Bristol Myers Squibb™

Investor Event

November 16, 2021

Transforming patients' lives through science™

Forward Looking Statement and Non-GAAP Financial Information

This presentation contains statements about the Company's future plans and prospects that constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated as a result of various important factors, including those discussed in the Company's most recent annual report on Form 10-K and reports on Form 10-Q and Form 8-K. These documents are available on the SEC's website, on the Bristol-Myers Squibb website or from Bristol-Myers Squibb Investor Relations.

In addition, any forward-looking statements represent our estimates only as of the date hereof and should not be relied upon as representing our estimates as of any subsequent date. While we may elect to update forward-looking statements at some point in the future, we specifically disclaim any obligation to do so, even if our estimates change.

This presentation includes certain non-generally accepted accounting principles (GAAP) financial measures that we use to describe our company's performance. The non-GAAP information presented 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 GAAP financial measure are available on our website at bms.com/investors.

Also note that a reconciliation of certain forward-looking statements, however, is not provided due to no reasonably accessible or reliable comparable GAAP measures for such statements and the inherent difficulty in forecasting and quantifying such statements that are necessary for such reconciliation.

Today's Agenda

Giovanni Caforio

Strategic Overview

Rupert Vessey

Innovation Engine & Early Pipeline

Samit Hirawat

Late-Stage Pipeline Update

BREAK (10 min)

Chris Boerner

Commercial Opportunities

David Elkins

Financial Overview

Giovanni Caforio

Closing, Q&A

Conclusion, lunch reception

12:00 pm

Bristol Myers Squibb™

Strategic Overview

Giovanni Caforio

Board Chair and Chief Executive Officer

Our strategic foundation

A differentiated biopharma company focused on innovative medicines for patients with cancer and other serious diseases

BEST OF BIOTECH

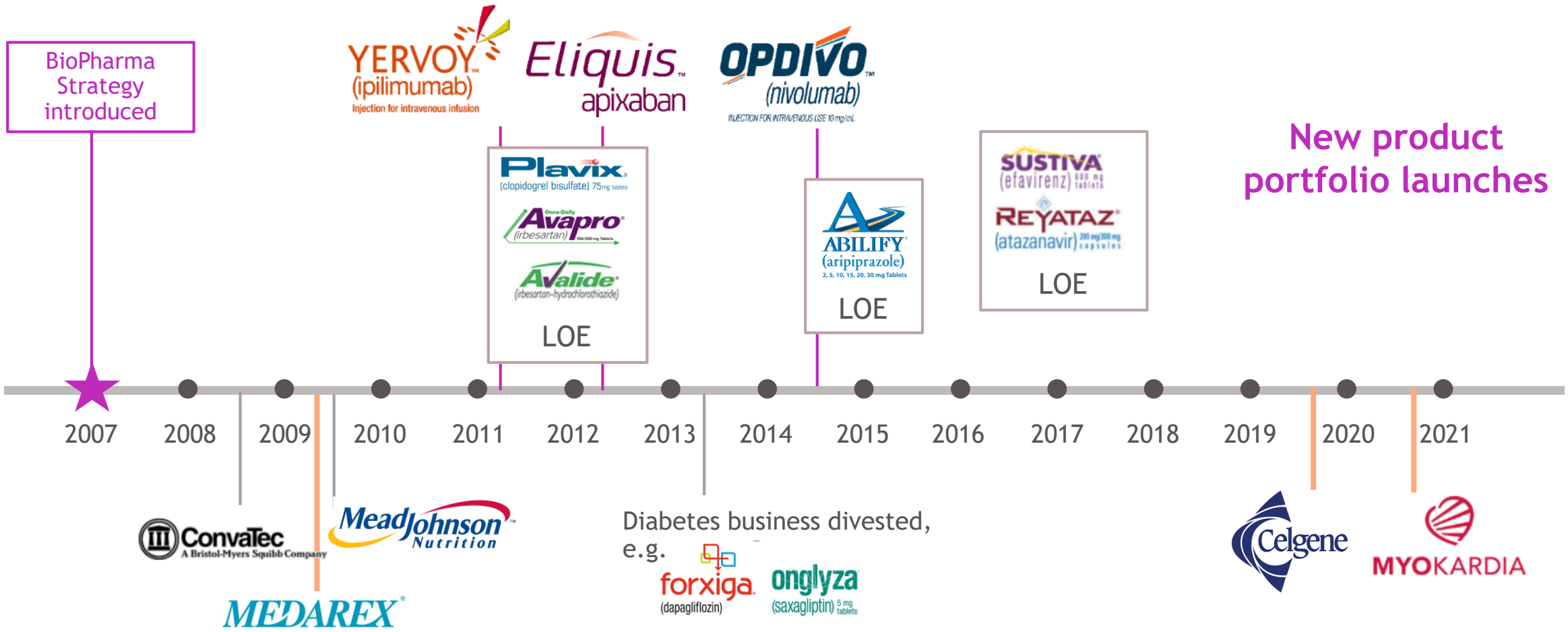
BEST OF PHARMA

- Leading scientific innovation
- Collaborating at center of the biotech ecosystem
- Leveraging global scale and agility
- Driven by the best people

Continued execution of biopharma strategy

Portfolio transformation enabled by strong track record of commercial execution

Creating our biopharma company	Focusing on specialty medicines	Deepening our innovation engine & long-term growth drivers



Bristol Myers Squibb™

acquisition

divestiture

Deepening our innovation engine since 2019

Deeper pipeline

From 29 to 64 Phase 1 & 2 assets

From 11 to 22 Phase 3 & registrational expansion opportunities

Expanded research platforms

Industry leading Protein Homeostasis capability

Expanding Cell Therapy platforms

Broader external partnership network

Currently >300

Well positioned with a diverse portfolio of leading medicines

Leading Products across Four Therapeutic Areas

Solid Tumor Oncology

OPDIVO (nivolumab)
YERVOY (ipilimumab) Injection for intravenous infusion
Abraxane

Hematology

Revlimid (lenalidomide) capsules
Pomalyst (pomalidomide) capsules
SPRYCEL dasatinib tablets

Cardiovascular

Eliquis apixaban

Immunology

ORENCIA (abatacept)

New Product Portfolio

Reblozyl (luspatercept-aamt) for injection
ONUREG (azacitidine) tablets
INREBIC (fedratinib) capsules
ZEPOSIA (ozanimod)
Breyanzi (lisocabtagene maraleucel)
Abecma (idecabtagene vicleucel)

- mavacamten*
- rela+nivo FDC*
- deucravacitinib*

Deep & Broad Late-stage Pipeline

- iberdomide
- CC-92480
- FRα ADC
- milvexian
- BCMA TCE
- cendakimab
- bempeg

+ Expansion opportunities across multiple assets

Robust Early-stage Pipeline**

50+ assets

Across leading drug discovery platforms:

- Small molecules
- Protein homeostasis
- Biologics
- Cell therapy

**Phase I / II Assets

Financial strength enabling continued investment for growth

Our Commitment as a sustainable organization

	Environment	Social	Governance
Key Priorities	Embracing environmental stewardship	Promoting product quality & safety Cultivating diversity, equity & inclusion Ensuring health equity, patient access & innovation	Maintaining highest ethics, integrity & compliance Upholding Board oversight & accountability
Concrete Commitments	2024 • Science-based emissions reduction targets established 2030 • 100% renewable electricity 2040 • Net neutral GHG • 100% EV fleet • 100% equitable water use • Zero waste to landfill	2021 • **≥ 25%** new clinical trial sites in diverse metro areas 2022 • Gender **parity** at executive level • **2X** representation for Black/African American & Hispanic/Latino executives 2025 • **$1B** spend with diverse suppliers	• Experienced & diverse Board – Board oversight of strategy & key enterprise risks – 60% female & ethnically diverse directors • Shareholder rights – Regular shareholder engagement – Proxy access – Special meeting right (15%)

Confidence in our ability to address future key LOE exposures

1H Decade

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

SPRYCEL dasatinib 100 mg tablets

Pomalyst (pomalidomide) capsules

Abraxane

2H Decade

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

YERVOY (ipilimumab) Injection for intravenous infusion

Eliquis apixaban

Multiple drivers of growth to more than offset LOE headwinds

New Product Portfolio

$25B+

NRA revenue potential

Mid to late stage Pipeline

- iberdomide
- CC-92480
- milvexian
- BCMA TCE
- bempeg
- cendakimab
- FRα ADC

Early-Stage Pipeline

50+ assets

Financial strength

$45B - $50B

free cash flow 2021-2023

NRA: Non-Risk Adjusted sales subject to positive registrational trials and health authority approval
Financial projections may contain non promoted sales, BMS promotes only according to label

2020-2025 revenue growth: Continuing Business offsets LOEs

LOE Brands = Revlimid, Pomalyst, Sprycel, and Abraxane

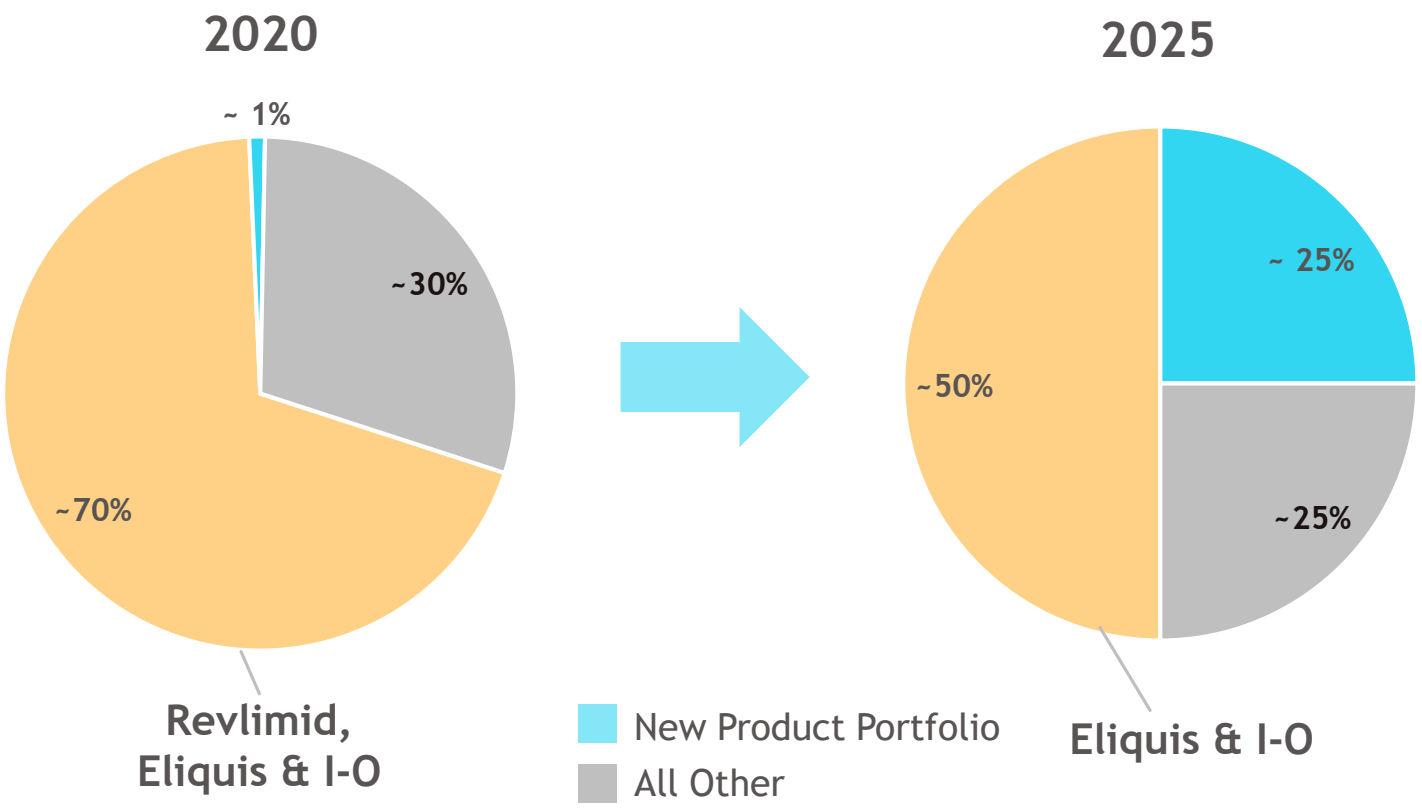
Not for Product Promotional Use

Financial projections may contain non promoted sales, BMS promotes only according to label

*At constant exchange rates – Non-GAAP, on a risk-adjusted basis - There is no reliable or reasonable estimable comparable GAAP metric for this non-GAAP forward-looking information

Opportunity for a more diversified portfolio in 2025

Total Company Revenue Composition



New Product Portfolio expected to represent **~25%** of total company revenue expected in 2025, with continued growth expected

Reduced concentration of top brands from ~70% in 2020 to ~50% in 2025; trend expected to continue

New Product Portfolio = Abecma, Breyanzi, Inrebic, Onureg, Reblozyl, Zeposia, deucravacitinib, mavacamten, rela + nivo FDC

New Product Portfolio has significant growth potential

Broad New Product Portfolio with **$25B+** non-risk adjusted revenue potential in 2029

$4B+

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

- mavacamten
- deucravacitinib
- rela+nivo FDC

$3B+

ZEPOSIA® (ozanimod) 0.92 mg capsules

Breyanzi®

$1B+

ONUREG™ (azacitidine) tablets 300mg • 200mg

Abecma® (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

Note: Non-risk adjusted sales subject to positive registrational trials and health authority approval

Broad pipeline addresses diseases with significant commercial potential

Mid to late-stage pipeline

- milvexian
- CC-92480
- cendakimab
- BCMA TCE
- iberdomide
- bempeg
- FRα ADC

Early-stage pipeline

50+ assets

Focused in disease areas with large and growing commercial potential

Cardiovascular $20B+

- HF $3B+
- Thrombosis $19B+

Hematology $40B+

- MM $20B+
- NHL $11B+
- MDS $1B+
- AML $1B+
- CLL $6B+

Immunology $75B+

- RA $28B+
- Psoriasis $20B+
- PsA $4B+
- Ank. Spond. $1B+
- Lupus $1B+
- Atopic Derm $4B+
- UC $6B+
- Crohn's $13B+

Solid Tumor Onc $80B+

- Lung $25B+
- CRC $7B+
- Breast $21B+
- Prostate $10B+
- Ovarian $2B+
- Renal $7B+
- Melanoma $7B+
- GI $1B+
- H&N $2B+
- Liver $1B+

Source: EvaluatePharma 2020 estimates

Business Development remains a top priority

Consistent criteria for sourcing external innovation

- Strategically Aligned
- Scientifically Sound
- Financially Attractive

Focused on therapeutic areas of interest

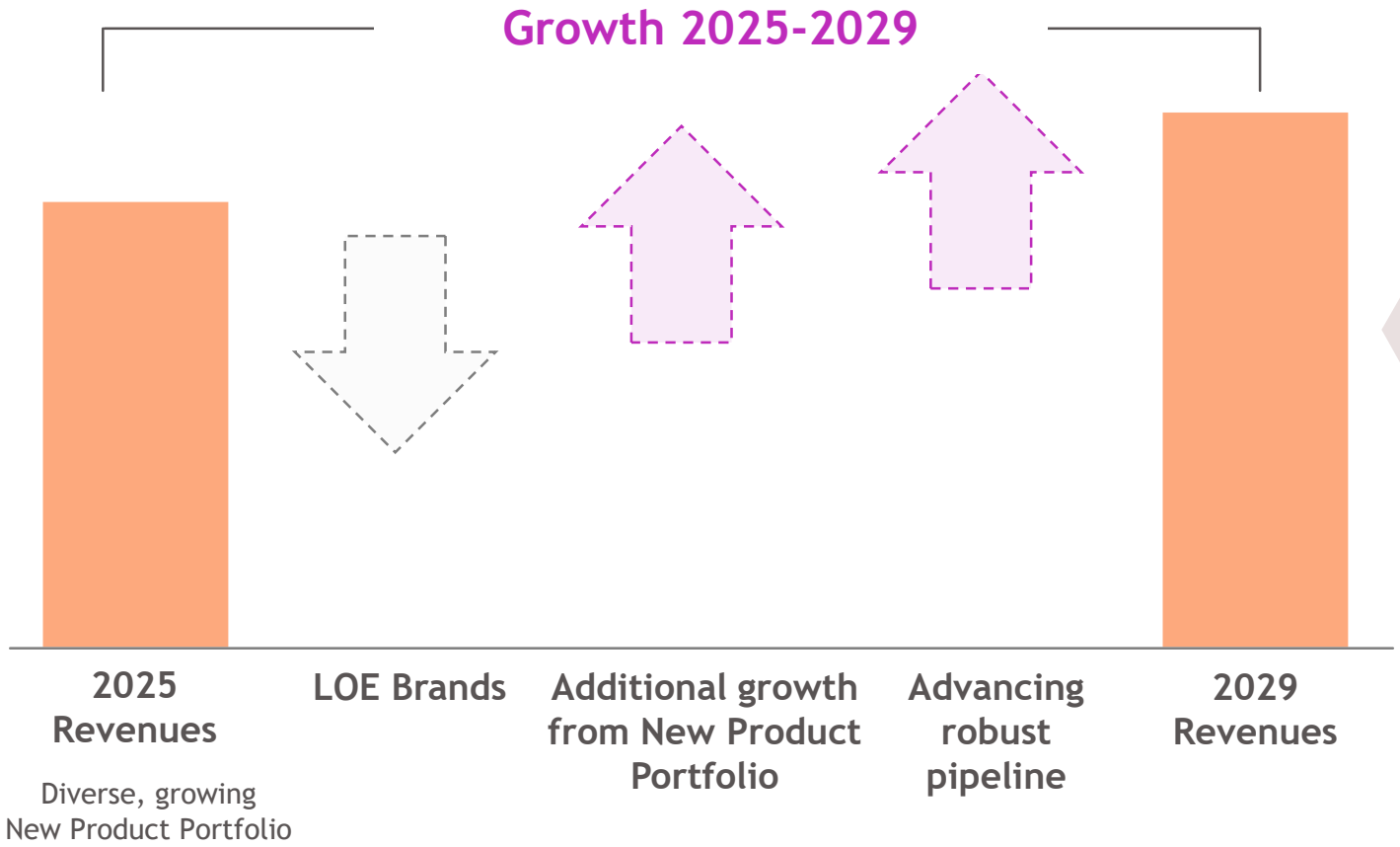
- Oncology
- Hematology
- Immunology
- Cardiovascular
- Neurology

Current focus:

- Emerging science-based in-licensing opportunities
- Small & mid-sized bolt-on opportunities to strengthen innovation engine & long-term growth profile

New Product Portfolio and pipeline provide multiple pathways to growth from 2025 to 2029

New product portfolio and pipeline products will continue to provide revenue replacement power, offsetting Eliquis and I-O LOEs



Delivery of late-stage pipeline

Combination of new products & high-value expansion opportunities:

- Reblozyl LCM
- deucravacitinib LCM
- mavacamten LCM
- relatlimab LCM
- milvexian
- iberdomide

Additional optionality from disciplined Business Development

Critical 2022 & 2023 deliverables to unlock value of New Product Portfolio

ZEPOSIA (ozanimod) 0.92 mg capsules

Establish broad access for Zeposia in UC

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

Enable expansion for Reblozyl through successful 1L MDS COMMANDS trial

Breyanzi

Build industry-leading cell therapy franchise, anchored on Breyanzi

mavacamten

Deliver successful launch of mavacamten over the next year

deucravacitinib

Establish deucravacitinib as oral of choice in Psoriasis

What we will cover with you today

Rupert Vessey

Provide insight to our innovation engine

Samit Hirawat

Review our mid & late-stage pipeline

Chris Boerner

Discuss the building blocks of growth

David Elkins

Review our financial strength & approach to capital allocation

Bristol Myers Squibb™

Innovation Engine & Early Pipeline

Rupert Vessey,

MA, BM, BCh, FRCP, DPhil

President, Research & Early Development

R&D Strategic Foundation

An innovation company developing first-in-class & best-in-class medicines addressing significant unmet need

Key Enablers of Our Success

Talent

Portfolio Execution

Innovative R&D Platforms

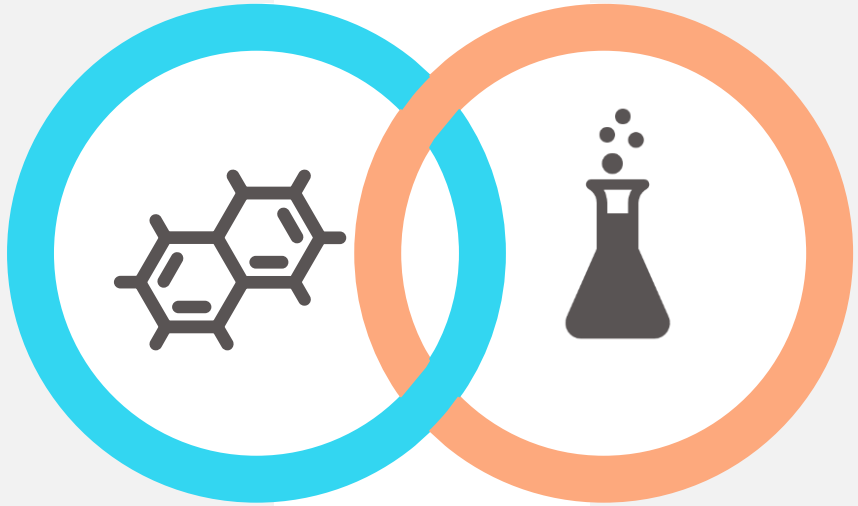
External Partnerships

Digital Innovation

An Integrated Approach to Research and Development

Research & Early Development

Drive innovation and bring forward next generation assets



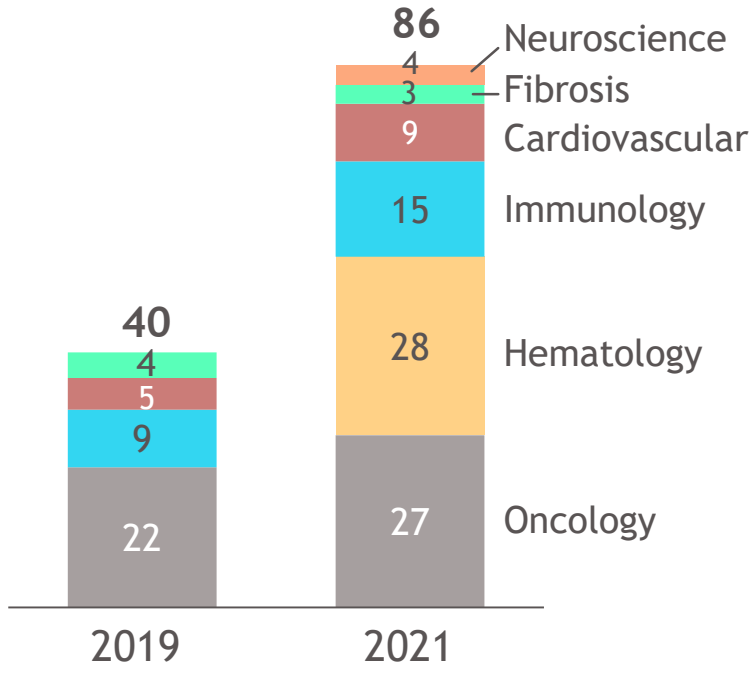
Global Drug Development

Maximize innovation and productivity for late stage and LCM opportunities

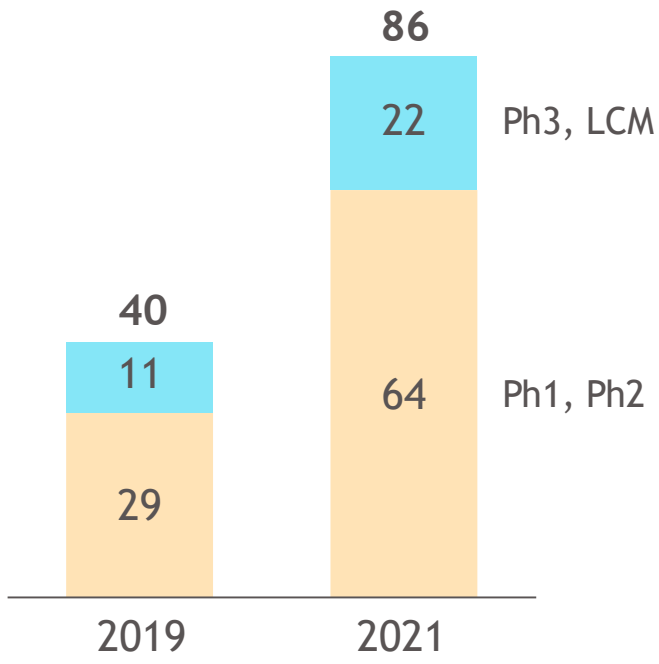
Differentiated and Diversified Portfolio Grown through Internal R&D and BD

Distribution of clinical pipeline (2019 to 2021)
# of assets

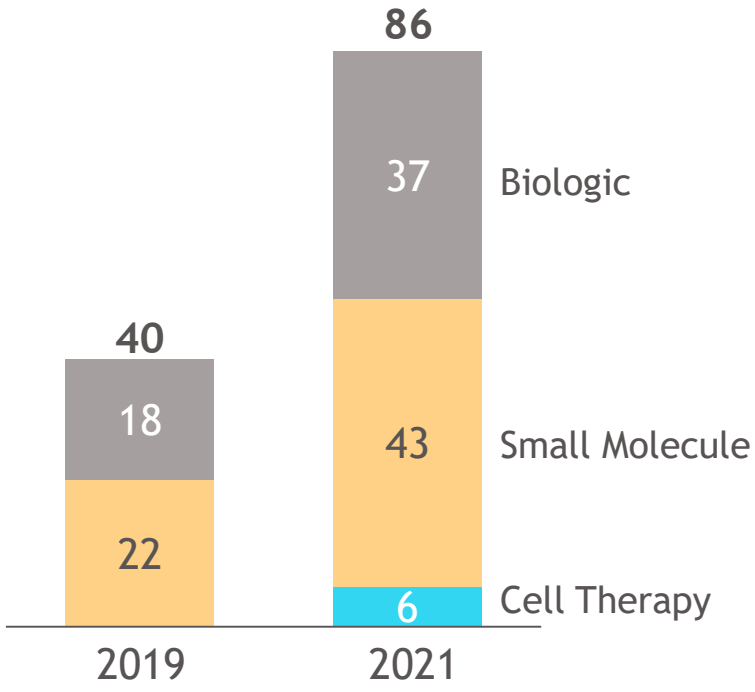
Diversifying portfolio across TAs



Rich early and mid-stage pipeline

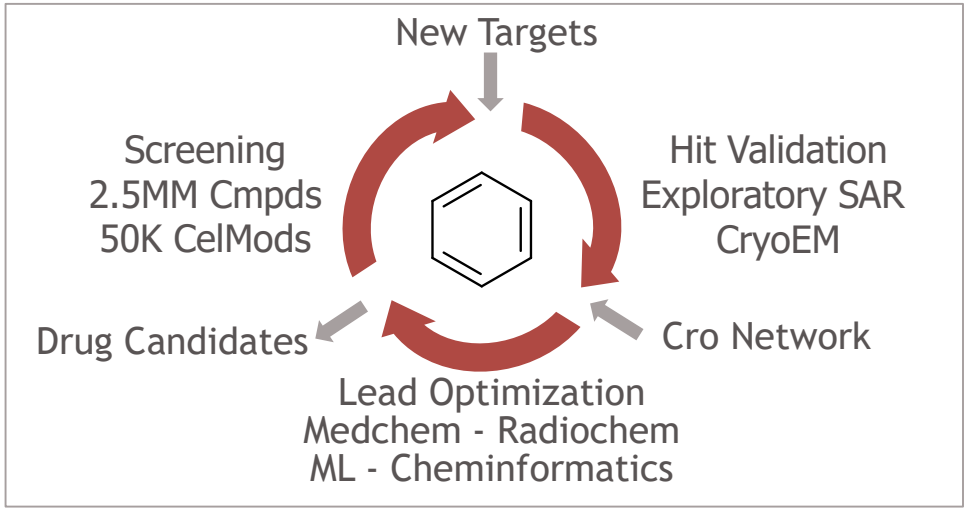


Modality agnostic approach

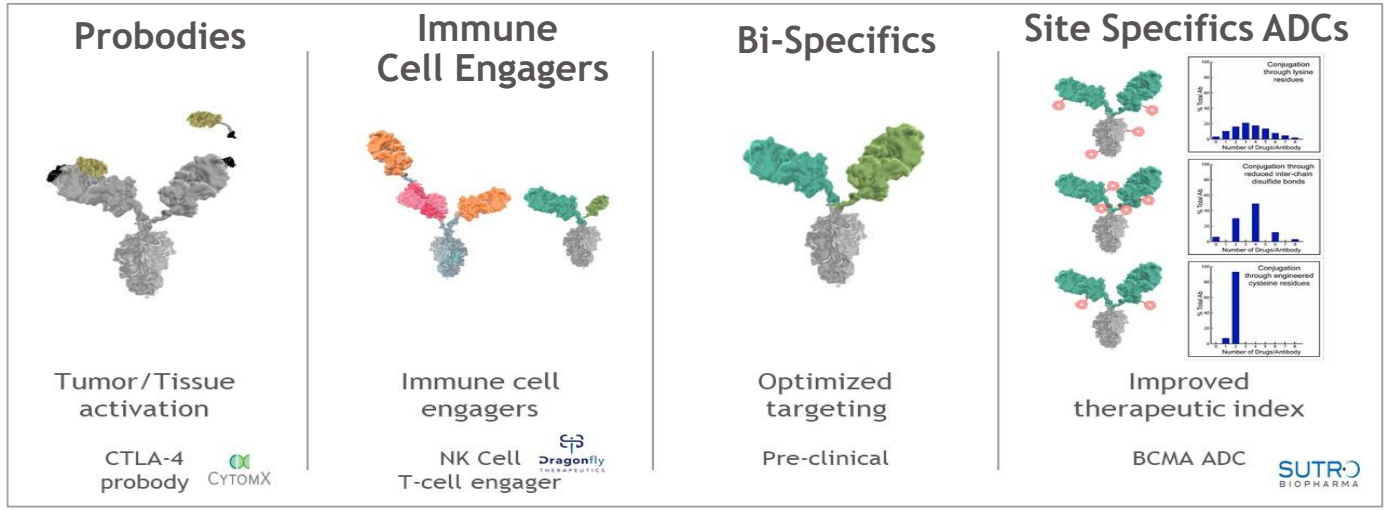


Industry Leading Drug Discovery Platforms

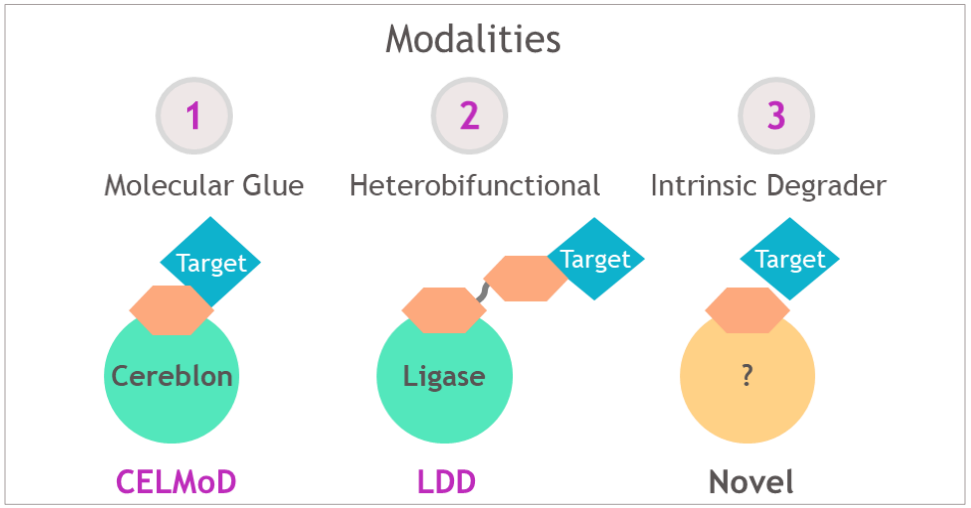
Small Molecule Drug Discovery



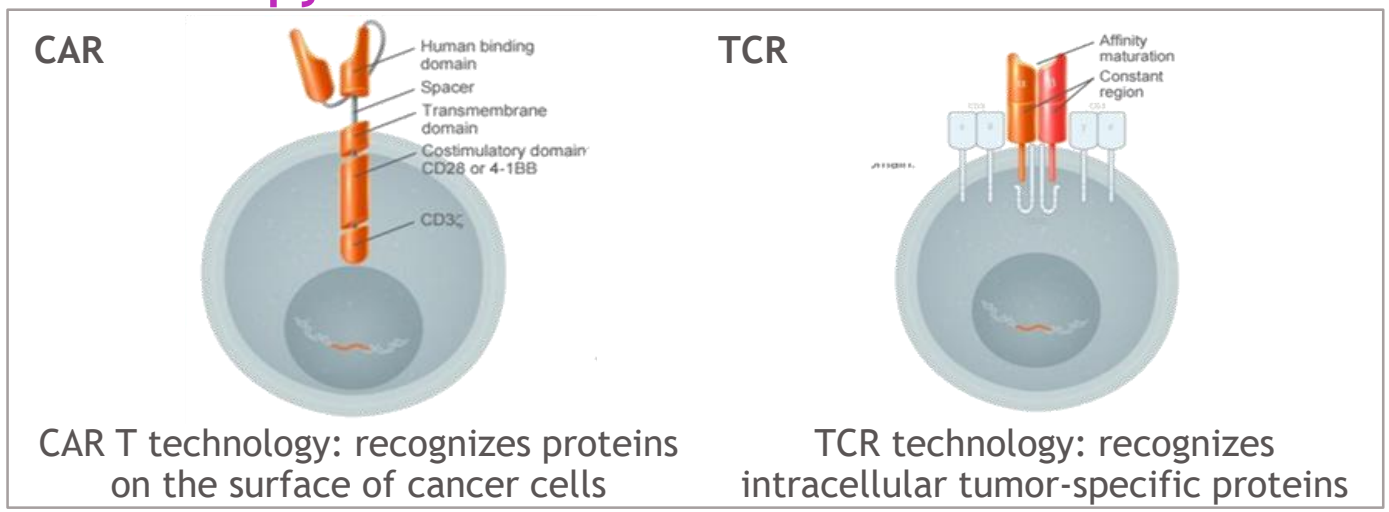
Complex Biotherapeutics



Protein Homeostasis

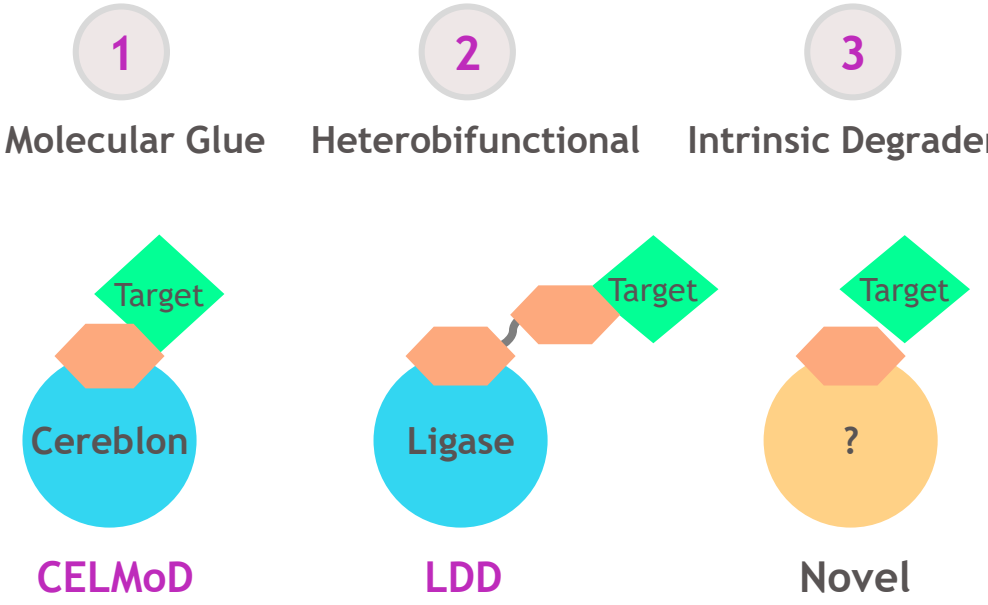


Cell Therapy



Novel Assets Advancing from our Protein Homeostasis Platform

Modalities

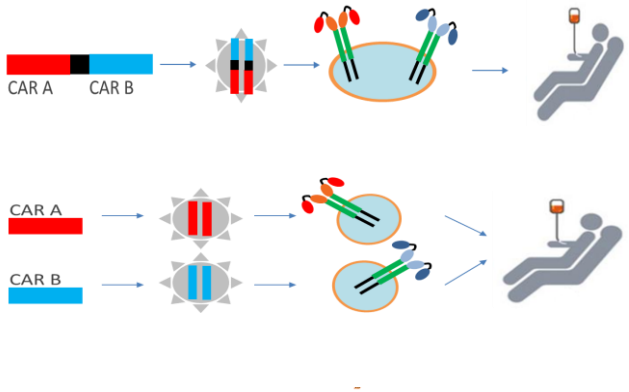


Asset	Indication	Phase
iberdomide A/I* CELMoD	MM	Late Development
CC-92480 A/I* CELMoD	MM	Late Development
CC-90009 GSPT1 CELMoD	AML	Early Development
CC-99282 A/I* CELMoD	Lymphoma	Early Development
CK1α CELMoD	AML	Early Development
AR-LDD	Prostate Cancer	Early Development
2 Novel LDD 5 Novel CELMoD	Heme-Onc, Inflammation	Full Discovery

Broad Investment in Next Generation Cell Therapies

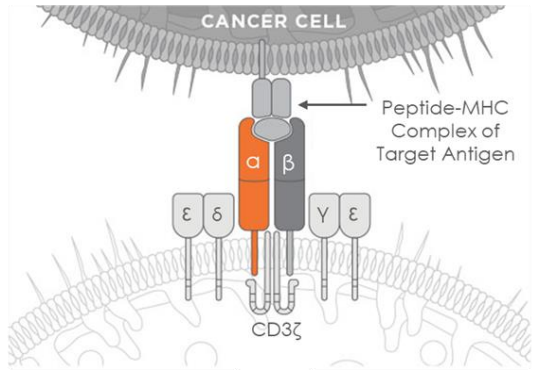
Dual Antigen Targeting CAR Ts

Mitigating antigen loss



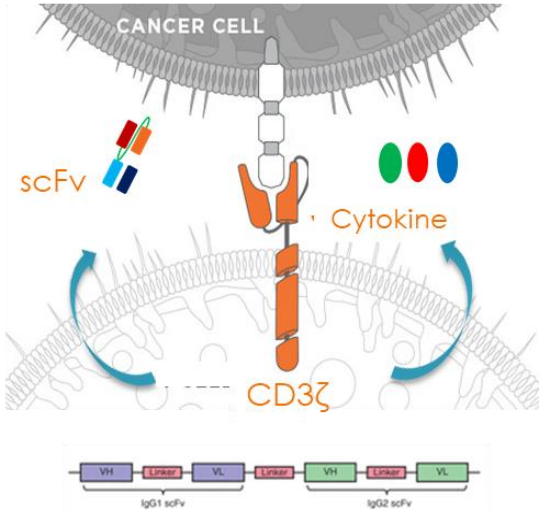
Engineered TCR T Cells for Solid Tumors

Recognizes intracellular targets



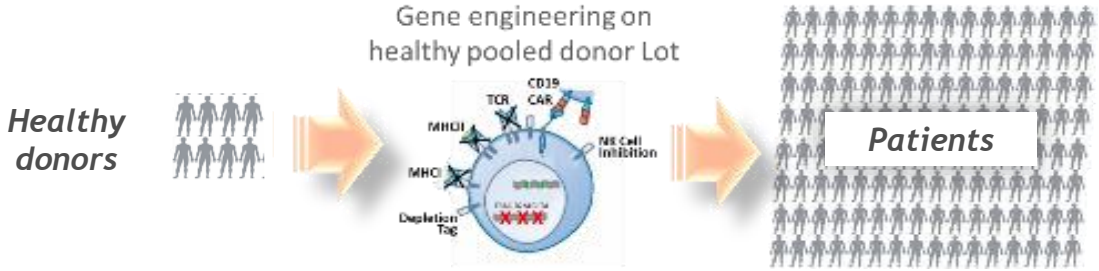
CAR T Armed Payload

Overcoming tumor microenvironment resistance



Allogeneic CAR T Cells

Off the shelf alternative

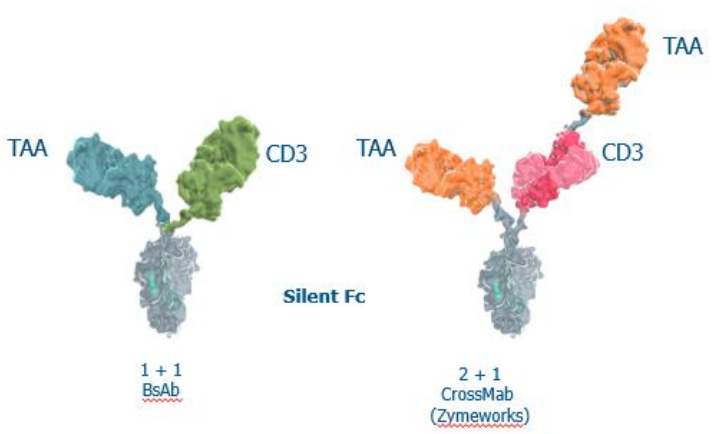


Enabled through strategic partnering

editas MEDICINE · immatics · OBSIDIAN THERAPEUTICS · Memorial Sloan Kettering Cancer Center

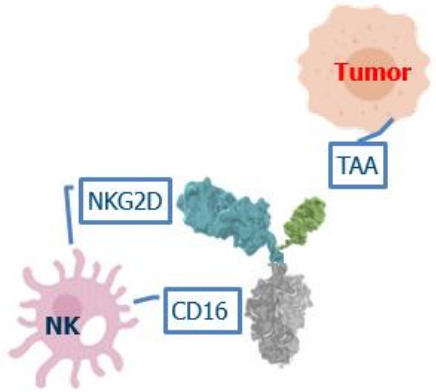
Immune Cell Engager Molecules are Complementary Modalities to Cellular Therapy

Bispecific Antibodies: Direct host immune cells (T or NK) to recognize & attack tumor cells



T Cell Engagers

zymeworks



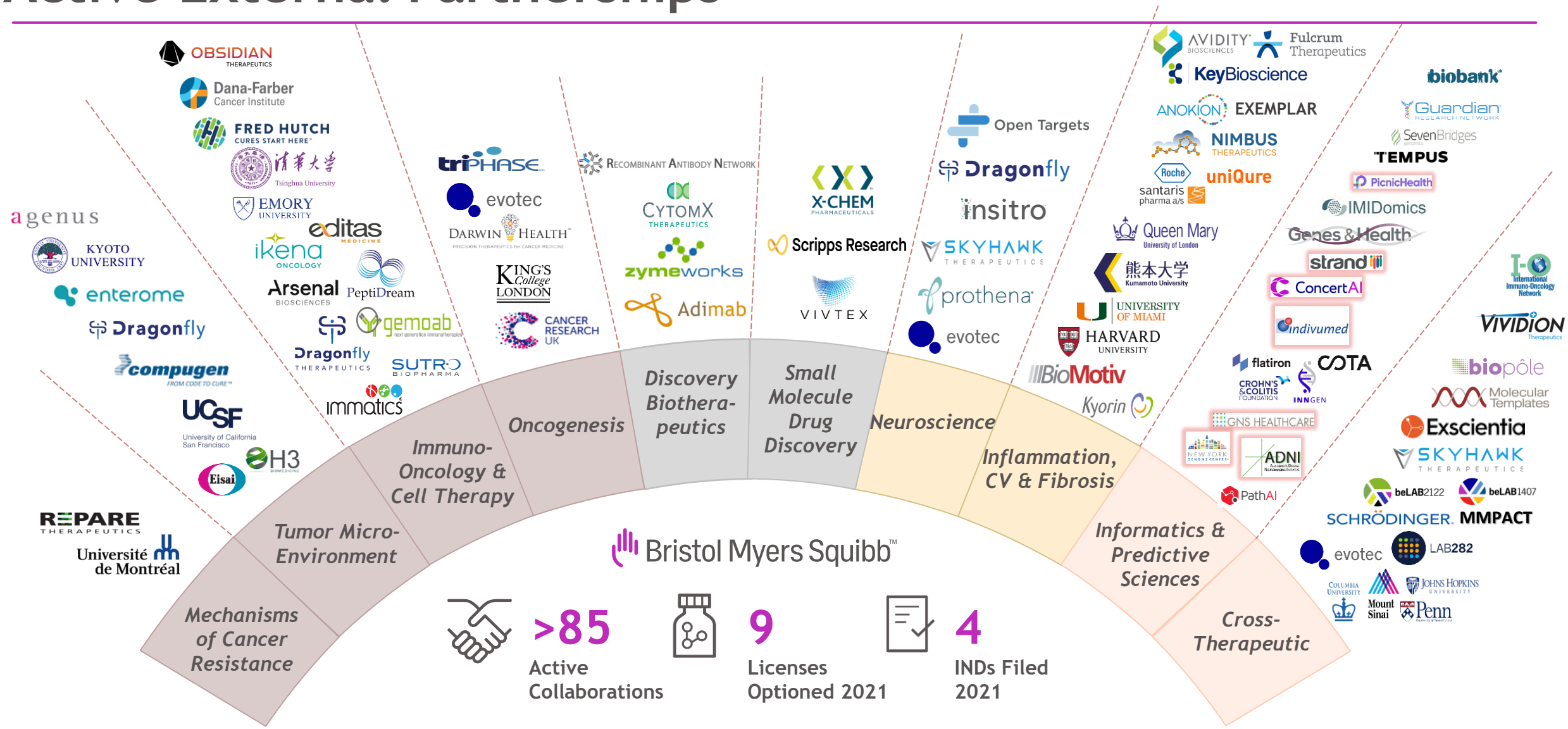
NK Cell Engagers

Dragonfly THERAPEUTICS

Current Portfolio (public)

Indication	Asset	Disc	Pre-clinical	Ph1
AML	CD33 NKE			
	AML target NKE			
	AML target NKE			
Lymphoma / CLL	BCM target NKE			
	BCMA TCE			
Myeloma	BCMA NKE			
	BCMA TCE (CC-93269)			
Solid Tumor	Solid tumor target TCE			
	ST target NKE			
	ST target NKE			
Inflammation/ neuroscience	NS target NKE			

Internal R&ED Strengths are Amplified through Active External Partnerships



Rapidly Advancing Neuroscience Pipeline Built through External Partner Network

evotec

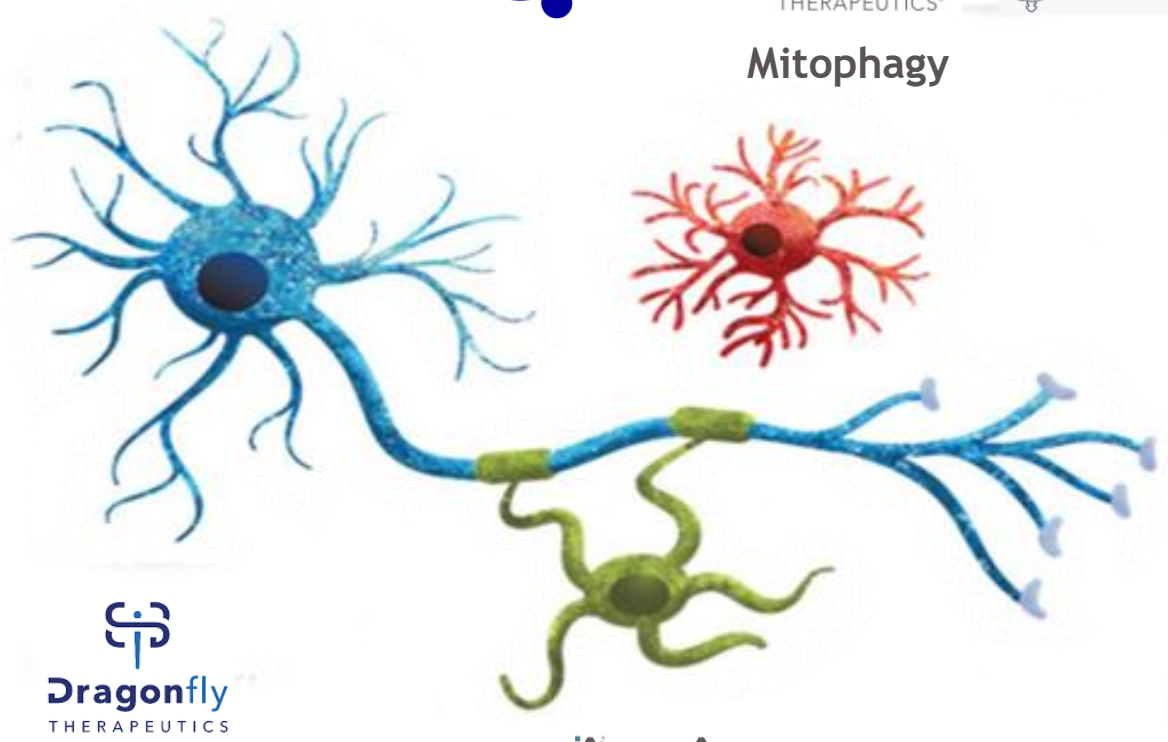
Protein Homeostasis

prothena

Protein Clearance

SKYHAWK THERAPEUTICS

RNA Splicing



evotec FORMA THERAPEUTICS UNIVERSITY OF OXFORD

Mitophagy

ZEPOSIA (ozanimod) 0.92 mg capsules

Neuroinflammation

Zeposia approved US and EU 2020

CC-97489 ABIDE THERAPEUTICS

Endocannabinoid enhancer

IND 2020: FIH June 2020

Dragonfly THERAPEUTICS

Multiple Sclerosis
Neuroinflammation

insitro

Machine learning

Autobahn Therapeutics

Remyelination and Repair

By end of 2023, five assets will have completed Phase 1 and two assets will have Phase 1 ongoing

Increasing Optionality for Additional Platforms and Technologies via Strategic Equity Investments

Opportunities for Visibility and Guidance

- Potential 1st mover advantage for early data access and partnership opportunities
- Board observer seats provide opportunities to provide guidance on research and development

Equity Portfolio Focus

	Direct Equity	LP Venture Capital	Actively Managed Incubators
Description	• **Direct relationships with innovative companies** seen as **too early stage or inaccessible** for broader partnership • ~ 75 investments	• **Deliberately constructed** VC portfolio to provide access to innovation **across geographies, company stages, TAs and sectors**	• Partnerships between incubators and BMS support **innovation** arising from **academic centers across multiple geographies**
Examples	• Pure direct equity: **Orna, Aktis** • Equity structured with partnership: **Arsenal Bio**	• Company creation: **Avalon Bioventures** • Dedicated focus: **Droia Genetic Medicines Fund**	• Geographic diversity: **LAB2030** • Incubator to Accelerator: **Dark Blue Therapeutics**

~$5B total equity investments

Integrating AI & Machine Learning into Drug Discovery and Development to Enable Better Decisions and Faster Execution

Discovery through Proof-of-concept

Phenotypic Screening
Novel targets | CELMoD® MoA

evotec

insitro

DARWIN HEALTH™
PRECISION THERAPEUTICS for CANCER MEDICINE

Compound Optimization
Reduced cycle times | Computer assisted design

Exscientia

SCHRÖDINGER

Biomarker Discovery
Multi-omics analysis | Digital pathology | Imaging

PathAI

COLUMBIA

Registrational Program Execution

Hypothesis Validation
Large internal datasets | Signal detection | Patient selection

flatiron

ConcertAI

OWKIN

Protocol Design
Competitive positioning | Virtual trial augmentation | Novel endpoints

UNLEARN

COLUMBIA

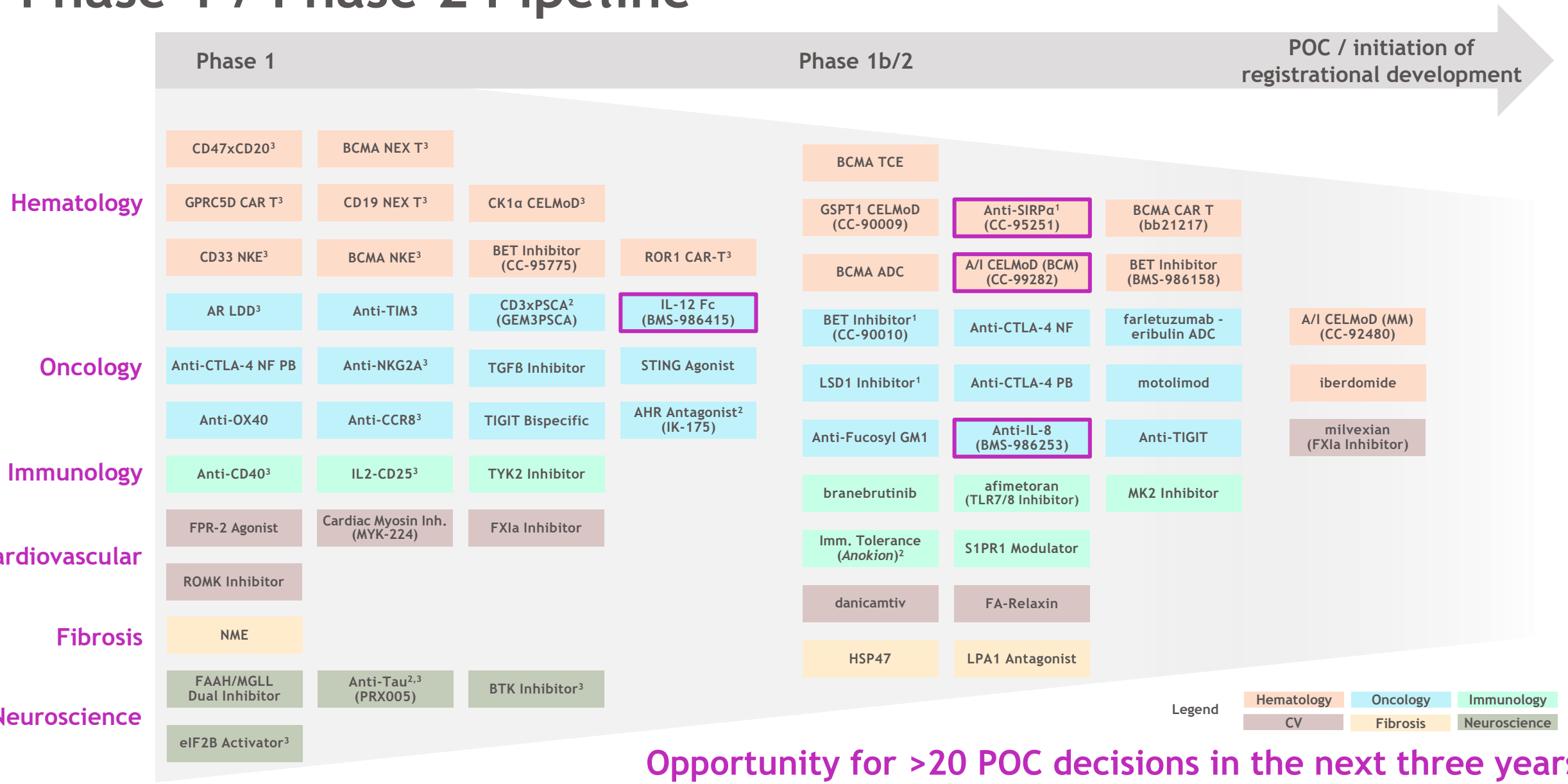
Bristol Myers Squibb™ CTDI

Trial Execution
Patient data collection | Improved Site/Investigator Communication

MEMORA HEALTH

MEDABLE

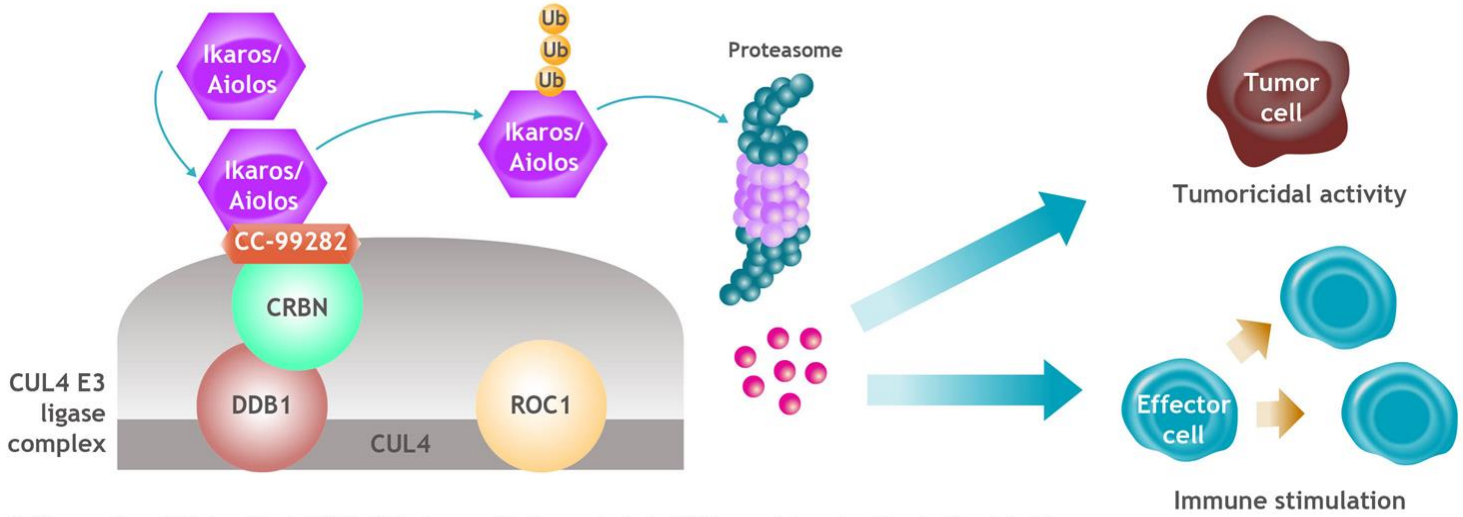
Phase 1 / Phase 2 Pipeline



Opportunity for >20 POC decisions in the next three years

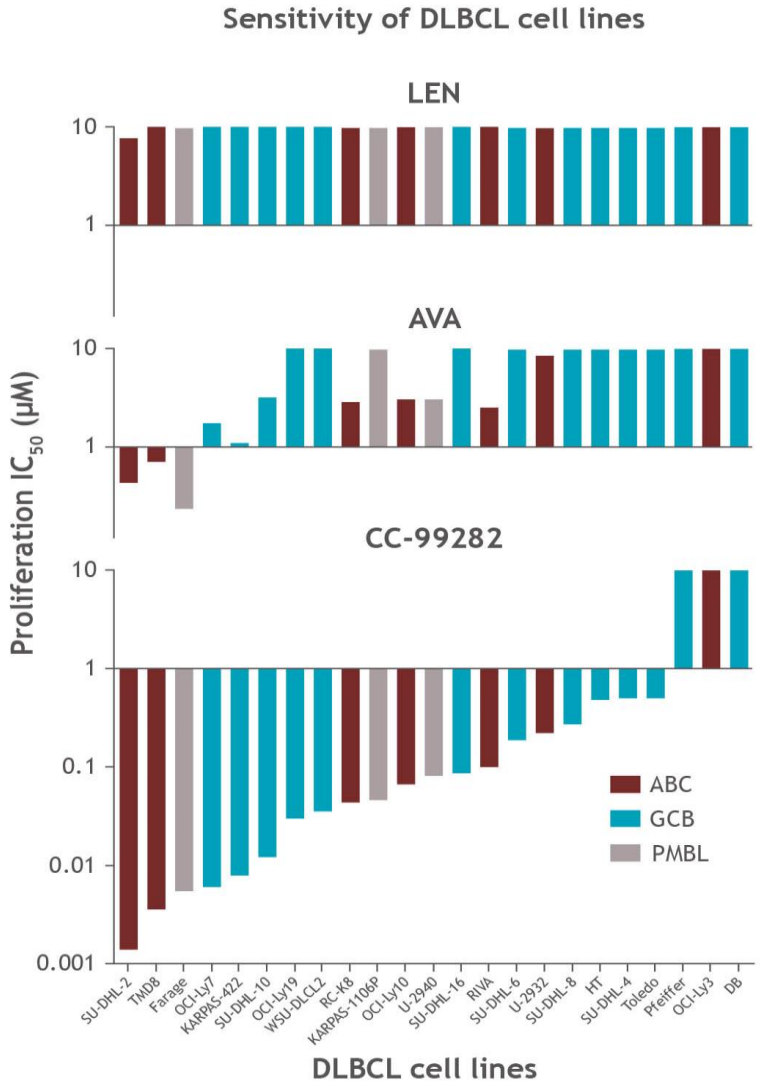
[1] In development for solid tumors and hematology
[2] BMS has an exclusive option to license and/or option to acquire
[3] IND/CTA approved

CC-99282, a novel CELMoD Ikaros/Aiolos degrader optimized for NHL



CRBN, cereblon; CUL4, cullin 4; DDB1, DNA damage-binding protein 1; ROC1, regulator of cullins-1; Ub, ubiquitin.

- CC-99282 designed for rapid and maximal substrate degradation profile
- Demonstrates broad and potent cell autonomous activity (cell death) in DLBCL cell lines
- Significant in vivo activity in both ABC and GCB DLBCL xenografts, with regression and tumor free mice on either QD or intermittent schedules
- Distribution profile that favors target tissues (lymphoid organs)



Lopez-Girona, A. et al. CC-99282 is a novel cereblon E3 ligase modulator (CELMoD) agent with potent and broad antitumor activity in preclinical models of diffuse large B-cell lymphoma Hematol Oncol. 2021

CC-99282-NHL-001[a]: study design and objective

Key eligibility criteria (Part A)

- R/R DLBCL or FL
  - ≥ 2 prior regimens including CELMoD agent or CAR T cell therapy

OR

- R/R DLBCL
  - ≥ 1 prior regimen and ineligible for transplant

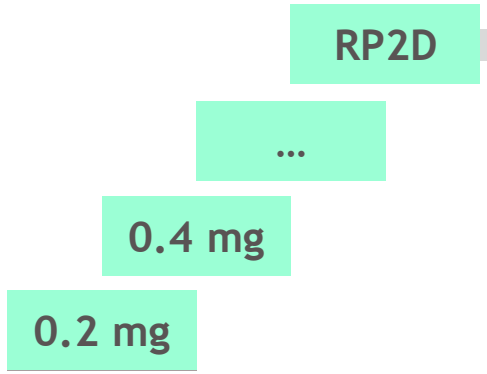
Study endpoints

- **Primary**: safety, tolerability, MTD, RP2D
- **Secondary**: PK, preliminary efficacy of CC-99282 monotherapy

Part A: dose escalation

3 distinct intermittent dosing schedules:

- *≥ 3 patients per dosing cohort*



Objective:
To **evaluate** safety and preliminary efficacy of CC-99282 in R/R DLBCL and FL

Part B: dose expansion

Cohort A
R/R DLBCL: CC-99282

Cohort B
R/R FL: CC-99282

Cohort C
R/R DBLCL: CC-99282 + rituximab

Cohort D
R/R FL: CC-99282 + rituximab

Michot J-M, et al. ASH 2021. Abstract #3574

[a]Study number NCT03930953; CAR, chimeric antigen receptor; FL, follicular lymphoma; MTD, maximum tolerated dose; PK, pharmacokinetics; RP2D, recommended phase 2 dose; R/R, relapsed or refractory.

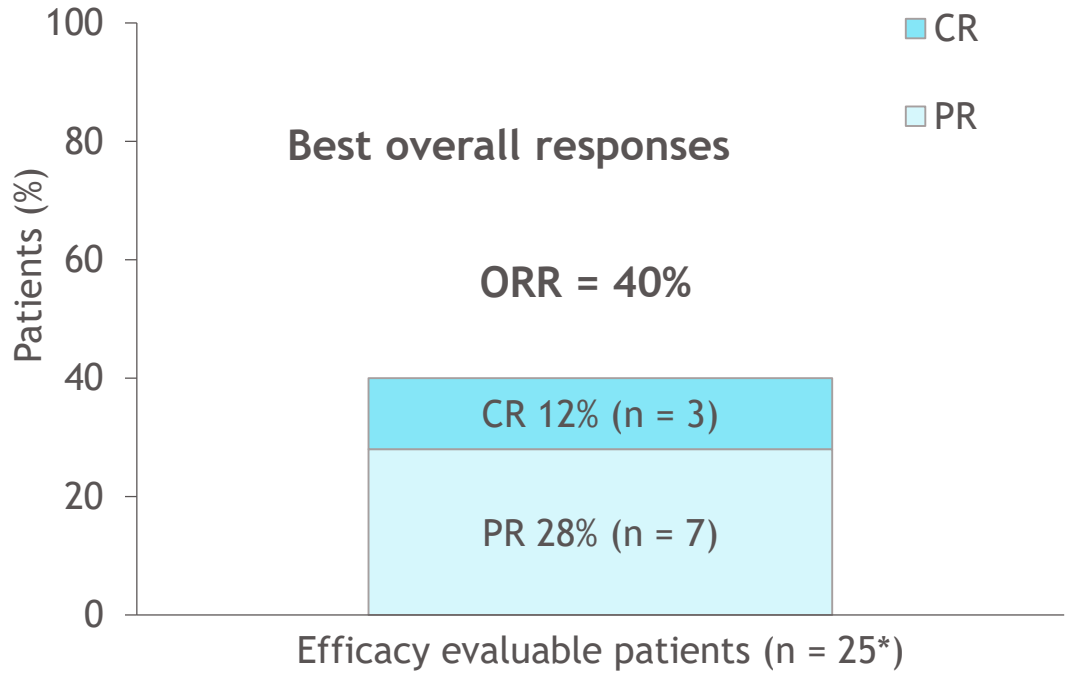
CC-99282: Encouraging Early Profile in NHL

Patient baseline characteristic	Overall (n = 35)
Age, median (range), years	66.0 (35-81)
DLBCL, n (%) FL, n (%)	30 (85.7) 5 (14.3)
No. of prior anticancer tx, median (range)	3 (1-8)
Failure of last anticancer tx, n (%)	20 (57.1)
Stem cell transplant, n (%)	7 (20.0)
CAR T cell therapy, n (%)	7 (20.0)

Safety	Overall (n = 35)
≥1 Gr3/4 TEAEs related to CC-99282, n (%)	21 (60.0)
Hematologic TEAEs Neutropenia Febrile neutropenia Thrombocytopenia	 19 (54.3) 2 (5.7) 3 (8.6)
Nonhematologic TEAEs Diarrhea Fatigue	 1 (2.9) 1 (2.9)

CC-99282 monotherapy showed a predictable and manageable safety profile and demonstrated promising efficacy in heavily pretreated pts with R/R NHL with PK/PD data consistent with robust CC-99282-mediated antitumor activity.

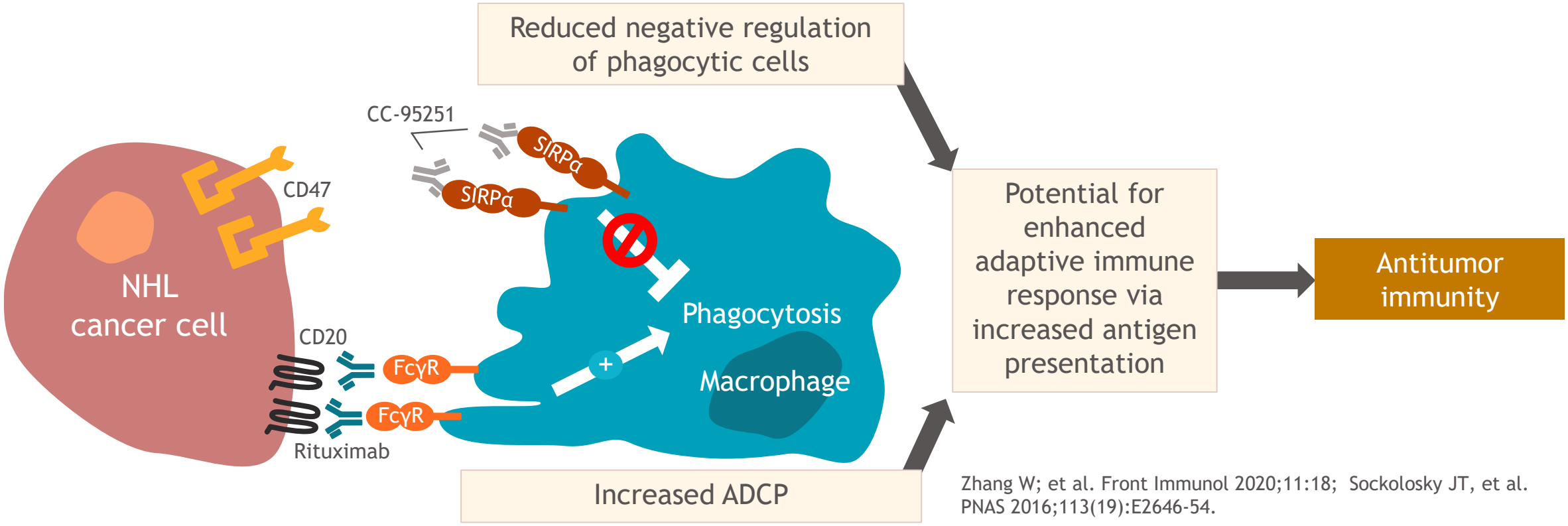
Interim PK/PD analyses showed that increase in plasma CC-99282 and degradation of Ikaros/Aiolos in peripheral T cells occurred in a dose-dependent manner where maximum degradation (> 90%) occurred by day 4 of treatment at doses ≥ 0.4 mg



* Includes patients who received ≥ 0.4 mg on tolerated dosing schedules
CR, complete response; ORR, overall response rate; PR, partial response

Data cut: 09Apr2021; Michot, JM. et al. Clinical Activity of CC-99282, a Novel, Oral Small Molecule Cereblon E3 Ligase Modulator(CELMoD) Agent, in Patients (Pts) with Relapsed or Refractory Non-Hodgkin Lymphoma (R/RNHL) – First Results from a Phase 1, Open-Label StudyTo be presented at ASH 2021. Abstract #3574

CC-95251: A Novel anti-SIRP-alpha Monoclonal Antibody



Zhang W; et al. Front Immunol 2020;11:18; Sockolosky JT, et al. PNAS 2016;113(19):E2646-54.

ADCP, antibody-dependent cellular phagocytosis; FcγR, Fc gamma receptor; NHL, non-Hodgkin lymphoma; SIRPα, signal regulatory protein alpha.

Abstract 2493: Interim results from the first clinical study of CC-95251, an anti-signal regulatory protein alpha (SIRPα) antibody, in combination with rituximab in patients with relapsed and/or refractory non-Hodgkin lymphoma (R/R NHL)

Paolo Strati,[1] Eliza Hawkes,[2] Nilanjan Ghosh,[3] Joseph Tuscano,[4] Quincy Chu,[5] Mary Ann Anderson,[6] Amar Patel,[7] Michael R. Burgess,[7] Kristen Hege,[7] Sapna Chhagan,[7] Sarandeep Boyanapalli,[7] Tracey Day,[7] Frank Shen,[7] Amitkumar Mehta[8]

[1]The University of Texas MD Anderson Cancer Center, Houston, TX, USA; [2]Austin Health-Austin Hospital, Heidelberg, VIC, Australia; [3]Levine Cancer Institute, Charlotte, NC, USA; [4]University of California, Davis, Sacramento, CA, USA; [5]Cross Cancer Institute, Edmonton, AB, Canada; [6]Peter MacCallum Cancer Centre, Melbourne, VIC, Australia; [7]Bristol Myers Squibb, Princeton, NJ, USA; [8]University of Alabama at Birmingham, Birmingham, AL, USA

CC-95251: Phase 1 study design and dose schedule

Key eligibility criteria

Inclusion criteria:

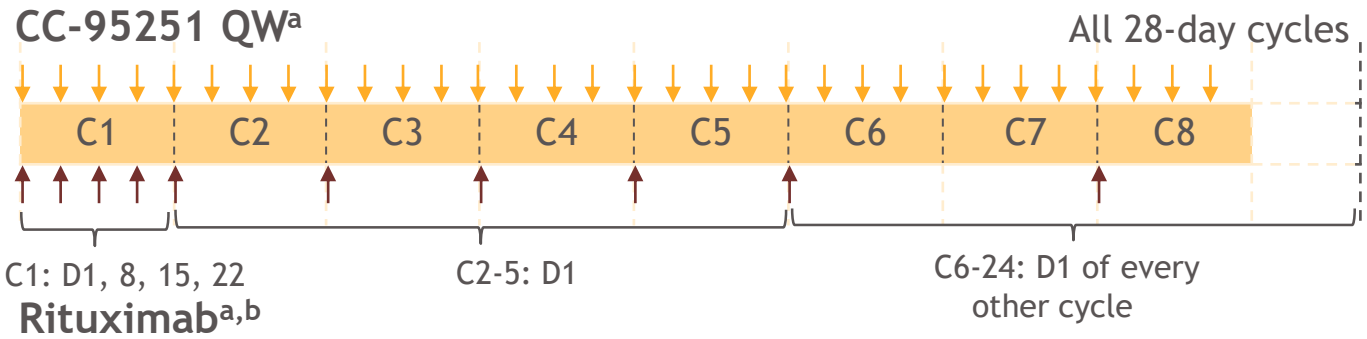
- CD20+ R/R NHL
- ECOG PS 0–1
- Disease progression on standard anticancer therapy or no approved conventional therapy available
- Prior SCT and CAR T cell therapy permitted

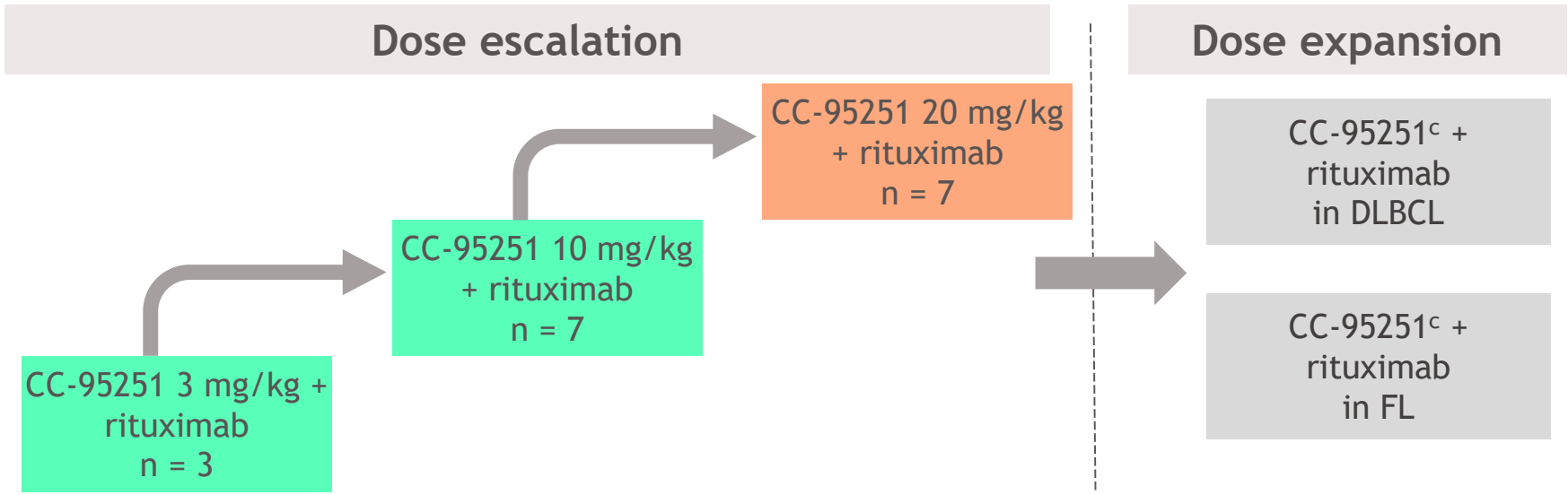
Exclusion criteria:

- No prior CD47/SIRPα investigational therapy
- No chronic systemic immunosuppressive therapy

Part A objectives

- To determine MTD/RP2D
- To assess safety





[a]Administered intravenously. [b]375 mg/m2; [c]Administered at/below the MTD.

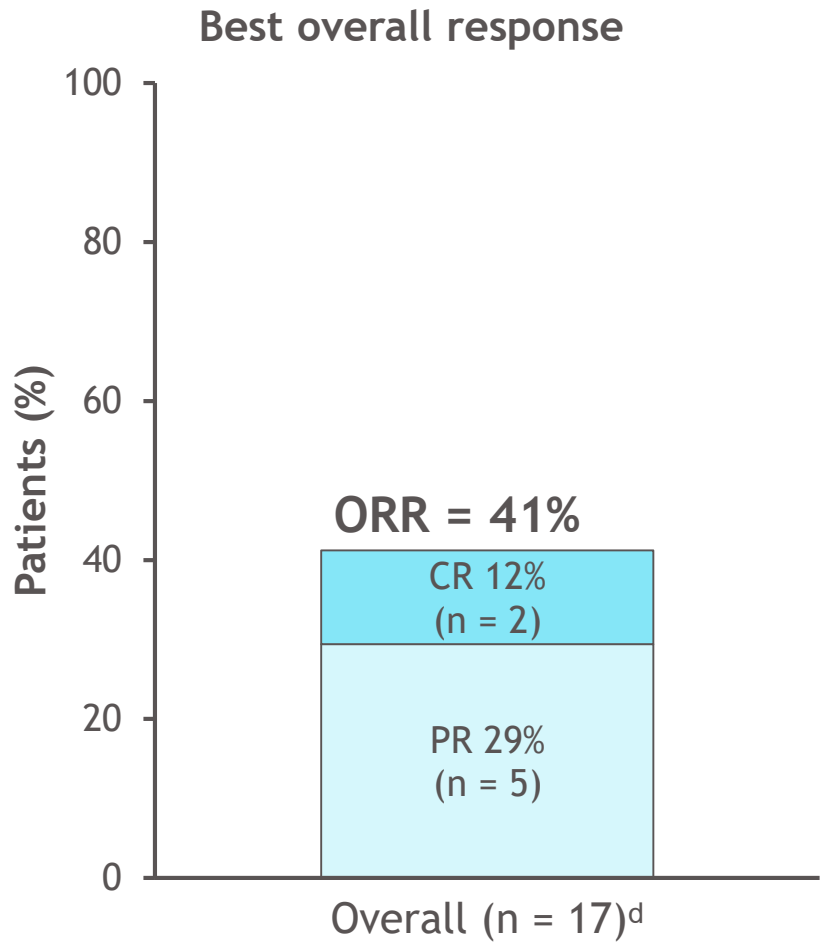
Abstract 2493: Interim results from the first clinical study of CC-95251, an anti-signal regulatory protein alpha (SIRPα) antibody, in combination with rituximab in patients with relapsed and/or refractory non-Hodgkin lymphoma (R/R NHL)
Paolo Strati, et. al. ASH 2021.

CAR, chimeric antigen receptor; DLBCL, diffuse large B-call lymphoma; ECOG PS, Eastern Cooperative Oncology Group performance status; FL, follicular lymphoma; MTD, maximum tolerated dose; NTD, non-tolerated dose; PK, pharmacokinetics; QW, weekly; RP2D, recommended phase 2 dose; SCT, stem cell transplant.

CC-95251: Encouraging Early Profile in NHL

Baseline patient characteristics	All patients (N = 18)
Age, median (range), years	69 (30-84)
Tumor types, n (%)	
DLBCL	14 (78)
FL	2 (11)
MCL	1 (6)
MZL	1 (6)
Prior systemic therapies, median (range)	4 (1-7)

Common TEAEs (> 20 % all grade)	All-cause		Treatment-related[a]	
	Any grade n = 17[b]	Grade ≥ 3 n = 17[b]	Any grade n = 17[b]	Grade ≥ 3 n = 17[b]
Hematologic TEAEs, n (%)				
Neutropenia	11 (64.7)	9 (52.9)	9 (52.9)	8 (47.1)
Thrombocytopenia	4 (23.5)	1 (5.9)	3 (17.6)	0
Non-hematologic TEAEs, n (%)				
Infection	9 (52.9)	4 (23.5)[c]	3 (17.6)	1 (5.9)
Hypokalemia	6 (35.3)	0	0	0
Hypomagnesemia	6 (35.3)	0	1 (5.9)	0
Fatigue	5 (29.4)	0	3 (17.6)	0
Headache	5 (29.4)	0	2 (11.8)	0
Infusion-related reaction	5 (29.4)	0	2 (11.8)	0
Nausea	5 (29.4)	0	1 (5.9)	0
AST elevation	4 (23.5)	0	4 (23.5)	0
Hypophosphatemia	4 (23.5)	0	1 (5.9)	0
Increased creatinine	4 (23.5)	0	0	0

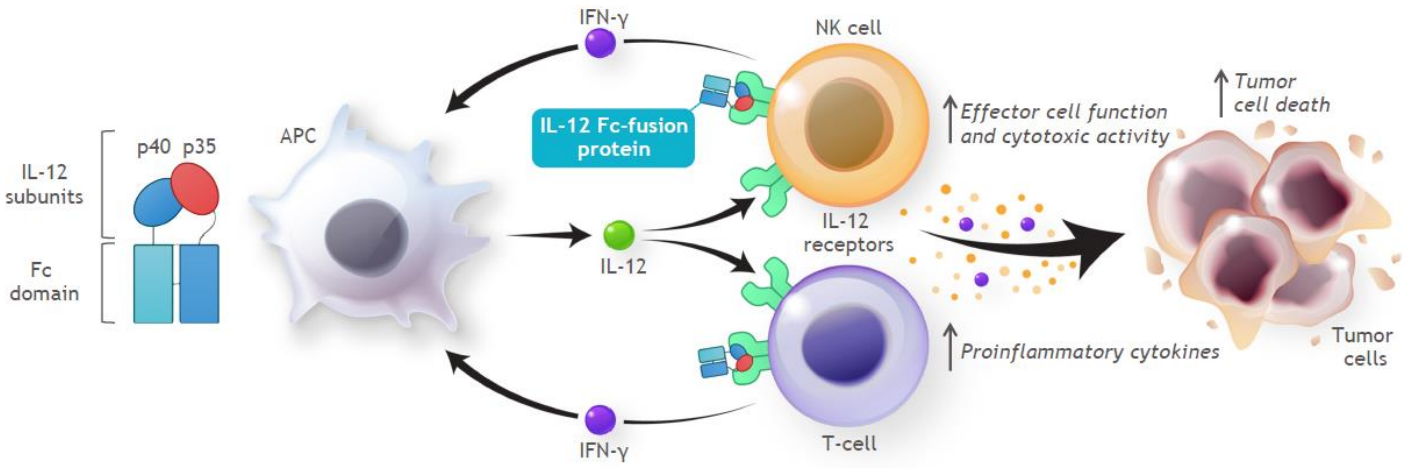


Strati P, et al. Interim results from the first clinical study of CC-95251, an anti-signal regulatory protein alpha (SIRPα) antibody, in combination with rituximab in patients with relapsed and/or refractory non-Hodgkin lymphoma (R/R NHL) ; To be presented at ASH 2021. Abstract 2493.

[a]Related to CC-95251; [b]Safety population; [c]Including a grade 5 septic shock not related to treatment; [d]Efficacy-evaluable population.
AST, aspartate aminotransferase; CR, complete response; DLBCL, diffuse large B-cell lymphoma; FL, follicular lymphoma; MCL, mantle cell lymphoma; MZL, marginal zone lymphoma; ORR, overall response rate; PR, partial response; TEAE, treatment-emergent adverse event.

BMS-986415: Novel IL-12 Fc Linking Innate and Adaptive Immunity in the Tumor Microenvironment

BMS-986415 (IL-12 Fc) - Phase IA



Dragonfly THERAPEUTICS

August 2020: Exclusive Global License for Dragonfly's IL-12 Investigational Immunotherapy

Interleukin-12 (IL-12)

- Pleiotropic effects on innate and adaptive immune cells within the TME
- Striking antitumor activity in a variety of preclinical models (monotherapy and in combination)

Therapeutic Challenge

- Narrow therapeutic index with systemically delivered IL-12

Solution: BMS-986415

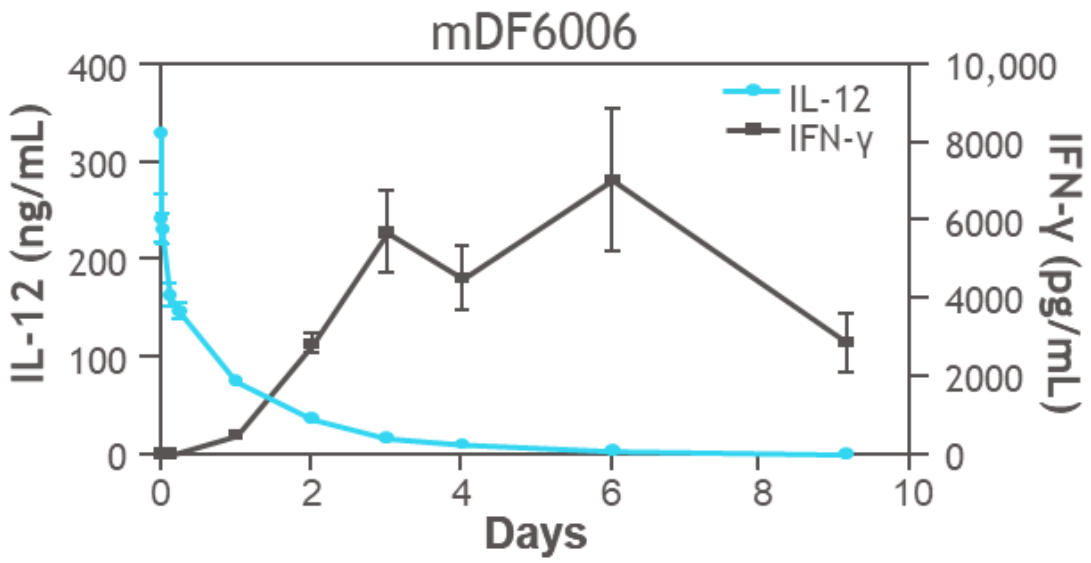
- Monovalent IL-12 Fc fusion protein
- Extended half-life prolonged IFNγ PD response, broadening therapeutic index
- First-in-class opportunity

Preclinical mouse surrogate molecule shows extended PK prolongs PD and provides single agent efficacy

Preclinical Highlights

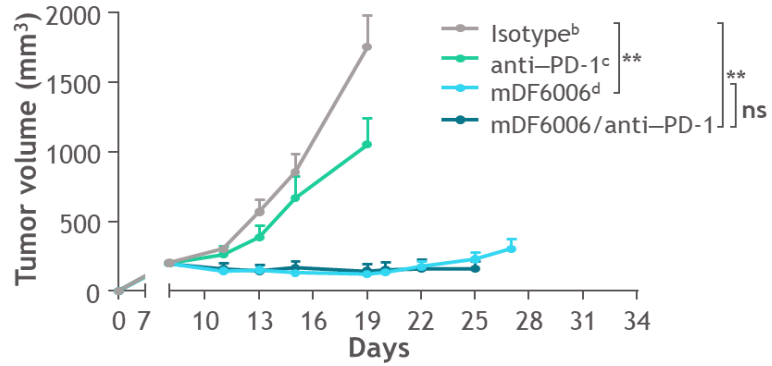
Prolonged and Moderate (Peripheral) IFNγ response

mDF6006 (1 µg single dose)

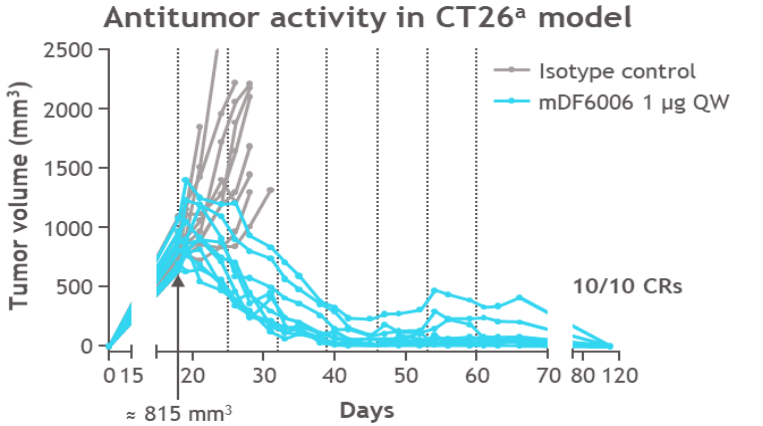


mDF6006 (mouse surrogate of BMS-986415, 1 µg weekly IP or SQ)
Tumor volumes are mean values with SEM. *P = 0.0002, **P < 0.0001 with 2-way analysis of variance.
[a]CT26-20.7 subline expressing Tyrp1 tumor-associated antigen; [b]Two mice were removed from the isotype group (1 on day 15 and 1 on day 19) due to tumor rupture; [c]One mouse was removed on day 19 due to tumor rupture; [d]One mouse was removed on day 27 due to tumor rupture.

CT26: Checkpoint-nonresponsive Model



CT26: Large Tumors



Gutierrez, E. et al. *Cancer Res* July 1 2021 81 (13 Supplement) 1714 Poster presentation at the American Association for Cancer Research Annual Meeting; April 10-15, 2021 and May 17-21, 2021; Philadelphia, PA, USA.

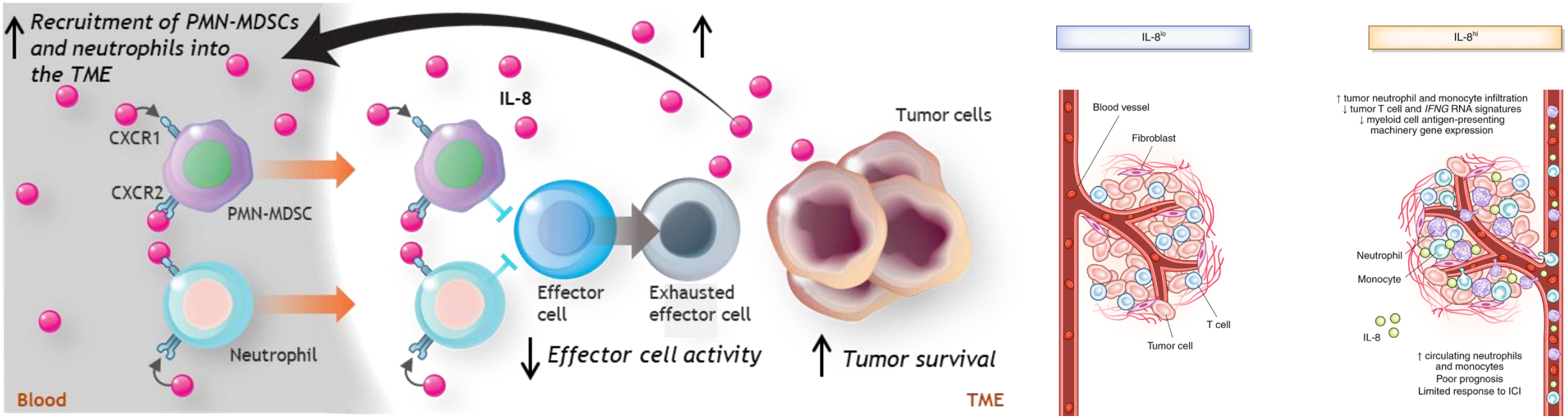
BMS-986415: Study status and updates

Study progress: Dose escalation ongoing, no dose limiting toxicities to date

Mono escalation: Enrolling

Combination escalation with nivolumab: Enrolling

Biological Rationale for Targeting the IL-8 Pathway



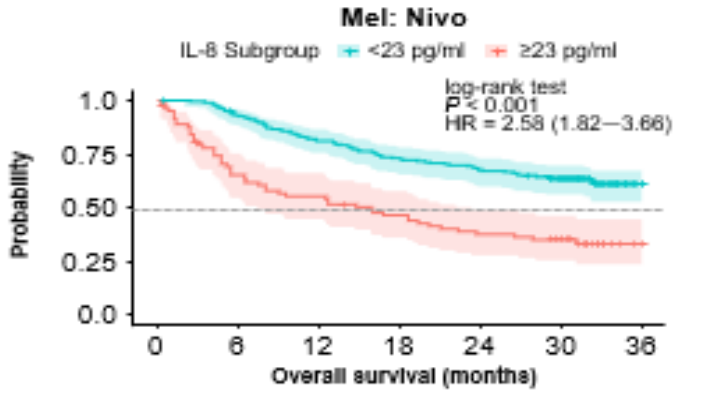
Primary Hypothesis (Role of IL-8 in Immunosuppressive Tumor Microenvironment):

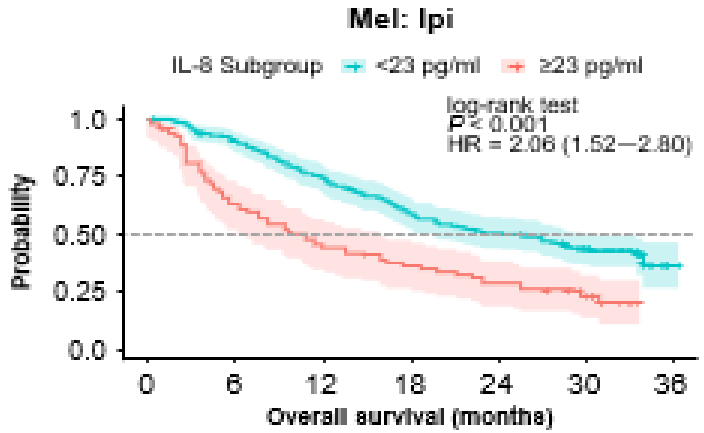
IL-8 blockade will relieve immune suppression induced by PMN-MDSC to enhanced anti-tumor immunity in combination with nivolumab

Bakouny, Z., Choueiri, T.K. IL-8 and cancer prognosis on immunotherapy Nat Med 26, 650–651 (2020).

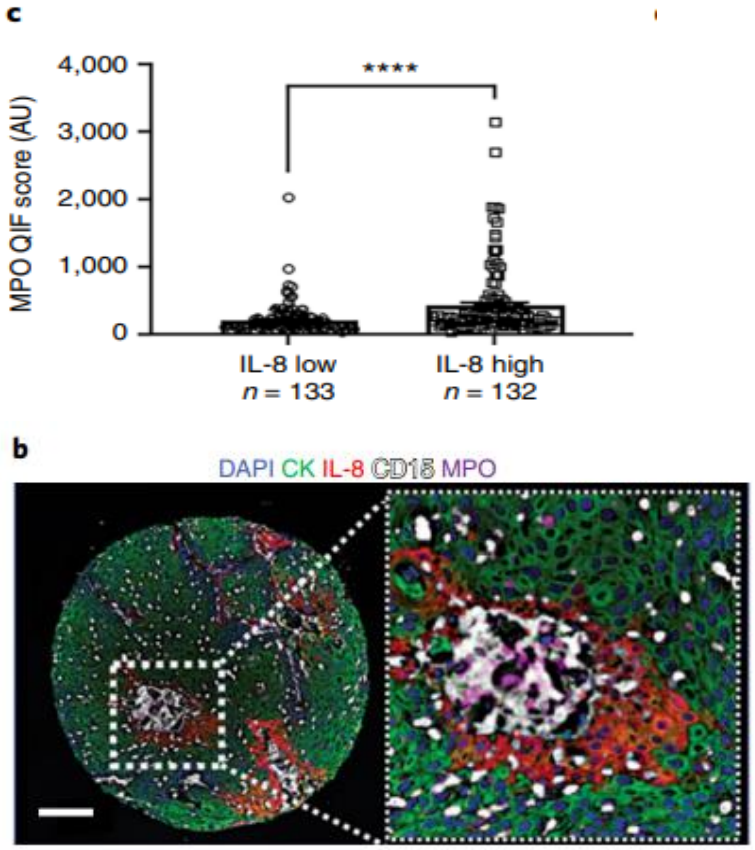
Role of IL-8 in Mediating I-O Resistance was Validated using Phase 3 Checkpoint Inhibitor Clinical Trials

Reduced OS in CPI Treated Patients with elevated Serum IL-8 (CM-067)





IL-8 promotes the trafficking of immunosuppressive PMN-MDSCs into TME (CM-017, CM-057)



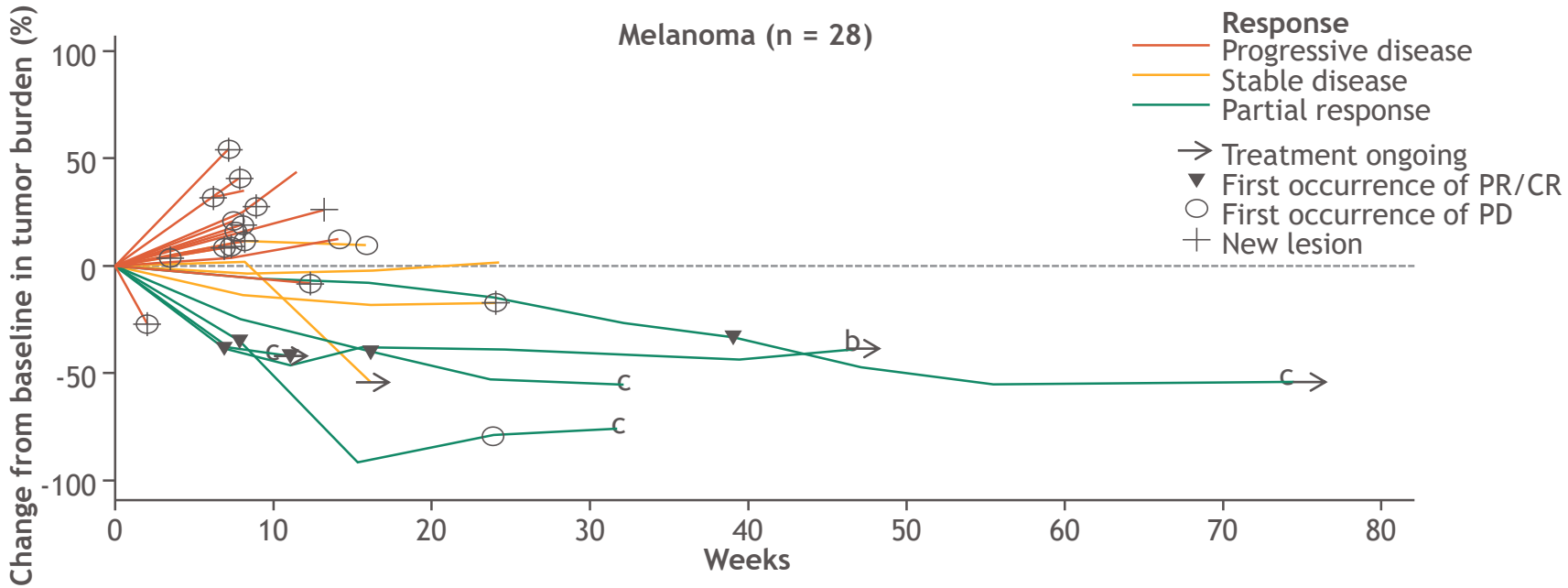
Schalper KA et al. Nat Med 2020;26:688-692

Similar findings in patients with lung, RCC and bladder cancer (NSCLC CM-017/057], RCC CM-025, bladder IMVIGOR-210/211)*

BMS-986253: A Novel Anti-IL-8 Monoclonal Antibody shows Preliminary Clinical Activity with Nivo in Melanoma

Durable stable disease and partial responses were observed in patients with melanoma

- Partial responses were observed in 5 of 28 patients with melanoma; all 5 patients with partial response had received prior anti-PD-(L)1, and 4 of the 5 patients had also been previously treated with anti-CTLA-4



[a]Per RECIST v1.1. Response-evaluable patients, defined as all treated patients with measurable disease at baseline and ≥ 1 postbaseline tumor assessment, clinical progression, or death. 27 of 28 evaluable patients with melanoma had received prior anti-PD-(L)1; 23 of the 28 patients also had prior anti-CTLA-4; [b]Prior therapy included anti-PD-(L)1; [c]Prior therapies included anti-PD-(L)1 and anti-CTLA-4.

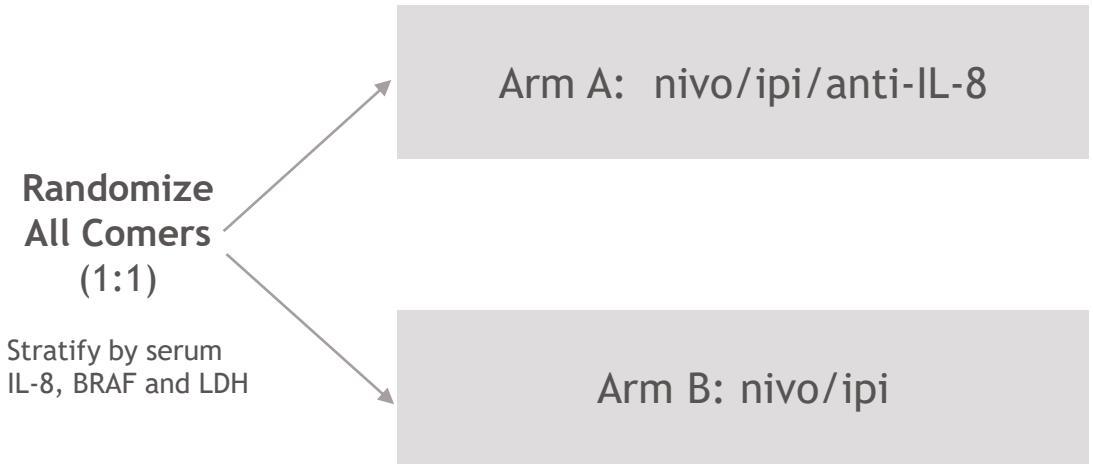
Davar D et al. Interleukin-8-neutralizing monoclonal antibody BMS-986253 plus nivolumab (NIVO) in biomarker-enriched, primarily anti-PD-(L)1-experienced patients with advanced cancer: initial phase 1 results. Presented at the SITC 2020 Annual Virtual Meeting; November 9-14, 2020

BMS-986253:Pursuing Formal Proof of Concept in a Randomized Ph2 in Post-PD(L)1-Treated Melanoma Patients

Patient Population:

Unresectable or Metastatic Melanoma, with progression on PD(L)1 inhibitor

- PD(L)1 as most recent prior therapy
- CTLA-4 Naïve



Primary Comparison:

PFS in sIL-8+ patients

Secondary Comparison:

PFS in All-Comers

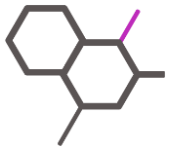
Other Endpoints:
ORR, OS

Key Study Design Elements

- ✓ Establish efficacy in refractory melanoma patients following treatment with anti-PD(L)1 inhibitors
- ✓ Robust POC study design that confirms contribution of anti-IL-8 therapy to nivo/ipi combination
- ✓ Validation of patient enrichment strategy by conducting primary analysis in sIL-8 positive
- ✓ Study design that exhibits probability of regulatory and technical success

Innovation Engine provides significant opportunity for pipeline sustainability

Rich and deep pipeline across modalities and therapeutic areas



Industry leading internal discovery platforms across small molecules, complex biologics, protein homeostasis, and cell therapy

Strong complementary external network to source emerging innovation

Pipeline and platform delivering tangible results including within protein homeostasis and biologics

Bristol Myers Squibb™

Late-Stage Pipeline Update

Samit Hirawat

Chief Medical Officer,
Global Drug Development

Significant progress advancing the pipeline

Important new data at recent conferences

AHA	ASH	EADV
milvexian	Breyanzi	deucravacitinib
mavacamten	CELMoDs	

Furthering development of expansion opportunities

Advancing science across all key therapeutic areas

Cardiovascular - Oncology - Hematology - Immunology

Opportunity for sustained leadership in Cardiovascular

Successful history of developing leading CV medicines

Plavix® (clopidogrel bisulfate) 75mg tablets

Eliquis™ apixaban

Expand into cardiomyopathies

mavacamten

Opportunity to extend our leadership in anti-thrombotics

milvexian

Substantial unmet need persists in thrombotic diseases

Bleeding risk currently limits usage

Patients with **high bleed risk** also at higher thromboembolic risk

Concerns today with combining OACs & dual-antiplatelet therapy

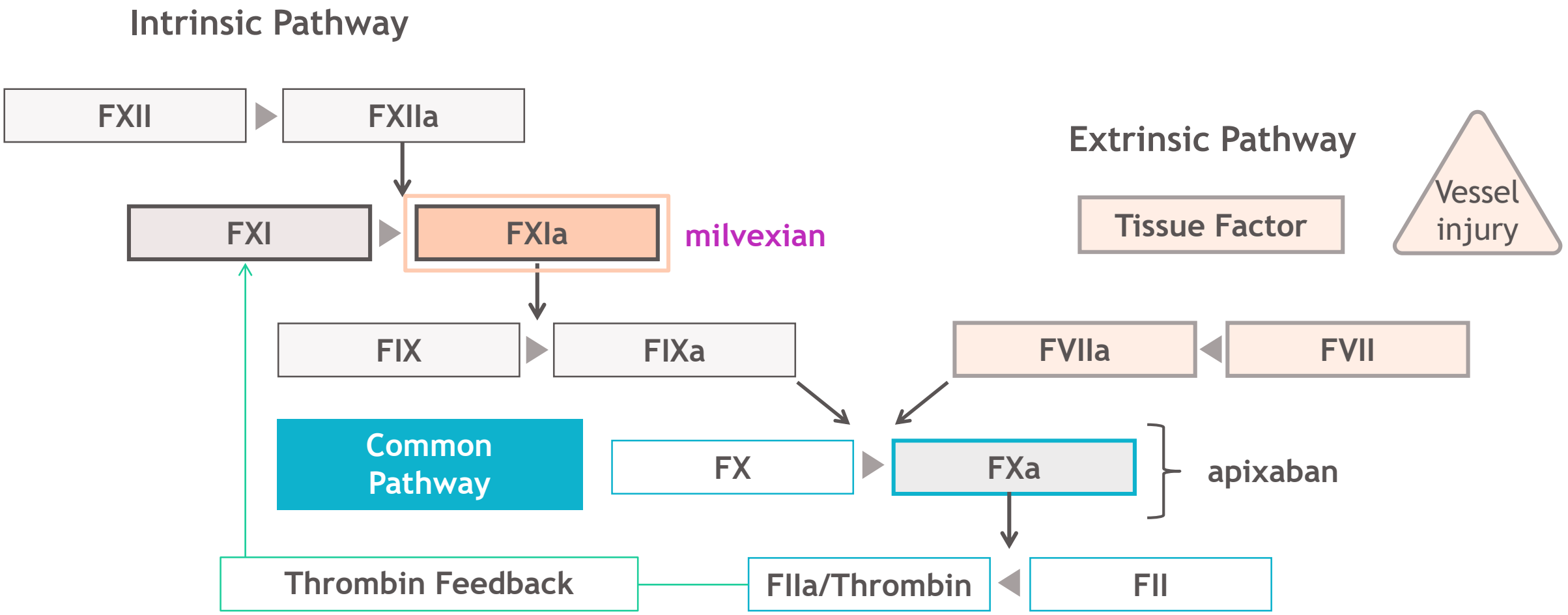
Opportunity to enhance benefit/risk

Room to advance care beyond substantial advances of FXa

Many patients remain untreated or undertreated (with respect to anticoagulation) due to bleeding risk

Significant opportunity for an agent with comparable or better efficacy & reduced bleeding risk over Factor Xa inhibitors

MOA supports opportunity to improve benefit/risk profile with an oral FXIa inhibitor



Milvexian Phase 2 trials will inform optimal dose/regimen for Phase 3 program

AXIOMATIC TKR

Total Knee Replacement (TKR) Study

Milvexian vs **enoxaparin** in patients undergoing elective total knee replacement surgery

(N=1242)

- **Positive trial**
- Full data presented at AHA 2021 & in NEJM*

AXIOMATIC SSP

Secondary Stroke Prevention (SSP) Study

Milvexian + clopidogrel + aspirin vs placebo + clopidogrel + aspirin in patients with acute ischemic stroke or transient ischemic attack

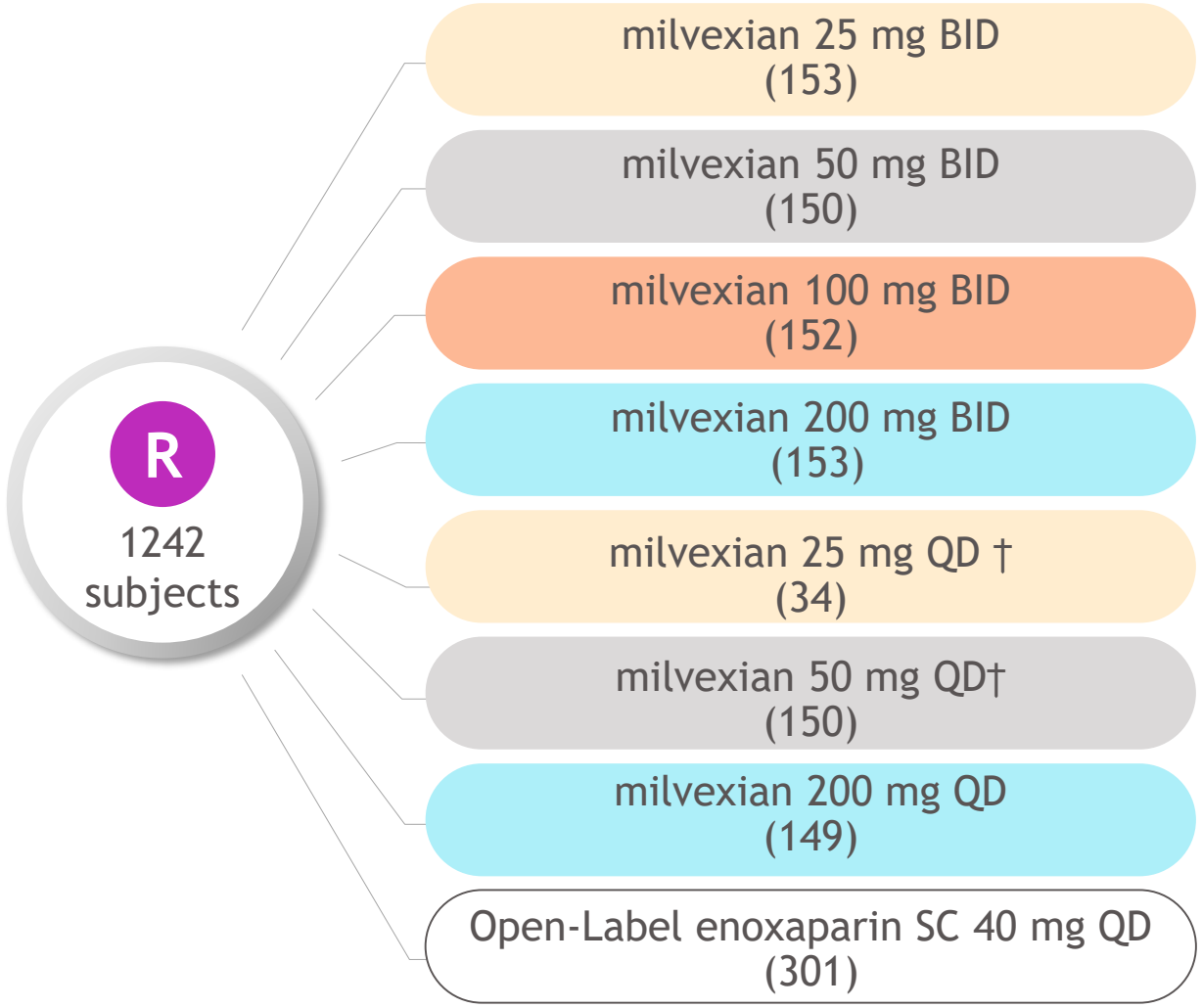
(N=2350)

- Readout expected **1H 2022**

*published November 15, 2021 at https://www.nejm.org/doi/full/10.1056/NEJMoa2113194?query=featured_home

Milvexian Phase 2 TKR trial design

- Milvexian vs enoxaparin*
- Open-label multicenter, dose-ranging study
  - 25 mg to 400 mg total daily dose
  - 10 to 14 day exposure
- Study objectives:
  - To demonstrate effectiveness in **preventing total VTE events** during treatment period
  - To assess the dose response of milvexian for the occurrence of **bleeding events**



*enoxaparin @ 40-mg daily dose
† Milvexian 25 mg QD stopped by Operations committee, replaced by milvexian 50 mg QD

Profile of milvexian is differentiated from existing anti-thrombotics

Robust efficacy with clear dose-response	Low risk of bleeding	No major bleeds observed in milvexian arms	No dose response in bleeding observed in doses ≥50 mg -> distinct from existing anticoagulants

	enoxaparin, mg	milvexian, mg					
N*	40 mg QD (n=252)	25 mg QD (n=28)	50 mg QD (n = 127)	25 mg BID (n = 129)	50 mg BID (N = 124)	200 mg QD (n=123)	100 mg BID (n=134)	200 mg BID (n=131)
All VTE + all death	21.4	25.0	23.6	20.9	11.3	6.5	9.0	7.6
All Bleeding, %	4.1	0	5.3	1.4	4.7	6.1	4.7	3.4
Major or CRNM Bleeds	1.7	0	1.3	0	1.4	0.7	0.7	0.7
- Major	0.3	0	0	0	0	0	0	0
- CRNM	1.4	0	1.3	0	1.4	0.7	0.7	0.7
- Minor	2.7	0	4.0	1.4	3.4	5.4	4.7	2.7

N: based on efficacy (ITT) data set*

Bristol Myers Squibb™ | Note: CRNM bleeds = clinically relevant non-major bleeds

Scientific community recognizes important data for Milvexian, potential next generation anti-thrombotic

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Milvexian for the Prevention of Venous Thromboembolism

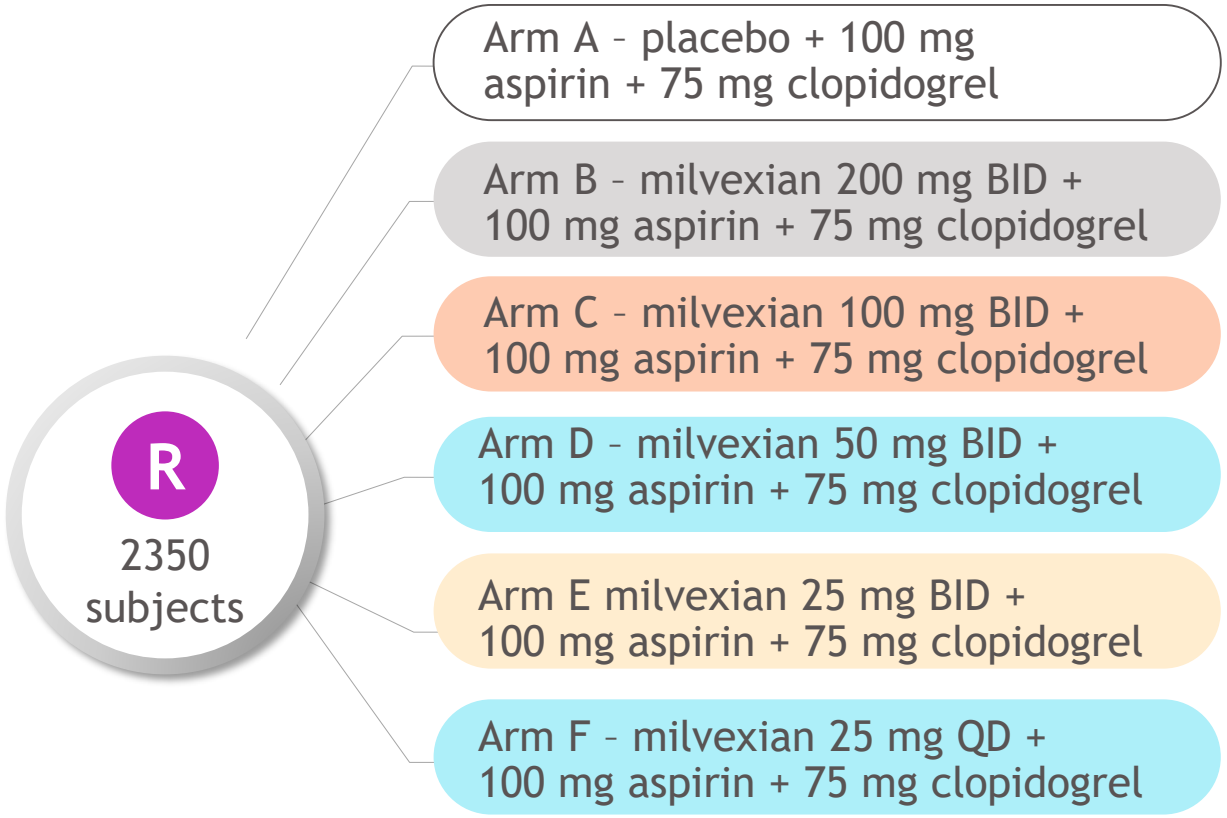
Jeffrey I. Weitz, M.D., John Strony, M.D., Walter Ageno, M.D., David Gailani, M.D., Elaine M. Hylek, M.D., Michael R. Lassen, M.D., Kenneth W. Mahaffey, M.D., Ravi S. Notani, M.B.A., Robin Roberts, M.S., Annelise Segers, M.D., and Gary E. Raskob, Ph.D., for the AXIOMATIC-TKR Investigators*

American Heart Association.
Scientific Sessions

Milvexian Phase 2 SSP trial design

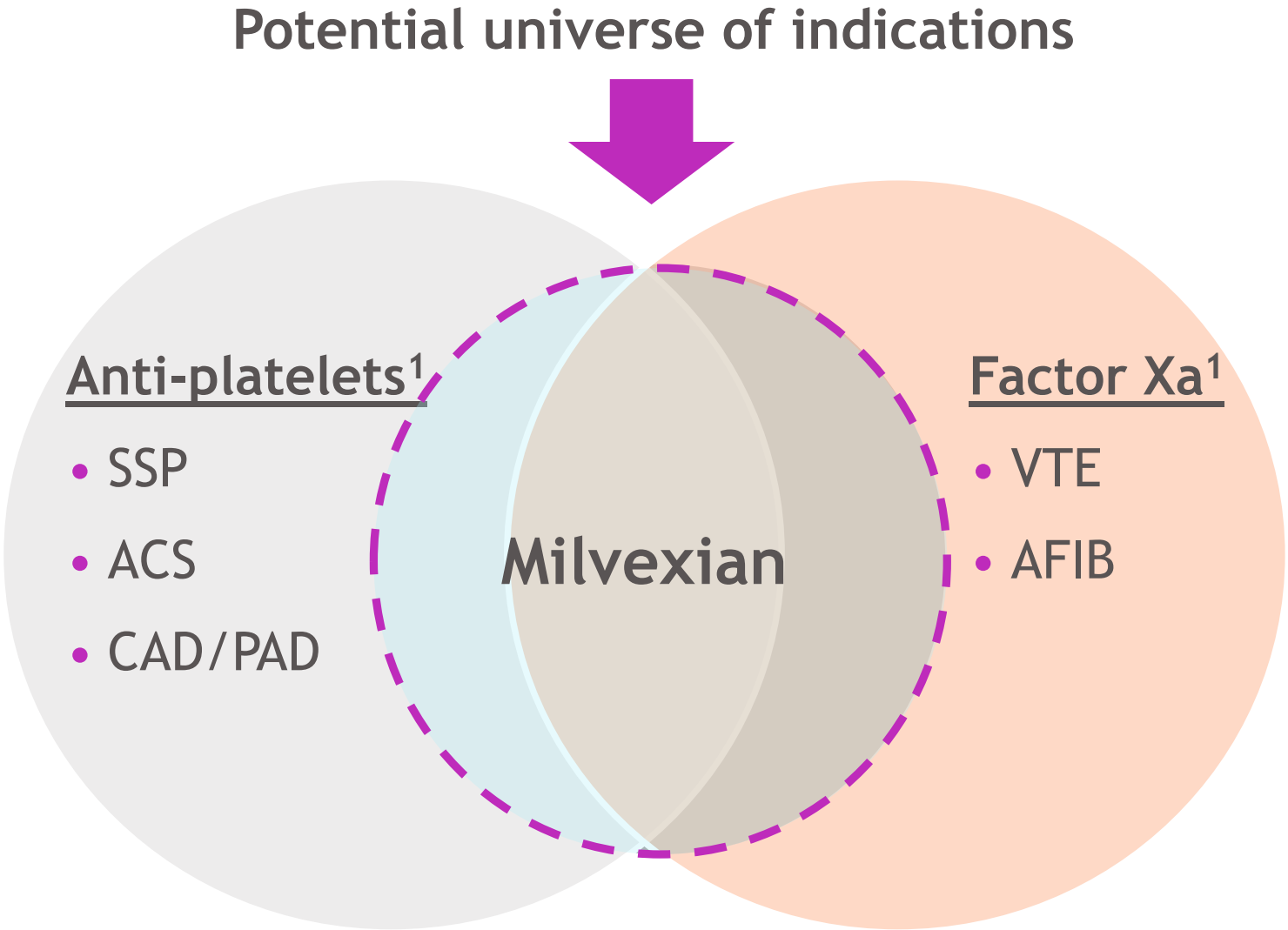
Study objectives:

- Provide data on top of dual anti-platelet therapy
- Assess longer exposure — up to 90 day treatment
- Further insight into efficacy and bleeding profile



Topline data expected 1H 2022

Multiple potential opportunities for novel antithrombotic



Optionality for Ph3 program **pending SSP** Ph2 results

[1]Represents indications with majority of usage
SSP = secondary stroke prevention; ACS = acute coronary syndrome; CAD = coronary artery disease; PAD = peripheral artery disease; VTE = venous thromboembolism (prevention and/or treatment-related indications); AFIB = atrial fibrillation

Milvexian: significant opportunity for next generation anti-thrombotic

Opportunity to improve outcomes for patients on existing treatments	• Similar or better efficacy • Better bleeding profile
TKR Phase 2 data demonstrate differentiated anti-thrombotic profile	• Clear benefit over enoxaparin • No major bleeds observed; no dose response in bleeding ≥50mg BID
SSP data expected 1H 2022	• Expected to further define the profile
Registrational program planning in progress	• Ph3 program expected to begin as early as 2H 2022

Significant unmet need for symptomatic HCM

Hypertrophic cardiomyopathy (HCM) disease profile

- Thickening of the heart muscle due to:

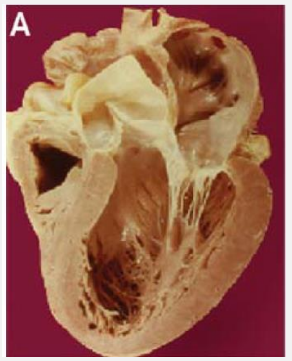
  hypercontractility — impaired relaxation — hypertrophy

- Affects 1 in 500 people; most common genetic heart disease

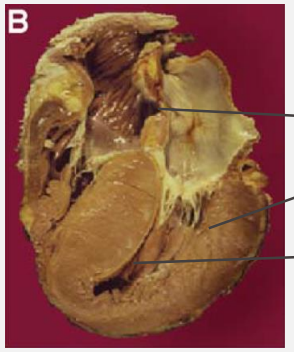
  Symptoms include: palpitation, dizziness, breathlessness, tiredness, chest pain, sudden cardiac arrest

Typical age of diagnosis in the **~40s-50s**	Subset of patients have **severe symptoms**	Diagnosed by **echo-cardiogram**

- Current therapeutic options limited to symptom-treating generic drugs (e.g., beta-blockers)



Normal Heart



Hypertrophic Heart

- LVOT[1] obstruction
- Decreased left ventricular volume
- Thickened heart muscle and septum

Currently no approved medicines that address underlying disease

1. LVOT = Left ventricular outflow tract

Source: Olivotto. Lancet. 2020; Maron. NEJM. 2018; Marian. Circ Res. 2017; Maron. J Am Coll Cardiol. 2016; Veselka. Lancet. 2016; Maron. J Am Coll Cardiol. 2015; Ahmad. Annu Rev Genomic Hum Genet. 2005; Maron. JAMA. 1999; Maron. Circulation. 1995.

Mavacamten: a potential first-in-class medicine that addresses underlying disease in oHCM

ESC 2020: Positive Ph3 results from EXPLORER-HCM

- Marked improvements in cardiac function & symptoms: 65% pts improved by ≥ 1 NYHA class (vs 31% with placebo)
- Clinically meaningful reduction in LVOT gradients; sustained reduction in key cardiac biomarkers
- Positive impact on health status
- Well tolerated safety profile

ACC 2021: Long-term data from the EXPLORER cohort of MAVA-LTE show durability of improvement & confirm safety profile

PDUFA:

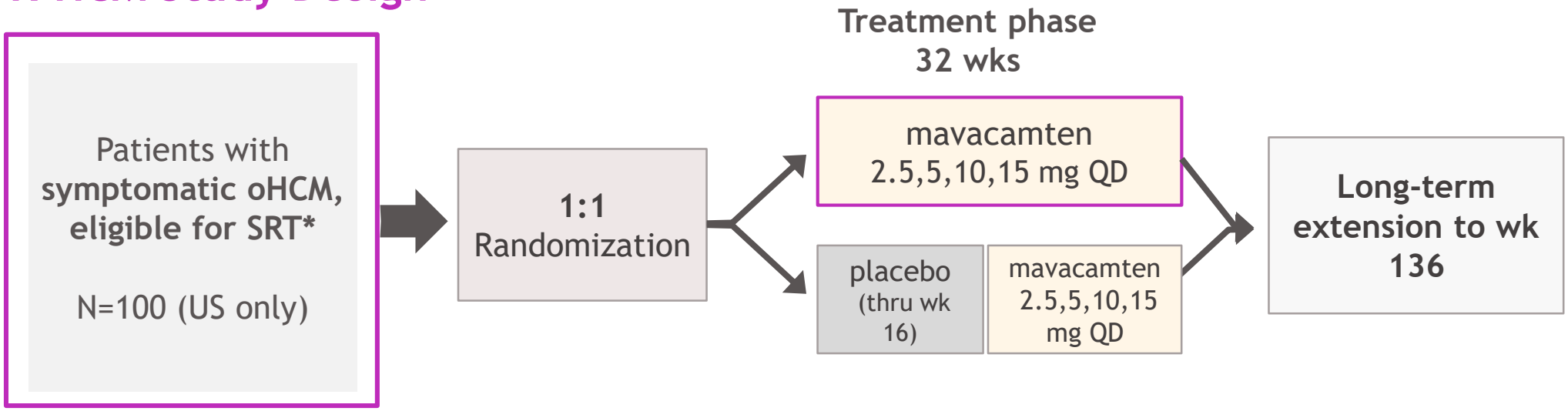
Jan 28, 2022

NYHA = New York Heart Association

Olivotto, et al, Lancet 2020
Rader, et al, J Am Coll Cardiol, 2021 May, Supplement

Expanding the oHCM label with VALOR-HCM

VALOR-HCM Study Design



- Potentially registrational trial
- Demonstrate mavacamten's potential in high-risk patients and prevent the need/eligibility for highly invasive SRT
- Data expected in 2022

Primary Endpoint

Composite of

- decision to proceed with SRT prior to or at wk 16+
- SRT guideline eligible at wk 16, but declined

* Septal reduction therapy

Data from MAVERICK, & MAVERICK cohort of MAVA-LTE support Ph3 initiation in nHCM in 2022

ACC 2020:

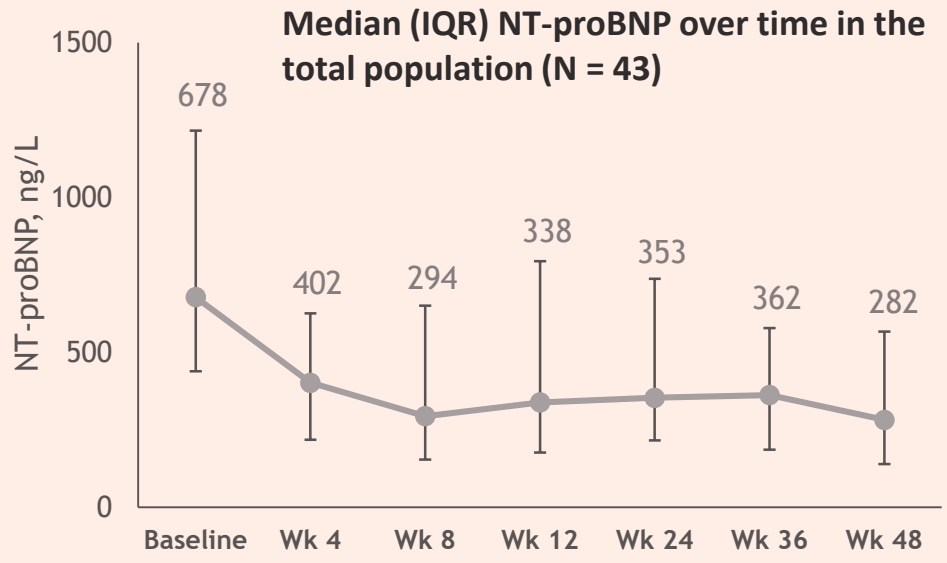
Positive Ph2 results from MAVERICK-HCM

- Improvement in myocardial wall stress, as measured by NT-proBNP cardiac biomarker
- Well tolerated safety profile

AHA 2021 (abstract #9685)

Long term data demonstrate:

- Sustained NT-proBNP reduction
- Improvement in cardiac fill & function, as measured by E/e' & LAVI
- No new safety signals

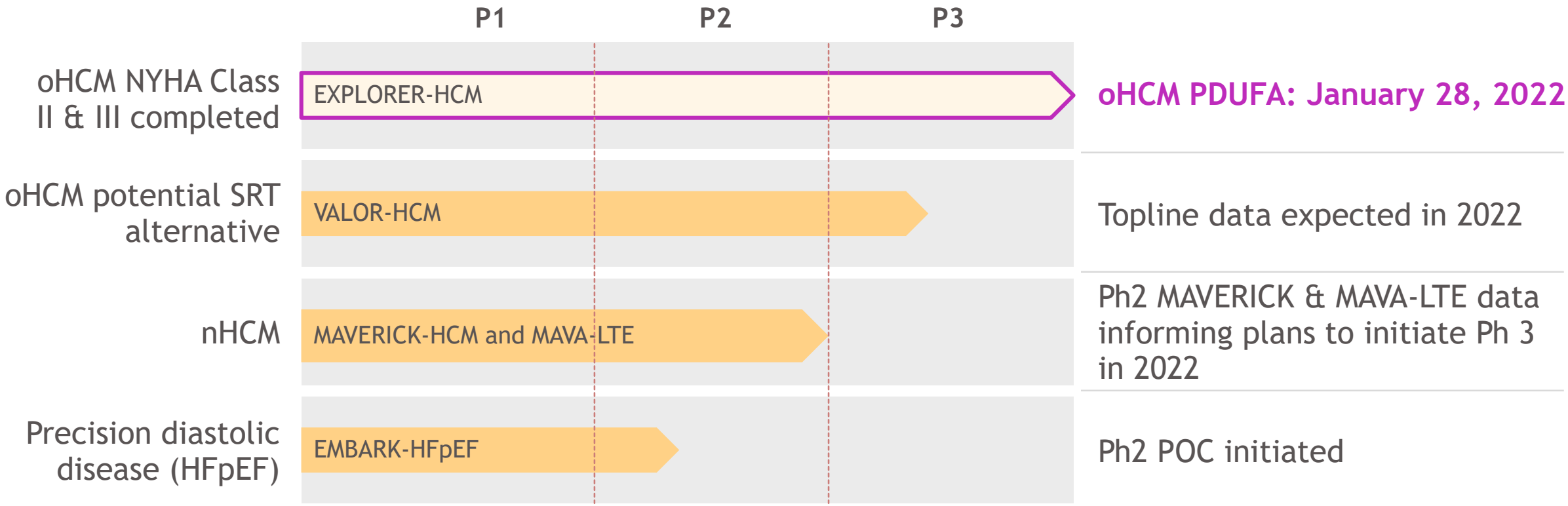


Ho, et al, J Am Coll Cardiol, Jun 2020

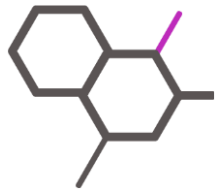
Note: E/e' is an echocardiographic measure of filling pressures in the heart; LAVI = left ventricular volume index

Mavacamten indications and pipeline opportunities

Mavacamten has potential to make a significant impact in the CV space, starting with oHCM



Opportunity to advance leadership in Hematology



Leverage leading expertise in hematology

Revlimid®

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

Expand key new medicines

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

Breyanzi®

ONUREG™
(azacitidine) tablets
300mg • 200mg

Abecma®
(idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

Advance broad early pipeline

Upcoming ASH data support important progress advancing hematology pipeline

Breyanzi

1st cell therapy to demonstrate benefit over SOC

2L LBCL data (TRANSFORM) (presentation #91)

Iberdomide

Iber+dex in 4L+ MM patients (presentation #162)
Profile supports advancing therapy in earlier lines

CC-92480

CC-92480+bort+dex in 4L+ MM patients (presentation #2731)
Differentiated potency supported by encouraging clinical combination data

Encouraging new data on early pipeline assets

GPRC5D CAR T (MSKCC abstract #153204)

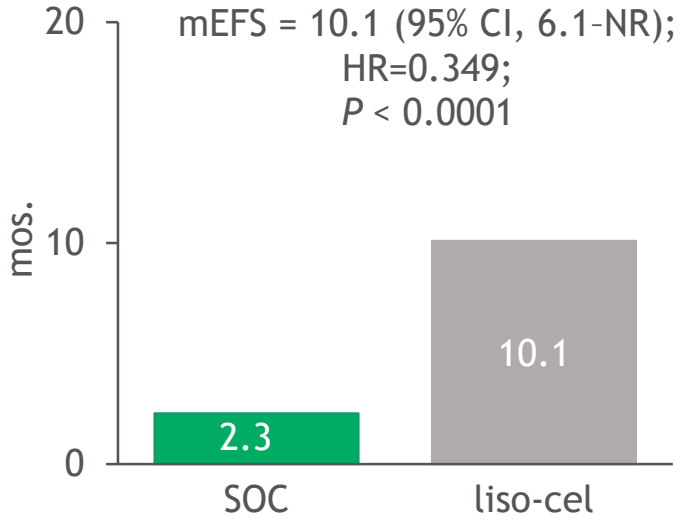
CC-99282 (presentation #3574) & SIRPα (presentation #2493)

Breyanzi TRANSFORM data: demonstrates further potential of Cell Therapy treatments

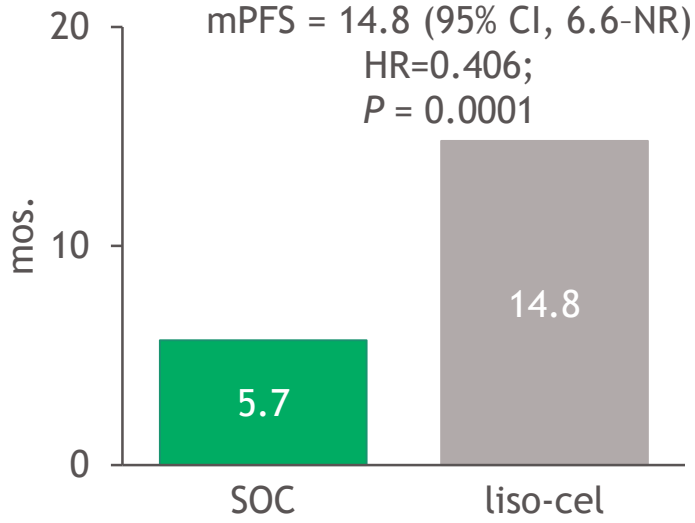
Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Data from ASH abstract

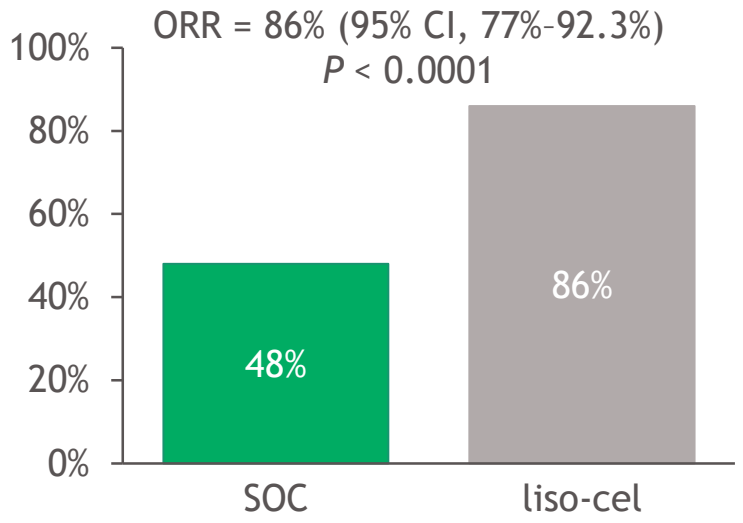
Primary endpoint: mEFS



Secondary endpoint: PFS



Secondary endpoint: ORR



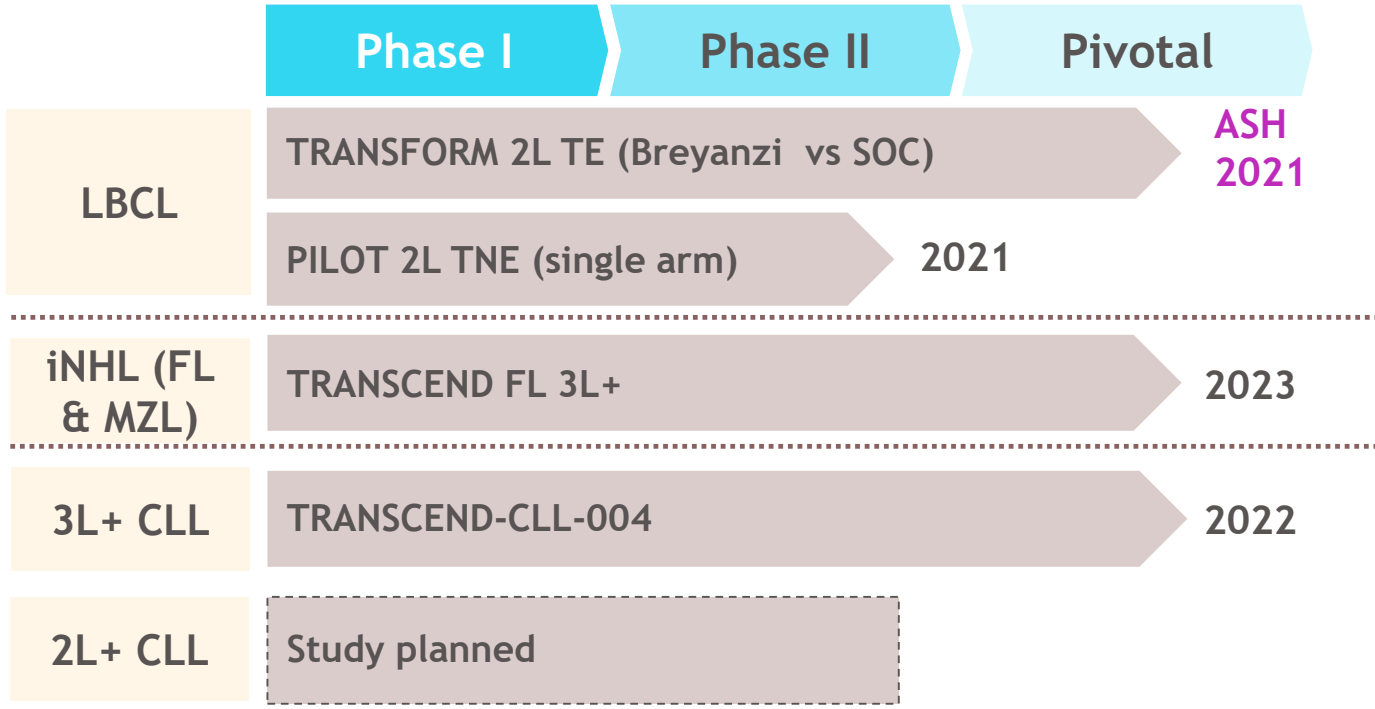
- First therapy to demonstrate benefit vs. SOC
- Statistically significant & clinically meaningful improvement in primary & and key secondary endpoints
- No new safety concerns:
  - CRS all grades: 49%
  - CRS Gr3: < 1%
  - NE all grades: 12%
  - NE Gr3: 4%

Supports Breyanzi as potential new SOC for 2L treatment in R/R LBCL

Continuing to expand Breyanzi

- Best-in-class CD19*
- Strong efficacy demonstrated in 2L and 3L+ LBCL
- Differentiated side effect profile, incl. low rates of CRS & NE

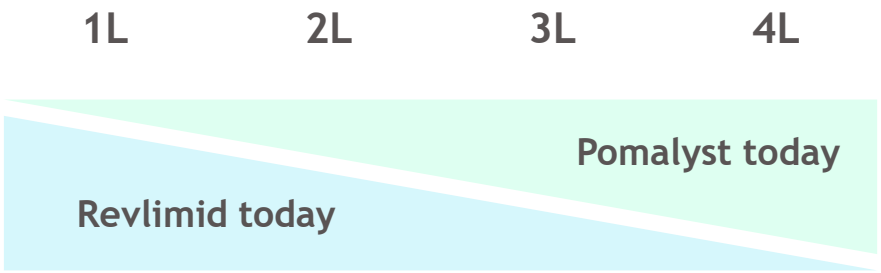
Registrational program & data availability



CELMoDs could replace the current foundation of care

Iberdomide vision

Replace Revlimid as foundation of frontline multiple myeloma treatment



CC-92480 vision

Replace Pomalyst as foundation of treatment in relapsed refractory multiple myeloma (RRMM)

Success Factors

1. Demonstrate superiority to IMiD agents (Revlimid, Pomalyst)
2. Combine CELMoDs broadly with existing SoC
3. Establish proprietary novel combinations to displace SoC
4. Develop multiple assets to enable sequential treatment

Data to be presented at ASH support strategy

Iberdomide: CC-220-MM-001: Phase 1b/2a study design

Phase 1: Dose Escalation

- RRMM, prior len or pom
- Prior proteasome inhibitor
- Documented PD during or within 60 days of last anti-myeloma therapy

Cohort A: iber
(iber: 0.3mg qd-1.0mg qd)

Cohort B: iber + dex
(iber: 0.3mg to 1.6mg qd)

Cohort E: iber + dara + dex
(iber: 1.0mg qd-1.6mg qd)

Cohort F: iber + bort + dex
(iber: 1.0mg qd-1.6mg qd)

Cohort G: iber + cfz + dex
(iber: 1.1mg qd)

Phase 2: Dose Expansion

Cohort C:
iber (RP2D)

Data at ASH 2021

Cohort D:
iber (1.6mg qd, RP2D) + dex

Refractory to 3+ prior regimens incl: Len, Pom, PI, glucocorticoid & CD38; excl. prior BCMA therapy

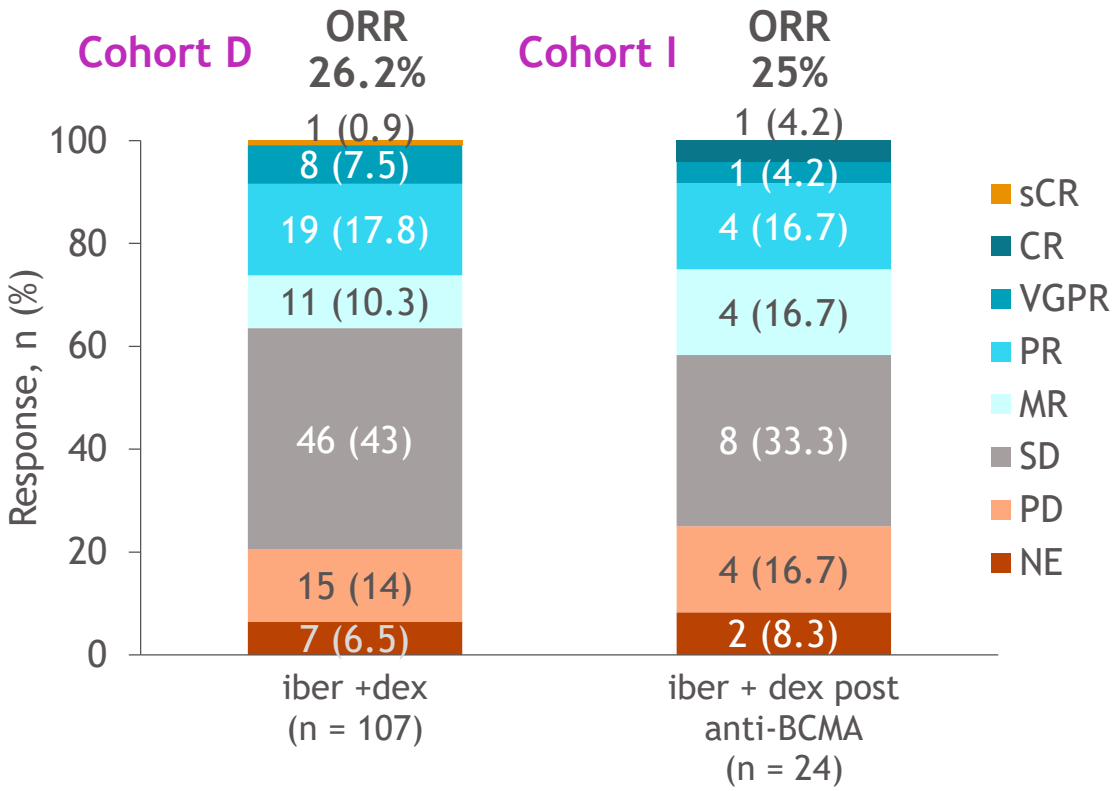
Cohort I:
iber (1.6mg qd, RP2D) + dex
(post-BCMA)

Refractory to 3L+, post BCMA

Study endpoints:

- **Primary:** to determine MTD/RP2D and efficacy
- **Secondary:** to assess safety

Iberdomide + dex: Profile to date supports advancing combination therapies into earlier lines of treatment



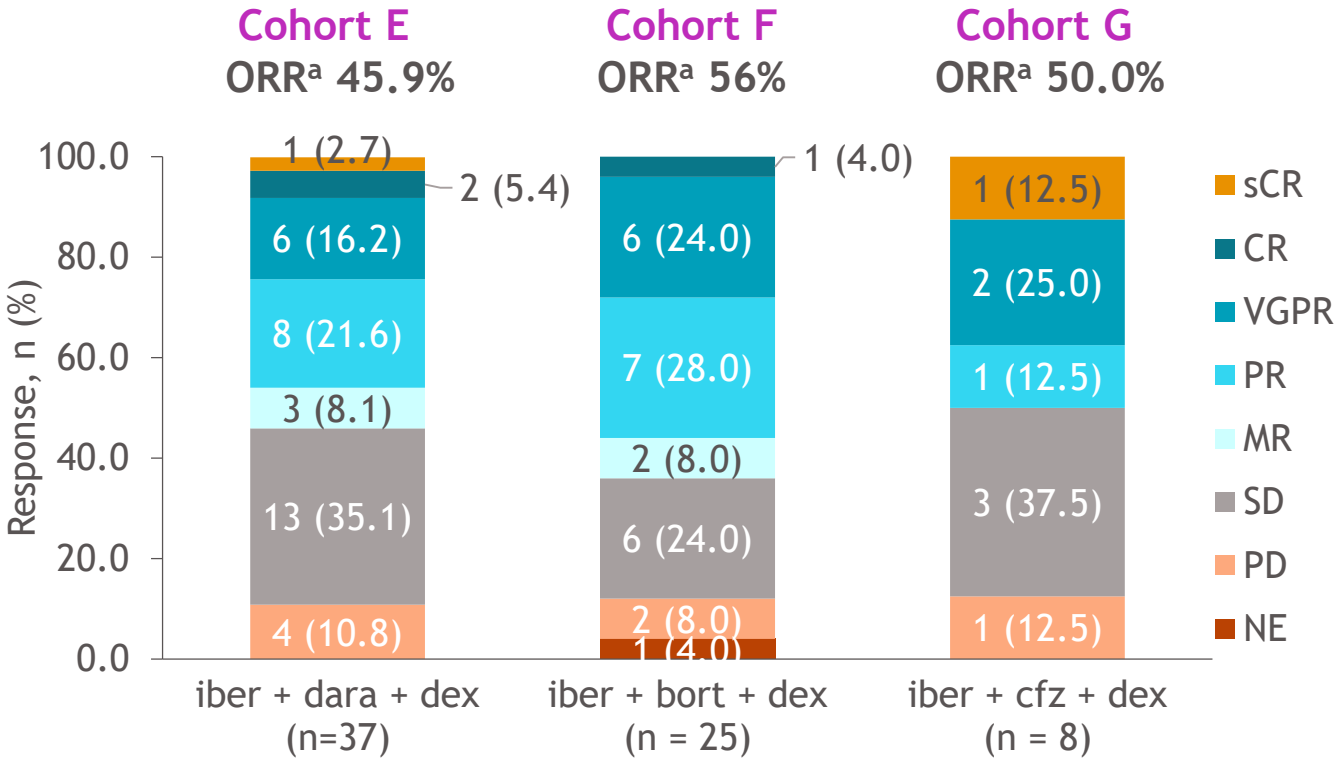
Manageable safety profile

	Cohort D
Grade 3-4 TEAEs:	
neutropenia	44.9%
anemia	28%
thrombocytopenia	21.5%
leukopenia	20.6%
GI disorders	5.6%
fatigue	2.8%
rash	1.9%
dose interruptions due to TEAEs	52.3%
dose reductions due to TEAEs	18.7%
discontinuances due to TEAEs	4.7%*

*No pts discontinued iber due to neutropenia

- Encouraging response rates in a 4L+ population, including those pts refractory to IMiDs
  - 25% in patients who are post-BCMA treatment
- Favorable tolerability profile support combination therapy; e.g., low rates of GI, fatigue, rash, discontinuations

Iberdomide triplet combinations: Promising responses & manageable safety profile in heavily pretreated patients



Favorable safety profile

Grade 3 TEAEs	Cohort E	Cohort F	Cohort G
neutropenia	66.7%	28.0%	33.3%
anemia	20.5%	12.0%	0%
thrombocytopenia	12.8%	24.0%	11.1%
febrile neutropenia[b]	5.1%	0%	0%
fatigue	2.6%	0%	11.1%
diarrhea	2.6%	4.0%	0%
rash	0%	4.0%	0%
infections	15.4%	20%	33.3%

- Increased response rates in combination with multiple standard MM therapies
- Favorable tolerability maintained, e.g. fatigue, diarrhea, rash

Data support moving into earlier lines

Bristol Myers Squibb™

[a]PR or better; [b]Includes neutropenic sepsis.
Lonial S, et al. Oral presentation at EHA 2021; abstract S187

Iberdomide: Plans to develop as a new backbone in early line MM

		Expected initiation timing
2L+	**EXCALIBER RRMM:** Iber+dara+dex vs. dara+bort+dex	1H 2022
NDMM	**Post transplant maintenance:** Iber vs. Revlimid	2023
NDMM	**EXCALIBER NDMM (TNE):** Iber+bort+dex / iber+dara+dex, vs. RVd	2023

CC-92480-MM-002: study design and objective

Phase 1: dose escalation

Key eligibility criteria (Cohort A)

- RRMM; 2–4 prior regimens including LEN
- Disease progression during or after their last antimyeloma therapy

Cohort A
CC-92480[a] + bort + dex

Cohort B
CC-92480 + dara + dex

Cohort C
CC-92480 + cfz + dex

Cohort H
CC-92480 + elo + dex

Cohort I
CC-92480 + isa + dex

Study endpoints

- **Primary:** to determine MTD/RP2D and to assess safety and preliminary efficacy
- **Secondary:** to evaluate additional efficacy measures

Phase 2: dose expansion[b] (1-3 prior lines)

Cohort D
CC-92480[c] + bort + dex

Cohort E
CC-92480[c] + dara + dex

Cohort F
CC-92480[c] + cfz + dex

Cohort J
CC-92480[c] + elo + dex

Cohort K
CC-92480[c] + isa + dex

Cohort G/NDMM
CC-92480[c] + bort + dex

ClinicalTrials.gov: NCT03989414
EudraCT: 2018-004767-31

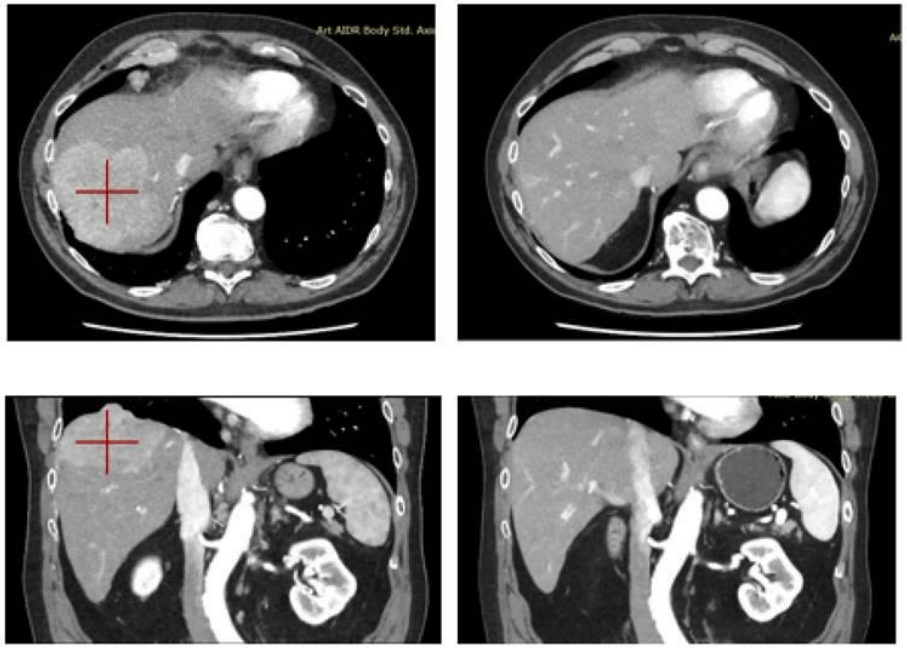
[a]0.3, 0.6, or 1.0 mg given orally on days 1–14 of each 21-day cycle. [b]If the threshold for minimum ≥ VGPR rate for Cohort D is met, an additional cohort may be opened to evaluate CC-92480 + BORT + DEX in TE NDMM patients; [c]At RP2D.
BORT, bortezomib; CFZ, carfilzomib; DARA, daratumumab; DEX, dexamethasone; ELO, elotuzumab; ISA, isatuximab; LEN, lenalidomide; MTD, maximum tolerated dose; NDMM, newly diagnosed multiple myeloma; RP2D, recommended phase 2 dose; TE, transplant eligible.

Differentiated potency for CC-92480 supported by encouraging clinical combination data

CC-92480 & dex:

Scan from expansion phase

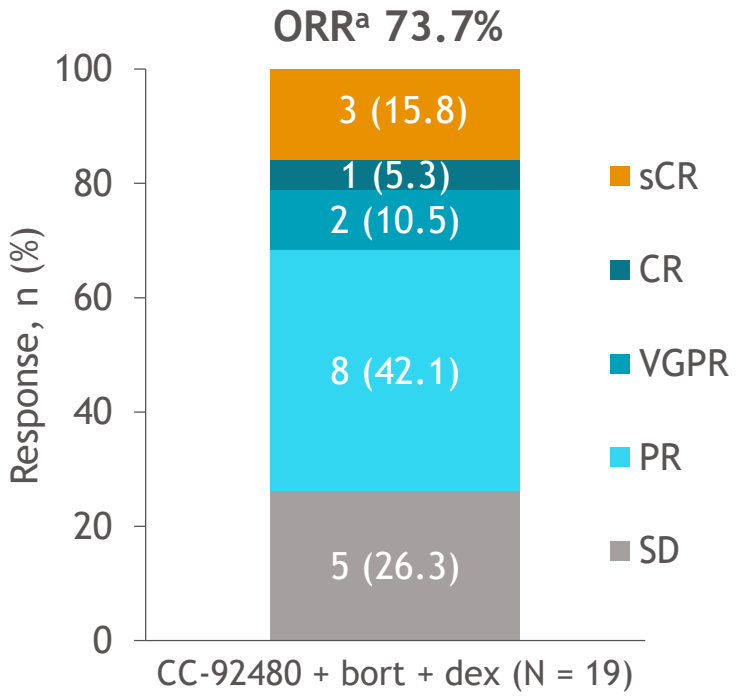
CT at screening | CT post treatment



Patient with EMP, extramedullary plasmacytoma

CC-92480 triplet combination:

Strong response rates & favorable safety mainly in 4L+



Safety	CC-92480 + bort + dex
neutropenia Gr 3-4	36.9%
thrombocytopenia Gr 3-4	21.1%
anemia Gr 3-4	10.5%
hyperglycemia Gr 3-4	10.5%
insomnia Gr 3-4	10.5%

All data shown per ASH 2021 abstract; data to be presented

- The median duration of response was 10.4 (5.5-not reached) months
- Median time to response was 0.95 (0.7-3.3) months

aPR or better; C, cycle; CBR, clinical benefit rate; CR, complete response; DCR, disease control rate; Exp, exposed; MR, minimal response; NE, not evaluable; ORR, overall response rate; PD, progressive disease; PR, partial response; Ref, refractory; reg, regimen; sCR, stringent complete response; SD, stable disease; VGPR, very good partial response.

CC-92480: Potential opportunity to replace Pomalyst for 2L+ MM patients

		Status:
4L+	CC-92480 + dex	Ph2 ongoing to inform Ph3 program
2L+	CC-92480 + dex + bort / cfz / dara / isa / elo	Ph2 ongoing to inform Ph3 program
2L+	CC-92480+Vd vs PVd; CC-92480+Kd vs Kd	Expected to initiate registrational trials in 2023

POC

Registrational

Advancing our BCMA portfolio

Immune Cell Engagers

T-Cell Engager CC-93269

- Encouraging early IV data
- Program now focused on subcutaneous formulation to maintain efficacy & reduce CRS

NK-Cell Engager BMS-986392[1]

- New asset in Ph1
- Potential potent tumor killing ability & less CRS

Antibody Drug Conjugate

ADC CC-99712[2]

- Designed to avoid toxicity associated with other BCMA ADCs
- Currently in dose ranging studies

CAR T

Abecma® (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

- In market with 1st in class BCMA CAR T[3] with strong demand
- New wave of innovation with NEX T enables manufacturing efficiencies

[1] In partnership with Dragonfly
[2] In partnership with Sutro
[3] In partnership with 2seventy bio

Important progress advancing our Multiple Myeloma strategy

Strategic objectives

Potential to improve upon IMiD agents and create new backbone

CELMoD agents

Redefine SoC across lines of therapy

Combinations

Establish BCMA as the optimal MM target

BCMA targeting agents

Continued innovation from early pipeline, e.g. GPRC5D CAR T

Robust Hematology Pipeline

Phase 1

A/I CELMoD (CC-99282)	BCMA NKE	ROR1 CAR T
CK1α CELMoD	BCMA TCE	BCMA NEX T
GSPT1 CELMoD (CC-90009)	BCMA CAR T (bb21217)	CD19 NEX T
BET Inhibitor[1] (CC-95775)	CD33 NKE	BCMA ADC
Anti-SIRPα[1]	GPRC5D CAR T	CD47xCD20

Phase 2

- A/I CELMoD (CC-92480)
- iberdomide
- BET Inhibitor (BMS-986158)

Pivotal

Expansion opportunities:

- Reblozyl 1L MDS
- Rebloyzl MF
- Breyanzi 2L TE/TNE LBCL
- Breyanzi 3L+ CLL
- Breyanzi 3L+ iNHL
- Abecma 3-5L MM

Marketed

Revlimid®

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

Empliciti™ (elotuzumab)

ONUREG™ (azacitidine) tablets 300 mg • 200 mg

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

INREBIC® (fedratinib) capsules 100mg

Breyanzi® (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

Abecma™ (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

[1] In development for solid tumors and hematology
[2] BMS has an exclusive option to license and/or option to acquire

Leverage expertise to broaden & diversify in Oncology

Continue to expand Opdivo / Yervoy

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

YERVOY™ (ipilimumab) Injection for intravenous infusion

Extend I-O leadership through the next-generation of assets

- rela+nivo FDC
- bempeg

Diversify beyond I-O with differentiated platforms & novel MOAs

- MORAb-202 ADC

Continuing to grow Opdivo / Dual I-O

22 OPDIVO approvals

10 YERVOY approvals

11 tumors

Metastatic Setting

Tumor/Trial	Status	Tumor/Trial	Status
1L Melanoma CA045-001 Opdivo + bempeg[1] vs Opdivo	1H 2022 Readout	Prostate (mCRPC) CM-7DX Opdivo + Chemo vs Placebo + chemo	2023+ Readout
1L HCC CM-9DW Opdivo + Yervoy vs sorafenib / lenv.	2023+ Readout	Subcutaneous nivolumab[2] CM-67T	2024 Readout
MSI-H CRC CM-8HW Opdivo + Yervoy	2025 Readout		

Early-Stage Setting

Tumor/Trial	Status	Tumor/Trial	Status
HCC (Adj) CM-9DX Opdivo vs Placebo	2023 Readout	NSCLC (Adj) ANVIL Opdivo vs Observation	2024 Readout
NSCLC (Neo-Adj) CM-816 Opdivo + chemo vs chemo	2020 pCR ✓ 2023+ EFS ✓	NSCLC Stage 3 (Unresectable) CM-73L Opdivo mono, O+Y vs Imfinzi	2023+ Readout
Renal (Adj) CM-914 Opdivo + Yervoy vs Placebo	2022 / 2023 Readout (Part A)	NSCLC (Peri-Adj) CM-77T Neo-adj Opdivo + chemo followed by Adj Opdivo vs chemo	2024 Readout
MIBC (Peri-Adj) CA017-078 Opdivo + Chemo, Opdivo + IDO + chemo, vs chemo	2024 Readout	Melanoma (Adj) CA224-098 Relatimab + Opdivo vs Opdivo	2025 Readout

[1] as part of collaboration with NEKTAR [2] potential applicability in both metastatic & early stage disease

Expanding Opdivo use in early-stage lung cancer

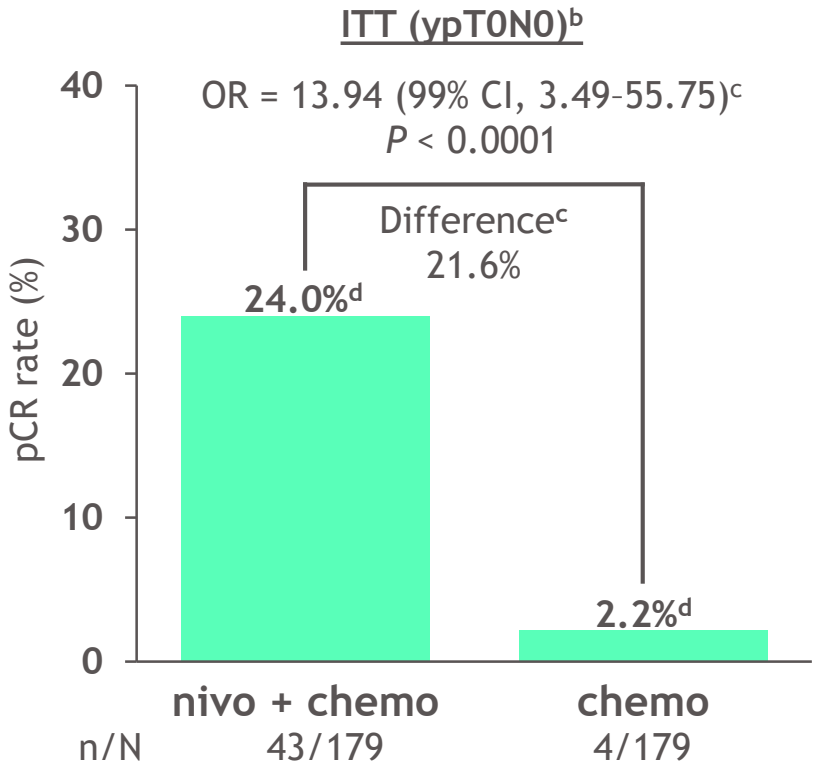
Multiple opportunities in early-stage lung

- Across neo-adjuvant, adjuvant and peri-adjuvant settings
- Utilizing both mono & combination approaches

ANVIL Adjuvant Opdivo	CM -77T Peri-adjuvant
CM -73L Stage 3 unresectable	**CM -816** **Neo-adjuvant** **Opdivo + chemo**

CM-816: Neo-adjuvant nivo + chemo

1) Primary endpoint of pCR[a] met vs chemo



2) Clinically meaningful EFS data in-house; to discuss with health authorities

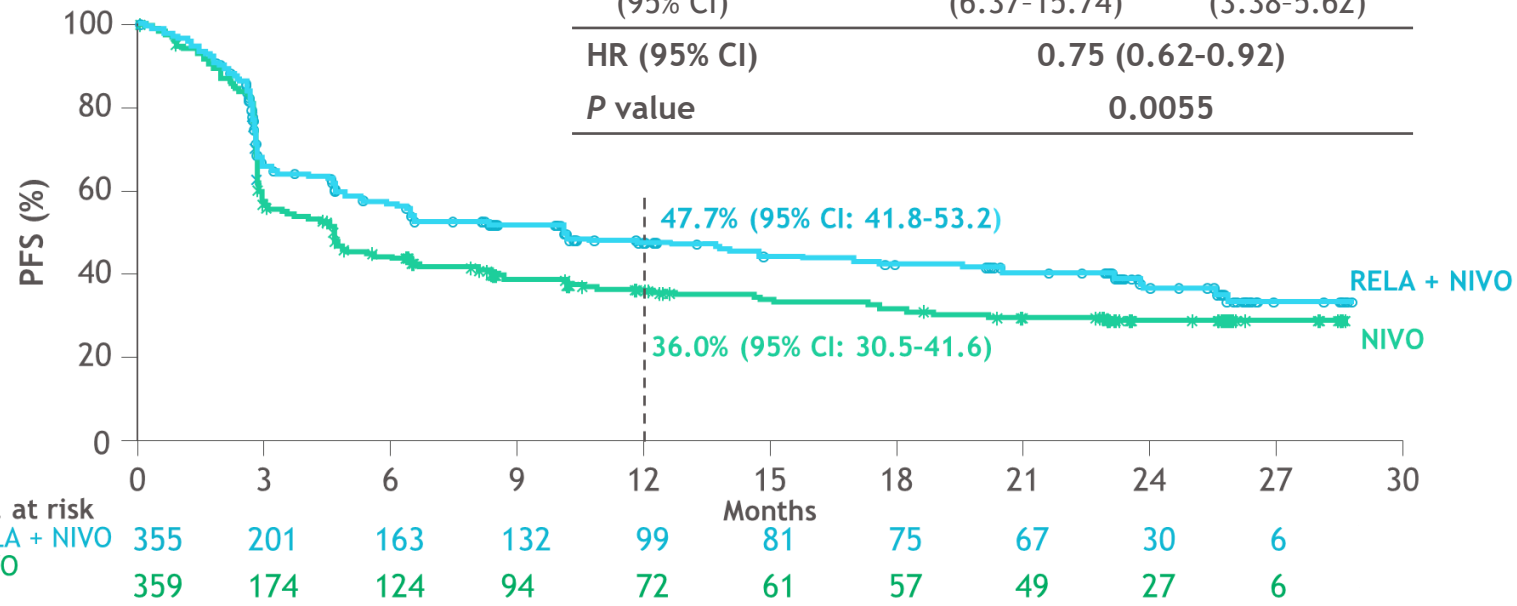
[a] Per BIPR; pCR: 0% residual viable tumor cells in both primary tumor (lung) and sampled lymph nodes; [b] ITT principle: patients who did not undergo surgery counted as non-responders for primary analysis; [c] Calculated by stratified Cochran-Mantel-Haenszel method; [d] pCR rates 95% CI: NIVO + chemo, 18.0–31.0; chemo, 0.6–5.6

Next novel I-O combination: relatlimab + nivolumab

- LAG-3 and PD-1 are distinct immune checkpoints, often co-expressed on tumor-infiltrating lymphocytes, and contribute to tumor-mediated T-cell exhaustion[1,2]
- In preclinical models, LAG-3 and PD-1 blockade demonstrated synergistic antitumor activity[1]

RELATIVITY-047 in 1L mel

	RELA + NIVO (n = 355)	NIVO (n = 359)
Median PFS, months	10.12	4.63
(95% CI)	(6.37-15.74)	(3.38-5.62)
HR (95% CI)	0.75 (0.62-0.92)	
P value	0.0055	



Clinical data support potential opportunities in melanoma (PDUFA: Mar 19, 2022) & beyond

APC, antigen-presenting cell; MHC, major histocompatibility complex; TCR, T-cell receptor.

[1] Woo S-R, et al. *Cancer Res* 2012;72:917-927; [2] Anderson AC, et al. *Immunity* 2016;44:989-1004

Rela + Nivo FDC: broad expansion program

Melanoma

1L – Relativity -047

Adjuvant (Stage 3/4): CA 224-098
rela+nivo vs nivo

NSCLC

1L: CA224 -104
rela+nivo+chemo vs nivo+chemo

1L: CA224 -095
rela+nivo+chemo vs pembro+chemo

HCC

1L: CA224 -106
rela+nivo+bev vs nivo+bev

2L IO naïve: CA224 -073
rela+nivo vs nivo

CRC

2L+: CA224 -123
rela+nivo vs regorafenib

Ability to leverage ongoing data generation to inform future expansion opportunities

- In regulatory review (PDUFA: Mar 19, 2022)
- Registrational study
- POC to trigger registrational study
- Planned; not yet enrolling

Bempeg: additional next generation I-O opportunity

Pegylated IL-2 partnered with NEKTAR Therapeutics

Melanoma

1L Mel: CA045-001
nivo+bempeg vs. nivo[1]
Readout: 1H 2022

Adjuvant Mel: PIVOT-12
nivo+bempeg vs. nivo[2]
Readout: 2025

Renal

1L RCC: PIVOT-09
nivo+bempeg vs. TKI[2]
Readout: 2H 2022

Bladder

1L cis-ineligible: PIVOT-10
nivo+bempeg[2]
Readout: 1H 2022

Peri-Surgical MIBC: CA045-009
nivo+bempeg vs. nivo vs. SOC[1]
Readout: 2023

Ongoing registrational opportunity

Note: CDP also includes earlier solid tumor studies (e.g., PIVOT-02), regional studies (e.g., Japan '010, China '016), and pediatric studies (e.g., '020) not depicted here.

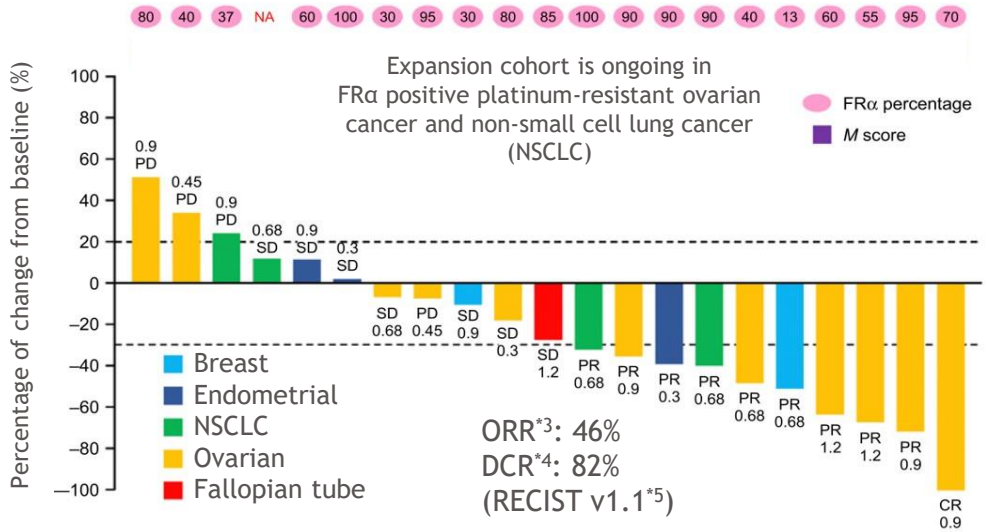
[1]BMS operationalized; [2] NKTR operationalized

MORAb-202 is a novel folate receptor alpha ADC

Differentiated payload (eribulin)

Demonstrated single agent clinical activity across multiple tumor types

Interim analysis of Phase I study ongoing in Japan



Development plan

- In partnership with Eisai
- Tumors of interest include ovarian, NSQ NSCLC, breast, endometrial
- High addressable population based on range of FR expression

Next steps

- Evaluating dose range to optimize therapeutic index

Potential to further diversify solid tumor portfolio & extend leading position in Oncology

Robust Oncology Pipeline

Phase 1				Phase 2		Phase 3	Marketed
AHR Antagonist (*Ikena*)[2]	Anti-NKG2A	Anti-TIM3		Anti-CTLA-4 NF	BET Inhibitor[1] (CC-90010)	bempegal-desleukin	OPDIVO (nivolumab) INJECTION FOR INTRAVENOUS USE 10 mg/mL
Anti-CCR8	Anti-OX40	AR LDD		Anti-CTLA-4 Probody	farletuzumab - eribulin ADC	linrodostat	YERVOY (ipilimumab) Injection for intravenous infusion
Anti-CTLA-4 NF-Probody	motolimod	CD3xPSCA (*GEMoaB*)[2]	STING Agonist	Anti-Fucosyl GM1	LSD1 Inhibitor[1]	subcutaneous nivolumab	
Anti-IL-8	TIGIT Bispecific	IL-12 Fc	TGFß Inhibitor	Anti-TIGIT		relatlimab[1]	

>20 assets in Phase 1 / 2

[1] In development for solid tumors and hematology
[2] BMS has an exclusive option to license and/or option to acquire

Building an exciting pipeline in Immunology

Foundation in Immunology today

ORENCIA® (abatacept)

ZEPOSIA® (ozanimod) 0.92 mg capsules (MS,UC)

Expansion opportunities underway

Rheumatology / Gastroenterology / Dermatology

ZEPOSIA® (ozanimod) 0.92 mg capsules (CD)

- deucravacitinib
- cendakimab

Multiple promising early assets

across immune-mediated diseases

Deucravacitinib has potential to become new oral standard of care in psoriasis

Deucravacitinib

A first-in-class selective TYK2 inhibitor

in moderate-to-severe psoriasis, with proven differentiation

Clinically meaningful **efficacy**

- **Superior to apremilast,** comparable to 1st generation biologics
- **Durable** responses through one year

Favorable safety and tolerability

- Consistent with its mechanism of action

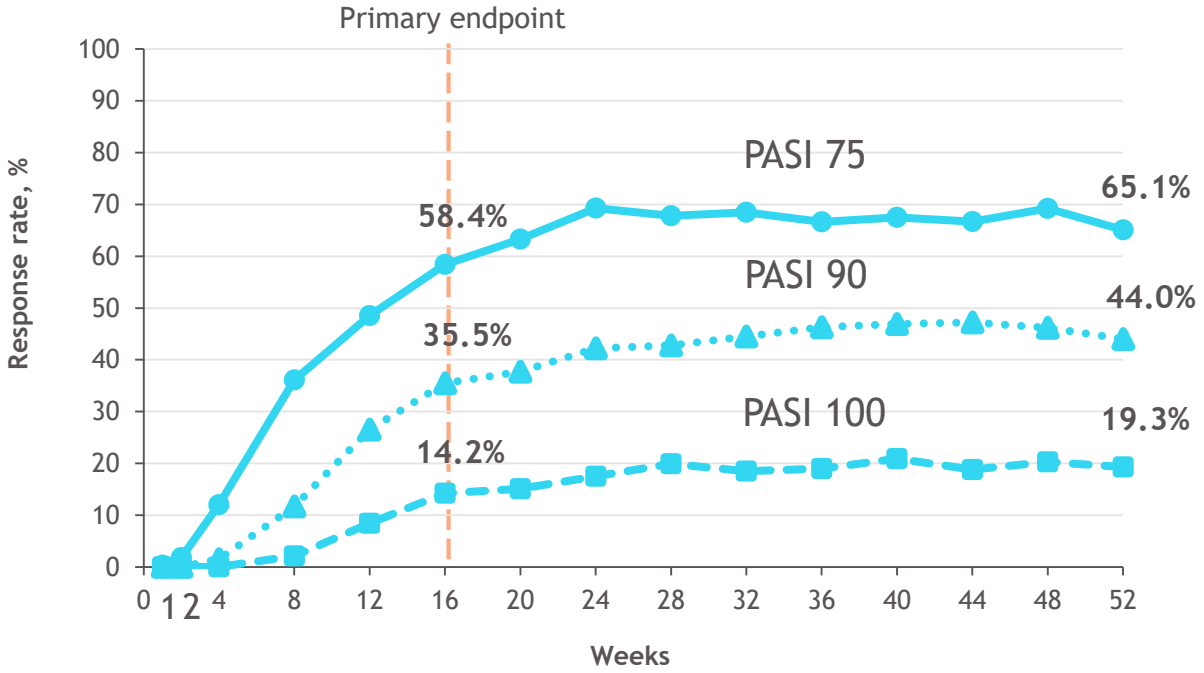
Opportunity for **broad applicability** across a range of immune-mediated diseases

Filed in U.S. & EU (PDUFA Sept 2022)

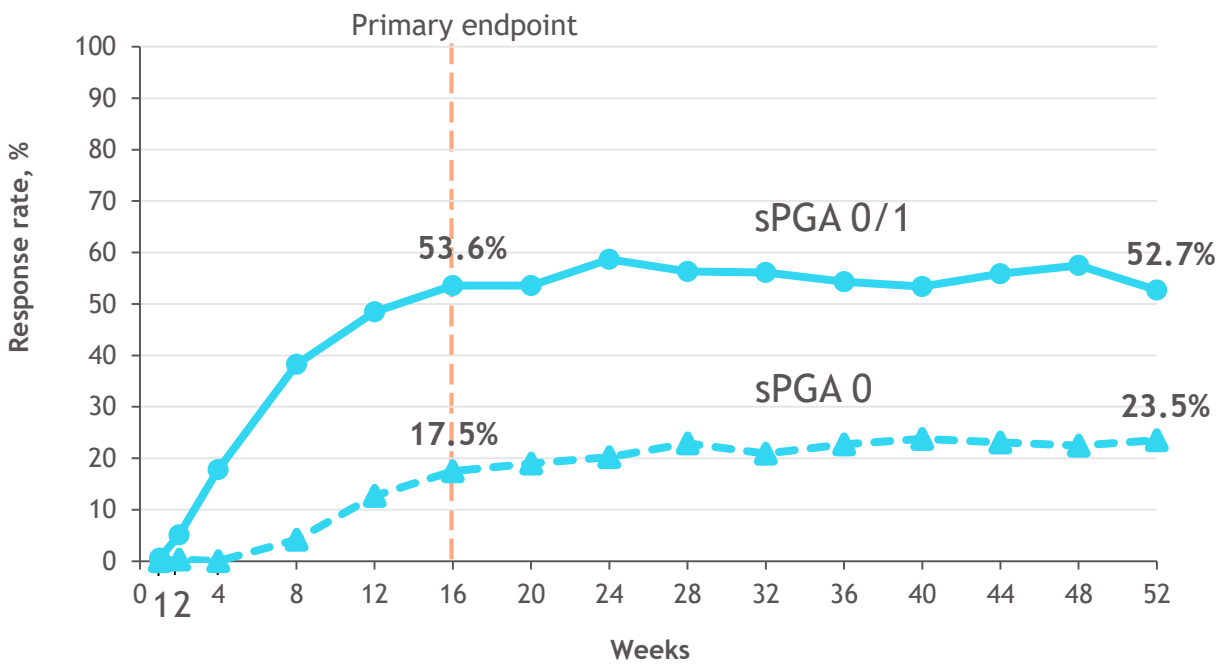
Long-term data further support differentiated efficacy profile

Meaningful responses sustained through wk 52 across primary & secondary endpoints

PASI 75, PASI 90, PASI 100 responses for deucravacitinib (n=332)



sPGA 0/1 and sPGA 0 responses for deucravacitinib (n=332)



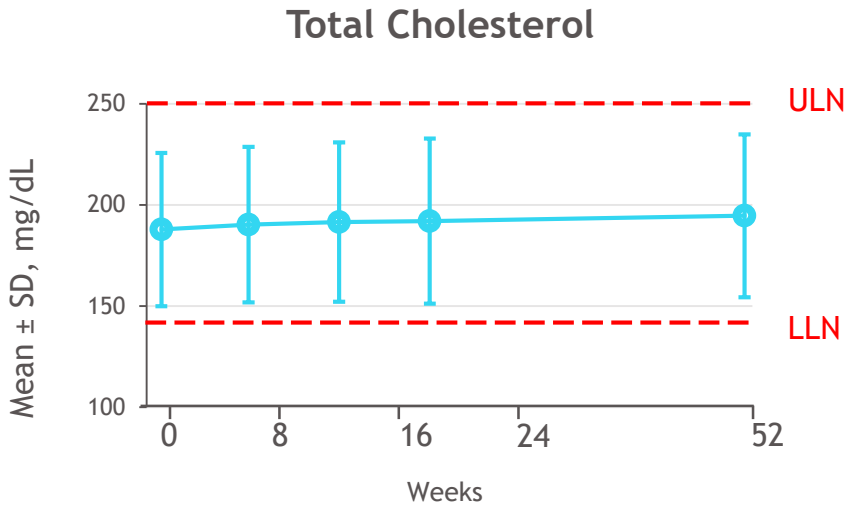
Missing data were imputed using nonresponder imputation.
sPGA response defined as a score of 0 or 1, with ≥2-point improvement from baseline.
PASI, Psoriasis Area and Severity Index; PASI 75, ≥75% reduction from baseline in PASI; PASI 90, ≥90% reduction from baseline in PASI; PASI 100, 100% reduction from baseline in PASI; sPGA 0/1, static Physician's Global Assessment score of 0 or 1.

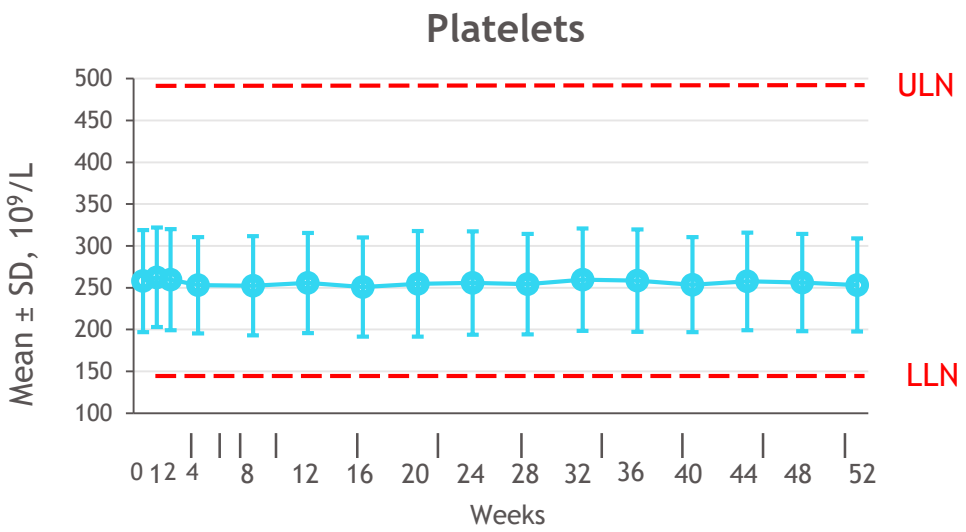
Labels for approved JAK 1,2,3 inhibitors reflect known JAK lab signature

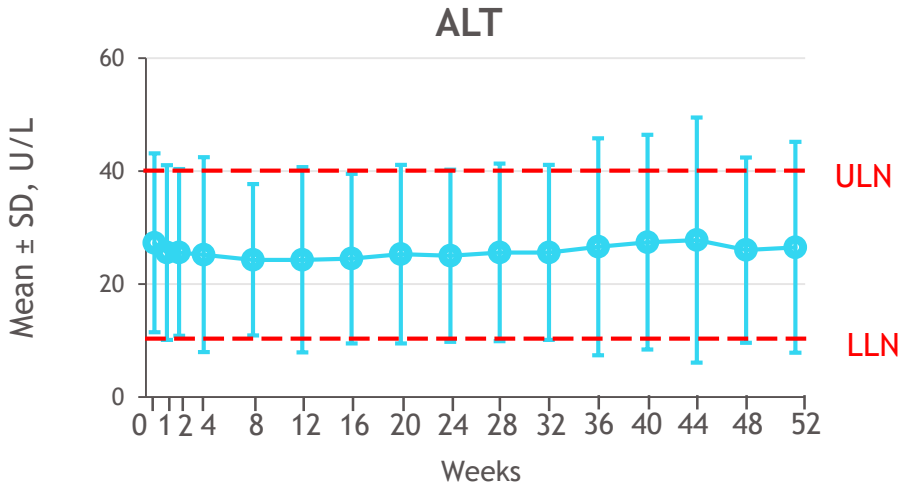
	tofacitinib	upadacitinib	baricitinib
MOA (in vitro JAK 1-3 selectivity)	JAK 1, 2, 3	JAK 1, 2	
Anemia (Hemoglobin)	• Do not initiate in pts with < 9 g/dL • Interrupt in pts with < 8 g/dL or decrease of >2 g/dL • Monitoring for potential changes	• Do not initiate in pts with < 9 g/dL • Interrupt in pts with < 8 g/dL • Decreases to < 8 g/dL were reported in clinical studies • Monitoring for potential changes	
ALT/AST (Liver Enzyme)	• Increased incidence of liver enzyme elevation • Routine monitoring of liver tests recommended		
Lipids	• Increases in total cholesterol, LDL, & HDL • Routine monitoring recommended		

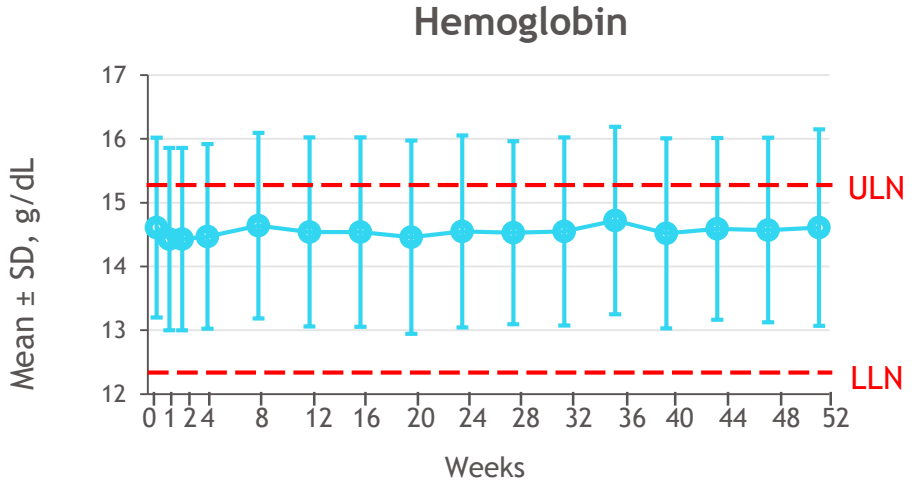
Note: Tofacitinib: maximum effects within 6 weeks; dose dependent increases in total cholesterol, LDL, HDL

Results through one year confirm no clinically meaningful changes from baseline and no JAK-like signature across lab results







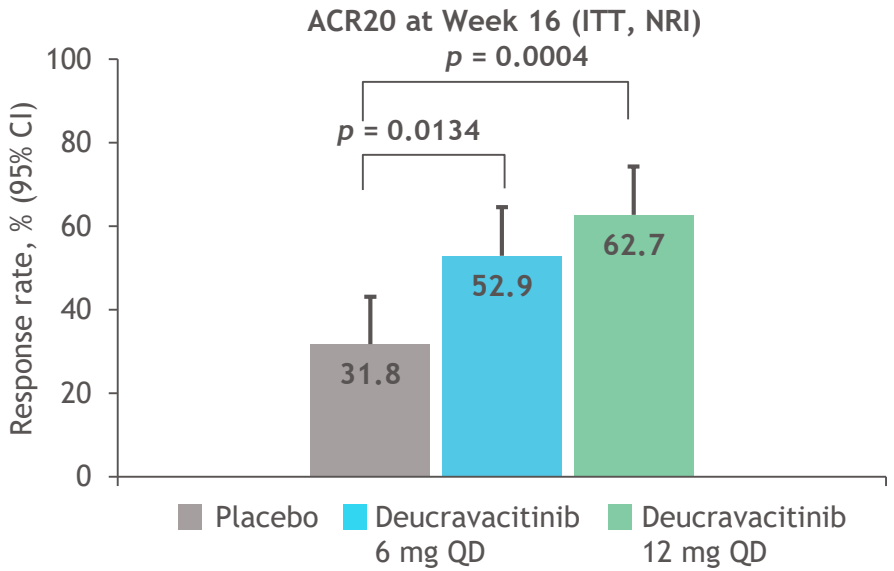


Graphs display as observed data for patients randomized to deucravacitinib at baseline in PSO-1 who continued treatment until Week 52.
LLN, lower limit of normal; QD, once daily; ULN, upper limit of normal.

Deucravacitinib Ph 3 study ongoing in Psoriatic Arthritis

Deucravacitinib in Psoriatic Arthritis (PsA)

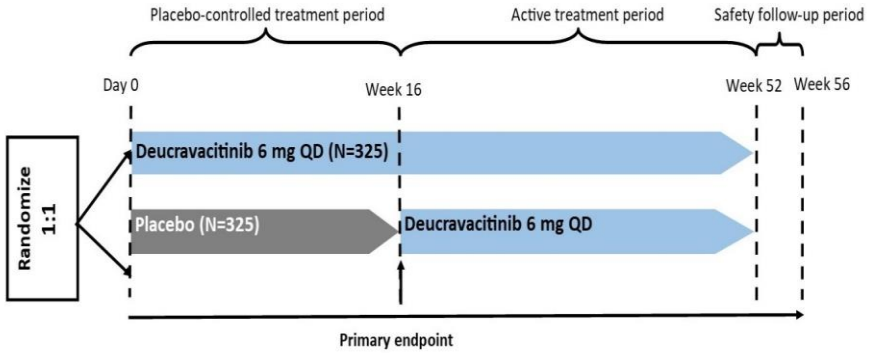
Data from Phase 2



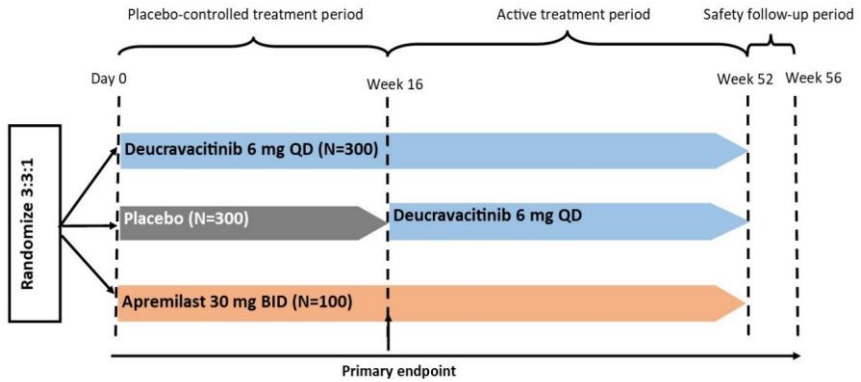
Deucravacitinib demonstrated significantly greater ACR20 responses at wk 16: 52.9% (at 6 mg) vs 31.8% (placebo)

Phase 3 Program (moderately to severely-active PsA)

IM011-054



IM011-055



Primary endpoints:

- ACR20

Secondary endpoints included:

- DAS28-CRP
- HAD-DI (disability index questionnaire)
- PASI-75

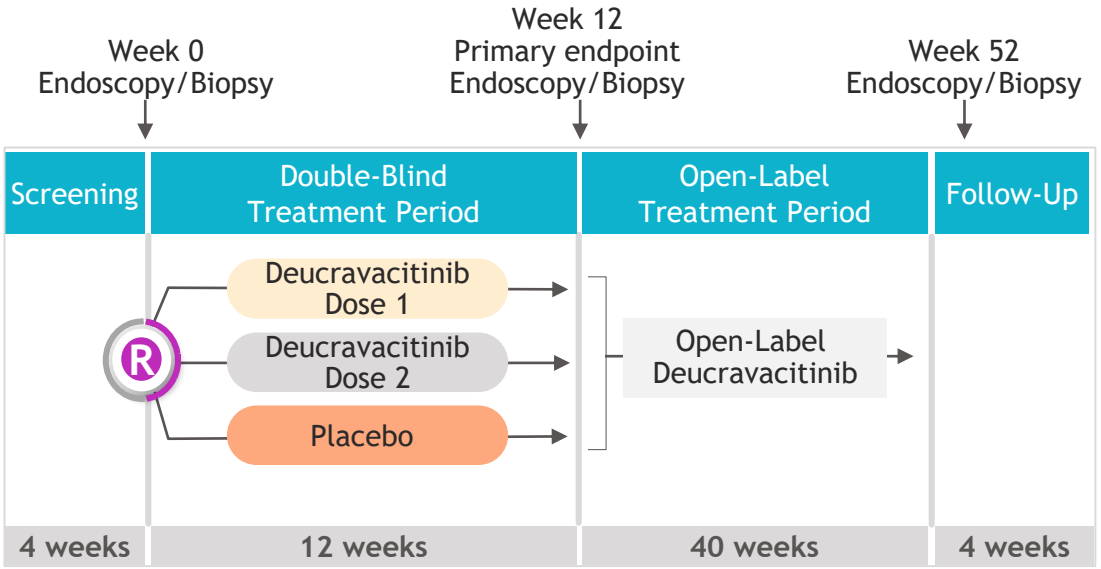
Readout: 2024

Nominal *P* values for pairwise comparison vs placebo. *P* values in time course are for odds ratios obtained using a stratified Cochran-Mantel-Haenszel test with stratification factors (body weight and prior TNFi use) per randomization. Missing data were reported using NRI.
*$P = 0.0108$ (12 mg). †$P = 0.0021$ (6 mg); $P = 0.0021$ (12 mg). ‡$P = 0.0134$ (6 mg); $P = 0.0004$ (12 mg).
ACR20, American College of Rheumatology, 20% improvement in response; ITT, intent to treat; NRI, nonresponder imputation; QD, once daily; TNFi, tumor necrosis factor inhibitor.
Included with permission from Mease PJ et al. Poster presentation at ACR Convergence 2020; November 5-9, 2020; Poster L03. 1

Opportunity to evaluate the potential for deucravacitnib in two important inflammatory bowel diseases

Ulcerative Colitis

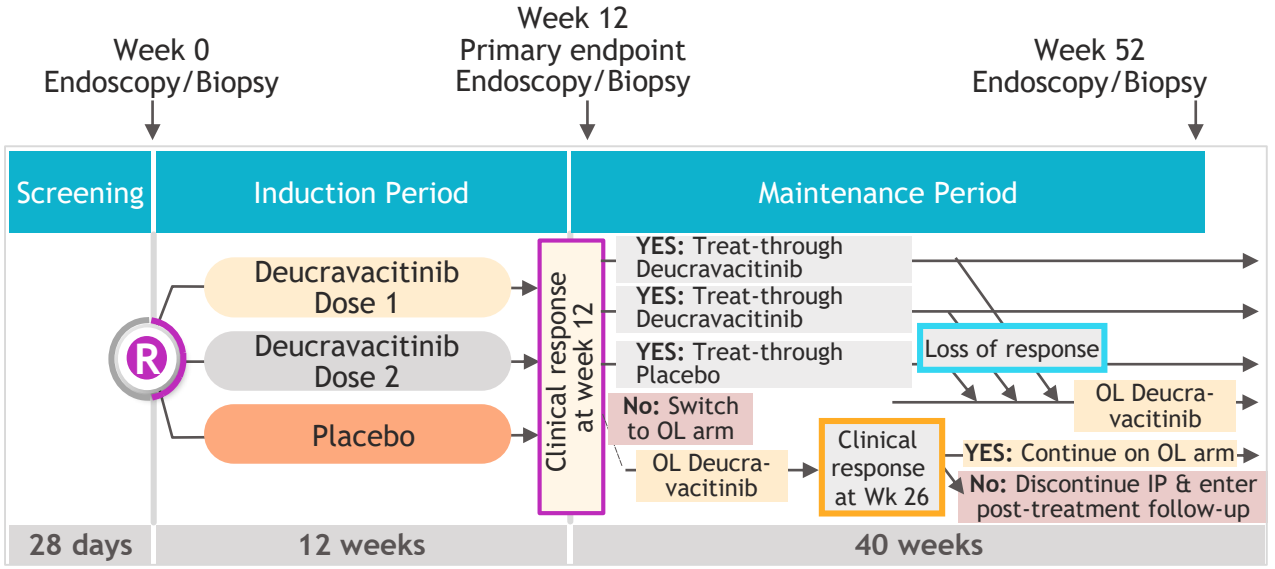
- Initial Ph2 study in moderate-to-severe UC (LATTICE-UC) did not meet primary & key secondary endpoints
- Second Ph2 trial (IM-024-127, below) to assess potential at higher dose, with opportunity to expand – data expected 2022/2023



Rollover LTE study

Crohn's Disease

- Ongoing Ph2 in Crohn's Disease (LATTICE-CD)
- Data expected 2022/2023



Additional expansion opportunities for deucravacitinib

Dermatology

Psoriasis

Filed in U.S. & EU

Discoid Lupus Erythematosus

Readout: 2H 2023

Psoriasis topical (Mild-to-moderate)

Phase 2 to begin mid-2022

Rheumatology

Psoriatic Arthritis

Phase 3 enrolling;
Readout: 2024

Systemic Lupus Erythematosus

Readout: Early 2022

Gastroenterology

Ulcerative Colitis

IM-011-127 Phase 2 expected 2022/2023

Crohn's Disease

Readout: 2022/2023

Registrational

Ongoing Ph 2 POC

New Ph 2 POC

Ability to leverage ongoing data generation to inform future expansion opportunities

Established IBD presence with Zeposia UC, with potential expansion to Crohn's Disease

Zeposia in IBD

Ulcerative Colitis — Currently approved in the U.S.; positive CHMP opinion

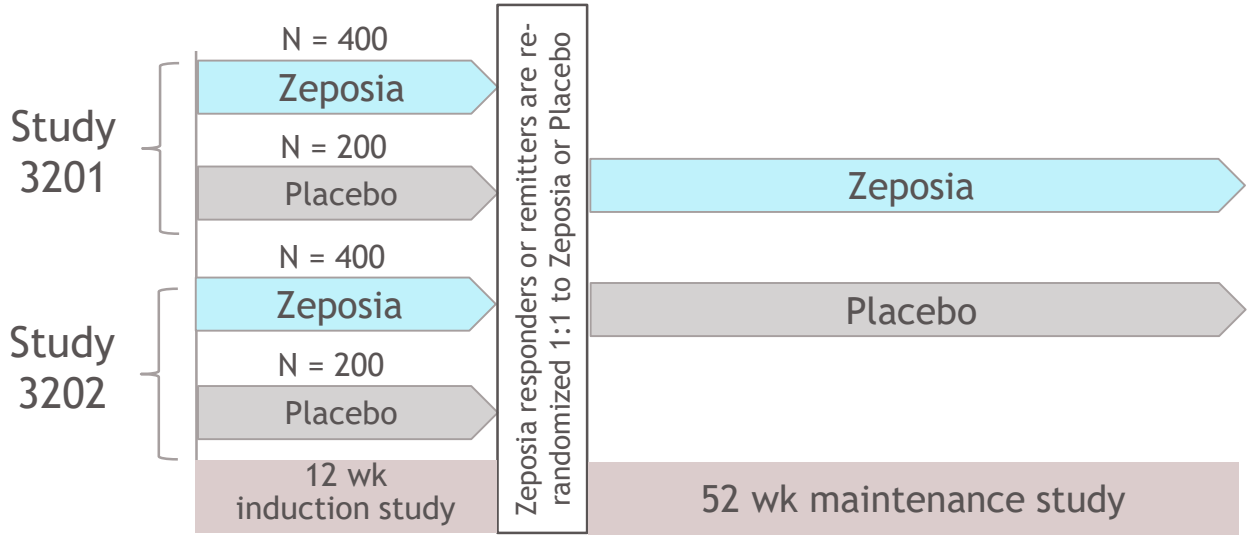
- Zeposia currently provides UC patients with efficacy comparable to biologics, and a favorable safety profile in an oral medicine

Crohn's Disease — Phase 3 trial enrolling

- Provides opportunity to benefit additional patients living with IBD
- Readout: 2024

Crohn's Ph 3 Study Design (YELLOWSTONE)

Adults with moderately to severely active CD

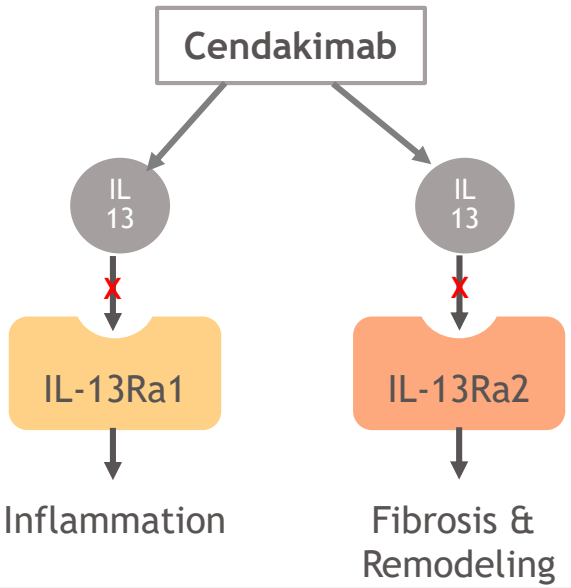


Primary endpoints:

- Induction studies: Week 12 clinical remission
- Maintenance study: Co primary @ Week 52 clinical remission and endoscopic response

Continuing to build with cendakimab

High affinity IL-13 neutralizing antibody



- Binds to IL-13 ligand
- Inhibits IL-13Ra1 & IL-13Ra2 subunits

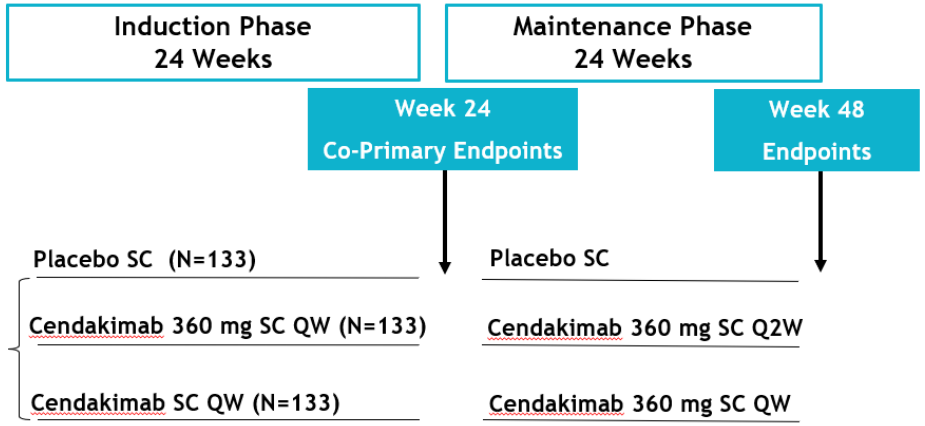
Potential to address both inflammation & fibrosis/remodeling

EoE Overview:
- High unmet need, currently no approved therapies
- Life altering disease for ~700k pts (combined U.S./EU5)

EoE: POC established with Ph2 data

- Significant reduction in eosinophil count; Wk 16 @ 360mg: 122.6 (baseline) to 25.5 cells/hpf
- Significant endoscopic improvement (EOE-EREF); Wk 16 @ 360mg: 9.4 (baseline) to 4.8

EoE: Currently enrolling Ph3 study; readout: 2024



Co-primary (week 24):
- Change in dysphasia days
- % of pts with esophageal eosinophils ≤ 6/hpf

Key secondary:
- % of pts with esophageal eosinophils ≤ 15/hpf
- EREFS
- EoE-HSS; mDSD composite score

Ph 2 Atopic Dermatitis POC underway

Emerging Immunology Pipeline

Phase 1

- Anti-CD40
- Imm. Tolerance (Anokion)[1]
- TYK2 inhibitor
- IL2-CD25
- afimetoran (TLR 7/8 inhibitor)

Phase 2

- MK2 inhibitor
- branebrutinib
- S1PR1 Modulator
- iberdomide

Phase 3

- deucravacitinib
- cendakimab

Marketed

- ORENCIA® (abatacept)
- ZEPOSIA® (ozanimod) 0.92 mg capsules

[1] BMS has an exclusive option to license and/or option to acquire

Advancing the pipeline across all therapeutic areas

Cardiovascular

- Mavacamten
  - —EXPLORER LTE presentation
- Milvexian
  - —TKR Ph 2 positive data

Hematology

- CELMoDs
  - —new combination data
- Breyanzi
  - —TRANSFORM data

Oncology

- Advancement of Opdivo expansion programs
- Rela+Nivo FDC PDUFA date March 19, 2022

Immunology

- deucravacitinib filed in U.S. & EU; PDUFA Sept 2022

Multiple exciting milestones ahead

2022 Key Milestones

Opdivo (+/- Yervoy)	**Metastatic:** 1L ESCC (CM-648) approval **Early-stage:** Neo-adj lung EFS (CM-816) approval
relatlimab	1L melanoma approval Initiation Ph3 1Llung (CA224-095)
bempeg	1L melanoma/1L renal/1L bladder
Breyanzi	3L+ LBCL EU approval 3L+ CLL (TRANSCEND-CLL) Ph2
Abecma	2L+ MM (KarMMa-2) Ph2 (POC)
CC-92480	4L+ MM Ph1/2
deucravacitinib	PsO U.S. approval SLE Ph2 (POC)
cendakimab	AD Ph2 (POC)
mavacamten	oHCM approval SRT (VALOR) Ph3 Initiation of Ph3 in nHCM
milvexian	SSP Ph2 (POC)

2023/2024 Key Milestones

Opdivo (+/- Yervoy)	**Metastatic:** 1L CRPC (CM-7DX) 1L HCC (CM-9DW) **Early-stage:** Adj. HCC (CM-9DX) Adj. RCC (CM-914) Peri-adj Lung (CM-77T) Peri-adj MIBC (CM-078) Adj. NSCLC (ANVIL, co-op group)
relatlimab	2L HCC (POC)
bempeg	Neo-adj. CIS-ineligible MIBC
Breyanzi	3L+ FL TRANSCEND Ph2
Abecma	3L+ MM (KarMMa-3) Ph3
CC-93269	Initiation of pivotal trial
iberdomide	Initiation of NDMM Ph3 H2H vs. Rev
CC-92480	Initiation of Ph3 triplet 2L+ MM (w/ Vd, Kd)
Reblozyl	1L MDS (ESA naïve) COMMANDS Ph3 MF INDEPENDENCE Ph3
deucravacitinib	PsO EU approval PsA Ph3 CD & DLE Ph2 (POC) 2nd Ph2 in UC IM011-127
cendakimab	EoE Ph3
Zeposia	CD Ph3 Induction/Maintenance
mavacamten	HFpEF Ph2 EMBARK (POC)

Milestones represent data read-outs unless otherwise specified
To be expanded to include regulatory milestones pending future registrational successes

Bristol Myers Squibb™

Program will reconvene following a short break

(10 min)

Bristol Myers Squibb™

Commercial Opportunities

Chris Boerner

Chief Commercialization Officer

Building blocks of our Continuing Business

Key in-line growth drivers

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

YERVOY (ipilimumab) Injection for intravenous infusion

Eliquis apixaban

Broad New Product Portfolio with significant non-risk adjusted revenue* potential in 2029

$4B+

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

- mavacamten
- deucravacitinib
- rela+nivo FDC

$3B+

ZEPOSIA (ozanimod) 0.92 mg capsules

Breyanzi

$1B+

ONUREG (azacitidine) tablets 300 mg • 200 mg

Abecma (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

Key pipeline

- milvexian
- CC-92480
- cendakimab
- iberdomide
- bempeg
- MORAb-202
- BCMA TCE

+ Expansion opportunities across multiple assets

In-line growth drivers contribute $8B to $10B growth from 2020-2025

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

YERVOY™ (ipilimumab) Injection for intravenous infusion

$8.7B 2020 Combined Sales | A standard of care across **11 tumors**

Continued growth opportunity:

- Maintain leadership in Melanoma & RCC
- Expand in metastatic disease incl. Lung & GI
- Lead evolution in early-stage disease

Eliquis™ apixaban

$9.2B 2020 Sales

Continued growth opportunity:

- Drive leadership in NOAC class
- Expand NOAC class
- Increase treated population

Enabled by strong cardiovascular infrastructure

Ability to extend leadership in thrombotic diseases with milvexian

Building upon history of successful partnerships in CV

Plavix® (clopidogrel bisulfate) 75mg tablets

Peak global sales: **$7.1B** (2011)

Eliquis® (apixaban) tablets

FY global sales: **$9.2B** (2020)

Milvexian

Potential next-generation anti-thrombotic

- Potential to widely span arterial & venous diseases
- Opportunity to launch prior to Eliquis LOE in 2028[1]

[1] In the U.S.: Subject to additional appeals and challenges

Positive feedback from cardiologists on mavacamten

Unmet need

- Physicians recognize a need for options that address underlying disease vs. treat symptoms
- Desire by patients & physicians to improve cardiac function and quality of life

Mavacamten perception

✓ Mava targets the underlying pathophysiology of the condition, unlike other treatment methods

✓ Recognition of magnitude of improvement in efficacy measures

> "Mavacamten is the first therapeutic candidate to target the heart muscle proteins… with the intent of correcting the abnormal function of the heart."
>
> Dr. Daniel Jacoby, M.D.
> Yale School of Medicine

> "The extraordinary data from the EXPLORER pivotal trial confirm mavacamten's ability to relieve dynamic outflow obstruction, control symptoms and improve quality of life in patients"
>
> Dr. Iacopo Olivotto, M.D.
> Careggi Univ. & lead investigator, EXPLORER-HCM

$4B+ 2029 NRA sales potential for mavacamten

HCM patient population

1.3M patients[1]

Significant HCM pts with obstructive disease (requiring chronic treatment)

60-70%

Opportunity to increase diagnosis rate over time

Today	Future	% Pts Symptomatic
20-25%	**Roughly double**	**60-80%**

Opportunity to drive significant penetration with a strong profile based on EXPLORER

Favorable landscape

- No current treatment that treats underlying condition
- No differentiated competitors on horizon
- Concentrated prescriber base at launch

+ nHCM & additional expansion indications

NRA sales in 2029:

>$4B

[1]U.S./EU5 market prevalence
NRA: Non-Risk Adjusted sales subject to positive registrational trials and health authority approval

Deucravacitinib's differentiated profile in psoriasis resonates with dermatologists

Based on interview & survey responses for POETYK data in psoriasis:

MOA

- Recognized as **novel**

Efficacy

- Viewed as compelling
- Comparable to first-generation biologics
- Superior to current oral therapy

Once-daily dosing

- Perceived as **more convenient** than current SOC

Safety

- Tolerable, with favorable safety profile
- Viewed as **differentiated** from JAK inhibitors
- No lab monitoring requirement is an important feature

Deucravacitinib's superior profile positioned to become oral of choice in psoriasis & may accelerate switch from topicals

~1.9M Patients	~0.4M Patients	~0.4M Patients
		
Topicals*	Current Orals**	Injectables

Deucravacitinib

- ✓ **Superior efficacy** vs Otezla
- ✓ **Durable** responses through 1 year
- ✓ **Favorable safety** & tolerability
- ✓ **Ease of initiation**

Source: Decision Resources Group PsO Report; Symphony Health Claims data 2020 (US); BMS Internal Estimates

Note: Numbers indicate patients on any prescribed treatment (systemic, topical, advanced) in G7 countries
*Includes patients treated with Topicals and Phototherapy only
**Orals include Otezla, Methotrexate, Cyclosporine and di-methyl fumarate (Mainly in Germany)

Significant sales potential in moderate-to-severe psoriasis

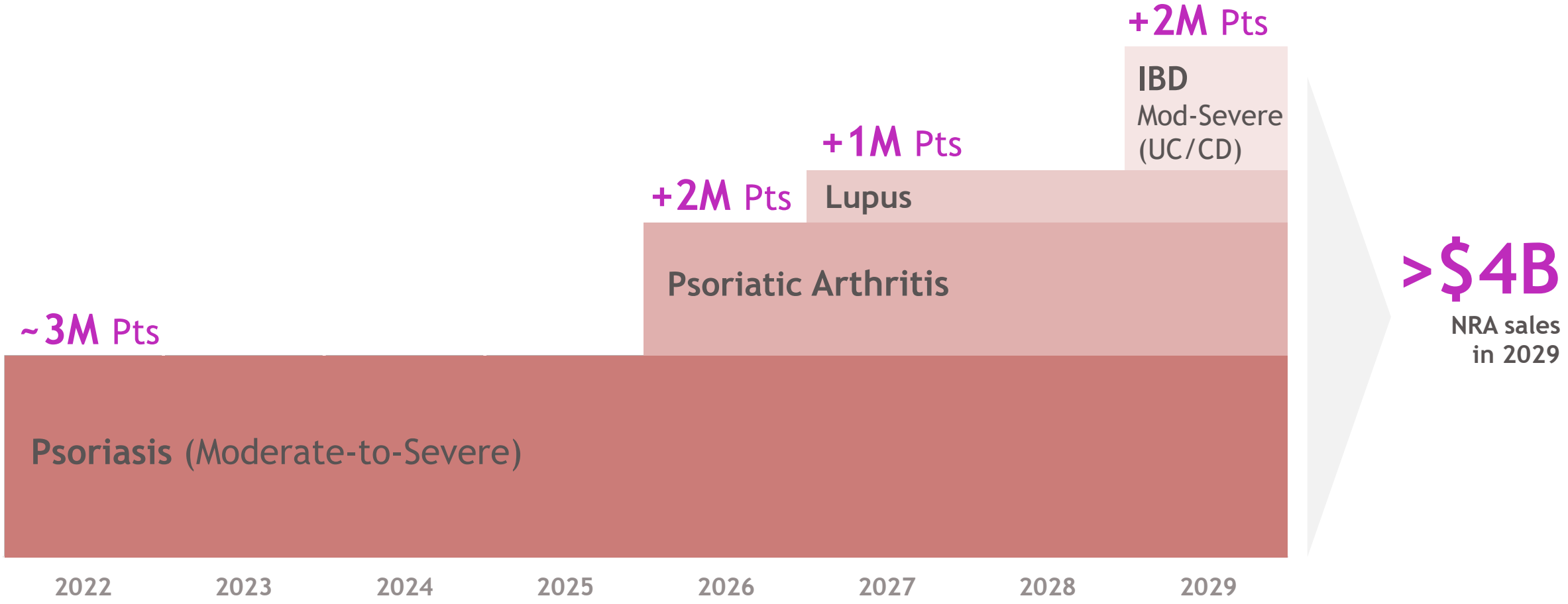
Large patient population	**~3M** patients[1]
Opportunity to expand systemic oral market	By **~10%** e.g., through earlier discontinuation of topicals
Opportunity to establish oral-of-choice	Biologic-like efficacy superior to existing oral SoC Favorable safety and tolerability profile • differentiated from JAK inhibitors • better GI profile compared to existing oral SoC

[1]Represents combined U.S./EU5 patient prevalence numbers

$4B+ 2029 NRA opportunity to treat patients with immune-mediated diseases with deucravacitinib

Opportunity to become oral of choice in mod-to-severe PsO

Broaden into Rheumatology, GI & beyond



NRA: Non-Risk Adjusted sales subject to positive registrational trials and health authority approval

Reblozyl has $4B+ non risk adjusted sales potential in 2029

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

Currently approved in

- Transfusion dependent beta-thal
- 2L RS+ MDS

Opportunity to drive growth in current indications:

- Increase share in ESA refractory population
- Increase adherence
- More frequent monitoring & earlier switching from ESA failures (NCCN update)

Potential expansion opportunities:

- 1L MDS with COMMANDS
- MF and others

NRA: Non-Risk Adjusted sales subject to positive registrational trials and health authority approval

Important opportunity to establish Reblozyl in 2L RS+ MDS

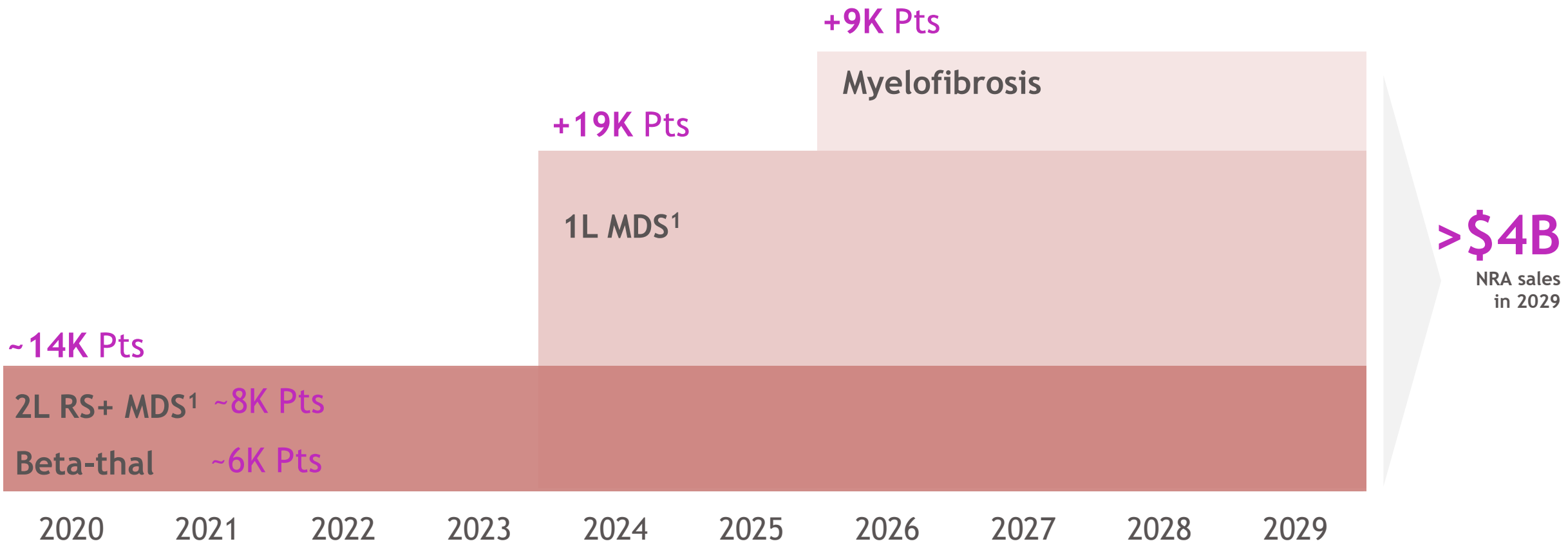
Patient population	**~8K** patients[1]
ESA retreatment	**~50%** of patients may not respond to ESAs[2]; there is potential to treat appropriate patients sooner
Drive adoption	Establish a post-ESA standard of care profile Address patients earlier in their treatment journey with continued education
Increase adherence	Demonstrated repeated periods of transfusion independence

Bristol Myers Squibb™

[1]Represents combined U.S./EU5 patient incidence numbers for 2L Lower Risk MDS RS+
[2]NCCN Guidelines define no response as a lack of 1.5 gm/dL rise in hemoglobin or lack of a decrease in RBC transfusion requirement by 6 to 8 weeks of treatment.

$4B+ non risk adjusted opportunity with Reblozyl in 2029

Establishment of novel MoA → **Expansion** into 1L MDS → **Entry into** adjacent disease areas



Notes regarding patient #s: MF & MDS represent combined U.S./EU5 estimates; beta-thal represents U.S. only; noted for each indication in launch year for lead market (e.g. U.S.); patient #s do not include growth of epidemiology over time
NRA = Non-Risk Adjusted Sales, subject to positive registrational trials and health authority approval
[1] Lower risk MDS patients

$3B+ Non risk adjusted sales potential in 2029

Currently approved in:

- MS: #1 S1P modulator in written Rx
- UC: U.S. launch going well; positive CHMP opinion in EU

Opportunity to become the oral SOC in UC:

- Focused on increasing trialists & experience
- Step wise approach to growing & broadening access over time

Potential expansion opportunity:

- Further build presence in IBD with Crohn's disease

NRA: Non-Risk Adjusted Sales subject to positive registrational trials and health authority approval

Significant expansion opportunities for Zeposia in UC

Large patient population	**~1.1M** patients[1]		
Drive share of oral market	Establish a new oral SOC, as first S1P modulator with strong profile: • Biologic-like efficacy with favorable safety & tolerability profile • No black box warning		
Expand oral market	Today **~8%**	Future **~20%**	Growing oral category over time at the expense of biologics
Stepwise plan to grow access	Build demand Expand access Convert to commercial dispense		

[1]Represents combined U.S./EU5 patient diagnosed prevalence numbers; moderate to severe

Establish Zeposia as the oral standard of care in UC

2021

Establish awareness and acceptance of new MOA

- Establish breadth & depth of trialists with differentiated oral risk/benefit profile
- Elevate patient on-boarding capabilities (e.g., patient services)

2022

Broaden access

- Accelerate share uptake by establishing new class as standard of care
- Patient engagement

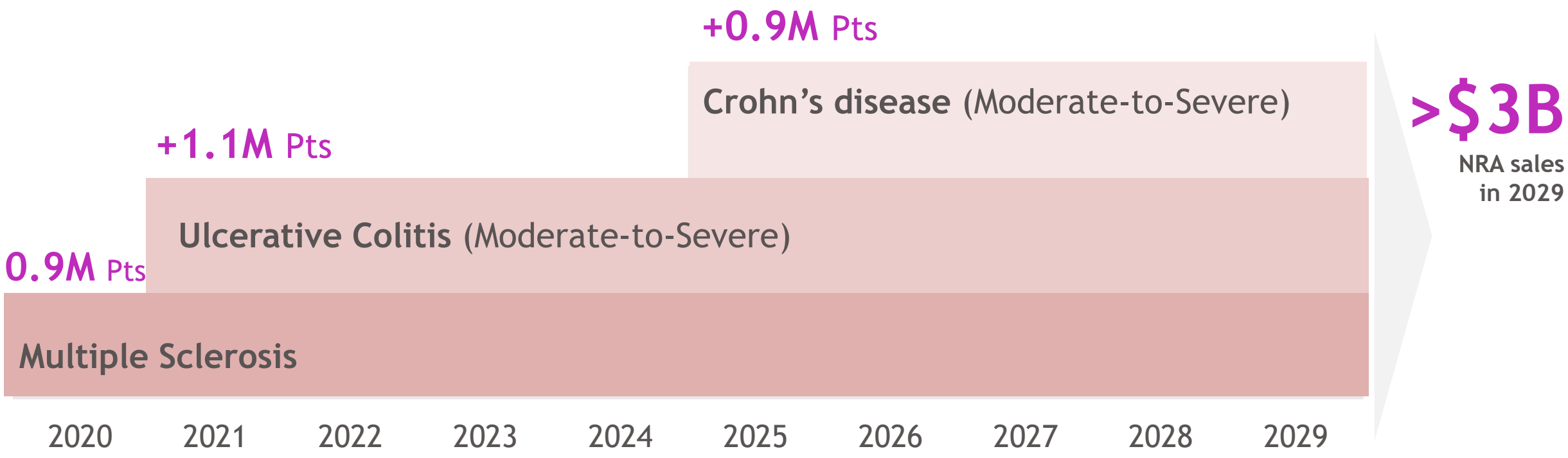
2023

Expand access to first line

- Increase market growth by reaching uncontrolled patients on conventional therapies
- Launch integrated strategies reinforcing long-term data

$3B+ NRA opportunity to expand Zeposia into Crohn's Disease over time

Foundation in MS → **Ongoing expansion** into UC → **Broaden** into CD



Note: Patient #s represent combined U.S./EU5 estimates, noted for each indication in launch year for lead market (U.S.); does not include growth of epidemiology over time
NRA: Non-Risk Adjusted Sales subject to positive registrational trials and health authority approval

Well positioned to unlock the full potential of Cell Therapy

Breyanzi (lisocabtagene maraleucel) SUSPENSION FOR IV INFUSION

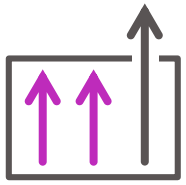
Abecma (idecabtagene vicleucel) SUSPENSION FOR IV INFUSION

Leading Innovation

- BMS is the only company with approved first-in-class or best-in-class products for two distinct targets
- Advancing next generation technologies

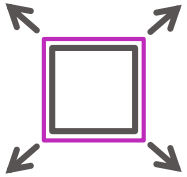
Favorable Market Dynamics

- Strong demand & physician awareness
- U.S. market primed for outpatient
- Positive trends in access and reimbursement



Unprecedented outcomes

- TRANSFORM 2L LBCL further validates approach and shows the transformative nature of Cell Therapy



Scale & Experience to realize potential

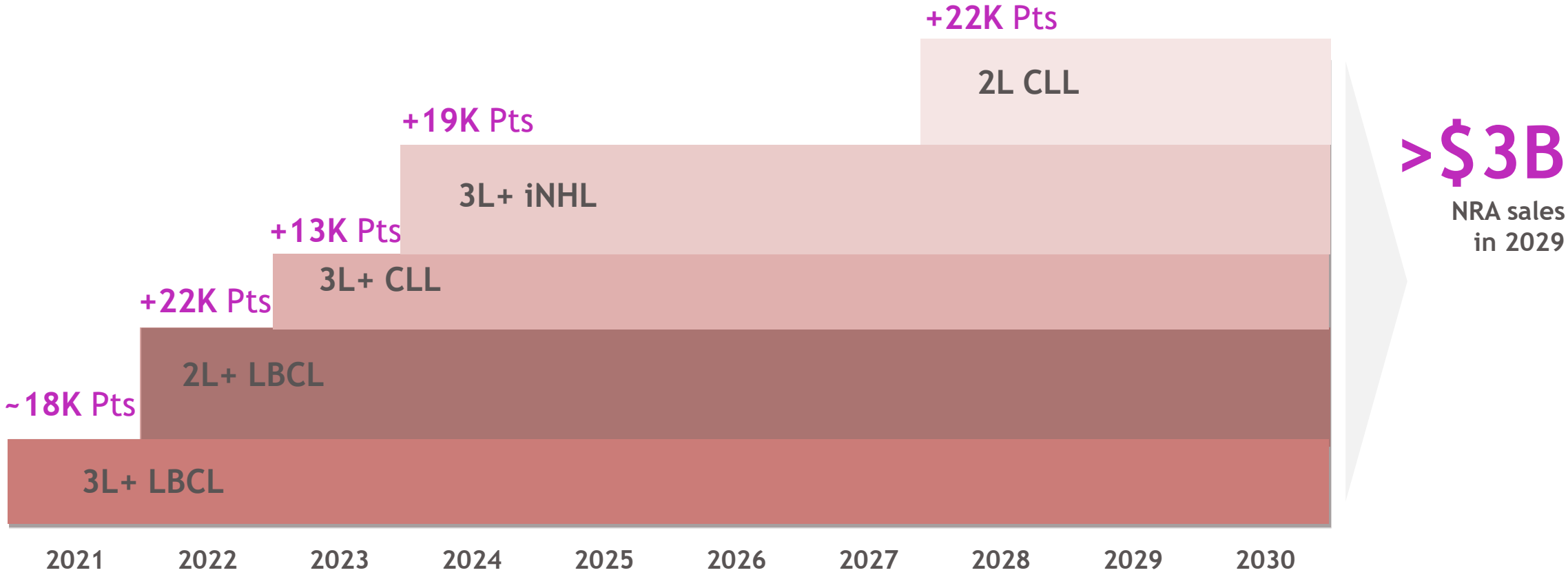
- Leading oncology company with a track record of delivering
- Financial flexibility to invest in current products and next generation technologies

Breyanzi has opportunity to grow into new indications & move up in treatment paradigm

Enter DLBCL

Expand into earlier lines

Broaden into other indications



Note: Patient #s represent combined U.S./EU5 estimates, noted for each indication in launch year for lead market (U.S.); does not include growth of epidemiology over time
NRA: Non-Risk Adjusted Sales subject to positive registrational trials and health authority approval

$4B+ NRA opportunity with Rela+Nivo FDC, beginning in 2022 with metastatic melanoma

Near-term launch opportunity with Rela+Nivo FDC:

- Opdivo + Yervoy
- **PD-1 monotherapy**
- BRAF MT

Near-term focus in **metastatic** melanoma

\+ Phase 3 opportunity in **adjuvant** melanoma

Additional opportunities:

- NSCLC
- HCC
- CRC

Ongoing data generation can inform future expansion opportunities

Source: Patient Epi from Decision Resources Group;
[1] US 2021 patient estimates; includes 1L treated patients & early-stage treatable patients
NRA: Non-Risk Adjusted Sales subject to positive registrational trials and health authority approval

[2] 1L Mel US treated patients ~10K, about one-third with IO monos;
[3] Early-Stage Mel US treatable patients ~17K; [4] 1L NSCLC US treated patients ~106K

Multiple additional opportunities across therapeutic areas

$1B+
NRA sales in 2029

Key pipeline

Cardiovascular	Immunology	Oncology	Hematology
milvexian	cendakimab	bempeg	iberdomide
		MORAb-202	CC-92480
			BCMA TCE

+ additional expansion opportunities across multiple assets

NRA: Non-Risk Adjusted Sales subject to positive registrational trials and health authority approval

Bristol Myers Squibb™

Financial Overview

David Elkins

Chief Financial Officer

Confidence in our future

- Strong innovation engine with deep scientific expertise to replenish the portfolio
- Industry leading commercial capabilities to maximize growth by reaching more patients with unmet medical needs
- Strong execution provides confidence to deliver the full potential of our commercial brands and future pipeline & reinforces ability to navigate upcoming LOEs
- Financial strength and flexibility to further strengthen the portfolio and provide healthy return of capital to shareholders

BMS continues to execute against our commitments

Financial Expectations

- 2020-2025:
  - Low to mid-single digit revenue CAGR*
  - Low double-digit revenue CAGR for Continuing business*
- Operating margins low to mid 40%s**
- ~$3B of synergies by end of 2022
- $45B - $50B of free-cash flow 2021-2023**

On track based on 2021 guidance

2021 Key Milestones

Opdivo (+/- Yervoy)	*U.S./EU expected approvals*: 1L RCC (9ER) ✓, 1L GC (649, O+Chemo) ✓ adj Eso (577) ✓ adj MIBC (274) ✓
	1L Esophageal (CM-648) ✓
	Opdivo return to annual growth ✓
Relatlimab	1L Melanoma w/ Opdivo Ph3 ✓
Breyanzi	3L+ DLBCL U.S. ✓ / EU approval[3]
	2L TE ✓ and TNE DLBCL
	3L+ CLL[3]
Abecma	4L+ MM U.S.[1] ✓ / EU approval ✓
Iberdomide + dex	4L+ MM Ph 1b/2a ✓
Deucravacitinib	PsO (2nd study) Ph3 ✓ & U.S. filing ✓
	UC Ph2 (POC) ✗
Zeposia	UC U.S. ✓ / EU approval
Cendakimab	Initiation of Ph3 ✓
Factor XIa inh.	Total Knee Replacement VTEp Ph2 (POC) ✓
Mavacamten	oHCM U.S. filing ✓ & approval[2]

[1]Approved after 4 prior lines of therapy
[2] PDUFA January 28, 2022
[3] Expected in 2022

2022/2023 Key Milestones

Opdivo (+/- Yervoy)	***Metastatic*** 1L HCC (CM-9DW)
	Adjuvant Neo-adj Lung EFS (CM-816) ✓ Peri-adj Lung (CM-77T)
Bempeg	1L melanoma[3] & 1L renal
Breyanzi	3L+ Follicular lymphoma
Abecma	3L+ MM (KarMMa-3) Ph3
	2L+ MM (KarMMa-2) POC
CC-92480	4L+ MM Ph1/2
CC-93269 (TCE)	Initiation of pivotal trial
Deucravacitinib	PsO U.S./EU approval
	CD & Lupus Ph2 (POC)
Zeposia	CD Ph3
Factor XIa inh.	Secondary Stroke Prevention Ph2 (POC)
Reblozyl	1L MDS (ESA naïve) COMMANDS Ph3
Ph 1/2 Pipeline	>20 POC decisions

To be expanded to include regulatory milestones pending future registrational successes

*At constant exchange rates – Non-GAAP: there is no reliable or reasonable estimable comparable GAAP metric for this Non-GAAP forward-looking information; **Non-GAAP: there is no reliable or reasonable estimable comparable GAAP metric for this forward-looking information

Strong execution reinforces our confidence in our financial targets

Total Company Growth & Revenue Profile

- Low to mid-single digit Revenue CAGR 2020–2025*
- Continuing Business ~90% of Total Revenue by 2025
- Launch Portfolio ~30% of Continuing Business by 2025

Revenue Replacement Power

- Low double-digit Revenue CAGR for Continuing Business 2020-2025*
- $25B+ NRA Revenue Potential in 2029 for Launch Brands

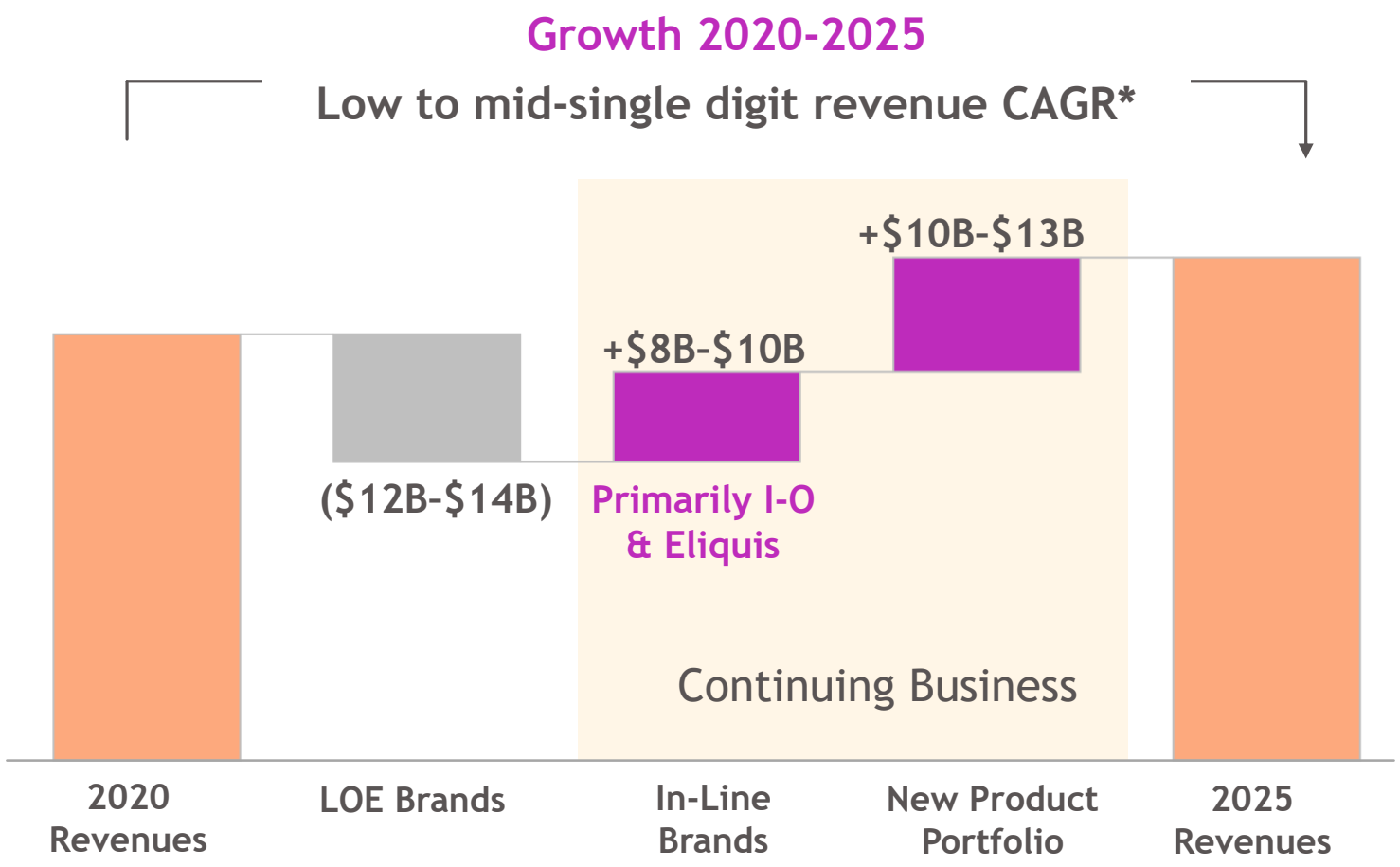
Financial Strength

- Operating Margins in low to mid-40s**
- ~$3B of Synergies by end of 2022
- $45 – 50B of Free Cash Flow from 2021-2023

Strong Financial Foundation and Portfolio Positioned for Growth

*at constant exchange rates - There is no reliable or reasonable estimable comparable GAAP metric for this forward-looking information
**Non-GAAP - There is no reliable or reasonable estimable comparable GAAP metric for this forward-looking information
NRA: Non-Risk Adjusted sales subject to positive registrational trials and health authority approval

Continued In-Line performance and New Product Portfolio more than offsets impact from near-term LOEs



2022: Expect revenue and Non-GAAP EPS growth

By 2025, expect $10B-$13B risk-adjusted opportunity from new product portfolio

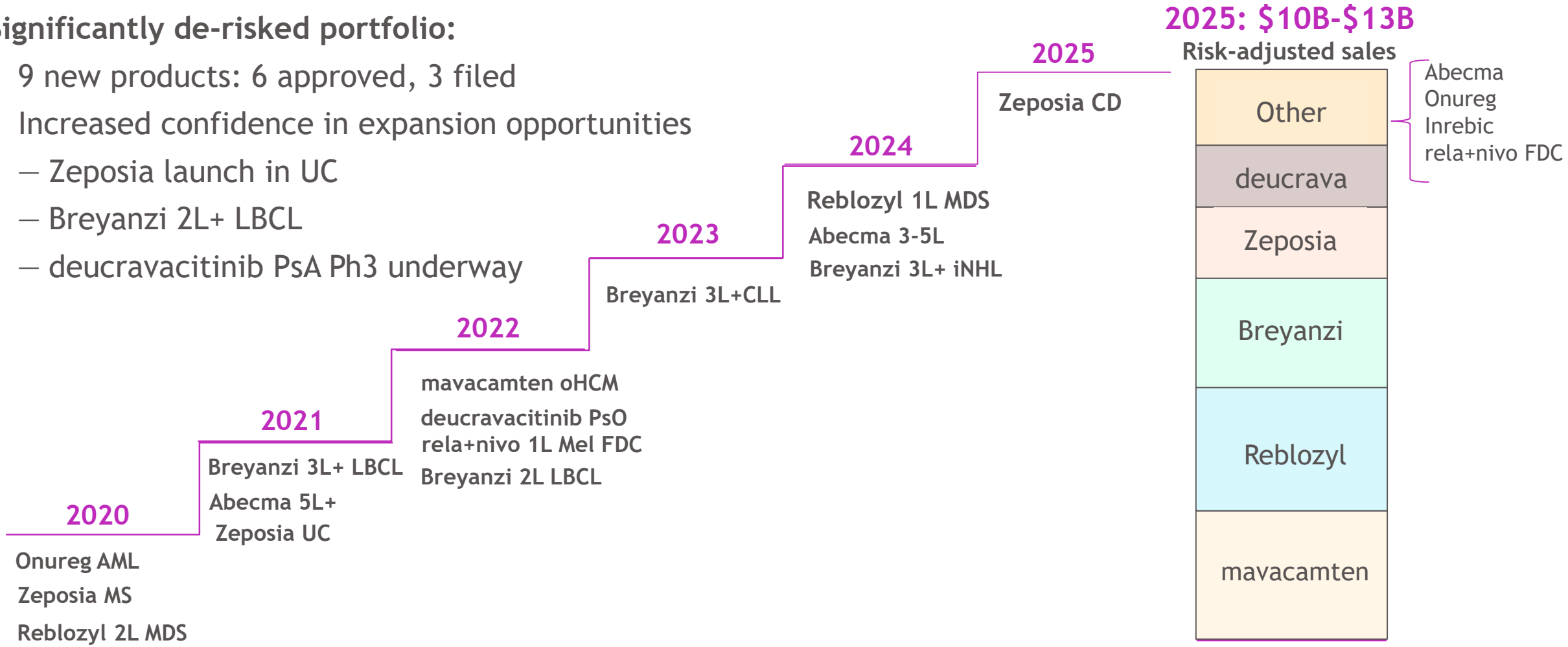
LOE Brands = Revlimid, Pomalyst, Sprycel, and Abraxane

*At constant exchange rates – Non-GAAP. There is no reliable or reasonable estimable comparable GAAP metric for this forward-looking information

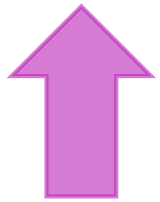
We expect New Product Portfolio to deliver $10B-$13B of risk-adjusted revenue in 2025

Significantly de-risked portfolio:

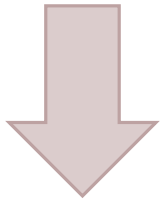
- 9 new products: 6 approved, 3 filed
- Increased confidence in expansion opportunities
  - Zeposia launch in UC
  - Breyanzi 2L+ LBCL
  - deucravacitinib PsA Ph3 underway



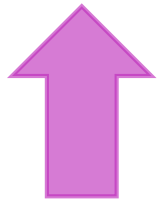
Path to maintaining Operating Margins



Low to mid-single digit Total Company Revenue CAGR from 2020 - 2025



Gross Margin decline tempered by growth in high-margin launch brands and I-O



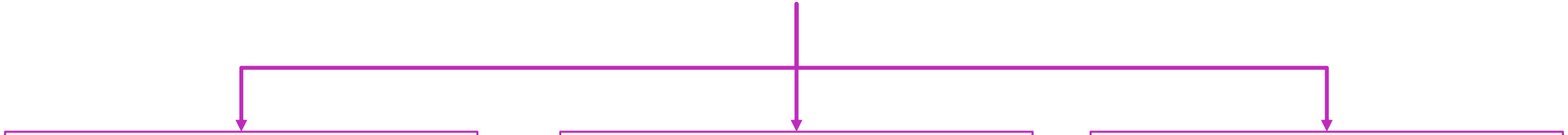
Operating expenses as % sales improves as revenue growth outpaces expense growth

Operating Margins to remain in low to mid 40s through 2025*

Strong cash flow provides for tremendous financial flexibility

$45B - $50B

in free cash flow 2021-2023



Prioritizing Business Development to replenish and diversify the portfolio to drive long-term growth	Strengthening the Balance Sheet to enable greater strategic and financial flexibility	Returning cash to shareholders
Continue to execute small & mid-sized bolt-on opportunities	Reduction of debt Maintain strong investment-grade credit rating	Continued dividend growth* Opportunistic share repurchase

*Future dividend payouts subject to board authorization

Business Development remains a top priority to complement the portfolio for long-term growth

Deals over the last 18 months

MYOKARDIA · Dragonfly · Eisai · FORBIUS · prothena · tem · REPARE THERAPEUTICS · agenus · SCHRÖDINGER · Exscientia · Arsenal BIOSCIENCES

A further diversified pipeline

Oncology · Hematology · Immunology · Cardiovascular · Neurology

Financial Discipline

- Significant capacity for business development – strong rating & FCF generation
- Create value by leveraging leading capabilities in most strategic therapeutic areas

Will continue to execute BD in leading scientific areas of high unmet medical need

Well positioned for future growth

- Business continues to execute well against our financial and pipeline commitments
- Strong innovation engine for continued growth into the second half of the decade
- Confident in our ability to address future LOEs

New products
expected to deliver $10B-$13B risk-adjusted revenue in 2025

Continued growth
of new product portfolio $25B+ non-risk adjusted revenue* in 2029

Pipeline & business development
targets focused in therapeutic areas with significant commercial potential

- Financial strength and flexibility to further strengthen the portfolio and provide healthy return of capital to shareholders

*Non-Risk Adjusted revenue subject to positive registrational trials and health authority approval

Bristol Myers Squibb™

Giovanni Caforio

Board Chair and Chief Executive Officer

Opportunity for franchise durability and growth across all four key therapeutic areas

	Oncology	Hematology	Immunology	Cardiovascular
Inline Brands	OPDIVO (nivolumab) INJECTION FOR INTRAVENOUS USE 10 mg/mL; YERVOY (ipilimumab) Injection for intravenous infusion	Revlimid (lenalidomide) capsules 2.5 · 5 · 10 · 15 · 20 · 25 mg; Pomalyst (pomalidomide) capsules; SPRYCEL dasatinib 100 mg tablets	ORENCIA (abatacept)	Eliquis apixaban
New Products	rela+nivo FDC*	Reblozyl (luspatercept-aamt) for injection 25mg • 75mg; INREBIC (fedratinib) capsules 100mg; Abecma (idecabtagene vicleucel) SUSPENSION FOR INFUSION; Breyanzi; ONUREG (azacitidine) tablets 300 mg • 200 mg	ZEPOSIA (ozanimod) 0.92 mg capsules; deucravacitinib*	mavacamten*
Next Wave	bempeg; MORAb-202 (FRα ADC)	iberdomide; CC-92480; BCMA TCE (CC-93269)	cendakimab	milvexian

Robust early-stage pipeline with **50+ assets** in development

* Subject to positive registrational trials & regulatory approval

Multiple exciting milestones ahead

2022 Key Milestones

Opdivo (+/- Yervoy)	**Metastatic:** 1L ESCC (CM-648) approval **Early-stage:** Neo-adj lung EFS (CM-816) approval
relatlimab	1L melanoma approval Initiation Ph3 1Llung (CA224-095)
bempeg	1L melanoma/1L renal/1L bladder
Breyanzi	3L+ LBCL EU approval 3L+ CLL (TRANSCEND-CLL) Ph2
Abecma	2L+ MM (KarMMa-2) Ph2 (POC)
CC-92480	4L+ MM Ph1/2
deucravacitinib	PsO U.S. approval SLE Ph2 (POC)
cendakimab	AD Ph2 (POC)
mavacamten	oHCM approval SRT (VALOR) Ph3 Initiation of Ph3 in nHCM
milvexian	SSP Ph2 (POC)

2023/2024 Key Milestones

Opdivo (+/- Yervoy)	**Metastatic:** 1L CRPC (CM-7DX) 1L HCC (CM-9DW) **Early-stage:** Adj. HCC (CM-9DX) Adj. RCC (CM-914) Peri-adj Lung (CM-77T) Peri-adj MIBC (CM-078) Adj. NSCLC (ANVIL, co-op group)
relatlimab	2L HCC (POC)
bempeg	Neo-adj. CIS-ineligible MIBC
Breyanzi	3L+ FL TRANSCEND Ph2
Abecma	3L+ MM (KarMMa-3) Ph3
CC-93269	Initiation of pivotal trial
iberdomide	Initiation of NDMM Ph3 H2H vs. Rev
CC-92480	Initiation of Ph3 triplet 2L+ MM (w/ Vd, Kd)
Reblozyl	1L MDS (ESA naïve) COMMANDS Ph3 MF INDEPENDENCE Ph3
deucravacitinib	PsO EU approval PsA Ph3 CD & DLE Ph2 (POC) 2nd Ph2 in UC IM011-127
cendakimab	EoE Ph3
Zeposia	CD Ph3 Induction/Maintenance
mavacamten	HFpEF Ph2 EMBARK (POC)

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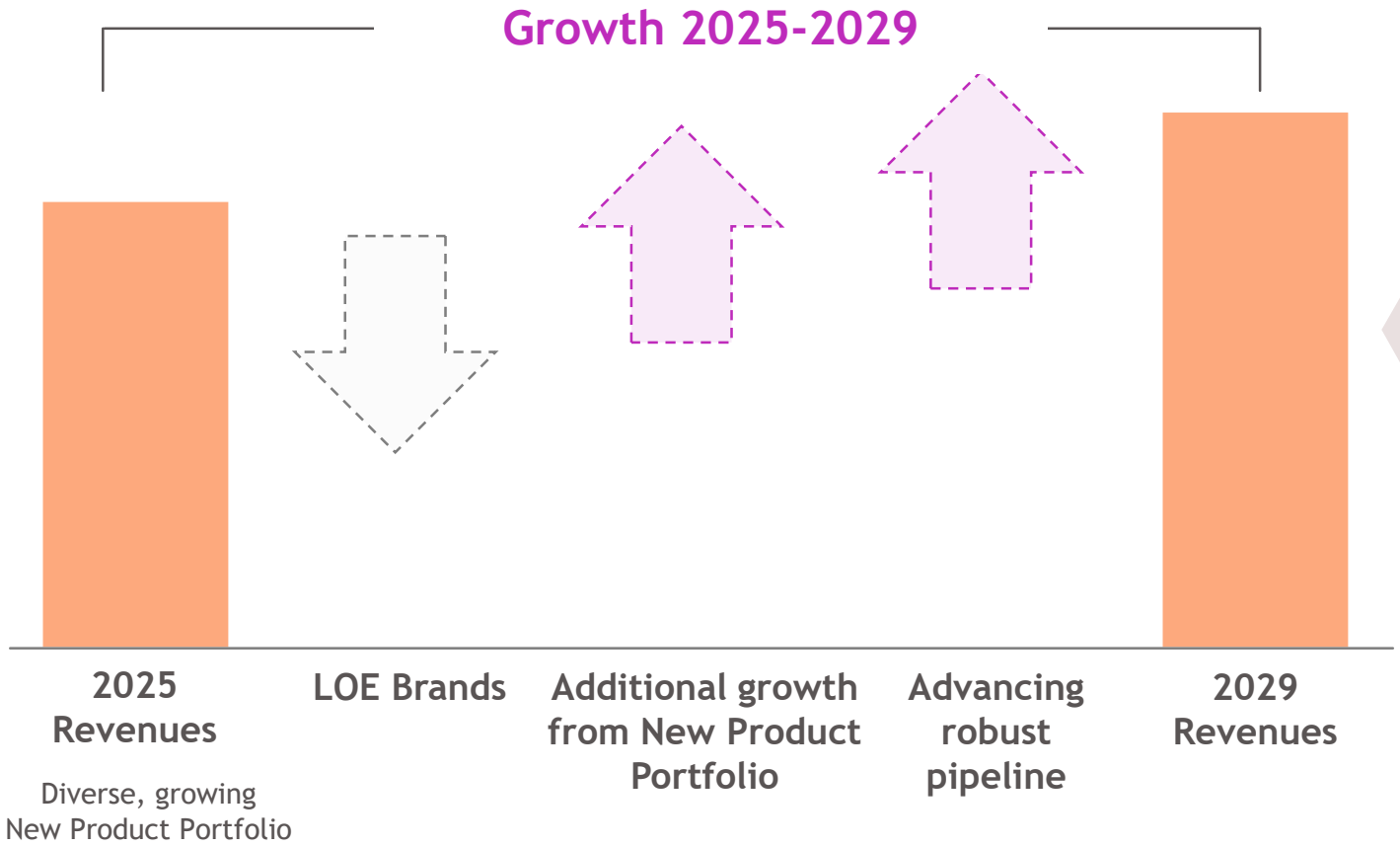
Milestones represent data read-outs unless otherwise specified
To be expanded to include regulatory milestones pending future registrational successes

New Product Portfolio and pipeline provide multiple pathways to growth from 2025 to 2029

New product portfolio and pipeline products will continue to provide revenue replacement power, offsetting Eliquis and I-O LOEs



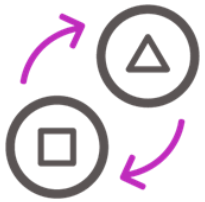
Delivery of late-stage pipeline

Combination of new products & high-value expansion opportunities:

- Reblozyl LCM
- deucravacitinib LCM
- mavacamten LCM
- relatlimab LCM
- milvexian
- iberdomide

Additional optionality from disciplined Business Development

Well positioned for the near-term and long-term



Confident in our ability to navigate upcoming LOEs

Significant growth potential from new product portfolio

Exciting pipeline with differentiated first and/or best-in-class assets

Strong cash flow and balance sheet strength support ability to execute disciplined business development

Strong position to grow and renew our business

Investor Meeting Q&A

Giovanni Caforio

Board Chair and
Chief Executive Officer

Chris Boerner

Chief
Commercialization
Officer

David Elkins

Chief Financial
Officer

Samit Hirawat

Chief Medical Officer,
Global Drug Development

Rupert Vessey

President, Research &
Early Development

Appendix

Bristol Myers Squibb™

Active Clinical Development Portfolio

	Phase 1	Phase 2	Phase 3	Marketed
Oncology	AHR Antagonist (*Ikena*)[2] Anti-CCR8 Anti-CTLA-4 NF-Probody Anti-IL-8 Anti-NKG2A Anti-OX40 Anti-TIM3 AR LDD CD3xPSCA (*GEMoaB*)[2] IL-12 Fc motolimod STING Agonist TIGIT Bispecific TGFß Inhibitor	Anti-CTLA-4 NF Anti-CTLA-4 Probody Anti-Fucosyl GM1 Anti-TIGIT BET Inhibitor[1] (CC-90010) farletuzumab - eribulin ADC LSD1 Inhibitor[1]	bempegal-desleukin linrodostat subcutaneous nivolumab relatlimab[1]	OPDIVO (nivolumab) YERVOY (ipilimumab)
Hematology	A/I CELMoD (CC-99282) CK1α CELMoD GSPT1 CELMoD (CC-90009) BCMA ADC BCMA NKE BCMA TCE BCMA CAR T (bb21217) GPRC5D CAR T ROR1 CAR T BCMA NEX T CD19 NEX T BET Inhibitor[1] (CC-95775) CD33 NKE CD47xCD20 Anti-SIRPα[1]	A/I CELMoD (CC-92480) BET Inhibitor (BMS-986158) iberdomide		Revlimid Pomalyst (pomalidomide) capsules Empliciti (elotuzumab) Reblozyl (luspatercept-aamt) for injection 25mg • 75mg ONUREG (azacitidine) tablets Abecma (idecabtagene vicleucel) INREBIC (fedratinib) capsules Breyanzi
Cardiovascular	FXIa Inhibitor FPR-2 Agonist Cardiac Myosin Inhibitor ROMK Inhibitor	danicamtiv FA-Relaxin milvexian (FXIa Inhibitor)	mavacamten	Eliquis apixaban
Immunology	Anti-CD40 IL2-CD25 afimetoran (TLR 7/8 Inhibitor) Imm. Tolerance (*Anokion*)[2] TYK2 Inhibitor	branebrutinib iberdomide MK2 Inhibitor S1PR1 Modulator	deucravacitinib cendakimab	ORENCIA (abatacept) ZEPOSIA (ozanimod)
Fibrosis	NME	HSP47 LPA_1 Antagonist		
Neuroscience	Anti-Tau (*Prothena*)[2] BTK Inhibitor FAAH/MGLL Dual Inhibitor eIF2b Activator			
COVID-19		SARS-CoV-2 mAb Duo		

Data as of November 16, 2021

[1] In development for solid tumors and hematology
[2] BMS has an exclusive option to license and/or option to acquire

Abbreviations

ACC	American College of Cardiology
ACR	American College of Rheumatology
ACS	Acute Coronary Syndrome
AD	Atopic Dermatitis
ADC	Antibody Drug Conjugate
Adj	Adjuvant
AE	Adverse Event
AFIB	Atrial Fibrillation
AHA	American Heart Association
AML	Acute Myeloid Leukemia
AR-LDD	Androgen Receptor Ligand Degrader
ASH	American Society of Hematology
A-Thal	Alpha Thalassemia
BCMA	B-Cell Maturation Antigen
BID	Twice a Day
B-Thal	Beta Thalassemia
CAD	Coronary Artery Disease
CAGR	Compound Annual Growth Rate
CAR T	Chimeric Antigen Receptor Therapy
CBR	Clinical Benefit Rate
CD	Crohn's Disease
CELMoD	Cereblon E3 Ligase Modulator
CLL	Chronic Lymphocytic Leukemia
CR	Complete Response
CRC	Colorectal Cancer
CRS	Cytokine Release Syndrome
CTA	Clinical Trial Application
DCR	Disease Control Rate
DLBCL	Diffuse Large B-Cell Lymphoma
DLE	Discoid Lupus Erythematosus
EADV	European Academy of Dermatology and Venereology
EFS	Event Free Survival
EoE	Eosinophilic Esophagitis
ESA	Erythropoietin Stimulating Agents
ESCC	Esophageal Squamous Cell Carcinoma
FDC	Fixed Dose Combination
FL	Follicular Lymphoma
GAAP	Generally Accepted Accounting Principles
GC	Gastric Cancer
HCC	Hepatocellular Carcinoma
HFpEF	Heart Failure w/ Preserved Ejection Fraction
IBD	Inflammatory Bowel Disease
IMiD	Immunomodulatory Drugs
IND	Investigational New Drug
iNHL	Indolent Non-Hodgkin's Lymphoma
I-O	Immuno-Oncology
ITT	Intent to Treat
LBCL	Large B-Cell Lymphoma
LOE	Loss of Exclusivity
LVOT	Left Ventricular Outflow Tract
mCRPC	Metastatic Castration-Resistant Prostate Cancer
MDS	Myelodysplastic Syndrome
mDSD	modified Daily Symptom Diary
Mel	Melanoma
MF	Myelofibrosis
MIUC	Muscle Invasive Urothelial Cancer
MM	Multiple Myeloma
MR	Minimal Response
MS	Multiple Sclerosis
MSI-H	High Microsatellite Instability
MTD	Maximum Tolerated Dose
NE	Not Evaluable
nHCM	Non-Obstructive Hypertrophic Cardiomyopathy
NKE	Natural Killer Cell Engager
NRA	Non-Risk Adjusted
NRI	Nonresponder Imputation
NSCLC	Non-Small Cell Lung Cancer
NSQ	Nonsquamous
NTD	Non-Transfusion Dependent
NYHA	New York Health Association
OAC	Oral Anticoagulant
oHCM	Obstructive Hypertrophic Cardiomyopathy
ORR	Overall Response Rate
PAD	Peripheral Artery Disease
PASI	Psoriasis Area and Severity Index
PD	Progressive Disease
PDUFA	Prescription Drug User Fee Act
POC	Proof of Concept
PR	Partial Response
PsA	Psoriatic Arthritis
PsO	Psoriasis
QD	Once Daily
RCC	Renal Cell Carcinoma
RP2D	Recommended Phase 2 Dose
RR	Relapsed Refractory
RS	Ring Sideroblasts
SAE	Serious Adverse Event
SC	Subcutaneous
sCR	Stringent Complete Response
SCT	Stem Cell Transplant
SD	Stable Disease
SLE	Systemic Lupus Erythematosus
SoC	Standard of Care
sPGA	Static Physicians Global Assessment
SRT	Septal Reduction Therapy
SSP	Secondary Stroke Prevention
TCE	T-Cell Engager
TD	Transfusion Dependent
TE	Transplant Eligible
TEAE	Treatment Emergent Adverse Events
TKR	Total Knee Replacement
TNE	Transplant Non-Eligible
TNFi	Tumor Necrosis Factor Inhibitor
UC	Ulcerative Colitis
VGPR	Very Good Partial Response
VTEp	Venous Thromboembolism Prevention