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The implementation of the strategy has to be submitted to the relevant staff representation authorities in each country concerned, in compliance with the specific procedures, terms and conditions set forth by each national legislation.

In those countries in which public or private-health cover is provided, Ipsen is dependent on prices set for medicines, pricing and reimbursement-regime reforms and is vulnerable to the potential withdrawal of certain medicines from the list of reimbursable medicines by governments, and the relevant regulatory authorities in its locations.

Ipsen operates in certain geographical regions whose governmental finances, local currencies or inflation rates could erode the local competitiveness of Ipsen's medicines relative to competitors operating in local currency, and/or could be detrimental to Ipsen's margins in those regions where Ipsen's sales are billed in local currencies.

In a number of countries, Ipsen markets its medicines via distributors or agents; some of these partners' financial strengths could be impacted by changing economic or market conditions, potentially subjecting Ipsen to difficulties in recovering its receivables. Furthermore, in certain countries whose financial equilibrium is threatened by changing economic or market conditions, and where Ipsen sells its medicines directly to hospitals, Ipsen could be forced to lengthen its payment terms or could experience difficulties in recovering its receivables in full.

Ipsen also faces various risks and uncertainties inherent to its activities identified under the caption 'Risk Factors' in the Company's Universal Registration Document.

All of the above risks could affect Ipsen's future ability to achieve its financial targets, which were set assuming reasonable macroeconomic conditions based on the information available today.







David Loew CEO



For Q&A

Aymeric Le Chatelier
CFO



Today's highlights



Strong top-line growth

- Total sales +13.3%
- Growth platforms¹ +16.2%
- Increased contribution from new medicines²



Launches progressing

- Onivyde: encouraging early start in 1L mPDAC
- Bylvay & Sohonos: launch on-going in the U.S.
- Elafibranor: launch preparation with PDUFA date in June and EMA decision in H2



Pipeline progress

- FDA regulatory approval in February for Onivyde in U.S. in 1L mPDAC
- Two pre-clinical transactions

2024 guidance³ confirmed

- Total-sales growth >+6% at CER
- Core operating margin ~30%



Q1 2024 sales



€m	% change
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Growth platforms ¹	509.7	16.2%
New medicines ²	45.5	n/a
Somatuline®	257.8	-1.3%
Other	9.5	-20.5%
Total Sales	822.4	13.3%

All growth rates at constant exchange rates.

¹ Dysport®, Decapeptyl®, Cabometyx® & Onivyde®.

² Bylvay®, Tazverik® & Sohonos®.









Somatuline sales: -1.3%

North America

-10.0%

Market-share gains in a growing NET market

Continued adverse pricing from channel mix & increased rebates

Europe

+9.3%

Benefit from generic-competitor shortages in some markets

Continued growth in markets with no generic

Rest of World

+14.7%

Ongoing strong performance & share gains in non-generic markets, including Latin America





Growth platforms: +16.2%



+19.3%

€177m

Strong performance across aesthetics & therapeutics



+22.2%

€155m

Robust volume performance supported by share gains in 1L



+2.6%

€131m

Strong growth in China



- **+14.8%**¹

€41m¹

Positive early start in 1L mPDAC

Growing & attractive market dynamics

Favorable phasing in Rest of World

Increased competitive activity & pricing pressure in Europe

Market-share growth in post-gem setting



A good early start for Onivyde in 1L mPDAC

U.S. FDA approval: 13 February

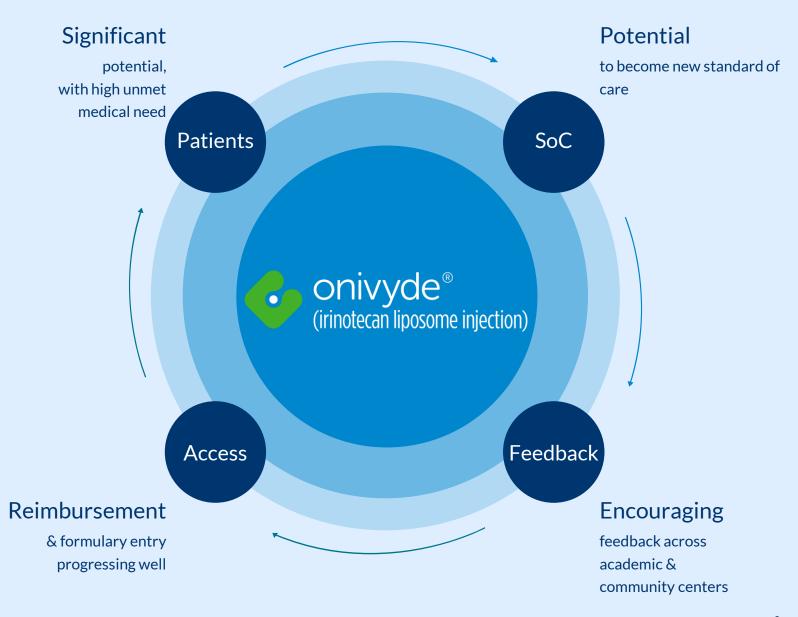
Orphan Exclusivity in 1L to 2031

Positive uplift in post-launch demand

"The approval of this Onivyde regimen is an important milestone for people living with mPDAC, their families and healthcare providers."

Dr. Zev Wainberg, Professor of Medicine & Co-Director of the UCLA GI Oncology Program

1L: first line; **mPDAC**: metastatic pancreatic ductal adenocarcinoma.



Dysport: strong growth across indications

Dysport

ABOBOTULINUM TOXIN A







Aesthetics

+24.3% €102m

- Strong performance in all markets in Ipsen
 & partner territories, including U.S.
- Solid market growth
- Phasing adversely impacted sales in Europe



Therapeutics

+12.9% €75m

- Solid performance, driven by Rest of World
 & North America
- Continued growing market across indications





New medicines: increased contributions



€26m

Strong performance & patient uptake in PFIC, despite challenging pricing mechanisms in Europe

Progressive expected uptake in ALGS in U.S.



€12m

Solid demand growth in a challenging FL landscape

Competitive environment intensifying



€7m

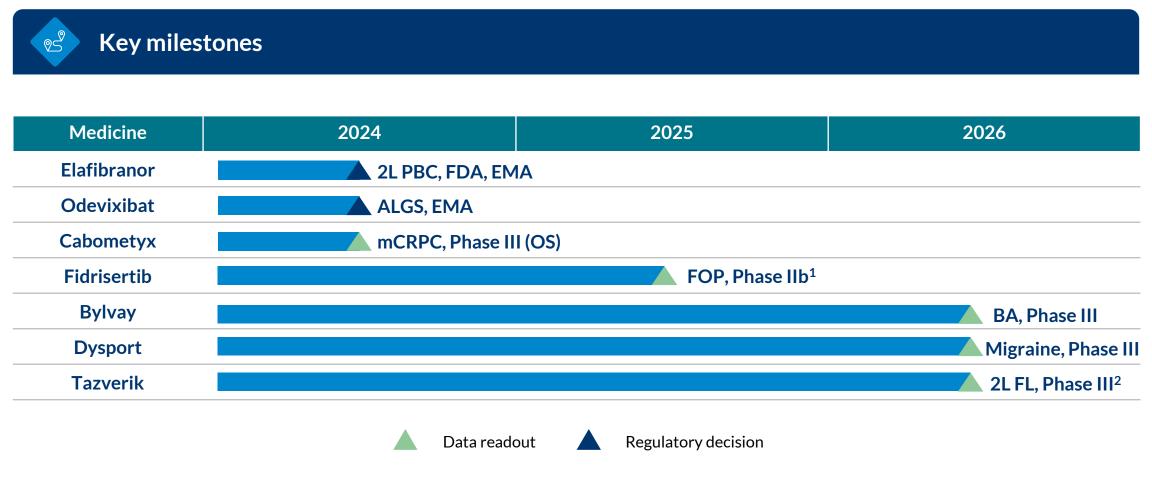
Launch focus in U.S. on driving sense of urgency to treat existing, diagnosed & identified patients

Geographic expansion planned





Pipeline: near to mid-term outlook







Conclusion

On track to deliver 2024 roadmap



Top-line momentum driven by growth platforms & launches of new medicines & indications

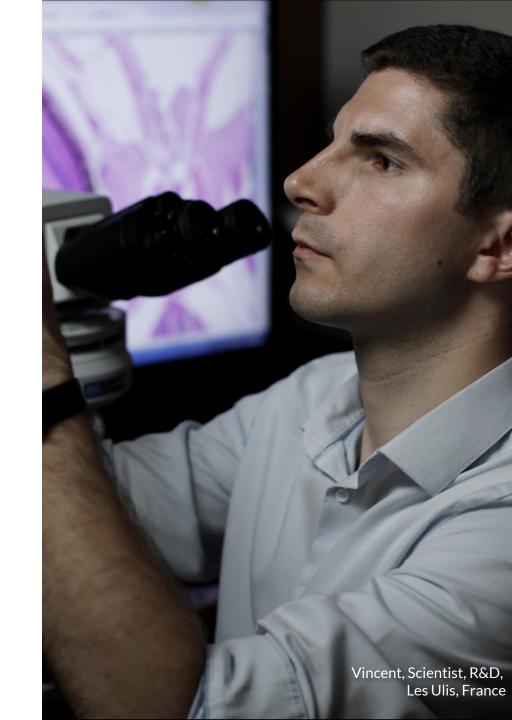


Pipeline success & execution on external-innovation strategy



Transformation & excellence in execution





QUESTIONS

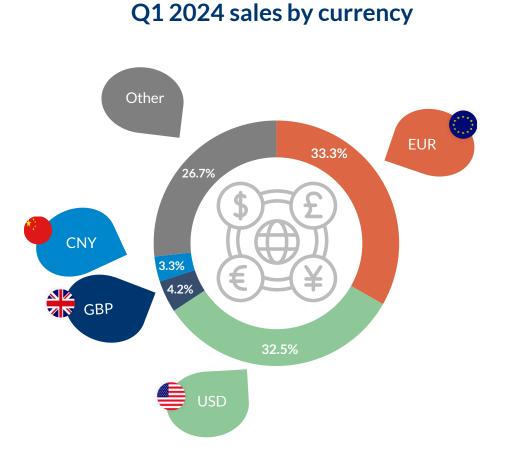


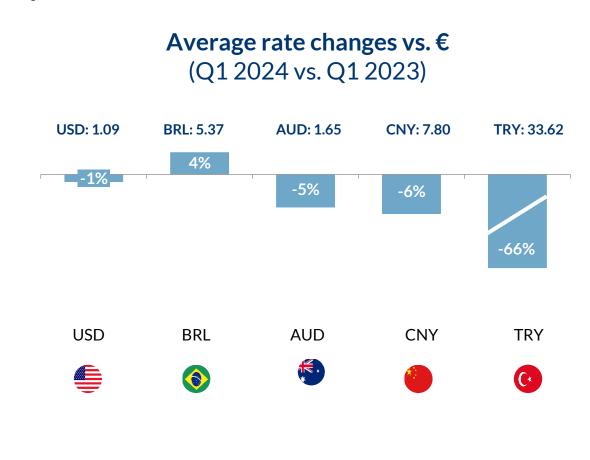
APPENDIX





Q1 2024 total sales: unfavorable impact of fx rates





Unfavorable impact of -2.4%





A balanced & sustainable pipeline

Phase II Phase III Registration Phase I IPN60210 **CABOMETYX+** ODEVIXIBAT¹ **FIDRISERTIB** R/R multiple myeloma **ATEZOLIZUMAB** Alagille syndrome **FOP** & R/R DLBCL 2L mCRPC **ELAFIBRANOR IPN01194 ELAFIBRANOR** TAZVERIK + R² 2L PBC Solid tumors **PSC** 2L FL Oncology **RITIVIXIBAT BYLVAY** (IPN60250) Rare Disease Biliary atresia **PSC** Neuroscience IPN10200 **DYSPORT** Long-acting neurotoxin Chronic & episodic Information shown as at migraine end of March 2024 IPN10200 Long-acting neurotoxin Tx

R/R: relapsed/refractory; DLBCL: diffuse large B-cell lymphoma; FOP: fibrodysplasia ossificans progressiva; PSC: primary sclerosing cholangitis; Ax: aesthetics; Tx: therapeutics; 2L: second line; mCRPC: metastatic castration-resistant prostate cancer; R²: lenalidomide + rituximab; FL: follicular lymphoma; PBC: primary biliary cholangitis. ¹ E.U.



Oncology

TRIAL	POPULATION	PATIENTS	DESIGN	PRIMARY ENDPOINT(S)	STATUS
Cabometyx CONTACT-02 Phase III NCT04446117	2L mCRPC	575	Second novel hormonal therapy (abiraterone & prednisone or enzalutamide) or Cabometyx + atezolizumab	PFS, OS	PFS endpoint met Awaiting OS data
Tazverik SYMPHONY-1 Phase III NCT04224493	R/R FL: following at least one prior systemic chemotherapy, immunotherapy, or chemo- immunotherapy	540	Placebo + R ² or Tazverik + R ²	PFS	Recruiting ¹





Oncology

TRIAL	POPULATION	PATIENTS	DESIGN	PRIMARY ENDPOINT(S)	STATUS
IPN60210 Phase I/Ib NCT05121103	R/R multiple myeloma & R/R DLBCL	96	IPN60210	Treatment-emergent adverse events, dosing & ORR	Recruiting ¹
IPN01194 Phase I/IIa NCT06305247	Solid tumors (advanced)	220	IPN01194	Dose escalation, treatment emerging adverse events, disease progression.	Recruiting ¹



Rare Disease

TRIAL	POPULATION	PATIENTS	DESIGN	PRIMARY ENDPOINT	STATUS
Elafibranor ELATIVE Phase III NCT04526665	2L PBC	161	Placebo or elafibranor	Response to treatment defined as ALP < 1.67 x ULN and total bilirubin ≤ ULN and ALP decrease ≥ 15 percent	Regulatory decisions: U.S.: June 2024 E.U.: H2 2024
Bylvay BOLD Phase III NCT04336722	Biliary atresia	245	Placebo or Bylvay	Time to first occurrence of liver transplant, or death	Recruiting ¹
Fidrisertib FALKON Phase II* NCT05039515	FOP (chronic)	98	Placebo or two dosing regimens of fidrisertib	Annualized change in new HO volume and safety	Recruiting ¹



Rare Disease

TRIAL	POPULATION	PATIENTS	DESIGN	PRIMARY ENDPOINT(S)	STATUS
Odevixibat ASSERT Phase III NCT04674761	Alagille syndrome	52	Placebo or odevixibat	Change from baseline in scratching score	Regulatory decision: E.U.: H2 2024
Ritivixibat (IPN60250) Phase II NCT05642468	Primary sclerosing cholangitis	24	10mg ritivixibat tablet QD for 12 weeks 30mg (3 x 10mg) IPN60250 tablets QD for 12 weeks	Safety and tolerability	Recruiting ¹
Elafibranor ELMWOOD Phase II NCT05627362	Primary sclerosing cholangitis	60	Placebo or elafibranor	Safety and tolerability	Recruiting ¹



Neuroscience

TRIAL	POPULATION	PATIENTS	DESIGN	PRIMARY ENDPOINT	STATUS
IPN10200 Ax LANTIC Phase II NCT04821089	Moderate to severe upper facial lines	727	Dose escalation & dose-finding versus Dysport or placebo	Safety	Active, not recruiting ¹
IPN10200 Tx LANTIMA Phase II NCT04752774	Adult patients with upper-limb spasticity	209	Dose escalation & dose-finding versus Dysport or placebo	Safety	Recruiting ²
Dysport C-BEOND Phase III NCT06047444	Chronic migraine	720	Placebo or two dosing regimes of Dysport	Efficacy and safety	Recruiting ²
Dysport E-BEOND Phase III NCT06047457	Episodic migraine	714	Placebo or two dosing regimes of Dysport	Efficacy and safety	Recruiting ²

¹Pre-defined step of trial design. ² Recruitment status as per ct.gov, March 2024.



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