



Investor Presentation

Spring 2021

Our Vision

To be a leading global mid-size biopharmaceutical company with a focus on transformative medicines in oncology, rare disease & neuroscience



Focus. Together. For patients & society

Maximize our brands



Strengthen pipeline





Drive *efficiencies*



Focus on culture



Strong & expanding global footprint

North America 33% of Total Sales¹

From 11% to 33% of Total Sales over the last five years²

Western Europe³ 51% of Total Sales¹

Continued market share gains in all TAs

Rest of World 16% of Total Sales¹

Accelerated development in China Expansion in new geographies

34 countries with an Ipsen presence

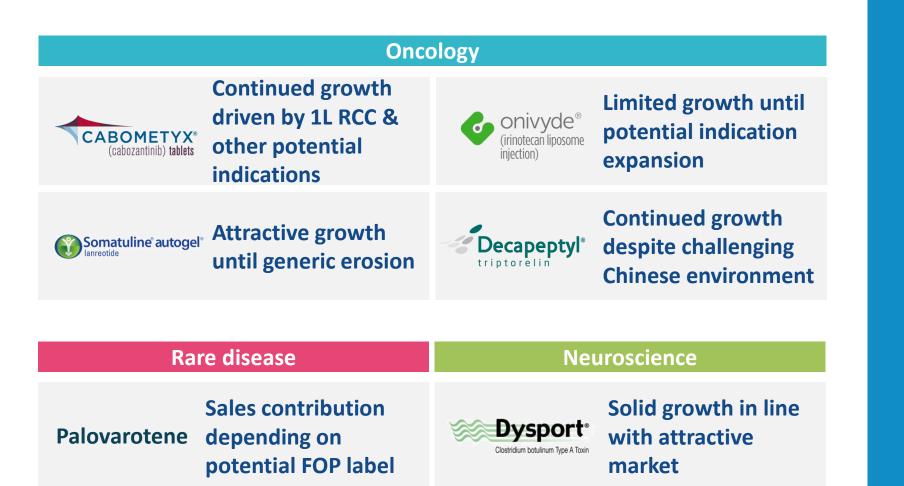
cou 115+ Ips ar

countries where Ipsen products are marketed



TA: Therapeutic area
1. 2020 Specialty Care sales
2. From 2015 to 2020
3. Including France, Germany, Italy, Spain, United Kingdom

Growth drivers



Group net sales¹ CAGR 20-24 between +2% & 5%

- At constant exchange rates and scope
- Assuming potential additional indications



RCC: Renal cell carcinoma; **FOP:** Fibrodysplasia ossificans progressive; **1L:** First line **1.** Including Consumer Healthcare

Investing in R&D for growth



Build a strong and best-in-class R&D organization

- Streamline organization and increase efficiencies
- Build clinical operations excellence



Prioritize key internal development programs

- Accelerate high-value programs
- Discontinue or partner low-priority programs



Increase R&D investment through external innovation

- Early to late-stage transactions
- Leverage existing development organization

Increase R&D as a % of net sales

driven by external innovation strategy



Accelerate external innovation & strengthen pipeline



Oncology

- Solid & hematological tumors
- Niche tumors or biomarker segments in broad tumors
- LCM potential



Rare disease

- Disease areas with unmet needs beyond endocrinology & bone disease
- Established & innovative technologies including gene-based modalities



Neuroscience

- Focus on in-house recombinant longacting toxins & TSIs
- Rare neurological disorders

€3bn cumulative firepower for pipeline expansion by 2024¹

Focus on assets across all stages of development with strengthened organization to execute on external innovation

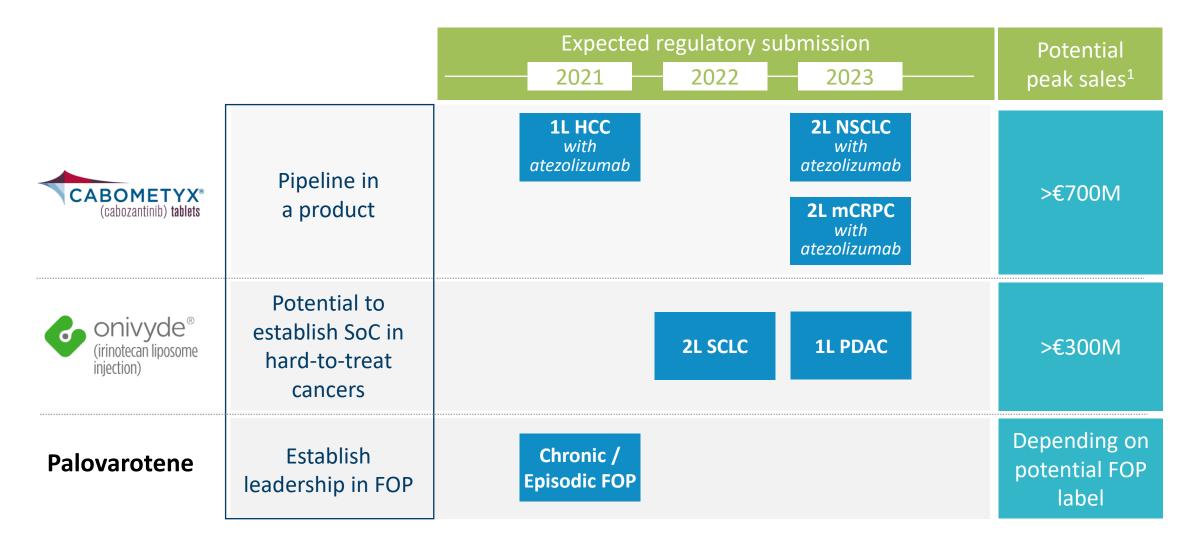


LCM: Life cycle management; TSI: Targeted secretion inhibitors; EBITDA: Earning Before Interest, Tax, Depreciation and Amortization 1. Based on expected free cash flow and net debt ratio remaining under 2x EBITDA

Transforming Ipsen R&D

	Organizational transformation	 Defined therapeutic area units Centralized clinical operations Strengthened R&D operations team
A A A A A A A A	Portfolio governance	 New governance model for major decisions Alignment of decisions with R&D strategy, priorities & resources Assessment & prioritization of portfolio
Did Did	Scientific rigor	 New leadership with biotech & industry experience Strengthen links to key opinion leaders
	External innovation	 External innovation further integrated into R&D Expand team & broaden the scope & geographical footprint

Significant potential in late-stage pipeline





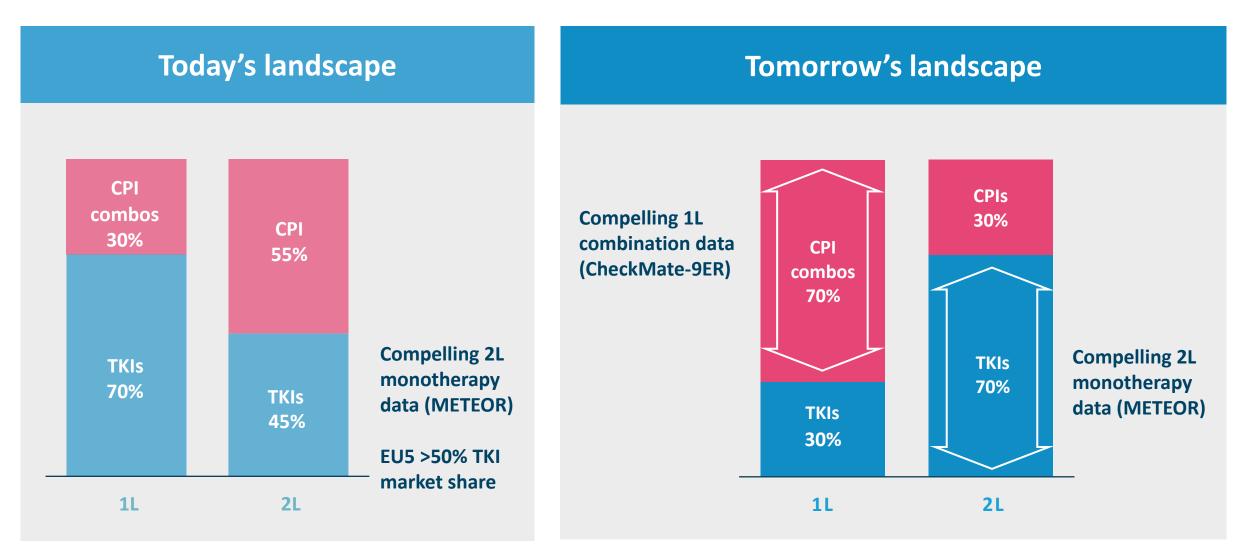
Pipeline

Phase I	Phase II	Phase III	Registration
Cabometyx + atezolizumab Solid tumors	IPN60130 FOP ¹	Cabometyx + atezolizumab 1L HCC	Dysport solution Glabellar lines
IPN59011 Longer-acting neurotoxin Ax		Cabometyx + atezolizumab 2L NSCLC	Dysport NDO ²
IPN10200 Longer-acting neurotoxin Ax / Tx		Cabometyx + atezolizumab 2L mCRPC	
		Onivyde 2L SCLC	
		Onivyde 1L PDAC	
Oncology Rare Disease	Neuroscience	palovarotene FOP	



Data shown as at the end of Q1 2021 1. Phase II ready 2. Regulatory submission expected in 2021. Ax: aesthetics; Tx: therapeutics; FOP: fibrodysplasia ossificans progressiva; NSCLC: non-small cell lung cancer; mCRPC: metastatic castrate-resistant prostate cancer; SCLC: small cell lung cancer; PDAC: pancreatic ductal adenocarcinoma; NDO: neurogenic detrusor overactivity; 2L: second line.

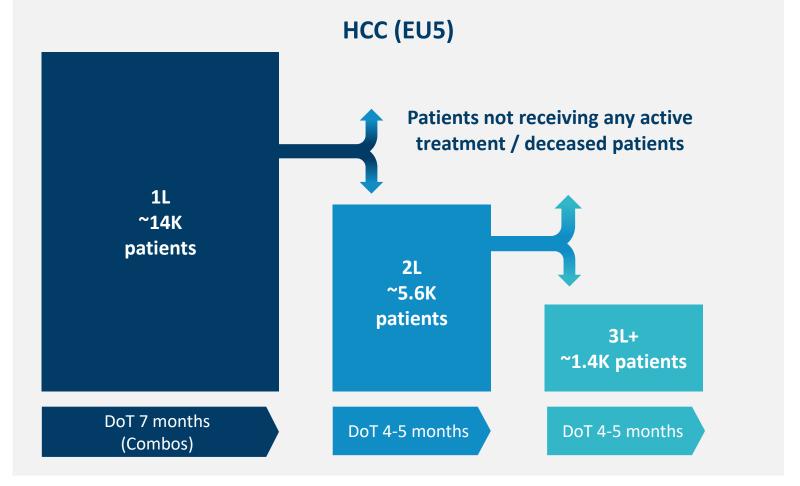
Cabometyx[®]: shifting landscape in 1&2L aRCC



PSEN

aRCC: advanced RCC; CPI: Checkpoint inhibitor; TKI: Tyrosine kinase inhibitor; EU5: European Union Five (France, Germany, Italy, Spain, United Kingdom) Sources: Q3 2020 RCC Rx Tracker (KANTAR). 2L RCC Patient share within the TKI Market.

Cabometyx[®] | COSMIC-312: significant expansion opportunity in HCC



1L HCC

- CPI combinations to become new SoC
- Approval expected in 2022

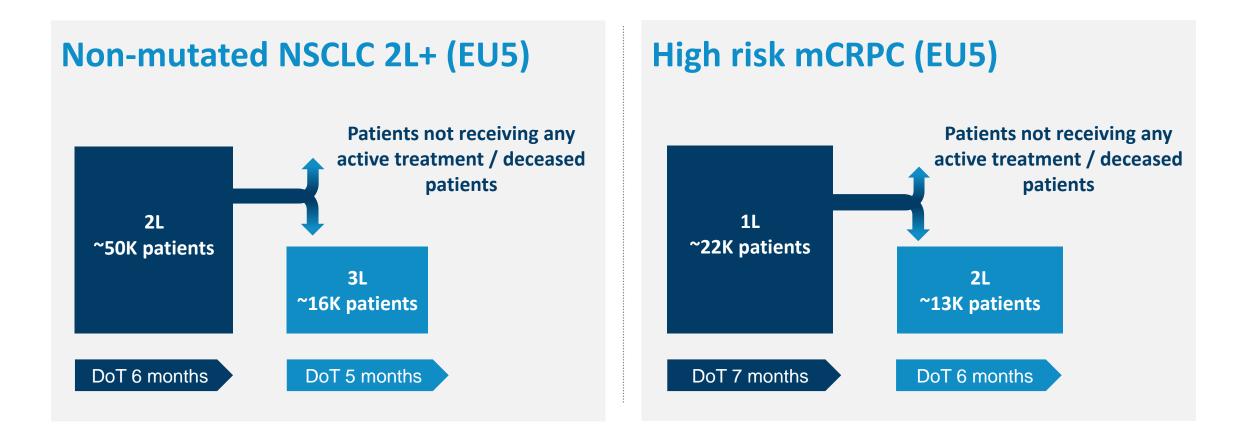
2L HCC

- Strong performance in key markets
- Geographic expansion to new markets 2021+



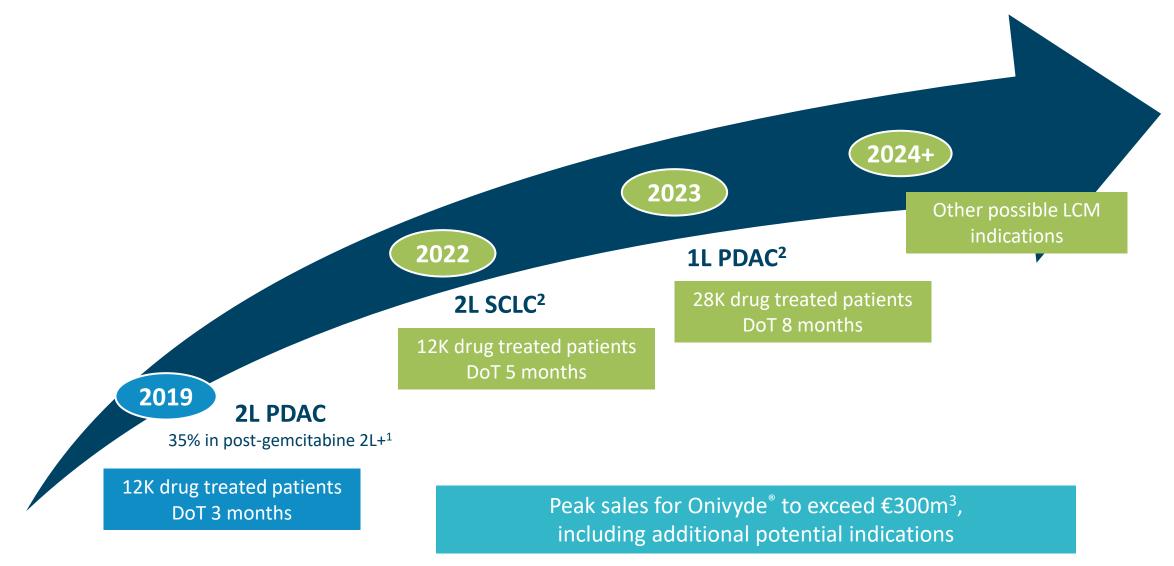
HCC: hepatocellular carcinoma; CPI: Checkpoint inhibitors; SoC: Standard of care; DoT: duration of treatment; 3L+: Third and subsequent lines; EU5: European Union Five (France, Germany, Italy, Spain, United Kingdom) Sources: Epidemiology (2020): Local registries or DRG (Robert Koch Institute (Germany); Decisions Support Group (Italy); Public healthcare security system Sniiram (Open Medic (France)), Patient Metrics Kantar Active Disease, 2020 (UK and Spain); Treatment rates: Q1'2020 HCC Rx Tracker (GENACTIS)

Expanding Cabometyx[®] potential: NSCLC & mCRPC





Onivyde[®] LCM: expansion into new tumor types





LCM: Life cycle management; PDAC: Pancreatic ductal adenocarcinoma; SCLC: Small cell lung cancer; DoT: Duration of treatment
1. IQVIA APLD claims, September 2020
2. Expected regulatory submission dates
3. Risk-adjusted

Decapeptyl[®]: ongoing growth story

Key Facts



+3% CAGR Net sales growth 2015-2020



Market Leader in the EU



Commercialized in **70+** countries worldwide

ADTs remain backbone therapy in PC¹

Growth drivers

- Attractive market dynamics
- Market share gains in EU and RoW
- China performance impacted by competitive environment
- Focus on long-acting formulations, especially 6 months

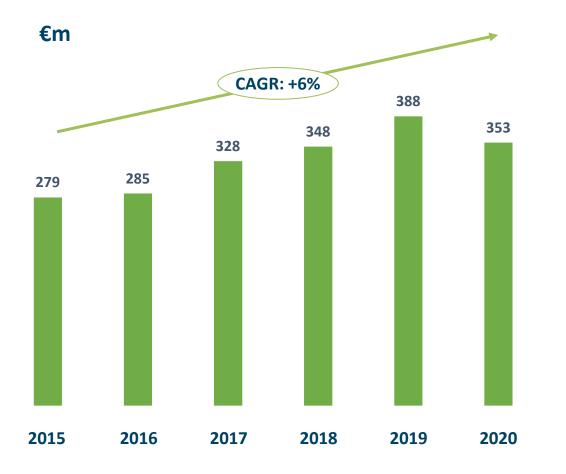


Continued growth despite challenging environment in China



Dysport[®]: excellence in neurotoxins

Ipsen Dysport[®] Total Sales 2015-2020



Key Facts



+6% CAGR Total Sales growth 2015-2020



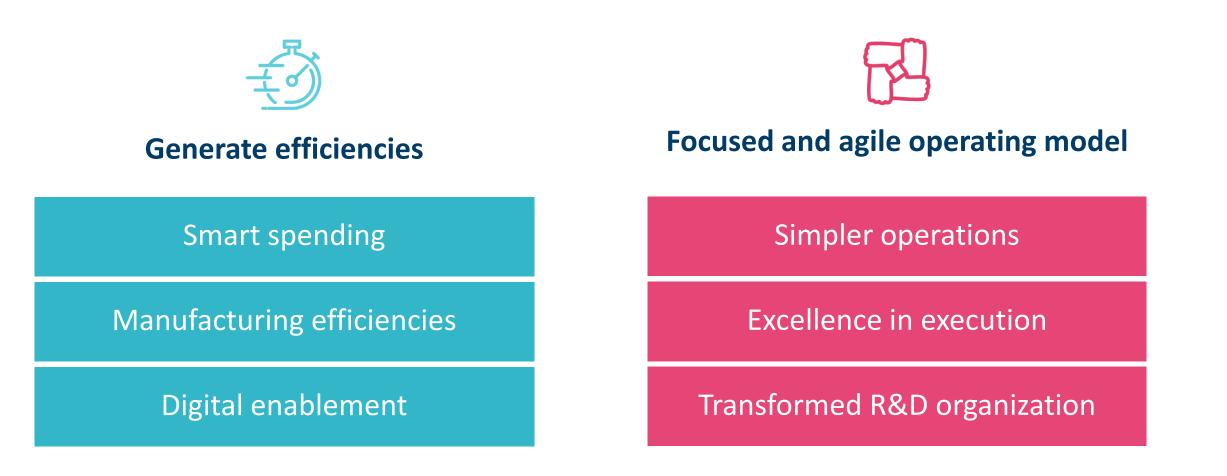
Leading market position Dysport[®] #2 globally #1 in several markets



Complexity hurdles Specialized & highly regulated manufacturing process



Efficiency, focus and agility to fuel growth





Focus & optimize resources



Smart spending



Simpler operations





- Focus on high priority projects
- Procurement savings
- Centralization, outsourcing and right-sizing
- Process optimization & simplification
- Organization & footprint adjustment
- Adoption of new ways of working
- Relocation of Onivyde[®] manufacturing
- Productivity initiatives
- Process improvement program
- Manufacturing 4.0
- Leverage implementation of S4/Hana
- Digitalization of go-to-market

Lower SG&A as a % of net sales by 2024

Improve COGS to limit negative impact of product mix



5,700+ employees committed to society with clear KPIs by 2024



Employees

- Best place to work certification in >75% of countries
- Gender balance¹ in global leadership team
- Fill 65% of leadership roles via internal promotion



Communities

- 1/3+ of employees supporting healthcare and environment communities¹
- Continue support for IFPMA Access Accelerated initiative³



Environment

- 21% reduction of greenhouse gas emissions^{1,2}
- 24% reduction of water consumption
- 20% reduction of process waste

Compensation of management & credit facility include social responsibility metrics¹



KPI: Key performance indicators; IFPMA: International federation of pharmaceutical manufacturers & associations
Metrics included in compensation of management & credit facility
Carbon equivalent emissions for all possible types of greenhouse gases emitted by Ipsen including scope 1 & 2 emissions
Through 2021

Financial outlook¹ 2020 to 2024



Group net sales CAGR 2020-24 between +2% & +5%

- At constant exchange rates and scope
- Assuming potential additional indications

Commitment to invest in R&D supported by SG&A efficiencies



€3bn cumulative firepower for pipeline expansion

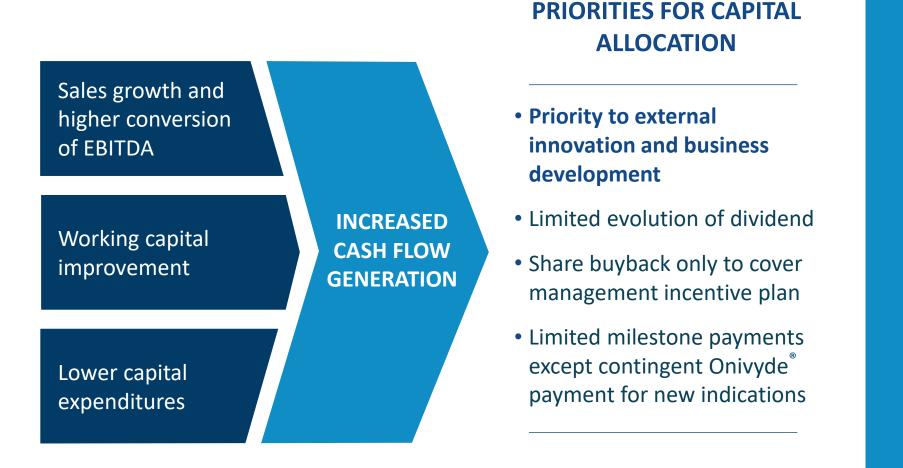
- Lower SG&A as a % of net sales driven by focus & optimization
- Higher R&D as a % of net sales driven by external innovation strategy

• Excluding the sale of any assets

Based on net debt below 2.0x EBITDA



Capital allocation prioritized to external innovation



€3bn cumulative firepower for pipeline expansion by 2024

based on net debt below 2.0x EBITDA







Investor Presentation

Spring 2021

APPENDIX



Encouraging top-line and pipeline progress

Key highlights

- **Total Sales** +5.5% to €659m
 - **Specialty Care** +6.4% to €612m



COVID-19

• Limiting diagnoses, treatments and patient care



Regulatory EU approval

• Cabometyx + nivolumab in 1L aRCC

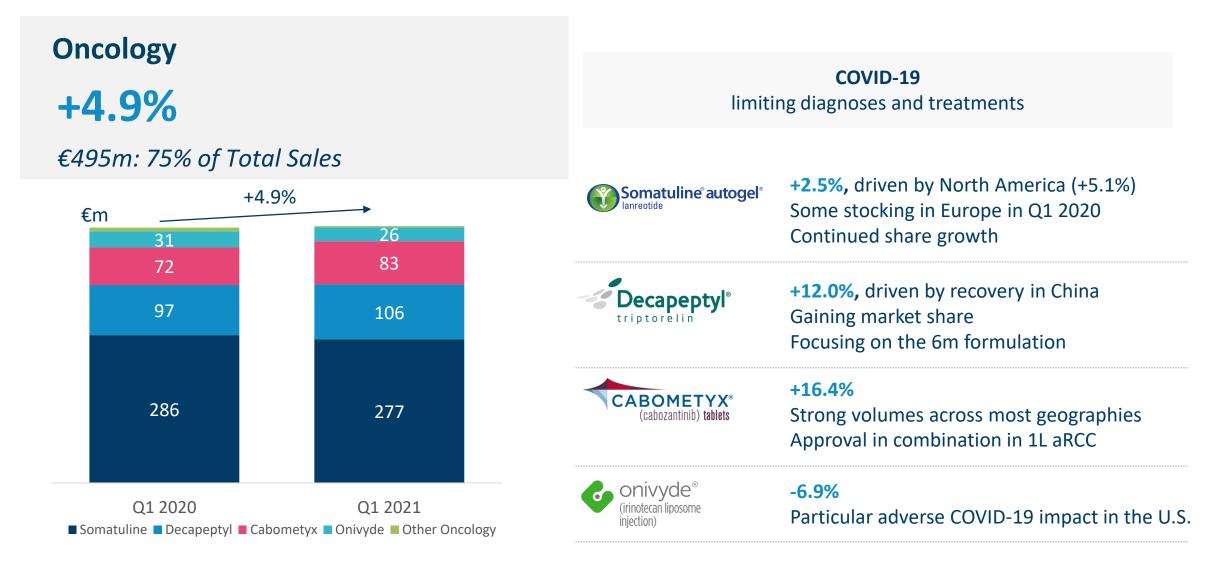
Near term

- **Cabometyx** 1L HCC data readout
- Palovarotene regulatory progress





Q1 2021 sales highlights





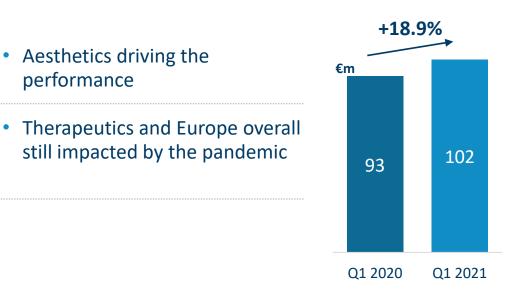
Q1 2021 sales highlights



• Aesthetics driving the

performance

+18.9%€102m: 15% of Total Sales

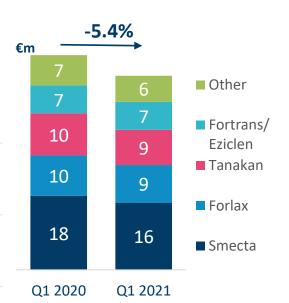


Consumer Healthcare

-5.4% €47m: 7% of Total Sales

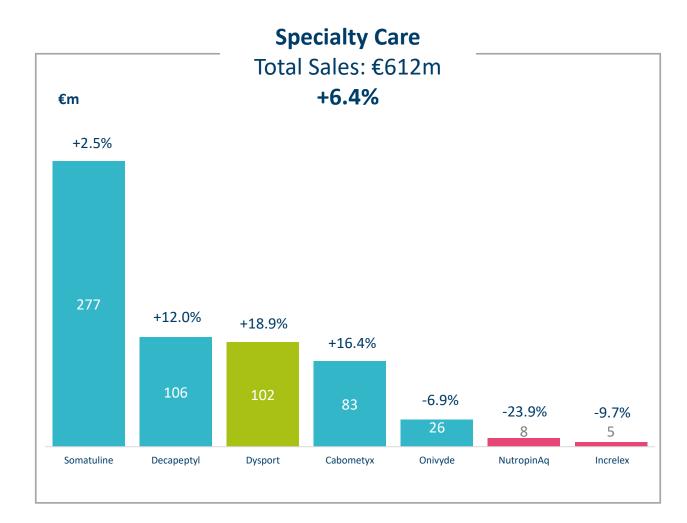
• Smecta -4.9%, driven by the slowdown of the diarrhea market

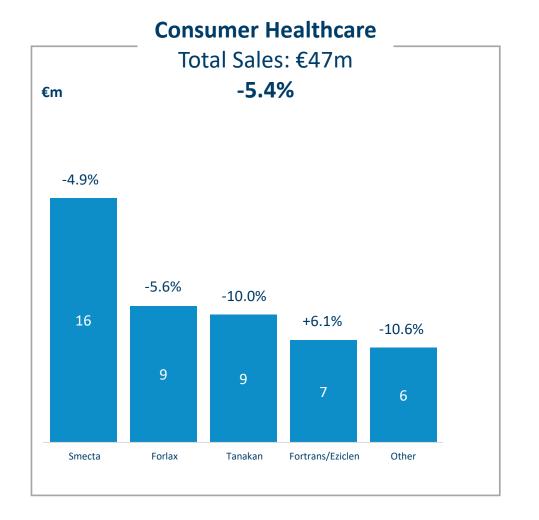
- Improving conditions in China
- Strategic review ongoing





Q1 2021 sales growth driven by Specialty Care







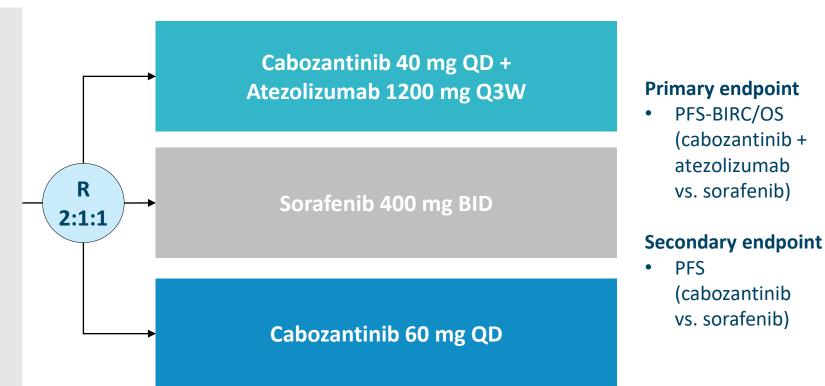
Cabometyx[®] | COSMIC-312: 1L HCC study design

Key inclusion criteria (N=740, global enrollment completed; continued extended enrollment for China)

- No prior systemic anticancer therapy
- Child-Pugh Class A
- BCLC Stage B or C
- ECOG PS ≤ 1
- Measurable disease per RECIST v1.1

Stratification factors

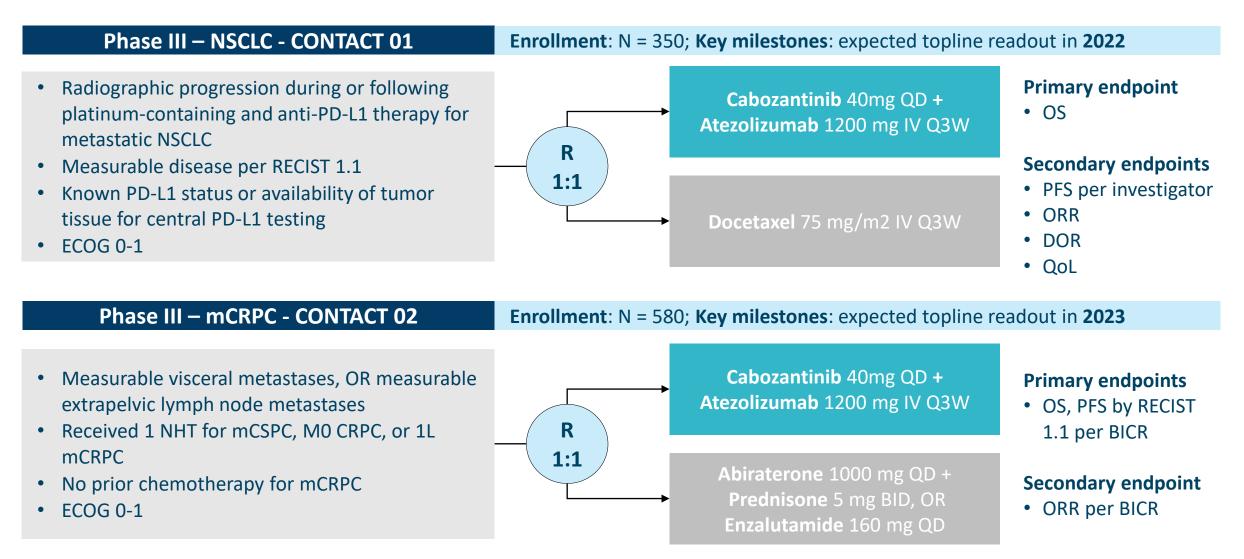
- Disease etiology (HBV, HCV, other)
- Region (Asia, other)
- Extrahepatic spread (yes, no)



Global topline results expected H1 2021; EU filing in 2021, assuming positive results



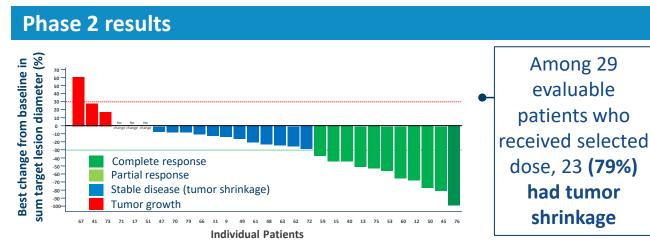
Cabometyx[®] | CONTACT-01¹ & CONTACT-02¹: trial designs





NSCLC: Non-small cell lung cancer; RECIST: Response evaluation criteria in solid tumors; PD-L1: Programmed death-ligand 1; ECOG: Eastern cooperative oncology group functional status measure; QD: Once daily; Q3W: Once every three weeks; BID: Twice daily; OS: Overall Survival; PFS: Progression-free survival; ORR: Objective response rate; DOR: Duration of Response; QoL: Quality of life; mCRPC: Metastatic castrate-resistant prostate cancer; mCSPC: Metastatic castrate-sensitive prostate cancer; NHT: Neoadjuvant hormonal therapy; 1L: First line; MO CRPC: Non-metastatic castrate-resistant prostate cancer; BICR: Blinded independent review committee 1. Sponsored by Roche, co-funded by Exelixis/Ipsen/Takeda

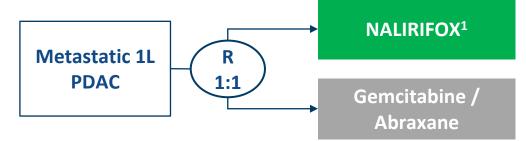
Onivyde[®]: 1L pancreatic ductal adenocarcinoma (PDAC)



	NALIRIFOX ¹ Phase 1/2 - 50/60 Cohort	
Ν	32 (29 metastatic & 3 locally advanced)	
Complete Response	1 (3.1%)	
Partial Response	10 (31.3%)	
Stable Disease	15 (46.9%)	
ORR ; % (95%)	11 (34.4%)	
DCR ; % (95%)	26 (81.3%)	
DOR (median); % (95% Cl)	9.4 months (3.52-NE)	
PFS (median); % (95% Cl)	9.2 months (7.69-11.96)	
OS (median); % (95% Cl)	12.6 months (8.74-18.69)	

Phase 3 NAPOLI-3 study status & design

- Phase 3 study ongoing
- Received FDA Fast Track designation in June 2020
- Expected topline readout: 2023



1L mPDAC (N=750)

- Histologically/cytologically confirmed PDAC
- Not previously treated in the metastatic setting
- >1 metastatic tumor measurable per RECIST v1.1
- ECOG performance status of 0 or 1

Primary endpoint

• OS

Secondary endpoints

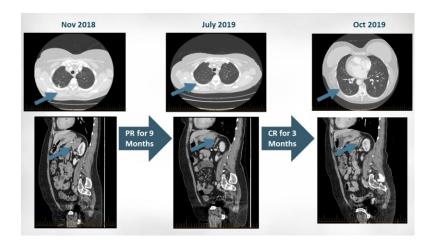
- PFS
- ORR
- Safety



PDAC: Pancreatic ductal adenocarcinoma; ORR: Overall response rate; DCR: Disease control rate; DOR: Duration of response; PFS: Progression-free survival; OS: Overall survival; RECIST: Response evaluation criteria in solid tumors; ECOG: Eastern cooperative oncology group functional status measure; FDA: Food and Drug Administration 1. Onivyde, administered in combination with oxaliplatin, fluorouracil (also known as 5-FU) and leucovorin (which is often abbreviated as LV) Source: ESMO World Congress on Gastrointestinal Cancer 2020 Oral Presentation. Abstract LBA-1

Onivyde[®]: 2L small cell lung cancer (SCLC)

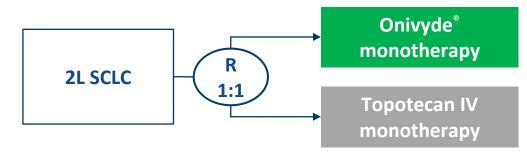
Phase 2 results



	Resilient Study Part 1 – 70 mg/m ² Cohort
Ν	25
Complete Response	1 (4%)
Partial Response	10 (40%)
Stable Disease	7 (28%)
ORR ; % (95%)	11 (44%)
DCR ; % (95%)	18 (72%)

Phase 3 RESILIENT study status & design

- Phase 3 study ongoing
- Expected topline readout 2022
- Potential for accelerated regulatory review



2L SCLC (N=450)

- Histologically/cytologically confirmed SCLC with evaluable disease per RECIST v1.1
- Progression after 1L platinumbased therapy
- Prior immunotherapy is allowed
- ECOG performance status of 0 or 1

Primary endpoint

• OS

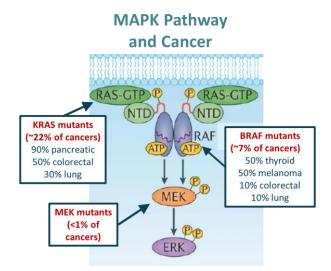
Secondary endpoints

- PFS
- ORR
- Safety



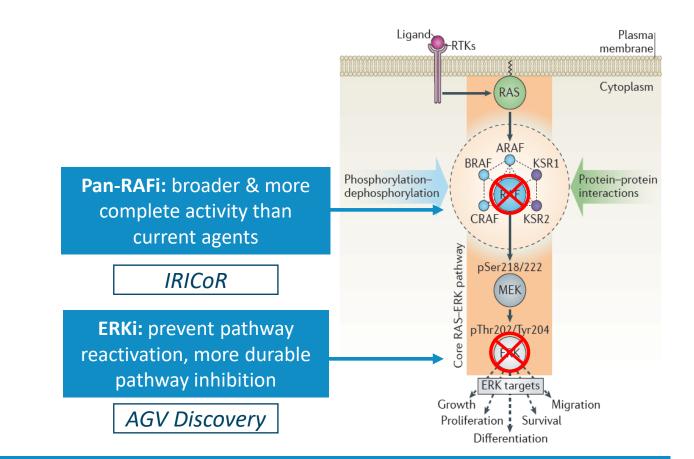
SCLC: small cell lung cancer; ORR: Overall response rate; DCR: Disease control rate; RECIST: Response evaluation criteria in solid tumors; PFS: Progression-free survival; ECOG: Eastern cooperative oncology group functional status measure; 2L: Second line Source: IASLC World Congress on Lung Cancer 2019 Oral Presentation, OA03.03.

Targeting best-in-class approach to MAPK driven tumors



MAPK pathway is one of the most commonly mutated oncogenic driver pathways in cancers with high unmet medical need

Room for improvement as existing approaches provide insufficient pathway inhibition against a subset of the mutations



A portfolio with both pan-RAFi & ERKi programs enables us to develop best-in-class wholly owned monotherapy & combination treatments for MAPK-driven cancers



FOP is an ultra-rare, severely disabling genetic disorder

- FOP characterized by bilateral malformations of the great toes, & the formation of bone in soft connective tissues known as heterotopic ossification (HO)¹
- HO leading to progressive, cumulative disability
- Sporadic episodes of painful soft tissue swelling called 'flare-ups' can precede new HO¹
- Prevalence of FOP being up to **1.36 per million** individuals²
- 97% of patients with FOP have classic FOP, associated with an R206H mutation in the gene ACVR1 (also known as ALK2)³

FOP: Fibrodysplasia Ossificans Progressiva; HO: Heterotopic Ossification; ACVR1: activin A receptor type I; ALK2: activin receptor-like kinase-2
Pignolo RJ. et al. Pediatr Endocrinol Rev 2013;10 Suppl 2:437–48
Baujat G. et al. Orphanet J Rare Dis 2017;12:123
Zhang W. et al. Bone 2013;57(2):386–91

Image from Pignolo RJ. et al. Orphanet J Rare Dis 2011;6:80, licensed under CC BY 2.0 (creativecommons.org/licences/by/2.0)
 Image from Pignolo RJ. et al. Orphanet J Rare Dis 2019;14:98, licensed under CC BY 4.0 (http://creativecommons.org/licenses/by/4.0/)

Characteristic malformed great toes & hallux valgus⁴



Illustration of HO progression over time⁵



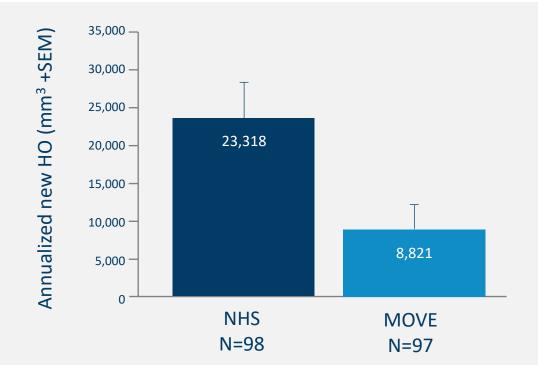
4-year old

10-year old

31-year old

Palovarotene: 62% reduction in mean annualized new HO volume¹ in Phase 3 MOVE trial

- Demographics & baseline characteristics sufficiently similar between MOVE & NHS to support comparison
- New HO volume used as a study endpoint to measure FOP disease progression
- Post hoc analyses showed substantial efficacy at 3rd interim analysis, despite pre-specified futility
- Most common AEs retinoid-associated & managed with prophylactic and/or symptomatic therapy
 - Identified risk of premature physeal closure in children



- Weighted linear mixed effects (wLME) model estimate: -11,611 mm³
- wLME nominal p-value: p=0.0292



LANTs: differentiated therapeutic properties



Therapeutic efficacy benefits: longer duration of action



Safety benefits: higher therapeutic index enabling wider range of possible doses



Less local and contralateral spread vs native toxins in non-clinical model



Increased convenience: fewer injections/year



Strong IP protection

First-patient dosing in the program



Oncology

Trial	Population	Patients	Design	Endpoints	Status
Cabometyx COSMIC 312 Phase III NCT03755791	1L HCC	740	Sorafenib or Cabometyx + atezolizumab or Cabometyx	Primary: PFS, OS Secondary: PFS single-agent Cabometyx arm	Recruiting Data anticipated Q2 2021
Cabometyx CONTACT-01 Phase III NCT04471428	2L NSCLC	350	Docetaxel or Cabometyx + atezolizumab	Primary: OS Secondary: PFS, ORR, duration of response	Recruiting Data anticipated 2023
Cabometyx CONTACT-02 Phase III NCT04446117	2L CRPC	580	Second novel hormonal therapy (abiraterone and prednisone or enzalutamide) or Cabometyx + atezolizumab	Primary: OS, PFS Additional endpoints: ORR, prostate-specific antigen response rate and duration of response	Recruiting Data anticipated 2024
Cabometyx Phase Ib NCT03170960	Solid tumors	1,732	Cabometyx + atezolizumab	Primary: maximum tolerated dose / recommended dose, ORR Secondary: safety	Recruiting

Oncology

Trial	Population	Patients	Design	Endpoints	Status
Onivyde NAPOLI 3 Phase III NCT04083235	1L PDAC	750	Nab-paclitaxel + gemcitabine or Onivyde + 5-FU/LV + oxaliplatin	Primary: OS Secondary: PFS, ORR, safety	Recruiting Data anticipated 2023
Onivyde RESILIENT Phase III NCT03088813	2L SCLC	461	Topotecan or Onivyde	Primary: OS Secondary: PFS, ORR, safety	Active, not recruiting Data anticipated 2022



Neuroscience

Trial	Population	Patients	Design	Endpoints	Status
IPN59011 Ax LONG-SET Phase I NCT04736745	Moderate to severe upper facial lines	424	Dose escalation and dose finding versus Dysport or placebo	Primary: Safety Secondary: Efficacy	Recruiting
IPN10200 Ax LANTIC Phase I NCT04821089	Moderate to severe upper facial lines	424	Dose escalation and dose finding versus Dysport or placebo	Primary: Safety Secondary: Efficacy	Recruiting
IPN10200 Tx LANTIMA Phase I NCT04752774	Adult patients with upper limb spasticity	209	Dose escalation and dose finding versus Dysport or placebo	Primary: Safety Secondary: Efficacy	Recruiting



Rare Disease

Trial	Population	Patients	Design	Endpoints	Status
Palovarotene MOVE Phase III NCT03312634	FOP (chronic)	107	Palovarotene - 5mg QD and upon flare-up, 20mg QD for 28 days, followed by 10mg for 56 days	Primary: annualized change in new HO volume Secondary: subjects with new HO, number of body regions with HO, subjects with flare- ups, rate of flare-ups, safety	Active, not recruiting







Investor Presentation

Spring 2021