

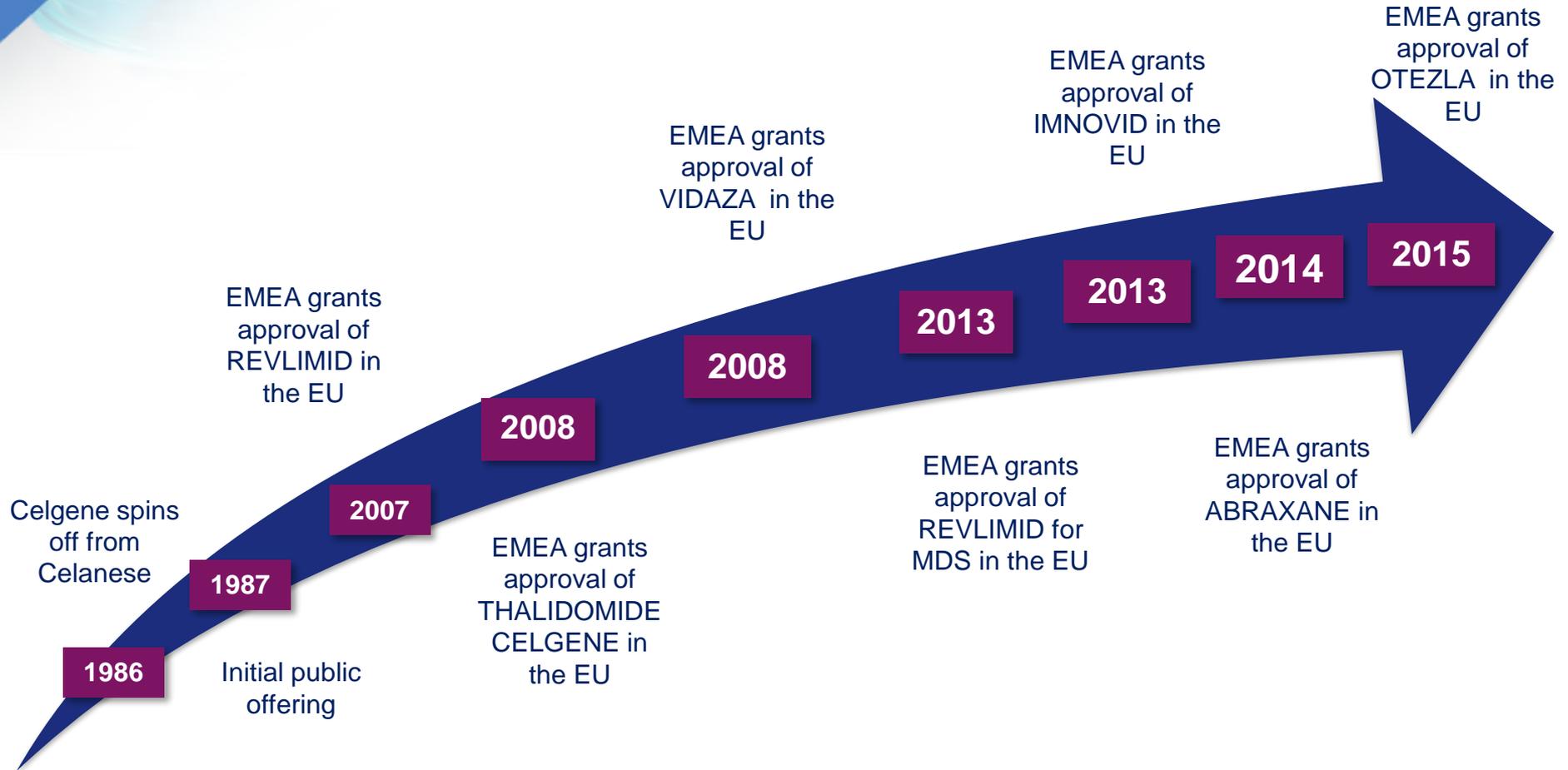
Improving the lives of patients worldwide

A large, dark blue arrow pointing to the right, containing white text.

At Celgene, we seek to deliver truly innovative and life-changing drugs for our patients

Our vision as a company is to build a major global biopharmaceutical corporation while focusing on the discovery, the development, and the commercialization of products for the treatment of cancer and other severe, immune, inflammatory conditions

Celgene's history



Celgene global – fully integrated

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- The background of the slide is a blue-toned world map. Overlaid on the map are several glowing white lines that represent a global network or data flow, connecting various geographical locations. The map is semi-transparent, allowing the network lines to be seen through it.
- Operations in >50 countries
 - Manufacturing facilities in US and EU
 - Key research facilities in NJ, CA, MA & Spain
 - >8,000 employees globally

Celgene global – fully integrated





Celgene's work to improve the lives of patients by pushing the boundaries of research and development

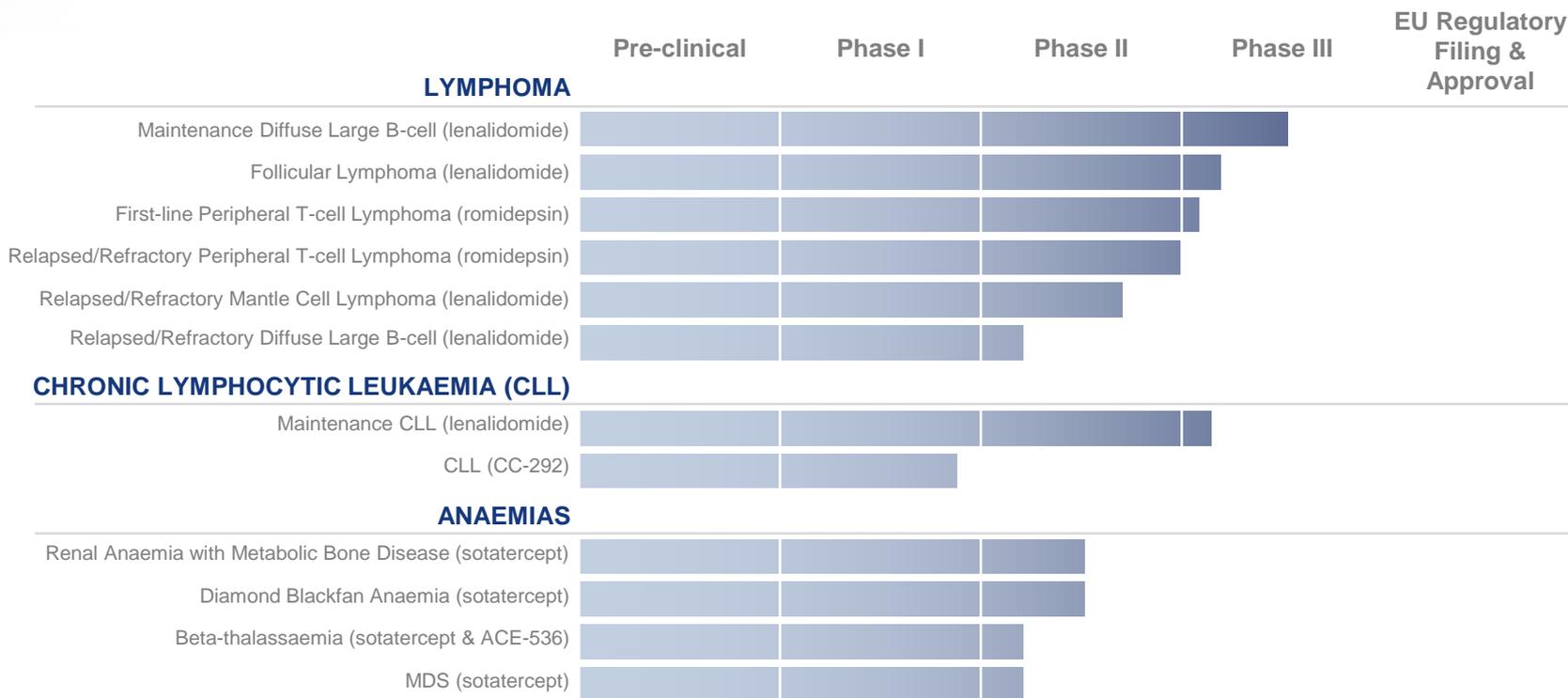
HAEMATOLOGY

	Pre-clinical	Phase I	Phase II	Phase III	EU Regulatory Filing & Approval
MULTIPLE MYELOMA (MM)					
Relapsed/Refractory MM (lenalidomide & pomalidomide)	█	█	█	█	█
Newly diagnosed MM (thalidomide)	█	█	█	█	█
Newly diagnosed MM(lenalidomide)	█	█	█	█	
MYELODYSPLASTIC SYNDROMES (MDS)					
Lower Risk MDS Deletion 5q (lenalidomide)	█	█	█	█	█
Lower Risk MDS Non-deletion 5q (lenalidomide)	█	█	█	█	
Lower-risk MDS (CC-486)	█	█	█	█	
ACUTE MYELOID LEUKEMIA (AML)					
AML 20%-30% blasts (azacitidine)	█	█	█	█	█
Post-induction AML Maintenance (CC-486)	█	█	█	█	
AML >30% blasts (azacitidine)	█	█	█	█	

The products represented as in development and found in the product pipeline are intended for investors and members of the media to provide general information on Celgene. This information is not represented to be a complete description and is subject to change without notice. Celgene Corporation may from time to time update this information but does not warrant that will take place at any particular time nor assume any obligation to update this information

Celgene's work to improve the lives of patients by pushing the boundaries of research and development

HAEMATOLOGY

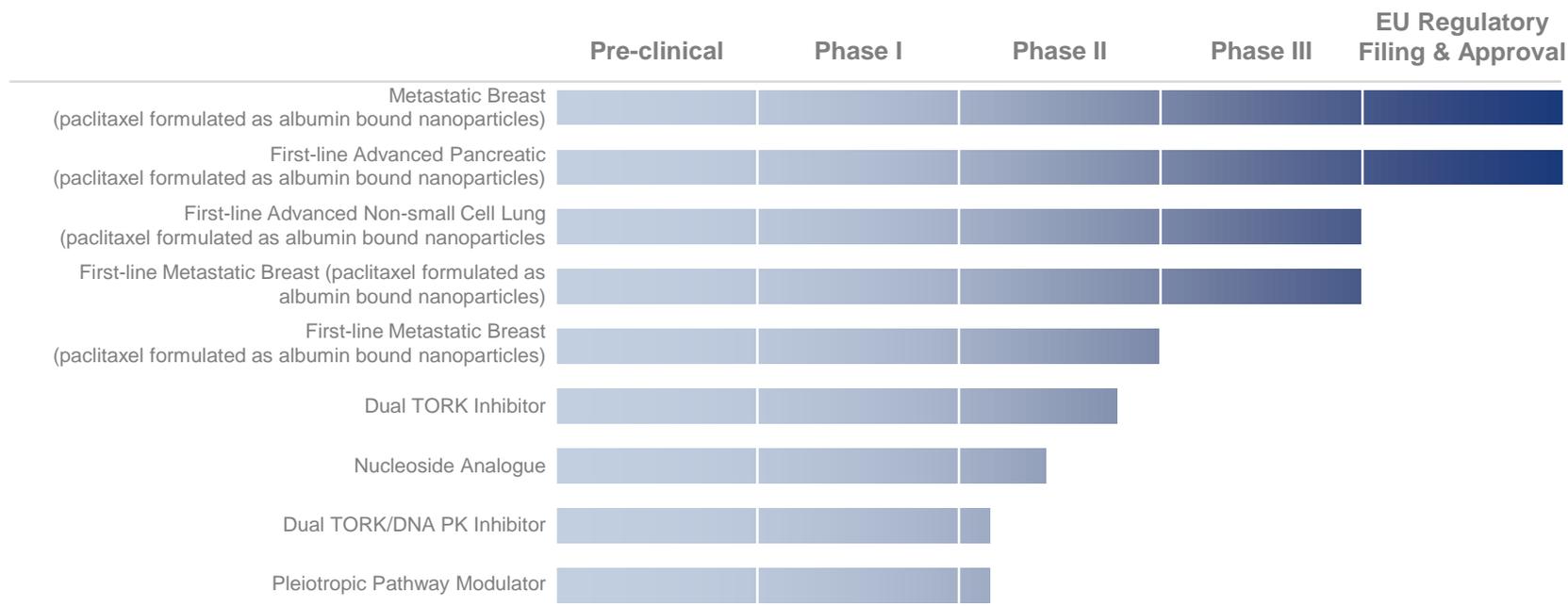


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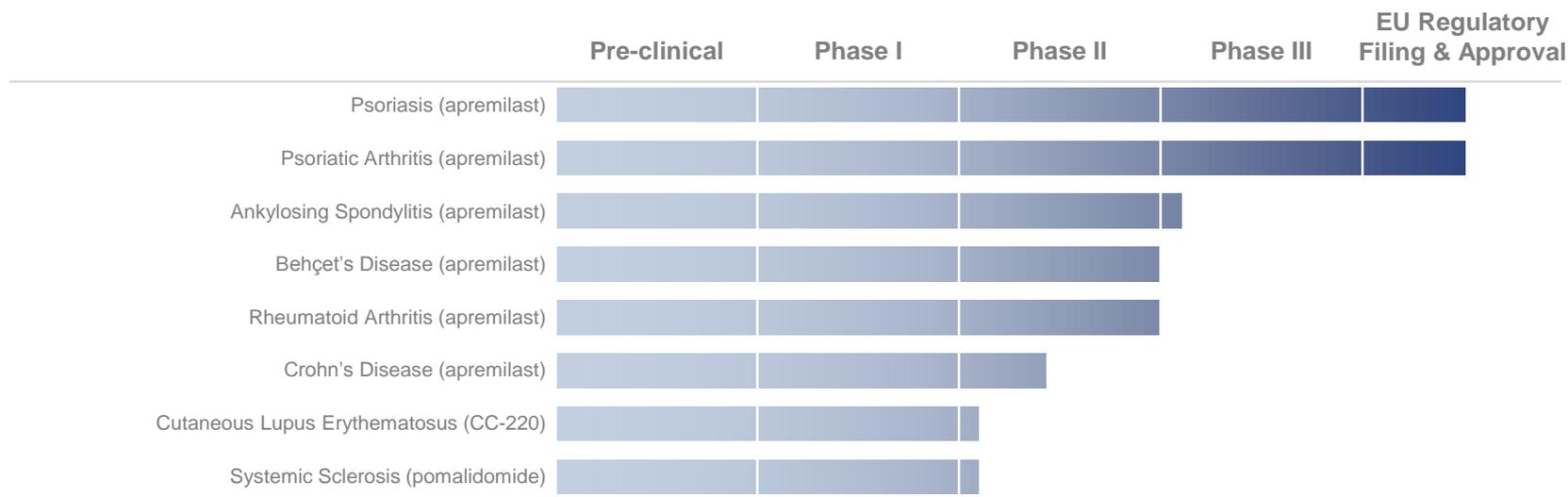
ONCOLOGY



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Celgene's work to improve the lives of patients by pushing the boundaries of research and development

INFLAMMATION & IMMUNOLOGY



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A photograph of an elderly couple walking on a beach. The woman is on the left, wearing a dark blue top and a striped skirt, holding the man's hand. The man is on the right, wearing a striped shirt and light-colored pants, pointing his right hand towards the horizon. The background is a bright blue sky and ocean.

THE VALUE OF

MEDICAL INNOVATION





“

I have been trying to point out that in our lives **chance** may have an astonishing influence and, if I may offer advice to the young laboratory worker, it would be this - **never neglect an extraordinary appearance or happening**. It may be - usually is, in fact - a false alarm that leads to nothing, but may on the other hand be the clue provided by fate to lead you to some important advance.

”

Sir Alexander Fleming, discovered penicillin in 1928 and received the Nobel Prize in 1945, quoted in Joseph Sambrook, David W. Russell, *Molecular Cloning* (2001), vol. 1,153

The value of Celgene's medical innovation

Re-invest an average of 33% of our annual revenues into research and development, twice the industry average

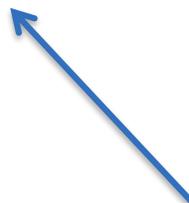
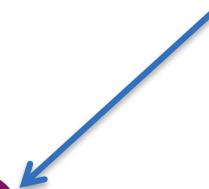
Investments in research and development

Improving the lives of patients worldwide



Pushing the boundaries of research and development

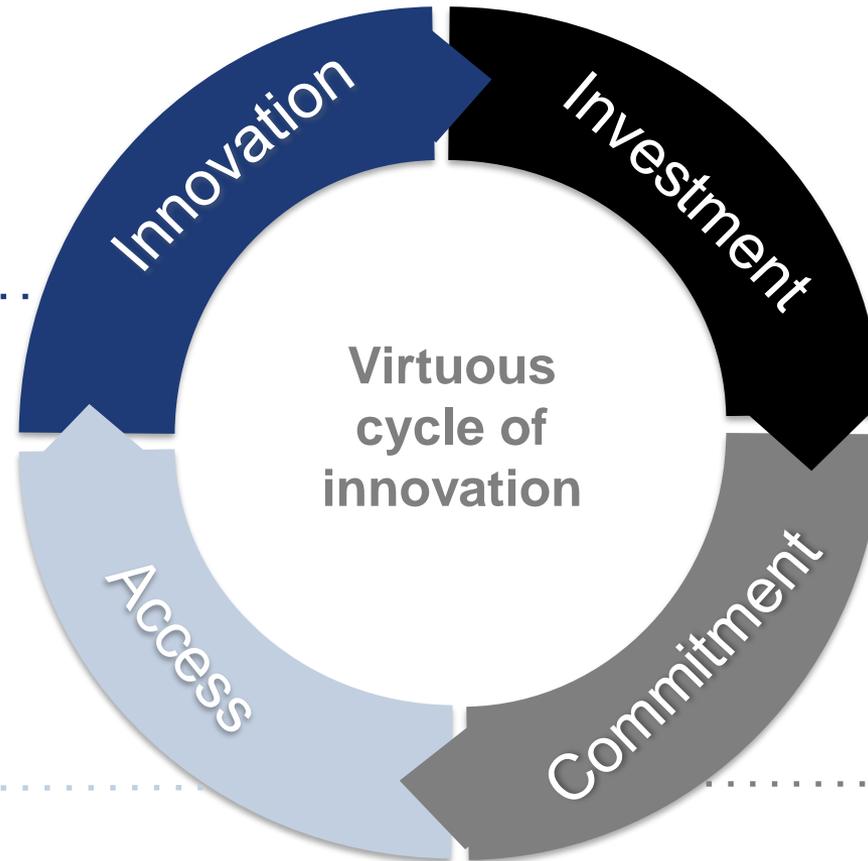
Delivering life-changing treatments for patients with life-threatening and debilitating diseases



WE MUST MAINTAIN THE VIRTUOUS CYCLE OF INNOVATION

Currently Celgene has **more than 20 clinical** trials in the Nordic countries that continue to push the boundaries of innovation

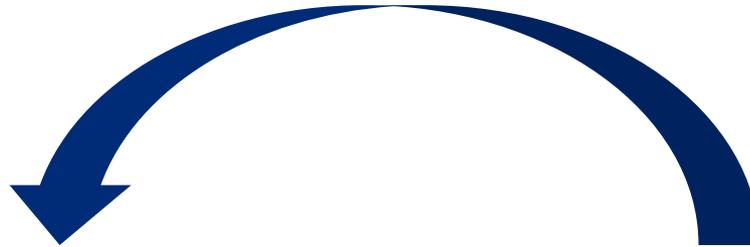
Celgene has sustained an industry leading investment in R&D of **>30%** of revenue



Access and reimbursement for current innovative therapies **funds investment** in future innovation

Celgene spent nearly **7 years** in discussion with regulatory authorities to gain approval for a rare form of MDS that impacts only 300,000 patients worldwide

Celgene's commitment to R&D

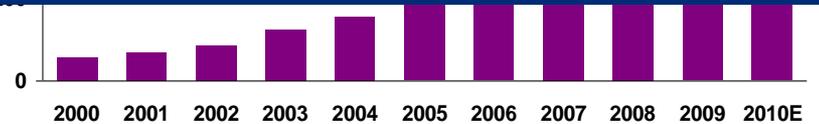
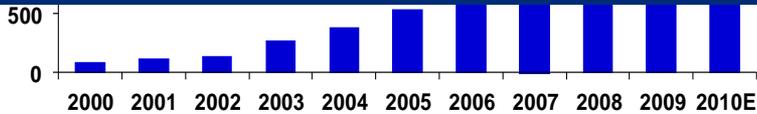


Revenue



R&D

Celgene Nordic reinvests an average of 33% of its revenues into local research



Celgene Nordic reinvest 33% of it's revenue into local research

Investigator Initiated Trials (IIT) in the Nordics

- 34 IITs
- 1,458 patients enrolled in > 100 sites

Clinical Development Trials in the Nordics

- 28 Clinical Trials (12 are active and 13 are completed, 3 studies in planning/ start up)
- 247 patients enrolled in 103 sites

→ **1,29%** of the Nordic patients with multiple myeloma is part of a trial with Celgene's treatments



Investment in diseases with a high unmet medical need; rare disease

**Celgene's position among companies developing orphan drugs in Europe
(data accessed February 2014)**

Position	Sponsor	ODDs	Rank	Sponsor	OMPs
1	Celgene	20	1	Novartis	6
2	Novartis	20	2	Celgene	4
3	Sanofi (inc. 9 Genzyme)	18	3	Orphan Europe	4
4	Pfizer	15	4	Pfizer	4
5	Voisin Consulting	12	5	Shire	4
6	Bayer	11	6	Actelion	3
7	Généthon	11	7	Genzyme	3
8	GlaxoSmithKline	11	8	GlaxoSmithKline	3
9	Janssen-Cilag	11	9	BioMarin	2
10	Shire	10	10	Eisai	2
11	Eisai	9	11	Takeda	2
12	Promethera Biosciences	9	12	Addmedica	1
13	Takeda	9	13	Adienne	1
14	Actelion	8	14	Alexion	1
15	BioMarin	7	15	Amgen	1

The long process of delivering breakthrough therapies

5,000 attempts



For every 5,000 medicines initially evaluated, on average, only five are tested in clinical trials

5 clinical trials



Only one of those five will be approved to improve the lives of patients.

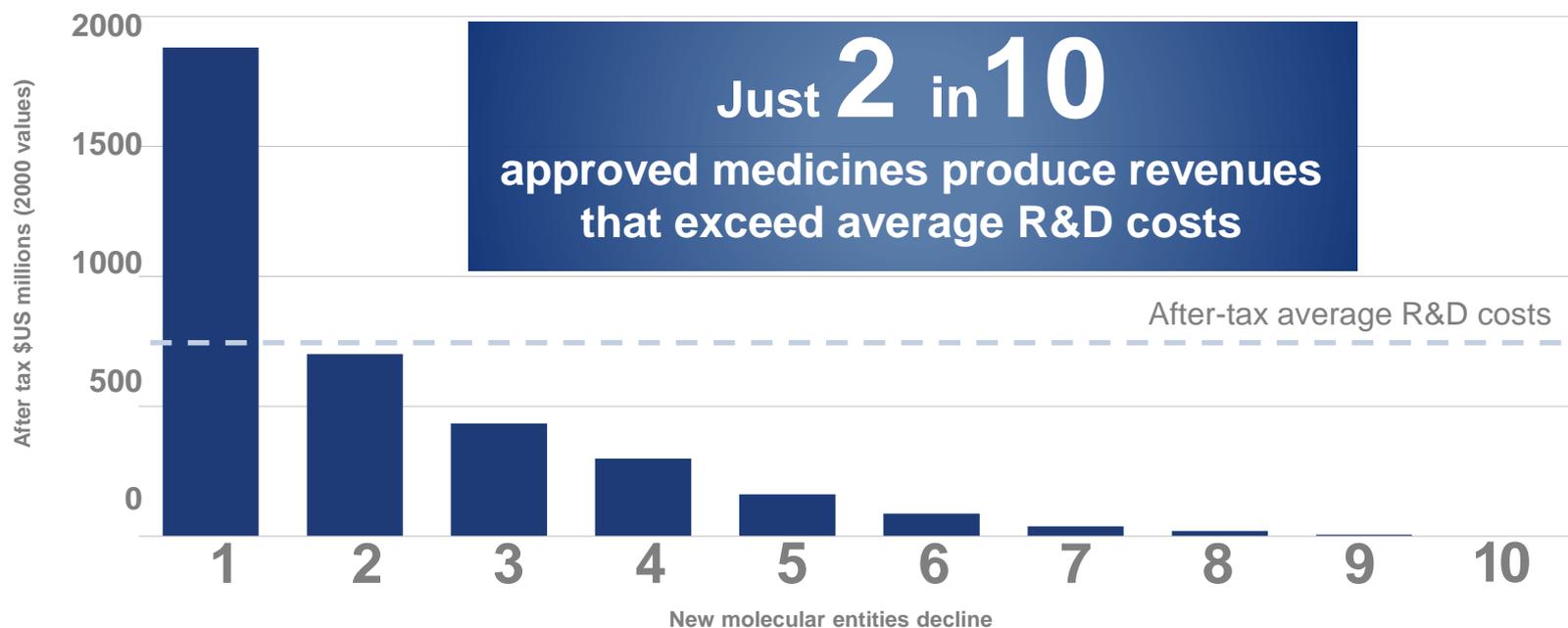
1 success



EVEN AFTER APPROVAL, FEW MEDICINES RECOVER THEIR R&D COSTS

- New medicines introduced between 1990 and 1994, grouped by tenths, by lifetime sales

- **Distribution of after-tax present value net revenues by NME decile and average after-tax R&D costs**

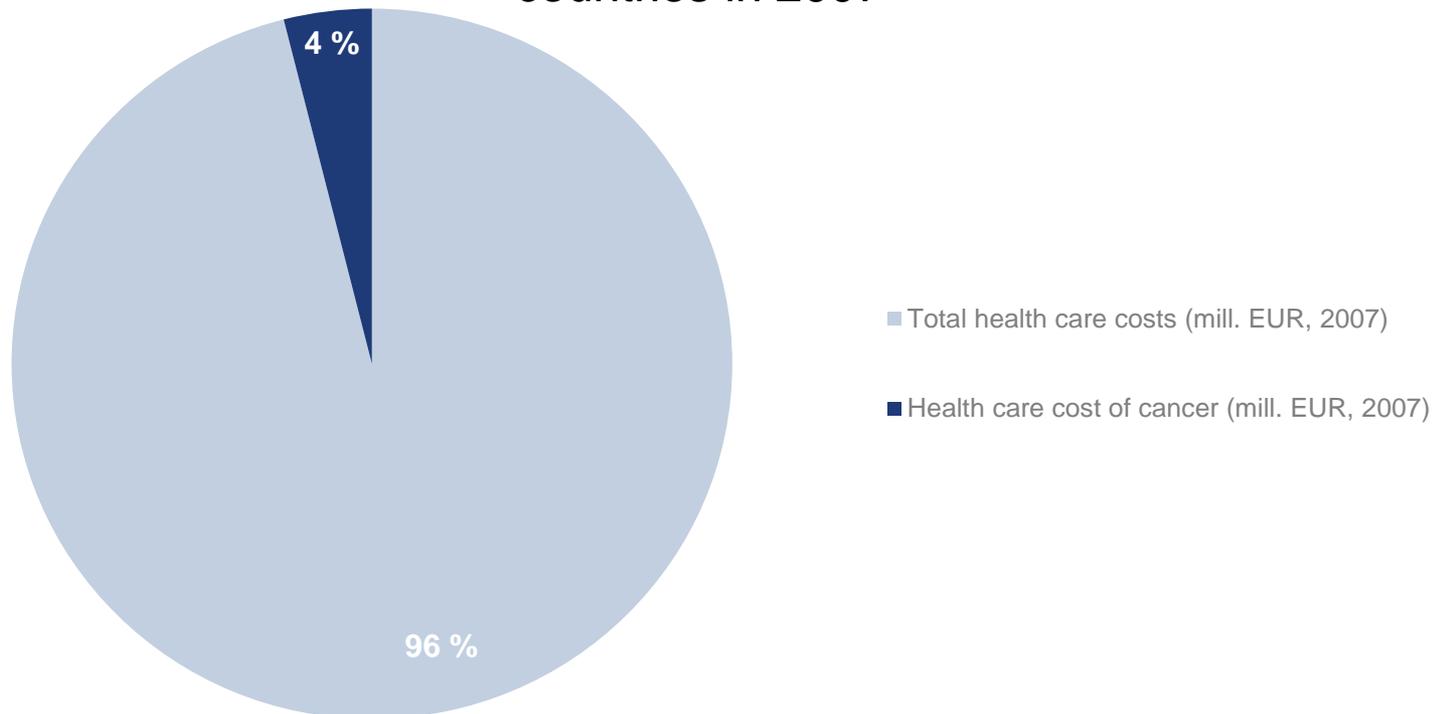


Vernon et al. Health Econ. 2010 Aug;19(8):1002-5

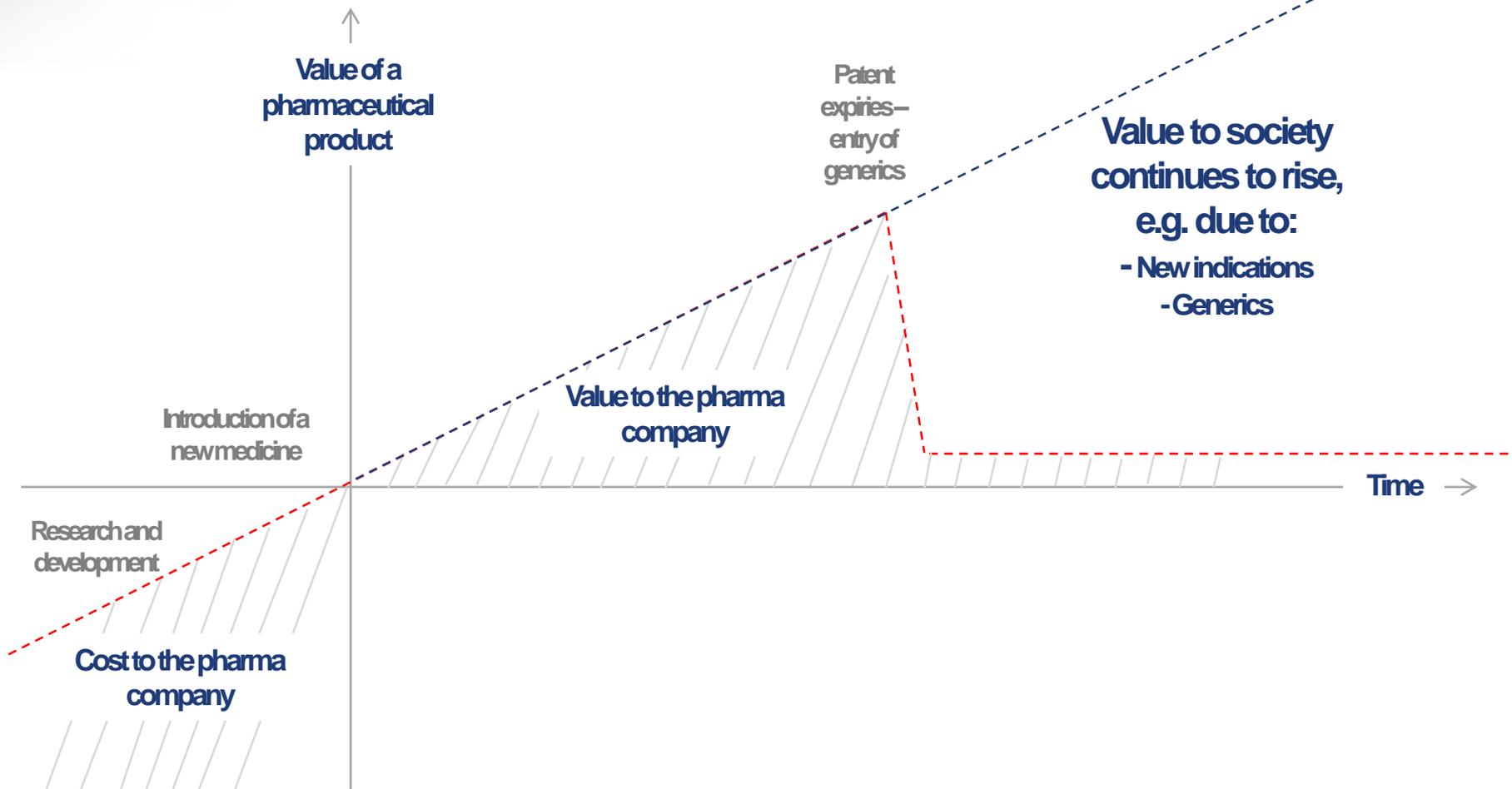
Note: Prescription drug development costs represent after-tax out-of-pocket costs in 2000 dollars for drugs introduced from 1990–94. The same analysis found that the total cost of developing a new drug was \$1.3 billion in 2006. Average R&D costs include the cost of the approved medicines as well as those that fail to reach approval.

The cost of cancer is small in the overall health care budget in the nordic countries

- Health care cost of cancer as % of total health care costs in the Nordic countries in 2007



THE VALUE OF A NEW MEDICINE TO SOCIETY INCREASES OVER TIME

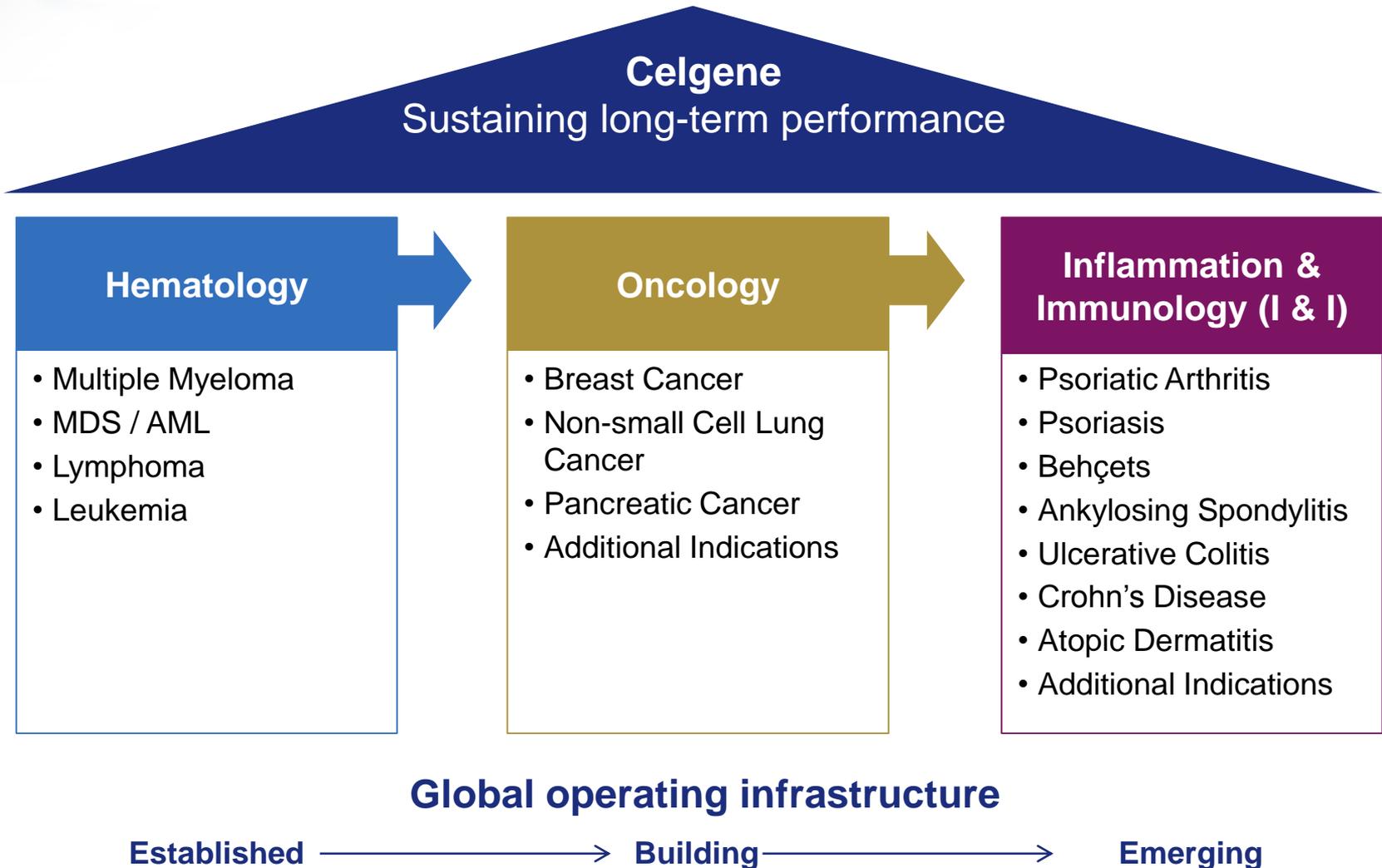




MEDICAL INNOVATION



Building New Businesses & Franchises





Multiple myeloma

Thalidomide Celgene in combination with melphalan and prednisone as first line treatment of patients with untreated multiple myeloma, aged ≥ 65 years or ineligible for high dose chemotherapy.



Multiple myeloma

Revlimid is indicated for the treatment of adult patients with previously untreated multiple myeloma who are not eligible for transplant

Revlimid in combination with dexamethasone is indicated for the treatment of multiple myeloma in adult patients who have received at least one prior therapy.

Myelodysplastic syndromes

Revlimid is indicated for the treatment of patients with transfusion-dependent anaemia due to low – or intermediate-1-risk myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality when other therapeutic options are insufficient or inadequate.



Multiple myeloma

Imnovid in combination with dexamethasone is indicated in the treatment of adult patients with relapsed and refractory multiple myeloma who have received at least two prior treatment regimens, including both lenalidomide and bortezomib, and have demonstrated disease progression on the last therapy.



Myelodysplastic syndromes

Vidaza is indicated for the treatment of adult patients who are not eligible for haematopoietic stem cell transplantation with:

- intermediate-2 and high-risk myelodysplastic syndromes (MDS) according to the international Prognostic Scoring System (IPSS),
- chronic myelomonocytic leukaemia (CMML) with 10-29 % marrow blasts without myeloproliferative disorder,
- acute myeloid leukaemia (AML) with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation (WHO) classification.



Breast Cancer

Abraxane monotherapy is indicated for the treatment of metastatic breast cancer in adult patients who have failed first-line treatment for metastatic disease and for whom standard, anthracycline containing therapy is not indicated.

Pancreatic cancer

Abraxane in combination with gemcitabine is indicated for the first-line treatment of adult patients with metastatic adenocarcinoma of the pancreas



Psoriasis

For the treatment of moderate-to-severe chronic plaque psoriasis in adult patients who failed to respond to or who have a contraindication to, or are intolerant to other systemic therapy including cyclosporine, methotrexate or psoralen and ultraviolet-A light (PUVA).

Psoriatic arthritis

Alone or in combination with Disease Modifying Antirheumatic Drugs (DMARDs), for the treatment of active psoriatic arthritis (PsA) in adult patients who have had an inadequate response or who have been intolerant to a prior DMARD therapy

Complementing Our Internal Strengths with Selected External Partnerships



We are at a critical crossroads for medical innovation

...but the **OUTLOOK** for
investment has
never been more
uncertain

Investment in R&D =
INNOVATION

STATUS QUO

The **POTENTIAL**
of science is greater than
ever...

INNOVATION