Janssen Hematologic Malignancy Portfolio

Recorded Webcast: Update for Analysts and Investors

January 2016
Safe Harbor Statement

This webcast contains "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995 regarding product development. The viewer is cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from the expectations and projections of Janssen Research & Development, LLC and/or Johnson & Johnson. Risks and uncertainties include, but are not limited to: challenges and uncertainties inherent in new product development, including uncertainty of clinical success and obtaining regulatory approvals; the potential that the expected benefits and opportunities related to the referenced collaboration may not be realized; competition, including technological advances, new products and patents attained by competitors; challenges to patents; changes to applicable laws and regulations, including global health care reforms; and trends toward health care cost containment. A further list and description of these risks, uncertainties and other factors can be found in Johnson & Johnson's Annual Report on Form 10-K for the fiscal year ended December 28, 2014, including in Exhibit 99 thereto, and the company's subsequent filings with the Securities and Exchange Commission. Copies of these filings are available online at www.sec.gov, www.jnj.com or on request from Johnson & Johnson. None of the Janssen Pharmaceutical Companies or Johnson & Johnson undertakes to update any forward-looking statement as a result of new information or future events or developments.
Hematologic Malignancies: One of Three Areas of Focus
Our Goal: Transformational, Comprehensive Portfolios

Commercialized

Worldwide

**IMBRUVICA**® developed in collaboration and co-marketed with Pharmacyclics LLC, an AbbVie Company, **VELCADE**® developed in collaboration with Millennium: The Takeda Oncology Company, **DACOGEN**® developed in collaboration with Eisai Corporation of North America, **DARZALEX**™ developed in collaboration with Genmab A/S, Imetelstat licensed from Geron Corporation, MGD011 licensed from MacroGenics, Inc., CSL362 licensed from CSL Limited, RIBOMUSTIN™ licensed from Astellas, Inc.

Select OUS Markets

**VELCADE** Bortezomib

**DACOGEN** Decitabine for Injection

**Sylstant** Siltuximab

**Ribomustin** Bendamustine Chlorhydrate

**IMBRUVICA**® (ibrutinib) 140mg capsules

Pipeline

Imetelstat

CSL362 (JNJ-56022473)

MGD011 (JNJ-64052781)
• Approved by the FDA Nov. 16, 2015; Breakthrough Therapy Designation/4 months review

• Indicated for the treatment of patients with multiple myeloma
  • who have received at least three prior lines of therapy
  • including a proteasome inhibitor (PI) and an immunomodulatory agent,
  • OR who are double-refractory to a PI and an immunomodulatory agent

• EU submission on Sept. 9, 2015 (Accelerated Assessment)
• Orphan Drug Status in U.S. and EU
• Licensed from Genmab in 2012
Multiple Myeloma: Despite Advances, Significant Unmet Need Remains

- Most prevalent hematologic malignancy in over 65 years of age
- Median survival is now estimated at 6-8 years
- The worldwide multiple myeloma market has a current global value ~$8 billion, expected to reach ~$14 billion by 2020 (15% CAGR)
  - The US market is estimated at $4.5 billion in 2014 growing to $8.2 billion in 2020

New Patients, US+G5

1\textsuperscript{st} line
\~53,000

2\textsuperscript{nd}/3\textsuperscript{rd} line
\~44,000

4\textsuperscript{th} line\textsuperscript{+}
\~20,000

DARZALEX™ Mechanisms of Action

- CD38 is overexpressed on myeloma cells
- DARZALEX™ is a human IgG1 monoclonal antibody that binds to CD38-expressing cells
- DARZALEX™ is believed to induce tumor cell death through apoptosis and multiple immune-mediated mechanisms of action
DARZALEX™ Development Plan Covers All Lines of Therapy

**Smoldering MM**
- Ph 2 monotherapy

**Frontline Transplant and Non-transplant**
- Ph 2 combo w/VMP
- Ph 3 combo w/lenalidomide + DEX
- Ph 3 combo w/VTD
- Ph 1 multi-combo

**Relapsed/Refractory MM, 1+ Lines**
- Ph 2 combo w/lenalidomide + DEX
- Ph 3 combo w/lenalidomide + DEX
- Ph 3 combo w/VELCADE® + DEX
- Ph 1/2 mono, Japan

**Double Refractory or Relapsed/Refractory MM, 3+ Lines**
- Ph 1/2 monotherapy
- Ph 2 monotherapy
- Ph 1 SC

Non-Hodgkin’s Lymphoma
- Ph 2 in Relapsed/Refractory DLBCL, FL, MCL

Immune Modulation
DARZALEX™ Data at ASH 2015
Combined Analysis of Phase 2 MMY2002 (Sirius) and Phase 1/2 GEN501 Studies on Single-Agent Daratumumab
ASH 2015 Oral Presentation #29

- 148 patients who were relapsed or refractory to ≥2 prior lines of therapy including PIs and an immunomodulatory agent
- Trials supported regulatory submissions
- **First presentation of combined OS data for these trials**
  - Estimated 1-year OS rate = 69%
  - Estimated median OS = 19.9 months
- Analysis did not identify any new safety signals
GEN503 Phase 1/2 Trial Shows Strong Efficacy for Daratumumab in Combination With Lenalidomide and Dexamethasone
ASH 2015 Oral Presentation #507; Included in Official ASH Press Program

- 32 relapsed or refractory multiple myeloma patients who had received a median of two prior therapies
- Daratumumab combined with lenalidomide and dexamethasone induced **rapid, deep, and durable responses**
- Suggests a positive risk-benefit profile for combining daratumumab with lenalidomide and dexamethasone
GEN503 Shows Strong Efficacy for Daratumumab in Combination With Lenalidomide and Dexamethasone

ASH 2015 Oral Presentation #507

Progression-Free Survival

18-month PFS rate = 72% (95% CI, 51.7-85.0)

Overall Survival

18-month OS rate = 90% (95% CI, 73.1-96.8)
MMY1001 Phase 1b Trial Shows Promising Results for Daratumumab/Pomalidomide/Dexamethasone Combination
ASH 2015 Oral Presentation #508

- 75 relapsed or refractory multiple myeloma patients who received at least two prior lines of therapy (median of 4), including two or more consecutive cycles of lenalidomide and bortezomib, and were refractory to their last line of treatment
- Investigators reported an ORR of 71% and a 6-month PFS of 66%
- Median time to first response was one month (30 days), with many responses deepening over time
Initially approved Nov. 2013

Indicated for mantle cell lymphoma (MCL) with one prior therapy, chronic lymphocytic leukemia (CLL) with one prior therapy, CLL with 17p deletion, and Waldenström's macroglobulinemia

Filings in H2 2015 for frontline CLL (U.S., EU) and additional Phase 3 data for label considerations (U.S., EU)

Approved in 60+ countries; recent approvals in Brazil, Mexico

6,100+ patients treated in clinical trials conducted in 35 countries by 800+ investigators

Developed in collaboration and co-marketed with Pharmacyclics LLC, an AbbVie Company
## B-cell Malignancies

- 112,000 people diagnosed annually, US+G5
- Most are incurable
- Different diseases with related biology

### B-cell Malignancy Incidence US+G5

<table>
<thead>
<tr>
<th>Malignancy</th>
<th>Incidence US+G5</th>
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<tbody>
<tr>
<td>Mantle Cell Lymphoma</td>
<td>5,854</td>
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<tr>
<td>Diffuse Large B-cell Lymphoma</td>
<td>49,555</td>
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<tr>
<td>Follicular Lymphoma</td>
<td>22,828</td>
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<tr>
<td>Chronic Lymphocytic Leukemia</td>
<td>31,768</td>
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<tr>
<td>Waldenstrom’s Macroglobulinemia</td>
<td>2,082</td>
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</tbody>
</table>

Source: Kantar Health 2015 Incidence.
IMBRUVICA®: Comprehensive Development Program

**Chronic Lymphocytic Leukemia**
- Relapsed/Refractory (R/R) monotherapy
- CLL with del 17p and TP53 monotherapy
- R/R in combo with bendamustine and rituximab
- Frontline in combo with obinutuzumab and rituximab
- Frontline, young fit in combination with rituximab

**Mantle Cell Lymphoma**
- R/R monotherapy
- Frontline in combination with BR

**Multiple Myeloma**
- R/R in combo with carfilzomib with or without dexamethasone
- R/R in combo with pomalidomide and dexamethasone

**Follicular Lymphoma**
- R/R after chemo-immunotherapy in combo with BR or R-CHOP
- Chemo-immunotherapy resistant

**Multiple Myeloma**
- R/R monotherapy
- Frontline in combination with BR

**Diffuse Large B-cell Lymphoma**
- Frontline combo with R-CHOP
- R/R combos

**Marginal Zone Lymphoma**
- Monotherapy

**Waldenstrom’s Macroglobulinemia**
- R/R and frontline monotherapy

**Novel Immuno-Oncology Combos**

**Solid Tumors**
IMBRUVICA® Data at ASH 2015
RESONATE-2 (PCYC-1115): Ibrutinib Significantly Improved PFS* and OS vs Chlorambucil in Patients with Treatment-Naïve CLL/SLL
ASH 2015 Oral Presentation #495; Included in Official ASH Press Program

- 269 patients with CLL/SLL aged 65 years or older without prior treatment
- Ibrutinib superior to chlorambucil in all efficacy endpoints
- ORR with ibrutinib higher than with chlorambucil at all time points
- Safety of ibrutinib in this patient population was consistent with previously reported studies

Best Response (%)

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<tr>
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<th>CR/CRi</th>
<th>nPR</th>
<th>PR</th>
<th>PR-L</th>
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<tbody>
<tr>
<td>Ibrutinib (N = 136)</td>
<td></td>
<td></td>
<td>76%</td>
<td>3%</td>
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<tr>
<td></td>
<td>40%</td>
<td>29%</td>
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<tr>
<td></td>
<td>6%</td>
<td>1%</td>
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</tbody>
</table>

**P<0.0001

*Investigator assessed
RESONATE-2 (PCYC-1115): Ibrutinib Significantly Improved PFS* and OS vs Chlorambucil in Patients with Treatment-Naïve CLL/SLL

**Progression-Free Survival***

- Median time, months: NE vs 18.9
- Hazard ratio (95% CI): NE vs 0.16 (0.09-0.28)
- Log-rank P value: NE vs <0.0001

- 18-month PFS: 90% vs. 52%

**Overall Survival**

- Median time, months: NE vs NE
- Hazard ratio (95% CI): NE vs 0.16 (0.05-0.56)
- Log-rank P value: NE vs 0.0010

- 24-month OS: 98% vs. 85%

*PFS assessed by independent review committee
RAY (MCL3001): Phase 3 Data Show Significant Improvements in PFS vs. Temsirolimus in Patients with Relapsed or Refractory MCL

ASH 2015 Oral Presentation #469

Progression-Free Survival*

2-year PFS: 41% vs. 7%

1-year OS: 68% vs. 61%

- 280 patients with relapsed or refractory MCL
- Imbrutinib was associated with a 57% reduction in the risk of disease progression or death with a median follow-up of 20 months
- Despite the magnitude of difference in exposure, overall frequencies of most cumulative adverse events (AEs) were lower in the imbrutinib arm compared with temsirolimus

*PFS assessed by independent review committee
Janssen Oncology Pipeline
### Leukemia

<table>
<thead>
<tr>
<th>Disease</th>
<th>Compound</th>
<th>Description</th>
<th>Clinical Setting</th>
<th>Phase</th>
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</thead>
<tbody>
<tr>
<td>Acute Lymphoid Leukemia</td>
<td>JNJ-64052781 (MCO010)</td>
<td>Humanized CD19/CD20 Bispecific DART™ Protein</td>
<td>Relapsed or Refractory B-cell Malignancies</td>
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<tr>
<td>Acute Myeloid Leukemia</td>
<td>Decitabine</td>
<td>Hypermethylating Agent</td>
<td>Relapsed or Refractory Acute Myeloid Leukemia (Pediatric)</td>
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<td></td>
<td>JNJ-56022473 (CSL 342)</td>
<td>Anti-CD123 Monoclonal Antibody</td>
<td>Acute Myeloid Leukemia Ineligible for Intensive Chemotherapy</td>
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<tr>
<td>Chronic Lymphocytic Leukemia</td>
<td>Brutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Relapsed or Refractory B-cell Chronic Lymphocytic Leukemia or Small lymphocytic lymphoma</td>
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<tr>
<td></td>
<td>Brutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Relapsed or Refractory Chronic Lymphocytic Leukemia, Follicular lymphoma, or Diffuse Large B-cell Non-Hodgkin Lymphoma</td>
<td>2</td>
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<tr>
<td></td>
<td>Brutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Relapsed or Refractory Chronic Lymphocytic Leukemia/ Small lymphocytic lymphoma</td>
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<tr>
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<td>JNJ-64052781 (MCO010)</td>
<td>Humanized CD19/CD20 Bispecific DART™ Protein</td>
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### Myeloma

<table>
<thead>
<tr>
<th>Disease</th>
<th>Compound</th>
<th>Description</th>
<th>Clinical Setting</th>
<th>Phase</th>
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<tbody>
<tr>
<td>Multiple Myeloma</td>
<td>Daratumab</td>
<td>Human CD38-Directed/Monoclonal Antibody</td>
<td>Previously Untreated Multiple Myeloma</td>
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<tr>
<td></td>
<td>Daratumab</td>
<td>Human CD38-Directed/Monoclonal Antibody</td>
<td>Relapsed or Refractory Multiple Myeloma</td>
<td>2</td>
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<tr>
<td></td>
<td>Daratumab</td>
<td>Human CD38-Directed/Monoclonal Antibody</td>
<td>Double Refractory or 1-3 Prior Lines and Refractory to Last Line</td>
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<tr>
<td></td>
<td>Daratumab</td>
<td>Human CD38-Directed/Monoclonal Antibody</td>
<td>Subcutaneous Formulation</td>
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<tr>
<td>Smoldering Myeloma</td>
<td>Daratumab</td>
<td>Human CD38-Directed/Monoclonal Antibody</td>
<td>Intermediate and High-risk Smouldering Myeloma</td>
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<td></td>
<td>Siluximab</td>
<td>Anti-IL-6 Monoclonal Antibody</td>
<td>High-risk Smoldering Myeloma</td>
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</table>

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# Myeloid Malignancies

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<th>Description</th>
<th>Clinical Setting</th>
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<tbody>
<tr>
<td>Myelodysplastic Syndrome</td>
<td>Imetastat</td>
<td>Telomerase Inhibitor</td>
<td>Relapsed or Refractory Low- or Intermediate-1-risk Myelodysplastic Syndrome</td>
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<tr>
<td>Myelofibrosis</td>
<td>Imetastat</td>
<td>Telomerase Inhibitor</td>
<td>Relapsed or Refractory Intermediate-2- or High-risk Myelofibrosis</td>
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# Non-Hodgkin Lymphoma

<table>
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<tbody>
<tr>
<td>Diffuse Large B-cell Lymphoma</td>
<td>Daratumumab</td>
<td>Human CD38-Directed Monoclonal Antibody</td>
<td>Relapsed or Refractory Non-Hodgkin Lymphoma (MCL, DLBCL and FL)</td>
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<td>Ibrutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Diffuse Large B-cell Lymphoma, Newly Diagnosed</td>
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<td>Ibrutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Relapsed or Refractory Chronic Lymphocytic Leukemia, Follicular Lymphoma, or Diffuse Large B-cell Non-Hodgkin Lymphoma</td>
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<tr>
<td></td>
<td>JNJ-64052781 (AADD01)</td>
<td>Humanized CD19xCD3 Bispecific DART® Protein</td>
<td>Relapsed or Refractory B-cell Malignancies</td>
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<tr>
<td>Follicular Lymphoma</td>
<td>Daratumumab</td>
<td>Human CD38-Directed Monoclonal Antibody</td>
<td>Relapsed or Refractory Non-Hodgkin Lymphoma (MCL, DLBCL and FL)</td>
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<td>Ibrutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Relapsed Indolent Non-Hodgkin Lymphoma</td>
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<td>Ibrutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Refractory Follicular Lymphoma</td>
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<td>Daratumumab</td>
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<td>Relapsed or Refractory Non-Hodgkin Lymphoma (MCL, DLBCL and FL)</td>
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<td>Ibrutinib</td>
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<td>Mantle Cell Lymphoma, First Line</td>
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<td>Ibrutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Relapsed Mantle Cell Lymphoma</td>
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<tr>
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<tr>
<td>Marginal Zone Lymphoma</td>
<td>Ibrutinib</td>
<td>Bruton’s Tyrosine Kinase (BTK) Inhibitor</td>
<td>Relapsed Indolent Non-Hodgkin Lymphoma</td>
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'DART® is MacroGenics’ proprietary platform for Dual Affinity Re-Targeting.
## Solid Malignancies

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<thead>
<tr>
<th>Disease</th>
<th>Compound</th>
<th>Description</th>
<th>Clinical Setting</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
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</thead>
<tbody>
<tr>
<td>Lung and Other Solid Malignancies</td>
<td>JNU-42756499</td>
<td>Pan-FGFR Tyrosine Kinase Inhibitor</td>
<td>Lung and Other Solid Malignancies (Urothelial, Gastric, Esophageal, Glioblastoma Multiforme, Breast, Cholangiocarcinoma, Head and Neck, Ovarian)</td>
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<td></td>
<td>JNU-757</td>
<td>Mesothelin Uptake Vaccine</td>
<td>Non-Small Cell Lung Cancer</td>
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<td>Ovarian Cancer</td>
<td>Trabectedin</td>
<td>Cytotoxic Alkaloid that binds the Minor Groove of DNA</td>
<td>Relapsed Ovarian Cancer</td>
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<td>Prostate Cancer</td>
<td>Abiraterone Acetate</td>
<td>Androgen Biosynthesis Inhibitor</td>
<td>Metastatic Hormone-naive Prostate Cancer</td>
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<td>JNU-56027927</td>
<td>Androgen Receptor Signaling Inhibitor</td>
<td>High-risk, Localized or Locally Advanced Prostate Cancer</td>
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<td>(ARN-109)</td>
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<td>Metastatic Hormone-sensitive Prostate Cancer</td>
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<td>(ARN-109)</td>
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<td>Metastatic Castration-resistant Prostate Cancer</td>
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## Other

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<th>Phase 2</th>
<th>Phase 3</th>
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<tbody>
<tr>
<td>Cancer Associated Thrombosis</td>
<td>Rivaroxaban</td>
<td>Factor Xa Inhibitor</td>
<td>Solid Malignancy or Lymphoma (Hematologic) with Locally Advanced or Metastatic Disease</td>
<td>✔️</td>
<td>✔️</td>
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</tr>
</tbody>
</table>

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Questions?

For Investor Relations Inquiries, call (800) 950-5089 or contact:
- Lesley Fishman: 732-524-3922
- Louise Mehrotra: 732-524-6491

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THANK YOU