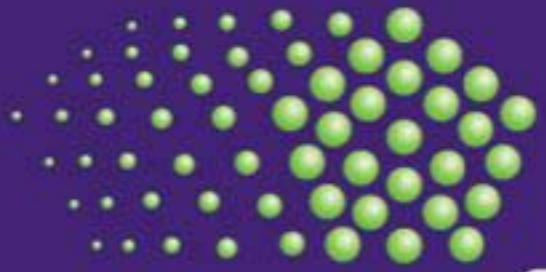

SuperGen®

SuperGen, Inc.

February 3, 2005

Therapeutic options for cancer patients

SuperGen

This slide presentation contains forward looking statements that involve certain risks and uncertainties associated with a developing pharmaceutical company. Actual results could differ materially from those projected in the forward looking statements as a result of the risk factors discussed in SuperGen's reports on file with the U.S. Securities and Exchange Commission, including, but not limited to, the report on Form 10-Q for the quarter ended September 30, 2004.

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SuperGen's Business

To build a global sustainable business by developing and commercializing new drug candidates for oncologists, hematologists and their patients

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SuperGen Infrastructure
December 31, 2004

- Headquartered in Dublin, California
- 110 Employees
  - 33 Advanced degrees
  - 43 Dedicated to commercial operations
  - 36 Dedicated to clinical and regulatory
  - 9 Dedicated to preclinical & manufacturing

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SuperGen's History

- 1991: Founded, Emeryville, California
- 1996: Initial Public Offering (NASDAQ:SUPG)
- 1996: Acquired Nipent® from Warner-Lambert
- 1997: Acquired Orathecin™ from Stehlin Foundation
- 1999: Acquired Dacogen™ from Pharmachemie BV
- 2000: Secondary Offering - $90 MM
- 2001: Established EuroGen in the United Kingdom
- 2002: First $10,000,000 plus in commercial sales
- 2004: Two MAA's and One NDA pending approval

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Commercialization

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Revenue Generators

Nipent®
(pentostatin for injection)

Mitomycin

Surface Safe®

SuperGen

Nipent® (pentostatin for injection)

- Purine Nucleoside Analog
- Mechanism of Action
  - Adenosine deaminase (ADA) inhibitor
- Approved Indication: Hairy Cell Leukemia (HCL)
- Under clinical development for CLL, GvHD, NHL, Autoimmune Conditions and other malignancies
- Approved for marketing in the US & EU
  - Wyeth is the EU distributor

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Nipent Abstracts – ASH 2004*

Blood, Volume 103, issue 12, 11/16/2004

- #1246 Bone marrow transplant (BMT)
- #2249 Chronic graft-versus-host disease / Pediatric
- #0186 DLI / Non-myeloablative BMT
- #0339 Chronic lymphocytic leukemia / FISH
- #3472 Hairy cell leukemia
- #3473 Hairy cell leukemia
- #3484 Chronic lymphocytic leukemia
- #0727 Unrelated donor stem cell transplant

*The abstracts referring to pentostatin are available online at www.hematology.org

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Product Pipeline

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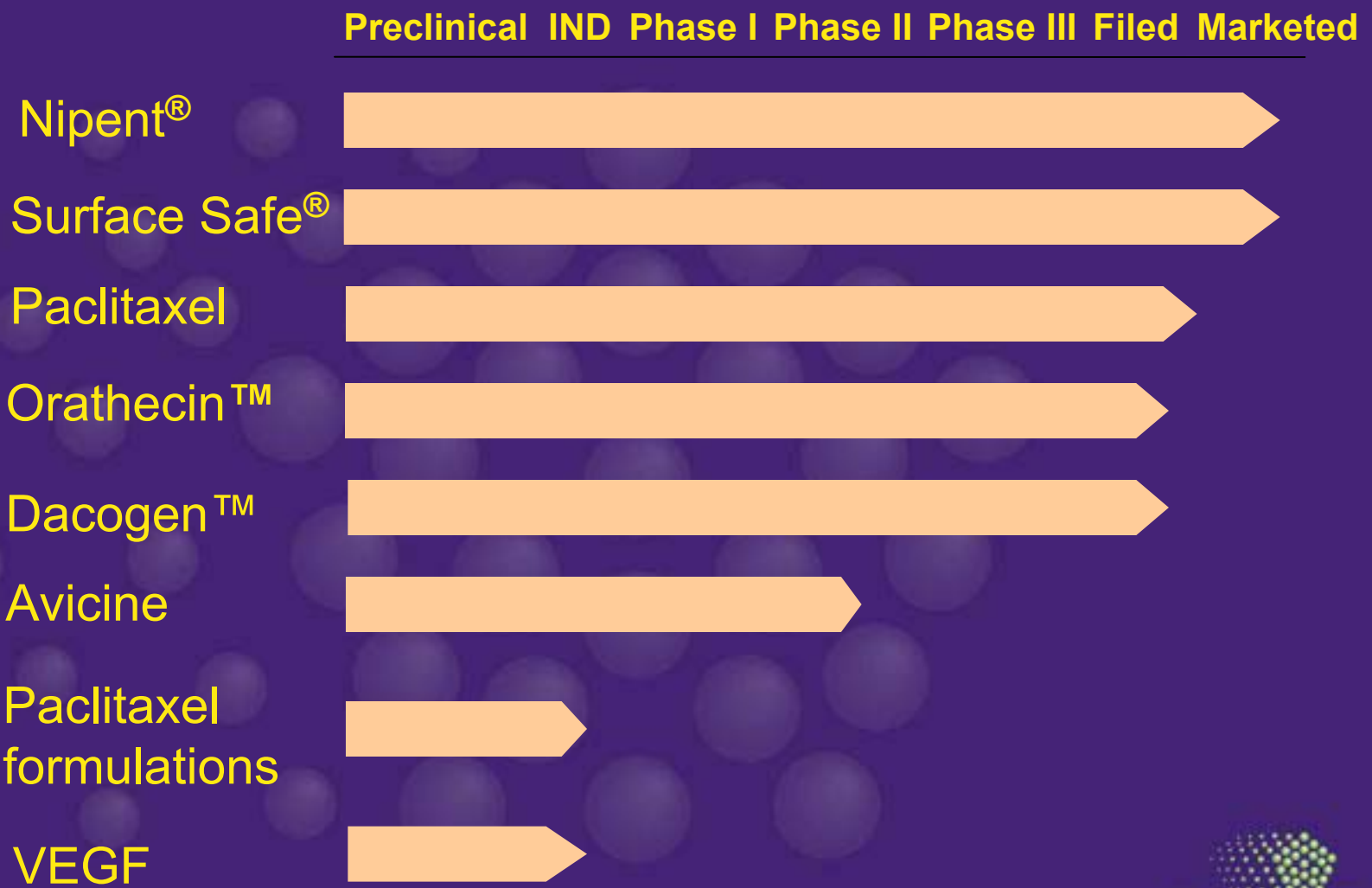
Broad Product Pipeline

Select near- and long-term opportunities



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Broad IP and Commercial Exclusivity

- **Orathecin**
  - Thirty One US issued patents
  - US and foreign applications
  - US and European Orphan Drug Status
- **Dacogen**
  - Issued US Patent
  - US and foreign applications
  - US and European Orphan Drug Status
- **Nipent**
  - Five US issued patents
  - US and foreign applications
  - Trade secrets of process manufacturing

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Our immediate goal: Marketing approvals for Orathecin™ and Dacogen™

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Dacogen™ (decitabine) for Injection

- Hypomethylating small molecule
- Phase III MDS trial achieved co-primary endpoint
- Under development for CML and AML
- CRADA with NCI
- Licensed to MGI Pharma

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Dacogen and Myelodysplastic Syndromes

- Fast Track designations for MDS
- Orphan drug designation for MDS in the US and EU
- US MDS market estimated to exceed $1 Billion
- Estimated 40,000 patients in the US and EU
- MAA submission to EMEA October 1, 2004
- NDA accepted for filing December 31, 2004
- PDUFA action date September 1, 2005

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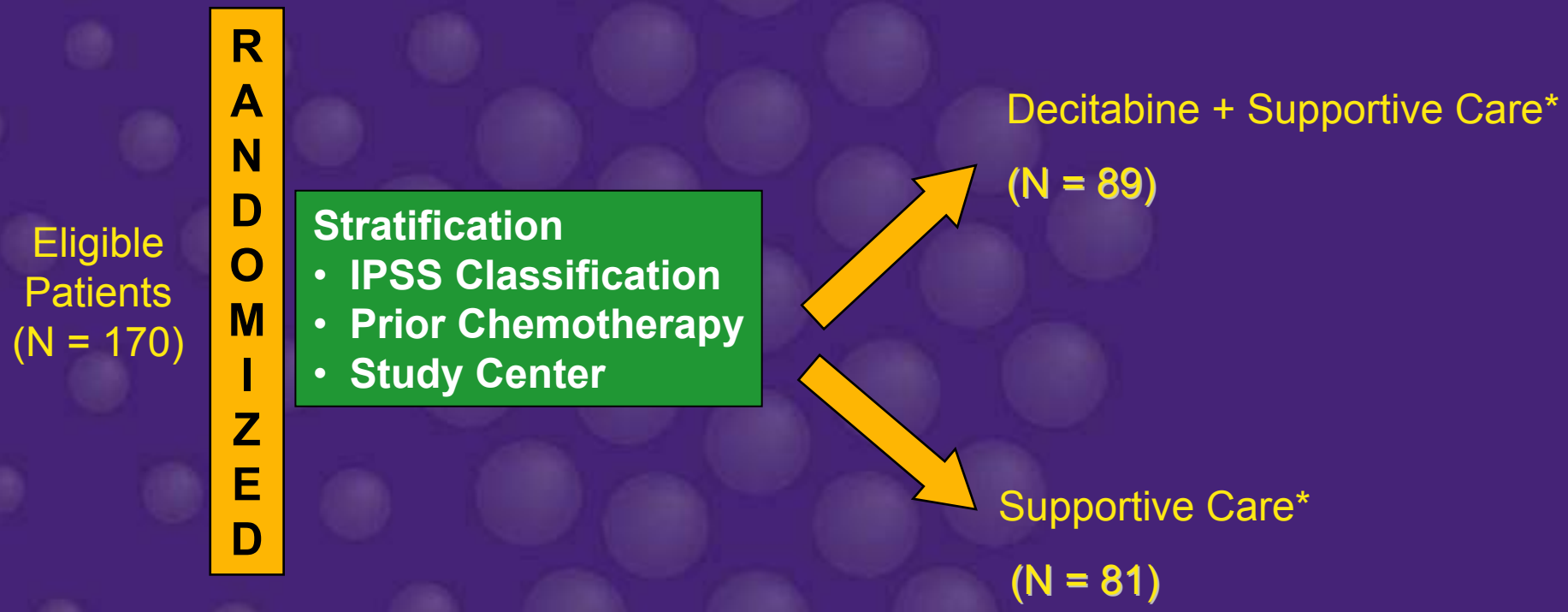
Phase 3 Study
MDS Trial Design

Open-label, 1:1 randomized, multi-center study in the US and Canada



*Antibiotics, Growth Factors and/or Transfusions

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Phase 3 Data
Summary

- Dacogen therapy was superior to supportive care*
  - 17% to 25% overall response rate for Dacogen verses 0% for SC
- Dacogen responses were durable
  - Median = 266 days
- All responders remained or became transfusion independent
- Responders had longer survival
  - 657 days for responders vs. 384 days in non-responders
- Delayed time to AML progression for Dacogen arm vs. SC arm
- Patients in Dacogen arm had higher QOL scores
- Dacogen was well-tolerated with manageable adverse events
  - 21% of Dacogen patients received therapy at home
- Demonstrated activity in AML patients

*Co-primary endpoint achieved

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Orathecin™ (rubitecan) Capsules

- **Oral camptothecin (once-a-day dose)**
  - Pancreatic cancer patients, that failed at least one prior chemotherapy
- **Additional Phase I & II clinical trials**
  - Gastric, ovarian, sarcoma, CML, CMML, MDS
- **NDA filed January 26, 2004**
- **NDA withdrawn December 30, 2004**
- **EU MAA Filed July 1, 2004**
- **Pancreatic Cancer Market ~ $200M[1]**
- **Worldwide Camptothecin market ~ $850M[2]**

1. Pancreatic Sales Estimation for Gemzar
2. Reported sales of Hycamtin & Camptosar

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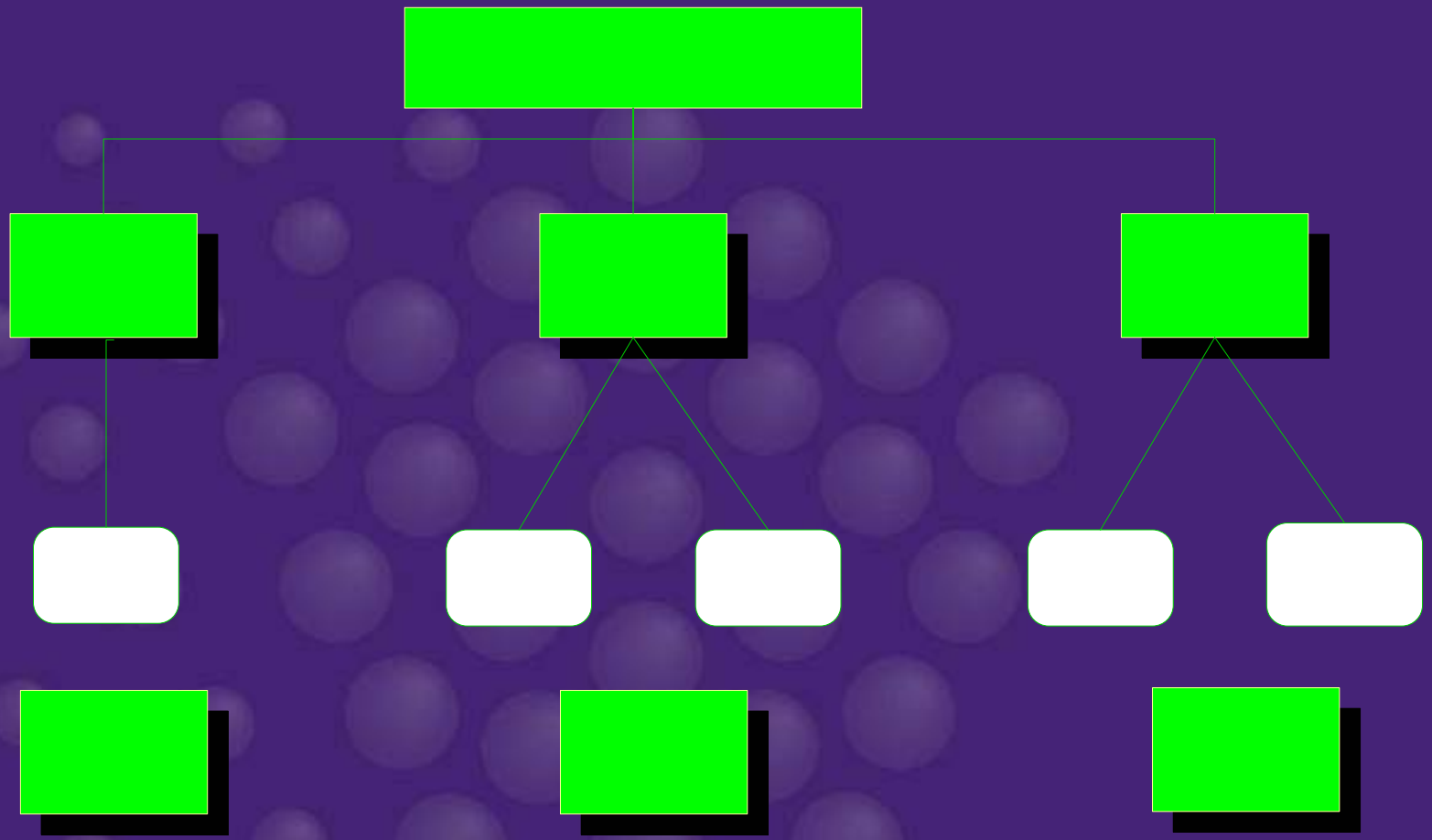
Orathecin
Advanced Pancreatic Cancer MAA Submission



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Orathecin Phase III Tumor Response

	Orathecin (n=197)			Best Care (n=211)*
Total response rate[1]	12	(6%)	$p<0.001$	1 (<1%)
Complete	2			1
Partial	10			0
Stable disease	44	(22%)		25 (12%)
Progressive disease	68	(35%)		107 (51%)

1. In all patients. In patients with measurable disease: 11% vs. 1% $p<0.001$

*103 patients “crossed over” to receive Orathecin

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Orathecin Phase III

	Orathecin (n=198)	Best Care (n=211)	
Median survival time	109 days	94 days	*p*=0.626*
Median time To progression	58 days	48 days	*p*<0.001
Disease Control (CR, PR & SD)	28%	12%	*p*<0.001

* Median survival was not shown to be statistically significant.

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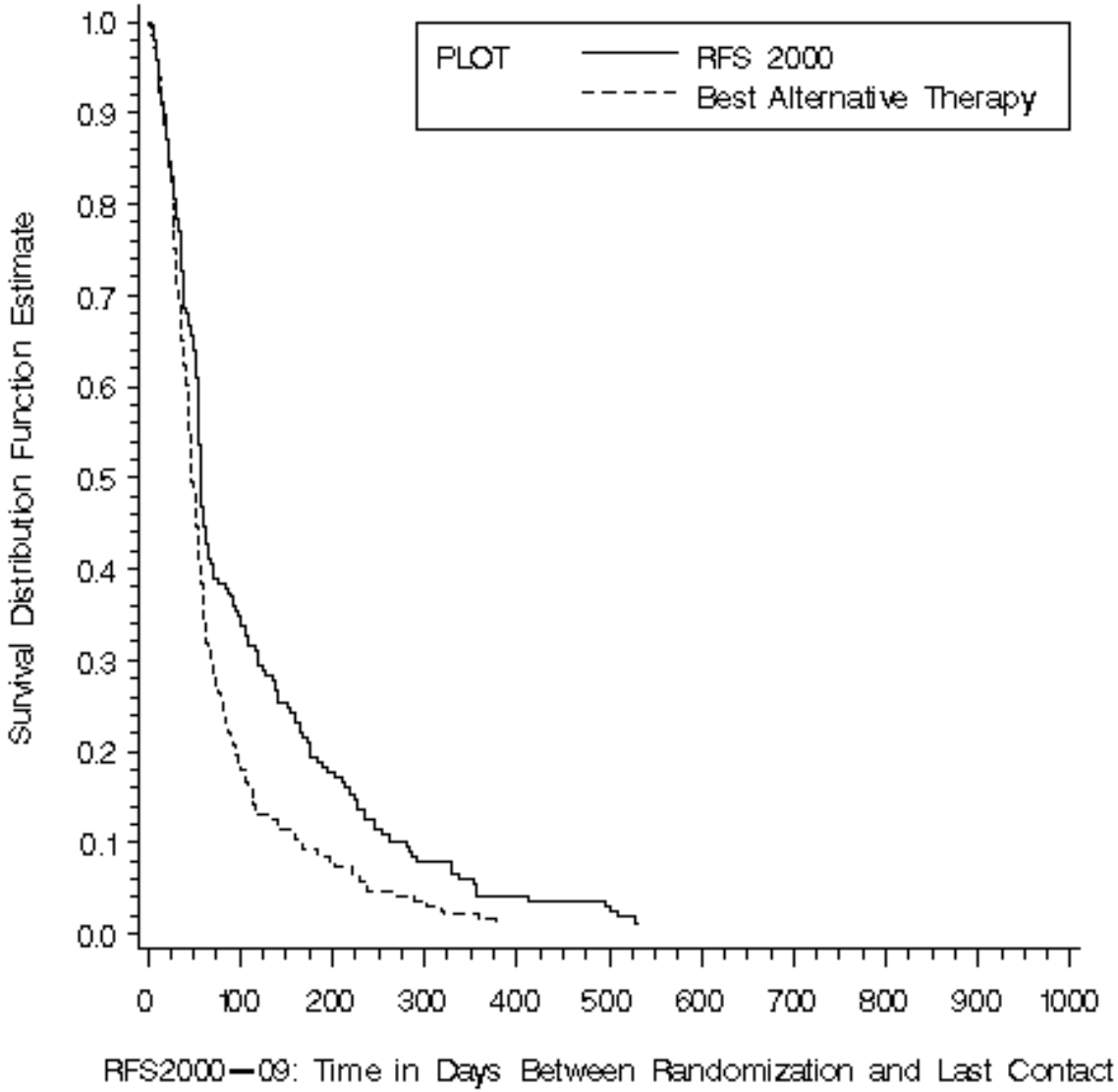
RFS2000—09
PROC LIFETEST — OVERALL



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Orathecin Phase III Disease Control

		Median Survival	Median TTP
CR/PR	(n=12)	338 d	269 d
CR/PR/SD	(n=56)	267 d	189 d
SD	(n=44)	222 d	173 d
PD	(n=67)	117 d	56 d

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Orathecin Phase III
Serious and or Most Frequent Toxicities*
Less than 5% of patients in either arm discontinued due to drug toxicity

	Orathecin %	Best Care %
Leucopoenia	22	13
Asthenia	20	18
Abdominal Pain	17	12
Anemia	16	9
Dehydration	15	12
Nausea	14	9
Vomiting	12	8
Diarrhea	9	5
Thrombocytopenia	9	10
Dyspnea	8	6
Bilirubinemia	7	2
Anorexia	6	10
Pain	5	6
Sepsis	5	7
Deep Thrombopophlebitis	5	5

* With an incidence greater than 5 percent

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Orathecin Combination Study

A Double-Blind, Randomized, Multi-Center, Study of Orathecin™ (rubitecan) Capsules Plus Gemcitabine Versus Placebo Capsules Plus Gemcitabine in Chemonaive Patients With Non-Resectable Pancreatic Cancer

- Study Objective:
  - To evaluate the safety and efficacy of gemcitabine plus Orathecin™ in first-line therapy for advanced pancreatic cancer
- ✓ Pre-randomization Phase: 30 Patients (up to 15 sites)
  - Open-label, single arm, multi-center
- Randomized Phase: 418 Patients (up to 50 sites)
  - Double-blind, randomized, multi-center, placebo controlled

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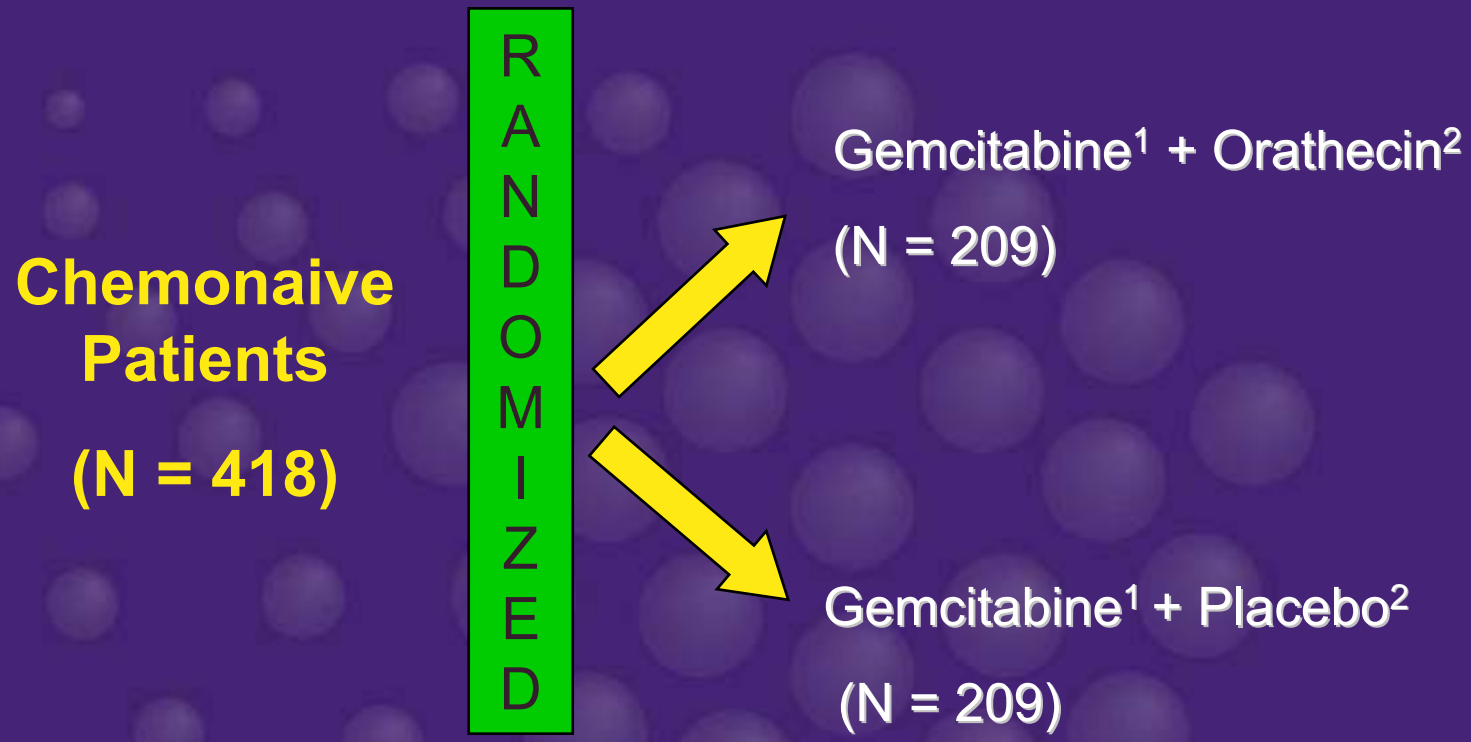
Orathecin Phase 3 Combination Study
Advanced Pancreatic Cancer



1 Gemcitabine (1000 mg/m^2) weekly for 3 weeks, one week rest

2 Orathecin (1 mg/m^2). Both capsules given 5 days on, 2 days off, as above

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Condensed Balance Sheet Information

	September 30, 2004 (000's)
Cash, Cash Equiv., Mk Sec., Restricted Cash & Inv.	$69,773
Total Assets	$86,813
Stockholders' Equity	$61,263

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Capital Structure
September 30, 2004

Senior Convertible Note:	$5.0 MM
Common Stock:	50.2 MM
Options:	6.4 MM
Warrants:	7.2 MM
(Yield Potential = $51.3 MM)	
Shares from Converts:	0.8 MM
Fully Diluted Shares:	64.6 MM

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2004 Milestones

- ✓ Filed Orathecin NDA to the FDA
- ✓ Reorganized Company
- ✓ Raised $74MM through equity financings
- ✓ Filed Orathecin MAA to the EMEA
- ✓ Out-licensed Dacogen to MGI
- ✓ Quarterly net burn rate at less than $12MM
- ✓ Filed Dacogen MAA to the EMEA
- ✓ Submit Dacogen NDA to the FDA
- ✓ Dacogen Phase III results presented at ASH
- ✓ Dacogen NDA & MAA accepted for filing

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2005 Goals

- In-license new anti-cancer product
- Achieve approval of Dacogen NDA and MAA
- Achieve approval of Orathecin MAA
- Expand US sales of Nipent
- Re-launch Nipent in Europe under EuroGen

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Executive Officers

James Manuso, PhD Chairman, President and CEO	Galenica Pharmaceuticals PrimeTech Partners, The Channel Group The Equitable Companies
Edward L. Jacobs Chief Operating Officer	ETEX, Sequus, Trilex, NeoRx Adria, Johnson & Johnson
Michael Molkentin Chief Financial Officer	Aradigm, Thermo Electron
Karl Mettinger, MD PhD Chief Medical Officer	IVAX / Baker Norton Pharmaceuticals, KABI, Karolinska Institute
Audrey F. Jakubowski, PhD Chief Regulatory & Quality Officer	Bristol Myers, DuPont, Systemix

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Senior Management

Wayne Davis, PhD	VP Clinical Operations	PRA International, Triton, Quintiles, CroMedica
Timothy L. Enns	SVP Corporate Communications & Business Development	Upjohn, Adria , MGI Pharma, Syncor, Trilex, Sequus
Frederick Grab, PhD	VP Compliance & CMC	Bristol-Myers Squibb, Adria, Wyeth Labs
Larry Johnson	CEO & President EuroGen	Adria, Lederle International, Cetus-Chiron
R. David Lauper, PharmD	VP Professional Services	Bristol-Myers Squibb, Cetus-Chiron
Robert Marshall	VP Sales	BMS, Syncor, Adria, NeoRx
Michael McCullar, PhD	VP Strategic Planning & Development	Titan Pharmaceuticals, Trilex
Sanjeev Redkar, PhD	VP Manufacturing & Pre-Clinical Development	Matrix Pharmaceuticals

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Investment Highlights

- Novel anti-cancer drugs that address unmet medical needs
- Oncology-focused clinical pipeline targeting large markets
- Broad IP and commercial exclusivity to cover commercial products
- Significant clinical, regulatory, and commercial development track record:
  - 4 Marketed products:

    Nipent (US, EU), Mitomycin, Daunorubicin, Surface Safe
  - 2 Products under review for marketing approval:

    Orathecin (EU) and Dacogen (US & EU)
- Partnership with MGI Pharma as licensee for Dacogen worldwide

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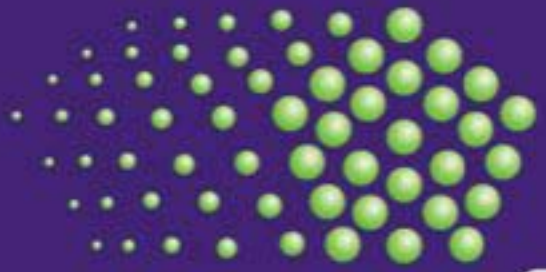

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