TID, 50 mg/5 mg TID, 66.7/6.67 mg TID*</li> <li>Placebo</li> <li>Diagnosis confirmed by biomarker (blood, CSF or PET)</li> </ul>	<ul style="list-style-type: none"> <li>Cobenfy BID* for Randomized Treatment and OLE periods: 56/6mg, 112/12mg, 168/18mg, 224/24mg</li> <li>Placebo</li> <li>Diagnosis confirmed by biomarker (blood, CSF or PET)</li> </ul>
Endpoints	<ul style="list-style-type: none"> <li>Primary: Change from baseline in Neuropsychiatric Inventory-Clinician: Hallucinations and Delusions (NPI-C: H+D) score up to Week 14</li> <li>Key secondary: Change from baseline in Clinical Global Impressions-Severity (CGI-S) scale up to week 14.</li> </ul>	<ul style="list-style-type: none"> <li>Primary: Change From Baseline to end of Week 12 in Neuropsychiatric Inventory-Clinician: Hallucinations and Delusions (NPI-C: H+D) Score</li> <li>Key Secondary: Change From Baseline to end of Week 12 in Clinical Global Impressions-Severity (CGI-S) Score</li> </ul>
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2026</li> </ul>	<ul style="list-style-type: none"> <li>Trial initiating</li> <li>Projected data readout 2028</li> </ul>
CT Identifier	<a href="#">NCT06585787</a>	<a href="#">NCT06947941</a>

\* Based-on tolerability



# Cobenfy (M1 /M4 muscarinic agonist)

Indication	Manic Episodes in Bipolar-I Disease		Adjunctive Bipolar Mania
Phase/Study	Phase III - BALSAM-1	Phase III - BALSAM-2	Phase III-BALSAM-4
# of Patients	N = 274	N = 274	N = 424
Design	<ul style="list-style-type: none"> <li>KarXT BID*</li> <li>Placebo</li> </ul>	<ul style="list-style-type: none"> <li>KarXT BID*</li> <li>Placebo</li> </ul>	<ul style="list-style-type: none"> <li>KarXT BID* + Background Treatment (Li, VPA, or Lamotrigine)</li> <li>Placebo + Background Treatment (Li, VPA, or Lamotrigine)</li> </ul>
Endpoints	<ul style="list-style-type: none"> <li>Primary: Change from baseline in Young Mania Rating Scale (YMRS) at Week 3</li> <li>Key secondary: Change from baseline in Clinical Global Impressions-Bipolar (CGI-BP) at Week 3</li> </ul>	<ul style="list-style-type: none"> <li>Primary: Change from baseline in Young Mania Rating Scale (YMRS) at Week 3</li> <li>Key secondary: Change from baseline in Clinical Global Impressions-Bipolar (CGI-BP) at Week 3</li> </ul>	<ul style="list-style-type: none"> <li>Primary: Change from baseline in YMRS total score at week 5</li> <li>Key Secondary: Change from baseline in Global Impression-Severity (CGI-S) score at week 5</li> </ul>
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2027</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2027</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2028</li> </ul>
CT Identifier	<a href="#">NCT06951698</a>	<a href="#">NCT06951711</a>	<a href="#">NCT07140913</a>

\* Based-on tolerability



# Cobenfy (M1 /M4 muscarinic agonist)

## Indication

## Agitation Associated with Alzheimer's Disease (AAD)

Phase/Study	Phase III - ADAGIO-1	Phase III - ADAGIO-2
# of Patients	N = 352	N = 352
Design	<ul style="list-style-type: none"><li>• KarXT + KarX-EC</li><li>• Placebo</li></ul>	<ul style="list-style-type: none"><li>• KarXT + KarX-EC</li><li>• Placebo</li></ul>
Endpoints	<ul style="list-style-type: none"><li>• Primary: Mean change from baseline on the Cohen-Mansfield Inventory-International Psychogeriatric Association (CMAI-IPA) at Week 14</li><li>• Key secondary: Mean change from baseline on the Clinical Global Impressions-Severity (CGI-S) at Week 14</li></ul>	<ul style="list-style-type: none"><li>• Primary: Mean change from baseline on the Cohen-Mansfield Inventory-International Psychogeriatric Association (CMAI-IPA) at Week 14</li><li>• Key secondary: Mean change from baseline on the Clinical Global Impressions-Severity (CGI-S) at Week 14</li></ul>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2029</li></ul>	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2028</li></ul>
CT Identifier	<a href="#">NCT07011732</a>	<a href="#">NCT07011745</a>



# Cobenfy (M1 /M4 muscarinic agonist)

## Indication

## Alzheimer's Disease Cognition (ADC)

Phase/Study	Phase III - MINDSET 1	Phase III - MINDSET 2
# of Patients	N = 586	N = 586
Design	<ul style="list-style-type: none"><li>• KarXT + KarX-EC</li><li>• Placebo</li></ul>	<ul style="list-style-type: none"><li>• KarXT + KarX-EC</li><li>• Placebo</li></ul>
Endpoints	<p>Co-Primary:</p> <ul style="list-style-type: none"><li>• Change from baseline in Alzheimer's Disease Assessment Scale-Cognitive Subscale 11 (ADAS-Cog11) at Week 24</li><li>• Clinician's Interview-Based Impression Plus Caregiver Input (CIBIC+) at Week 24</li></ul> <p>Key secondary: Change from baseline in Alzheimer's Disease Cooperative Study-Activities of Daily Living scale (ADCS-ADL) at Week 24</p>	<p>Co-Primary:</p> <ul style="list-style-type: none"><li>• Change from baseline in Alzheimer's Disease Assessment Scale-Cognitive Subscale 11 (ADAS-Cog11) at Week 24</li><li>• Clinician's Interview-Based Impression Plus Caregiver Input (CIBIC+) at Week 24</li></ul> <p>Key secondary: Change from baseline in Alzheimer's Disease Cooperative Study-Activities of Daily Living scale (ADCS-ADL) at Week 24</p>
Status	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2028</li></ul>	<ul style="list-style-type: none"><li>• Recruiting</li><li>• Projected data readout 2028</li></ul>
CT Identifier	<a href="#">NCT06976216</a>	<a href="#">NCT06976203</a>



# Cobenfy (M1 /M4 muscarinic agonist)

## Indication

## Pediatric Autism Irritability

Phase/Study	Phase III - CN012-0044	Phase III - CN012-0045
# of Patients	N = 176	N = 176
Design	<ul style="list-style-type: none"><li>• KarXT + KarX-EC</li><li>• Placebo</li></ul>	<ul style="list-style-type: none"><li>• KarXT + KarX-EC</li><li>• Placebo</li></ul>
Endpoints	<p>Primary:</p> <ul style="list-style-type: none"><li>• Change From Baseline in the Aberrant Behavior Checklist Irritability (ABC-I) Score at Week 8</li></ul> <p>Key secondary:</p> <ul style="list-style-type: none"><li>• Change From Baseline in the Clinical Global Impression-Severity (CGI-S) Score at Week 8</li></ul>	<p>Primary:</p> <ul style="list-style-type: none"><li>• Change From Baseline in the Aberrant Behavior Checklist Irritability (ABC-I) Score at Week 8</li></ul> <p>Key secondary:</p> <ul style="list-style-type: none"><li>• Change From Baseline in the Clinical Global Impression-Severity (CGI-S) Score at Week 8</li></ul>
Status	<ul style="list-style-type: none"><li>• Trial initiating</li><li>• Projected data readout 2029</li></ul>	<ul style="list-style-type: none"><li>• Trial initiating</li><li>• Projected data readout 2029</li></ul>
CT Identifier	<a href="#">NCT07284745</a>	<a href="#">NCT07285798</a>



# BMS-986446 (anti-MTBR-tau)

## Indication

## Alzheimer's Disease

Phase/Study	Phase II - TargetTau-1
# of Patients	N = 310
Design	<ul style="list-style-type: none"><li>• BMS-986446 Dose 1</li><li>• BMS-986446 Dose 2</li><li>• Placebo</li></ul>
Endpoints	<p>Primary:</p> <ul style="list-style-type: none"><li>• Mean change from baseline in brain tau deposition as measured by tau PET at Week 76</li></ul> <p>Key secondary:</p> <ul style="list-style-type: none"><li>• Mean change from baseline in Clinical Dementia Rating Scale - Sum of Boxes (CDR-SB) score at Week 76</li></ul>
Status	<ul style="list-style-type: none"><li>• Active, not recruiting</li><li>• Projected data readout 2027</li></ul>
CT Identifier	<a href="#">NCT06268886</a>





# BMS-986368 (FAAH/MAGL inhibitor)

Indication	Multiple Sclerosis Spasticity (MSS)	Alzheimer's Disease Agitation (AAD)
Phase/Study	Phase II - BALANCE-MSS-1	Phase II - BALANCE-AAD-1
# of Patients	N = 200	N = 120
Design	<ul style="list-style-type: none"> <li>BMS-986368 Dose 1</li> <li>BMS-986368 Dose 2</li> <li>BMS-986368 Dose 3</li> <li>Placebo</li> </ul>	<ul style="list-style-type: none"> <li>BMS-986368 Dose 1</li> <li>BMS-986368 Dose 2</li> <li>Placebo</li> </ul>
Endpoints	<ul style="list-style-type: none"> <li>Primary: Change from Baseline in Numeric-transformed Modified Ashworth Scale-Most Affected Lower Limb (TNmAS-MALL) at week 6</li> </ul> <p>Key secondary:</p> <ul style="list-style-type: none"> <li>Change from baseline on the numeric rating scale spasticity (NRS-S) score at week 6</li> <li>Change from baseline on the MS spasticity scale (MSSS-88) total scores at week 6</li> </ul>	<ul style="list-style-type: none"> <li>Primary: Change from Baseline in Cohen-Mansfield Agitation Inventory (CMAI) total score up to Week 8</li> </ul> <p>Key secondary:</p> <ul style="list-style-type: none"> <li>Neuropsychiatric Inventory Nursing Home Version (NPI-NH) total score up to week 8</li> <li>NPI-NH agitation/aggression domain score up to week 8</li> <li>CMAI-IPA total score up to week 8</li> <li>CMAI sub-scores changes in aggressive behaviors up to week 8</li> </ul>
Status	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2027</li> </ul>	<ul style="list-style-type: none"> <li>Recruiting</li> <li>Projected data readout 2027</li> </ul>
CT Identifier	<a href="#">NCT06782490</a>	<a href="#">NCT06808984</a>



# Abbreviations

<b>AAD</b>	American Academy of Dermatologists	<b>DPd</b>	Daratumumab, Pomalidomide, and Dexamethasone	<b>LPA1</b>	Lysophosphatidic Acid Receptor 1	<b>Q3W</b>	Every Three Weeks
<b>Ac</b>	Actinium	<b>DVd</b>	Daratumumab, Bortezomib, and Dexamethasone	<b>LU177 SA</b>	Lutetium-177 Specific Activity	<b>Q4W</b>	Every Four Weeks
<b>ACR20</b>	American College of Rheumatology 20% Improvement Criteria	<b>EFS</b>	Event Free Survival	<b>mAb</b>	Monoclonal Antibody	<b>Q6W</b>	Every Six Weeks
<b>ADC</b>	Antibody Drug Conjugate	<b>EGFR</b>	Epidermal Growth Factor Receptor	<b>MBq</b>	Megabecquerel	<b>Q8W</b>	Every Eight Weeks
<b>AE</b>	Adverse Event	<b>EGFRmt</b>	Epidermal Growth Factor Receptor mutant	<b>MDS</b>	Myelodysplastic Syndrome	<b>QD</b>	Once Daily
<b>AF</b>	Atrial Fibrillation	<b>EGFRwt</b>	Epidermal Growth Factor Receptor wildtype	<b>MF</b>	Myelofibrosis	<b>QW</b>	Once Weekly
<b>BID</b>	Twice a Day	<b>ES-SCLC</b>	Extensive-Stage Small Cell Lung Cancer	<b>MI</b>	Myocardial Infarction	<b>RBC</b>	Red Blood Cell
<b>BIW</b>	Twice a Week	<b>ESSDAI</b>	EULAR Sjögren's Syndrome Disease Activity Index	<b>MIUC</b>	Muscle Invasive Urothelial Carcinoma	<b>R-CHOP</b>	Rituximab, Cyclophosphamide, Hydroxydaunorubicin, Oncovin, and Prednisone
<b>BOR</b>	Best Overall Response	<b>EULAR</b>	European Alliance of Associations for Rheumatology	<b>MM</b>	Multiple Myeloma	<b>RFS</b>	Recurrence-free survival
<b>BP</b>	Blood Pressure	<b>FDC</b>	Fixed Dose Combination	<b>MRD</b>	Minimal Residual Disease	<b>RP2D</b>	Recommended Phase 2 Dose
<b>CAR T</b>	Chimeric Antigen Receptor T-cell therapy	<b>FVC</b>	Forced Vital Capacity	<b>mRSS</b>	modified Rodnan Skin Score	<b>RP3D</b>	Recommended Phase 3 Dose
<b>CD19</b>	Cluster of Differentiation 19	<b>Hb</b>	Hemoglobin	<b>MTAP</b>	Methylthioadenosine Phosphorylase	<b>rPFS</b>	radiographic Progression-Free Survival
<b>CELMoD</b>	Cereblon E3 Ligase Modulatory Drug	<b>HCC</b>	Hepatocellular Carcinoma	<b>NDMM</b>	Newly Diagnosed Multiple Myeloma	<b>RR</b>	Relapsed/Refractory
<b>CHOP</b>	Cyclophosphamide, Hydroxydaunorubicin, Oncovin, Prednisone	<b>HD</b>	High Dose	<b>NSCLC</b>	Non-Small Cell Lung Cancer	<b>SAE</b>	Serious Adverse Event
<b>Cmax</b>	Maximum Concentration	<b>HER2</b>	Human Epidermal Growth Factor Receptor 2	<b>NTD</b>	Non-Transfusion Dependent	<b>SC</b>	Subcutaneous
<b>CMR</b>	Complete Molecular Response	<b>HER3</b>	Human Epidermal Growth Factor Receptor 3	<b>ORR</b>	Overall Response Rate	<b>SoC</b>	Standard of Care
<b>CNS</b>	Central Nervous System	<b>HGBL</b>	High-Grade B-Cell Lymphoma	<b>OR</b>	Objective Response	<b>SRI</b>	Systemic Lupus Responder Index
<b>CPS</b>	Combined Positive Score	<b>HR</b>	Hormone Receptor	<b>OS</b>	Overall Survival	<b>SSTR2</b>	Somatostatin Receptor 2
<b>CR</b>	Complete Response	<b>IgG4-RD</b>	Immunoglobulin G4-Related Disease	<b>pCR</b>	Pathological Complete Response	<b>TD</b>	Transfusion Dependent
<b>CRC</b>	Colorectal Cancer	<b>IMiD</b>	Immunomodulatory Imide Drug	<b>PD1</b>	Programmed Death-1	<b>TEAE</b>	Treatment Emergent Adverse Events
<b>CRNM</b>	Clinically Relevant Non-Major	<b>IO</b>	Immuno-Oncology	<b>PDAC</b>	Pancreatic Ductal Adenocarcinoma	<b>TI</b>	Transfusion Independence
<b>CRPC</b>	Castration-Resistant Prostate Cancer	<b>IR</b>	Inadequate Response	<b>PD-L1</b>	Programmed Death-Ligand 1	<b>TID</b>	Three times a day
<b>CRR</b>	Complete Remission Rate	<b>ISTH</b>	International Society for Thrombosis and Haemostasis	<b>PDUFA</b>	Prescription Drug User Fee Act	<b>TKI</b>	Tyrosine-Kinase Inhibitor
<b>CVD</b>	Cardiovascular Disease	<b>IU</b>	International Units	<b>PET</b>	Positron Emission Tomography	<b>Tmax</b>	Time to Maximum Concentration
<b>D1/D8</b>	Day1/Day8	<b>IV</b>	Intravenous	<b>PFS</b>	Progression Free Survival	<b>TNBC</b>	Triple-Negative Breast Cancer
<b>DCR</b>	Disease Control Rate	<b>IWG</b>	International Working Group	<b>PK</b>	Pharmacokinetic	<b>TNF</b>	Tumor Necrosis Factor
<b>Dd</b>	Daratumumab + Dexamethasone	<b>JAK2i</b>	Janus Kinase Inhibitor	<b>PR</b>	Partial Response	<b>TTR</b>	Time to Response
<b>DOR</b>	Duration of Response	<b>Kd</b>	Kyprolis (Carfilzomib) + dexamethasone	<b>PsA</b>	Psoriatic Arthritis	<b>TYK-2</b>	Tyrosine Kinase 2
		<b>LAG3</b>	Lymphocyte Activation Gene 3	<b>PVd</b>	Pomalidomide, Velcade, dexamethasone	<b>Vd</b>	Velcade + Dexamethasone
		<b>LBCL</b>	Large B-Cell Lymphoma	<b>Q2W</b>	Every Two Weeks	<b>VEGF-A</b>	Vascular Endothelial Growth Factor A