PAVING THE WAY FOR GROWTH

Hidden Gems Conference – Natixis New York, Monday October 13th, 2008

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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

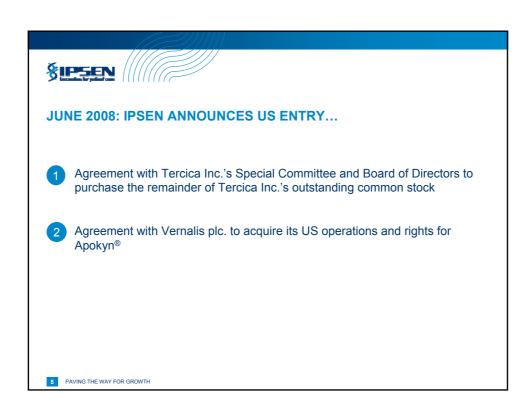
- A fully-fledged peptide manufacturing capability
- Two FDA-approved manufacturing facilities

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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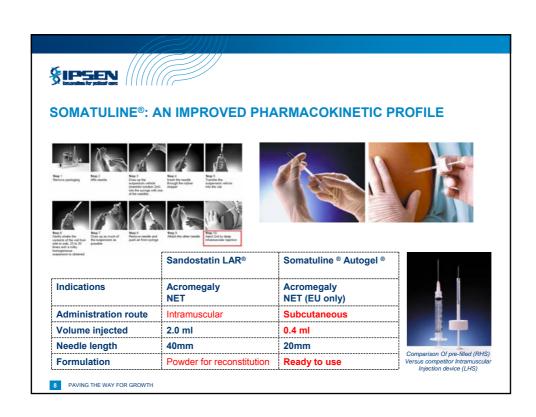


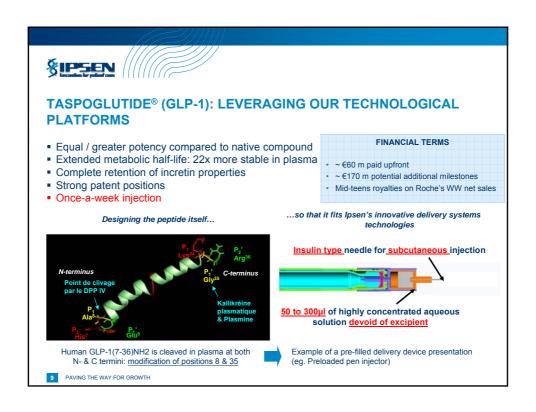
A UNIQUE CONVERGENCE OF TECHNOLOGIES

2 examples: Somatuline® and Taspoglutide

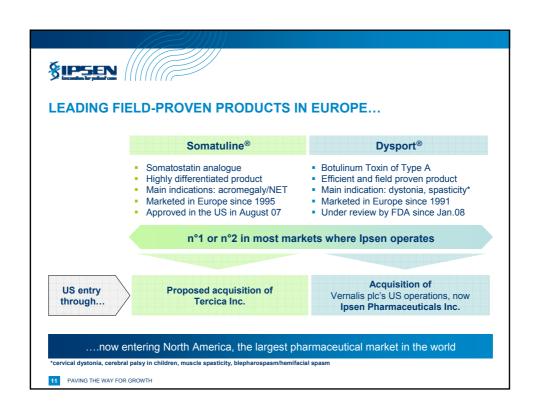


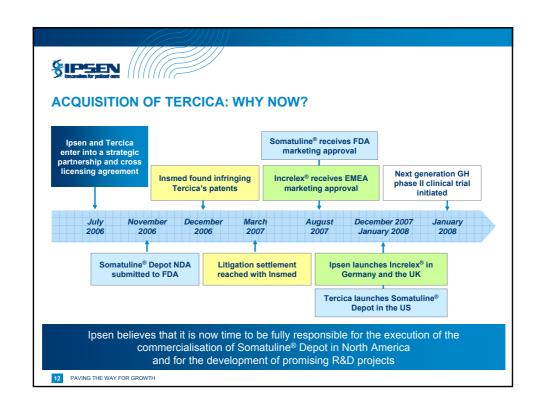
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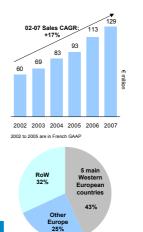




ACQUISITION OF IPSEN PHARMACEUTICALS INC.: WHY NOW?

- 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

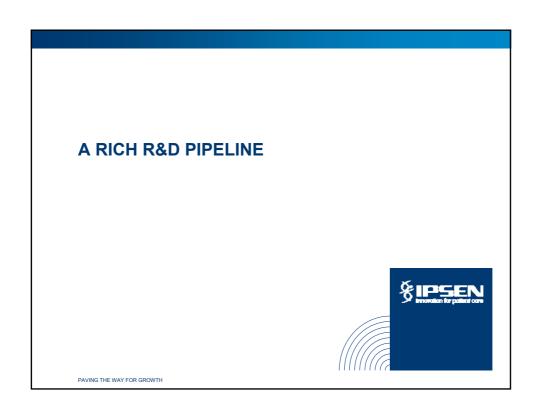
A well positioned product on the market

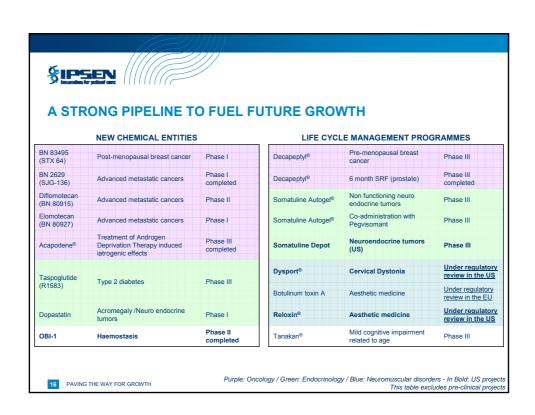
Apokyn®, the only product indicated in the treatment of "off" episodes of Parkinson's disease

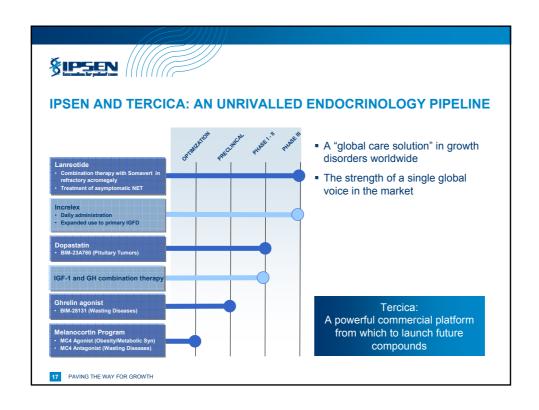
A reasonable investment

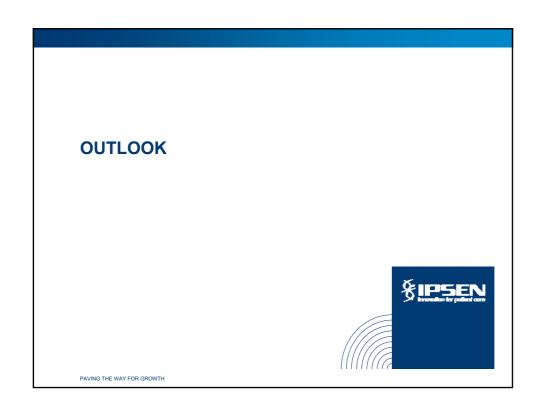
Total consideration of up to \$12.5 million, and investment in Vernalis plc. for \$5.0 million

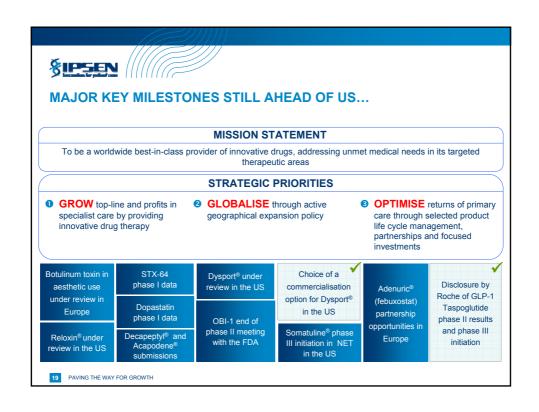




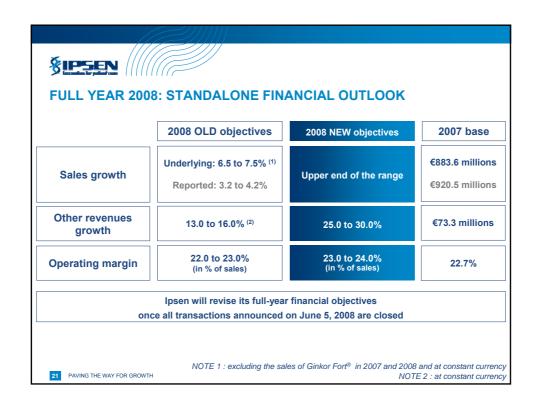


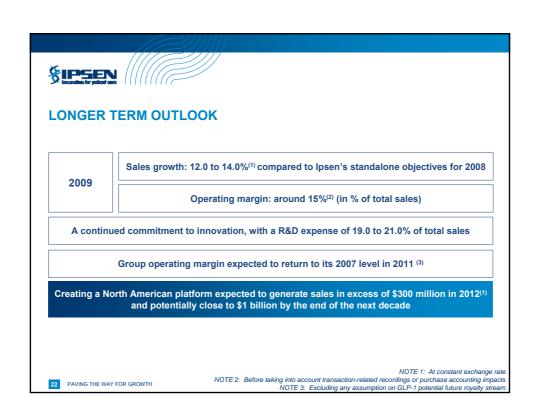






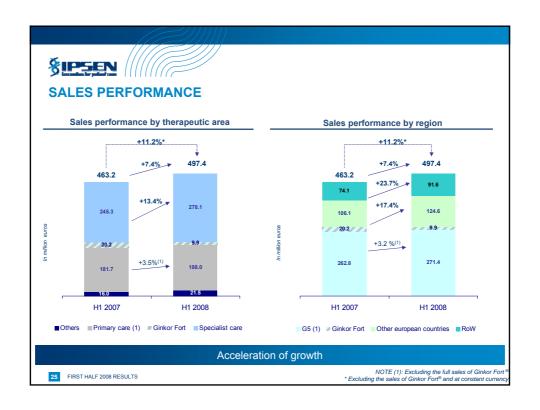


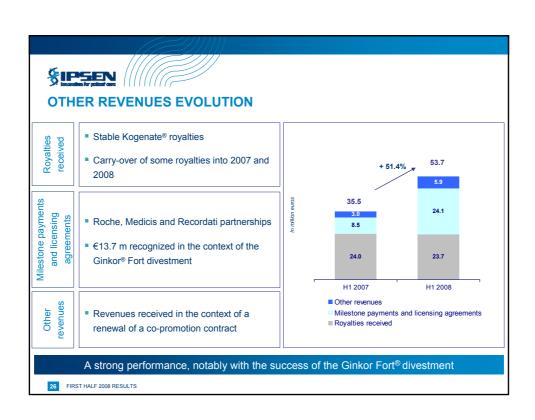


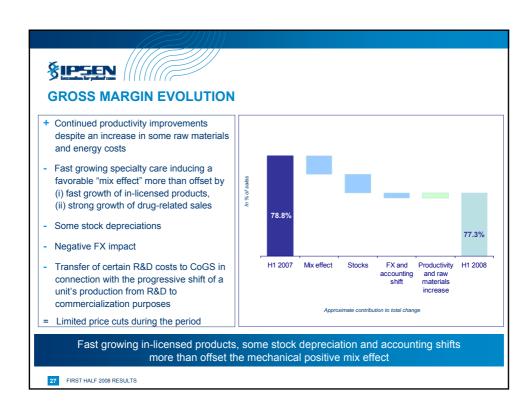


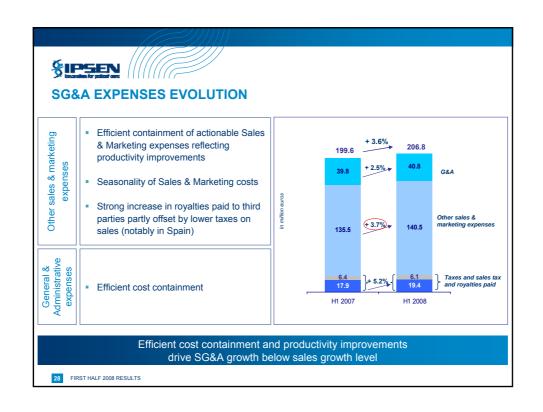


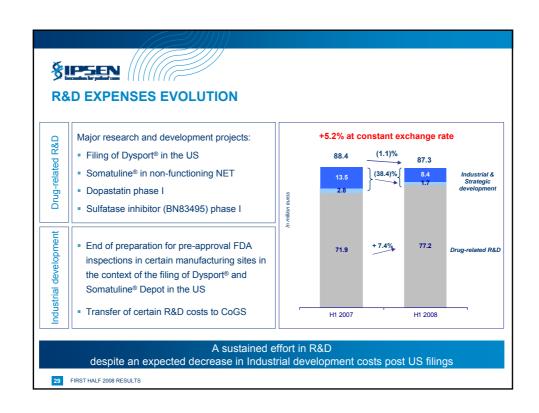
FIRST HALF 2008 RESULTS Appendix 1

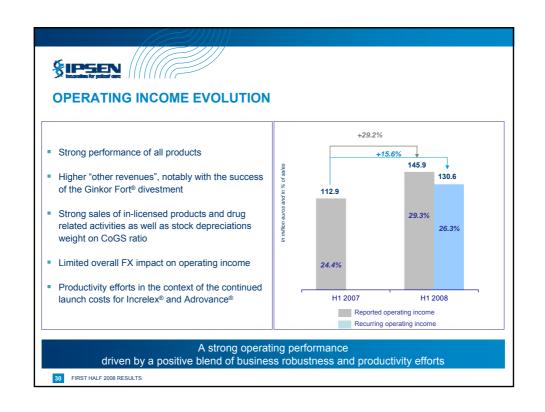


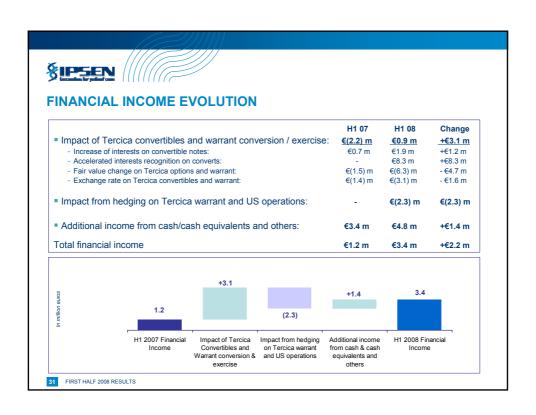


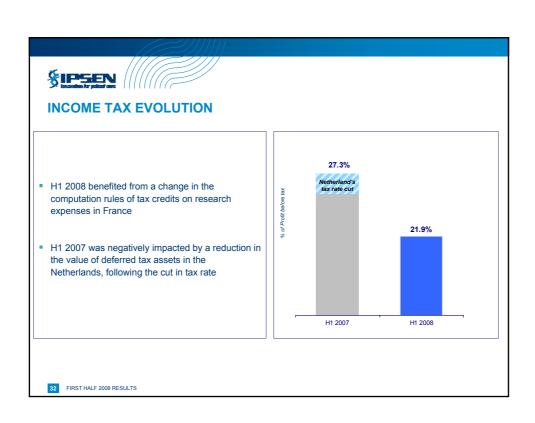


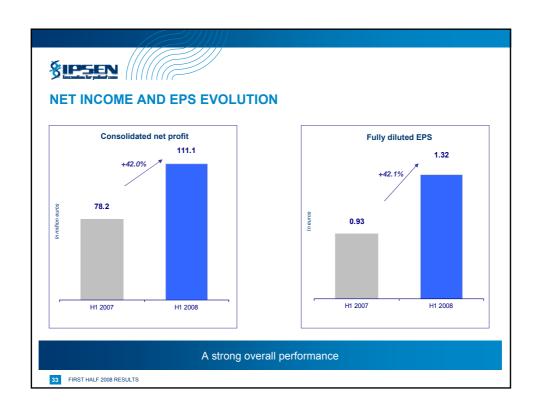


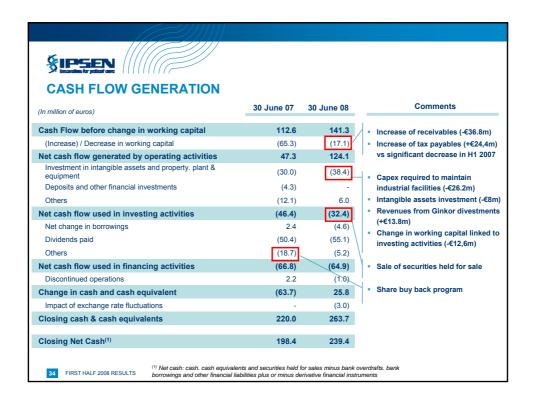




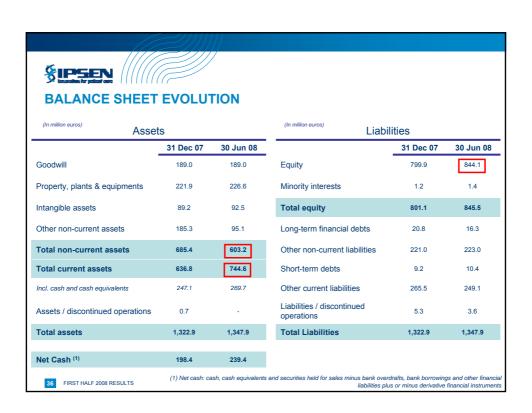


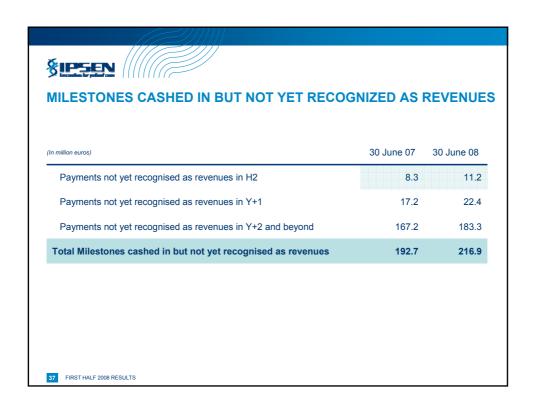






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TERCICA'S MAIN IMPACTS ON IPSEN'S ACCOUNTS					
	H1 2007	H1 2008			
(In thousand euros)					
Convertible notes and warrant	Comments				
Change in fair value of warrant - Incl. Exchange rate impact	(1 058) (89)	(2 360) (491)	 Exercice/conversion date (July 22 2008) taken into account in the valuation model 		
Change in fair value of option — Incl. Exchange rate impact	(609) (59)	(4 944) (548)			
Exchange rate impact on notes w/o option	(1 278)	(1971)	\$/€ exchange rate evolution		
Interests on convertible Notes - Incl. Exchange rate impact	634 (2)	10 160 (43)	 Accelerated recognition due to early exercice/conversion date 		
Impact on financial income	(2 309)	885	,		
Corresponding income tax impact	21	(42)	Reduced rate (1.7%)		
Loss from associates	(2 999)	(4 817)	 Share in Tercica loss (~25%) 		
Purchase accounting	(463)	(408)	 Net amortization of IncrelexTM 		
Loss from associates	(3 462)	(5 225)			
Impact on Ipsen consolidated net profit	(5 750)	(4 382)			









GAINING FULL CONTROL OVER A PROMISING COMPOUND

- 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
- ... 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
- 1 ... 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 net sales.
 - 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



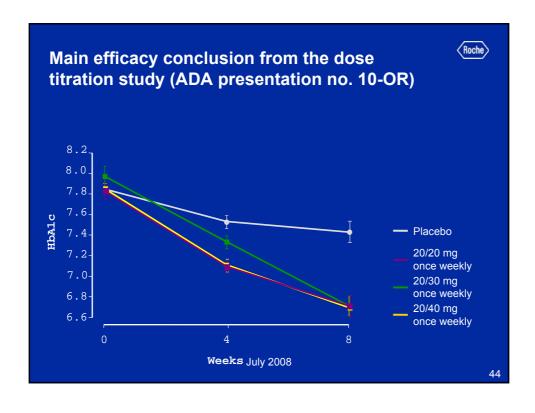
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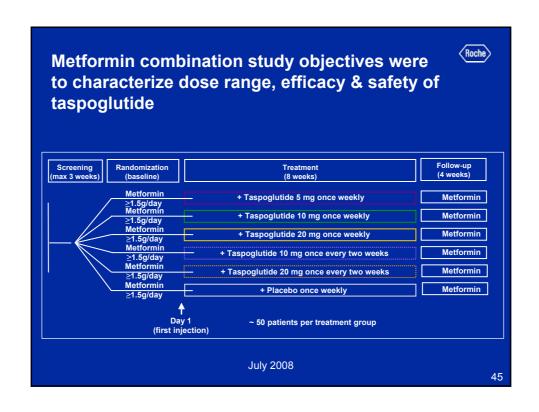
Taspoglutide provided significant reductions in A1c and FPG along with weight loss in diabetic patients

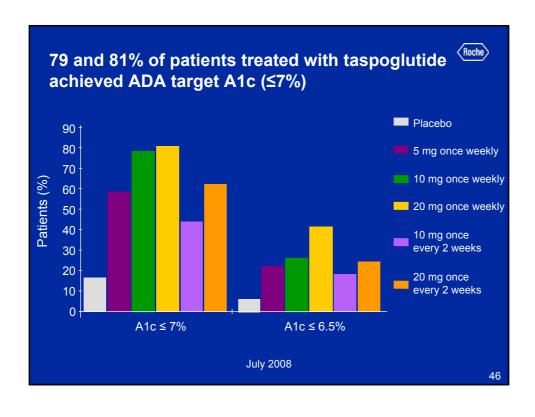
- Once-weekly 10 mg and 20 mg were most effective at achieving A1c targets, body weight, and FPG reductions
 - Approx 80% of patients achieved ADA (7%) A1c target following 8 weeks of treatment
 - Significant reductions in A1c and weight loss were achieved after only 8 weeks of treatment in patients 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

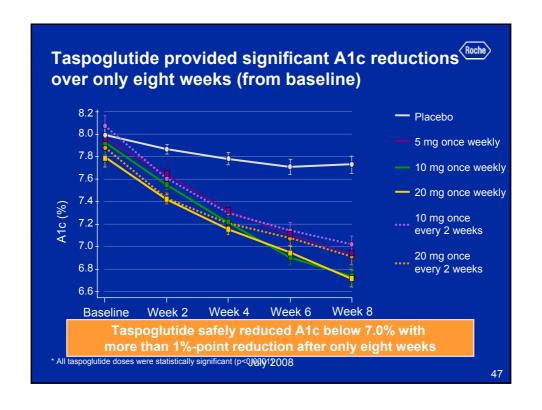
Taspoglutide, the first investigational once-weekly, long-acting, human GLP-1 analogue, provided significant reductions in A1c and FPG as well as weight loss with an acceptable safety and tolerability profile for use in patients with type 2 diabetes

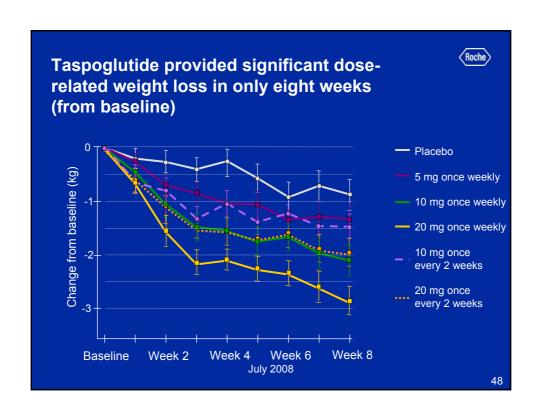
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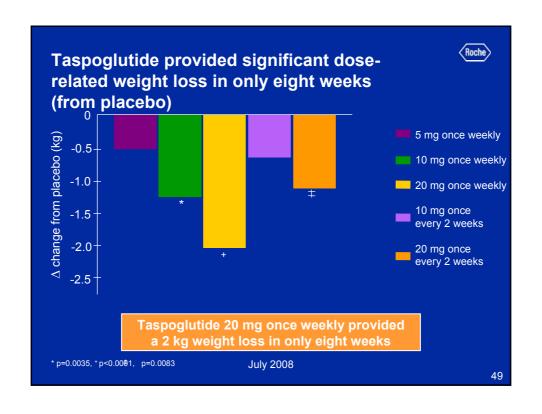


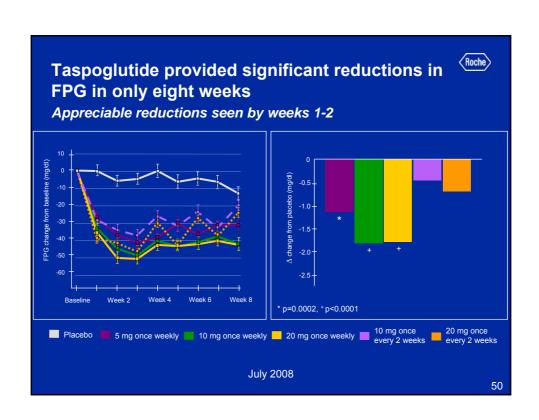












Taspoglutide safety profile



- · 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
- · 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

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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

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Roche

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

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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

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