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**FDA APPROVES ABILIFY™ (aripiprazole) SUPPLEMENTAL NEW DRUG APPLICATION (sNDA) FOR MAINTAINING STABILITY IN PATIENTS WITH SCHIZOPHRENIA**

*Efficacy, safety and tolerability of ABILIFY was maintained for up to 26 weeks in placebo-controlled study*

PRINCETON, NJ and TOKYO (September 8, 2003) – Bristol-Myers Squibb Company (NYSE: BMY) and Otsuka Pharmaceutical Co., Ltd. announced today that the U.S. Food and Drug Administration (U.S. FDA) approved a Supplemental New Drug Application (sNDA) for ABILIFY™ (aripiprazole) for maintaining stability in patients with schizophrenia.

“Because schizophrenia is a chronic illness that requires ongoing treatment, it is important for physicians, consumers and family members to have information regarding the longer-term use of medication,” said Dr. Peter Weiden, Director of the Schizophrenia Research Program and Professor of Psychiatry, SUNY Downstate Medical Center. “These data demonstrate that ABILIFY is efficacious in the treatment of schizophrenia for up to 26 weeks. In addition, the study demonstrated there were no medically important differences between ABILIFY and placebo in several metabolic measures.”

The sNDA included results from a placebo-controlled trial involving 310 inpatients or outpatients meeting DSM-IV criteria for schizophrenia who were, by history, symptomatically stable on other antipsychotic medications for periods of 3 months or longer. These patients were discontinued from their antipsychotic medications and randomized to ABILIFY 15 mg/daily or placebo for up to 26 weeks of observation for relapse. In this study, patients who received ABILIFY 15mg/daily experienced a significantly longer time to relapse over the subsequent 26 weeks compared to those receiving placebo; the relative risk of relapse for aripiprazole-treated patients was half that of placebo-treated patients (relative risk of relapse for aripiprazole:placebo = 0.503,  $p < 0.001$ ). Physicians who elect to use ABILIFY for extended periods should periodically re-evaluate the long-term usefulness of the drug for individual patients.

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In this long-term trial, there were no medically important differences in metabolic profile between patients receiving ABILIFY and placebo in mean change from baseline in prolactin, fasting glucose, triglyceride, high-density lipoprotein (HDL, or “good” cholesterol), low-density lipoprotein (LDL, or “bad” cholesterol) and total cholesterol measurements.

Overall mean weight change in patients receiving ABILIFY over the course of the study was -1.3 kg (-2.86 lbs) compared to -0.9 kg (-1.98 lbs) in placebo-treated patients. When grouped by Body Mass Index (BMI), a measurement of weight compared to height, the mean weight change and percentage of patients with  $\geq 7\%$  increase in body weight were as follows:

- Patients with BMI <23: Placebo-treated patients had a mean weight change from baseline of -0.5 kg (-1.10 lbs) and 3.7% of patients experienced a  $\geq 7\%$  increase in body weight; aripiprazole-treated patients had a mean weight change from baseline of -0.5 kg (-1.10 lbs) and 6.8% of patients experienced a  $\geq 7\%$  increase in body weight.
- Patients with BMI 23-27: Placebo-treated patients had a mean weight change from baseline of -0.6 kg (-1.32 lbs) and 4.2% of patients experienced a  $\geq 7\%$  increase in body weight; aripiprazole-treated patients had a mean weight change from baseline of -1.3 kg (-2.86 lbs) and 5.1% of patients experienced a  $\geq 7\%$  increase in body weight.
- Patients with BMI >27: Placebo-treated patients had a mean weight change from baseline of -1.5 kg (-3.30 lbs) and 4.1% of patients experienced a  $\geq 7\%$  increase in body weight; aripiprazole-treated patients had a mean weight change from baseline of -2.1 kg (-4.40 lbs) and 5.7% of patients experienced a  $\geq 7\%$  increase in body weight.

Overall weight change among ABILIFY-treated patients in a previously conducted 52-week trial was +1.0 kg (+2.20 lbs). When patients in this study were grouped by BMI, weight change in patients and the percentage of patients with  $\geq 7\%$  increase in body weight were as follows: +2.6 kg (+5.72 lbs) and 30% in patients with BMI <23; +1.4 kg (+3.08 lbs) and 19% in patients with BMI 23-27; and -1.2 kg (-2.64 lbs) and 8% in patients with BMI >27.

In previously conducted short-term (4- and 6-week) placebo-controlled trials with ABILIFY, there was no difference in the incidence of discontinuation due to adverse events between patients treated with ABILIFY (7%) and placebo (9%) or incidence of extrapyramidal syndrome (6% vs. 6%). In addition, studies showed that ABILIFY was associated with a moderate difference in sedation (11% vs. 8% for placebo), and did not cause significant QT<sub>c</sub> interval changes. The adverse events reported in the 26-week

trial were generally consistent with those reported in the short-term trials, except for a higher incidence of tremor (9% ABILIFY vs. 1% placebo). In this study, the majority of these cases were of mild intensity, occurred early in therapy ( 49 days) and were of limited duration ( 10 days). Tremor infrequently led to discontinuation (<1%) of ABILIFY. In addition, in a long-term (52-week) active controlled study, the incidence of tremor for ABILIFY was 4.0%.

The most commonly reported adverse events associated with ABILIFY in short-term clinical trials are headache (32% vs. 25% placebo), anxiety (25% vs. 24% placebo), insomnia (24% vs. 19%), nausea (14% vs. 10% placebo), vomiting (12% vs. 7% placebo), sleepiness (11% vs. 8% placebo), lightheadedness (11% vs. 7% placebo), restlessness (10% vs. 7% placebo) and constipation (10% vs. 8% placebo).

ABILIFY, the most recently approved treatment for schizophrenia in the United States, Mexico, Brazil, Puerto Rico, Peru, El Salvador and Australia, has been prescribed for more than 200,000 people in the United States. ABILIFY is available in 5 mg, 10 mg, 15 mg, 20 mg and 30 mg tablets. ABILIFY is available by prescription only. For more information, please see full prescribing information.

### **About Schizophrenia**

Schizophrenia affects more than two million Americans, and about one percent of the population worldwide. Schizophrenia interferes with a person's ability to think clearly, manage emotions, make decisions and relate to others. This illness tends to manifest itself in early adulthood and is characterized by positive symptoms, such as hallucinations, delusions, and paranoia, as well as negative symptoms, such as social withdrawal and emotional flatness. While there is no cure for schizophrenia, it is a treatable illness.

### **About Bristol-Myers Squibb and Otsuka**

Bristol-Myers Squibb Company (NYSE: BMY) and Otsuka are collaborative partners in the development and commercialization of aripiprazole in the United States and major European countries. Aripiprazole was discovered by Otsuka Pharmaceutical Co., Ltd.

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Founded in 1964, Otsuka is a diversified health care company guided by its philosophy: “Otsuka - people creating new products for better health worldwide” and dedicated to the research and development of innovative medical, pharmaceutical, and nutritional consumer products to improve the quality of human life. Otsuka has a diverse portfolio including central nervous system, cardiovascular, circulatory, gastro-intestinal, respiratory, dermatological, ophthalmologic, and is pursuing research in genomics and protein function. The Otsuka Pharmaceutical Group is comprised of 51 businesses around the world, earning total revenues of \$4.3 billion annually.

Bristol-Myers Squibb is a global pharmaceutical and related health care products company whose mission is to extend and enhance human life.

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*For more information and full prescribing information, visit: [www.abilify.com](http://www.abilify.com)*

*Visit Bristol-Myers Squibb on the World Wide Web at: <http://www.bms.com>*

*Visit Otsuka Pharmaceutical Co., Ltd. at: <http://www.otsuka.co.jp>*

This press release includes certain forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995 regarding, among other things, statements relating to goals, plans and projections regarding the company's financial position, product development and business strategy. These statements may be identified by the fact that they use words such as "anticipate," "estimate," "expect," "intend," "plan," "believe," and other words and terms of similar meaning in connection with any discussion of future operating or financial performance. 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. These factors include, among other things, market factors, competitive product development, governmental regulations and legislation, changes to wholesaler inventory levels, the results of the planned financial statement restatement process and the audit of such restated financial statements patent positions and litigation. For further details and a discussion of these and other risks and uncertainties, see the company's Securities and Exchange Commission filings, including the company's 2000 annual report on Form 10-K. The company undertakes no obligation to publicly update any forward-looking statement, whether as a result of new information, future events or otherwise.