36th Annual J.P. Morgan Healthcare Conference

January 9, 2018

Forward-looking Statements

This presentation contains forward-looking statements, which express the current beliefs and expectations of management. Such statements are based on current expectations and involve a number of known and unknown risks and uncertainties that could cause Clovis Oncology's future results, performance or achievements to differ significantly from the results, performance or achievements expressed or implied by such forward-looking statements. Important factors that could cause or contribute to such differences are discussed in Clovis Oncology's filings with the U.S. Securities and Exchange Commission. Forward-looking statements speak only as of the date on which they are made, and Clovis Oncology undertakes no obligation to update publicly or revise any forward-looking statement, whether as a result of new information, future developments or otherwise.

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 = Precription Drug User Fee Act, NDA = new drug application

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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

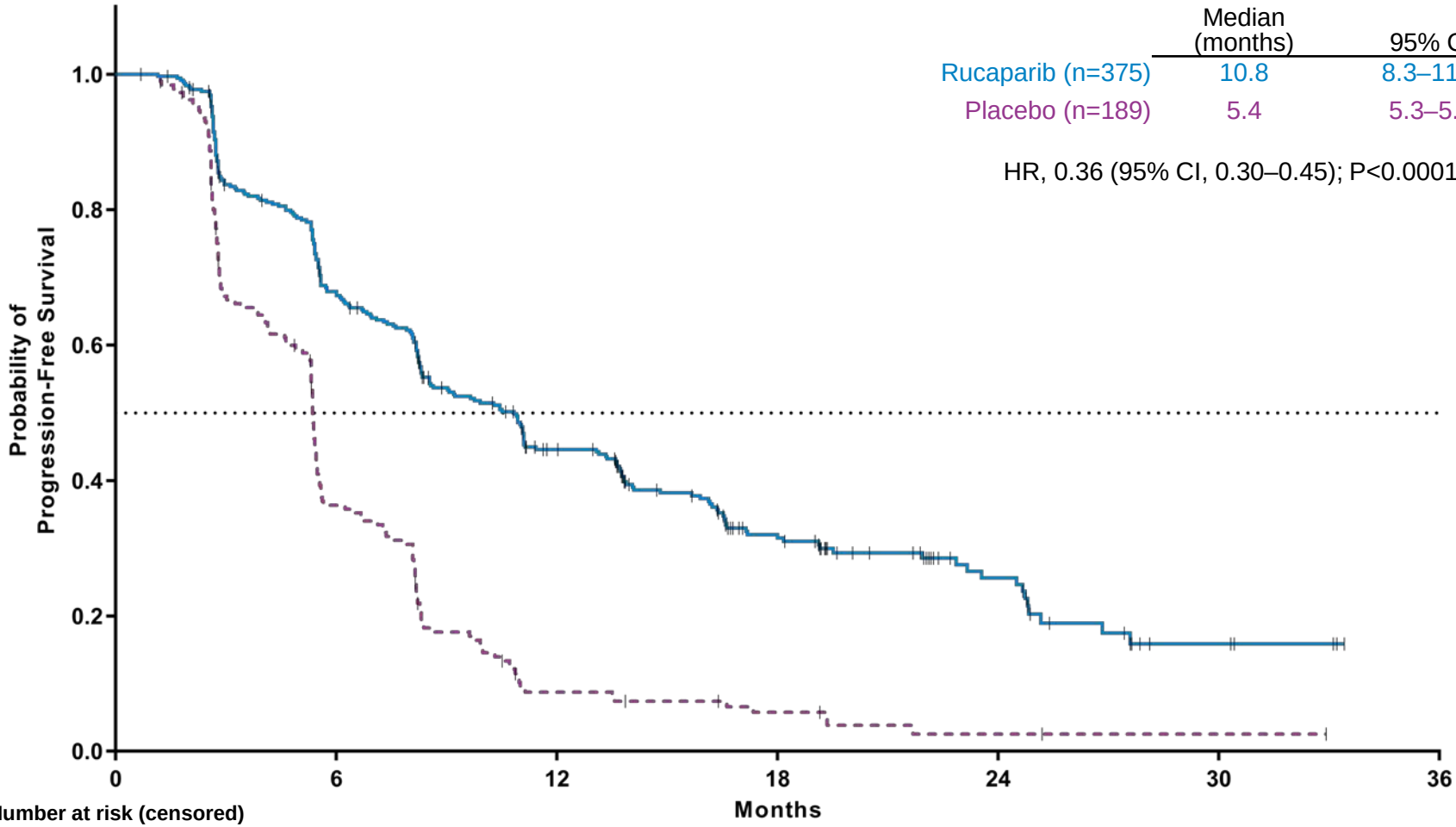
- Rucaparib sNDA on file and granted priority review for maintenance treatment in women with platinum-sensitive recurrent ovarian cancer; PDUFA date of April 6, 2018
  - ARIEL3 data, upon which the sNDA submission is based, demonstrated clinical benefit in all patient populations studied
  - Maintenance 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)

sNDA = supplemental new drug application

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



	Median (months)	95% CI
Rucaparib (n=375)	10.8	8.3–11.4
Placebo (n=189)	5.4	5.3–5.5

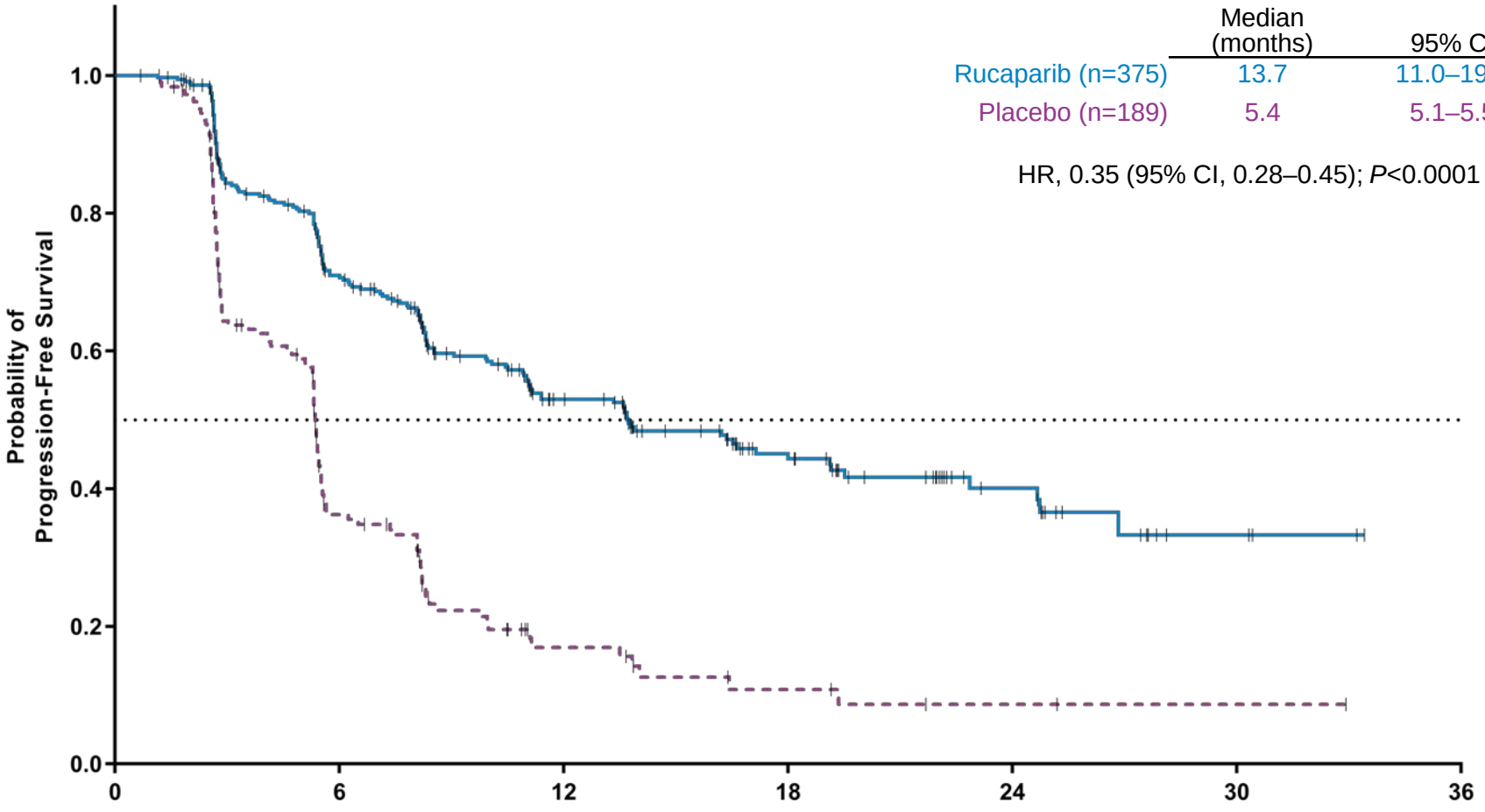
HR, 0.36 (95% CI, 0.30–0.45); P<0.0001

Number at risk (censored)							
Rucaparib	375 (0)	228 (36)	128 (61)	65 (93)	26 (123)	5 (136)	0 (141)
Placebo	189 (0)	63 (12)	13 (16)	7 (18)	2 (20)	1 (21)	0 (22)

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



Number at risk (censored)							
Rucaparib	375 (0)	213 (67)	114 (118)	60 (158)	24 (189)	4 (206)	0 (210)
Placebo	189 (0)	50 (33)	13 (48)	6 (51)	2 (54)	1 (55)	0 (56)

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

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ARIEL3 Rucaparib Safety Consistent with Approved Treatment Label

Most common (≥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;

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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

mPFS= median progression free survival, PR= partial response, CR= complete response

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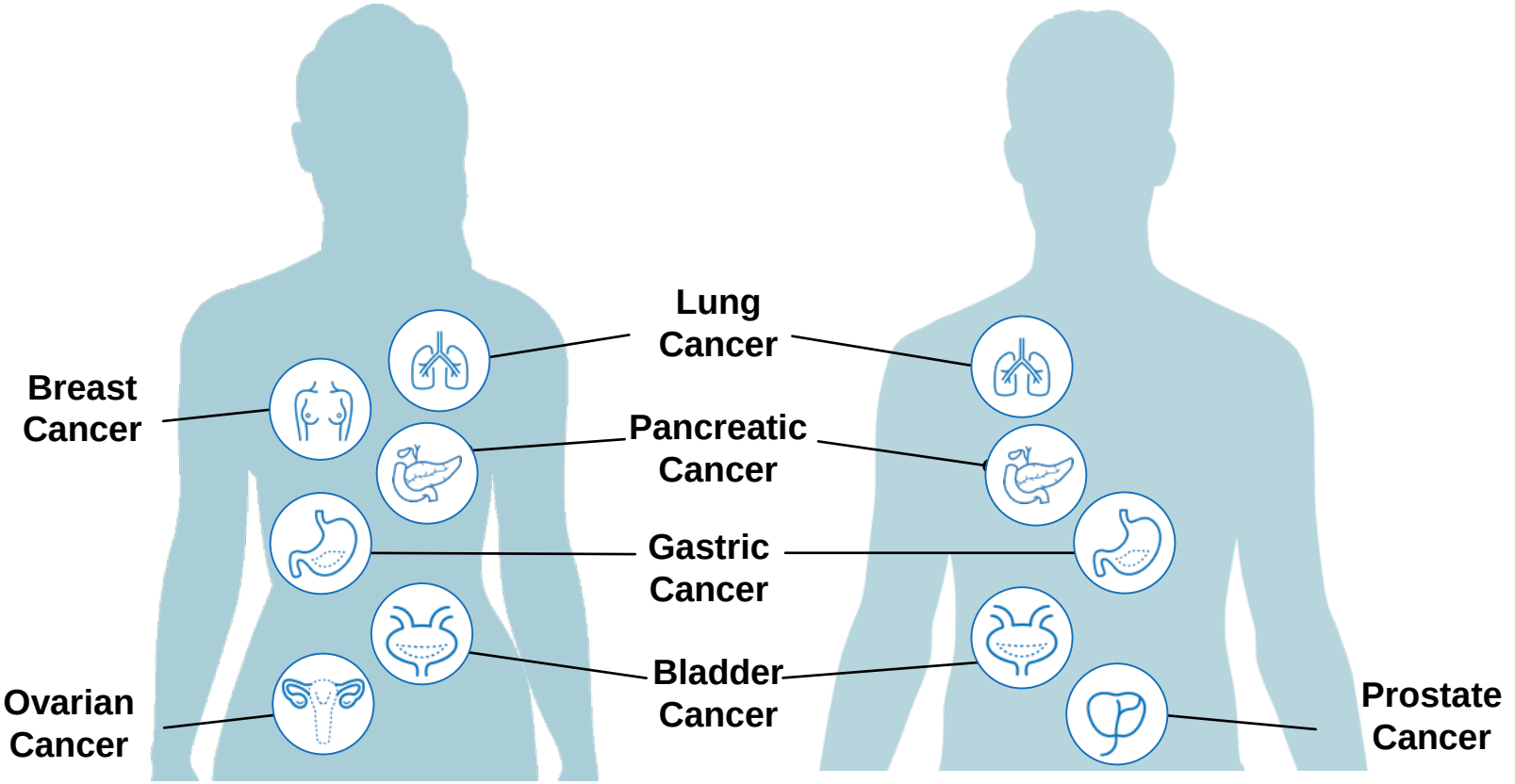
EU Regulatory Strategy: Two Potential Paths to Approval

- 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

SAG-O = Scientific Advisory Group - Oncology, CHMP = Committee for Medicinal Products for Human Use, EMA = European Medicines Agency, MAA = Marketing Authorization Application

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



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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

TRITON
TRIAL OF RUCAPARIB IN PROSTATE INDICATIONS

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

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

TRITON
TRIAL OF RUCAPARIB IN PROSTATE INDICATIONS

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

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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

ATLAS
RUCAPARIB IN PATIENTS WITH LOCALLY ADVANCED OR METASTATIC UROTHELIAL CARCINOMA

ATLAS: Phase 2 single arm study	Planned to initiate 1H 2018

- **ATLAS:** Ruc**A**parib in Pa**T**ients with **L**ocally **A**dvanced or Meta**S**tatic 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

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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

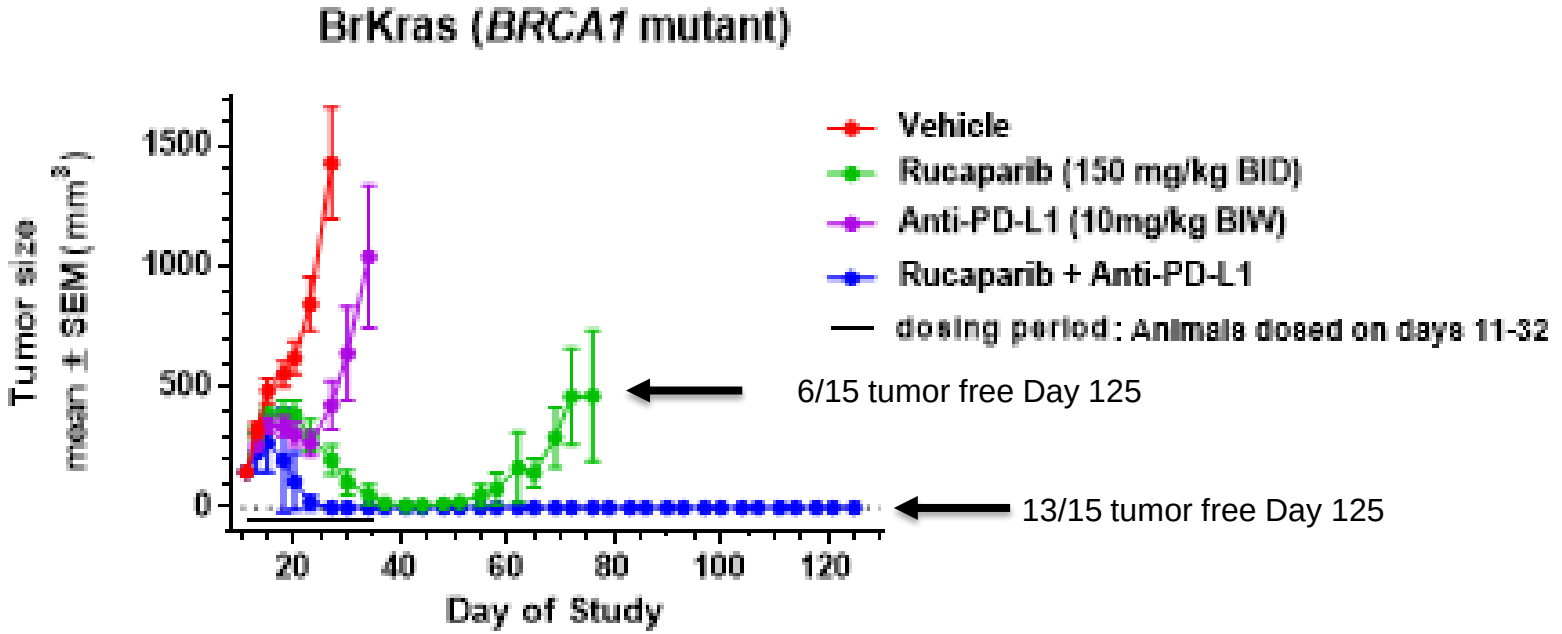
Rationale for an Anti-PD-(L)1 + Rucaparib Combination

- *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 mutation 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

anti-PD-(L)1 = anti programmed death-ligand 1, LOH = loss of heterozygosity, STING = STimulator of INterferon Genes

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 model[1]
- Anti-PD-1 and anti-CTLA-4 combinations equally compelling
- Exploring combination in three tumor types with BMS



[1] Clovis internal data; BrKras syngeneic (BRCA$^{-/-}$; *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

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Clovis Sponsoring Combination Ovarian Cancer Study

ATHENA: Phase 3 comparative study	Planned to initiate 1H 2018

- **ATHENA: A** Multicenter, R**A**ndomized, Double-Blind, Placebo-Con**T**rolled P**H**as**E** 3 Study of **N**ivolumab and Ruc**A**parib 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

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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 + doxetaxel + 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

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