Legal Disclaimer

This presentation contains forward looking statements pertaining to the ongoing discovery, development and commercialization of InterMune’s drug candidates and products. The Company’s actual results may differ from the claims discussed in these forward looking statements. For a discussion of our risk factors, please refer to InterMune’s disclosure documents filed with the SEC, including our 10-K and 10-Q filings.
InterMune Mission

Bring Innovative Medicines to Patients Suffering from Serious **Pulmonary** or **Hepatic** Disease.
InterMune at a Glance

» Founded: 1998

» Full-time employees: ~105

» Headquarters: Brisbane, California (San Francisco Bay Area)
  – Clinical Affairs
  – Regulatory Affairs and Drug Safety
  – Medical Affairs
  – Research, Preclinical & Development
  – Quality Assurance
  – Information Technology
  – Finance, Legal, Human Resources
  – Sales and Marketing

» EU Headquarters: Reinach, Switzerland
  – Sales and Marketing
  – Medical Affairs
  – Finance, Human Resources
Senior Leadership Experienced in Biopharma

» Dan Welch: Chairman, CEO and President
  – Previously VP of International Marketing, Sanofi
  – Launched Plavix®, Eloxatin® and Avapro®
  – Served in GM role in E.U. countries

» Giacomo Di Nepi: SVP and General Manager for Europe
  – Previously CEO of Takeda Pharmaceuticals Europe
  – Served on EC of Novartis Pharma AG, was CEO of Novartis Italy

» Frank Weber, M.D.: SVP EU Medical and Global Medical Advisor
  – Previously CMO, Merck Serono

» Manuela Maronati: Vice President, Sales and Marketing, Europe
  – Previously International Senior Marketing Manager, Amgen

» Markus Leyck Dieken, M.D.: SVP and General Manager, Germany
  – Previously Head of E.U. region for Novartis vaccines and GM Germany
  – Former GM Novo Nordisk Germany
InterMune EU Infrastructure

» EU Headquarters – Reinach, Switzerland

» Full organization of 125 to be hired over 12-18 months, coincident with pricing and reimbursement discussions
  – Sales force of ~75 reps and managers
  – ~ 50 in Reinach and in countries to support EU territory

» Active recruitment underway for early launching countries
Pulmonary:

Esbriet® (pirfenidone) in IPF
Idiopathic Pulmonary Fibrosis (IPF): A Significant Unmet Medical Need

» Progressive scarring of the lungs with no known cause
» Median survival: 2-5 years
» Estimated patients in EU
  – Incidence ~35,000
  – Prevalence ~80,000 to ~135,000
» Esbriet® (pirfenidone) is the first and only EMA-approved medicine for IPF

**Esbriet® (pirfenidone)**

Clinical Development Scientific Rationale

- **Orally available, synthetic, small molecule**
- **Exhibits anti-fibrotic and anti-inflammatory properties in a variety of *in vitro* studies and *in vivo* models**
- **Regulates TGF-β and TNF-α-mediated pathways**
- **Attenuates fibroblast proliferation and collagen deposition**

Reference: Sponsor’s presentation at US FDA Pulmonary-Allergy Drugs Advisory Committee (PADAC), 9-Mar-2010
### Searching for IPF Treatments

**Randomized, Double-blind, Placebo Controlled, Concluded IPF Trials**

<table>
<thead>
<tr>
<th>Completed Study</th>
<th>Sponsor</th>
<th>N</th>
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<tr>
<td>Interferon-beta</td>
<td>Biogen</td>
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<table>
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<th>Completed Study</th>
<th>Sponsor</th>
<th>N</th>
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<tr>
<td>GIPF-001 (IFN gamma-1b)</td>
<td>InterMune</td>
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<td>GIPF-002 (IFN gamma-1b)</td>
<td>InterMune</td>
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<td>GIPF-007 (IFN gamma-1b)</td>
<td>InterMune</td>
<td>826</td>
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<tr>
<td>PIPF-001 (pirfenidone)</td>
<td>InterMune†</td>
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<td>PIPF-004 (pirfenidone)</td>
<td>InterMune</td>
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<td>PIPF-006 (pirfenidone)</td>
<td>InterMune</td>
<td>344</td>
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<td>Shionogi SP2 (pirfenidone)</td>
<td>Shionogi</td>
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<tr>
<td>Shionogi SP3 (pirfenidone)</td>
<td>Shionogi</td>
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<tr>
<td>IFIGENIA (N-acetylcysteine)</td>
<td>Zambon</td>
<td>155</td>
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<tr>
<td>BUILD-1 (bosentan)</td>
<td>Actelion</td>
<td>154</td>
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<tr>
<td>BUILD-3 (bosentan)</td>
<td>Actelion</td>
<td>616</td>
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<td>Etanercept (Phase 2)</td>
<td>Wyeth</td>
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<tr>
<td>Imatinib (Phase 2)</td>
<td>Novartis</td>
<td>121</td>
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<tr>
<td>STEP-IPF (Sildenafil)</td>
<td>Pfizer</td>
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<tr>
<td>BIBF 1120 (Phase 2)</td>
<td>Boehringer I.</td>
<td>432</td>
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<tr>
<td>ARTEMIS-PH (ambrisentan)</td>
<td>Gilead</td>
<td>40</td>
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</tbody>
</table>

*UIP/IPF first described as a clinicopathologic entity in 1957.
†Inherited from Marnac, Inc. 2002.
Searching for treatments
N. of patients enrolled in Concluded IPF Trials

### By Company

- InterMune: 2054
- Actelion: 770
- Boehringer I: 432
- Shionogi: 376
- Pfizer: 180
- Zambon: 155
- Novartis: 121
- Wyeth: 88
- Gilead: 40

### By Product

- Pirfenidone: 1242
- IFN-γ 1b: 1188
- Bosentan: 770
- BIBF 1120: 432
- Sildenafil: 376
- NAC: 180
- Imatinib: 155
- Etanercept: 121
- Ambrisentan: 40
Esbriet® (pirfenidone) in IPF – Summary

1. IPF is a fatal disease affecting ~80,000 to ~135,000 patients in the EU
2. InterMune is the leader in IPF, having conducted more trials in nearly as many patients as all other companies combined
3. Esbriet® (pirfenidone) is the first approved product for IPF in Europe
4. IPF physicians look forward to the availability of the first approved medicine for IPF patients
5. The first launch of Esbriet in the EU is currently anticipated to be in Germany in September 2011
Recent and Upcoming Events

Q4 2010

Dec. 17, 2010:
CHMP Positive Opinion for Esbriet®

Q1 2011

March 3, 2011:
Esbriet® MAA Approval Announced

Q2 2011

Sept. 2011:
Launch Esbriet® in Germany

Q3 2011

Oct. 6, 2010:
Divestiture of danoprevir to Roche
Esbriet® (pirfenidone):
Summary of Product Characteristics (SmPC)
Esbriet SmPC

» **Indication:** mild-to-moderate adult IPF patients

» **Key efficacy highlights in the SmPC**
  - Primary endpoint of Change in FVC @72 weeks
  - Categorical analysis of FVC Change @72 weeks
  - 6MWT distance
  - Mortality
  - Shionogi Phase 3 endpoint of Change in Vital Capacity @52 weeks
Esbriet SmPC

- **Key Efficacy Highlights in the SmPC**
  - Primary Endpoint of change in FVC @72 weeks
    - A significant reduction in the decline of FVC at Week 72 (p=0.001 @ week 72) in study PIPF-004. Treatment with Esbriet also significantly reduced the decline of FVC at Weeks 24, 36, 48 and 60.
    - A reduction in the decline of FVC in patients in the PIPF-006 study was not significant at week 72 but it was at weeks 24 (p<0.001), 36 (p=0.011) and 48 (p=0.005).
**Approved Esbriet SmPC (cont’d.)**

### Key Efficacy Highlights

#### Categorical Analysis for PIPF-004 at week 72

<table>
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<th>Pirfenidone 2403 mg/day (N=174)</th>
<th>Placebo (N=174)</th>
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<tbody>
<tr>
<td>Decline of ≥10% or death or lung transplant</td>
<td>35 (20%)</td>
<td>60 (35%)</td>
</tr>
<tr>
<td>Decline of less than 10%</td>
<td>97 (56%)</td>
<td>90 (52%)</td>
</tr>
<tr>
<td>No decline (FVC change ≥0%)</td>
<td>42 (24%)</td>
<td>24 (14%)</td>
</tr>
</tbody>
</table>

#### Categorical Analysis for PIPF-006 at week 72

<table>
<thead>
<tr>
<th></th>
<th>Pirfenidone 2403 mg/day (N=171)</th>
<th>Placebo (N=173)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decline of ≥10% or death or lung transplant</td>
<td>39 (23%)</td>
<td>46 (27%)</td>
</tr>
<tr>
<td>Decline of less than 10%</td>
<td>88 (52%)</td>
<td>89 (51%)</td>
</tr>
<tr>
<td>No decline (FVC change ≥0%)</td>
<td>44 (26%)</td>
<td>38 (22%)</td>
</tr>
</tbody>
</table>
Key Efficacy Highlights (cont’d.)

- 6 Minute Walk Test (6MWT) distance
  - A significant reduction in the decline of 6MWT distance in PIPF-006 (p<0.001) and in an ad hoc analysis, 33% of patients receiving Esbriet showed a decline of 50 meters or more in 6MWT distance, compared to 47% of patients receiving placebo.
  - In an ad hoc analysis of study PIPF-004, 37% of patients receiving Esbriet showed a decline of 50 meters or more in 6MWT distance, compared to 47% of patients receiving placebo.

- Shionogi Data (SP3)
  - Treatment with pirfenidone significantly reduced mean decline in vital capacity (VC) at week 52 (the primary endpoint) compared with placebo (-0.09±0.021 versus -0.16±0.02 respectively, p=0.042)
Approved Esbriet SmPC (cont’d.)

» Key Efficacy Highlights (cont’d.)
  – Mortality
    • In a pooled analysis of survival in PIPF-004 and PIPF-006, the mortality rate with Esbriet was 7.8% compared with 9.8% with placebo (Hazard Ratio of 0.77 [95% CI, 0.47-1.28])
      [Suggests a 23% reduction in the risk of death in the study period]
Non-clinical data reveal no special hazard for humans associated with Esbriet including genotoxicity, reproductive toxicity, mutagenicity or phototoxicity.

Most common adverse events in clinical studies were nausea, rash, fatigue, diarrhea, dyspepsia and photosensitivity reaction.

Esbriet should be taken with food.

Liver function tests should be performed monthly for the first six months then every three months thereafter.

Esbriet should be used with caution in patients who smoke or take medicines that induce CYP1A2.

Dose reductions for significant LFT elevations or severe photosensitivity reaction or rash.
Approved Esbriet SmPC (cont’d.)

» Key Safety Highlights
  – Hepatic function:
    • In the event of significant elevation of ALT or AST, the dose of Esbriet should be adjusted according to the following guidelines:

<table>
<thead>
<tr>
<th>ALT/AST Elevation</th>
<th>Recommendation</th>
</tr>
</thead>
</table>
| >3 to ≤5 X ULN                         | » Discontinue confounding medicinal products, exclude other causes, and monitor the patient closely.  
                                     | » If clinically appropriate, the dose of Esbriet should be reduced or interrupted.  
                                     | » Once liver function tests are within normal limits, Esbriet may be re-escalated to the recommended dose. |
| ≤5 X ULN + symptoms or hyperbilirubinaemia | » Esbriet should be discontinued and the patient should not be re-challenged. |
| >5 X ULN                               | » Esbriet should be discontinued and the patient should not be re-challenged. |
Approved Esbriet SmPC (cont’d.)

» **Contraindications**

- Known hypersensitivity to pirfenidone
- Concomitant use of fluvoxamine
- Severe hepatic impairment or end stage liver disease
- Severe renal impairment (CrCl <30 ml/min) or end stage renal disease requiring dialysis
Hepatology: HCV
Sale of Danoprevir Rights to Roche (Oct. 6, 2010)

» We sold worldwide development and commercialization rights (not already owned by Roche) for danoprevir to the partner
  – $175 million
  – 2006 collaboration agreement was terminated
  – No further investment by InterMune in danoprevir
New Roche HCV Research Collaboration

» New agreement focused on research to identify and develop next-generation protease inhibitors
  – “Differentiated” protease inhibitors
    • Once-daily, low mass for combinations
    • Superior resistance profile
    • Pan-genotypic inhibition
  – Roche has rights to license two compounds from InterMune

» NS5A inhibitor program (not partnered)