



**36th Annual J.P. Morgan
Healthcare Conference**

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Forward-looking Statements

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Investment Highlights

- Rucaparib granted priority review for maintenance treatment in women with platinum-sensitive recurrent ovarian cancer; PDUFA date of April 6, 2018
- Potential foundational role for rucaparib in the management of ovarian cancer based on strong 2L maintenance treatment data
- Rubraca[®] (rucaparib) treatment NDA approved in U.S. on December 19, 2016
- Robust rucaparib clinical development program underway in a variety of solid tumor types, including prostate and bladder cancers
- Broad clinical collaboration with Bristol-Myers Squibb (BMS) for potential foundational IO and rucaparib combination treatment in several tumor types
- Hold global rights for rucaparib
- Seeking to license/acquire additional oncology assets for development
- \$628.0 million in cash, cash equivalents and available-for-sale securities as of September 30, 2017

PDUFA = Prescription Drug User Fee Act, NDA = new drug application



Ovarian Cancer in the US and Europe

- More than 22,000 women in the U.S. diagnosed each year
- More than 63,000 women in Europe diagnosed each year
- Ovarian cancer among the highest rate of cancer deaths
- 80-85% of ovarian cancer cases are not diagnosed - and therefore not treated - until the disease has spread to other parts of the body
- Most women will relapse after surgery and chemotherapy

Seeking to Expand Label from Limited Treatment to Broad and Earlier Maintenance Patient Population

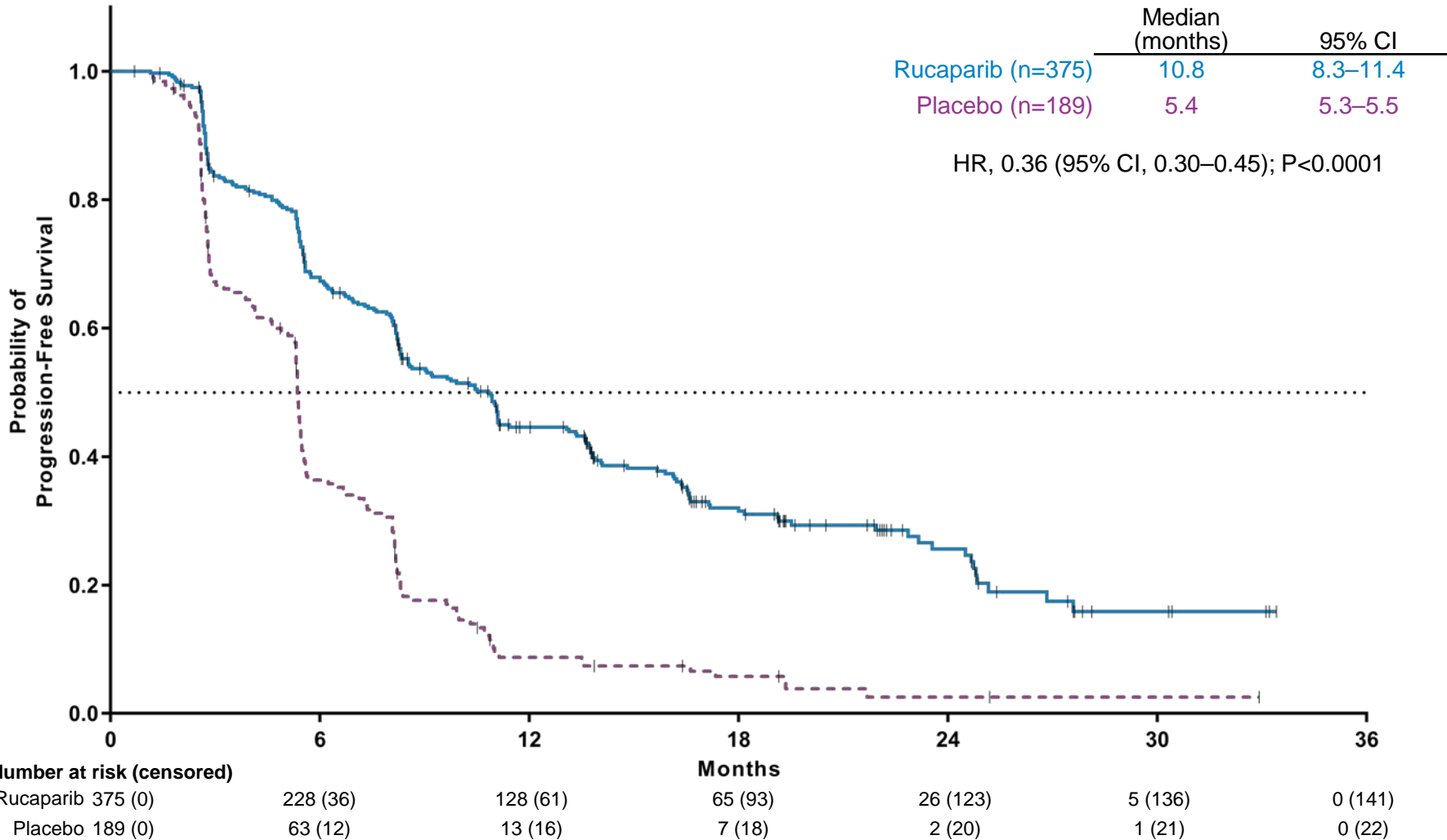
- Rubraca approved for treatment indication on December 19, 2016
 - Narrow 3rd line treatment in women with ovarian cancer who have a BRCA mutation
- Rucaparib sNDA on file and granted priority review for maintenance treatment in women with platinum-sensitive recurrent ovarian cancer; PDUFA date of April 6, 2018
 - ARIEL3 data, upon which the sNDA submission is based, demonstrated clinical benefit in all patient populations studied
 - Maintenance treatment study of rucaparib versus placebo in 564 patients
 - Primary endpoint is progression-free survival (PFS) by investigator review; secondary endpoints included PFS by blinded, independent central review (BICR)



U.S. Organization Established and Supporting Niche Treatment Launch

- \$38.5 million in first nine months sales in U.S.
 - An additional \$9.4 million in commercial value was provided as free drug through our patient assistance program for that period
- Approximately 150 field-based personnel in U.S.
- Preparing for potential U.S. launch into broader and earlier maintenance indication
 - Second-line maintenance treatment paradigm in ovarian cancer is being rapidly adopted in U.S.
 - No requirement for diagnostic testing
 - Population 4x larger than current niche treatment indication
- Establishing EU organization for potential 2018 launch
 - Leadership in place; sales reps to be hired to match the timelines

ARIEL3 Primary Endpoint: Investigator-Assessed Progression-Free Survival – Intent to Treat (ITT) Population

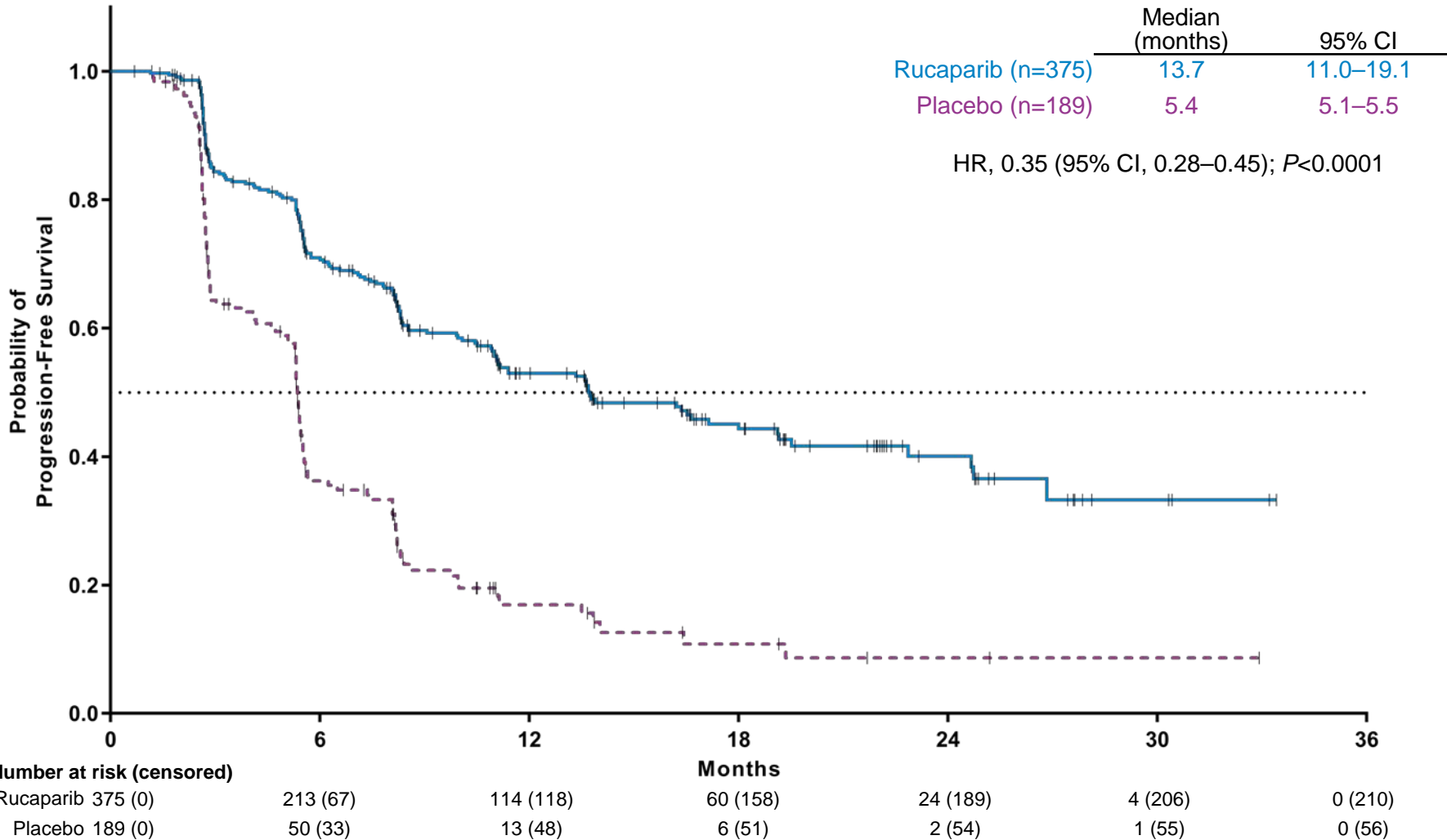


Visit cutoff date: 15 April 2017. CI, confidence interval; HR, hazard ratio.

Reprinted from *The Lancet*, vol. 390, Coleman et al, Rucaparib maintenance treatment for recurrent ovarian carcinoma after response to platinum therapy (ARIEL3): a randomised, double-blind, placebo-controlled, phase 3 trial, pages 1949-61, Copyright 2017, with permission from Elsevier.



ARIEL3 Secondary Endpoint: BICR-Assessed Progression-Free Survival – Intent to Treat (ITT) Population



Visit cutoff date: 15 April 2017. CI, confidence interval; HR, hazard ratio.

Reprinted from *The Lancet*, vol. 390, Coleman et al, Rucaparib maintenance treatment for recurrent ovarian carcinoma after response to platinum therapy (ARIEL3): a randomised, double-blind, placebo-controlled, phase 3 trial, pages 1949-61, Copyright 2017, with permission from Elsevier.



RECIST Responses Observed in ARIEL3: Treatment Effect in Maintenance Setting

- Exploratory analysis of confirmed overall response rate by RECIST 1.1 in BRCA mutation and ITT (all-comers) with measurable disease at baseline by investigator review

ARIEL3 Confirmed Overall Response Rate

	BRCA Mutant		ITT (all-comers)	
	Rucaparib (n=40)	Placebo (n=23)	Rucaparib (n=141)	Placebo (n=66)
RECIST ORR, % (n)	37.5 (15)	8.7 (2)	18.4 (26)	7.6 (5)
Complete response	17.5 (7)	0 (0)	7.1 (10)	1.5 (1)
Partial response	20.0 (8)	8.7 (2)	11.3 (16)	6.1 (4)
Stable disease	47.5 (19)	34.8 (8)	50.4 (71)	43.9 (29)

Data are % (n)

Source: Coleman RL et al. *Lancet* 2017.

ORR = overall response rate

ARIEL3 Rucaparib Safety Consistent with Approved Treatment Label

Most common ($\geq 5\%$) treatment-emergent grade 3/4 adverse events (TEAEs) among all patients treated with rucaparib vs. placebo:

	Rucaparib (N=372)*	Placebo (N=189)
Anemia	79 (21%)	1 (1%)
ALT/AST Increase	38 (10%)	0 (0%)
Asthenia/Fatigue	26 (7%)	5 (3%)
Neutropenia	27 (7%)	2 (1%)
Thrombocytopenia	20 (5%)	0 (0%)

- Discontinuation rate for TEAEs was 15% for rucaparib-treated patients and 2% in the placebo arm
- Rate of treatment-emergent MDS/AML in the rucaparib arm was 1% (3/372); no patients on placebo arm developed treatment-emergent MDS/AML
- ALT/AST elevations were transient, self-limiting, not associated with other signs of liver toxicity

*Safety population: all patients who received ≥ 1 study drug dose
Data cutoff 15 Aug 2017 for preplanned sNDA safety update
ALT = alanine aminotransferase, AST = aspartate aminotransferase;

PARPs: What if They Are Not All the Same?

In the maintenance treatment setting for women with recurrent ovarian cancer, who are platinum sensitive and in a complete or partial response to their most recent platinum-based chemotherapy:

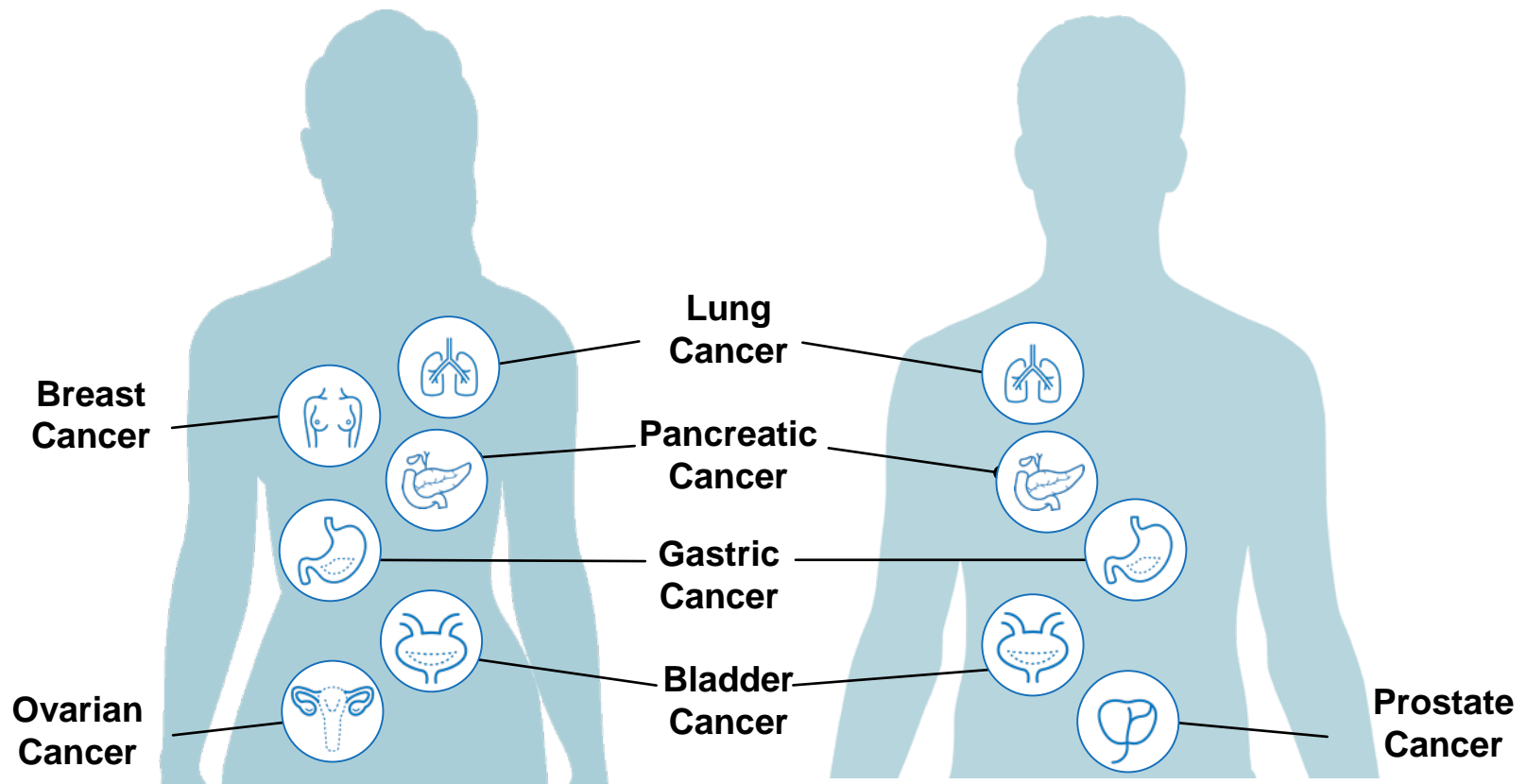
- Rucaparib delivers >12 months of mPFS by BICR in a broad patient population
 - mPFS of 13.7 months versus 5.4 months with placebo in ITT population
- Rucaparib enhances responses in both BRCA mutant and non-BRCA patients, including the conversion of some PRs to CRs
 - Conversion to CR was achieved in 18% of BRCA mutant patients and 7% of ITT patients
- Rucaparib requires no weekly hematological monitoring

EU Regulatory Strategy: Two Potential Paths to Approval

- Treatment indication remains under active review
 - Referred to SAG-O to assist CHMP to reach a positive or negative opinion – CHMP opinion expected late February 2018
- Maintenance treatment indication offers the opportunity to reach the broadest population
- Positive opinion on treatment indication could result in potential Q2 2018 treatment approval
- Variation to MAA to include maintenance treatment indication to be submitted Q2 post-approval, with likely approval before YE2018
- New MAA for maintenance treatment to be filed in Q2 2018 in the event of a negative opinion for treatment
- Continue to build EU organization to support a potential launch

Rucaparib: Potential Across Multiple Tumor Types

- Broad clinical development program underway:
 - As monotherapy in ovarian, prostate and bladder cancers
 - In combination with nivolumab in ovarian, breast and prostate cancers



Rucaparib Potential Utility in Prostate Cancer

- Second most frequently diagnosed cancer in men
 - More than 164,000 men in the U.S. diagnosed each year
 - More than 345,000 men in the EU diagnosed each year
- Castration-resistant prostate cancer (CRPC) has high likelihood of developing metastases
 - The 5-year survival rate is ~29% for metastatic disease
 - mCRPC remains an incurable disease usually associated with poor prognosis
- Germline or somatic mutations in BRCA, ATM and other DNA-repair genes are present at frequencies of 20% or higher
 - These molecular markers may be used to select patients for treatment with a PARP inhibitor
- Preclinical studies of rucaparib demonstrate activity in prostate cancer cell lines with reduced levels of BRCA or ATM

mCRPC = metastatic castration-resistant prostate cancer, ATM = ataxia telangiectasia mutated

TRITON2 in Prostate Cancer: Later Line Study for Potential Accelerated Approval



TRITON2: A Phase 2 single-arm study

Initiated Q4 2016

- Enrolling patients with tumor BRCA mutations and ATM mutations (both inclusive of germline and somatic) or other deleterious mutations in other HR repair genes
- All patients will have progressed after receiving one line of taxane-based chemo and one or two lines of AR-targeted therapy in the castrate-resistant setting
- Planned primary endpoints are radiologic ORR in patients with measurable disease and PSA response rate in patients without measurable disease
- Interim data expected 2H 2018, estimated primary completion date 2H 2019

HR = homologous recombination, AR = androgen receptor, PSA = prostate-specific antigen

TRITON3 in Prostate Cancer: Earlier Line Comparative Study for Potential Full Approval



TRITON3: A Phase 3 comparative study

Initiated Q1 2017

- Enrolling patients with tumor BRCA mutations and ATM mutations (both inclusive of germline and somatic) who have progressed on AR-targeted therapy and who have not yet received chemo in the castrate-resistant setting
- The study will compare rucaparib to physician's choice of AR-targeted therapy or chemotherapy in these patients
- Planned primary endpoint is radiologic PFS

Unmet Need in Bladder Cancer Provides a Novel Opportunity for Rucaparib

- In the U.S., an estimated 79,000 new cases of bladder cancer were diagnosed in 2017, one of the top six most common cancers
- Approximately 30% of newly diagnosed bladder cancer patients have disease which has invaded the muscle
- Muscle invasive bladder cancer is a disease with a poor prognosis
 - Overall survival after initial cisplatin-containing chemotherapy is 13-15 months with most patients having relapse of disease in 9 months
 - After the initial 1-2 lines of anti-cancer treatments, options are limited
- Platinum therapy is today's standard of care
- Based on TCGA bladder cancer data set, over 60% of bladder cancer tumors have alterations in homologous recombination repair genes or other genomic features associated with HRD
- Potential to treat an all comers population

HRD = homologous recombination deficiency

ATLAS in Bladder Cancer; Plan to Begin Enrollment Clovis-Sponsored Potential Registration Study



RUCAPARIB IN PATIENTS WITH LOCALLY ADVANCED
OR METASTATIC UROTHELIAL CARCINOMA

ATLAS: Phase 2 single arm study

Planned to initiate 1H 2018

- **ATLAS:** RucAparib in PaTients with Locally Advanced or MetaStatic Urothelial Carcinoma
- Enroll patients with relapsed metastatic urothelial carcinoma, 1 to 2 prior standard of care regimens, measurable disease, and no prior PARP
- Planned primary endpoint ORR
- All comers study - no selection based on HRD status

Clinical Collaboration in Place to Explore Rucaparib + Nivolumab Combo

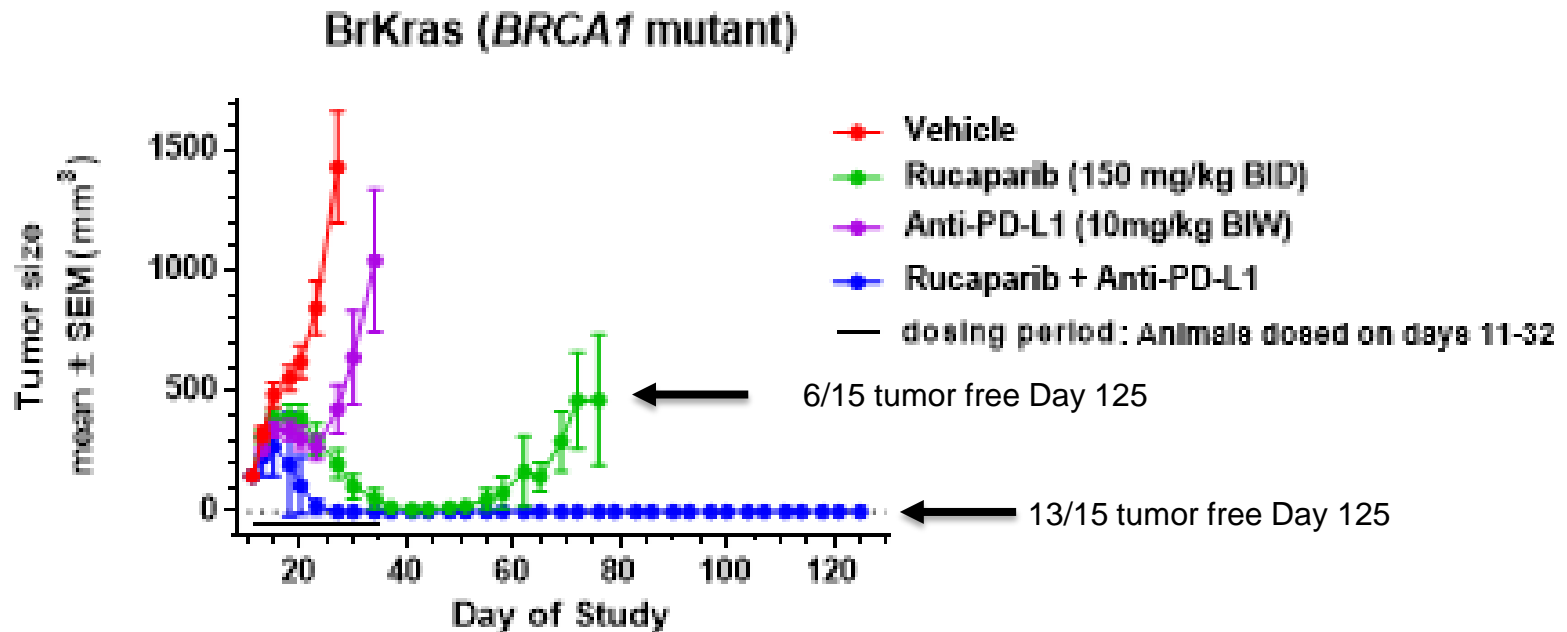
- Broad clinical collaboration announced July 2017 to evaluate Clovis' Rubraca (rucaparib) PARP inhibitor in combination with Bristol-Myers Squibb's immunotherapy Opdivo (nivolumab) in multiple tumor types
- Three trials underway or to initiate in 2018:
 - Phase 3 in advanced ovarian cancer
 - Phase 3 in advanced triple-negative breast cancer (TNBC)
 - Phase 2 in metastatic castration-resistant prostate cancer (mCRPC)
- Clovis retains all rights to rucaparib

Rationale for an Anti-PD-(L)1 + Rucaparib Combination

- *BRCA1/2* and other HRD mutations associated with increased antigenic load
 - Mutations create tumor-specific antigens or “neoepitopes” targeted by the immune response
 - Increased tumor mutational burden (TMB) correlated with increased benefit from immune checkpoint blockade
- Patient population that responds to a PARP inhibitor and anti-PD-(L)1 may significantly overlap
 - *BRCA1/2* and other HRD mutations lead to an increased antigenic load which may increase sensitivity to PD1/PDL1 inhibition
 - TMB may possibly be used as a specific biomarker of LOH
- Cell death induced by a PARPi is considered immunogenic
 - Stimulates “STING-like” pathway due to fragmented DNA release into cytosol

Nonclinical Data Show Potential Anti-PD-(L)1/rucaparib Combination Opportunity

- Rucaparib and anti-PD-L1 demonstrate enhanced anti-tumor efficacy in a syngeneic *BRCA1* mutant ovarian model¹
- Anti-PD-1 and anti-CTLA-4 combinations equally compelling
- Exploring combination in three tumor types with BMS



¹ Clovis internal data; BrKras syngeneic (*BRCA1*^{-/-}; *P53*^{-/-}; *myc*; *Kras-G12D*; *Akt-myr*) model performed at Crown Biosciences.

Animals were dosed on days 11-32. Anti-PD-L1 clone 10F.9G2 was used. The rucaparib treated group was not plotted past day 76 since 40% (6/15) animals had been sacrificed at that time."

IO = Immuno-oncology, anti PD-1 = anti-programmed cell death protein 1, anti-CTLA-4 = anti-cytotoxic T-lymphocyte-associated protein

Clovis Sponsoring Combination Ovarian Cancer Study

ATHENA: Phase 3 comparative study

Planned to initiate 1H 2018

- **ATHENA: A** Multicenter, **R**andomized, Double-Blind, Placebo-**C**ontrolled **P**hase 3 Study of **N**ivolumab and **R**ucaparib Combination Switch Maintenance following Front-Line Platinum-based Chemotherapy in Ovarian Cancer Patients
- A four arm, first-line maintenance treatment study to evaluate rucaparib and nivolumab, rucaparib, nivolumab and placebo in newly diagnosed patients with stage III/IV high-grade ovarian, fallopian tube, or primary peritoneal cancer who have completed platinum-based chemotherapy
- Objective is to determine if combination of PARP and PD-1 meaningfully extend PFS versus each as monotherapy
- All comers population, similar step down statistical plan as ARIEL3
- Estimated study size = 1000 patients
- Clovis to sponsor, conduct and fund

BMS Sponsoring Combination mCRPC and TNBC Studies

Phase 2 in metastatic castration-resistant prostate cancer (mCRPC)

Initiated Q4 2017

- 3 arm trial - nivolumab and rucaparib, nivolumab + doxorubicin + prednisone, nivolumab + enzalutamide
- Objective to determine whether the combination meaningfully effects response rate and changes in PSA
- Mandatory tumor tissue to enable biomarker evaluation
- Study size = 300
- BMS to sponsor, conduct and fund study

Phase 3 in advanced triple-negative breast cancer (TNBC)

Planned to initiate 1H 2018

- BMS to sponsor and conduct study
- Study costs to be shared by Clovis and BMS
- Study design to be shared closer to study initiation

Rucaparib Patent Exclusivity through at least 2031

- Rucaparib camsylate salt/polymorph COM patent expires 2031
 - Issued in 47 countries to date (including U.S. and Europe), 11 applications pending
- Rucaparib high-dosage strength formulation patent, if issued, would expire 2035
- Initial composition of matter (COM) expires in 2020
 - In U.S., Hatch-Waxman patent term extension to Q4 2023
 - In Europe, patent term extension under a supplementary protection certificate could extend to 2025
 - COM patent issued in 48 countries
- Other patents and patent applications with expirations between 2020-2035

Summary

- ARIEL3 data expected to serve as foundation for ovarian cancer maintenance label
 - FDA granted priority review status for rucaparib as maintenance treatment indication for women with platinum-sensitive recurrent ovarian cancer; PDUFA date of April 6, 2018
 - Rubraca (rucaparib) initial treatment indication for BRCA-mutant patients approved in U.S. on December 19, 2016
 - Potential for broad ovarian cancer labels to include both maintenance and treatment indications in US and EU during 2018
- Substantial registrational development program underway in multiple tumor types
- Robust clinical collaboration established with Bristol-Myers Squibb's nivolumab
 - Shared development costs support large combination development program
- Clovis holds global rights for rucaparib
- Seeking to license/acquire additional oncology assets for development
- \$628.0 million in cash, cash equivalents and available-for-sale securities as of September 30, 2017