

# Ready for further growth

2009 Europe Conference – Piper Jaffray  
London, 23<sup>rd</sup> June 2009

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## Disclaimer

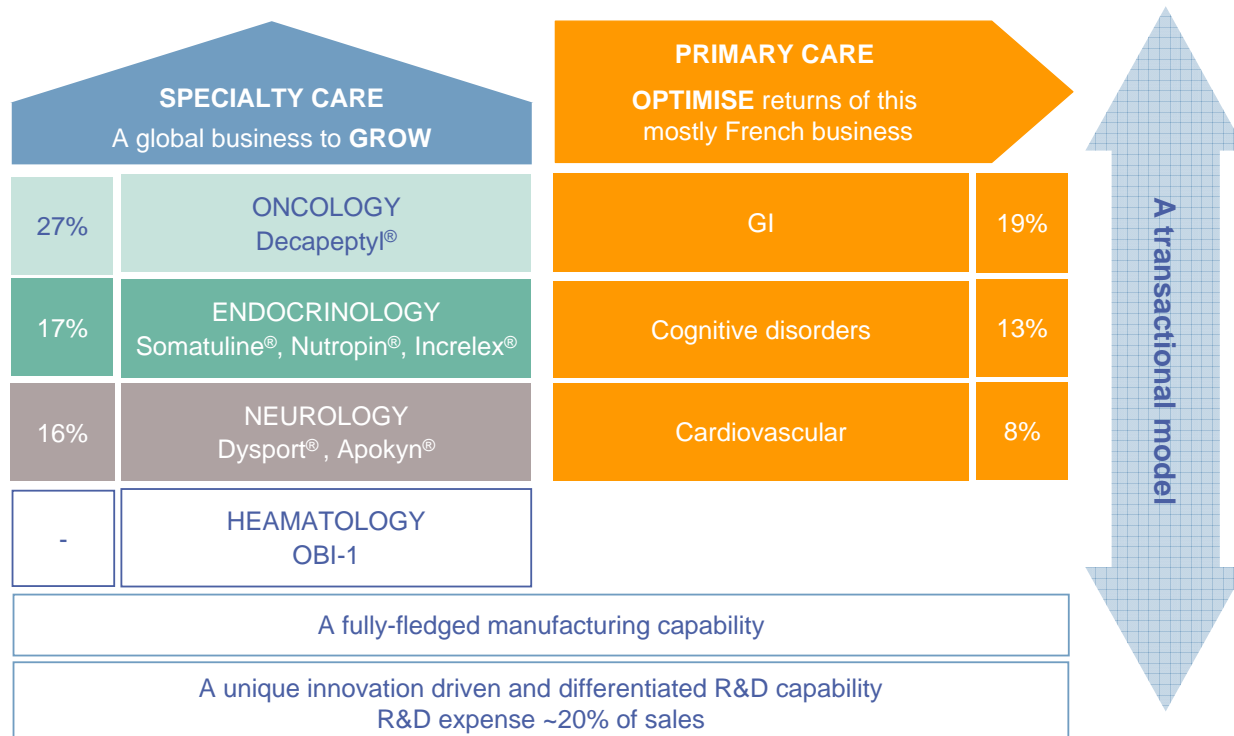
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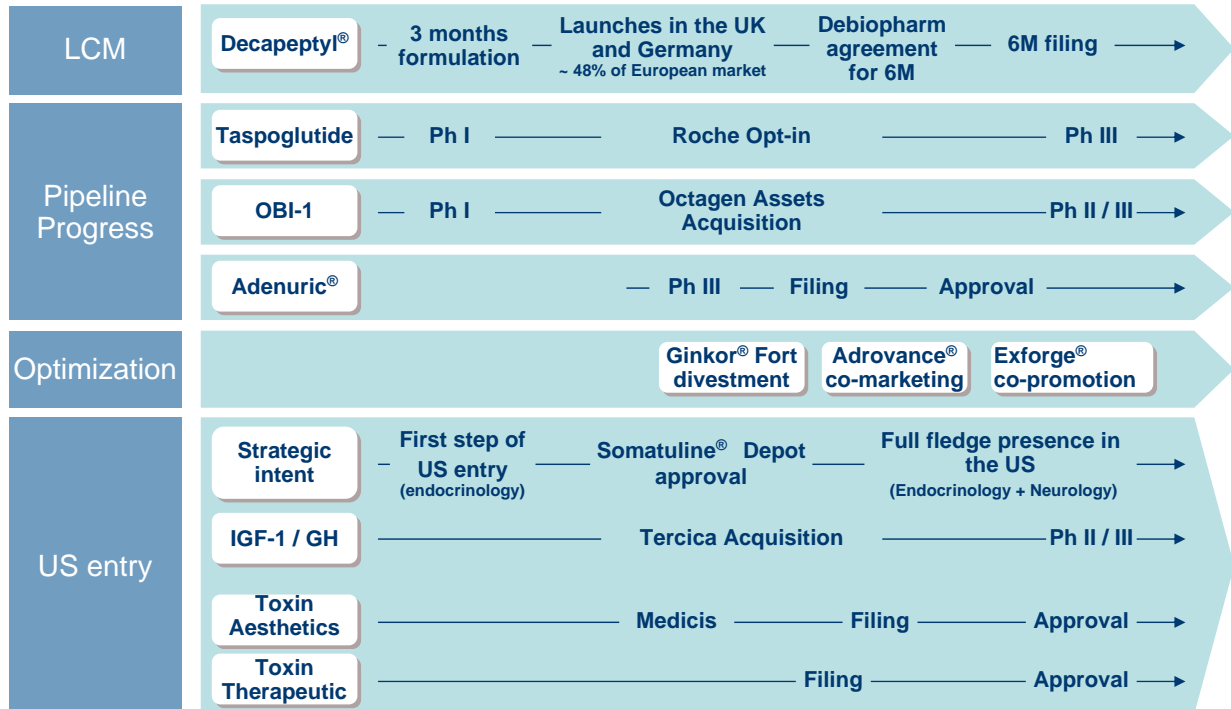
# Introduction



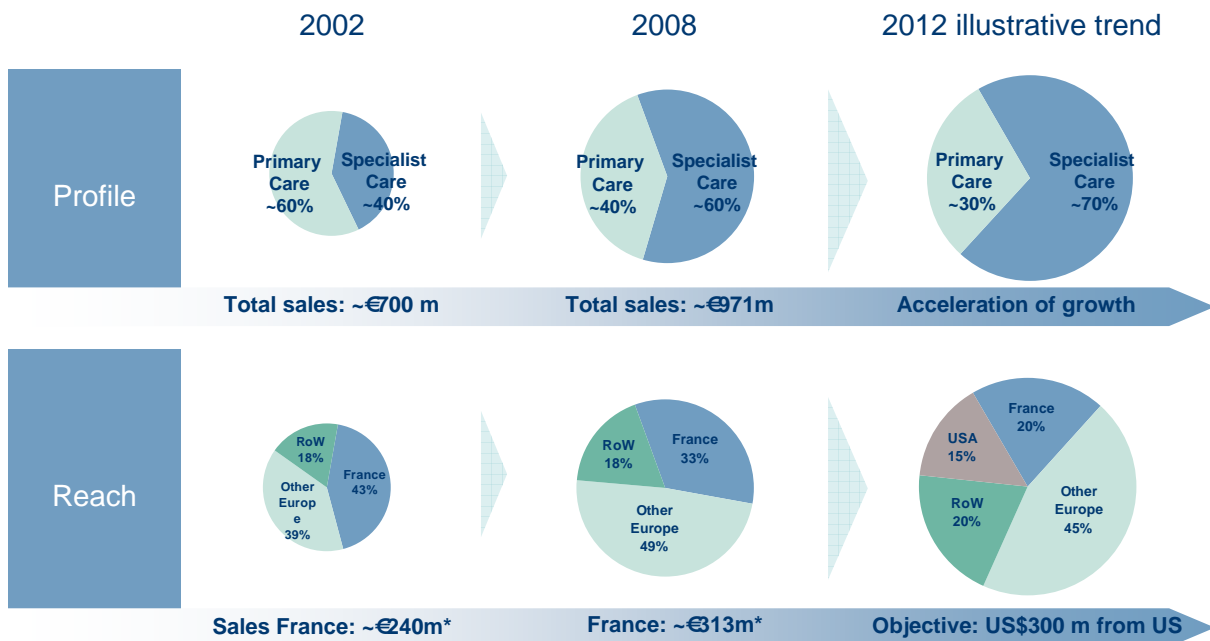
## Ipsen today : a global, innovation driven, specialty pharma



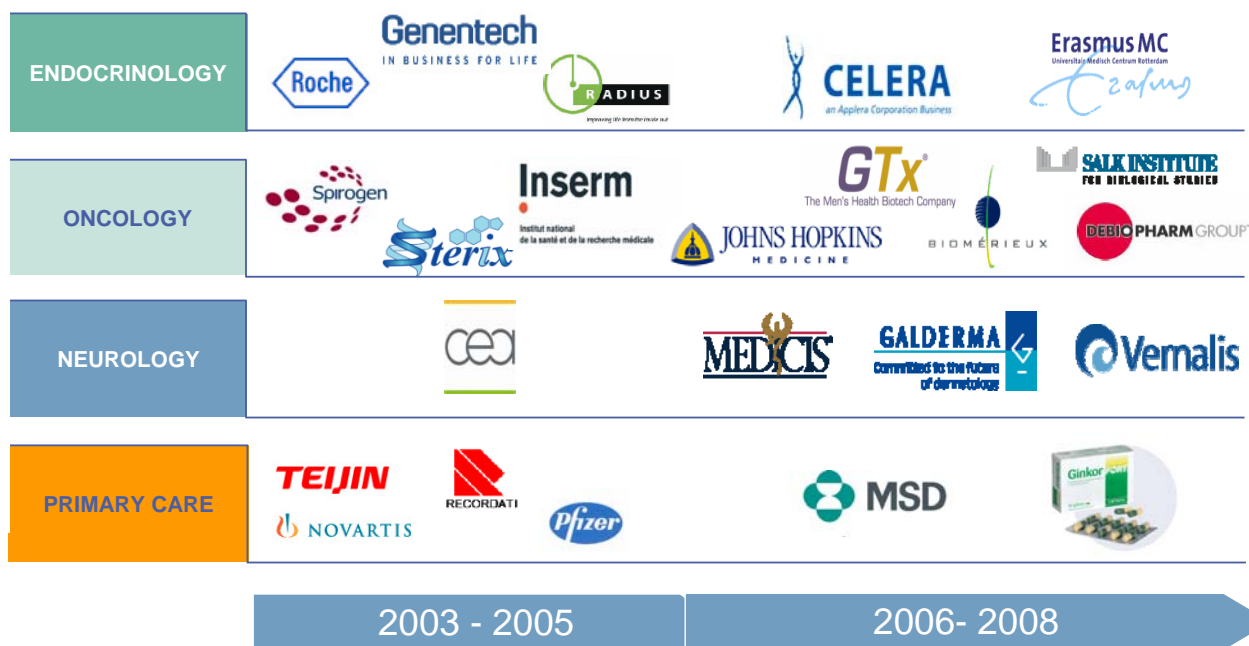
## Ipsen has consistently delivered on its strategic milestones...



## ... reinforcing the Group's profile and reach



## An increasingly transactional model



## Ipsen today....

- ➔ Resilience of business in a difficult macro-economic environment
- ➔ A strong and profitable specialty care growth engine
- ➔ Substantial growth opportunities through globalization and US entry
- ➔ A rich and well balanced R&D pipeline, with potential blockbusters
- ➔ A strong cash flow generation and balance sheet

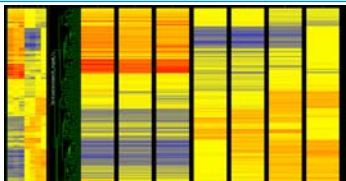


# Truly Differentiated R&D Capabilities



## Defining Ipsen's competitive edge in R&D

Hormones provide well defined templates with matching targets both novel or validated

Resident know how based on the integration of basic discovery technologies

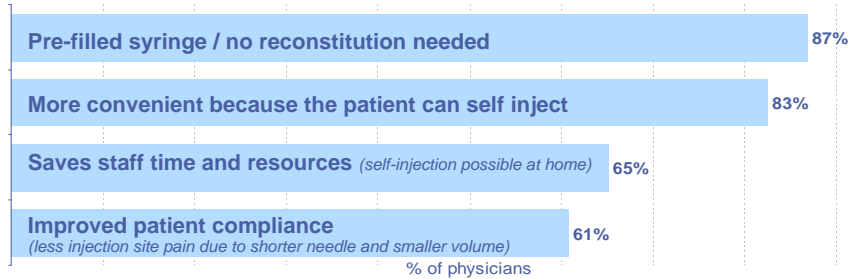
Technologies	Medicinal chemistry	Delivery systems
<p>Target identification, validation and drugability based on clinical observations supported by ...omics technologies</p>	<p>Steroids peptides, proteins engineering aiming at enhanced efficacy, potency, selectivity and safety over the endogenous hormone</p>	<p>Emphasis on improved pharmacological properties, optimization of dosing regimen and improved patients compliance and convenience</p>
		

## Somatuline® Depot: an improved presentation

	Sandostatin LAR®	Somatuline® Autogel®
Administration	2.0 ml Intramuscular	0.3 ml – 0.5 ml Subcutaneous
Presentation	Powder vial + solvent filled syringe + 2 needles	Pre-filled syringe
Injection technique	10 steps needed to reconstitute	Ready to use Self administration*



For what reasons would you prescribe Somatuline® Depot to your acromegaly patients? \*\*



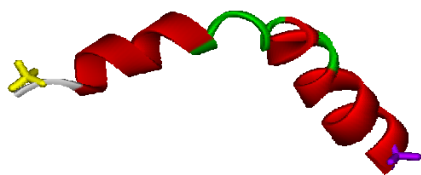
\* In selected countries

\*\* Study Sample: A total of 50 US endocrinologists completed a 30-minute online questionnaire between April 4 - 17, 2008  
25 High Volume Endocrinologists: Endocrinologists who see 11 or more acromegaly patients in a year  
25 Low Volume Endocrinologists: Endocrinologists who see between 5-10 acromegaly patients in a year

## An example of this unique technology convergence: taspoglutide

### Once-a-week or twice-a-month injection

- Equal / greater potency compared to native compound
- Extended metabolic half-life, 22x more stable in plasma
- Complete retention of incretin properties
- Strong patent positions



### Expected needle gauge

- (LAR) → 23G  
Quarter inch long
- Taspoglutide Liquid SRF → 29G  
**Insulin type needle** for subcutaneous injection

50 to 300 µl of highly concentrated aqueous solution devoid of excipient

## Strong growth drivers



### North America, a strong growth platform going forward

US Endocrinology platform (Somatuline <sup>®</sup> Depot; Increlex <sup>®</sup> )	2012	Sales in excess of \$250 million
US Neurology platform (Apokyn <sup>®</sup> ; Dysport <sup>™</sup> )		Sales in excess of \$50 million
Haematology (OBI-1)	At peak	<b>World wide</b> sales in excess of \$200 million
A US platform generating close to \$1billion by the end of the next decade		

## Review of Ipsen's growth drivers

	Product	Indications	Progress	Current Market value
Endocrinology	<b>Somatuline®</b>	NET - US Non Functioning NET- WW	Ph III Ph III	~ \$400 million <sup>1)</sup> > \$400 million <sup>2)</sup>
	<b>BIM 23A760</b>	Acromegaly, NET, other indications - WW	PhII	> \$1.5 billion <sup>3)</sup>
	<b>GH – IGF-1 Combination</b>	Adult and pediatric short stature - WW	Ph II	~ \$2.5 billion <sup>4)</sup>
Oncology	<b>Decapeptyl®</b>	Prostate cancer in the UK & Germany	Launched in 2004	~ €320 million <sup>5)</sup>
	<b>Toremifene Citrate</b>	ADT (80mg) High Grade Pin (20mg)	PH III completed Option	~ €230 million <sup>2)</sup> ~ €220 million <sup>2)</sup>
	<b>BN 83495</b>	Advanced Breast & Prostate Cancer - WW Gynecological Cancers - WW	Ph II	~ \$ 2.1 billion (0.7+1.4) <sup>6)</sup>
Hematology	<b>OBI-1</b>	Treatment of acute bleeding episodes - WW	Ph III	> \$200 million <sup>2)</sup>
Other	-	Geographical expansion (Eastern Europe, Asia)	-	-

1) IMS for Sandostatin US (NET + Chemotherapy Induced Diarrhea)

2) Market does not exist- Ipsen estimates

3) WW sales of dopamine agonists (Sandostatin, Somatuline and Somavert)

4) GH market – IMS Data + Company reports

5) IMS

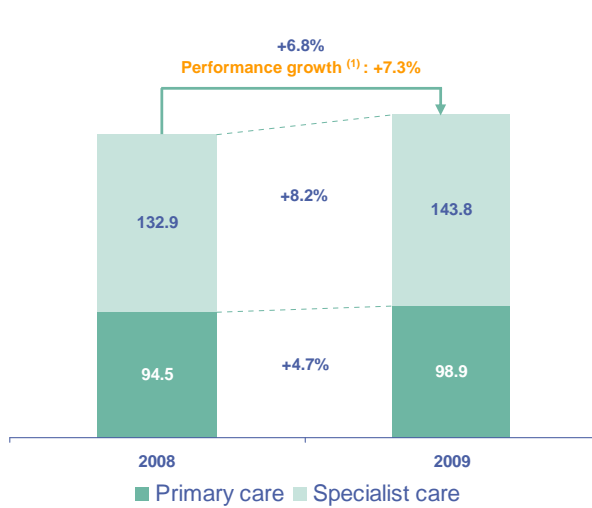
6) Decision Resources June & November 2008

## 2009 outlook

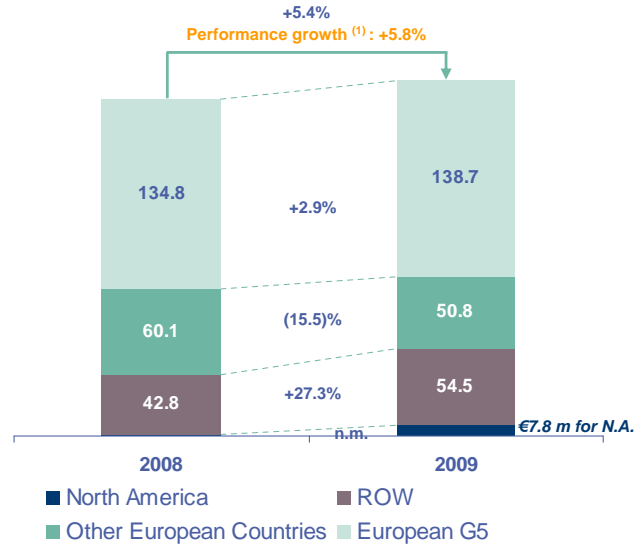


## Q1 Top line evolution

**Drug Sales by therapeutic area**  
(excludes Drug Related Sales)



**Group Sales by region**  
(Includes Drug Related Sales)



## Our 2009 Objectives

**Drug Sales growth (vs. 2008)**

**7.0% to 9.0%**  
(excluding foreign exchange impacts)

**Other revenues\***

**Around €45 million**  
(which will be increased by payments received from Bayer)

**Adjusted operating margin\*\***

**14.0%**  
(which will be increased by payments received from Bayer)

**Normative Group tax rate**

**Between 18.0% and 20.0%**  
of net profit from continuing operations before tax

\* Defined as the total payment of milestones received under license agreements, royalties received from third parties and other revenues (including for example co promotion revenues)

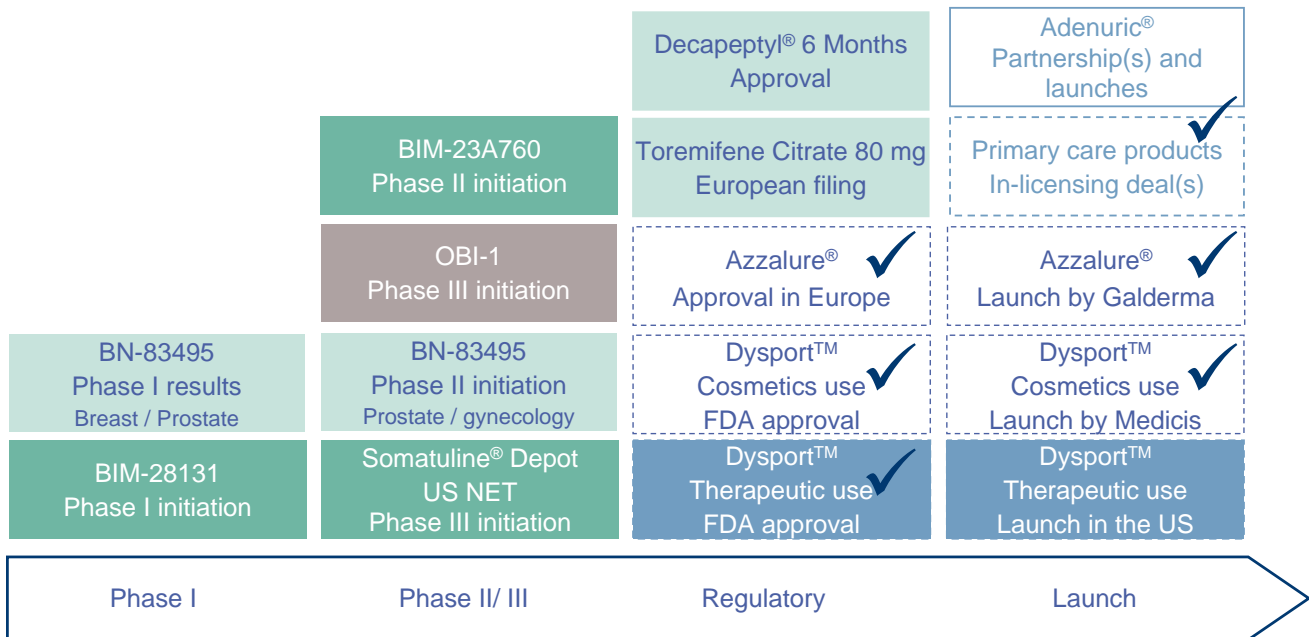
\*\* Adjusted operating margin is defined as reported operating margin before any transaction related impacts from the Group's acquisitions in North America

## Potentially a strong cash generation for 2009

2008 closing net cash position	66.2 M€
Medicis, Dysport™ (Approval by FDA)	\$75 million to be paid imminently
Bayer settlement (Disputed royalty revenue stream)	~ €36 million
Potential additional cash elements	<i>Adenuric: out licensing deal with partner</i>
	<i>Other out licensing deals</i>

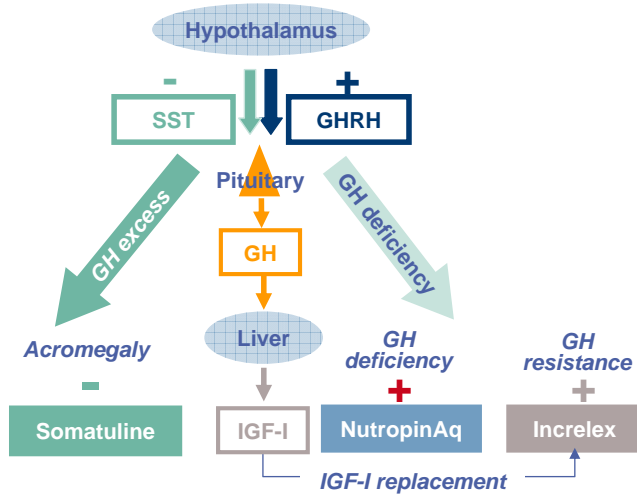
## A rich newsflow

## You have and you will hear from us in the months to come...



## An endocrinology franchise outgrowing competition

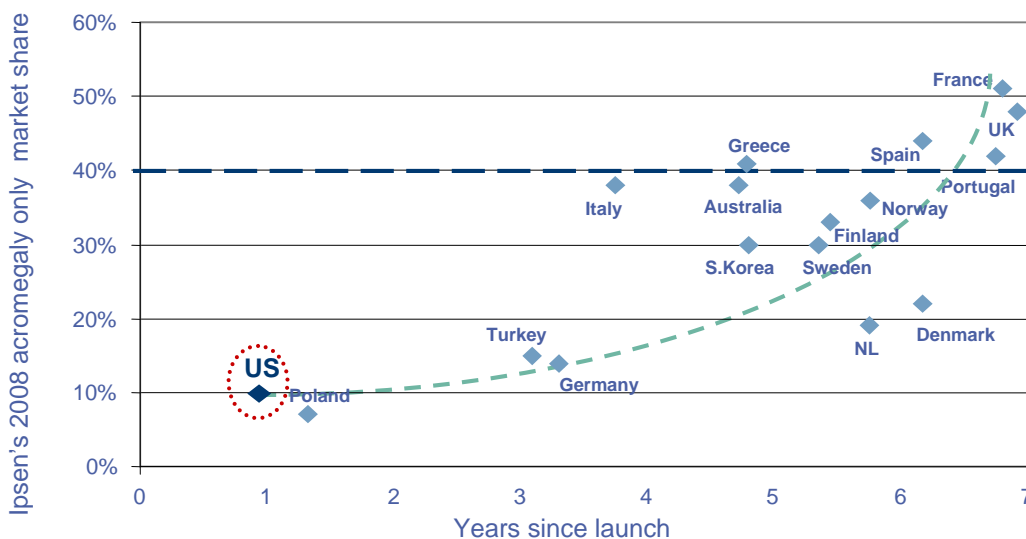
## A unique focus on pituitary disorders and hormone dependent diseases



### A strong franchise

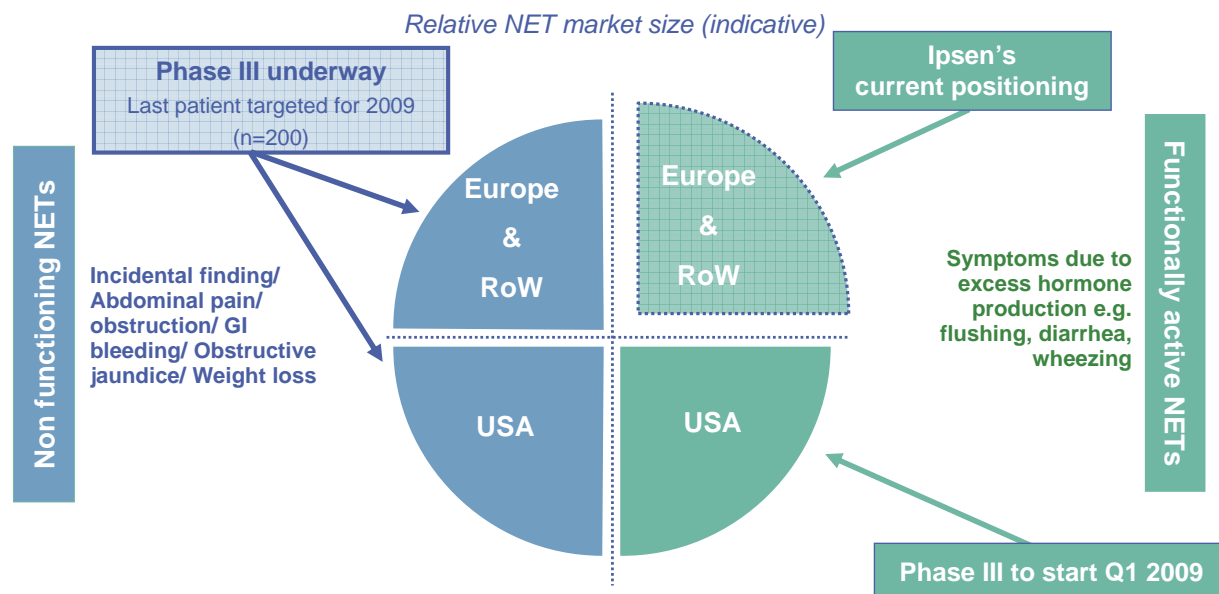
- A range of products addressing today Short Stature, Acromegaly and NET
  - High morbi-mortality
  - Debilitating pathologies
  - High unmet medical needs
- Somatuline®, NutropinAq® and Increlex® contributed to ~16 % of 2008 Group sales, ie. ~ €158 million.
- A fast growing franchise: sales doubled in the past 3 years

## Somatuline® Depot is poised to grow and gain market share



**Somatuline® market share is directly correlated to its time on market**

## Somatuline® offers significant life cycle growth opportunities

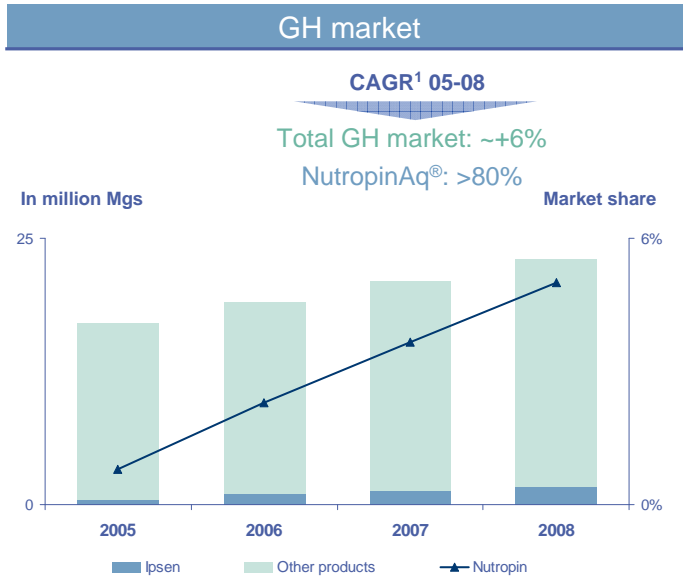


**Significant scope for expansion**

## Increlex® in the US : steady performance with continued growth expectations

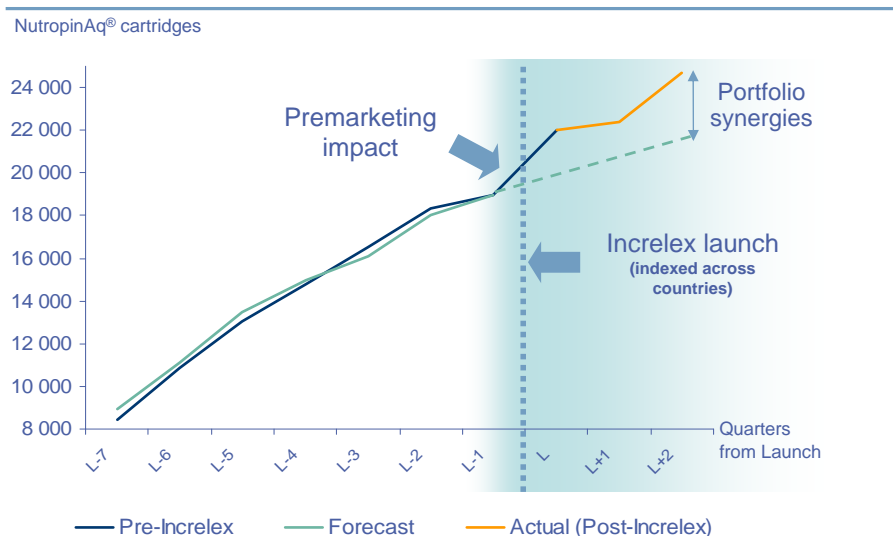
<p><b>Physician demand</b></p>	<ul style="list-style-type: none"> <li>Target audience : ~1,000 US paediatric endocrinologists</li> <li>Up to 20% of Rx come from new prescribers each month</li> <li>2/3 of pediatric endocrinologists have prescribed Increlex®; 78% continued prescription</li> </ul>
<p><b>Reimbursement success</b></p>	<ul style="list-style-type: none"> <li>~ 90% of private and public covered lives have formulary access</li> <li>75% Increlex patients approved upon final decision (similar to GH)</li> </ul>
<p><b>Patient experience</b></p>	<ul style="list-style-type: none"> <li>Sharp increase in patients on Increlex® initially GH-naïve to 60% in '08 from 30% in '07</li> <li>Dose increasing to appropriate targets, to 100 mcg/kg BID in '08 from 70 mcg/kg BID in '07</li> <li>Younger patients initiated with Increlex®, to average age at start of 10.0 years old in '08 from 11.5 years in '07</li> </ul>

## NutropinAq<sup>®</sup> in Ipsen territories is steadily gaining market share



- NutropinAq<sup>®</sup> attributes**
- 1<sup>st</sup> liquid formulation launched WW
  - A simple and user friendly pen
  - An experienced post marketing surveillance database
  - A dedicated experienced and professional team

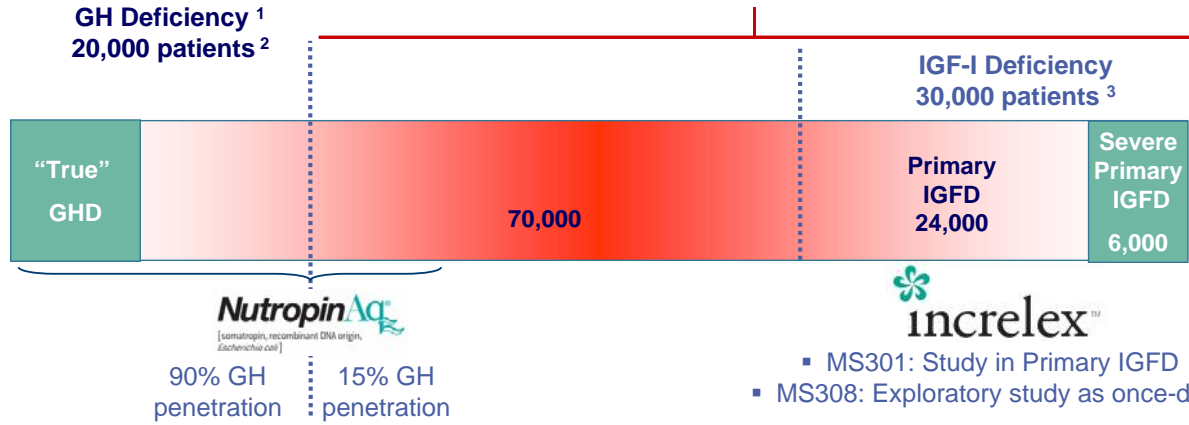
## NutropinAq<sup>®</sup> + Increlex<sup>®</sup>: evidence of portfolio synergy



“Ipsen is the only company that can legitimately claim to treat all forms of growth failures through the spectrum of GH deficiency to GH resistance”  
*Pr. Martin Savage, St Bartholomew’s Hospital, London*

## Ipsen is redefining the treatment of short stature

Non-GH Deficient Short Stature: 100,000 patients in the US

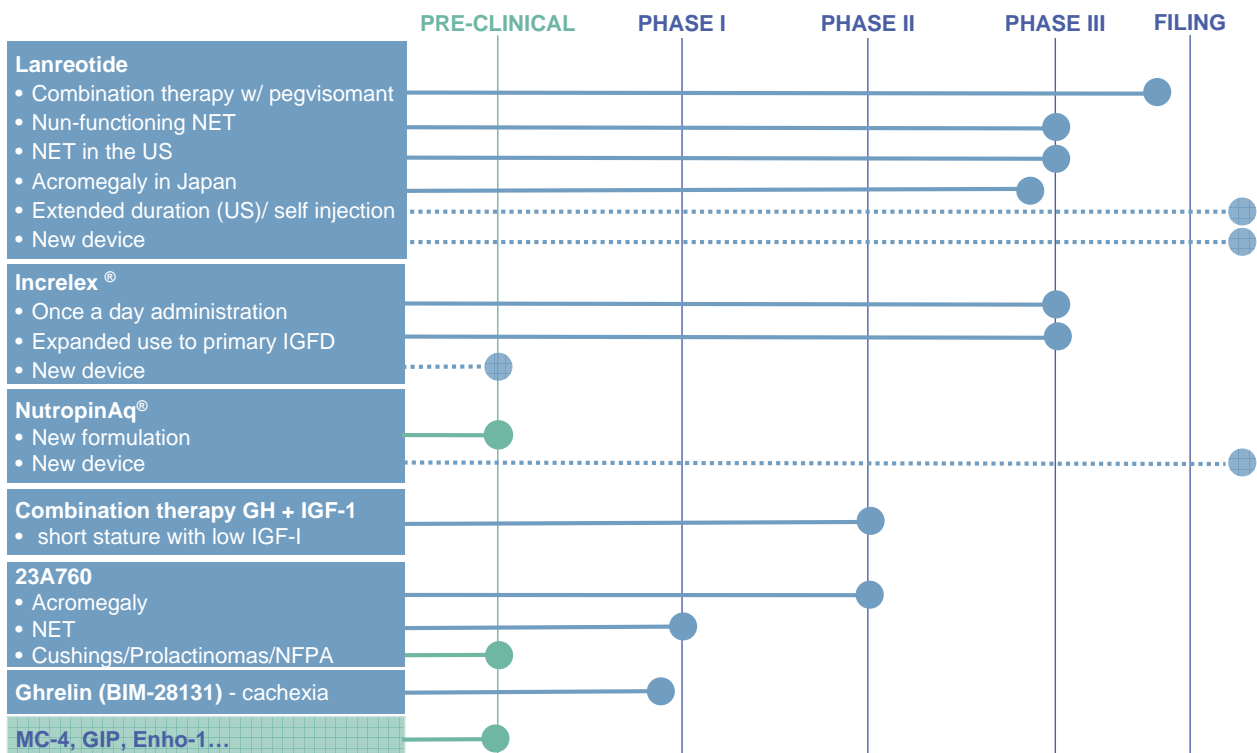


### COMBO in IGFD

- MS316: Ph.II dose titration study recruitment to be completed by Q2 '09
  - Ph.II study in GH Deficient children to start by end '09

1) Includes TS, SGA, CRI, PWS  
2) Approximate number seen by Ped Endos; Finkelstein et. Al.  
3) NCGS Analysis

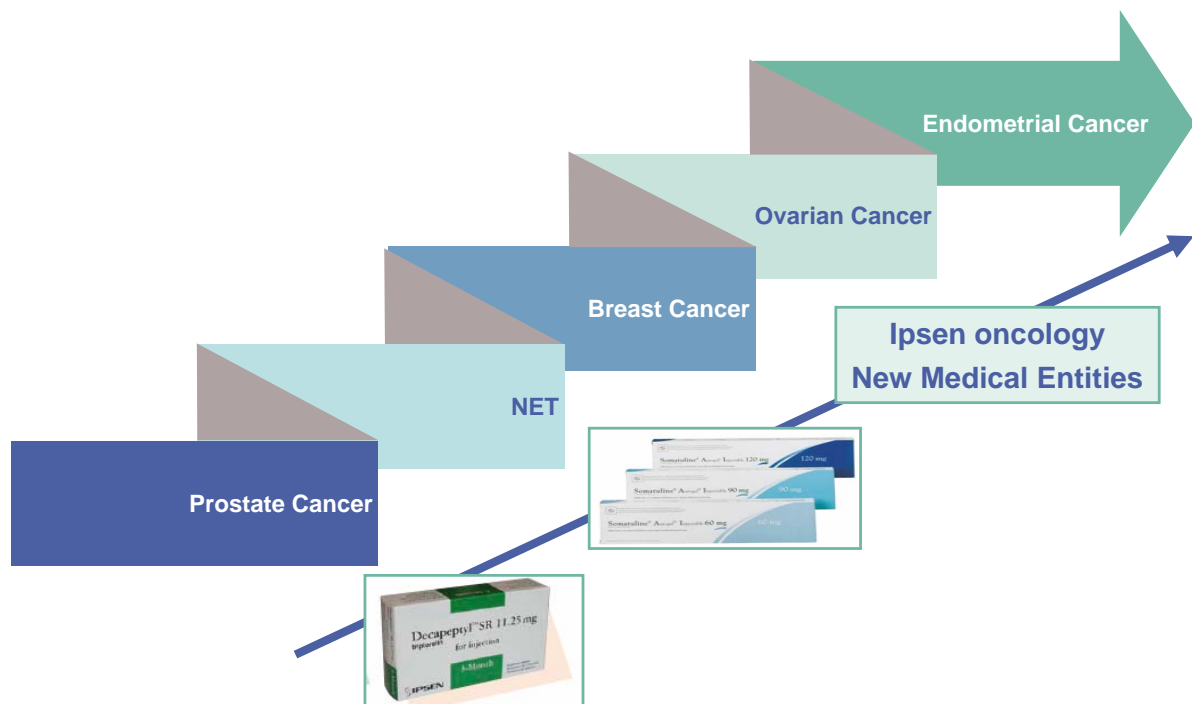
## A rich endocrinology pipeline



# Confirming Ipsen as a leader in the field of hormone dependent cancers



## Confirming Ipsen as a leader in Hormone Dependent Cancers

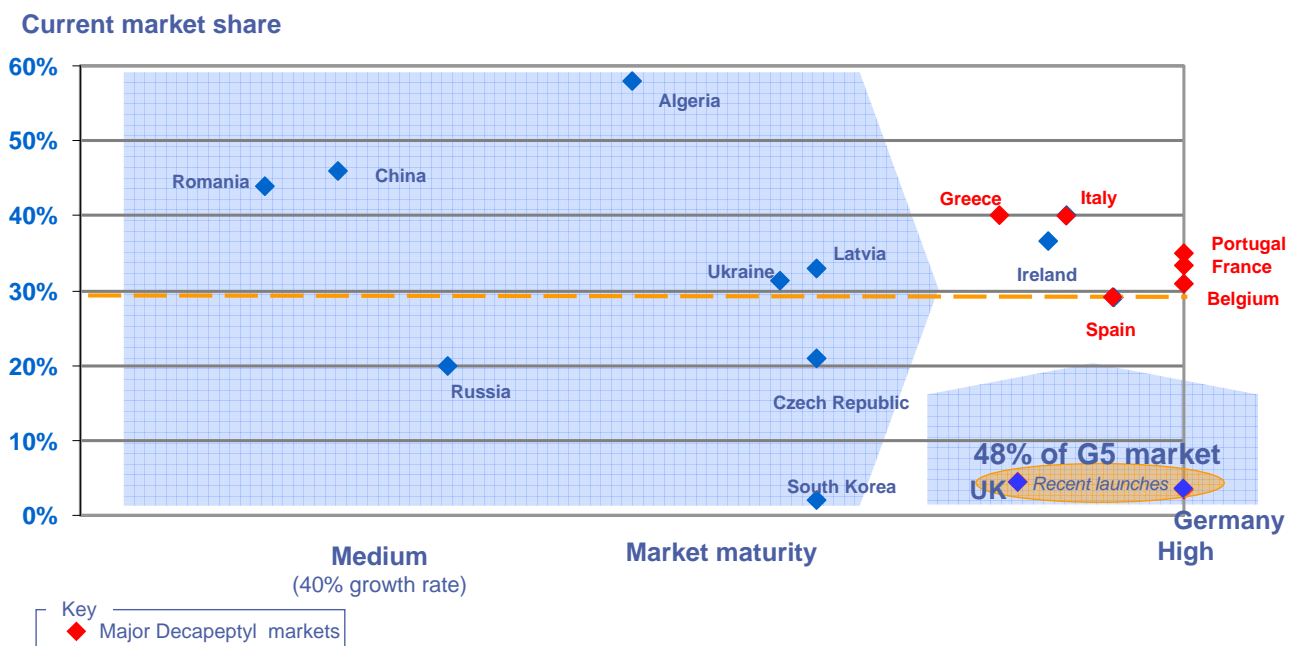




## Decapeptyl® 3 months formulation: a competitive product profile

Formulation and efficacy	<ul style="list-style-type: none"> <li>Marketed 1 month (1M) and 3 month (3M) formulations</li> <li>Maintenance of castrate testosterone levels at 3M in 98% of patients<sup>1</sup></li> <li>At 3M, 91% decrease of PSA levels, showing tumor control</li> </ul>						
Local tolerance/ convenience	<ul style="list-style-type: none"> <li>IM route of administration, good local tolerance</li> <li>Injection not visible for the patient</li> </ul>						
Storage and reconstitution	<ul style="list-style-type: none"> <li>Stored at room temperature</li> <li>5 steps reconstitution</li> <li>Safety needle system</li> </ul>						
Formulation and efficacy	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Competitor 1</th> <th style="background-color: #4F81BD; color: white;">Competitor 2</th> <th style="background-color: #4F81BD; color: white;">Competitor 3</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> <li>Various formulations across territories : 1M formulation = 3,75mg or 7,5mg and 3M formulation = 11,25mg or 22,5mg</li> <li>Increased survival rate at 9 months in triptorelin group vs competitor 1<sup>2</sup></li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Conservation between 2 - 4° = needs to be warmed up before reconstitution</li> <li>Manual reconstitution to obtain SR</li> <li>Risk of nodules, abscess</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>Ready to use implant</li> <li>Very large needle : need of local anesthesia</li> </ul> </td> </tr> </tbody> </table>	Competitor 1	Competitor 2	Competitor 3	<ul style="list-style-type: none"> <li>Various formulations across territories : 1M formulation = 3,75mg or 7,5mg and 3M formulation = 11,25mg or 22,5mg</li> <li>Increased survival rate at 9 months in triptorelin group vs competitor 1<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Conservation between 2 - 4° = needs to be warmed up before reconstitution</li> <li>Manual reconstitution to obtain SR</li> <li>Risk of nodules, abscess</li> </ul>	<ul style="list-style-type: none"> <li>Ready to use implant</li> <li>Very large needle : need of local anesthesia</li> </ul>
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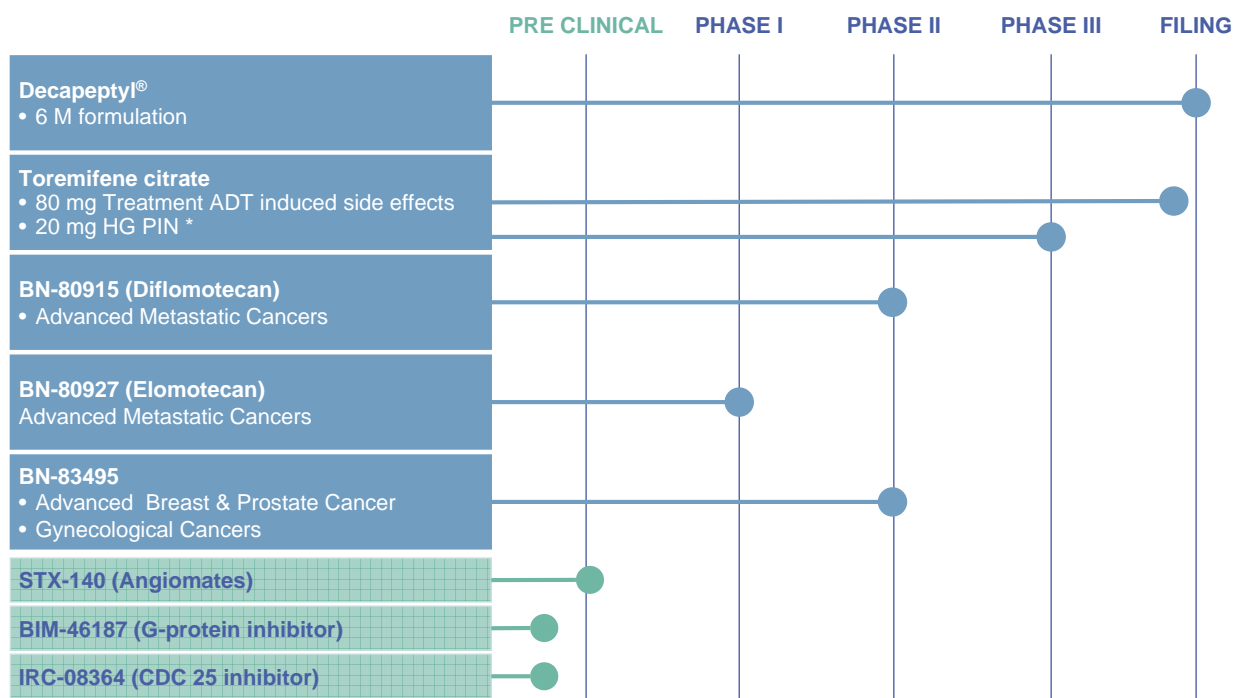
## Decapeptyl®: strong positions, and poised to grow



## Decapeptyl® 6 month formulation: a more differentiated product profile

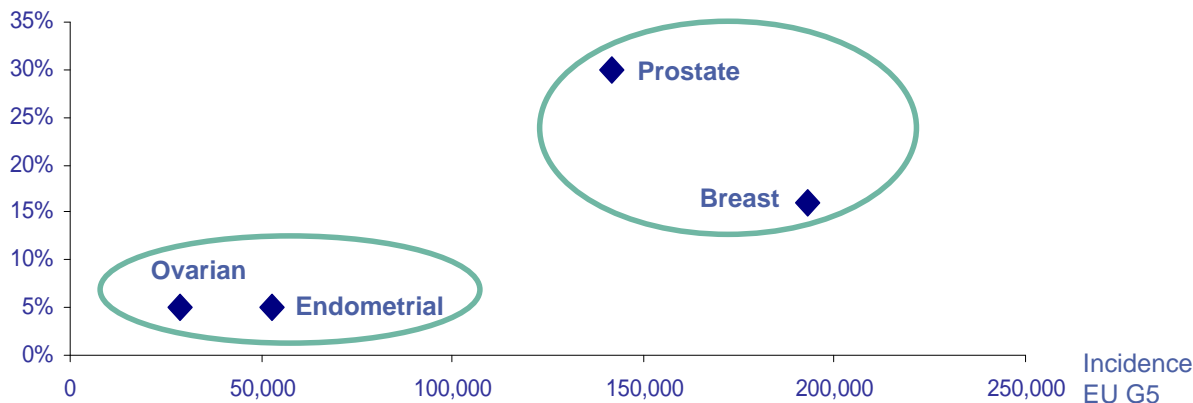
Efficacy	<ul style="list-style-type: none"> <li>▪ Comparable efficacy to 1 and 3 months formulation               <ul style="list-style-type: none"> <li>• Castration levels (testosterone)</li> <li>• Disease control (PSA)</li> </ul> </li> </ul>	
Local Tolerance	<ul style="list-style-type: none"> <li>▪ Limited local side effects (6.7% of patients )</li> </ul>	
Storage and reconstitution	<ul style="list-style-type: none"> <li>▪ Storage at room temperature (no need to heat up before reconstitution)</li> <li>▪ 5 Steps to reconstitute, change needle, and inject - IM route</li> </ul>	
Formulation/ Efficacy	6 month competitor 1	6 month competitor 2
	<ul style="list-style-type: none"> <li>▪ 80% of patients castrated after 6M<sup>2</sup></li> <li>▪ Testosterone <u>to be tested</u> every 6M*<sup>1</sup></li> <li>▪ Formation of Nodules or abscess<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Slow release formulation dependent on manual 60 mixture<sup>1</sup> step</li> <li>▪ Storage at 2-4°: need to heat up for reconstitution<sup>1</sup></li> </ul>

## A promising Oncology pipeline



## Moving up to higher prevalence diseases and higher unmet medical needs

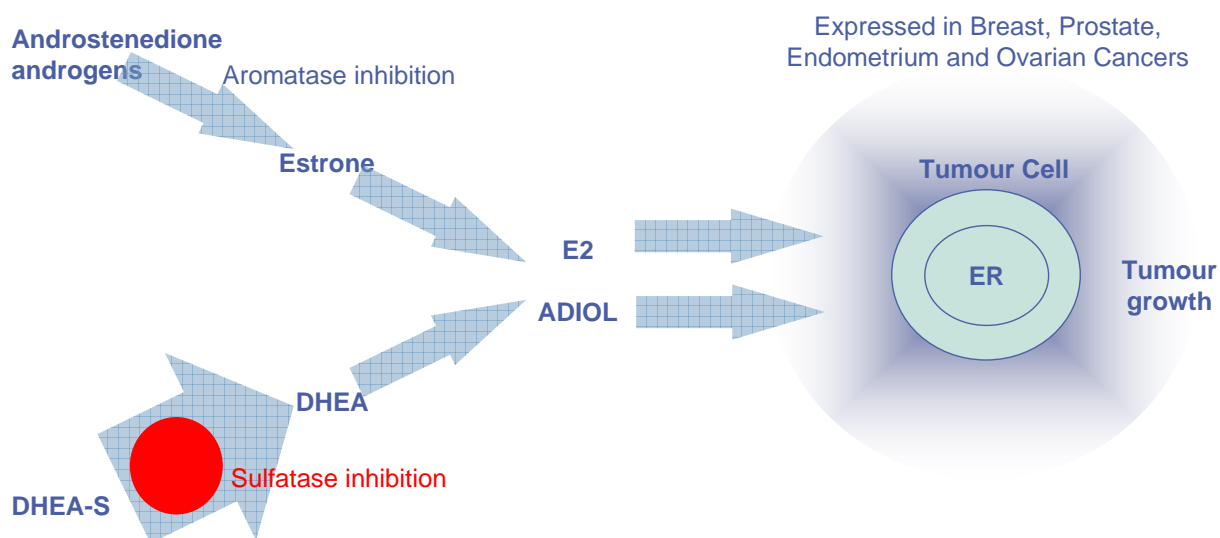
5 year survival stage IV disease



**Ipsen New Medical Entities: multi targeted agents aiming at large markets as well as niche indications with large unmet medical needs**  
**BN-83495 is potentially a company transforming product**

## Rationale for Sulfatase inhibitor development

*Inhibition of Androstenediol synthesis from DHEA-S*

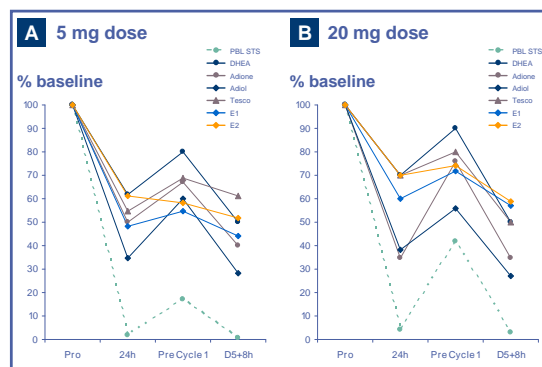
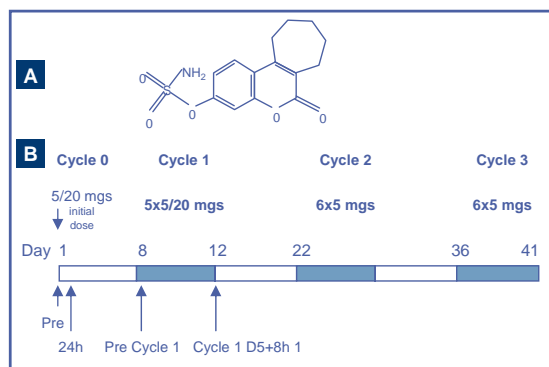


**Adiol can bind to oestrogen receptor and stimulate tumour growth**  
**(90% Adiol derived from DHEA-S in post-menopausal women)**

## First clinical study in Breast Cancer patients

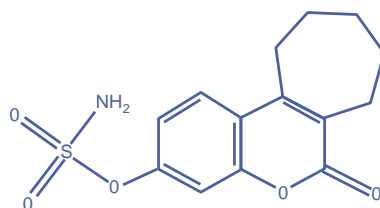
STS inhibition leads to significant reduction in circulating steroids and induces clinical benefit\*\*

First clinical study CR UK \* - Daily x 5 dosing



Next step: confirmation of the results in Metastatic Breast Cancer and exploration of the full range of hormonal dependent tumours

## BN-83495 in a nutshell: a new mechanism of action and potential therapeutic breakthrough



Tricyclic coumarin sulfamate

Irreversible **Oral** steroid sulfatase (STS) inhibitor

Preclinical data supporting correlation between STS inhibition and tumour suppression in Endocrine Cancers

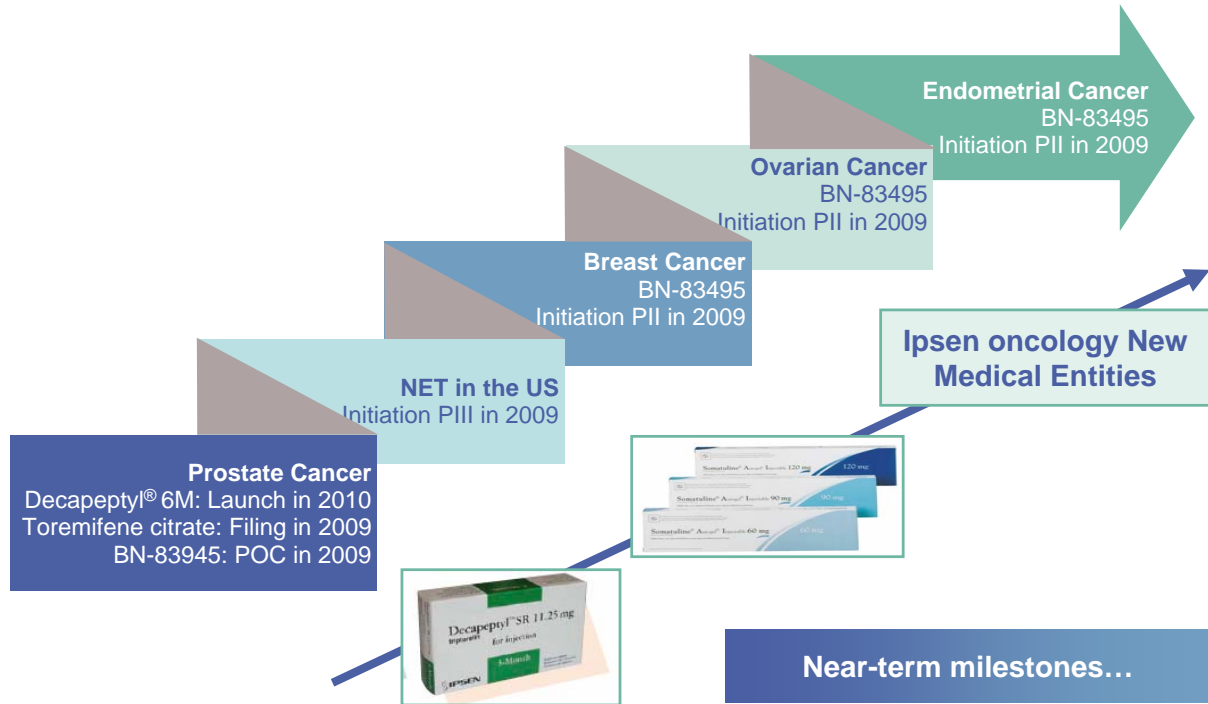
Early clinical POC  
in  
metastatic Breast Cancer

POC trial  
in HR Prostate Cancer  
commenced Jan. 2009

POC trials in  
Gynecological Cancers  
to commence in 2009

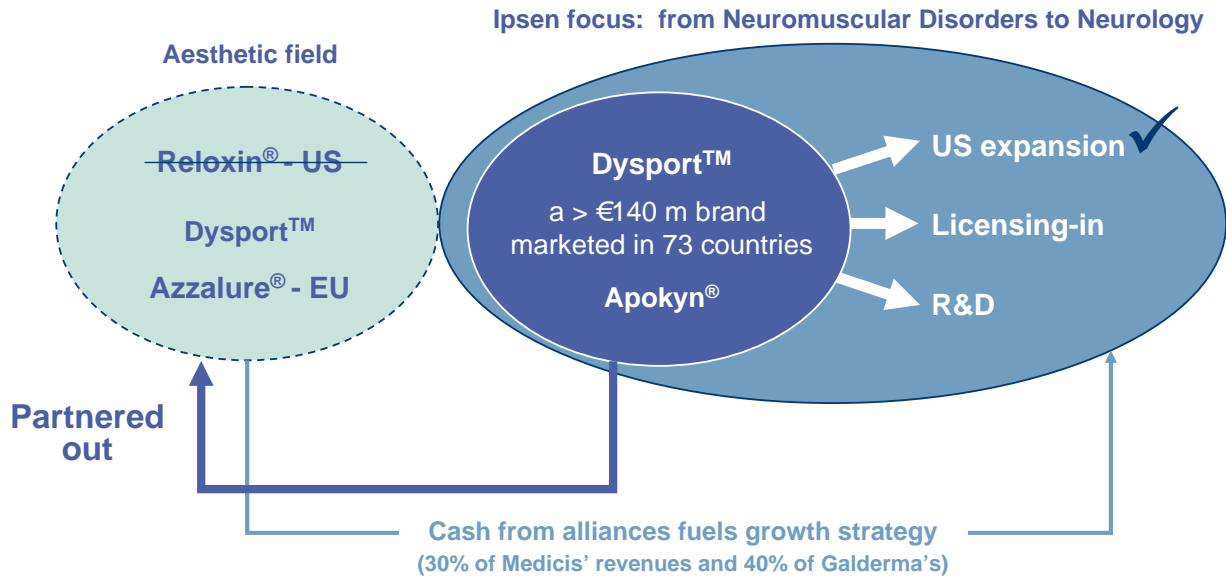
Strong patent platform position & available back-up

## Confirming Ipsen as a leader in Hormone Dependent Cancers



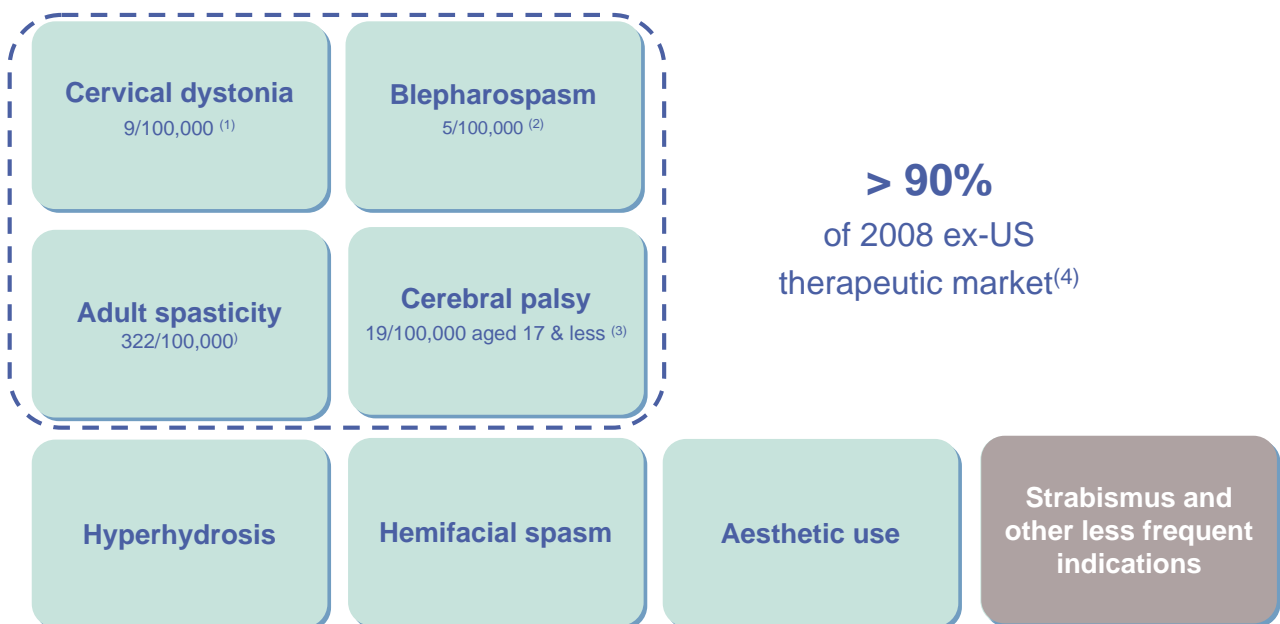
## From a Regional Neuromuscular Specialty to a Global Neurology Franchise

## A specific therapeutic focus



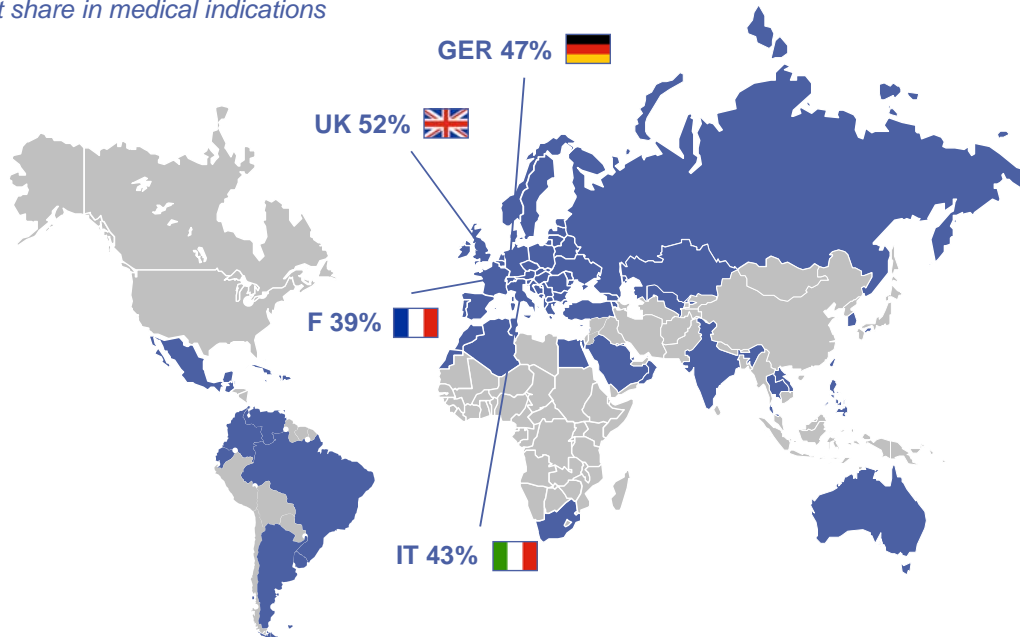
**Dysport™: the cornerstone of a Neurology franchise**

## Dysport™: approved ex-US in most key indications



## Dysport™: launched in 1991, approved in 73 countries

Market share in medical indications



In dark blue, countries where Dysport® is marketed

Sources: IMS, Insight Health/ODV, Ipsen estimates

## A good track record at catching-up market shares...

Market share in medical indications



## Dysport™ in the US: a step further toward a global neurology franchise

1. **Dysport™: a proven track record and field proven product**
2. **A true global product**
3. **A unique focus on medical use**
4. **Focus on US opportunity – strong positioning with well prepared launch**
  - Sound value proposition: the medical treatment alternative
  - Targeted and appropriate sales force
  - Managed care experience
5. **Building up a neurology franchise leveraging the business development capability**
6. **Intense efforts in the discovery area**

## A focused haematology presence



## An agent targeting both acquired and congenital hemophilia

### **Congenital hemophilia A** *with inhibitors to human FVIII*

- Affects 1:4000 male births
- The development of neutralizing antibodies (inhibitors) to hFVIII following replacement therapy is a major complication
- Inhibitors develop in about 28% of severe patients and in between 3% to 13% of mild and moderate hemophilia A patients
- Patients no longer respond to hFVIII therapy

### **Acquired hemophilia** *Acquired factor VIII inhibitor*

- Affects 1 to 2 individuals in 1,000,000, predominantly in older individuals
- A small proportion of younger patients may develop the disease, predominantly post-partum women
- Clinical manifestation is more severe and anatomically diverse than in congenital hemophilia A
- A mortality rate approaching 20%. Bleeding is often spontaneous or in response to minimal trauma

**pFVIII is a promising treatment to stop bleeds in patients with inhibitors to hFVIII**

## Now preparing for phase 3...

2 prospective clinical trials, in liaison with Medical Community & Regulatory Agencies

Study in patients with acquired factor VIII inhibitor (acquired hemophilia)

Treatment of all acute bleeding episodes

Study in patients with congenital hemophilia A and inhibitors to hFVIII

Treatment of life or limb threatening bleeding episodes

Both will be of similar design  
Open label, non comparative prospective studies, with about 40 patients in each study

Standards setting: first ever prospective trial in acquired hemophilia

**Protocols finalization and pre-phase 3 CMC consultations  
with regulatory agencies to be completed in H1 2009**



## A highly specialized hospital product addressing unmet need

First biologics to conclude Phase 2 resulting from strategic biotechnology platform

Patent protection until 2023 in Europe and US

World-wide commercialization rights

Lean commercial infrastructure

A commercial potential in excess of US\$200 million

Fourth specialty therapeutic focus in Haematology

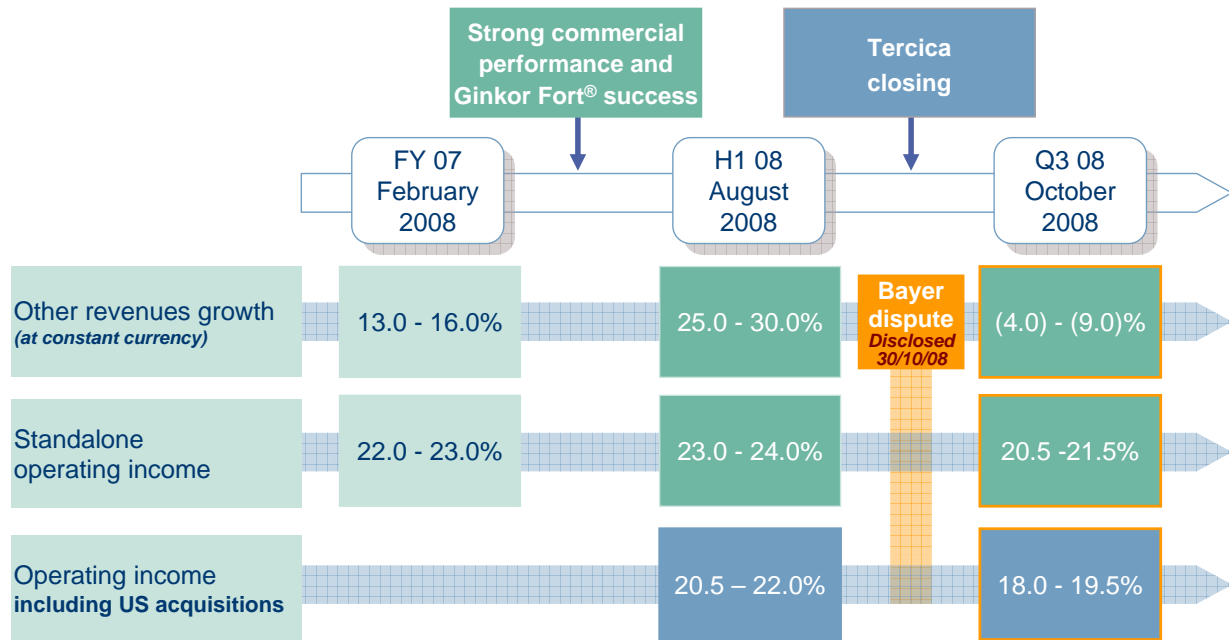


## Appendix 1:

### Evolution of our 2008 financial objectives



## Evolution of our 2008 financial objectives



All operating margin objectives exclude US restructuring costs and one-offs and are stated in % of sales

## Appendix 2:

## 2008 Financials

### ‘Standalone’ Group sales:

Group sales at constant currency, less its North American fourth quarter 2008 consolidated sales

### ‘Performance’ or ‘underlying’ growth:

Group sales growth at constant currency, excluding the sales of Ginkor Fort® in 2007 and 2008 as the product was divested on January 1, 2008) and excluding North American fourth quarter 2008 consolidated sales

### ‘Adjusted’ operating margin:

Group operating margin excluding US acquisition related impacts such as purchase price accounting elements or recurring elements

## Our financial objectives have been met

		Adjusted <sup>(1)</sup> financial objectives	2008 performance
Sales	Performance growth	6.5-7.5%	✓ 8.2%
	Reported growth	3.2-4.2%	✓ 4.7%
Operating margin	“Standalone”	20.5-21.5%	✓ 21.6%
	As reported excl. US acquisitions one-off costs	18.0-19.5%	✓ 19.2%

(1) IMPORTANT NOTE: Please refer to Appendix 1 for definitions of “adjusted”, “performance growth”, “standalone”, and “post US acquisitions”

## Key elements to take into consideration in 2008 over 2007

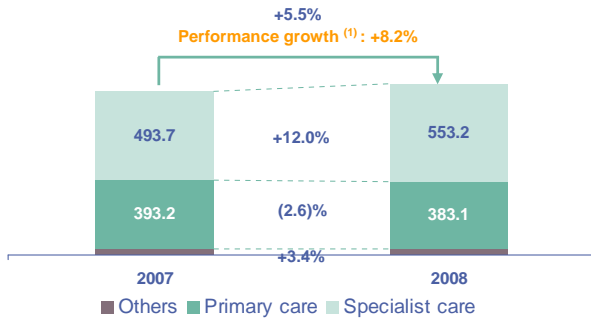
		2007	2008
Sales	Ginkor Fort® divestment	€7.0 m sales	€14.0 m sales
	Consolidation of US acquisitions	-	Q3&Q4 consolidated sales of €3.1 m
	Currency headwind	80 basis points negative impact on sales growth	
Other revenues	Dispute with Bayer	-	€25.0 m "miss"
	Ginkor Fort® milestones	-	€18.8 m net revenues booked

## Key elements to take into consideration in 2008 over 2007

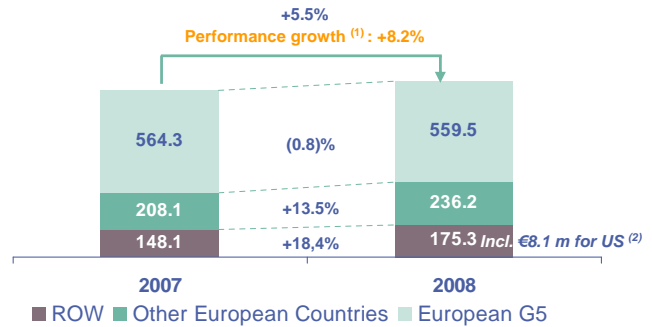
		2007	2008
COGS	R&D to COGS shift	-	+€2.2 m Shifted <sup>(1)</sup>
R&D	Currency tailwind	R&D expenses up 4.5% at constant currency vs. (1.1)% as reported	
	End of US filings preparation and FDA inspections	Industrial development expenses down 39% or €(10) million year on year	
	R&D to COGS shift	-	- €3.5 m shifted
Taxes	US acquisitions	25.3% effective tax rate	17.4% effective rate vs. 20.9% w/o US losses

## Top line evolution

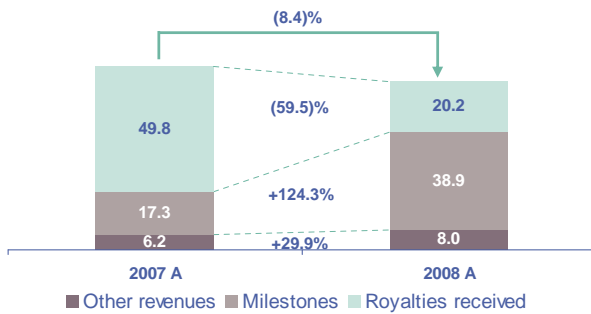
### Sales by therapeutic area



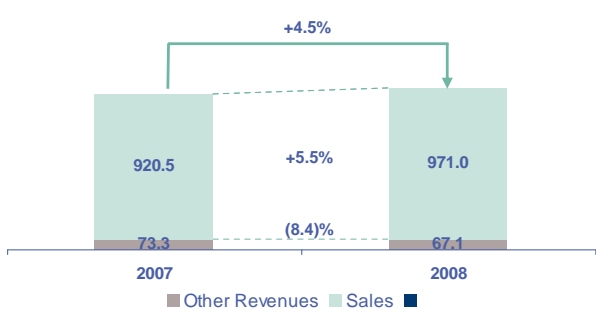
### Sales by region



### Other revenues evolution

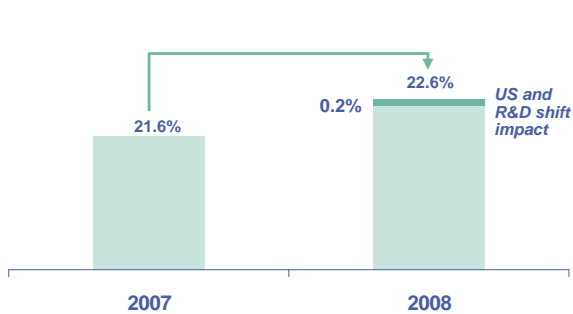


### Total revenues evolution

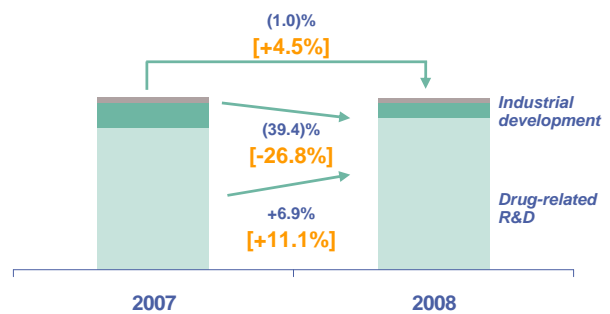


## P&L – above EBIT

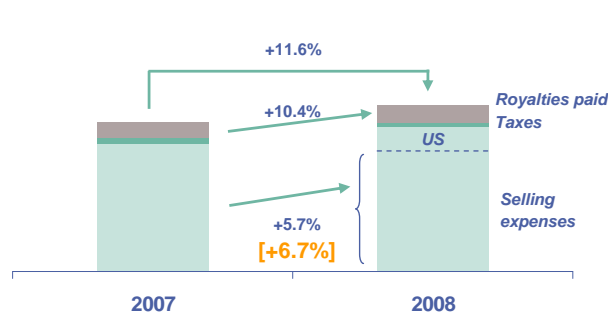
### COGS (% of sales)



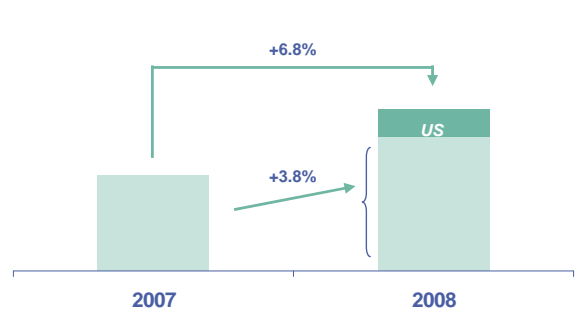
### Research & Development



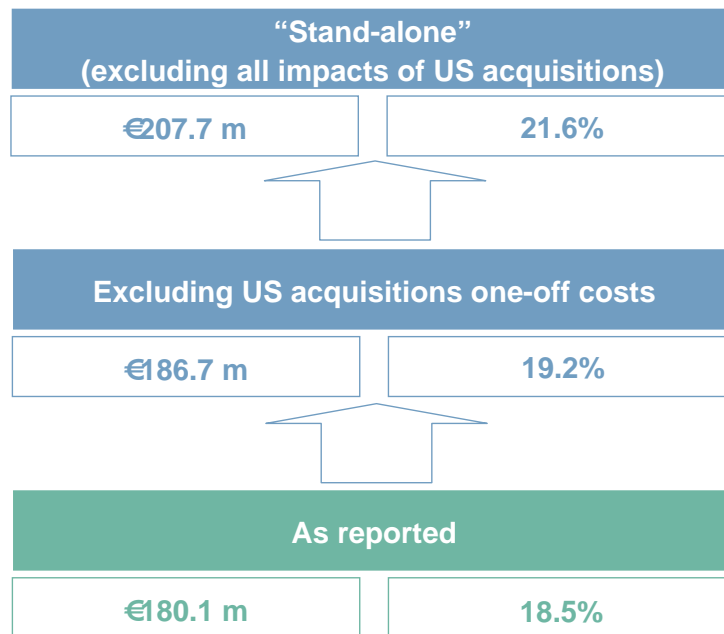
### Sales & Marketing



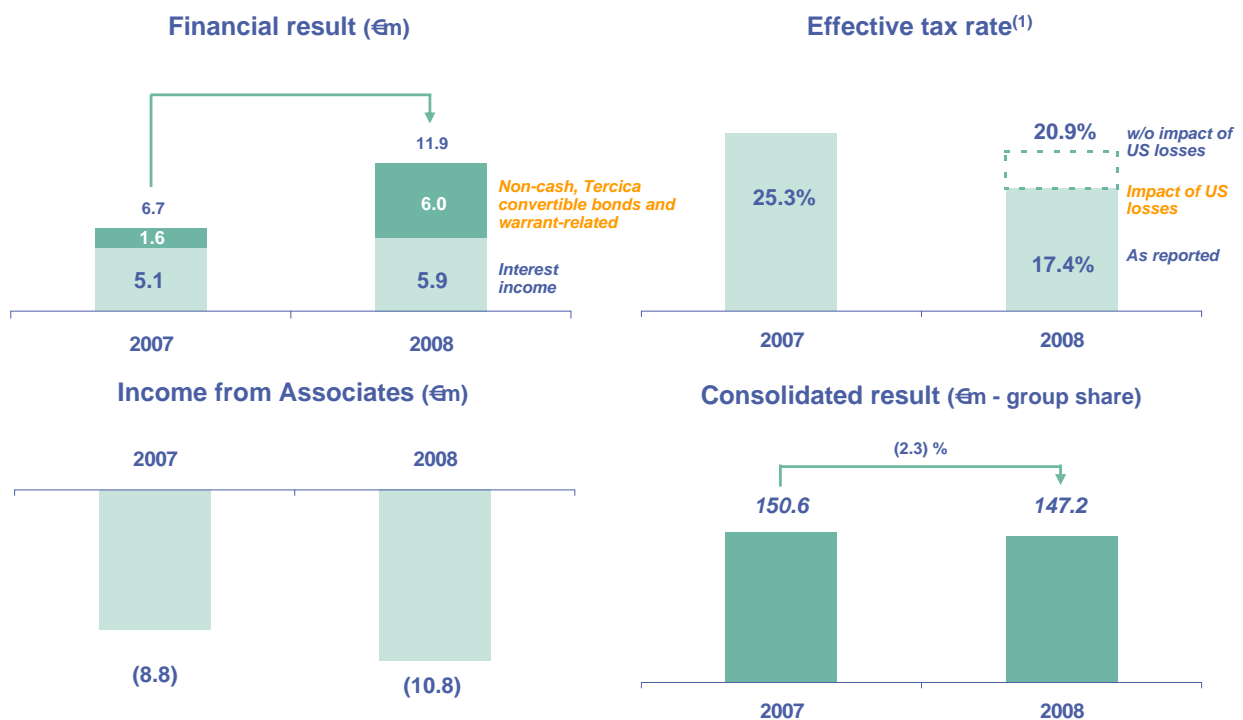
### G&A



## P&L – operating result and margin



## P&L – below EBIT



## Balance Sheet evolution

	Assets			Liabilities	
	31 Dec 07	31 Dec 08		31 Dec 07	31 Dec 08
- In million of euros			- In million of euros		
<b>Goodwill</b>	189.0	351.7	<b>Equity</b>	799.9	866.9
<b>Property, plans &amp; equipments</b>	221.9	237.9	<b>Minority interests</b>	1.2	1.6
<b>Intangible assets</b>	89.2	163.9	<b>Total equity</b>	801.1	868.5
<b>Other non-current assets</b>	185.3	125.9	<b>Long-term financial debts</b>	20.8	162.7
<b>Total non-current assets</b>	685.4	879.4	<b>Other non-current liabilities</b>	221.0	217.6
<b>Total current assets</b>	636.8	689.1	<b>Short-term debts</b>	9.2	8.3
<i>Incl. cash and cash equivalents</i>	247.1	239.6	<b>Other current liabilities</b>	265.5	307.8
<b>Assets / discontinued operations</b>	0.7	1.3	<b>Liabilities / discontinued operations</b>	5.3	4.9
<b>Total assets</b>	1322.9	1569.8	<b>Total Liabilities</b>	1322.9	1569.8
<b>Net Cash (1)</b>	217.8	66.2			

## Cash flow statement

	31 Dec 07	31 Dec 08	Comments
- In million of euros			
<b>Cash Flow before change in working capital</b>	214.3	196.5	
- Increase / Decrease in working capital	(38.3)	6.9	Deferred revenues net increase : + €17.0m
<b>Net cash flow generated by operating activities</b>	176.0	203.4	Decrease of Bayer receivables : +€10.9m
Investment in intangible assets and property, plant & equipment excl. US acquisitions	(76.5)	(73.1)	Receivables, payables, inventory and others – €21.0m
US acquisitions	(46.5)	(216.5)	Tangible assets : -€61.4m
Others	(17.3)	4.4	Intangible assets : - €33.8m
<b>Net cash flow used in investing activities</b>	(140.3)	(285.2)	Divestment & others : €22.1m
Net change in borrowings	(1.9)	141.0	US acquisitions
Dividends paid	(50.4)	(55.0)	
Others	(24.5)	(7.0)	
<b>Net cash flow used in financing activities</b>	(76.8)	79.0	Draw down of syndicated credit facility +€150m
Discontinued operations	1.3	0.7	
<b>Change in cash and cash equivalent</b>	(39.8)	(2.1)	
Impact of exchange rate fluctuations	(3.0)	(1.5)	
<b>Closing cash &amp; cash equivalents</b>	240.9	237.3	
<b>Closing Net Cash(1)</b>	217.8	66.2	