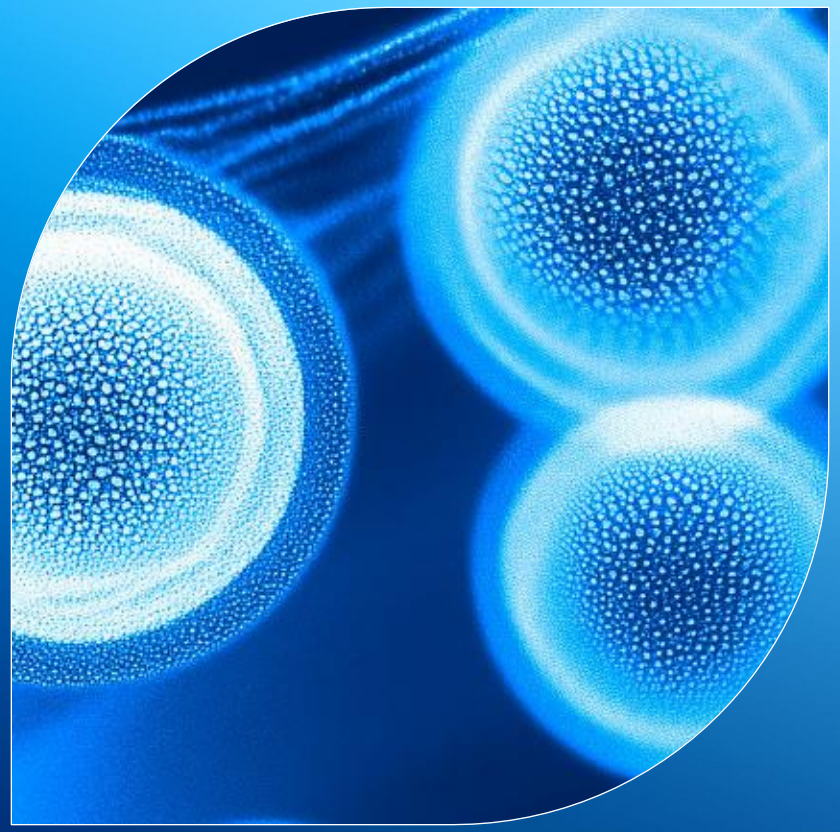
H1 2026 results

30 July 2026



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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.

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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.

Speakers

David Loew
Chief Executive Officer

Aymeric Le Chatelier
Chief Financial Officer

Christelle Huguet
Head of R&D

Mari Scheiffele
Chief Product Officer

Business update

David Loew
Chief Executive Officer

Today's highlights

Delivering on strategy to accelerate growth of key medicines & expand the pipeline

- **Excellent H1 financials: sales growth[1] +23.5% & core operating margin 38.6%**
- **Three positive Phase III readouts**
- **Three late-stage trials underway**
- **Two clinical-stage acquisitions**
- **Guidance upgrade: sales growth[2] >20.0% and core operating margin[3] >37.0%**

[1] At constant exchange rates; [2] Adverse impact of around -1% from currencies based on average exchange rates in June 2026;
[3] Excluding any impact from potential late-stage (Phase III clinical development or later) external innovation transaction

H1 2026 sales performance

	Q2 2026		H1 2026	
	€m	*% change*	€m	*% change*
Oncology	744	*18.2 %*	1,452	*15.6 %*
Rare Disease	158	*94.0 %*	305	*108.0 %*
Neuroscience	214	*14.7 %*	434	*16.6 %*
Total Sales	**1,115**	*24.5 %*	**2,190**	*23.5 %*
Total sales growth excl. Somatuline®	**758**	*22.1 %*	**1,504**	*24.8 %*

Growth at constant exchange rates

H1 2026 growth drivers

Neuroscience

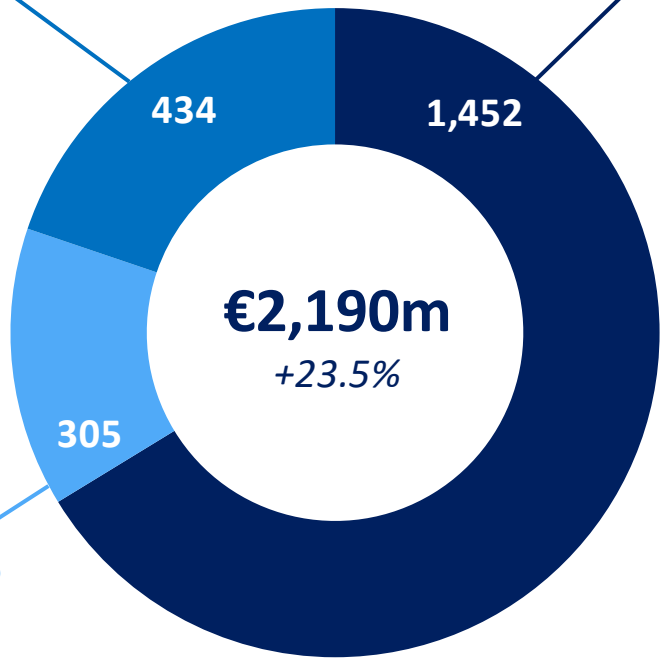
Dysport ABOBOTULINUM TOXIN A
Aesthetics — **€257m** *+19.6%*

Dysport ABOBOTULINUM TOXIN A
Therapeutics — **€170m** *+13.8%*

Rare Disease

IQIRVO — **€173m** *+209.7%*

Bylvay (odevixibat) 200 | 400 | 600 | 1200 mcg capsules — **€120m** *+44.8%*



Oncology

Somatuline® autogel® lanreotide — **€686m** *+21.0%*

CABOMETYX® (cabozantinib) tablets — **€351m** *+18.8%*

Decapeptyl® triptorelin — **€284m** *+3.5%*

onivyde® (irinotecan liposome injection) — **€108m** *+11.2%*

Growth at constant exchange rates

Late-stage pipeline evolution

Three positive Phase III readouts supporting assets with blockbuster potential & three late-stage starts

Phase III readouts

C-BEOND & E-BEOND - Dysport

- First and only botulinum toxin with positive Phase III for both Chronic and Episodic migraine

ELSPIRE - Iqirvo

- Positive Phase III results for Iqirvo in PBC 1-1.67 x ULN

Late-stage starts

LAURITE - Corabotase

- Phase III in GL

ELASCOPE - Elafibranor

- Phase III in PSC

EVICTION 3 - IPN60340 (ICT01)

- Phase II/III in 1L AML

PBC: Primary Biliary Cholangitis; **ULN:** Upper Limit Of Normal; **GL:** Glabellar Lines; **PSC:** Primary Sclerosing Cholangitis; **1L;** First-Line; **AML:** Acute Myeloid Leukemia

Two strategic deals expand clinical pipeline

Adding late-stage hemato-oncology and first-in-class transplant assets with blockbuster potential

KARTOS THERAPEUTICS

- Navtemadlin (MDM2i) for myelofibrosis, with the ongoing Phase III POIESIS trial, strengthening the **hemato-oncology pipeline**
- $450m upfront + up to $1.3bn in milestones[1]

MEMO THERAPEUTICS AG

- Potravitug, a first-in-class anti-BKPyV antibody for post-transplant nephropathy, **opening an indication with no approved targeted therapy**
- €200m upfront, total consideration >€700m

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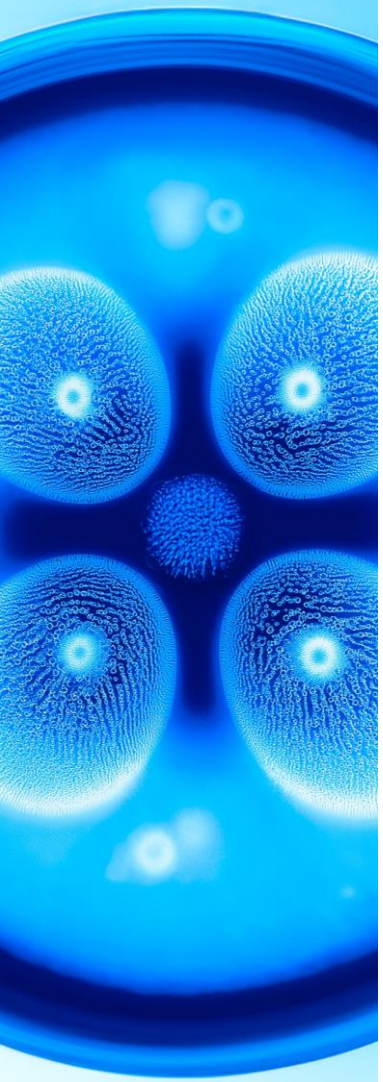
MDM2i: MDM2 Inhibitor; **BKPyV:** BK polyomavirus; [1] The transaction is expected to close in Q3 2026, subject to fulfilment of customary closing conditions, including the expiration of the waiting period under the Hart-Scott-Rodino Antitrust Improvements Act

Financial update

Aymeric Le Chatelier

Chief Financial Officer

H1 2026 financial highlights



Total Sales

€2.2bn

+23.5%[1]

Core Operating Income

€845m

+28.8%

Free Cash Flow

€652m

+34.9%

External Innovation Firepower

€2.0bn[2]

Proforma post acquisition
of Kartos Therapeutics & Memo Therapeutics AG

[1] At constant exchange rates; [2] Based on net debt, including contingent liabilities (including off-balance sheet commitments) at two times EBITDA

P&L to core operating income

Core operating margin improved by 2.5 pts

	H1 2026 €m	H1 2025 €m	Change
Total Sales	**2,190**	**1,820**	**20.4%**
Other revenues	109	117	(7.0%)
Cost of sales	(435)	(371)	17.3%
Gross Margin[1]	**1,864**	**1,566**	**19.0%**
% of total sales	*85.1%*	*86.1%*	*(1.0 pt)*
SG&A expenses[1]	(608)	(561)	8.4%
% of total sales	*27.7%*	*30.8%*	*(3.1 pts)*
R&D expenses	(402)	(365)	10.3%
% of total sales	*18.4%*	*20.1%*	*(1.7 pts)*
Other operating income and expenses	(9)	15	n/a
Core Operating Income	**845**	**656**	**28.8%**
% of total sales	*38.6%*	*36.0%*	*2.5 pts*

Total sales
Adverse impact from currencies

Gross margin
Lower milestone revenue
Better cost of sales

SG&A expenses
Commercial investment to support launches

R&D expenses
Investment in pipeline, mainly in Neuroscience and early-stage Oncology assets

All growth rates at actual exchange rates
[1] Considers the reclassification of distribution expenses from SG&A to Gross Margin without any impact on Core Operating Income
For a detailed breakdown of the financial changes, please refer to slide 31 of this presentation

Cash-flow statement

Strong cash flow generation

	H1 2026	H1 2025	Change	
	€m	€m	€m	%
Opening Net Cash	**560**	**160**	**400**	**n/a**
EBITDA	**890**	**699**	**191**	**27.3%**
Free Cash Flow	**652**	**483**	**168**	**34.9%**
Dividends	(132)	(116)	(16)	13.5%
Net investments	(40)	(80)	40	(49.9%)
Other[1]	(35)	40	(75)	n/a
Change in Net Cash	**445**	**327**	**118**	**35.9%**
Closing Net Cash / (Debt)	**1,005**	**488**	**517**	**n/a**

Free cash flow growth +35%
driven by higher EBITDA, sound management of capital expenditures

Net cash position at €1.0bn

Firepower[2] for external innovation at €2.0bn
pro forma post-acquisition of Kartos Therapeutics & Memo Therapeutics AG

[1] Including share buyback and foreign-exchange differences on debt; [2] Based on net debt, including contingent liabilities (including off-balance sheet commitments) at two times EBITDA

Upgraded FY 2026 guidance[1]

Total sales growth

>20.0%

at constant exchange

(prior >13.0%)

Adverse impact of around -1% from currencies[2]

Core operating margin

>37.0%

of total sales

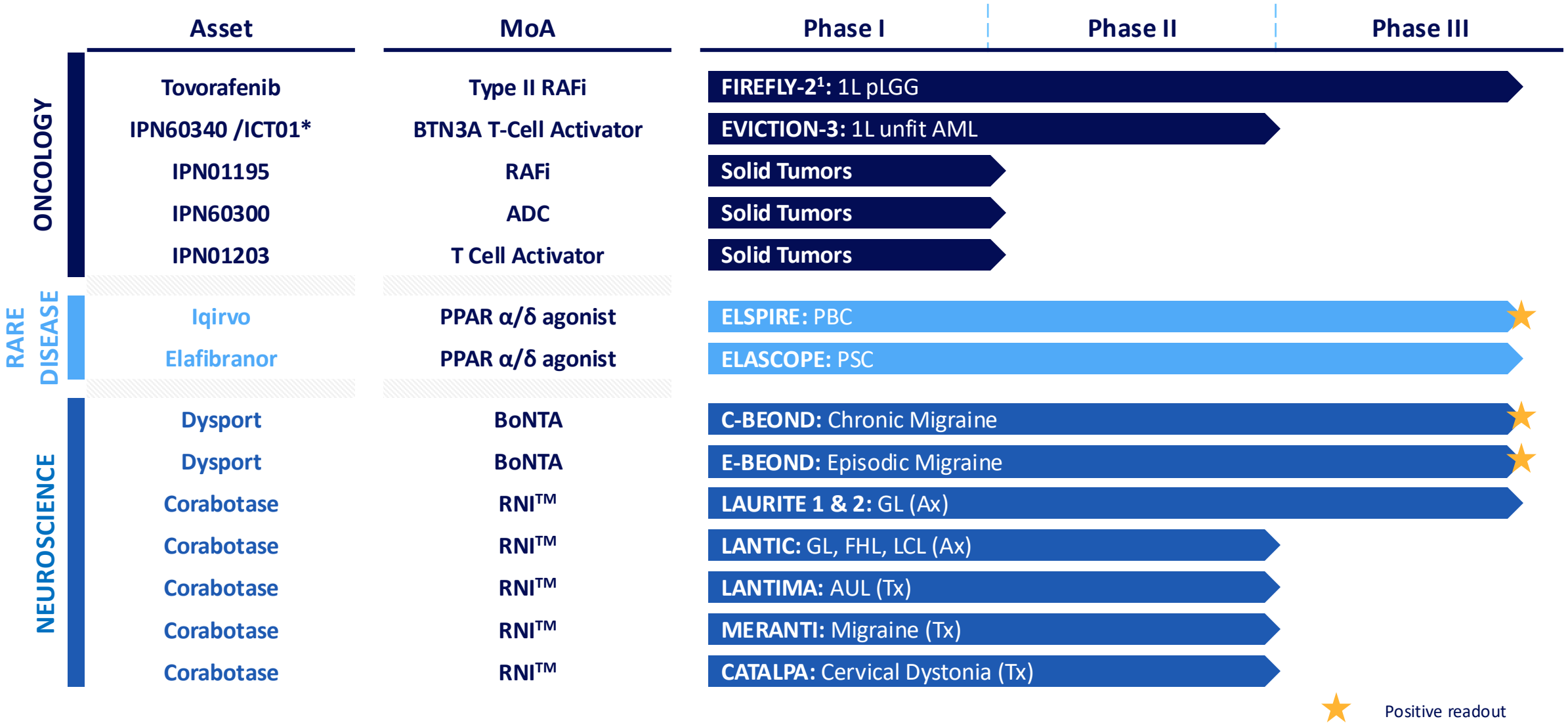
(prior >35.0%)

[1] Excluding any impact from potential late-stage (Phase III clinical development or later) external innovation transaction
[2] Based on average exchange rates in June 2026

R&D update

Christelle Huguet
Head of R&D

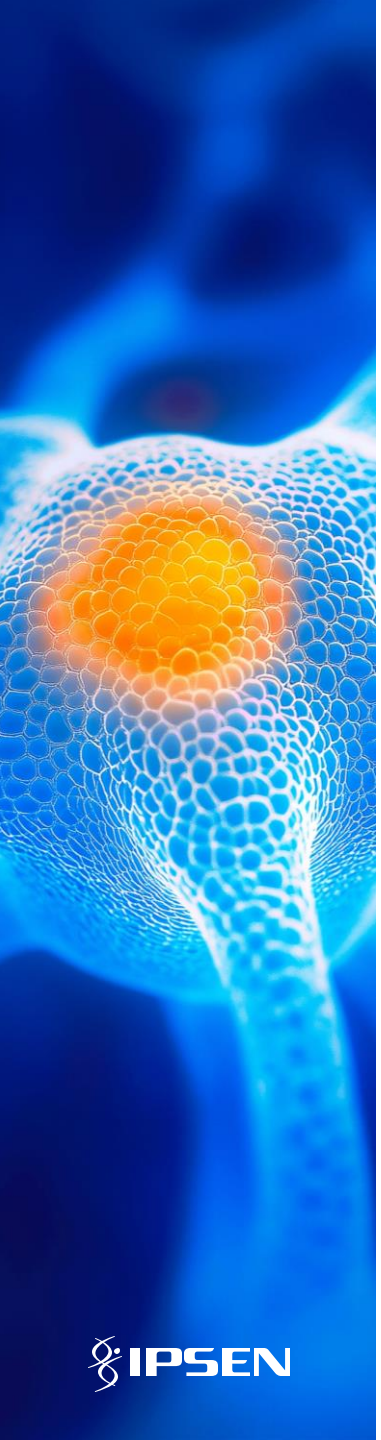
R&D pipeline across three therapeutic areas



Information shown as of June 2026 (excluding BOLD Phase III trial)

MoA: Mechanism of Action; **RAFi:** RAF inhibitor of the MAPK pathway; **1L:** First-line; **pLGG:** Pediatric Low-Grade Glioma; **BTN3A:** Butyrophilin-3A; **AML**: Acute Myeloid Leukemia; **ADC:** Antibody–drug conjugate; **TCA:** T Cell Activator; **IBAT:** Ileal Bile Acid Transporter; **PPAR:** Peroxisome Proliferator-Activated Receptor; **PBC:** Primary Biliary Cholangitis; **PSC:** Primary Sclerosing Cholangitis; **BoNTA:** Botulinum Toxin Serotype A; **RNI™**: Recombinant NeuroInhibitor; **GL:** Glabellar Lines; **Ax:** Aesthetics; **FHL:** Forehead Lines; **LCL:** Lateral Canthal Lines; **AUL:** Adult Upper Limb Spasticity; **Tx:** Therapeutics;

[1] Executed by Day One Biopharmaceuticals; *This project has been funded by the French State under France 2030; Disclaimer: trials are event-driven and timelines can change



Dysport reduces monthly migraine days

BEOND Phase III program positive in both episodic & chronic migraine

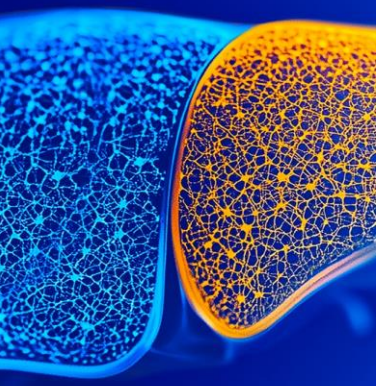
- Primary endpoints of monthly migraine days (MMD) **met in both episodic (E-BEOND) & chronic (C-BEOND) migraine**
- >1,500 patients treated
- **First and only botulinum toxin to demonstrate a statistically significant reduction** in MMD days vs placebo
- Dysport well-tolerated across both trials with safety consistent with the known profile

Migraine affects nearly a billion people worldwide and profoundly impacts daily life, work, family and social activities

Dysport: potential first-in-class treatment for a broad migraine population

Regulatory submission H2 2026

Iqirvo positive Phase IIIb ELSPIRE trial in PBC



Iqirvo achieves ALP normalization in the vast majority of patients with ALP 1-1.67

Statistically significant primary endpoint met: ALP normalization in patients on Iqirvo 85% vs 23% on placebo (p=<0.0001)

- ELSPIRE evaluated Iqirvo 80 mg (n=62) vs placebo (n=30) in PBC patients with ALP 1-1.67 x ULN on or after UDCA treatment
- Normalization of ALP (≤1 ULN) is recognized as a key treatment goal for improving long-term prognosis and slowing disease progression in PBC

Data are expected to be presented at a scientific congress in H2 2026

PBC: Primary Biliary Cholangitis; **ALP:** Alkaline Phosphatase; **ULN:** Upper Limit Of Normal; **UDCA:** Ursodeoxycholic Acid

Major upcoming milestones

Asset	MoA	Stage	2026	2027	2028
Corabotase	RNI™	Phase II	**LANTIC*:** FHL & LCL (Ax)		
Corabotase	RNI™	Phase II	**LANTIMA:** AUL (Tx)		
Corabotase	RNI™	Phase II	**MERANTI:** Migraine (Tx)		
Tovorafenib	Type II RAFi	Phase III	**FIREFLY-2[1]:** 1L pLGG		
Corabotase	RNI™	Phase II	**CATALPA:** Cervical Dystonia (Tx)		
Corabotase	RNI™	Phase III	**LAURITE 1 & 2:** GL (Ax)		

ONCOLOGY RARE DISEASE NEUROSCIENCE

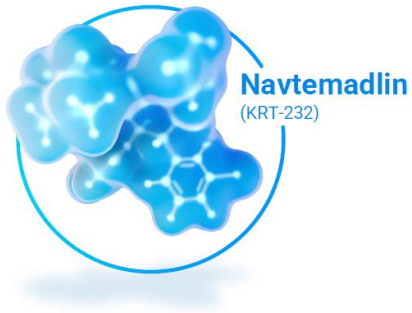
Information shown as of June 2026

* Stage 2 of LANTIC, Stage 3 to include GL, FHL & LCL; **MoA:** Mechanism of Action; **RNI™**: Recombinant NeuroInhibitor; **FHL**: Forehead Lines; **LCL**: Lateral Canthal Lines; **Ax**: Aesthetics; **AUL:** Adult Upper Limb Spasticity; **Tx:** Therapeutics; **RAFi**: RAF inhibitor of the MAPK pathway; **1L:** First-line; **pLGG**: Pediatric Low-Grade Glioma; **GL**: Glabellar Lines; [1] Executed by Day One Biopharmaceuticals; Disclaimer: trials are event-driven and timelines can change

Building the late-stage pipeline

Kartos Therapeutics[1]

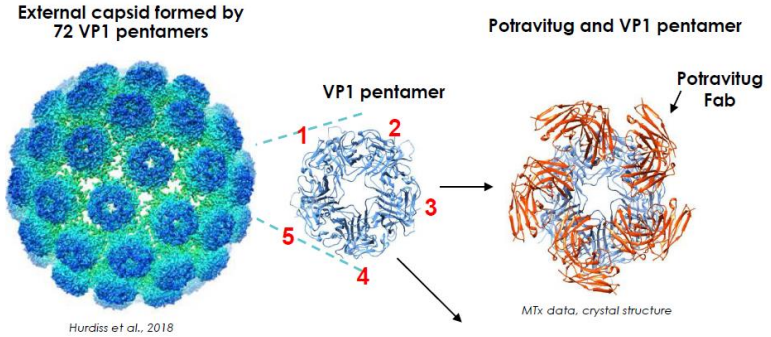
- **Navtemadlin: an oral MDM2i** for myelofibrosis
- Phase Ib/II data demonstrated potential disease-modifying activity
- The Phase III POIESIS trial with navtemadlin is ongoing, supporting a novel treatment paradigm



Phase III readout: 2027

Memo Therapeutics

- **Potravitug:** first-in-class monoclonal antibody targeting BK polyomavirus (BKPyV) in kidney transplant recipients
- Binds the surface protein of BK virus, preventing cellular entry and viral proliferation
- Phase II SAFE KIDNEY II: significant antiviral effect, histological improvement and a well-tolerated safety profile



Initiation of a pivotal Phase II/III: 2026

MDM2i: MDM2 Inhibitor

[1] The transaction is expected to close in Q3 2026, subject to fulfilment of customary closing conditions, includingthe expiration of the waiting period under the Hart-Scott-Rodino Antitrust Improvements Act

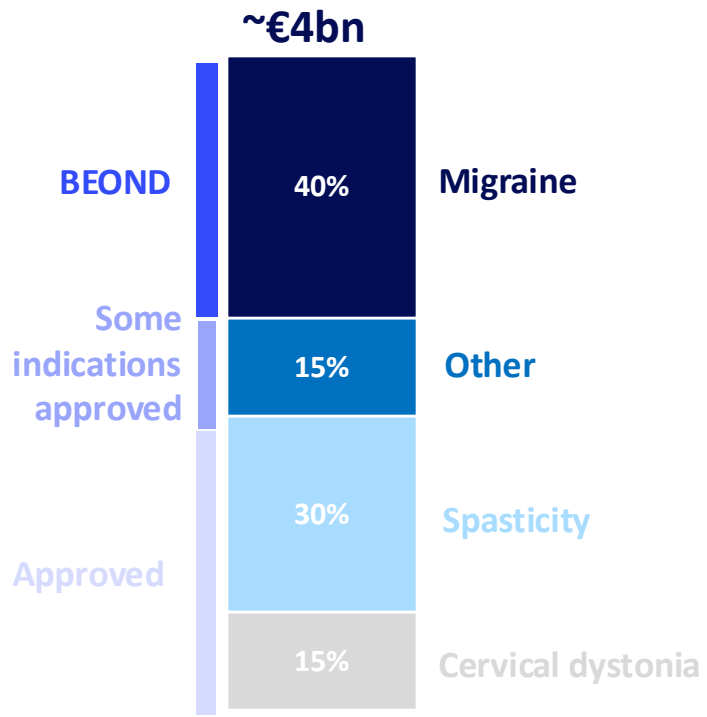
Commercial update

Mari Scheiffele

Chief Product Officer

Significant opportunity for Dysport in migraine

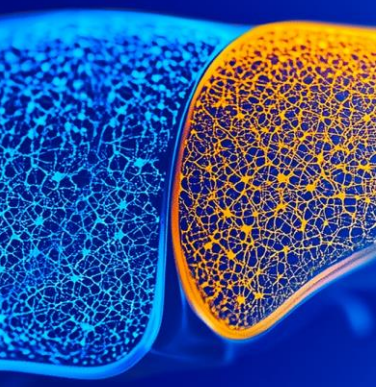
Global therapeutic botulinum toxin market (2025)



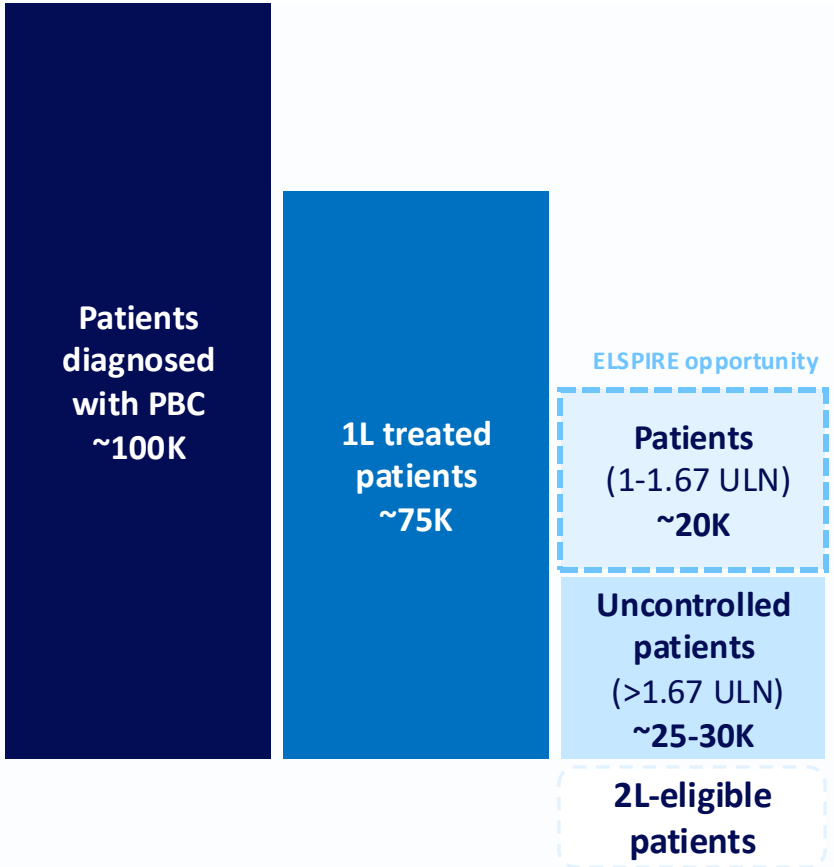
Migraine Opportunity

- **Migraine is an attractive indication: a large and fast-growing segment**
- **Significant opportunity** in the chronic migraine market with a new option for patients
- **First-in-class** potential in episodic migraine – a substantially larger patient population than chronic migraine

Expanding the Iqirvo opportunity in PBC



U.S. example: 2L PBC patient flow:
# of U.S. patients



Growing global 2L PBC market

- **PPAR class established as a standard of care in 2L**
- ELSPIRE data an opportunity to expand the market, increasing the number of patients receiving 2L treatment
- Normalization of ALP is emerging as a new patient treatment goal

Upgraded Iqirvo peak sales of €1bn in PBC

2L: Second-line; **PBC**: Primary Biliary Cholangitis; **1L**: First-line; **ULN**: Upper limit of normal; **ALP:** Alkaline Phosphatase

Hemato-Oncology acquisition

Navtemadlin opportunity to establish a novel treatment paradigm

Patient opportunity

Intermediate- to high-risk MF patients
(~6,000 diagnosed patients in U.S.)

↓

without anemia or low platelets,
~60%

↓

1L ruxolitinib treatment

↓

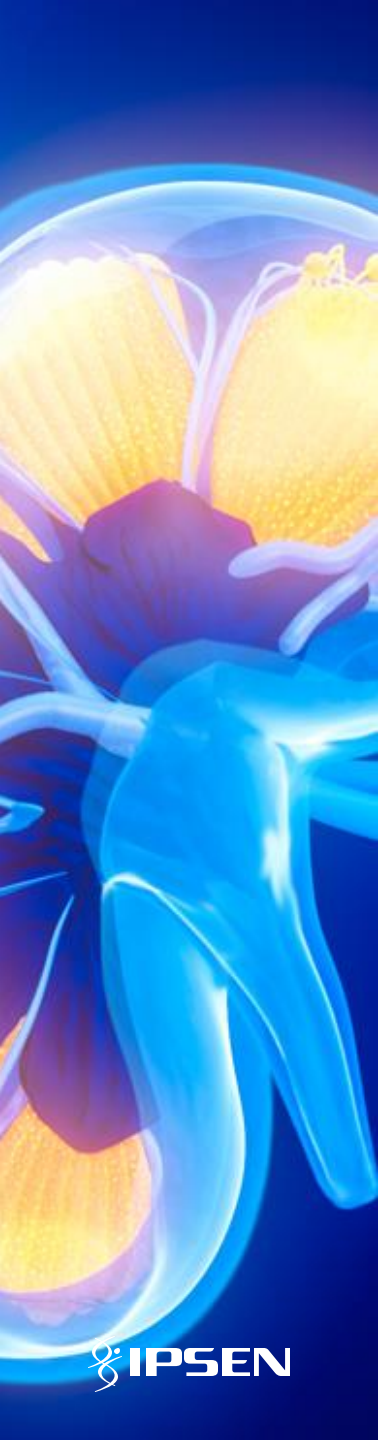
Suboptimal response (up to 70%)

ruxolitinib + navtemadlin opportunity

Overview

- Significant number of **Myelofibrosis (MF) patients** with suboptimal response to standard-of-care ruxolitinib as measured by TSS or SVR
  - Response waning over time
  - Up to 70% of patients on ruxolitinib become suboptimal responders
- Navtemadlin as a potential add-on treatment

MF: Myelofibrosis; **1L:** First-line; **TSS:** Total Spleen Score; **SVR:** Spleen Volume Reduction
The transaction is expected to close by end Q3 2026, subject to fulfilment of customary closing conditions, including the expiration of the waiting period under the Hart-Scott-Rodino Antitrust Improvements Act



Rare Disease acquisition

Potravitug: Addressing a critical unmet need in post-kidney transplant care

Patient journey

>28,000 kidney transplants in the U.S. annually

↓

Post transplant immunosuppression

↓

BK virus reactivation

↓

~25% develop BK viremia

↓

~65% maintain elevated viral load (>5,000 IU/mL), a strong risk factor for progression to BKVAN and adverse graft outcomes

Potravitug target population

Overview

- Opportunity to **change the treatment paradigm** in post-transplant BKV
  - Potravitug potential first targeted anti-BK polyomavirus therapy
  - Current standard to reduce immunosuppression increases risk of graft rejection
- **FDA Fast Track** (May 2023) & **EU ODD** (December 2025) granted

BKVAN; BK Virus-Associated Nephropathy; **BKV:** BK Viremia; **IU/mL:** International Units per Milliliter; **ODD:** Orphan Drug Designation

Conclusion

David Loew

Chief Executive Officer

Key takeaways

Delivering on strategy

- **Delivering very strong topline growth of key medicines & upgraded guidance**
- **Pipeline expansion through positive readouts & additional late-stage trials across three therapeutic areas**
- **Acquisitions of clinical assets**
- **Several potential blockbuster launches to come**
- **Strong cash generation to fuel external innovation**

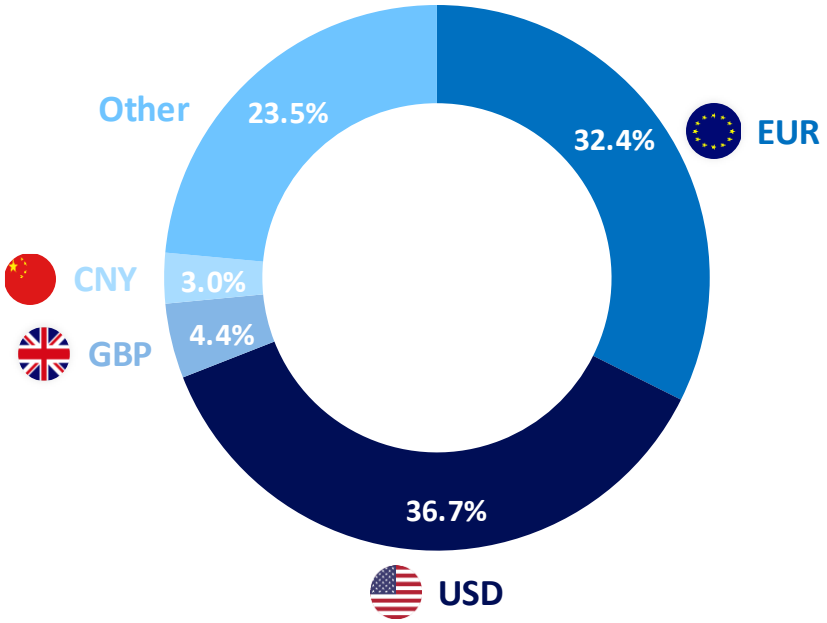
Questions

Appendix

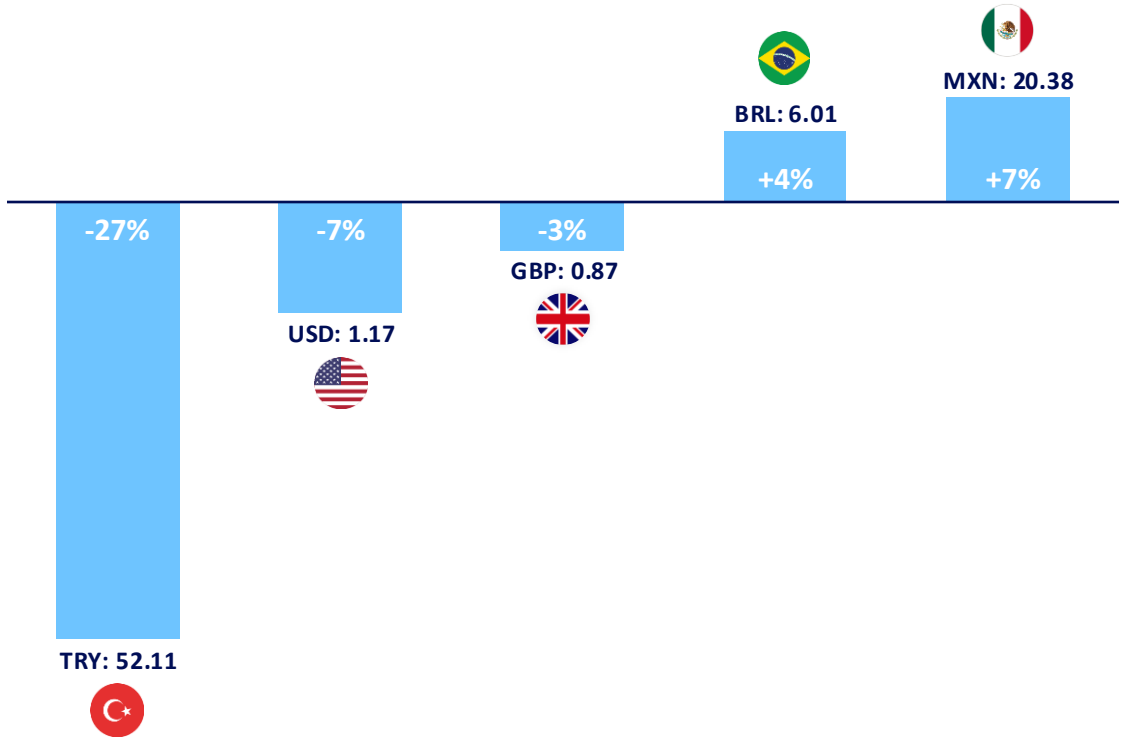
Currency impact H1 2026 sales

FX negative impact of -3.1pts

H1 2026 sales by currency



Average rate changes (H1 2026 vs. H1 2025)



Distribution expenses reclassification

From SG&A to Gross Margin without any impact on Core Operating Income

	New		Prior		Change	
	H1 2026	H1 2025	H1 2026	H1 2025	H1 2026	H1 2025
	€m	€m	€m	€m	€m	€m
Total Sales	**2,190**	**1,820**	**2,190**	**1,820**		
Other Revenues	109	117	109	117		
Cost of Sales[1]	(435)	(371)	(391)	(325)	(44)	(46)
Gross Margin[1]	**1,864**	**1,566**	**1,909**	**1,612**	**(44)**	**(46)**
% of total sales	**85.1%**	**86.1%**	**87.1%**	**88.6%**	**(2.0 pts)**	**(2.5 pts)**
SG&A expenses[1]	(608)	(561)	(652)	(607)	44	46
% of total sales	**27.7%**	**30.8%**	**29.8%**	**33.3%**	**+2.0 pts**	**+2.5 pts**
R&D expenses	(402)	(365)	(403)	(365)		
% of total sales	**18.4%**	**20.1%**	**18.4%**	**20.1%**		
Other core operating income and expenses	(9)	15	(9)	15		
Core Operating Income	**845**	**656**	**845**	**656**		
% of total sales	**38.6%**	**36.0%**	**38.6%**	**36.0%**		

[1] Considers the reclassification of distribution expenses from SG&A to Gross Margin without any impact on Core Operating Income

IFRS consolidated net profit

Solid profitability despite impairment losses

	H1 2026 €m	H1 2025 €m	Change
Core Operating Income	**845**	**656**	**28.8%**
Amortization of intangible assets	(123)	(132)	(7.1%)
Restructuring & other operating expense	(72)	(19)	n/a
Impairment losses	(85)	(53)	60.8%
IFRS Operating Income	**565**	**452**	**25.1%**
Financial expenses	(17)	(26)	(34.6%)
Income tax	(145)	(90)	62.2%
Share of net loss[1]	0	(1)	n/a
Net profit from discontinued operations	-	-	n/a
IFRS Consolidated Net Profit	**403**	**336**	**20.0%**

Impairment losses mainly due to Tazverik's withdrawal in March 2026

Financial expenses including lower cost of hedging

Higher effective tax rate including the impact of the exceptional French tax contribution and the Base Erosion and Anti-Abuse Tax (BEAT)

All growth rates at actual exchange rates

[1] Equity-accounted companies

Oncology

Key ongoing clinical-trial highlights

Trial	Indication	Patients	Design	Primary Endpoint(s)	Status
tovorafenib FIREFLY-2 Phase III NCT05566795	1L pLGG	418	tovorafenib or SoC chemotherapy	ORR	Active, not recruiting[1,2]
IPN60340 Phase II/III NCT07623187	1L AML	450	IPN60340 + azacitidine + venetoclax	CRR	Not yet recruiting[1]
IPN01195 Phase I/II NCT06833008	Solid tumors (advanced)	85	IPN01195	DLT and ORR	Recruiting[1]
IPN60300 Phase I NCT07213817	Solid tumors (advanced)	114	IPN60300	DLT and ORR	Recruiting[1]
IPN01203 Phase I/II NCT07213830	Solid tumors (advanced)	102	IPN01203	DLT and ORR	Recruiting[1]

[1] Recruitment status as per ct.gov, June 2026; [2] Executed by Day One Biopharmaceuticals; **1L**: First-line; **pLGG:** Pediatric Low-Grade Glioma; **SoC**: Standard of Care; **ORR**: Overall Response Rate; **AML**: Acute Myeloid Leukemia; **CRR**: Complete Response Rate; **DLT**: Dose Limiting Toxicity

Rare Disease

Key ongoing clinical-trial highlights

Trial	Indication	Patients	Design	Primary Endpoint(s)	Status
Iqirvo ELSPIRE[2] Phase III NCT06383403	2L PBC	92	Placebo or Iqirvo	Percentage of participants with normalization of ALP levels	Completed[1]
Elafibranor ELASCOPE Phase III NCT07387549	PSC	350	Placebo or Elafibranor	Event-free survival : time from randomisation to either adjudicated disease progression or death, whichever occurs first	Recruiting[1]

[1] Recruitment status as per ct.gov, June 2026 (excluding BOLD Phase III trial); [2] Based on ALP >1.00 × ULN and <1.67 × ULN
2L: Second-line; **PBC**: Primary Biliary Cholangitis; **ALP**: Alkaline Phosphatase; **PSC**: Primary Sclerosing Cholangitis

Neuroscience - Dysport

Key ongoing clinical-trial highlights

Trial	Indication	Patients	Design	Primary Endpoint(s)	Status
Dysport C-BEOND Phase III NCT06047444	Chronic migraine	759	Two dosing regimes of Dysport or placebo	Change from baseline in monthly migraine days (MMD)	Active, not recruiting[1,2]
Dysport E-BEOND Phase III NCT06047457	Episodic migraine	751	Two dosing regimes of Dysport or placebo	Change from baseline in monthly migraine days (MMD)	Active, not recruiting[1,2]

[1] Pre-defined step of trial design; [2] Recruitment status as per ct.gov, June 2026

Neuroscience – corabotase

Key ongoing clinical-trial highlights

Trial	Indication	Patients	Design	Primary Endpoint(s)	Status
Corabotase (IPN10200) LAURITE 1 & 2 Phase III NCT07427797	Moderate to severe GL	1,600	Corabotase or placebo	Composite response of 2-grade improvement on SSA and ILA at maximum contraction at w4	Recruiting[1]
Corabotase (IPN10200) LANTIC Phase II NCT04821089	Stage 2 : Moderate to severe GL + FHL or LCL Stage 3 : Moderate to severe in GL, FHL and LCL	727	Dose-finding versus placebo Placebo-controlled safety evaluation	Composite response of 2-grade improvement on SSA at maximum contraction at w4	Active, not recruiting[1] Active, not recruiting[1]
Corabotase (IPN10200) LANTIMA Phase II NCT04752774	Adult patients with upper-limb spasticity	240	Dose escalation & dose-finding versus Dysport or placebo	Efficacy and safety	Recruiting[1]
Corabotase (IPN10200) MERANTI Phase II NCT06625060	Adults with chronic or episodic migraine	641	Dose escalation & dose-finding versus placebo	Efficacy and safety	Recruiting[1]
Corabotase (IPN10200) CATALPA Phase II NCT06937931	Adults with cervical dystonia	132	Dose escalation & dose-finding versus placebo	Efficacy and safety	Recruiting[1]

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[1] Recruitment status as per ct.gov, June 2026

GL: Glabellar Lines; **SSA**: Subject Self-Assessment; **ILA:** Investigator Live Assessment; **FHL**: Forehead Lines; **LCL**: Lateral Canthal Lines

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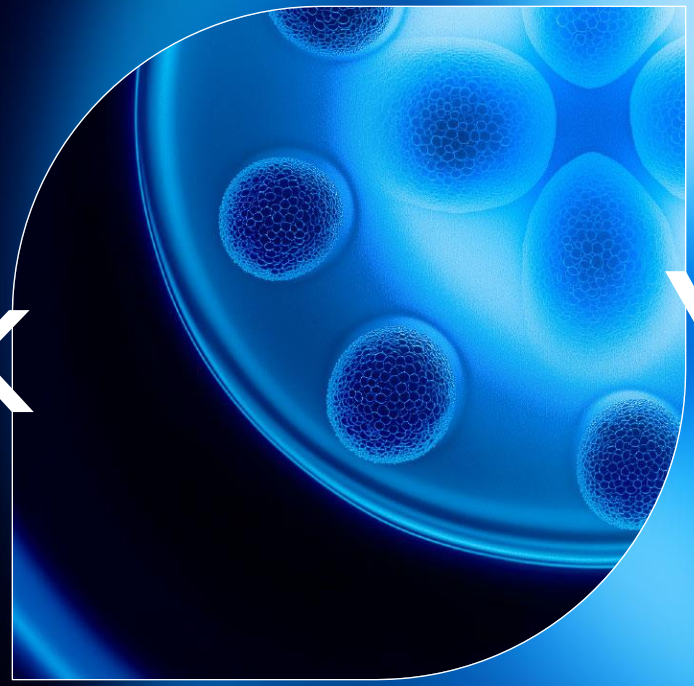
Thank You



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