Bristol-Myers Squibb Presents Data from Multiple New Studies at IDWeek 2014™ Showcasing Continued Innovation in Virology

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• Continued Development of Investigational HIV Attachment Inhibitor Underscores BMS’ Commitment to HIV Research
• Efficacy, Safety, and Drug Interaction Profile of Investigational NS5A replication inhibitor Daclatasvir Studied in Multiple Hepatitis C Treatment Regimens and Patient Groups

PRINCETON, N.J.--(BUSINESS WIRE)--Bristol-Myers Squibb Company (NYSE:BMY) announced today that ten abstracts have been accepted for presentation at IDWeek 2014™, which is taking place in Philadelphia, PA, October 8-12, 2014. The breadth of data being presented highlights Bristol-Myers Squibb’s commitment to discover, develop and deliver innovative medicines that help patients prevail over chronic viral diseases.

Highlights include:

• A 24 week sub-group analysis investigating the HIV-1 attachment inhibitor prodrug BMS-663068 in treatment-experienced patients infected with HIV-1; as well as a 24 week safety profile analysis in this group. BMS-663068 is an investigational prodrug of an attachment inhibitor with a unique mechanism of action that prevents initial viral attachment to the host CD4+ T cell and entry into the host immune cell.

• A series of data presentations investigating the use of daclatasvir in multiple treatment regimens with other antiviral medicines and among varied patient groups and HCV genotypes. Daclatasvir is an investigational NS5A replication complex inhibitor that has shown high antiviral potency and pan-genotypic activity across HCV genotypes (in vitro).

“The compelling body of data presented at this year’s IDWeek underscore Bristol-Myers Squibb’s ongoing commitment to pioneering scientific innovation that investigates the significant unmet medical needs of those living with chronic viral diseases including HIV and HCV,” said Douglas Manion, M.D., Head of Specialty Development, Bristol-Myers Squibb. “We aim to bring to market treatment options that will improve health outcomes for a diverse range of HIV and HCV patients, including treatment-experienced HIV patients in search of new options, and HCV patients with difficult-to-treat disease.”

The complete list of Bristol-Myers Squibb data presentations is outlined below. More information is available at http://www.idweek.org/.

<table>
<thead>
<tr>
<th>Title</th>
<th>Date/Time</th>
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<tr>
<td>Oral Presentation: HIV-1 Attachment Inhibitor Prodrug BMS-663068 in Antiretroviral-Experienced Subjects: Week 24 Subgroup Analysis</td>
<td>Thursday, Oct 9, 2014</td>
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<td>Oral Presentation: Using Real World Data to Assess the Risk of Suicidality among Patients Initiating an Efavirenz-containing regimen versus an Efavirenz-free Antiretroviral Regimen</td>
<td>Friday, October 10, 2014</td>
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<td>Poster: Safety Profile of HIV-1 Attachment Inhibitor Prodrug BMS-663068 in Antiretroviral-Experienced Subjects: Week 24 Analysis</td>
<td>Saturday, October 11, 2014</td>
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<td>Poster: Impact of Hyperbilirubinemia on Persistence and Adherence of Atazanavir Among HIV Patients</td>
<td>Saturday, October 11, 2014</td>
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Hepatitis C
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<th>Poster: Evaluation of Drug-Drug Interaction between Daclatasvir and Methadone or Buprenorphine/Naloxone</th>
<th>Friday, October 10, 2014</th>
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<tbody>
<tr>
<td>Poster: Evaluation of Drug-Drug Interaction between Asunaprevir and Methadone or Buprenorphine/Naloxone</td>
<td>Friday, October 10, 2014</td>
</tr>
<tr>
<td>Poster: Effect of Steady State Daclatasvir Plus Asunaprevir on the Single Dose Pharmacokinetics of the P-glycoprotein Substrate Digoxin in Healthy Adult Subjects</td>
<td>Friday, October 10, 2014</td>
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<td>Poster: Daclatasvir and Asunaprevir Plus Peginterferon Alfa-2a and Ribavirin in Patients With HCV Genotype 1 or 4 Infection: Phase 3 HALLMARK-QUAD Results</td>
<td>Friday, October 10, 2014</td>
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<tr>
<td>Poster: Daclatasvir in Combination with Peginterferon Alfa-2a and Ribavirin for Treatment-Naive Patients with HCV Genotype 4 Infection: Phase 3 COMMAND-4 Results</td>
<td>Friday, October 10, 2014</td>
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<td>Poster: Triple Combination Treatment With Peginterferon Lambda-1a, Daclatasvir and Ribavirin for 12 Weeks in Patients Infected With HCV Genotype 1b</td>
<td>Friday, October 10, 2014</td>
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**Please note: All information is embargoed until 12:01 a.m. ET on Wednesday, October 8.**

**About IDWeek**

IDWeek 2014™ is an annual meeting of the Infectious Diseases Society of America (IDSA), the Society for Healthcare Epidemiology of America (SHEA), the HIV Medicine Association (HIVMA) and the Pediatric Infectious Diseases Society (PIDS). With the theme “Advancing Science, Improving Care,” IDWeek features the latest science and bench-to-bedside approaches in prevention, diagnosis, treatment, and epidemiology of infectious diseases, including HIV, across the lifespan. IDWeek 2014 takes place October 8-12 at the Pennsylvania Convention Center in Philadelphia, Pennsylvania. The full name of the meeting is IDWeek 2014™. For more information, visit [www.idweek.org](http://www.idweek.org).

**About Bristol-Myers Squibb’s Virology Portfolio**

Bristol-Myers Squibb is committed to research, education and support to transform clinical outcomes for patients with chronic viral diseases, through a portfolio of approved medicines and investigational compounds that aim to address unmet medical needs in HIV and liver disease, including hepatitis C (HCV) and hepatitis B (HBV).

At the core of its HCV pipeline is daclatasvir, a potent pan-genotypic NS5A replication complex inhibitor (*in vitro*). Daclatasvir was recently approved in Japan as Daklinza in combination with asunaprevir, approved as Sunvepra, a NS3/4A protease inhibitor, which together form Japan’s first all-oral, interferon- and ribavirin-free treatment regimen for patients with genotype 1 chronic HCV infection. In addition, in the European Union (EU), once daily oral daclatasvir was recently approved as Daklinza for use in combination with other medicinal products for the treatment of HCV infection in adults. Applications for daclatasvir and asunaprevir are also under review by the U.S. Food and Drug Administration (FDA).

Additional studies continue to investigate daclatasvir in multiple treatment regimens and in people with co-morbidities, including in combination with sofosbuvir in pre- and post-transplant patients, HIV/HCV co-infected patients and patients with genotype 3, as part of the ongoing Phase III ALHY Program; and the investigational all-oral fixed-dose-combination daclatasvir 3DAA Regimen (daclatasvir/asunaprevir/BMS-791325), including in non-cirrhotic naive, cirrhotic naive and previously treated patients.

In HIV, Bristol-Myers Squibb is focused on discovering, developing and delivering innovative medicines to help meet the needs of patients living with HIV/AIDS and continues to pursue advances in treatment, for both children and adults with HIV.

**About Bristol-Myers Squibb**

Bristol-Myers Squibb is a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. For more information, please visit [http://www.bms.com](http://www.bms.com) or follow us on Twitter at [http://twitter.com/bmsnews](http://twitter.com/bmsnews).

**Bristol-Myers Squibb Forward Looking Statement**

This press release contains “forward-looking statements” as that term is defined in the Private Securities Litigation Reform Act of 1995 regarding the research, development and commercialization of pharmaceutical products. Such forward-looking statements are based on current expectations and involve inherent risks and uncertainties, including factors that could delay, divert or change any of them, and could cause actual outcomes and results to differ materially from current expectations. No forward-looking statement can be guaranteed. Among other risks, there can be no guarantee that daclatasvir or asunaprevir or any other compounds mentioned in this release will receive regulatory approval in the United States or, if approved, that they will become commercially successful products. Forward-looking statements in this press release should be evaluated together with the many uncertainties that affect Bristol-Myers Squibb’s business, particularly those identified in the cautionary factors discussion in Bristol-Myers Squibb’s Annual Report on Form 10-K for the year ended
December 31, 2013, in our Quarterly Reports on Form 10-Q and our Current Reports on Form 8-K. Bristol-Myers Squibb undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.

**Language:**
English

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