You are cordially invited to attend a promotional program entitled

Jakafi® (ruxolitinib) – a First-in-Class Drug to Treat Patients With:

- **Intermediate or High-risk Myelofibrosis**
- **Polycythemia Vera who have had an inadequate response to or are intolerant of hydroxyurea**

Tuesday, April 21, 2015 6:30 PM - 8:30 PM

Location:
Garden Restaurant – Party Room
943 Magie Avenue
Union, NJ 07083

Featured Speaker:

Maithili Rao, MD
Advanced Care Oncology and Hematology Associates, LLC
Springfield, NJ

Jakafi® ruxolitinib (tablets)

INDICATIONS AND USAGE

Jakafi is indicated for treatment of patients with polycythemia vera who have had an inadequate response to or are intolerant of hydroxyurea.

Jakafi is indicated for treatment of patients with intermediate or high-risk myelofibrosis (MF), including primary MF, post–polycythemia vera MF and post–essential thrombocythemia MF.

Incyte

Please see Important Safety Information on back cover and attached Full Prescribing Information.

This program is sponsored by Incyte corporation and not eligible for CE credits. Please note this program is intended for healthcare professionals (HCPs) only.

Consistent with PhRMA Guidelines, spouses and other guests of the HCP are not permitted to attend. The cost of meals associated with this event may be disclosed consistent with applicable federal and state law disclosure requirements. State and federal laws and regulations may restrict state or federal employees from receiving meals. By attending this event, you confirm that you have obtained any necessary approvals from your employer. HCPs may be subject to state law restrictions regarding attendance. HCPs licensed in Vermont, or employees/agents of Vermont HCPs may not attend this event. Minnesota law restricts Incyte from offering meals or other refreshments at speaker events to certain healthcare professionals who are licensed in Minnesota and have the ability to prescribe prescription drugs (e.g., physicians, physician assistants, nurse practitioners, advanced nurses). If you are licensed to prescribe in Minnesota, please identify yourself on this document and inform an Incyte representative prior to the start of the program.

REGISTRATION

Return by EMAIL or FAX | Register by April 14, 2015

To register for the program please return the following information to Angela Hunt at S Phase by email to ahunt@sphase.com or fax to (678)534-3843. Prior to registering, please review the program title and speaker to ensure you have not previously attended this program within the past year.
(PLEASE PRINT CLEARLY).

First and Last Name: _____

Title or Degree: _____ State(s) and State License #(s): _____

Affiliation: _____

Street Address: _____

City: _____ State/Zip: _____

Phone: _____ Email: _____

Questions regarding this program should be directed to Angela Hunt at (770)984-5194 or ahunt@sphase.com or your Incyte Territory Business Manager, Nicole Kelly, at (201)306-2761 or nkelly@incyte.com.

IMPORTANT SAFETY INFORMATION

- Treatment with Jakafi can cause thrombocytopenia, anemia and neutropenia, which are each dose-related effects. Perform a pre-treatment complete blood count (CBC) and monitor CBCs every 2 to 4 weeks until doses are stabilized, and then as clinically indicated
- Manage thrombocytopenia by reducing the dose or temporarily interrupting Jakafi. Platelet transfusions may be necessary
- Patients developing anemia may require blood transfusions and/or dose modifications of Jakafi
- Severe neutropenia (ANC $<0.5 \times 10^9$/L) was generally reversible by withholding Jakafi until recovery
- Serious bacterial, mycobacterial, fungal and viral infections have occurred. Delay starting Jakafi until active serious infections have resolved. Observe patients receiving Jakafi for signs and symptoms of infection and manage promptly
- Tuberculosis (TB) infection has been reported. Observe patients taking Jakafi for signs and symptoms of active TB and manage promptly. Prior to initiating Jakafi, evaluate patients for TB risk factors and test those at higher risk for latent infection. Consult a physician with expertise in the treatment of TB before starting Jakafi in patients with evidence of active or latent TB. Continuation of Jakafi during treatment of active TB should be based on the overall risk-benefit determination
- Progressive multifocal leukoencephalopathy (PML) has occurred with ruxolitinib treatment for myelofibrosis. If PML is suspected, stop Jakafi and evaluate
- Advise patients about early signs and symptoms of herpes zoster and to seek early treatment
- When discontinuing Jakafi, myeloproliferative neoplasm-related symptoms may return within one week. After discontinuation, some patients with myelofibrosis have experienced fever, respiratory distress, hypotension, DIC, or multi-organ failure. If any of these occur after discontinuation or while tapering Jakafi, evaluate and treat any intercurrent illness and consider restarting or increasing the dose of Jakafi. Instruct patients not to interrupt or discontinue Jakafi without consulting their physician. When discontinuing or interrupting Jakafi for reasons other than thrombocytopenia or neutropenia, consider gradual tapering rather than abrupt discontinuation
- Non-melanoma skin cancers including basal cell, squamous cell, and Merkel cell carcinoma have occurred. Perform periodic skin examinations
- The three most frequent non-hematologic adverse reactions (incidence >10%) were bruising, dizziness and headache
- A dose modification is recommended when administering Jakafi with strong CYP3A4 inhibitors or fluconazole or in patients with renal or hepatic impairment. Patients should be closely monitored and the dose titrated based on safety and efficacy
- Use of Jakafi during pregnancy is not recommended and should only be used if the potential benefit justifies the potential risk to the fetus. Women taking Jakafi should not breast-feed

Please see accompanying Full Prescribing Information for Jakafi.

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