PAVING THE WAY FOR GROWTH

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Roadshow Paris - Exane

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PROFILE AND STRATEGY



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AN INNOVATION DRIVEN INTERNATIONAL SPECIALTY PHARMA

A strategic focus on specialist care worldwide

- Three targeted areas : Oncology, Endocrinology and Neuromuscular Disorders
- 5 key products accounting for ~ 57% of drug sales
- Growing at a double digit rate

A historic presence in primary care

- Focused on gastroenterology, cognitive disorders and cardiovascular diseases
- A presence focused on selected geographies including France, China and Russia
- A sound business yielding recurring cashflow and contributing to R&D financing

A truly differentiating and international R&D capability

- Focused on hormone-dependent diseases, peptide and protein engineering and innovative delivery systems
 R&D expense in excess of 20% of sales
- R&D expense in excess of 20% of sales
 4 centres in Boston, Paris, London and Barcelona

An integrated player

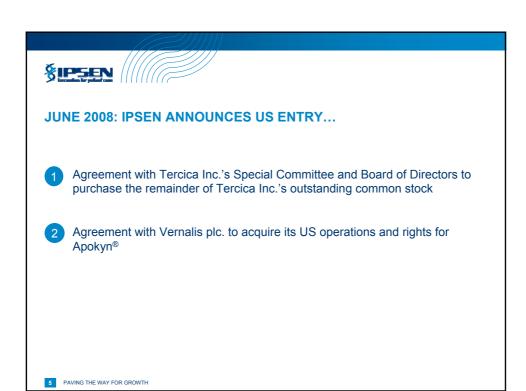
- A fully-fledged peptide manufacturing capability
- Two FDA-approved manufacturing facilities

A recognised strategic partner

- Alliances with international industry leaders in US, Europe and Japan and best-in-class universities around the world
- Ipsen's business partners include Galderma, Genentech, GTx, Medicis, Roche, Teijin...

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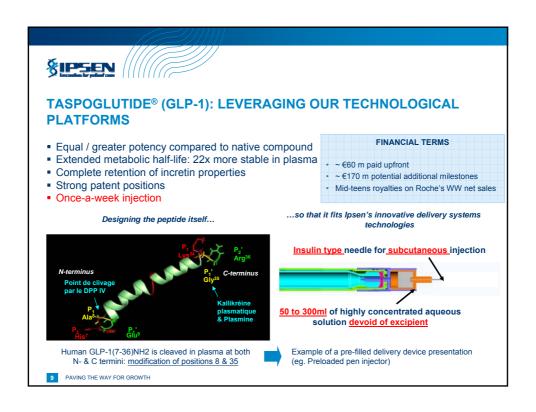
A UNIQUE CONVERGENCE OF TECHNOLOGIES

2 examples: Somatuline® and Taspoglutide

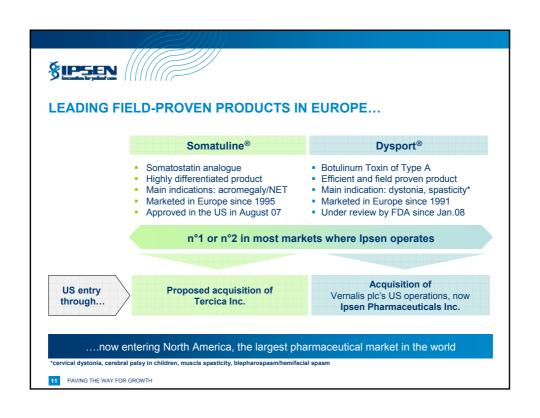


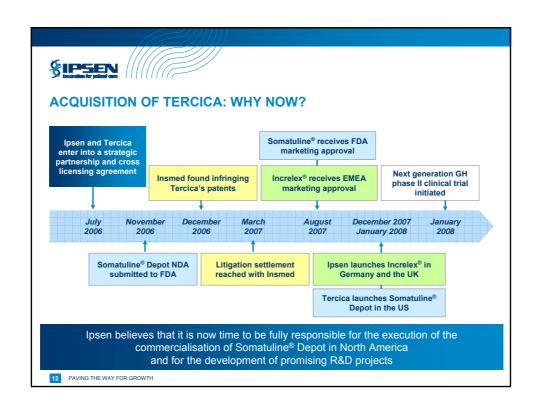
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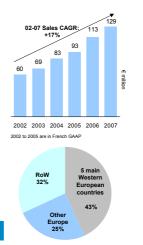




ACQUISITION OF IPSEN PHARMACEUTICALS INC.: WHY NOW?

- Dysport[®]: a strong brand with well established positions
- Used globally for therapeutic indications: cervical dystonia, cerebral palsy in children, muscle spasticity, blepharospasm, hemifacial spasm
- Launched in the UK in 1991
- Marketing authorisations in over 70 countries (in Europe (including Russia), Asia and Latin America)
- Equivalent market share in therapeutic use to that of its main competitor in the 5 main European countries
- Dysport® was filed for review by the FDA at the end of January 2008 for cervical dystonia

Ipsen needs to prepare now for the US launch of Dysport®



Sales breakdown in 2007



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WHY CHOOSE IPSEN PHARMA INC. TO LAUNCH DYSPORT® IN THE US?

A CNS focused company rightly sized to maximize the launch of Dysport®, with 54 staffs

A team with operational and therapeutic expertise and strong track-record

Strong managed healthcare experience, especially for injectable drugs

A relevant and targeted market reach, with largely similar prescriber base between Dysport® and Apokyn® - Vernalis Inc. today covers ~75% of US movement disorder specialists and neurologists

A sound commercial strategy

based on strong customer relationship and true value-added services provided to physicians

A lean organization, with no overlap with Ipsen's existing structures

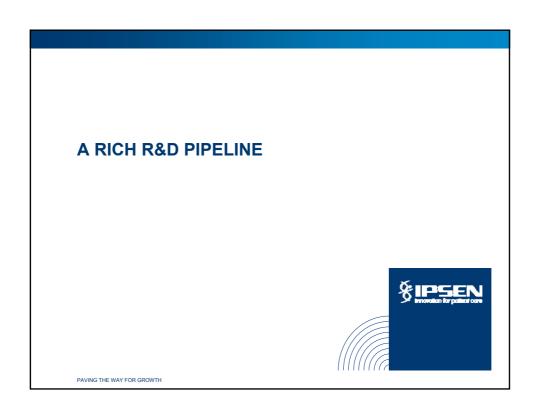
A well positioned product on the market

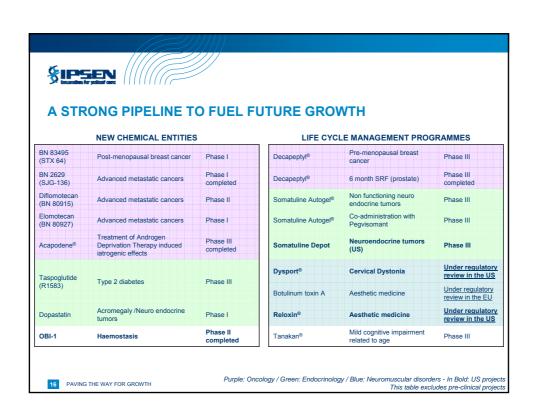
Apokyn®, the only product indicated in the treatment of "off" episodes of Parkinson's disease

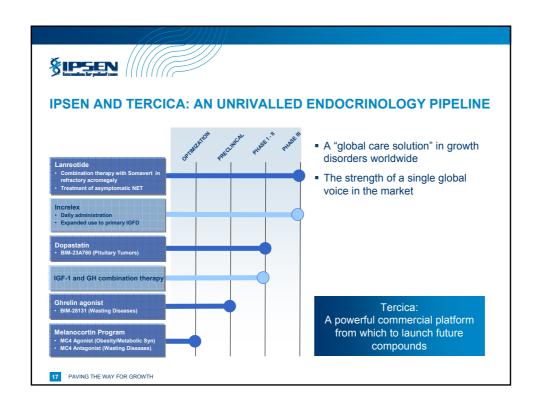
A reasonable investment

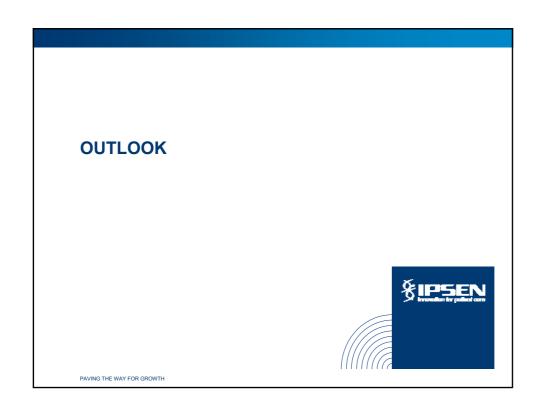
Total consideration of up to \$12.5 million, and investment in Vernalis plc. for \$5.0 million





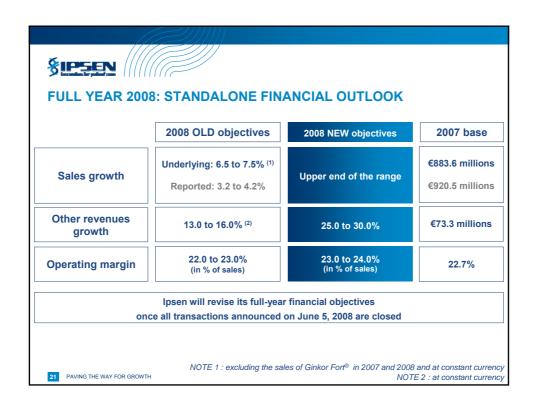




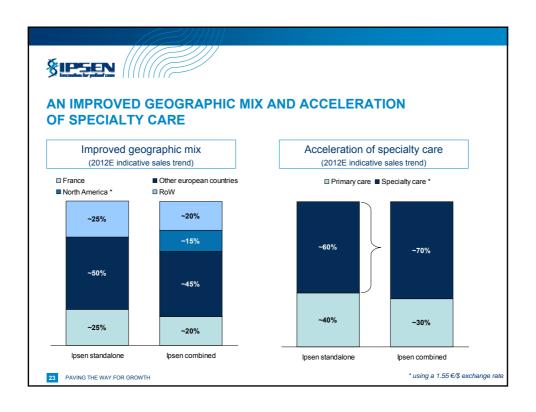






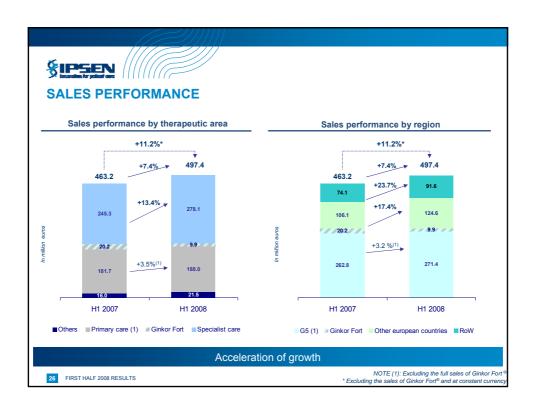


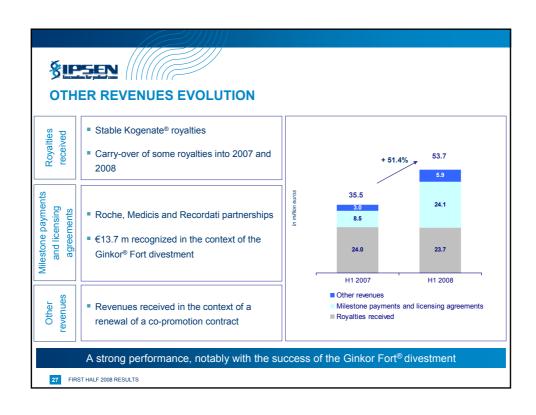


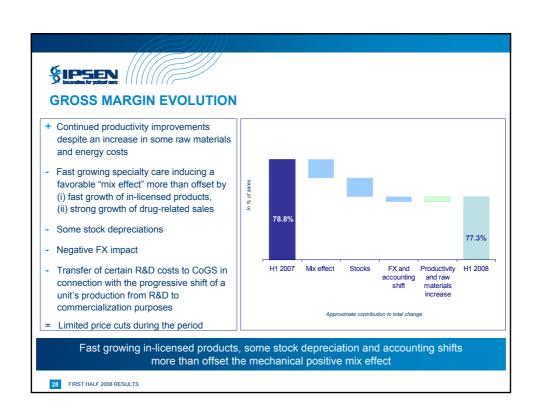


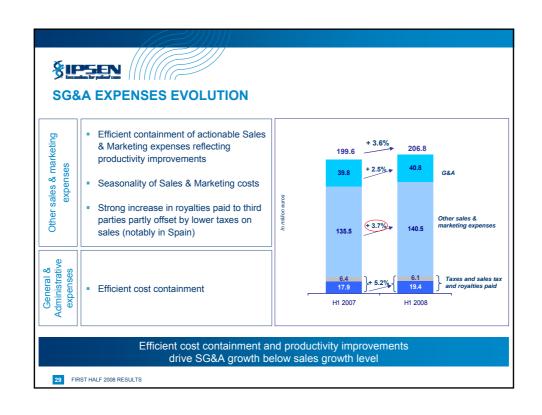


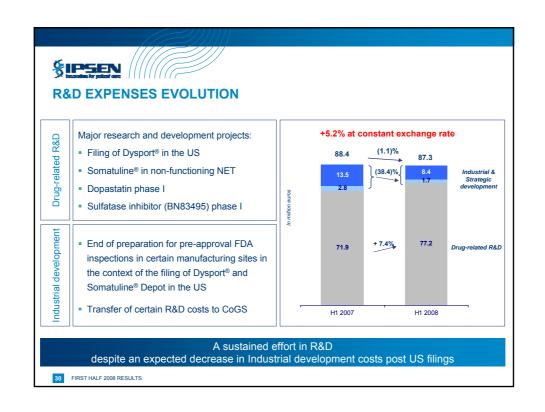


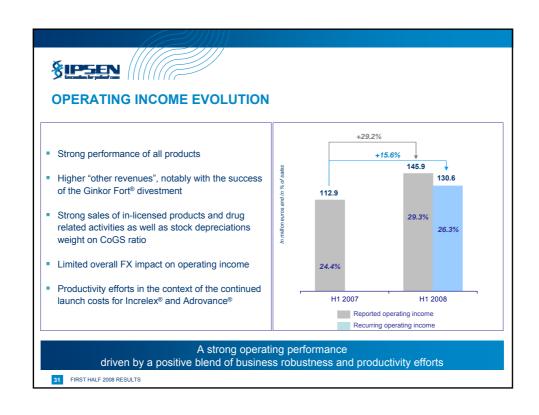


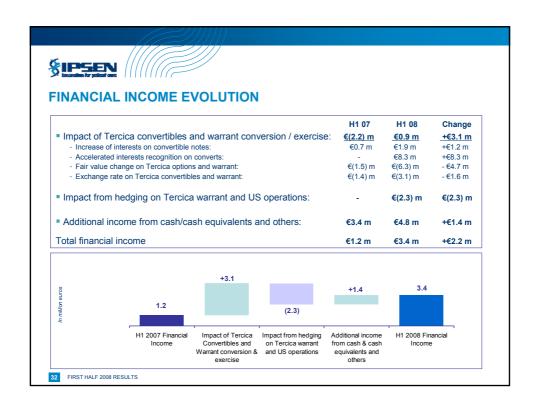


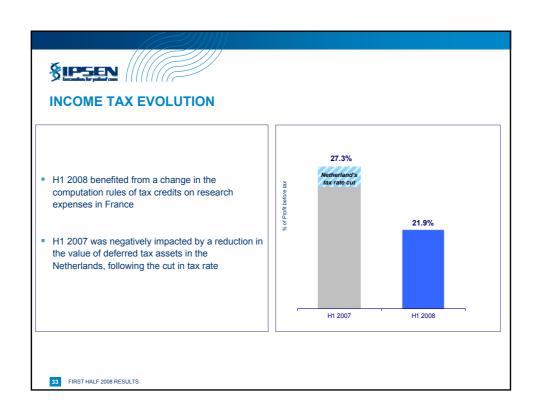


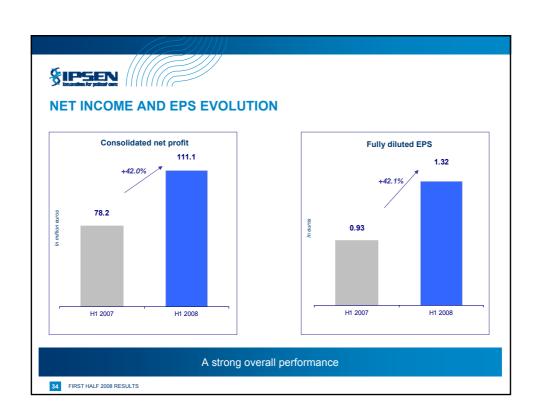




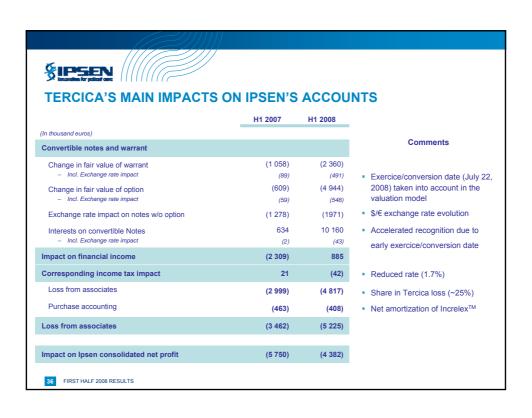




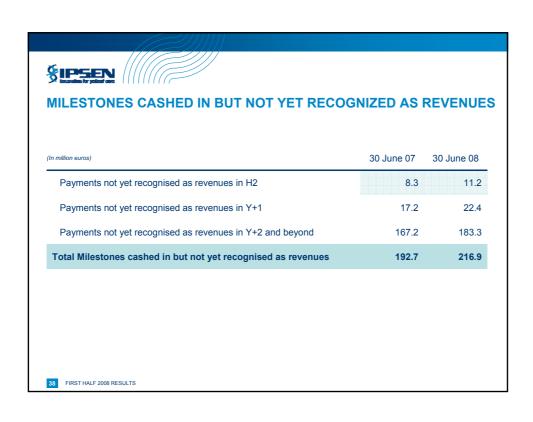




SIPSEN IIII					
CASH FLOW GENERATION					
(In million of euros)	30 June 07	30 June 08	Comments		
Cash Flow before change in working capital	112.6	141.3	Increase of receivables (-€36.8m)		
(Increase) / Decrease in working capital	(65.3)	(17.1)	Increase of tax payables (+€24,4m)		
Net cash flow generated by operating activities	47.3	124.1	vs significant decrease in H1 2007		
Investment in intangible assets and property. plant & equipment	(30.0)	(38.4)	Capex required to maintain		
Deposits and other financial investments	(4.3)	-	industrial facilities (-€26.2m)		
Others	(12.1)	6.0	 Intangible assets investment (-€8n 		
Net cash flow used in investing activities	(46.4)	(32.4)	Revenues from Ginkor divestment		
Net change in borrowings	2.4	(4.6)	(+€13.8m) Change in working capital linked to		
Dividends paid	(50.4)	(55.1)	investing activities (-€12,6m)		
Others	(18.7)	(5.2)	,		
Net cash flow used in financing activities	(66.8)	(64.9)	 Sale of securities held for sale 		
Discontinued operations	2.2	(1.0)			
Change in cash and cash equivalent	(63.7)	25.8	 Share buy back program 		
Impact of exchange rate fluctuations	-	(3.0)			
Closing cash & cash equivalents	220.0	263.7			
Closing Net Cash ⁽¹⁾	198.4	239.4			



§IPSEN						
BALANCE SHEET	EVOLU	TION				
(In million euros) Assets			(In million ouros)			
7,000	31 Dec 07	30 Jun 08	Eldo	31 Dec 07	30 Jun 08	
Goodwill	189.0	189.0	Equity	799.9	844.1	
Property, plants & equipments	221.9	226.6	Minority interests	1.2	1.4	
Intangible assets	89.2	92.5	Total equity	801.1	845.5	
Other non-current assets	185.3	95.1	Long-term financial debts	20.8	16.3	
Total non-current assets	685.4	603.2	Other non-current liabilities	221.0	223.0	
Total current assets	636.8	744.6	Short-term debts	9.2	10.4	
Incl. cash and cash equivalents	247.1	269.7	Other current liabilities	265.5	249.1	
Assets / discontinued operations	0.7	-	Liabilities / discontinued operations	5.3	3.6	
Total assets	1,322.9	1,347.9	Total Liabilities	1,322.9	1,347.9	
Net Cash (1)	198.4	239.4				



GAINING FULL CONTROL OF OBI-1'S DEVELOPMENT

Appendix 2



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GAINING FULL CONTROL OVER A PROMISING COMPOUND

- 1 Leveraging our know-how in haematology by gaining full rights to the product's development and commercialisation...
 - Ipsen produced and commercialized the only plasma-derived porcine Factor VIII until 2004, Hyate:C
- 2 ... in order to fulfill a high unmet medical need...
 - Acquired hemophilia is an orphan disease (prevalence of 1.5 per million): 6% to 22% of patients die from bleeding
- 3 ... and optimise its development and time to market...
 - The development of OBI-1 will benefit from Ipsen's integrated approach and specific knowledge base in hemophilia A with inhibitor and plasma-derived porcine Factor VIII
- 4 ... for a highly specialized hospital product, generating high revenue per patient
 - Potential peak sales worldwide in excess of \$200 million

An incremental investment to gain full control of the development of a promising compound

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TRANSACTION DETAILS

- In 1998, Emory University licensed to Octagen its patents on OBI-1, who in turn granted a worldwide, exclusive sublicense to Ipsen
 - Octagen was responsible for the pre-clinical and clinical development of OBI-1 and sublicensed certain rights to Ipsen in connection with the manufacturing, regulatory activities and commercialization of OBI-1.
 - Ipsen agreed to make milestone payments to Octagen and to pay royalties based on OBI-1 future
 - Ipsen purchased c.21.5% of Octagen's share capital
- Ipsen to acquire all Octagen's assets related to OBI-1
 - Upfront payment of \$10.5 million (€6.8 million) to Octagen,
 - Mid single digit royalty on net sales (including that to Emory)
 - Potential additional payments contingent on entry of the product into P.III and on marketing approvals
 - Redemption of its stake in Octagen



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A UNIQUE AGENT FOR THE EMERGENCY CARE OF ACQUIRED **HEMOPHILIA**

- Incidence of this autoimmune disease on the increase with the ageing population
- Silent disease often revealed under elective or emergency surgery
 - Uncontrollable bleed due to antibodies against patient's factor VIII
- OBI-1 provides fast controllable dose-responsive formation of blood clots through the intrinsic pathway of coagulation
 - Upon stabilization of hemostasis, patients are treated to full recovery (using Rituxan)
- OBI-1 will benefit from a strong support from the hematology community built by **Ipsen**
 - Ipsen produced and commercialized the only plasma-derived porcine Factor VIII until 2004
- Ipsen will control all pre-clinical and clinical development activities
 - OBI-1 development will benefit from this integrated approach and Ipsen's specific knowledge in hemophilia A with inhibitor and plasma-derived porcine Factor VIII
 - Ipsen will now seek to confirm next steps towards registration, in liaison with regulatory agencies, with first feedback expected in 2008



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ROCHE'S ADA TASPOGLUTIDE DATA

Appendix 3

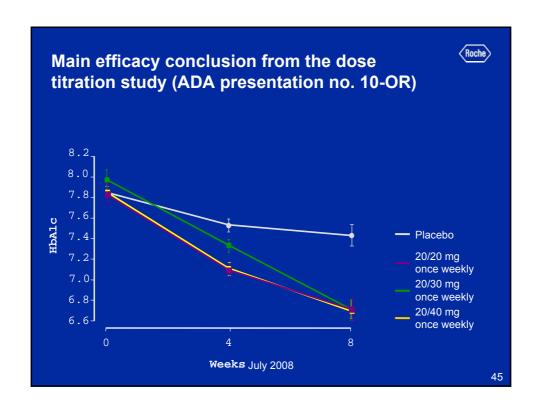


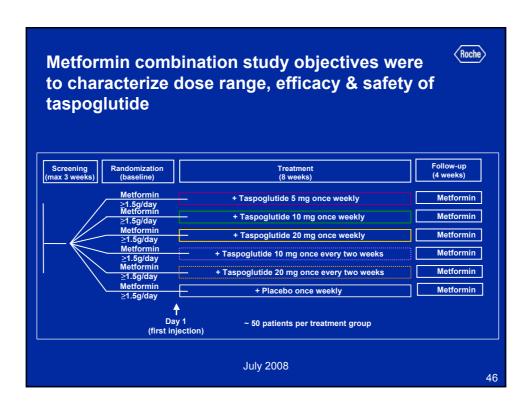
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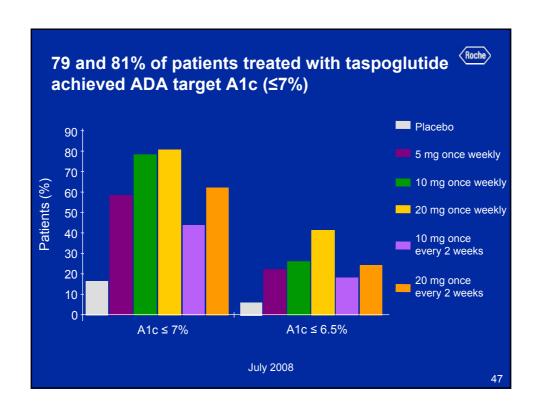
Taspoglutide provided significant reductions in A1c and FPG along with weight loss in diabetic patients

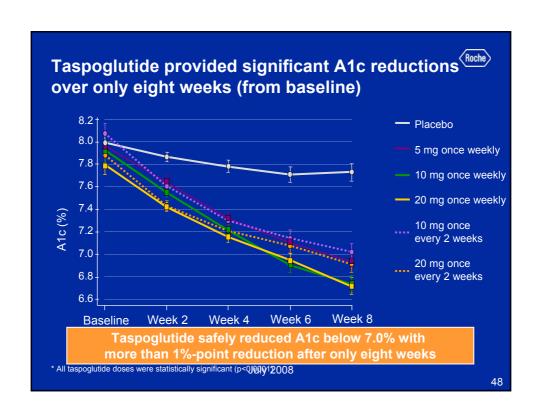
- Once-weekly 10 mg and 20 mg were most effective at achieving A1c targets, body weight, and FPG reductions
 - Approx 80% of patients achieved ADA (7%) A1c target following 8 weeks of treatment
 - Significant reductions in A1c and weight loss were achieved after only 8 weeks of treatment in patients inadequately controlled on metformin monotherapy
 - Addition of taspoglutide resulted in no increased risk of hypoglycemia than metformin alone
 - Fasting plasma glucose (FPG) reductions observed following the first injection
 - Safety and tolerability profile supports entry into phase III

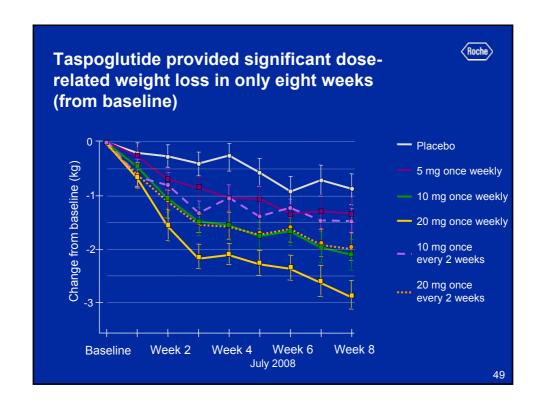
Taspoglutide, the first investigational once-weekly, long-acting, human GLP-1 analogue, provided significant reductions in A1c and FPG as well as weight loss with an acceptable safety and tolerability profile for use in patients with type 2 diabetes

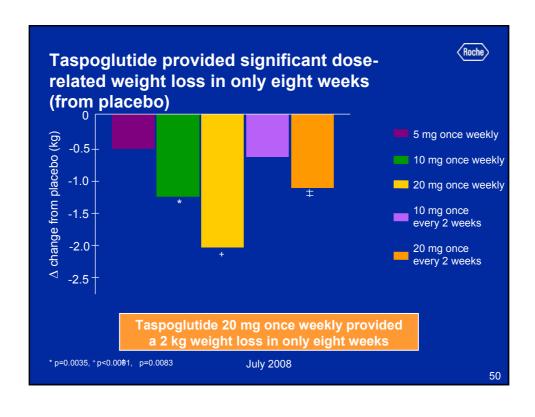


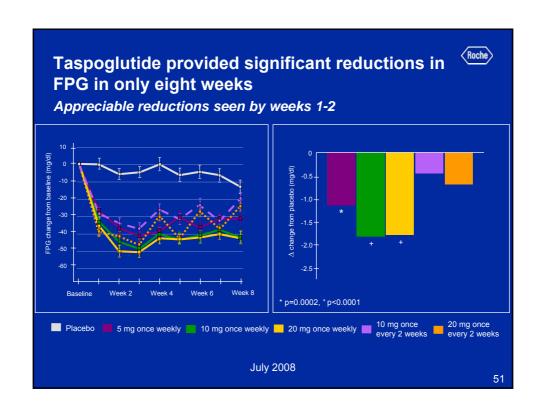












Taspoglutide safety profile



- As expected, the most common adverse event was transient, doserelated, mild-to-moderate nausea
 - Episodes of nausea tended to occur during the first day after administration
 - 18% placebo-adjusted incidence in 10 mg once-weekly group
- The frequency of vomiting in the groups that received taspoglutide onceweekly was similar to placebo
 - In most patients, vomiting occurred only once and resolved within one day
- Most cases of nausea and vomiting resolved spontaneously while treatment continued
- Addition of taspoglutide resulted in no increased risk of hypoglycemia than metformin alone
- · No acute pancreatitis was observed in the phase II program

Safety and tolerability profile supports entry into phase III



Taspoglutide is an investigational once-weekly, longacting human GLP-1 analogue for the treatment of T₂D

- Significantly improves both A1c and FPG over only eight weeks
- · Provides substantial weight loss in a dose-response fashion
- · Additional phase II titration study confirmed the safety and tolerability of taspoglutide
- · Efficacy, safety and tolerability profile supports entry into phase III

Data from this study shows that taspoglutide has the potential to be the first once weekly, long-acting human GLP-1 analogue

July 2008

Taspoglutide phase III program Targeted and competitive



- Taspoglutide phase III program designed to confirm promising phase II data and generate competitive launch label
 - Head-to-head comparisons: Sitagliptin, exenatide, insulin glargine
 - Patient population: Treatment-naïve → multiple OADs
 - · Add-on to metformin
- Based on phase II data, two taspoglutide doses will be tested in all phase III studies:
 - 10 mg once weekly
 - 10 mg once weekly for 1 month → up-titrate to 20 mg once weekly
- · First-patient-in expected 2H 2008
- · 6 month treatment period with follow-up extension phases

July 2008

Approximately 2,500 type 2 diabetic patients will be randomized into taspoglutide's phase III program

Stud y	Study	Sample size	Background OAD	
1	Monotherapy vs. placebo	330	Treatment-naïve	
2	Taspoglutide vs. sitagliptin vs. placebo	630	Metformin	
3	Taspoglutide vs. insulin glargine	990	Metformin	
4	Taspoglutide vs. exenatide	990	Metformin, TZDs, or metformin + TZDs	
5	Add-on to sulfonylurea (± metformin) vs. placebo	200	Sulfonylurea (+/- metformin)	
6	Add-on to pioglitazone + metformin vs. placebo July 2008	330	Pioglitazone + metformin	