

33rd Annual J.P. Morgan Healthcare Conference

Hervé Hoppenot, President & CEO

January 2015

Incyte

Forward-looking Statements

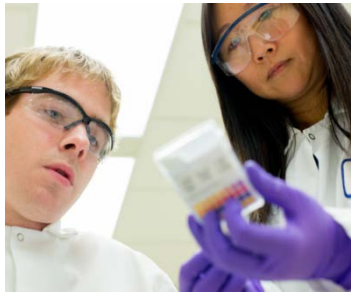
Except for the historical information set forth herein, the matters set forth in this presentation, including without limitation statements regarding our net product revenue guidance, plans and expectations with respect to Jakafi® (ruxolitinib) including the potential efficacy and therapeutic and commercial value of Jakafi, anticipated future accomplishments in drug discovery and development, plans regarding our product pipeline and strategy, plans and expected timelines for advancing our drug candidates through clinical trials and regulatory submissions, and potential therapeutic and commercial value of our drug candidates, contain predictions, estimates and other forward-looking statements.

These forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially, including unanticipated developments in and risks related to the efficacy or safety of Jakafi, the acceptance of Jakafi in the marketplace, risks related to market competition, the results of and risks associated with research and development, risks and uncertainties associated with sales, marketing and distribution requirements, that results of clinical trials may be unsuccessful or insufficient to meet applicable regulatory standards, the ability to enroll sufficient numbers of subjects in clinical trials, other market or economic factors and technological advances, unanticipated delays, our ability to compete against parties with greater financial or other resources, our dependence on our relationships with our collaboration partners, greater than expected expenses, unanticipated or unpredictable expenses relating to litigation or strategic activities, our ability to obtain additional capital when needed, risks related to obtaining effective patent coverage for our products and other risks detailed from time to time in Incyte's reports filed with the Securities and Exchange Commission, including our Form 10-Q for the quarter ended September 30, 2014.

Incyte disclaims any intent or obligation to update these forward-looking statements.

Incyte's Vision

To become one of the leading global oncology companies

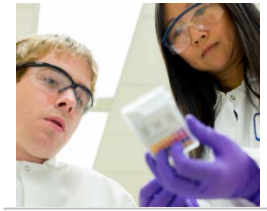








What Makes Incyte, Incyte?



Strategic target selection



World-class medicinal chemistry



Innovative clinical development



Excellence in commercial execution

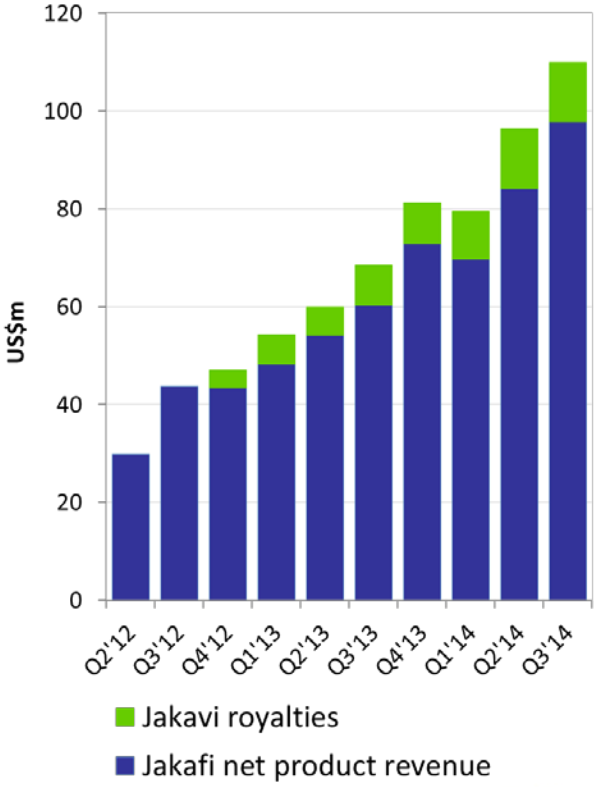
Experienced team

Proven track record

Resourced for success

Global Revenue from MPN Franchise Drives Sustained Top-Line Growth

- **Jakafi® (ruxolitinib)** is FDA approved for:
  - Myelofibrosis (MF)[1]
  - Polycythemia Vera (PV)[2]
- **Jakafi** revenue continues strong performance
  - 2014 guidance $350-360 million[3]
  - Peak U.S. revenue in MF & PV expected to be >$1 billion
- **Jakavi® (ruxolitinib)** royalties (ex-U.S.) from Novartis
  - ~50% growth Q3'14 over Q3'13
- **Jakafi** is patent protected until at least 2027
  - No commercial competition currently



MPNs = myeloproliferative neoplasms

1. Patients with intermediate or high-risk myelofibrosis
2. Patients with polycythemia vera who have had an inadequate response to or are intolerant of hydroxyurea
3. Net product revenue guidance for Jakafi in the U.S.

Significant Progress Made in 2014 to Maximize Potential of Jakafi in Myeloproliferative Neoplasms

Updated label in intermediate or high risk myelofibrosis[1]

Overall survival

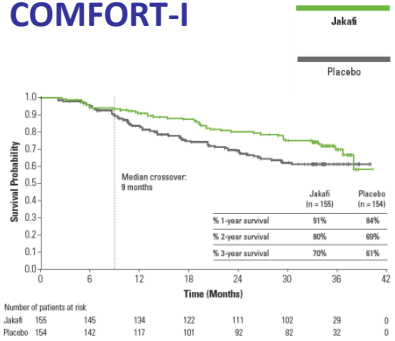
Safety & Dosing information

New indication: Uncontrolled polycythemia vera[1,2]

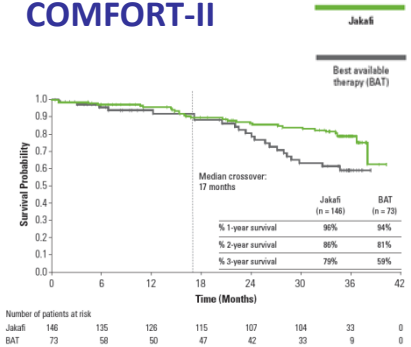
c.25,000 uncontrolled PV patients in the U.S.

Treatment goal: Consistent hematocrit control[3,4]

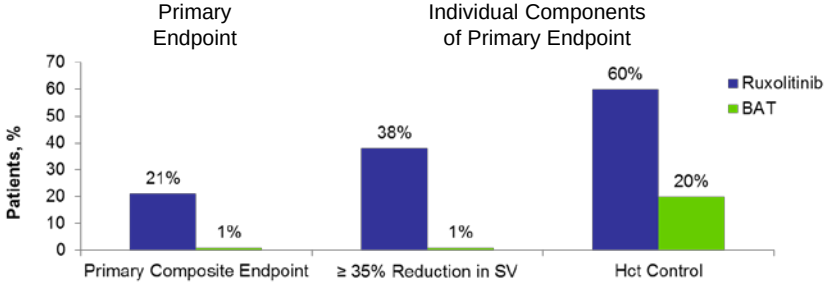
COMFORT-I



COMFORT-II



RESPONSE



1. Jakafi® prescribing information
2. Patients with polycythemia vera who have had an inadequate response to or are intolerant of hydroxyurea (HU)
3. Tefferi A. Am J Hematol. 2013;88:507-16.
4. Finazzi G and Barbui T. Blood. 2007;109(12):5104-5111

Low Incidence of Grade 3/4 Adverse Events for Patients on Jakafi

COMFORT *(MF) &* ***RESPONSE*** *(PV) Non-Hematologic Adverse Events*

	Jakafi (N=155)			Placebo (N=151)		
Adverse Reactions	**All grades [a] (%)**	**Grade 3 (%)**	**Grade 4 (%)**	**All grades [a] (%)**	**Grade 3 (%)**	**Grade 4 (%)**
Bruising [b]	23	<1	0	15	0	0
Dizziness [c]	18	<1	0	7	0	0
Headache	15	0	0	5	0	0
UTI [d]	9	0	0	5	<1	<1
Weight Gain [e]	7	<1	0	1	<1	0
Flatulence	5	0	0	<1	0	0
Herpes Zoster [f]	2	0	0	<1	0	0

a. National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 3.0
b. Includes contusion, ecchymosis, hematoma, injection site hematoma, periorbital hematoma, vessel puncture site hematoma, increased tendency to bruise, petechiae, purpura
c. Includes dizziness, postural dizziness, vertigo, balance disorder, Meniere's Disease, labyrinthitis
d. Includes urinary tract infection, cystitis, urosepsis, urinary tract infection bacterial, kidney infection, pyuria, bacteria urine, bacteria urine identified, nitrite urine present
e. Includes weight increased, abnormal weight gain
f. Includes herpes zoster and post-herpetic neuralgia

	Jakafi (N=110)		Best Available Therapy (N=111)	
Adverse Events	**All Grades [a] (%)**	**Grade 3-4 (%)**	**All Grades [a] (%)**	**Grade 3-4 (%)**
Headache	16	<1	19	<1
Abdominal Pain [b]	15	<1	15	<1
Diarrhea	15	0	7	<1
Dizziness [c]	15	0	13	0
Fatigue	15	0	15	3
Pruritus	14	<1	23	4
Dyspnea [d]	13	3	4	0
Muscle Spasms	12	<1	5	0
Nasopharyngitis	9	0	8	0
Constipation	8	0	3	0
Cough	8	0	5	0
Edema [e]	8	0	7	0
Arthralgia	7	0	6	<1
Asthenia	7	0	11	2
Epistaxis	6	0	3	0
Herpes Zoster [f]	6	<1	0	0
Nausea	6	0	4	0

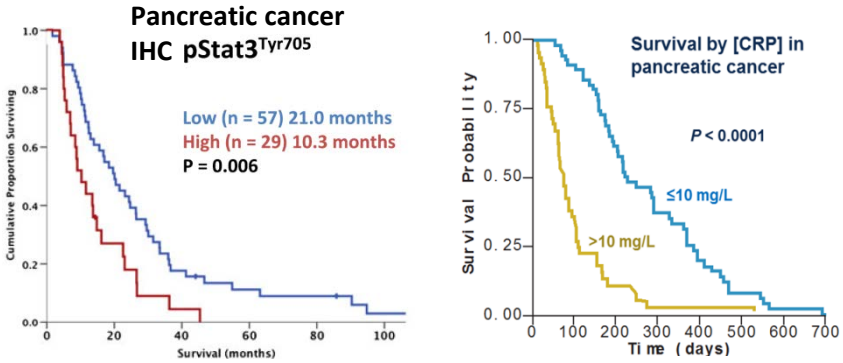
a. National Cancer Institute Common Terminology Criteria for Adverse Events (CTCAE), version 3.0
b. Includes abdominal pain, abdominal pain lower, and abdominal pain upper
c. Includes dizziness and vertigo
d. Includes dyspnea and dyspnea exertional
e. Includes edema and peripheral edema
f. Includes herpes zoster and post-herpetic neuralgia

Compelling Rationale for JAK Inhibition in Patients with Solid Tumors

Onco-inflammation predicts overall survival

Independent, negative prognostic factors in multiple tumor types, including pancreatic cancer:

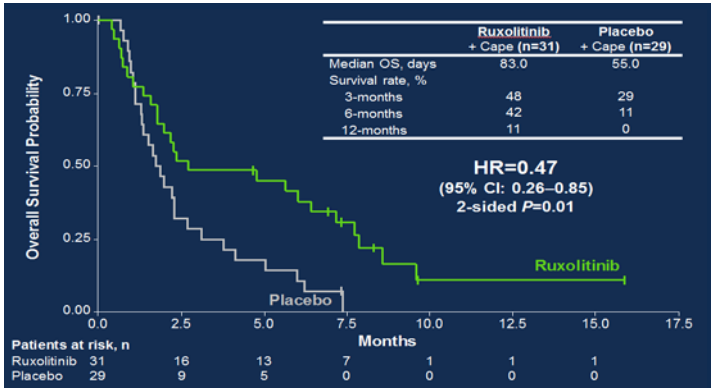
- Intra-tumoral pSTAT3[1] and elevated systemic CRP[2]



Clinical proof-of-concept for JAK inhibition (RECAP)[3]

PBO vs. ruxolitinib (+capecitabine); 2L pancreatic cancer

OS benefit in pre-specified population with elevated CRP



1. Denley SM et al. J Gastrointest Surg. 2013;17(5)
2. Falconer JS, et al. Cancer 1995;75:2077-82; CRP = C-reactive protein
3. Hurwitz et al, ASCO 2014

Broad Clinical Development Program to Investigate Therapeutic Value of Ruxolitinib in Solid Tumors

Phase III metastatic pancreatic cancer:

- JANUS 1: 2nd line w/ capecitabine (N=310)
- JANUS 2: 2nd line w/ capecitabine (N=270)

JANUS
JAK INhibition with RUxolitinib combined with Capecitabine for Adenocarcinoma of the PancreaS

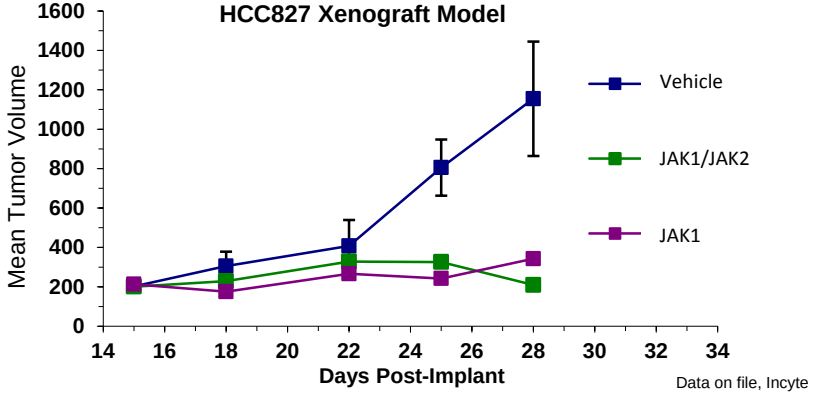
Phase II solid tumors:

- Colorectal: w/ regorafenib (N=346)
- Non-small cell lung: w/ pemetrexed & cisplatin (N=156)
- Breast: w/ capecitabine (N=148)

Selective JAK1 Inhibition May Offer Next Generation Approach to Treat Solid and Liquid Tumors

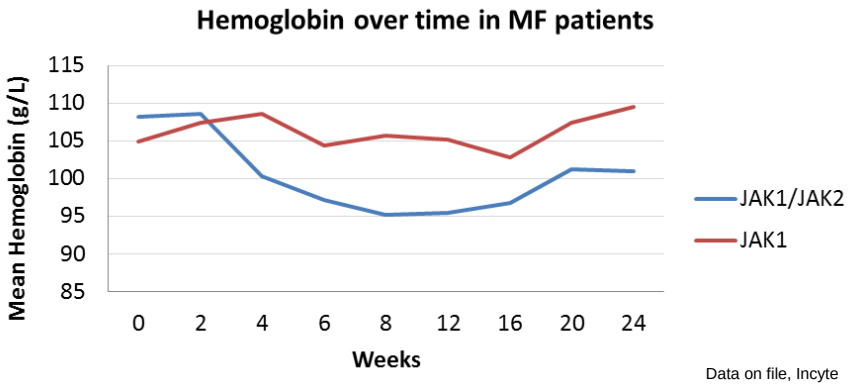
JAK1 inhibition may offer equal efficacy to JAK1/JAK2

Preclinical activity observed across multiple solid tumor and liquid tumor settings



JAK1 inhibition may minimize myelosuppression

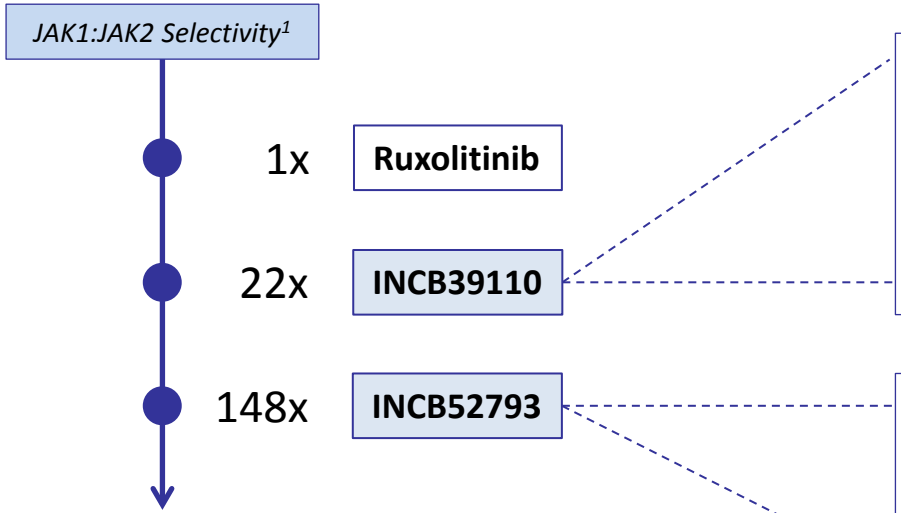
Enables potential combination regimens with myelosuppressive chemotherapy



Two Wholly-Owned Selective JAK1 Inhibitors in Clinical Development

Innovation through medicinal chemistry

Multiple compounds maximize opportunity



'39110 in solid & liquid tumors:

- NSCLC: 2nd line w/ docetaxel
- NSCLC: 1st line w/ erlotinib
- Pancreatic: 1st line w/ gemcitabine & nab-paclitaxel[2]
- B-cell malignancies: R/R w/ INCB40093 (PI3Kδi)

'52793 in liquid tumors:

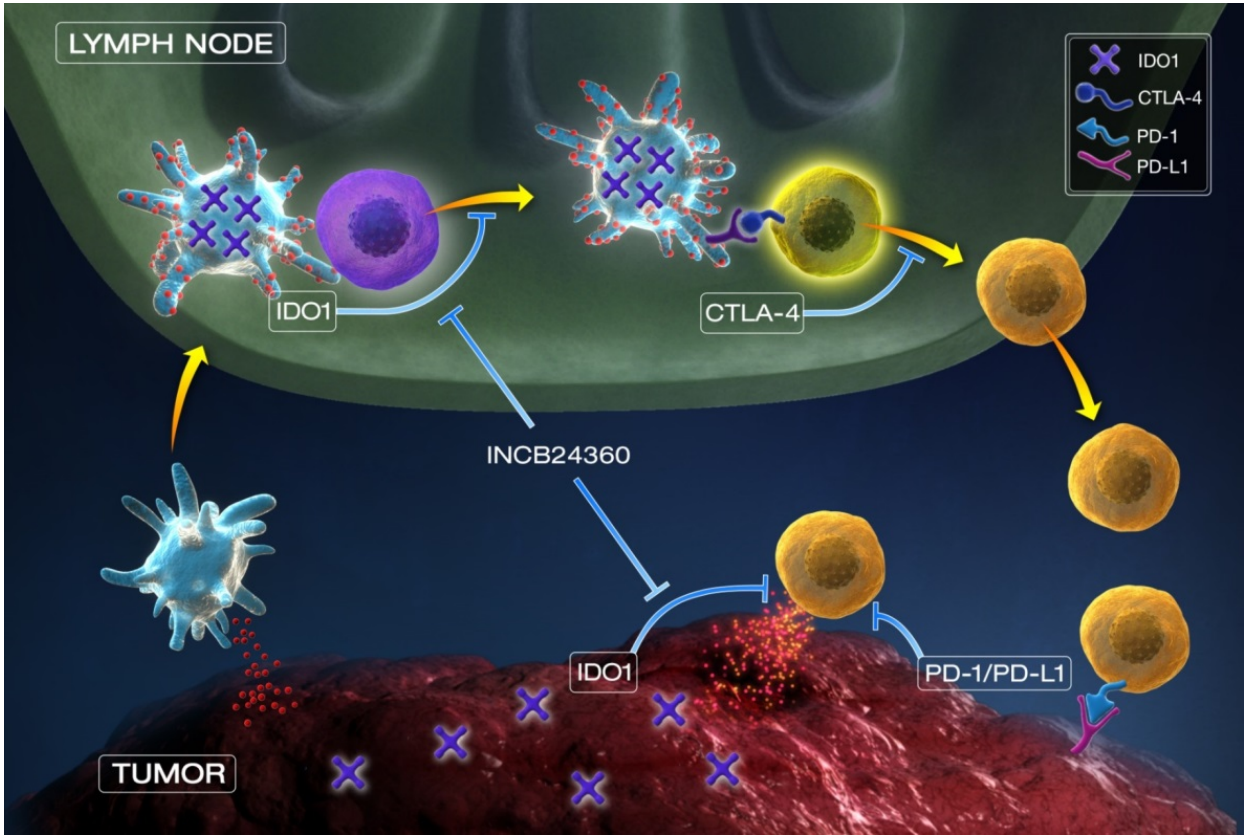
- All-comers Phase 1 dose escalation
- Potential for mono- and combination-studies in 2015

1. Data on file, Incyte
2. Potentially registrational study anticipated to begin in 2015

Immuno-Oncology

- Global Leadership in IDO1 Inhibition
- Agenus Alliance Provides Access to Antibody Discovery

Clear Rationale for Combination Therapies with IDO1 Inhibition



epacadostat (‘24360): First-in-Class IDO1 Inhibitor, In Four Combination Clinical Trials with anti-PD-1 / PD-L1

Strategic development program to maximize value:

- All four PD-1 / PD-L1 combination trials now in progress
- Standard 3-plus-3 dose escalation; followed by dose expansion
- Potential for registration studies following PoC data

MERCK

Bristol-Myers Squibb

AstraZeneca

Genentech
A Member of the Roche Group

Multiple tumor types under investigation, including:

NSCLC	Head & Neck	Ovarian	Pancreatic
Melanoma	Colorectal	DLBCL	

Potential to Enhance Immuno-Oncology Activity Through Inhibition of Onco-Inflammation

JAK/STAT signaling shapes tumor immunity

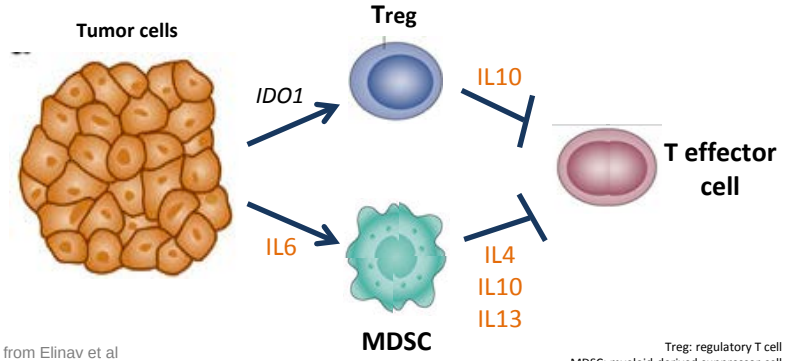
JAK-dependent cytokines can suppress tumor immunity

Increased number & activity of immune-suppressive cells

JAK inhibition can synergize with other I-O agents

JAK inhibition promotes tumor immunity in animal models

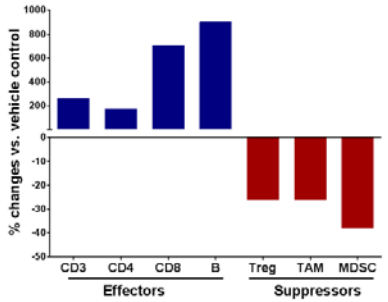
Combined JAK & IDO1 inhibition is maximally effective



Adapted from Elinav et al
Nat Rev Cancer 2013; 13:759

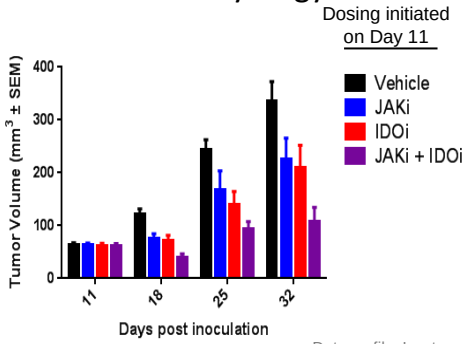
Treg: regulatory T cell
MDSC: myeloid-derived suppressor cell

Single agent JAK activity



Data on file, Incyte

JAK and IDO synergy



Data on file, Incyte

Agenus Alliance Expands Incyte's Discovery Platform with Immuno-Oncology Biologics

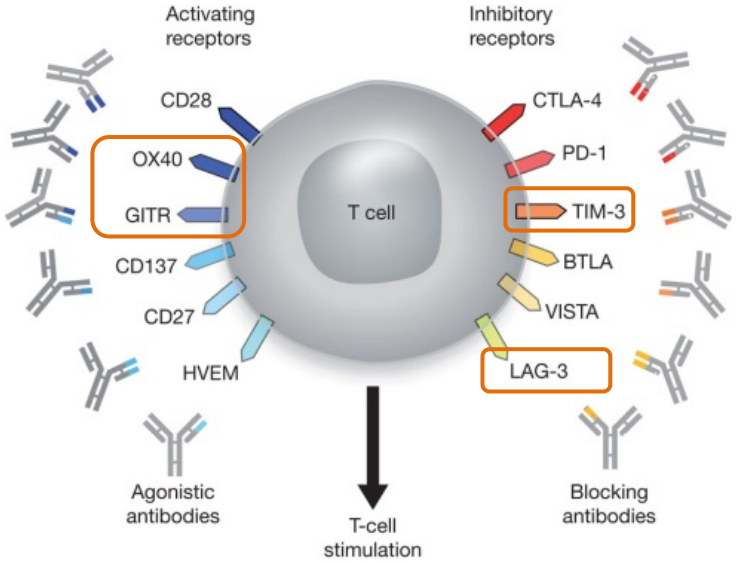
Novel, antibody-based immuno-therapeutics

Leverages high-throughput, fully human IgG-format Retrocyte Display™ platform

Broadens landscape of potential targets

Opportunities to identify and advance novel combinations

GITR, OX40, TIM-3, LAG-3
plus option on additional targets



Adapted from Mellman et al; Nature 2011; 480:480

Targeted Therapies

- PI3Kδ Inhibitors
- Two New Clinical Programs Initiated Targeting FGFR and BRD

PI3Kδ Inhibitors: Validated Target with Multiple Potential Combination Opportunities

Two PI3Kδ inhibitors in clinical development

INCB40093 and INCB50465

Opportunity to differentiate on potency, PK and safety

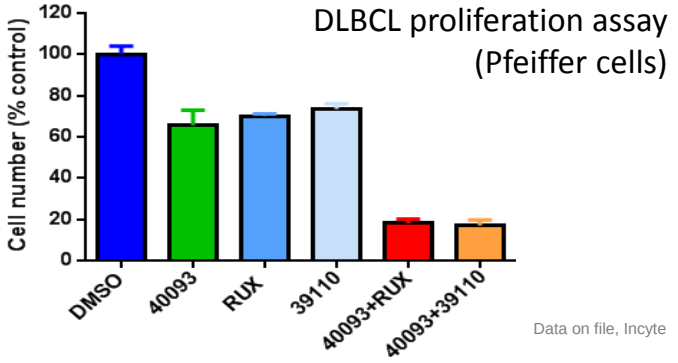
	'40093	'50465	idelalisib
Enzyme assay PI3Kd IC_{50} (nM)	15	0.9	13
B cell proliferation assay IC_{50} (nM)	18	1.5	17
WB assay IC_{90} (nM)	720	77	1200

Data on file, Incyte

PI3Kδ and JAK inhibition in novel : novel combinations

PI3Kδ and JAK inhibition synergize in DLBCL models[1]

Phase I/II trial '40093 & '39110 underway; data in 2015



Data on file, Incyte

1. Liu et al, AACR 2014 (ABC DLBCL: activated B-cell like diffuse large B cell lymphoma)

INCB54828: A Potent and Selective FGFR Inhibitor, Expected to Enter Clinical Trials in H1 2015

FGFR is a driver oncogene in multiple solid tumor types

FGFR signaling drives several oncogenic pathways

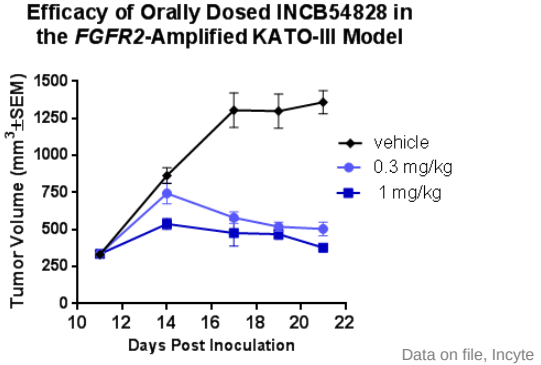
Genetic-based patient selection can enable rapid clinical development

Gene	Aberration	Tumor	Prevalence
FGFR1	Amplification	**Lung (squamous)**	10-20%
FGFR2	Amplification	**Gastric**	5-10%
FGFR3	Mutation	**Bladder (muscle-invasive)**	10-15%
FGFR3	Translocation	**Bladder (muscle-invasive)**	6%
FGFR3	Translocation	**Glioblastoma**	5%

FGFR inhibition is highly active in FGFR-mutated tumors

'54828 has an attractive balance of potency & selectivity

Excellent pharmaceutical properties & preclinical PK



INCB54329: A Bromodomain (BRD) Inhibitor, Expected to Enter Clinical Trials in H1 2015

BRDs are novel epigenetic intervention points

BRDs can link active chromatin & gene transcription

Oncogenic Myc is frequently dependent on BRD function



Transcription of genes including IgH-Myc, BCL-2, IL-6, etc.

Reduced gene transcription

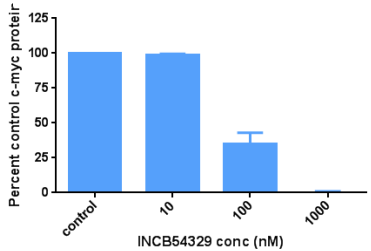
Adapted from Taverna and Cole, Nature 2010; 468:1050

BRD inhibition can synergize with JAK1 inhibition

'54329 suppresses Myc and proliferation in MM models[1]

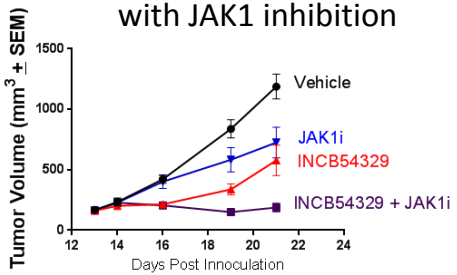
BRD & JAK1 inhibition exhibit strong synergy in MM

INCB5429 suppresses c-Myc levels



Data on file, Incyte

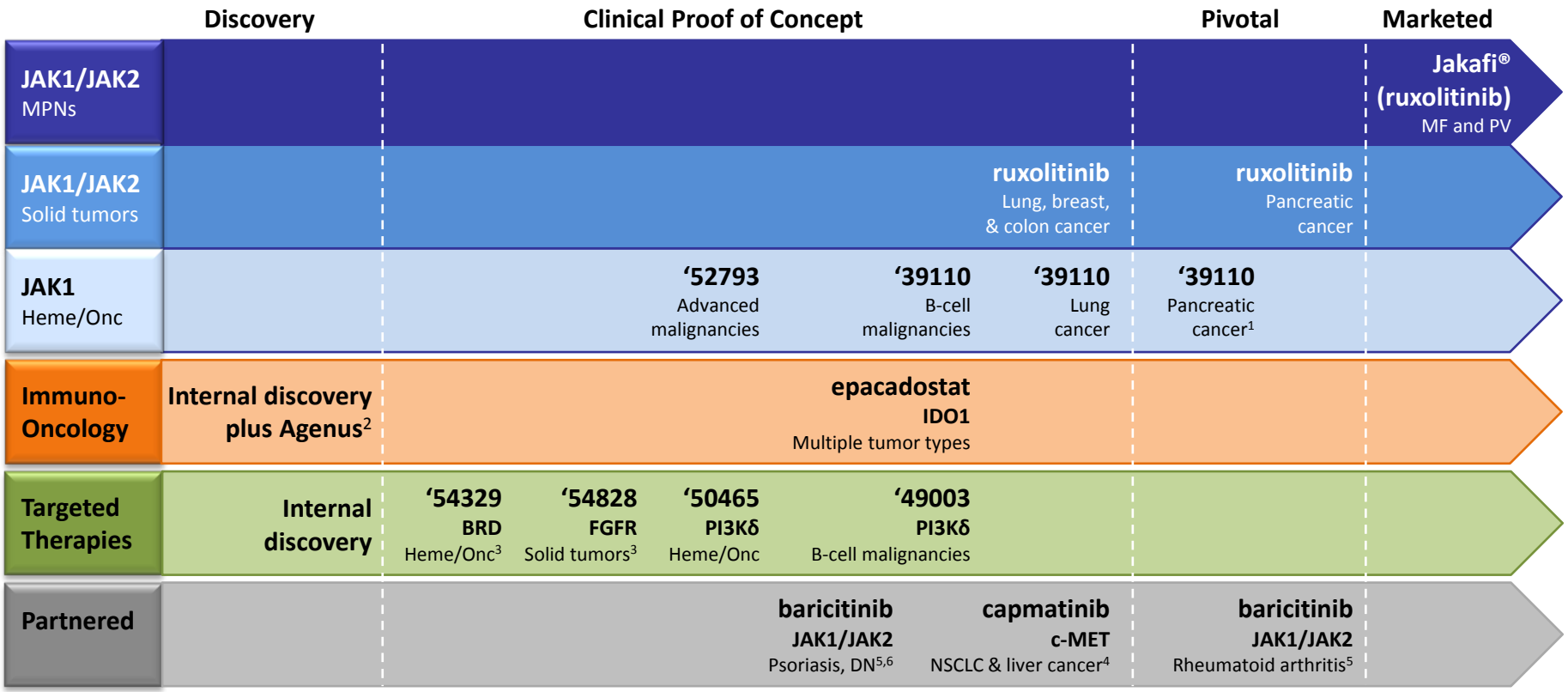
BRD inhibition synergies with JAK1 inhibition



Data on file, Incyte

1. MM = multiple myeloma

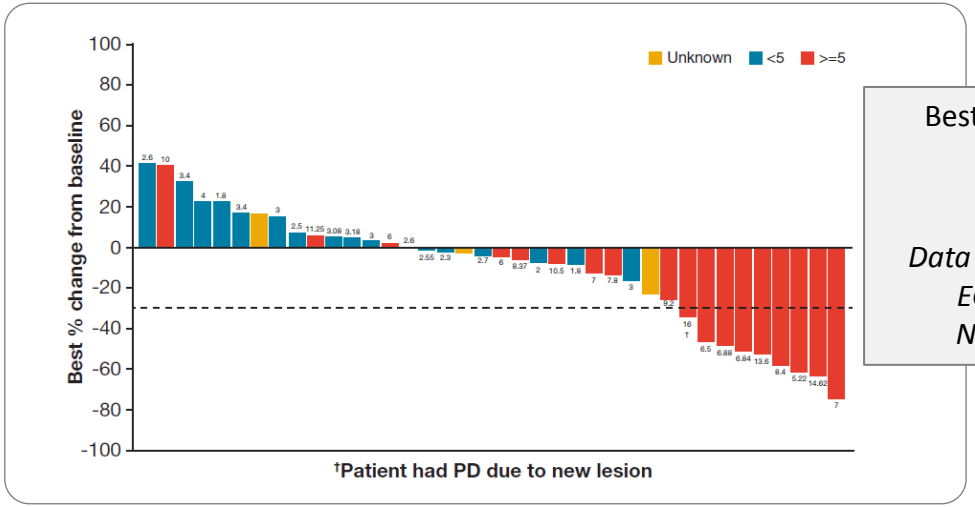
Incyte's Portfolio Expanding into High Growth and High Potential Therapeutic Areas



1. Anticipated to begin in 2015
2. Phase I/II from Agenus alliance anticipated to begin in 2016
3. Phase I/II anticipated to begin in 2015
4. Worldwide rights to capmatinib licensed to Novartis
5. Worldwide rights to baricitinib licensed to Lilly
6. DN = Diabetic nephropathy

capmatinib: A Potentially Best-in-Class c-MET Inhibitor

- capmatinib/INC280 is a potent and selective c-MET inhibitor
  - In Phase II for NSCLC & liver cancer with Novartis[1]
- Potential utility in mono- and combination therapy regimens
  - Important role in EGFR resistance



Best % change in target lesions and MET DNA copy number (FISH)
N=38/46 (83%)

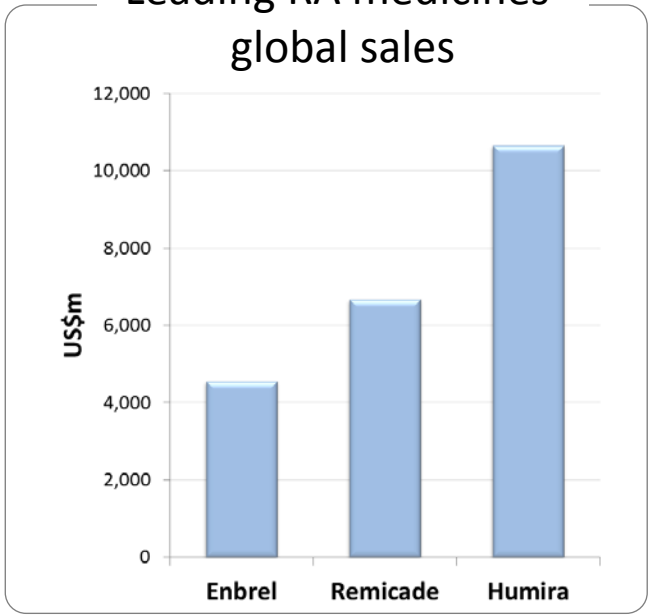
Data in combination with gefitinib in EGFR-mutant, EGFR TKI-resistant NSCLC; presented at ASCO 2014 [2]

1. NSCLC: Non-small cell lung cancer
2. Wu et al. INC280 2202 combo study with gefitinib in EGFR-mutant, EGFR TKI-resistant, MET-activated NSCLC; ASCO 2014

baricitinib: Significant Opportunity in RA, Phase III Program Expected to Read-Out This Year

Met Primary Endpoint	**RA-BEACON** TNF IR
1st Half 2015	**RA-BUILD** DMARD IR
Late 2015	**RA-BEGIN** MTX Naive
Late 2015	**RA-BEAM** Includes structure endpoint & Humira comparator

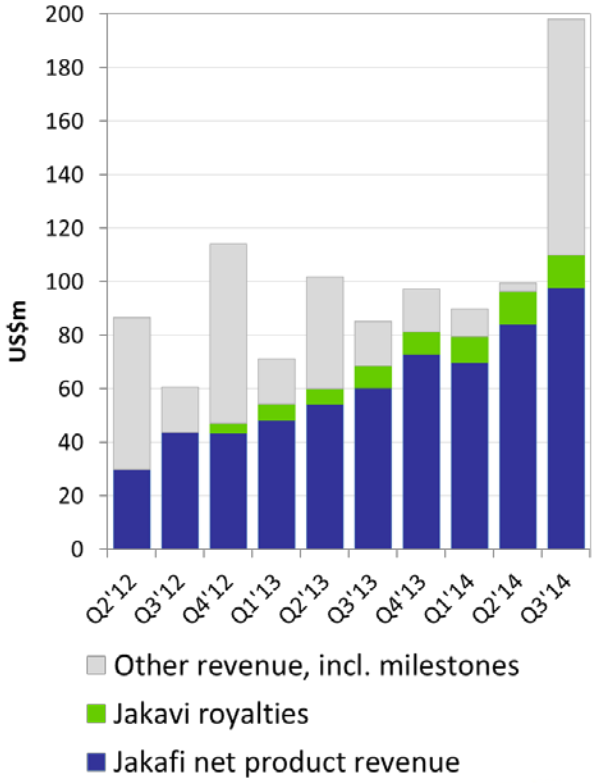
Leading RA medicines global sales



RA: Rheumatoid Arthritis; DMARD: Disease modifying anti-rheumatic drug; MTX: Methotrexate

Financial Strength from Sustained Product Growth and Partnerships

- **Jakafi® (ruxolitinib)** now FDA-approved in MF and PV[1,2]
  - 2014 net product revenue guidance $350-360 million
- **Jakavi® (ruxolitinib)** royalties (ex-U.S.) from Novartis
  - ~50% growth Q3'14 over Q3'13
- **Cash balance >$530m** at Q3'14



1. MF: Patients with intermediate or high-risk myelofibrosis
2. PV: Patients with polycythemia vera who have had an inadequate response to or are intolerant of hydroxyurea

After Successful 2014, Multiple Growth Drivers Anticipated in Next Two Years

2014

- ✓ FDA approval of Jakafi in PV
- ✓ Updated Jakafi label in MF
- ✓ Sustained revenue growth from Jakafi
- ✓ Positive ruxolitinib PoC data in pancreatic cancer
- ✓ Positive top-line data for baricitinib in first Phase III RA trial
- ✓ Positive IDO1 PoC data with anti-CTLA4
- ✓ IDO1 plus anti-PD-1/L1 trials initiated in multiple cancers
- ✓ Expanded clinical portfolio with FGFR and BRD inhibitors

2015-2016

- ✓ Expand discovery capabilities into biologics
- o Continued growth of Jakafi/Jakavi in MF, launch in PV
- o Pivotal Phase III baricitinib RA program results
- o Pivotal Phase III ruxolitinib pancreatic results
- o PoC data for ruxolitinib in solid tumors
- o PoC data for selective JAK1 in oncology
- o Phase III for ‘39110 to initiate in 1st line pancreatic
- o PoC data for JAK1 plus PI3Kδ in B-cell malignancies
- o PoC data for epacadostat (IDO1) with anti-PD-1/L1
- o Potential initiation of registration studies of epacadostat plus anti-PD-1/L1
- o FGFR & BRD clinical studies to deliver PoC data

Incyte's Vision

To become one of the leading global oncology companies

