Pfizer Logo

Bristol-Myers Squibb and Pfizer to Present New Data on Eliquis® (apixaban) at the ESC Congress 2014

Wednesday, August 20, 2014 - 04:00am

Fourteen abstracts to be presented, including new analyses from the ARISTOTLE®, AMPLIFY® and AMPLIFY-EXT trials evaluating patients with nonvalvular atrial fibrillation (NVAF) and venous thromboembolism (VTE) New global health economics and outcomes research (GHEOR) assessing Eliquis cost effectiveness and real-world comparative effectiveness research will also be presented

Bristol-Myers Squibb Company (NYSE: BMY) and Pfizer Inc. (NYSE: PFE) announced today that they will present 14 abstracts (oral and poster presentations) at the ESC Congress 2014, organized by the European Society of Cardiology, to be held August 30 to September 4 in Barcelona, Spain. The new clinical trial data and GHEOR analyses assessing cost effectiveness and real-world use reinforce the alliance's commitment to the ongoing analysis of *Eliquis* in both the NVAF and VTE patient populations.

The complete list of Bristol-Myers Squibb/Pfizer alliance presentations is included below. Abstracts can be accessed on the ESC Congress 2014 website.

Title	Presenting Author/Type	Date/Time (CEST)	Location/Session
ARISTOTLE Biomarker Analyses			
Galectin-3 is associated with worse clinical outcome in patients with atrial fibrillation: A substudy from the ARISTOTLE trial *Session: Posters Sessions*	Asberg, S./ Poster	31 Aug 14:00 - 18:00	Poster area - Central Village
A new biomarker based risk score for predicting major bleeding in atrial fibrillation - the ABC (age, biomarkers, current disease) risk score *Session: Prediction and Prevention of Atrial fibrillation (AF)*	Hijazi, Z./ Moderated Poster	31 Aug 15:38 - 15:47	Moderated poster corner- Central Village

The efficacy of apixaban compared to warfarin in patients with atrial fibrillation with high coagulation activity despite anticoagulant treatment *Session: Atrial Fibrillation: How to improve prognosis?*	Christersson, C./ Abstract Session	2 Sep 08:45 - 09:00	Tbilisi - Village 7
Interleukin-6 and C-reactive protein and risk for cardiovascular events and death in anticoagulated patients with atrial fibrillation *Session: Posters Sessions*	Aulin, J./ Poster	2 Sep 14:00 - 18:00	Poster area - Central Village
AMPLIFY and AMPLIFY-EXT			
Apixaban for the treatment of venous thromboembolism in cancer patients: data from the AMPLIFY trial *Session: Posters Sessions*	Agnelli, G./ Poster	2 Sep 08:30 - 12:30	Poster area - Central Village
Analysis of the bleeding and thromboembolic risk with concomitant use of antiplatelet treatment in the AMPLIFY trial *Session: Refining antithrombotic therapy in coronary artery disease*	Cohen, A./ Moderated Poster	31 Aug 10:00 - 10:08	Moderated poster corner - Central Village
Predictors of hospitalization during extended treatment of venous thromboembolism in the AMPLIFY-EXT trial *Session: Acute Pulmonary Embolism*	Cohen, A/ Oral	30 Aug 11:18 - 11:36	Cairo Village
Indirect Treatment Comparisons and Economic Value Analyses			
Efficacy and safety of apixaban versus edoxaban for stroke prevention in NVAF patients: an indirect treatment analysis *Session: Novel Oral Anticoagulants: Trials, Costs and Real Life Use*	Lip GYH/ Oral	2 Sep 11:00 - 11:15	Vilinius Village
Potential impact of apixaban on formulary budget and clinical outcomes in non-valvular atrial fibrillation patients *Session: Novel Oral Anticoagulants: Trials, Costs and Real Life Use*	Kachroo, S./ Oral	2 Sep 11:30 - 11:45	Vilinius Village

Cost-effectiveness of apixaban compared to edoxaban for stroke prevention in non-valvular atrial fibrillation *Session: Posters Sessions*	Lip GYH/ Poster	2 Sep 14:00 - 18:00	Central Village
Comparison of apixaban, dabigatran and rivaroxaban in the acute treatment and prevention of venous thromboembolism: systematic review and network meta-analysis *Session: Venous Thromboembolism: What's New*	Cohen, A./ Oral	2 Sep 17:15 - 17:30	Tbilisi Village
Cost-effectiveness of apixaban compared to other anticoagulants for the acute (6-month) treatment of venous thromboembolism *Session: Venous Thromboembolism: What's New*	Lanitis, T./ Oral	2 Sep 16:45 - 17:00	Tbilisi Village
Real World Data Analyses			
Real world discontinuation among early users of apixaban, dabigatran, rivaroxaban or warfarin among atrial fibrillation patients newly initiated on anticoagulation therapy: tell of first 200 days *Session: Novel Oral Anticoagulants: Trials, Costs and Real Life Use*	Phatak, H./ Oral	2 Sep 12:15 - 12:30	Vilinius Village
Warfarin discontinuation in patients with unprovoked venous thromboembolism: a large U.S. insurance database analysis *Session: Posters Sessions*	Liu JXC/ Poster	2 Sep 8:30 to 12:00	Central Village

About *Eliquis*

Eliquis (apixaban) is an oral selective Factor Xa inhibitor. By inhibiting Factor Xa, a key blood clotting protein, *Eliquis* decreases thrombin generation and blood clot formation. *Eliquis* is approved to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation in the United States, European Union, Japan and a number of other countries around the world. *Eliquis* is approved for the prophylaxis of deep vein thrombosis (DVT) which can lead to PE (pulmonary embolism) in adult patients who have undergone elective hip or knee replacement surgery in the United States, European Union and a number of other countries around the world. *Eliquis* is not approved for this indication in Japan.

IMPORTANT SAFETY INFORMATION

WARNINGS: (A) DISCONTINUING ELIQUIS IN PATIENTS WITH NONVALVULAR ATRIAL FIBRILLATION WITHOUT ADEQUATE CONTINUOUS ANTICOAGULATION INCREASES RISK OF STROKE, (B) SPINAL/EPIDURAL HEMATOMA

(A) Discontinuing ELIQUIS places patients at an increased risk of thrombotic events. An increased rate of stroke was observed following discontinuation of ELIQUIS in clinical trials in patients with nonvalvular atrial fibrillation. If anticoagulation with ELIQUIS must be discontinued for a reason other than pathological bleeding, coverage with another anticoagulant should be strongly considered.

(B) When neuraxial anesthesia (epidural/spinal anesthesia) or spinal puncture is employed, patients anticoagulated or scheduled to be anticoagulated with low molecular weight heparins, heparinoids, or Factor Xa inhibitors for prevention of thromboembolic complications are at risk of developing an epidural or spinal hematoma which can result in long-term or permanent paralysis.

The risk of these events may be increased by the use of indwelling epidural catheters for administration of analgesia or by the concomitant use of drugs affecting hemostasis such as nonsteroidal anti-inflammatory drugs (NSAIDs), platelet aggregation inhibitors, or other anticoagulants. The risk also appears to be increased by traumatic or repeated epidural or spinal puncture.

Monitor patients for signs and symptoms of neurologic impairment. If neurologic compromise is noted, urgent treatment is necessary. Consider the potential benefit versus risk before neuraxial intervention in patients anticoagulated or to be anticoagulated for thromboprophylaxis

CONTRAINDICATIONS

- Active pathological bleeding
- Severe hypersensitivity reaction to ELIQUIS (apixaban) (e.g., anaphylactic reactions)

WARNINGS AND PRECAUTIONS

- **Increased Risk of Stroke with Discontinuation of ELIQUIS in Patients with Nonvalvular Atrial Fibrillation:** Discontinuing ELIQUIS in the absence of adequate alternative anticoagulation increases the risk of thrombotic events. An increased rate of stroke was observed during the transition from ELIQUIS to warfarin in clinical trials in patients with nonvalvular atrial fibrillation. If ELIQUIS must be discontinued for a reason other than pathological bleeding, consider coverage with another anticoagulant.

- **Bleeding Risk:** ELIQUIS increases the risk of bleeding and can cause serious, potentially fatal bleeding. Concomitant use of drugs affecting hemostasis increases the risk of bleeding including aspirin and other anti-platelet agents, other anticoagulants, heparin, thrombolytic agents, SSRIs, SNRIs, and NSAIDs. Patients should be made aware of signs or symptoms of blood loss and instructed to immediately report to an emergency room. Discontinue ELIQUIS in patients with active pathological hemorrhage.

- There is no established way to reverse the anticoagulant effect of apixaban, which can be expected to persist for at least 24 hours after the last dose (i.e., about two half-lives). A specific antidote for ELIQUIS is not available. Hemodialysis does not appear to have a substantial impact on apixaban exposure. Protamine sulfate and vitamin K would not be expected to affect the anticoagulant activity of apixaban.

There is no experience with antifibrinolytic agents (tranexamic acid, aminocaproic acid) in individuals receiving apixaban. There is neither scientific rationale for reversal nor experience with systemic hemostatics (desmopressin and aprotinin) in individuals receiving apixaban. Use of procoagulant reversal agents such as prothrombin complex concentrate, activated prothrombin complex concentrate, or recombinant factor VIIa may be considered but has not been evaluated in clinical studies. Activated charcoal reduces absorption of apixaban thereby lowering apixaban plasma concentrations.

- **Prosthetic Heart Valves:** The safety and efficacy of ELIQUIS have not been studied in patients with prosthetic heart valves and is not recommended in these patients.

ADVERSE REACTIONS

The most common and most serious adverse reactions reported with ELIQUIS (apixaban) were related to bleeding.

TEMPORARY INTERRUPTION FOR SURGERY AND OTHER INTERVENTIONS

ELIQUIS should be discontinued at least 48 hours prior to elective surgery or invasive procedures with a moderate or high risk of unacceptable or clinically significant bleeding. ELIQUIS should be discontinued at least 24 hours prior to elective surgery or invasive procedures with a low risk of bleeding or where the bleeding would be noncritical in location and easily controlled. Bridging anticoagulation during the 24 to 48 hours after stopping ELIQUIS and prior to the intervention is not generally required. ELIQUIS should be restarted after the surgical or other procedures as soon as adequate hemostasis has been established.

DRUG INTERACTIONS

- **Strong Dual Inhibitors of CYP3A4 and P-gp:** Inhibitors of CYP3A4 and P-gp increase exposure to apixaban and increase the risk of bleeding. For patients receiving 5 mg twice daily, the dose of ELIQUIS should be decreased when it is coadministered with drugs that are strong dual inhibitors of CYP3A4 and P-gp (e.g., ketoconazole, itraconazole, ritonavir, or clarithromycin). In patients already taking ELIQUIS at a dose of 2.5 mg twice daily, avoid coadministration with strong dual inhibitors of CYP3A4 and P-gp.

- **Strong Dual Inducers of CYP3A4 and P-gp:** Avoid concomitant use of ELIQUIS with strong dual inducers of CYP3A4 and P-gp (e.g., rifampin, carbamazepine, phenytoin, St. John’s wort) because such drugs will decrease exposure to apixaban and increase the risk of stroke.

- **Anticoagulants and Antiplatelet Agents:** Coadministration of antiplatelet agents, fibrinolytics, heparin, aspirin, and chronic NSAID use increases the risk of bleeding. APPRAISE-2, a placebo-controlled clinical trial of apixaban in high-risk post-acute coronary syndrome patients treated with aspirin or the combination of aspirin and clopidogrel, was terminated early due to a higher rate of bleeding with apixaban compared to placebo.

PREGNANCY CATEGORY B

There are no adequate and well-controlled studies of ELIQUIS in pregnant women. Treatment is likely to increase the risk of hemorrhage during pregnancy and delivery. ELIQUIS should be used during pregnancy only if the potential benefit outweighs the potential risk to the mother and fetus.

About AMPLIFY, AMPLIFY-EXT and ARISTOTLE

AMPLIFY (**A**pixaban for the initial **M**anagement of **P**u**L**monary embol**I**sm and deep vein thrombosis as **F**irst-line therap**Y**), a randomized, double-blind, multicenter trial, included 5,395 patients (2,691 were randomized to *Eliquis* and 2,704 were randomized to standard of care, which was initial enoxaparin treatment overlapped by warfarin therapy) with confirmed symptomatic DVT or PE requiring treatment for six months, and evaluated *Eliquis* therapy compared to standard of care. The primary efficacy endpoint was the composite endpoint of recurrent symptomatic VTE (nonfatal DVT or nonfatal PE) or VTE-related death. The primary safety endpoint was the incidence of major bleeding compared to standard of care.

AMPLIFY-EXT (**A**pixaban after the initial **M**anagement of **P**u**L**monary embol**I**sm and deep vein thrombosis with **F**irst-line therap**Y**-**EXT**ended Treatment), a randomized, double-blind, multicenter trial, included 2,486 patients (842 were randomized to *Eliquis* 2.5 mg, 815 were randomized to *Eliquis* 5 mg and 829 were randomized to placebo) with prior VTE who had completed six to 12 months of anticoagulation treatment for DVT or PE, and evaluated *Eliquis* therapy compared to placebo. The primary efficacy endpoint was reduction of the composite of symptomatic, recurrent VTE and death from any cause. The primary safety endpoint was the incidence of major bleeding.

ARISTOTLE (**A**pixaban for **R**eduction **I**n **ST**roke and **O**ther **T**hromboembo**L**ic **E**vents in Atrial Fibrillation) was designed to evaluate the efficacy and safety of *Eliquis* versus warfarin for the prevention of stroke or systemic embolism. In ARISTOTLE, 18,201 patients were randomized (9,120 patients to *Eliquis* and 9,081 to warfarin). ARISTOTLE was an active-controlled, randomized, double-blind, multi-national trial in patients with nonvalvular atrial fibrillation or atrial flutter, and at least one additional risk factor for stroke. Patients were randomized to treatment with *Eliquis* 5 mg orally twice daily (or 2.5 mg twice daily in selected patients, representing 4.7 percent of all patients) or warfarin (target INR range 2.0-3.0), and followed for a median of 1.8 years.

About the Bristol-Myers Squibb/Pfizer Collaboration

In 2007, Pfizer and Bristol-Myers Squibb entered into a worldwide collaboration to develop and commercialize apixaban, an oral anticoagulant discovered by Bristol-Myers Squibb. This global alliance combines Bristol-Myers Squibb's long-standing strengths in cardiovascular drug development and commercialization with Pfizer’s global scale and expertise in this field.

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 www.bms.com.

About Pfizer Inc.: Working together for a healthier world™

At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety and value in the discovery, development and manufacture of health care products. Our global portfolio includes medicines and vaccines as well as many of the world's best-known consumer health care products. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time. Consistent with our responsibility as one of the world's premier innovative biopharmaceutical companies, we collaborate with health care providers, governments and local communities to support and expand access to reliable, affordable health care around the world. For more than 150 years, Pfizer has worked to

make a difference for all who rely on us. To learn more, please

visit us at www.pfizer.com.

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 product development. 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 Eliquis will receive approval for these additional indications or, if approved, that these additional indications will lead to increased commercial success. 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.

PFIZER DISCLOSURE NOTICE: *The information contained in this release is as of August 20, 2014. Pfizer assumes no obligation to update forward-looking statements contained in this release as the result of new information or future events or developments.*

This release contains forward-looking information that involves substantial risks and uncertainties about Eliquis, including clinical trial data and GHEOR analyses relating to Eliquis and the potential implications of such data and analsyses. Such risks and uncertainties include, among other things, the uncertainities inherent in research and development; uncertainities regarding the impact of such data and analyses on the commercial success of Eliquis; and competitive developments.

A further description of risks and uncertainties can be found in Pfizer's Annual Report on Form 10-K for the fiscal year ended December 31, 2013 and in its subsequent reports on Form 10-Q and Form 8-K.

Bristol-Myers Squibb Media: Danielle Halstrom, 609-252-3403, danielle.halstrom@bms.com Investors: Ranya Dajani, 609-252-5330, ranya.dajani@bms.com Ryan Asay, 609-252-5020, ryan.asay@bms.com
Pfizer Inc. Media: Jennifer Kokell, 212-733-2596, jennifer.kokell@pfizer.com Investors: Ryan Crowe, 212-733-8160, ryan.crowe@pfizer.com