33rd Annual J.P. Morgan Healthcare Conference

Bob Hugin
Chairman & CEO





Forward Looking Statements and Adjusted Financial Information

This presentation contains forward-looking statements, which are generally statements that are not historical facts. Forward-looking statements can be identified by the words “expects,” “anticipates,” “believes,” “intends,” “estimates,” “plans,” “will,” “outlook” and similar expressions. Forward-looking statements are based on management’s current plans, estimates, assumptions and projections, and speak only as of the date they are made. We undertake no obligation to update any forward-looking statement in light of new information or future events, except as otherwise required by law. Forward-looking statements involve inherent risks and uncertainties, most of which are difficult to predict and are generally beyond our control. Actual results or outcomes may differ materially from those implied by the forward-looking statements as a result of the impact of a number of factors, many of which are discussed in more detail in our Annual Report on Form 10-K and our other reports filed with the Securities and Exchange Commission.

In addition to unaudited financial information prepared in accordance with U.S. GAAP, this presentation also contains adjusted financial measures that we believe provide investors and management with supplemental information relating to operating performance and trends that facilitate comparisons between periods and with respect to projected information. These adjusted measures are non-GAAP and should be considered in addition to, but not as a substitute for, the information prepared in accordance with U.S. GAAP. We typically exclude certain GAAP items that management does not believe affect our basic operations and that do not meet the GAAP definition of unusual or non-recurring items. Other companies may define these measures in different ways. Further information relevant to the interpretation of adjusted financial measures, and reconciliations of these adjusted financial measures to the most comparable GAAP measures, may be found on Celgene’s website at www.Celgene.com in the “Investor Relations” section.

Our Mission and Vision



Celgene is building a preeminent global biopharmaceutical company focused on the discovery, development and commercialization of innovative therapies for unmet medical needs in cancer and immune-inflammatory diseases

Advancing Innovative Medicine; Delivering High Growth

2014-2017

On Track to Meet Or Exceed 2017 Financial Targets

2018-2020

Strong Growth Expected to 2020

>2020

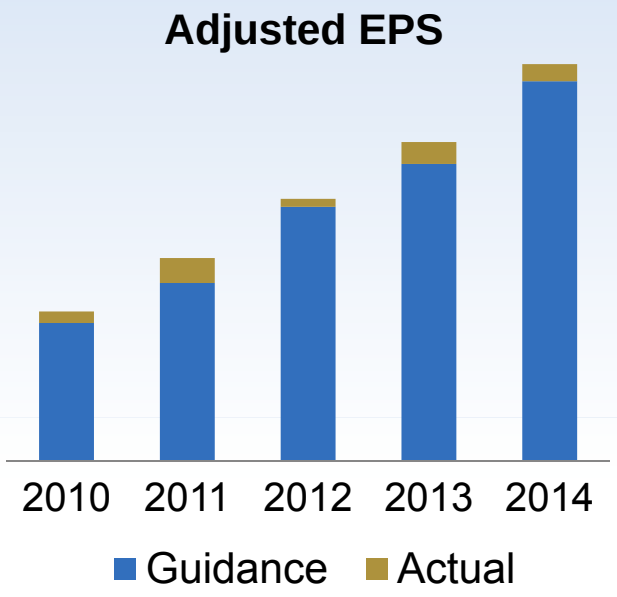
Creating the Future



Advancing Innovative Medicine; Delivering High Growth

Financial Momentum Creates a Strong Foundation







* Guidance provided for net product sales

Advancing Innovative Medicine; Delivering High Growth

Advancing Toward Our 2017 Targets

- Positive CHMP opinion for REVLIMID® in NDMM
- Global launches of POMALYST®/IMNOVID® for RRMM and ABRAXANE® for pancreatic cancer
- OTEZLA® launch for PsA and psoriasis in the US; positive CHMP recommendation received for both indications
- Phase III data on REVLIMID® in non-del 5q MDS and VIDAZA® in elderly AML



Advancing Innovative Medicine; Delivering High Growth

Key Progress with Drivers for 2018-2020

New Opportunities for Existing Products:

- Completed enrollment in REVLIMID® Ph III trials for follicular NHL (RELEVANCE®) and DLBCL (REMARC)
- Advanced clinical programs for new opportunities with ABRAXANE® in neoadjuvant BC, TNBC, adjuvant PanC, NSCLC and immuno-oncology combinations
- Initiated Ph II OTEZLA® trials in ulcerative colitis and atopic dermatitis

New Product Opportunities:

- Initiating GED-0301 registration program for Crohn's disease
- Established clinical proof-of-concept to advance into pivotal trials:
  - AG-221 for IDH2 mutant AML
  - Sotatercept or Luspatercept in Beta-thalassemia and MDS
- Advanced CC-486 Ph III trials in AML and MDS



Advancing Innovative Medicine; Delivering High Growth

Significant Investments to Sustain Growth Beyond 2020

- 3 IND's filed: CC-90002 (anti-CD47 MAb), CC-90003 for (ERKi) and OMP-305B83 (anti-DLL4/VEGF MAb)
- >10 new R&D partnerships with emerging companies and leading academic institutions; expanded existing collaborations
- Enhanced established protein homeostasis, epigenetic and immuno-oncology platforms to accelerate development
- Advancing 12 early-to-mid stage clinical programs to critical decision points over the next 24 months



OUR FOCUS

Executing on Five Strategic Imperatives



Operational excellence



Capitalizing on strength in Hematology



Expanding the Oncology franchise



Building an Immunology & Inflammation franchise



Sustaining innovation and long-term growth

Strong 2014 Financial and Operational Performance

EPS

$3.71

EPS y/y growth

+24%

Total net product sales

+19%

y/y growth

Net REVLIMID® sales

+16%

y/y growth

$7.6B Total net product sales

$5.0B Net REVLIMID® sales

$2.9B Shares repurchased

Operating margin

220 bps

improvement

Notes: Unaudited; EPS and Operating margin are presented on an adjusted basis.

Executing on Five Strategic Imperatives



Operational excellence



Capitalizing on strength in Hematology



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Sustaining innovation and long-term growth

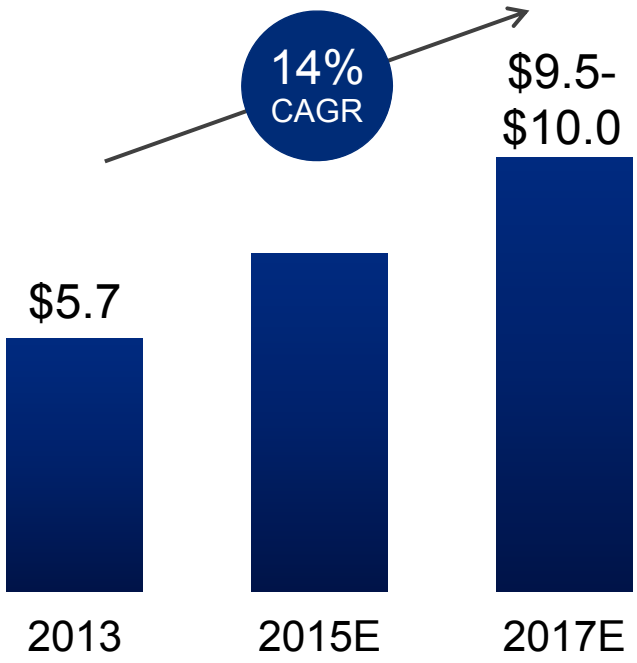
Exceptional Growth in Our Hematology Franchise

Key Accomplishments in '14

- **Commercial Strength in Myeloma**
  - REVLIMID® and POMALYST®/IMNOVID® increased market share and treatment duration in multiple myeloma
  - POMALYST®/IMNOVID® global launches
- **Regulatory Progress in Myeloma & MCL**
  - REVLIMID® decisions in EU and US for NDMM expected in H1:15
  - POMALYST® decision in Japan for RRMM expected in H1:15
  - REVLIMID® decision in EU for rel/ref mantle cell lymphoma expected in Q4:15
- **Ph. III Data Support Submissions**
  - VIDAZA® in elderly AML EU submitted in December 2014
  - REVLIMID® in non-del 5q MDS in 2015E

Revlimid® Pomalyst®/Imnovid® Vidaza® ISTODAX®

Sales ($B)



Label Expansions & New Product Introductions Expected to Accelerate Growth Through 2020

Expected Growth Opportunities

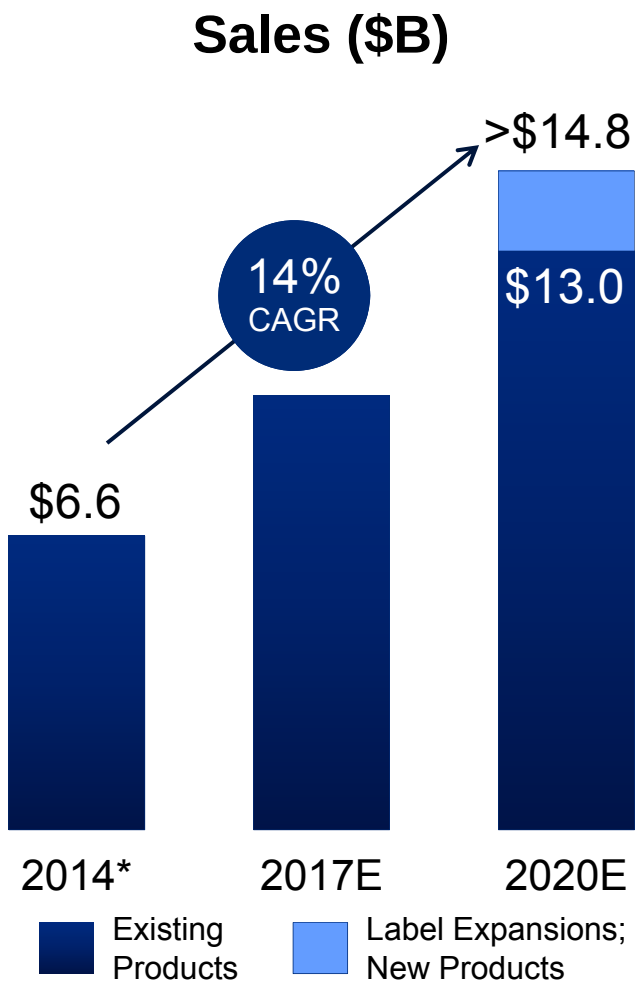
New Indications & Opportunities:

- **REVLIMID® in novel combos in myeloma**
- **REVLIMID® for NHL**
  - 5 Ph III trials underway in follicular and DLBC NHL with expected data beginning in 2017
  - "FLASH" meta-analysis in follicular NHL presentation expected at ASCO 2015

New Product Introductions:

- **CC-486 (oral azacitidine)**
  - Ph III trials in MDS and AML underway
- **Sotatercept or Luspatercept**
  - Beta-thalassemia Ph III trial initiation in 2015E
- **AG-221 (IDH2 mutant AML)**
  - Initiation of pivotal program expected in 2015

Revlimid® Pomalyst®/Imnovid® Vidaza® ISTODAX®

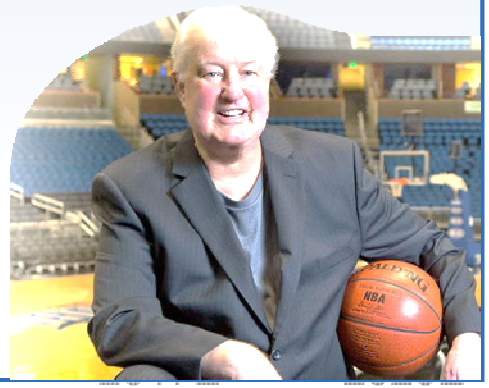


Notes: *Unaudited.

Label Expansions & New Product Introductions Expected to Accelerate Growth Through 2020

Hematology Upside Potential Through 2020

- Full impact of REVLIMID® and POMALYST® treatment duration
- REVLIMID® for non-del 5q in Europe
- REVLIMID® for maintenance in CLL
- Greater adoption of REVLIMID® in R/R follicular NHL
- Approval for Sotatercept or Luspatercept in MDS
- Earlier than expected approval for AG-221 in R/R AML (IDH2 mutations)
- Approval for AG-120 in R/R AML (IDH1 mutations)
- Approval for CC-122 in DLBCL, CLL or MM



Existing Products

Label Expansions; New Products

Notes: *Sales Unaudited.

OUR FOCUS

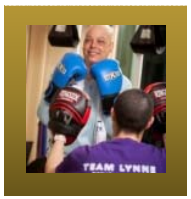
Executing on Five Strategic Imperatives



Operational excellence



Capitalizing on strength in Hematology



Expanding the Oncology franchise



Building an Immunology & Inflammation franchise



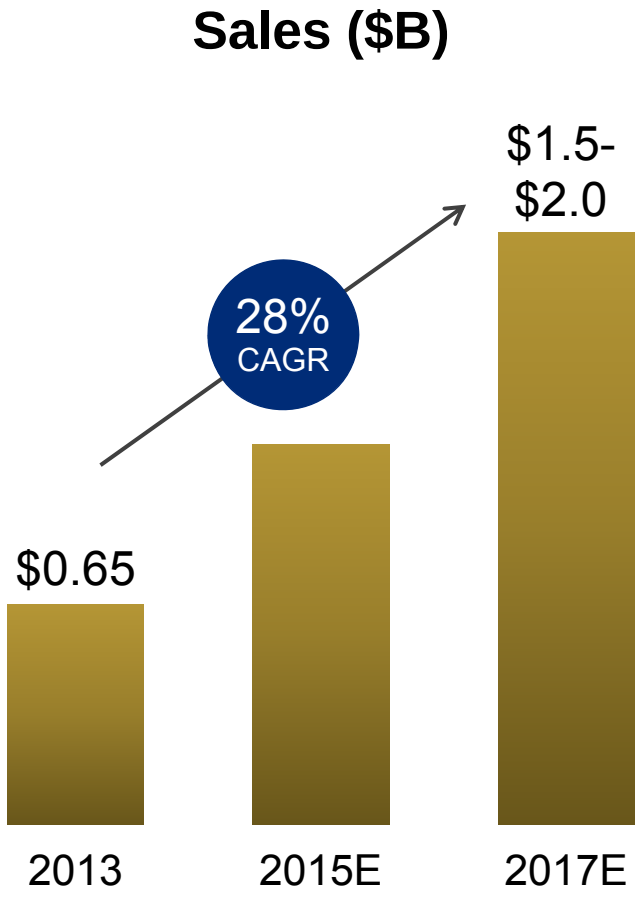
Sustaining innovation and long-term growth

Commercial Momentum Drives Outlook to 2017

Key Accomplishments in '14

- **Commercial Momentum Driven by PanC**
  - US market share in de novo PanC is >40%
  - Significant progress in EU PanC launch
- **Global Regulatory Progress**
  - Japan approval for PanC received in December 2014
  - EU decision for NSCLC expected in H1:15
- **Data Support Value Proposition**
  - Ph III GeparSepto data in neoadjuvant BC
  - Ph I/II Abraxane/gemcitabine + demcizumab in metastatic pancreatic cancer
- **Anti-PD-1/PDL-1 Combo Trials Initiated**
  - ABRAXANE® trials in mBC, NSCLC, and PanC planned or underway

Abraxane®



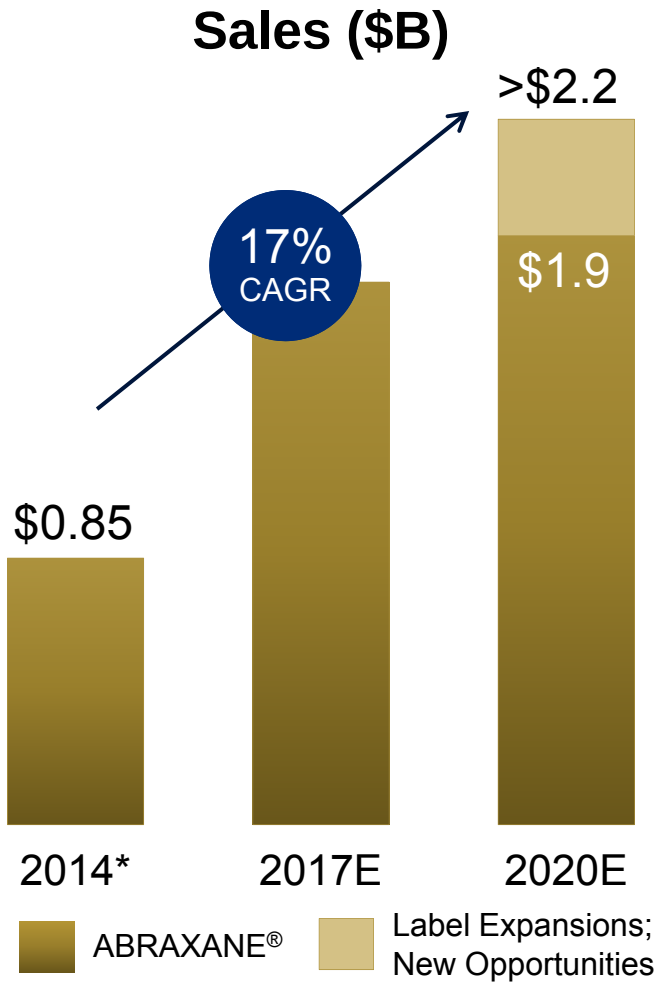
ABRAXANE® Label Expansion Opportunities Accelerate Momentum Through 2020

Expected Growth Opportunities

New Indications & Opportunities:

- **Adjuvant Pancreatic Cancer**
  - Complete Ph III patient accrual expected in 2016
- **Breast Cancer**
  - Complete triple negative breast cancer Ph II trial enrollment expected in 2015
  - GeparSepto neoadjuvant breast cancer opportunity
  - Additional cooperative group studies in TNBC planned
- **Non-Small Cell Lung Cancer**
  - EU decision expected in 2015
  - ABOUND™ program launched evaluating clinical strategies in different patient segments

Abraxane®



Notes: *Unaudited.

ABRAXANE® Label Expansion Opportunities Accelerate Momentum Through 2020

Oncology Upside Potential Through 2020

- ABRAXANE® in anti-PD1 / anti-PDL1 combinations
- Demcizumab approval in non-small cell lung and pancreatic cancers
- VTX-2337 approval in ovarian and SCCHN
- CC-486 approval in solid tumors



Abraxane®

2014* 2017E 2020E

ABRAXANE® Label Expansions; New Opportunities

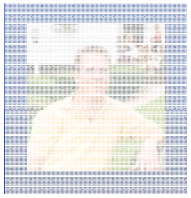
Notes: *Unaudited.

OUR FOCUS

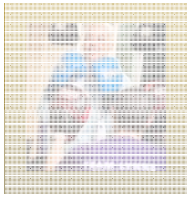
Executing on Five Strategic Imperatives



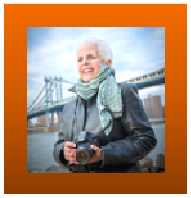
Operational excellence



Capitalizing on strength in Hematology



Expanding the Oncology franchise



Building an Immunology & Inflammation franchise



Sustaining innovation and long-term growth

Launching OTEZLA® Globally for PsA and Psoriasis

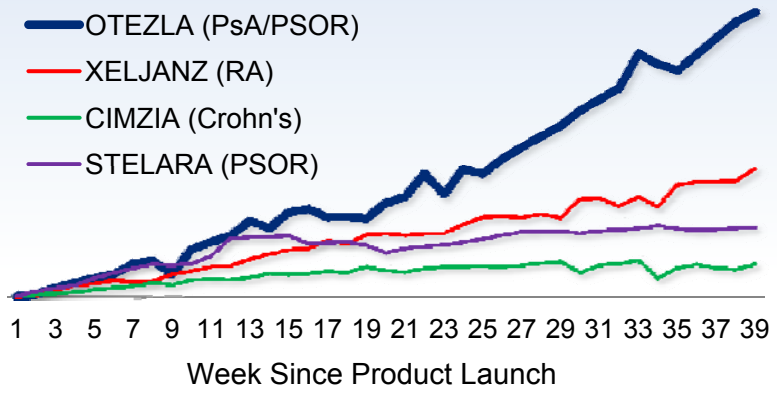
Key Accomplishments in '14

- **Strong Early Launch Metrics**
  - Total prescriptions and sales accelerating
  - Leadership in PsA share of new patient starts
  - Favorable early patient access position
- **Important Global Regulatory Actions**
  - US approval of PsA and psoriasis
  - Positive CHMP opinion for PsA and psoriasis in EU; approval expected in Q1:15
  - Canadian approval for psoriasis in Nov 2014; PsA approval expected in mid-15
- **Long-term Data Support Strong Profile**
  - Sustained clinical response over 2 years in patients with active PsA
  - 12-month MRI scans in ankylosing spondylitis

Otezla® apremilast tablets

Strong Prescription Growth

(Weekly TRx)



Sales Acceleration in 2014*

($M)



Notes: *Unaudited.

New Products Expected to Accelerate Growth in I&I

Expected Growth Opportunities

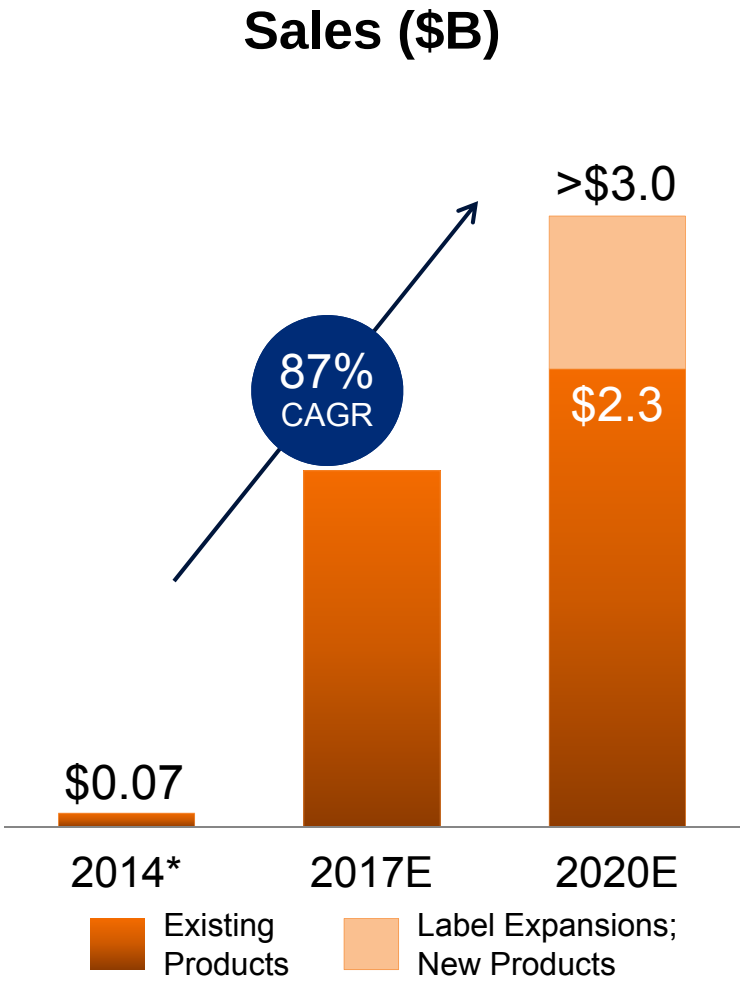
New Indications & Opportunities:

- **OTEZLA® Life Cycle Management**
  - Ph III trial in Behçets disease enrolling patients; regulatory submission in Turkey on the Ph II data
  - Ph II trials in atopic dermatitis and ulcerative colitis underway; data expected beginning in H1:16

New Product Introductions:

- **GED-0301 (smad 7 anti-sense)**
  - Initiating registration program in Crohn's disease
  - Ph II trial in ulcerative colitis expected in 2015
- **CC-220 (cereblon modulator)**
  - Ph II trial in lupus underway
- **Sotatercept (ActR2B fusion protein)**
  - Ph IIb trial in renal anemia underway

Otezla® apremilast tablets



Notes: *Unaudited.

New Products Expected to Accelerate Growth in I&I

I&I Upside Potential Through 2020

- Earlier than expected GED-0301 approval in Crohn's disease
- GED-0301 approval in ulcerative colitis
- Earlier than expected aproval of Sotatercept in renal anemia and CC-220 in lupus
- OTEZLA® in AS and RA
- Accelerated OTEZLA® development in atopic dermatitis and ulcerative colitis



Otezla® apremilast tablets

2014* 2017E 2020E

Existing Products

Label Expansions; New Products

Notes: *Unaudited.

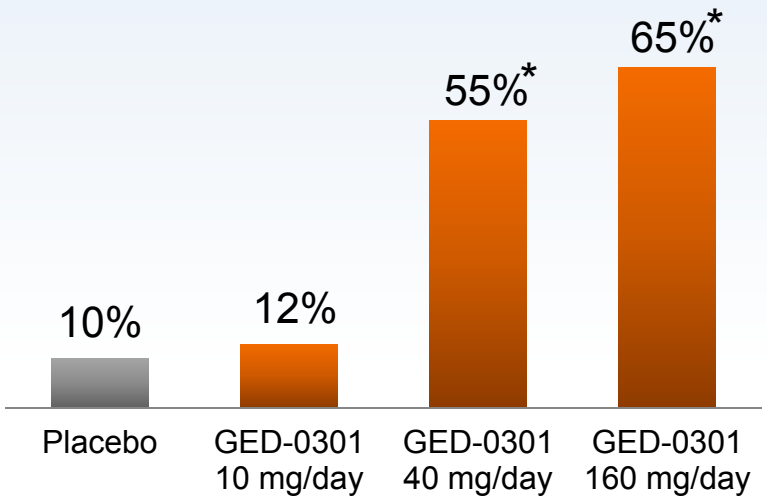
GED-0301 – Transformational Potential in Crohn's Disease

Compelling Phase II Data

Percentage of Patients Achieving Clinical Remission

(CDAI <150 at Day 15 and Maintained for ≥2 weeks)

***P<0.0001 vs. placebo**



The rates of adverse events and serious adverse events were similar across all four groups

Registration Program Initiating

- **Comprehensive pivotal program**
  - Over 2,000 patients expected to enroll
  - All three trials will run in parallel
  - Designed to support global registrations
- **Initiating endoscopy trial**
  - Endoscopic changes at week 12
  - Includes add'l analysis of remission durability
- **Initiate 2 additional trials in mid-15E**
  - 52-week "treat-through" design
  - Primary endpoint measuring CDAI at week 4
  - Key secondary endpoints: endoscopic changes, CDAI improvement over time, Patient Reported Outcomes 2 (PRO2)
- **Expect data beginning in 2017**

Source: Presentation at the 22nd United European Gastroenterology Week; October 18-22, 2014; Vienna, Austria.

OUR FOCUS

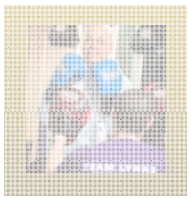
Executing on Five Strategic Imperatives



Operational excellence



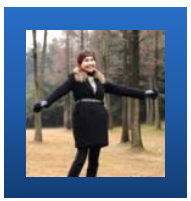
Capitalizing on strength in Hematology



Expanding the Oncology franchise

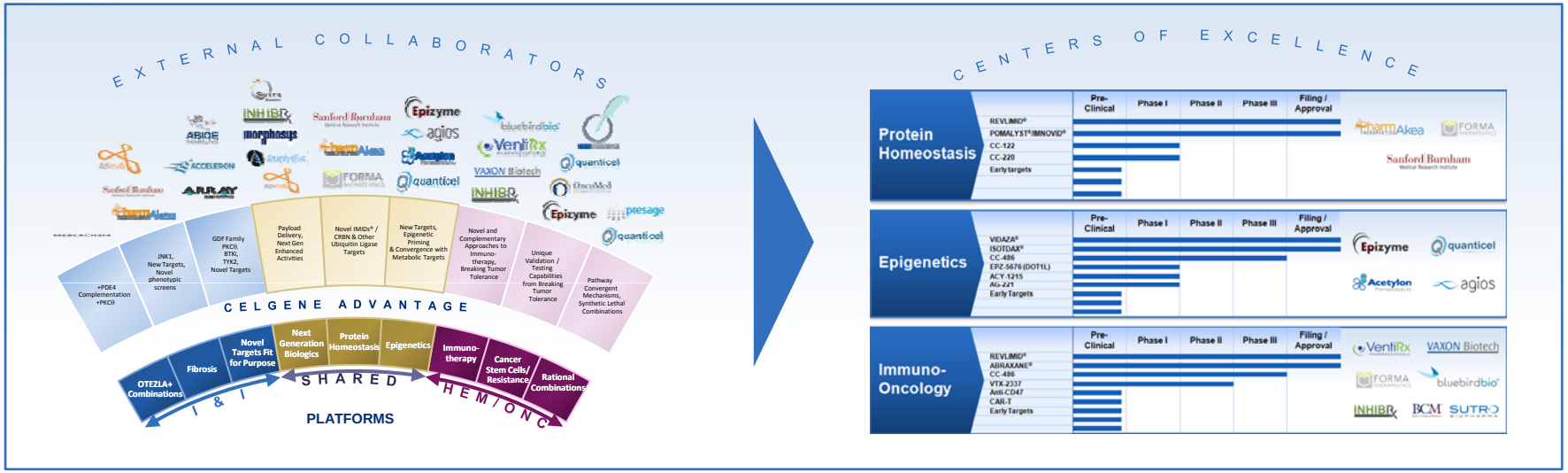


Building an Immunology & Inflammation franchise



Sustaining innovation and long-term growth

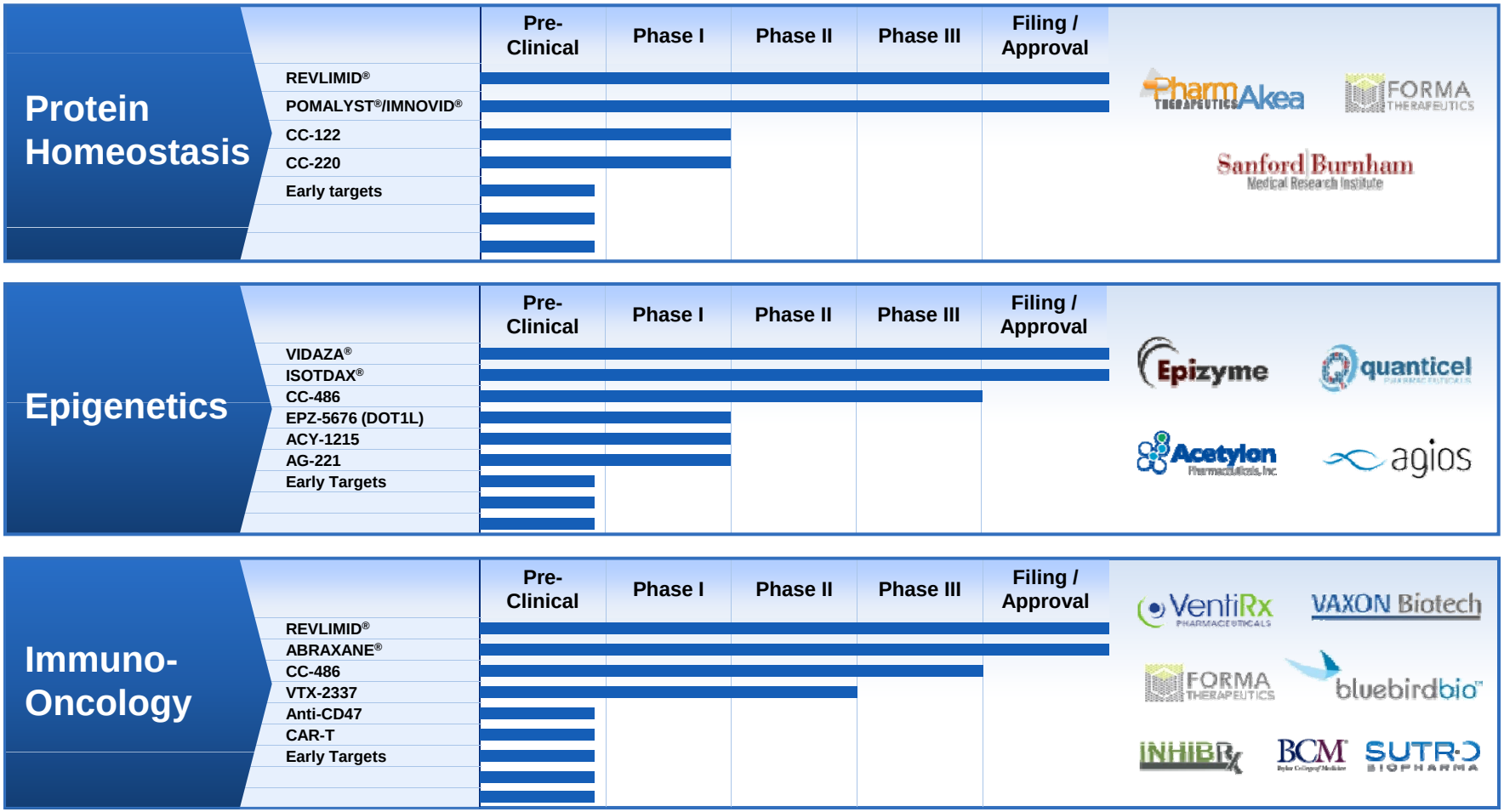
Harnessing the Power of Our Novel Distributed Research Model



Powerful Model

- Robust campaigns, strategic optionality
- Create / leverage data breakthroughs
- Synergistic success with our partners

Investing in Thematic Centers of Excellence



Advancing the Early-to-Mid Stage Pipeline to Go / No-go Decisions Within the Next 24 Months

PDA-002
- Diabetic Foot Ulcers

Demcizumab
- NSCLC
- PanC

AG-120
- IDH1 AML
- Solid Tumors

Sotatercept
- Renal Anemia

ACY-1215
- Myeloma

EPZ-5676
- DOT1L MLL

MOR 202
- Myeloma
- AML

CC-122
- DLBCL
- CLL

CC-90001
- Fibrosis

VTX-2337
- Ovarian
- HNSCC

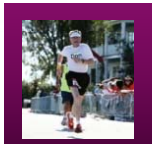
CC-486
- Solid Tumors

CC-220
- Systemic Lupus

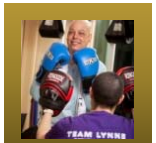


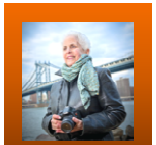
Strong Growth Outlook

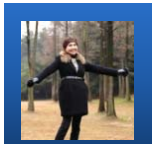
Strategic Imperatives


Operational excellence


Capitalizing on strength in Hematology

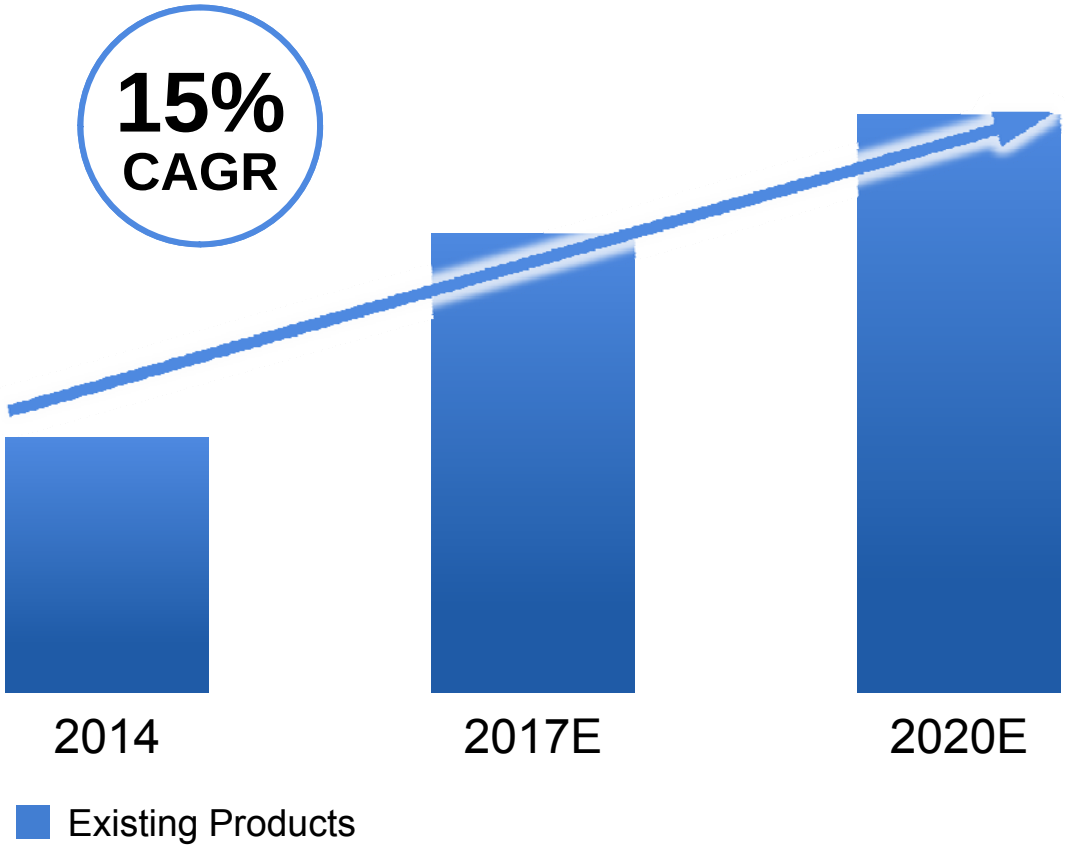

Expanding the Oncology franchise


Building an Immunology & Inflammation franchise


Sustaining innovation and long-term growth

High Growth to 2020 and Beyond

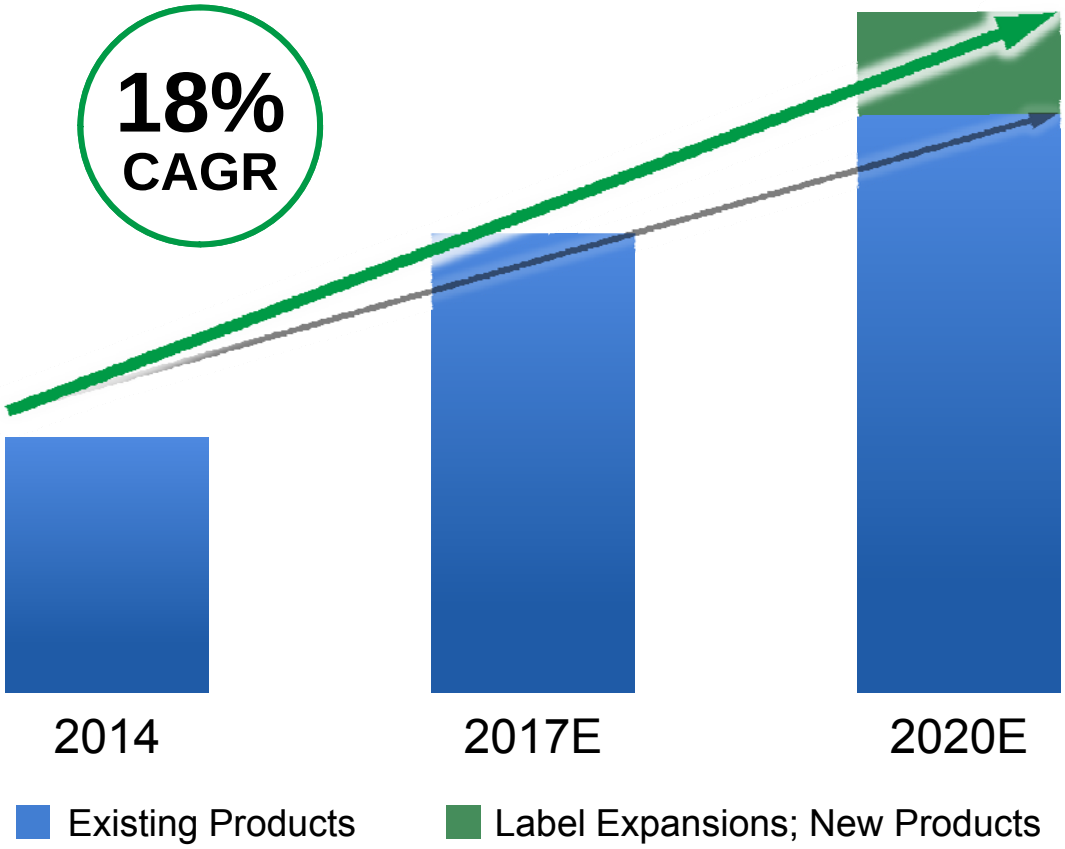
Strong Growth Expected from Existing Products



Strong growth from existing products



Label Expansions & New Products Expected to Accelerate Growth



Label expansions & new products accelerate growth

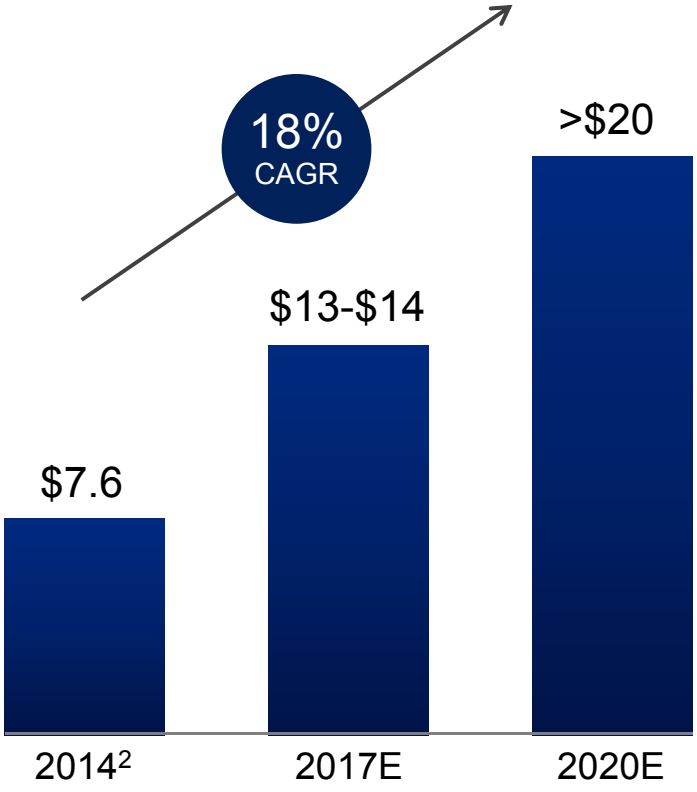
+3% points

Strong growth from existing products

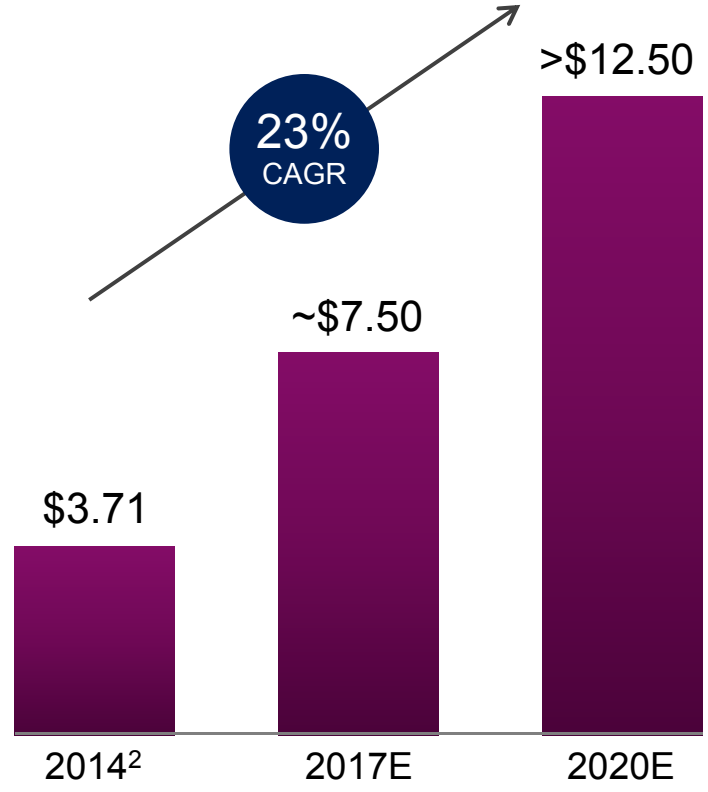


Strong Sales and Earnings Profile

Product Sales
($B)



EPS[1]
($)



Notes: 1) Adjusted. 2) Unaudited.

2015 Financial Outlook

2015 Financial Guidance	
Total product sales:	$9.0 to $9.5 Billion, +22% Y/Y
Total REVLIMID® sales:	$5.6 to $5.7 Billion, +14% Y/Y
Adjusted EPS:	$4.60 to $4.75, +26% Y/Y
Operating margin[1]:	~52%, +140 bps

THALOMID (thalidomide) Capsules · Revlimid · Vidaza azacitidine for injection · Abraxane · ISTODAX romidepsin · Pomalyst / Imnovid · Otezla apremilast tablets



Notes: 1) Adjusted.

Key Milestones – 2015

Franchise	Milestone	Expected Timing
Hematology & Oncology	• Approval decisions on REVLIMID® for NDMM in the U.S. and EU	Q1
	• Approval for REVLIMID® for NDMM in Japan	H2
	• Submit REVLIMID® for non-del5q MDS in US and Japan	Thru 2015
	• Presentation of FLASH meta-analysis on durable CR in follicular NHL	H1
	• Initiate enrollment of Ph III ROBUST™ trial with REVLIMID® in DLBCL	H1
	• EU approval decision on ABRAXANE® in NSCLC	H1
	• Complete enrollment in REVLIMID® Ph III CONTINUUM® trial in CLL	H2
	• CHMP opinion on VIDAZA® for elderly AML	H2
	• Advance Ph I/II trials of CC-122 in DLBCL	H2
	• Initiate Ph III trial with sotatercept / luspatercept in beta-thalassemia	H2
	• Initiate pivotal program with AG-221 in AML with IDH-2 mutation	H2
I & I	• EU approval for OTEZLA® in PSOR and PsA	Q1
	• Complete enrollment of GED-0301 registration-enabling endoscopy trial	H2
	• Initiate Ph III trials of GED-0301 in Crohn's disease	H2
	• Initiate clinical program in ulcerative colitis for GED-0301	H2
	• Complete enrollment in Ph II trial with CC-220 in SLE	H2

IN SUMMARY

2020 and Beyond: Driving Sustainable, High Growth

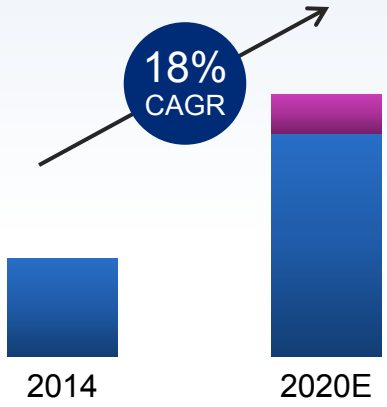
On Track to Meet or Exceed 2017 Targets

- Existing products on strong trajectory

Revlimid
Abraxane
Pomalyst / Imnovid
Otezla apremilast tablets
Vidaza azacitidine for injection
THALOMID (thalidomide) Capsules
ISTODAX (romidepsin)

Strong Growth Expected to 2020

- Label expansions, new products



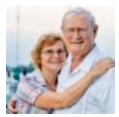
Creating the Future Beyond 2020

- Robust campaigns, strategic optionality












33rd Annual J.P. Morgan Healthcare Conference

Bob Hugin
Chairman & CEO





Celgene

Reconciliation Tables





Celgene Corporation and Subsidiaries

Reconciliation of Estimated/Projected GAAP to Adjusted (Non-GAAP) Measures

(Unaudited)

		Three Months Ended December 31, 2014 Range		Twelve Months Ended December 31, 2014 Range		Twelve Months Ending December 31, 2015 Range	
		Low	High	Low	High	Low	High
Estimated/projected diluted earnings per common share - GAAP	(1)	$ 0.71	$ 0.74	$ 2.38	$ 2.41	$ 3.68	$ 3.92
Per share impact of excluded items before tax:							
Cost of goods sold (excluding amortization of acquired intangible assets):							
Share-based compensation expense	(2)	0.01	0.01	0.03	0.03	0.04	0.04
Research and Development:							
Share-based compensation expense	(2)	0.07	0.07	0.24	0.24	0.32	0.31
Upfront collaboration expense	(1)(3)	0.06	0.06	0.54	0.54	-	-
IPR&D Impairment	(1)(4)	-	-	0.15	0.15	-	-
Selling, general and administrative:							
Share-based compensation expense	(2)	0.08	0.08	0.27	0.27	0.37	0.35
Settlement of contingent obligation	(5)	-	-	0.03	0.03	-	-
Amortization of acquired intangible assets	(1)(6)	0.08	0.08	0.31	0.31	0.31	0.31
Acquisition related charges, net:							
Change in fair value of contingent consideration	(1)(7)	0.05	0.04	0.06	0.05	0.15	0.12
Net income tax adjustments	(8)	(0.05)	(0.07)	(0.30)	(0.32)	(0.27)	(0.30)
Estimated/projected diluted earnings per common share - Adjusted		Approximately $ 1.01		Approximately $ 3.71		$ 4.60	$ 4.75

		Twelve Months Ended December 31, 2014 Range		Twelve Months Ending December 31, 2015 Range	
		Low	High	Low	High
Operating margin percentage of revenue - GAAP	(1)	32.8%	32.9%	41.1%	42.2%
Plus adjustments:					
Share-based compensation expense	(2)	5.8%	5.8%	6.7%	6.1%
Upfront collaboration expense	(1)(3)	5.9%	5.9%	0.0%	0.0%
IPR&D Impairment	(1)(4)	1.7%	1.7%	0.0%	0.0%
Settlement of contingent obligation	(5)	0.3%	0.3%	0.0%	0.0%
Amortization of acquired intangible assets	(1)(6)	3.4%	3.4%	2.8%	2.7%
Change in fair value of contingent consideration	(1)(7)	0.7%	0.6%	1.4%	1.0%
Operating margin percentage of revenue - Adjusted		50.6%	50.6%	52.0%	52.0%

In addition to financial information prepared in accordance with U.S. GAAP, this press release also contains adjusted financial measures that we believe provide investors and management with supplemental information relating to operating performance and trends that facilitate comparisons between periods and with respect to projected information. These adjusted financial measures are non-GAAP and should be considered in addition to, but not as a substitute for, the information prepared in accordance with U.S. GAAP. We typically exclude certain GAAP items that management does not believe affect our basic operations and that do not meet the GAAP definition of unusual or non-recurring items. Other companies may define these measures in different ways.

Explanation of adjustments:

(1) Our projected 2015 financial measurements do not include the effect of any business combinations, collaboration agreements, asset acquisitions, intangible asset impairments, or changes in the fair value of our CVRs issued as part of the acquisition of Abraxis BioScience Inc. (Abraxis) that may occur after the day prior to the date of this press release.

(2) Exclude share-based compensation expense.

(3) Exclude upfront payment expense for research and development collaboration arrangements.

(4) Exclude in-process research and development (IPR&D) impairment recorded as a result of changes in estimated probability-weighted cash flows related to CC-292.

Appendix





Celgene Pipeline

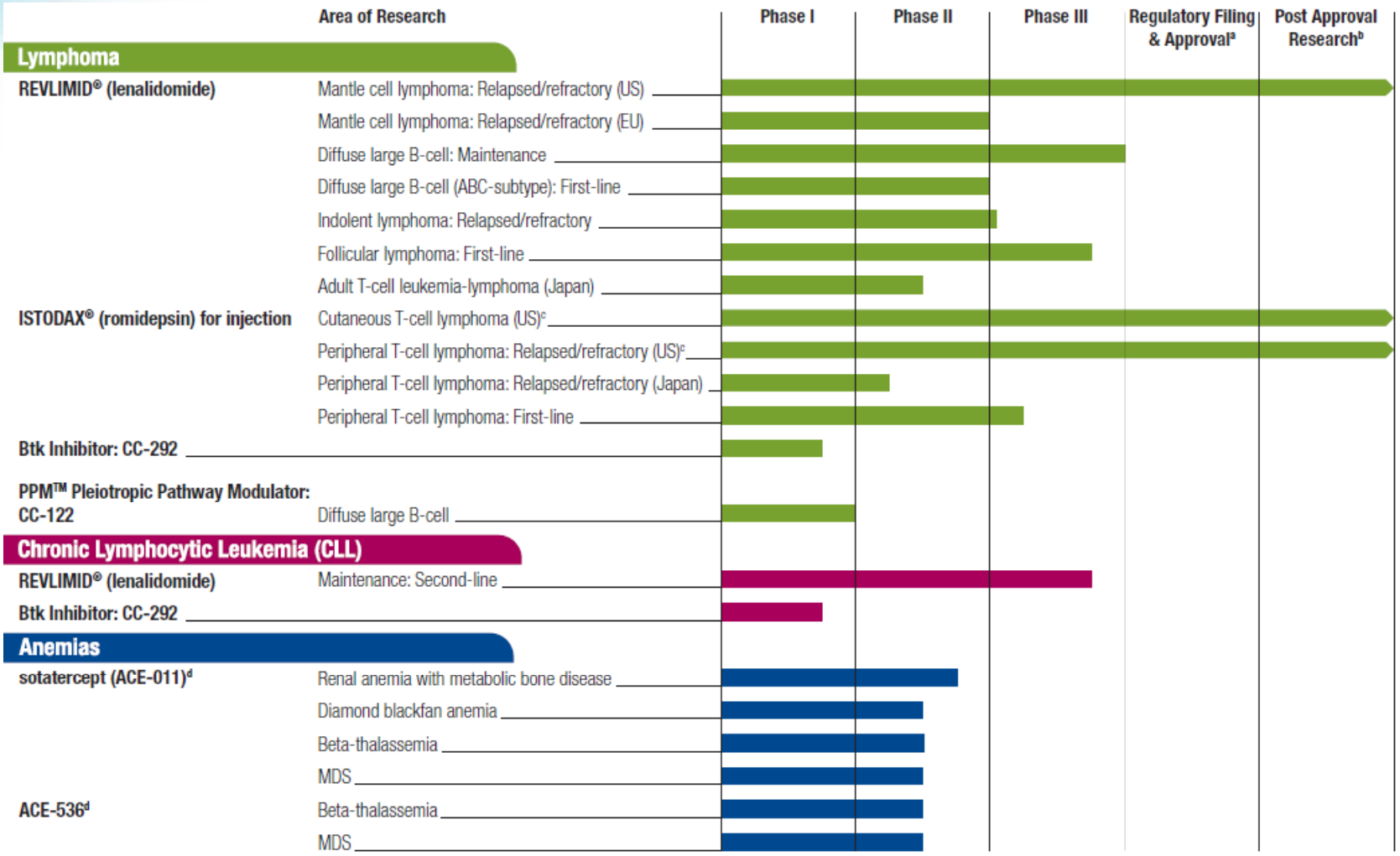


[a]For information on approved uses, please refer to approved product labeling. [b]Includes Celgene-sponsored and Celgene-supported studies. [c]In the US, regulatory approval is based on pivotal phase II data; phase III program ongoing. [d]In collaboration with MorphoSys AG. [e]In collaboration with Acceleron Pharma. [f]In collaboration with Agios Pharmaceuticals, Inc. [g]In collaboration with Epizyme, Inc.

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Celgene Pipeline

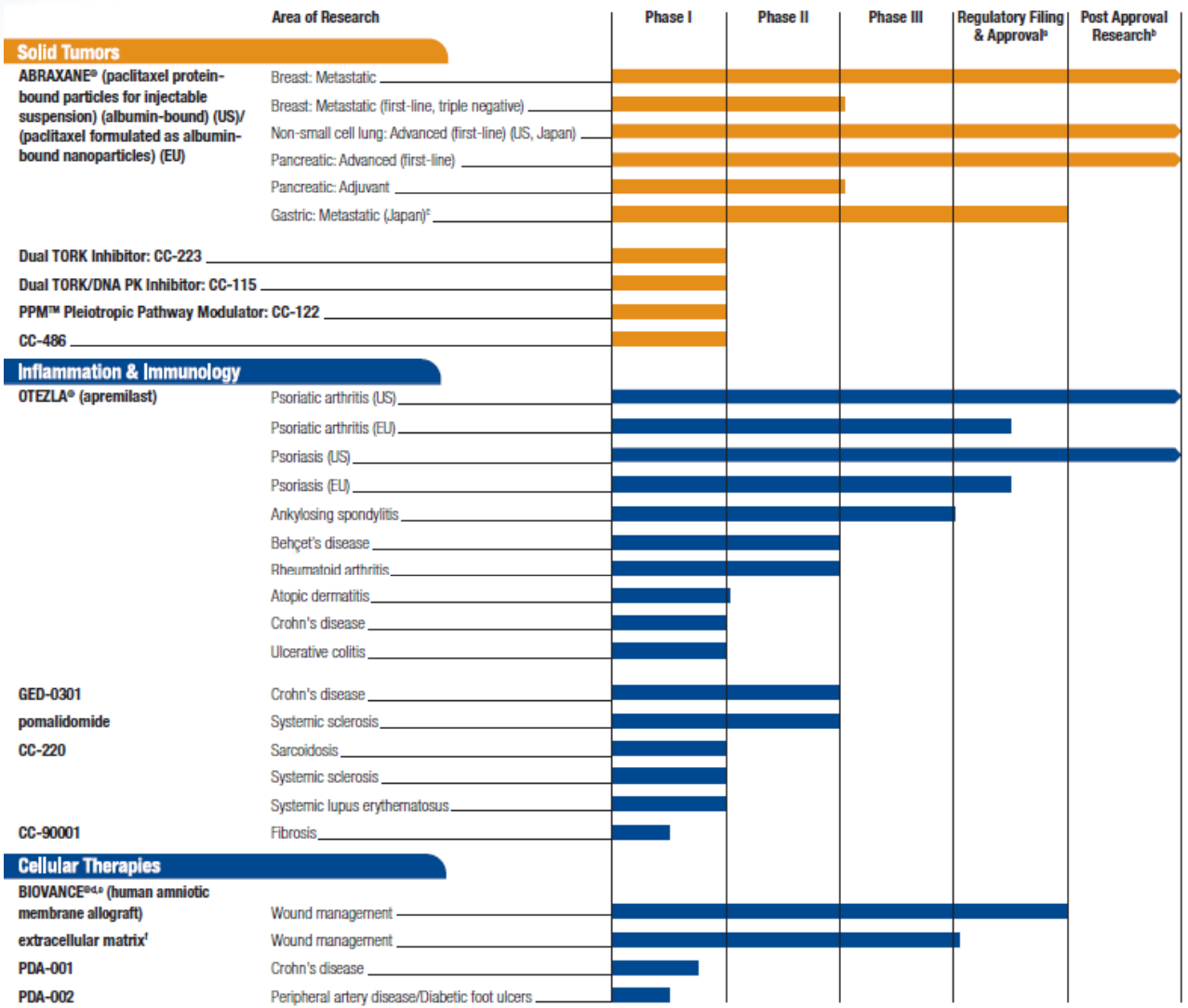


[a]For information on approved uses, please refer to approved product labeling. [b]Includes Celgene-sponsored and Celgene-supported studies. [c]Filing for regulatory approval based on pivotal phase II data.
[d]In collaboration with Acceleron Pharma.

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Celgene Pipeline



[a]For information on approved uses, please refer to approved product labeling. [b]Includes Celgene-sponsored and Celgene-supported studies. [c]Trial conducted by licensee partner, Taiho Pharmaceuticals Co. Ltd. [d]Regulated under Section 361 of the Public Health Service Act. [e]Processed for Alliqua Biomedical by Celgene Cellular Therapeutics. [f]510(k) device manufactured for Alliqua Biomedical by Celgene Cellular Therapeutics.

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REVLIMID® Multiple Myeloma Late Stage Programs

Patient Population	NDMM Non-ASCT Eligible	NDMM Non-ASCT Eligible
Trial Name	MM-015	MM-020 FIRST®
Phase	III	III
Target Enrollment	459	1,623
Design	Arm A: REVLIMID® (10mg)/melphalan/ prednisone for 9 cycles followed by REVLIMID® (10mg) maintenance to disease progression Arm B: REVLIMID® (10mg)/melphalan/ prednisone for 9 cycles followed by placebo maintenance to disease progression Arm C: Melphalan/prednisone for 9 cycles followed by placebo maintenance to disease progression	Arm A: REVLIMID® (25mg)/low-dose dexamethasone until disease progression Arm B: REVLIMID® (25mg)/low-dose dexamethasone for 18 4-week cycles (72 weeks) Arm C: THALOMID®/melphalan/prednisone for 12 6-week cycles (72 weeks)
Primary Endpoint	Progression Free Survival	Progression Free Survival
Status	Study met primary endpoint July 2009 Data presented at ASH 2009 with follow-up data at ASCO 2010, ASH and IMW 2011, ASH 2012 and IMW 2013. PFS2 presented at ASH 2013. Published in NEJM May 2012 Follow-up continuing	Enrollment complete Trial met primary endpoint for PFS Final PFS and interim OS presented at ASH 2013 REVLIMID® for NDMM filed in U.S. and EU

REVLIMID® Multiple Myeloma Late Stage Programs

Patient Population	Maintenance Post-ASCT	Maintenance Post-ASCT
Trial Name	CALGB 100104	IFM 2005-02
Phase	III	III
Target Enrollment	459	614
Design	Arm A: REVLIMID® (10mg) until disease progression Arm B: Placebo until disease progression	Arm A: REVLIMID® consolidation (25mg) for 2 cycles followed by REVLIMID® (10-15mg) until disease progression Arm B: REVLIMID® consolidation (25mg) for 2 cycles followed by placebo until disease progression
Primary Endpoint	Time to Progression	Progression Free Survival
Status	Trial met primary endpoint in Dec 2009 Data presented at ASCO 2010. Follow-up data at ASH 2010, IMW 2011 and IMW 2013. Published in NEJM May 2012. Follow-up for survival continuing	Trial met primary endpoint in June 2010 Data presented at ASCO 2010. Follow-up data at ASH 2010, IMW 2011 and ASH 2013. Published in NEJM May 2012. Follow-up for survival continuing

REVLIMID® Multiple Myeloma Late Stage Programs

Patient Population	Maintenance Post-VMP induction
Trial Name	MM-026
Phase	III
Target Enrollment	350
Design	2:1 randomization Induction with Melphalan/prednisone/bortezomib (VMP) for 6-9 cycles Arm A: REVLIMID® (10mg) d 1-21 for 28-day cycle Arm B: Placebo d 1-21 for 28-day cycle
Primary Endpoint	Progression Free Survival
Status	Trial enrolling

REVLIMID® Multiple Myeloma Late Stage Programs

Patient Population	Maintenance in ASCT Eligible
Trial Name	MYELOMA XI
Phase	III
Target Enrollment	3,970
Design	Arm A: Cyclophosphamide (500mg) d1,8,15; THALOMID® (100mg d1-21 then 200mg daily), Dexamethasone (40mg) d1-4, 12-15 for minimum of 4 21-day cycle Arm B: REVLIMID® (25mg) d 1-21, Cyclophosphamde (500mg) d1,8, dexamethasone (40mg) d1-4,12-15 for minimum of 4 28-day cycles Arm C: Cyclophosphamde (500mg) d1,8, Carfilzomib (20 mg/m^2) d 1,2 cycle 1 then (36 mg/m^2) d 1,2,8,9,15,16, REVLIMID® (25mg) d1-21, Dexamethasone (40mg) d 1-4,8,9,15,16 for 4 21-day cycles Patients with no change, progressive disease, PR or MR randomized to Arm A: Bortezomib (1.3mg/m^2) d 1,4,8,11, Cyclophosphamide (500mg) d 1,8,15, Dexamethasone (20mg) d 1,2,4,5,8,9,11,12 for max of 8 21-day cycles Arm B: No treatment All patients go to SCT After SCT randomization to: Arm A: REVLIMID® (10mg) d 1-21 for 28-day cycle to disease progression Arm B: No maintenance
Primary Endpoint	Overall Survival and Progression Free Survival
Status	Trial enrolling Possible interim data in mid-2015E

POMALYST®/IMNOVID® Multiple Myeloma Late Stage Programs

Patient Population	RRMM
Trial Name	MM-007 OPTIMISMM
Phase	III
Target Enrollment	782
Design	Arm A: POMALYST®/IMNOVID® (4mg), bortezomib (1.3 mg/m^2 IV) and low-dose dexamethasone to disease progression Arm B: Bortezomib (1.3 mg/m^2 IV) and low-dose dexamethasone to disease progression
Primary Endpoint	Progression Free Survival
Status	Trial enrolling

MDS/AML/MF Late Stage Programs

Patient Population	Non-del5Q low risk/INT-1 transfusion-dependent MDS	Low risk/INT-1 transfusion-dependent MDS
Molecule	REVLIMID®	CC-486 (Oral Azacitidine)
Trial Name	MDS-005	AZA-MDS-003
Phase	III	III
Target Enrollment	239	386
Design	Arm A: REVLIMID® (10mg) Arm B: Placebo	Arm A: CC-486 (150mg or 200mg) Arm B: Placebo
Primary Endpoint	RBC-transfusion independence for at least 8 weeks	RBC-transfusion independence for more than 12 weeks
Status	Primary endpoint met Data presented at ASH 2014 Submission to FDA expected in 2015	Trial enrolling

MDS/AML/MF Late Stage Programs

Patient Population	Elderly Newly Diagnosed AML	Post induction AML Maintenance
Molecule	VIDAZA® (azacitidine)	CC-486 (oral azacitidine)
Trial Name	AZA-AML-001	CC-486-AML-001
Phase	III	III
Target Enrollment	488	460
Design	Arm A: VIDAZA® (75 mg/m^2 SC) daily for D1-7 of a 28-day cycle until disease progression Arm B: Conventional Care Regimen (intensive chemotherapy, low-dose cytarabine or best supportive care) to disease progression	Arm A: CC-486 (150mg or 200mg) Arm B: Best Supportive Care
Primary Endpoint	Overall Survival	Overall Survival
Status	Data presented at EHA 2014 and ASH 2014 Submission to EU in 2014	Trial enrolling

REVLIMID® Chronic Lymphocytic Leukemia Late Stage Programs

Patient Population	Elderly Newly Diagnosed CLL	Maintenance in 2nd Line CLL
Trial Name	CLL-008 ORIGIN®	CLL-002 CONTINUUM®
Phase	III	III
Target Enrollment	450	400
Design	Arm A: REVLIMID® (starting dosage 5mg/day escalated to 10mg/day) until disease progression – 28-day cycle Arm B: Chlorambucil (0.8 mg/kg) D1-15 for ~13 cycles (12 months) of 28-day cycle	Arm A: REVLIMID® (starting dosage 2.5mg/day escalated to 10mg/day) until disease progression - 28-day cycle Arm B: Placebo
Primary Endpoint	Progression Free Survival	Overall Survival and Progression Free Survival
Status	Enrollment complete Trial put on clinical hold & discontinued in July 2013 Data to be presented at a future medical congress	Trial enrolling Enrollment to complete in 2015E

REVLIMID® Lymphoma Late Stage Programs

Patient Population	Maintenance in Patients with DLBCL responding to R-CHOP to induction therapy	Newly Diagnosed Follicular Lymphoma
Trial Name	REMARC	RELEVANCE®
Phase	III	III
Target Enrollment	621	1,000
Design	Arm A: REVLIMID® D1-21 of 28-day cycle for 24 months Arm B: Placebo D1-21 of 28-day cycle for 24 months	Arm A: REVLIMID® (starting dose 20mg) D2-22 for up to 18 28-day cycles and Rituximab (starting dose 375 mg/m^2) weekly for up to 12 28-day cycles Arm B: Physician's choice of rituximab-CHOP, rituximab-CVP or rituximab-bendamustine
Primary Endpoint	Progression Free Survival	Complete Response Rate and Progression Free Survival
Status	Enrollment complete	Enrollment complete

REVLIMID® Lymphoma Late Stage Programs

Patient Population	Relapsed or Refractory Follicular Lymphoma	Untreated Activated B-Cell DLBCL
Trial Name	AUGMENT™ NHL-007	ROBUST™ DLC-002
Phase	III	III
Target Enrollment	500	560
Design	Arm A: REVLIMID® (10-20mg) D1-21 / Rituximab 375 mg/m^2 weekly for cycle 1 then D 1 of cycles 2-5 for 5 28-day cycles Arm B: Placebo D1-21, / Rituximab 375 mg/m^2 weekly for cycle 1 then D 1 of cycles 2-5 for 5 28-day cycles	Arm a: REVLIMID® (15mg) D1-14/+ R-CHOP21 for 6 21-day cycles Arm B: Placebo + R-CHOP21 for 6 cycles
Primary Endpoint	Progression Free Survival	Progression Free Survival
Status	Trial enrolling	Trial enrolling soon

REVLIMID® Lymphoma Late Stage Programs

Patient Population	Relapsed or Refractory Indolent Lymphoma
Trial Name	MAGNIFY™ NHL-008
Phase	III
Target Enrollment	500
Design	Arm A: REVLIMID® (10-20mg) D1-21 / Rituximab 375 mg/m^2 weekly for cycle 1 then D 1 of cycles 3, 5, 7,9 and 11 for 12 28-day cycles followed by REVLIMID® (10mg) D1-21 / Rituximab 375 mg/m^2 D 1 of cycles 13, 15, 17,19, 21, 23, 25, 27 and 29 for 18 28-day cycles followed by REVLIMID® (10mg) D 1-21 until disease progression – 28 day cycle Arm B: REVLIMID® (10-20mg) D1-21 / Rituximab 375 mg/m^2 weekly for cycle 1 then D 1 of cycles 3, 5, 7,9 and 11 for 12 28-day cycles followed by REVLIMID® (10mg) D1-21 / Rituximab 375 mg/m^2 D 1 of cycles 13, 15, 17,19, 21, 23, 25, 27 and 29 for 18 28-day cycles
Primary Endpoint	Progression Free Survival
Status	Trial enrolling

ABRAXANE® Solid Tumor Late Stage Programs

Patient Population	Maintenance After Induction in Squamous Non-Small Cell Lung Cancer	Adjuvant Therapy in Surgically Resected Pancreatic Cancer
Trial Name	NSCL-003	PANC-003
Phase	III	III
Target Enrollment	540	800
Design	Induction: ABRAXANE® (100 mg/m^2) D 1, 8, and 15 / Carboplatin (6 mg min/mL) D 1 for 4 21-day cycles Maintenance: Arm A: ABRAXANE® (100 mg/m^2) D 1 and 8 plus BSC until disease progression – 21-day cycle Arm B: BSC until disease progression	Arm A: ABRAXANE® (125 mg/m^2) / Gemcitabine (1000 mg/m^2) D 1, 8 and 15 for 6 28-day cycles Arm B: Gemcitabine (1000 mg/m^2) D 1, 8 and 15 for 6 28-day cycles.
Primary Endpoint	Progression Free Survival	Disease Free Survival
Status	Trial enrolling	Trial enrolling

ABRAXANE® Solid Tumor Late Stage Programs

Patient Population	First-Line Triple Negative Metastatic Breast Cancer
Trial Name	tnAcity™ ABI-007-MBC-001
Phase	II/III
Target Enrollment	240/550
Design	Phase II Arm A: ABRAXANE® 1(25mg/m^2) / Gemcitabine (1000 mg/m^2) D 1 and 8 – 21-day cycle Arm B: ABRAXANE® (125mg/m^2) / Carboplatin AUC 2 IV, D 1 and 8 – 21-day cycle Arm C: Gemcitabine (1000 mg/m^2) / Carboplatin AUC 2 IV, D 1 and 8 – 21-day cycle Phase III Arm 1: Selected phase II ABRAXANE® arm Arm 2: Gemcitabine (1000 mg/m^2) / Carboplatin AUC 2 IV, D 1 and 8 – 21-day cycle
Primary Endpoint	Progression Free Survival
Status	Trial enrolling

I&I Late Stage Programs

Patient Population	Moderate-to-Severe Late Stage Psoriatic Arthritis	Moderate-to-Severe Late Stage Psoriatic Arthritis	Moderate-to-Severe Late Stage Psoriatic Arthritis with Skin Lesions
Molecule	OTEZLA®	OTEZLA®	OTEZLA®
Trial Name	PALACE-1 PSA-002	PALACE-2 PSA-003	PALACE-3 PSA-004
Phase	III	III	III
Target Enrollment	495	495	495
Design	Arm A: OTEZLA® (20mg) twice daily Arm B: OTEZLA® (30mg) twice daily Arm C: Placebo	Arm A: OTEZLA® (20mg) twice daily Arm B: OTEZLA® (30mg) twice daily Arm C: Placebo	Arm A: OTEZLA® (20mg) twice daily Arm B: OTEZLA® (30mg) twice daily Arm C: Placebo
Primary Endpoint	ACR20	ACR20	ACR20
Status	Enrollment complete Efficacy/safety data presented at ACR 2012-2014, EULAR 2013-2014 Approved in US Mar 21, 2014 Filed in EU; Positive CHMP opinion Nov 21, 2014	Enrollment complete Top-line data in Sept 2012 Efficacy/safety data presented at ACR 2012-2014, EULAR 2013-2014 Approved in US Mar 21, 2014 Filed in EU; Positive CHMP opinion Nov 21, 2014	Enrollment complete Efficacy/safety data presented at ACR 2012-2014, EULAR 2013-2014 Approved in US Mar 21, 2014 Filed in EU; Positive CHMP opinion Nov 21, 2014

I&I Late Stage Programs

Patient Population	Untreated Moderate-to-Severe Late Stage Psoriatic Arthritis
Molecule	OTEZLA®
Trial Name	PSA-006
Phase	III
Target Enrollment	214
Design	Arm A: OTEZLA® single agent (30mg) twice daily Arm B: Placebo
Primary Endpoint	ACR 20 at Week 16
Status	Enrolling

I&I Late Stage Programs

Patient Population	Treatment Naïve Moderate-to-Severe Late Stage Psoriatic Arthritis	Moderate-to-Severe Plaque Psoriasis	Moderate-to-Severe Plaque Psoriasis
Molecule	OTEZLA®	OTEZLA®	OTEZLA®
Trial Name	PALACE-4 PSA-005	ESTEEM® 1 PSOR-008	ESTEEM® 2 PSOR-009
Phase	III	III	III
Target Enrollment	495	825	825
Design	Arm A: OTEZLA® (20mg) twice daily Arm B: OTEZLA® (30mg) twice daily Arm C: Placebo	Arm A: OTEZLA® (30mg) twice daily Arm B: Placebo	Arm A: OTEZLA® (30mg) twice daily Arm B: Placebo
Primary Endpoint	ACR20	PASI75	PASI75
Status	Enrollment complete Efficacy/safety presented at ACR 2013 and ACR 2014	Enrollment complete Efficacy/safety data presented at AAD 2013-2014, EADV 2013-2014 Approved in US Sep 23, 2014 Filed in EU; Positive CHMP opinion Nov 21, 2014	Enrollment complete Efficacy/safety data presented at AAD 2013-2014, EADV 2013-2014 Approved in US Sep 23, 2014 Filed in EU; Positive CHMP opinion Nov 21, 2014

I&I Late Stage Programs

Patient Population	Moderate-to-Severe Plaque Psoriasis	Active Behçet's Disease
Molecule	OTEZLA®	OTEZLA®
Trial Name	PSOR-010	BCT-002 RELIEF™
Phase	IIIb	III
Target Enrollment	240	204
Design	Arm A: OTEZLA® (30 mg) twice daily Arm B: Etanercept (50 mg subcutaneous) once weekly Arm C: Placebo	Arm A; Placebo for 12 weeks followed by 30mg OTEZLA® twice daily for 52-weeks Arm B: 30mg OTEZLA® twice daily for 64 weeks
Primary Endpoint	PASI75	Area under the curve (AUC) for the number of oral ulcers from baseline through Week 12
Status	Enrollment complete	Trial enrolling