UCB - Sustainable Growth, Now and into the Future

Further facts and figures

29 July 2021

HY results call

2021 Half-Year Financial Report

Brussels, 29 July 2021

Inspired by patients.
Driven by science.

Inspired by patients.
Driven by science.

Disclaimer & Safe Harbor

Forward-Looking Statements

This presentation contains forward-looking statements, including, without limitation, statements containing the words “believes”, “anticipates”, “expects”, “intends”, “plans”, “seeks”, “estimates”, “may”, “will”, “continue” and similar expressions. These forward-looking statements are based on current plans, estimates and beliefs of management. All statements, other than statements of historical facts, are statements that could be deemed forward-looking statements, including estimates of revenues, operating margins, capital expenditures, cash, other financial information, expected legal, arbitration, political, regulatory or clinical results or practices and other such estimates and results. By their nature, such forward-looking statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties, and assumptions which might cause the actual results, financial condition, performance or achievements of UCB, or industry results, to be materially different from any future results, performance, or achievements expressed or implied by such forward-looking statements contained in this presentation.

Important factors that could result in such differences include but are not limited to: the global spread and impact of COVID-19, changes in general economic, business and competitive conditions, the inability to obtain necessary regulatory approvals or to obtain them on acceptable terms or within expected timing, costs associated with research and development, changes in the prospects for products in the pipeline or under development by UCB, effects of future judicial decisions or governmental investigations, safety, quality, data integrity or manufacturing issues; potential or actual data security and data privacy breaches, or disruptions of our information technology systems, product liability claims, challenges to patent protection for products or product candidates, competition from other products including biosimilars, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in tax laws or the administration of such laws, and hiring and retention of its employees. There is no guarantee that new product candidates will be discovered or identified in the pipeline, or that new indications for existing products will be developed and approved. Movement from concept to commercial product is uncertain; preclinical results do not guarantee safety and efficacy of product candidates in humans. So far, the complexity of the human body cannot be reproduced in computer models, cell culture systems or animal models. The length of the timing to complete clinical trials and to get regulatory approval for product marketing has varied in the past and UCB expects similar unpredictability going forward. Products or potential products which are the subject of partnerships, joint ventures or licensing collaborations may be subject to disputes between the partners or may prove to be not as safe, effective or commercially successful as UCB may have believed at the start of such partnership. UCB’s efforts to acquire other products or companies and to integrate the operations of such acquired companies may not be as successful as UCB may have believed at the moment of acquisition. Also, UCB or others could discover safety, side effects or manufacturing problems with its products and/or devices after they are marketed. The discovery of significant problems with a product similar to one of UCB’s products that implicate an entire class of products may have a material adverse effect on sales of the entire class of affected products. Moreover, sales may be impacted by international and domestic trends toward managed care and health care cost containment, including pricing pressure, political and public scrutiny, customer and prescriber patterns or practices, and the reimbursement policies imposed by third-party payers as well as legislation affecting biopharmaceutical pricing and reimbursement activities and outcomes. There can be no guarantee that the investigational or approved products potentially described in this presentation will be submitted or approved for sale or for any additional indications or labelling in any market, or at any particular time, nor can there be any guarantee that such products will be or will continue to be commercially successful in the future. Finally, a breakdown, cyberattack or information security breach could compromise the confidentiality, integrity and availability of UCB’s data and systems.

Given these uncertainties, the public is cautioned not to place any undue reliance on such forward-looking statements. These forward-looking statements are made only as of the date of this presentation, and do not reflect any potential impacts from the evolving COVID-19 pandemic, unless indicated otherwise. UCB continues to follow the development diligently to assess the financial significance of this pandemic to UCB. Information contained in this presentation shall not constitute an offer to sell or the solicitation of an offer to buy any securities, nor shall there be any offer, solicitation or sale of securities in any jurisdiction in which such offer, solicitation or sale would be unlawful prior to the registration or qualification under the securities laws of such jurisdiction.

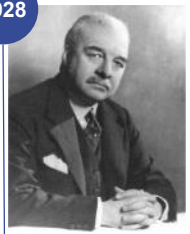
UCB expressly disclaims any obligation to update any forward-looking statements in this presentation, either to confirm the actual results or to report or reflect any change in its forward-looking statements with regard thereto or any change in events, conditions or circumstances on which any such statement is based, unless such statement is required pursuant to applicable laws and regulations.

In the event of any differences between this presentation and the Integrated Annual Report or Half Year Report, the information included in the Report shall prevail.

UCB Story – since 1928

Continuous Adaptation to the Changing Ecosystem

1928



Emmanuel Janssen established **Union Chimique Belge** **(UCB)** in Brussels (Belgium), primarily focusing on industrial chemicals

Production **primary care products** (calcium, vitamins, insulin, etc.) during **World War II**

Stronger focus on research, resulting in the discovery in 1954 of one of the world's first tranquillizers, Atarax®

1970's - Development of a European network through acquisitions in France, Germany, Italy, Spain and the U.K.

80's

Globalization with acquisitions in the U.S., Korea, Thailand and Japan

1987

Zyrtec

2000

Keppra (levetiracetam)

2004

Focus on biopharmaceuticals, a combination of large, antibody based molecules and small, chemically-derived molecules

Acquisition of Celltech Group Ltd, a leading British biotechnology company

Divestiture of non-core business, starting with the films and chemical divisions, followed by primary care products

2006

Neupro

Acquisition of Schwarz Pharma AG, based in Germany, bringing complementary therapeutic and geographic focus

2008

cimzia (certolizumab pegol)

VIMPAT lacosamide

2016

BRIVIACT

2019

EVENITY (romosozumab-aqqg)

Nayzilam (midazolam) nasal spray

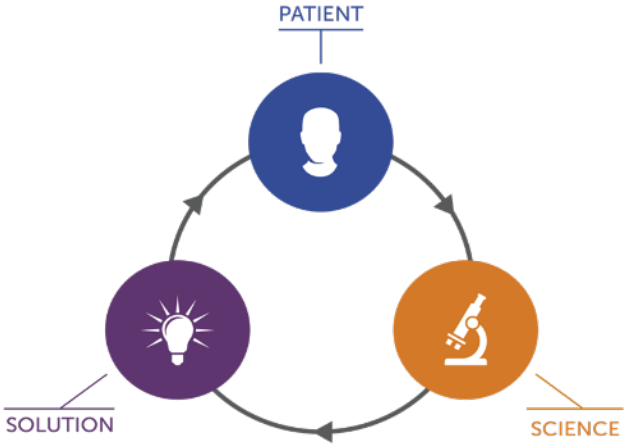
The timeline is not proportionated

UCB's Patient Value Strategy

Sustained Company Growth – Superior Shareholder Value

Our ambition is to be the **patient preferred biopharma leader**, creating **patient value** for specific populations through **unique outcomes**, the best **experience** and improving as many of these **lives** as possible.

We want to be present and **impact specific patient populations by 2025**.



We are UCB

We are 8,371 employees
creating value for patients*

We bring Cimzia®, Vimpat®, Keppra®, Briviact®, Neupro®, Nayzilam® & Evenity® to ≈ 3.5 **million patients***

Focused on R&D:
We invest more than **29%* of revenue in R&D –** above industry average

We commit to **reducing our ecological footprint**

We reached in 2020
€ 5.3 billion revenue
€ 1.4 billion adjusted EBITDA, both growing for the 7th year in a row

* Data at 31 December 2020

Our Core Products

Key Information

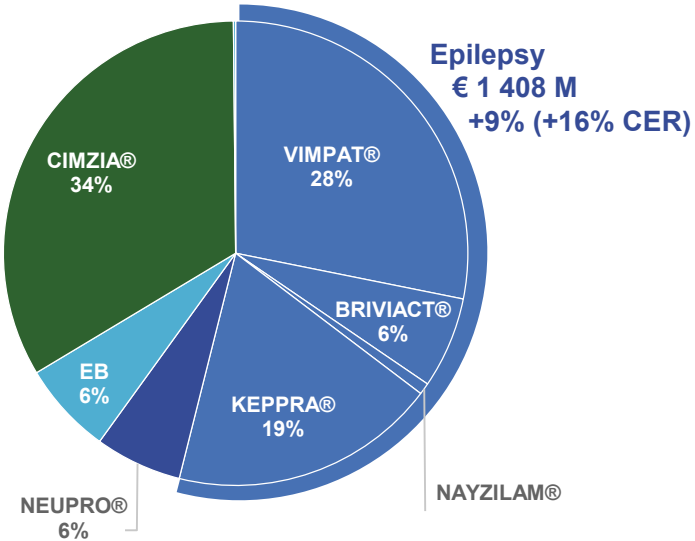
	Cimzia®	Vimpat®	Keppra®	Briviact®	Neupro®
	• Crohn's disease • Rheumatoid arthritis • Psoriatic arthritis • Axial spondyloarthritis • Psoriasis	• Epilepsy POS • Epilepsy PGTCS	• Epilepsy POS • Epilepsy PGTCS • Epilepsy myoclonic seizures	Epilepsy POS • Adj. therapy • Monotherapy (U.S.) • Pediatric	• Parkinson's disease • Restless legs syndrome
	> 151,000 patients, across 58 countries*	**> 734,000** patients, across 52 countries*	**≈ 2.1 million** patients, across the world*	**> 126,000** patients, across 40 countries*	**> 374,000** patients, across 43 countries*
	Astellas (Japan - 2012) Cinkate (China – 2019)	Daiichi Sankyo (Japan - 2014)	Otsuka (Japan – 2008-2020)		Otsuka (Japan – 2002-2020)
	2024 (U.S. & EU) 2026 (Japan)	**2022** (U.S. & EU) 2024 (Japan)	2008 (U.S.) 2010 (EU) 2020 (Japan)	**2026** (U.S. & EU)	**2021** (U.S. & EU) 2024 (Japan) 2030 Several reformulation patents (U.S. & EU)

* Data at 31 December 2020
POS: partial onset seizures, also known as focal seizures
PGTCS: primary generalized tonic-clonic seizures

Strong Underlying Net Sales Growth

Resilient product portfolio, change of E KEPPRA® distribution model & new launches

2021 HY Net Sales
€ 2 651 Million
(+6%; +11% CER)



		Act	CER	
CIMZIA®	€ 873 M	+4%	+11%	Driven by new patient populations
VIMPAT®	€ 735 M	+2%	+9%	Strong growth at CER in all markets
KEPPRA®	€ 485 M	+16%	+23%	Driven by in-market net sales booking in Japan
BRIVIACT®	€ 166 M	+15%	+24%	Reaching more and more patients
NEUPRO®	€ 158 M	+1%	+5%	Strong growth in international markets
NAYZILAM®	€ 21 M	>100%	>100%	Launched December 2019
EVENITY®	€ 4 M	>100%	>100%	Europe, Launched March 2020
Established Brands (EB)	€ 168 M	-18%	-15%	

CER = constant exchange rates
Net sales include € 40 million designated hedges reclassified to net sales, adjusted for E Keppra change of distribution model + 7% CER

Cimzia®

Driven by New Patient Populations

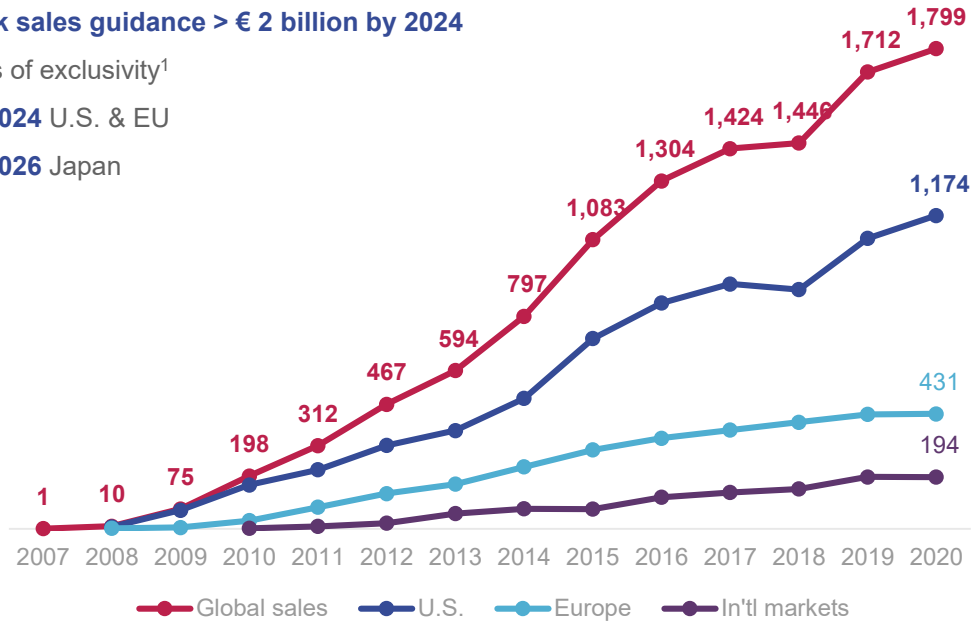
For patients (including women of child-bearing age) living with

- Rheumatoid arthritis
- Psoriatic arthritis
- Psoriasis
- Axial spondyloarthritis
- Crohn's disease (U.S.)*

Peak sales guidance > € 2 billion by 2024

Loss of exclusivity[1]

- **2024** U.S. & EU
- **2026** Japan



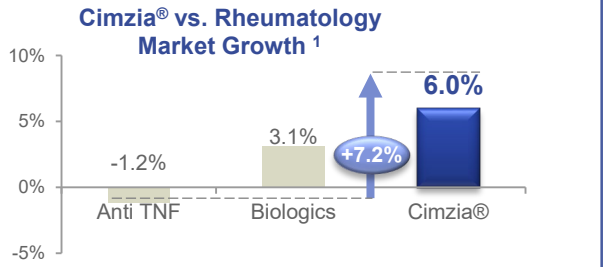
Net sales in € million, FY numbers[2]

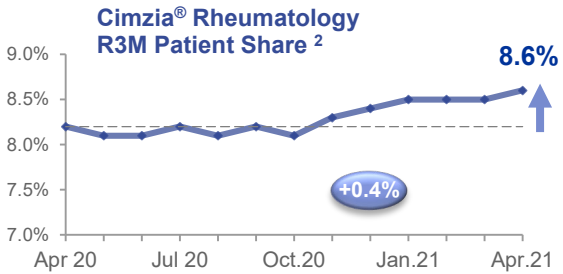
[1] Loss of exclusivity dates are indicative.
[2] Numbers may not add due to rounding

* partnered with Ferring

Cimzia® In-Market Performance

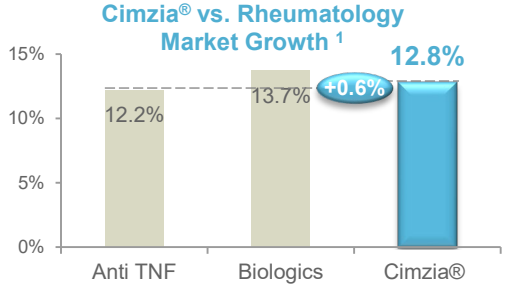
U.S.

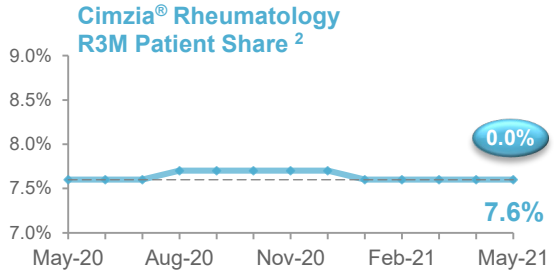




Source: U.S: IQVIA Source of Business Report

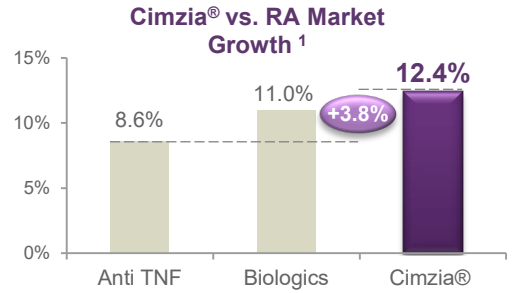
Europe

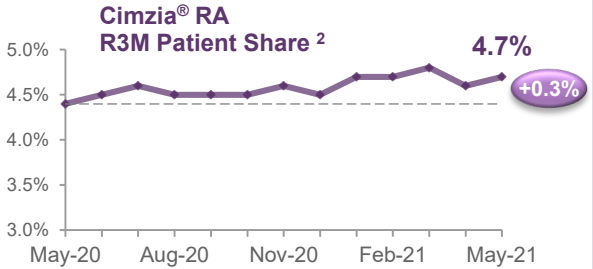




Source: IMS MIDAS
In-Market KPI's are based on Exit Patients

Japan





Source: - IMS MIDAS
In-Market KPI's are based on Exit Patients

1 In-market growth is calculated for MAT period: U.S.: MAT Apr 2021 vs. MAT Apr 2020 / Europe: MAT May 2021 vs MAT May 2020 | Japan: MAT May 2021 vs. May 2020 (patients, all channels)
2 Market share is calculated for R3M period

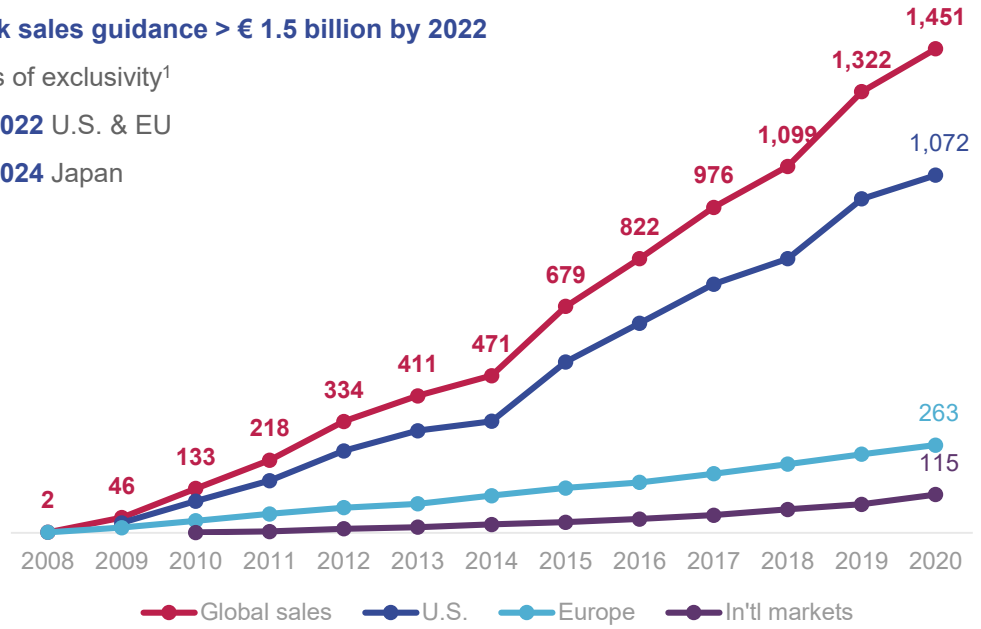
Vimpat®

Strong, Sustainable Growth in All Markets

For patients living with
- Epilepsy - POS
- Epilepsy - PGTCS
- Adults, adolescents and children from 4 years of age (EU, U.S. & Japan)

Peak sales guidance > € 1.5 billion by 2022

Loss of exclusivity[1]
- **2022** U.S. & EU
- **2024** Japan



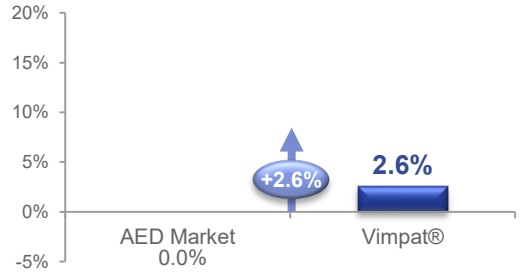
Net sales in € million, FY numbers[2]

[1] Loss of exclusivity dates are indicative.
[2] Numbers may not add due to rounding
POS: Partial-onset seizures, also known as focal seizures; PGTCS: Primary Generalized Tonic-Clonic Seizures

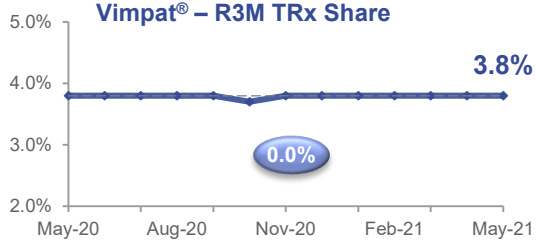
Vimpat® In-Market Performance

U.S.

Vimpat® vs. AED Market Growth (TRx)



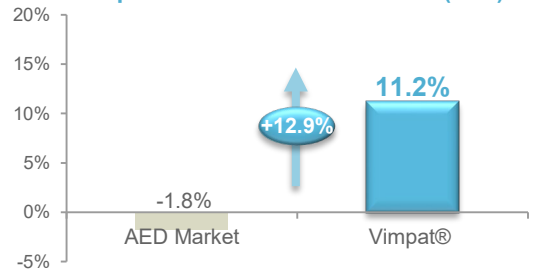
Vimpat® – R3M TRx Share



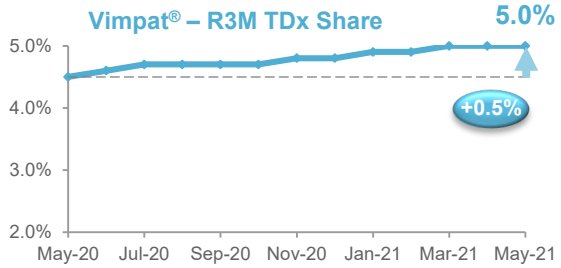
Source data U.S.: U.S. IMS NPA - In-Market KPIs are based on TRx

Europe

Vimpat® vs. AED Market Growth (TDx)

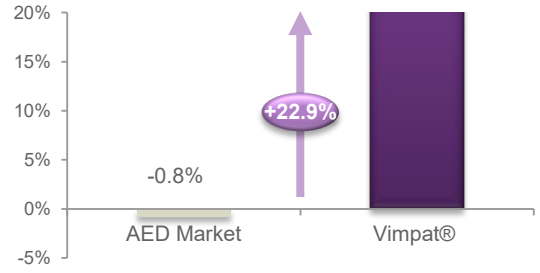


Vimpat® – R3M TDx Share

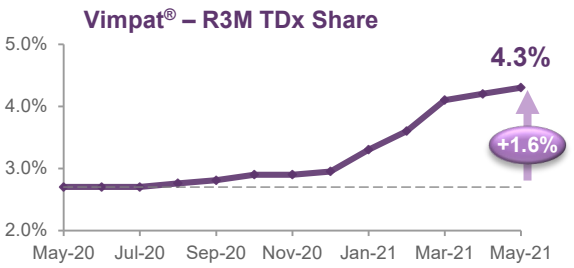


Source data EU: IMS MIDAS - In-Market KPI's are based on TDx

Japan



Vimpat® – R3M TDx Share



Source data JP: IMS MIDAS - In-market KPI's are based on TDx

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In Europe and Japan, the TDx of all these molecules are factored for epilepsy usage.
In the U.S., the TRx of 26 of these molecules are factored for epilepsy usage.

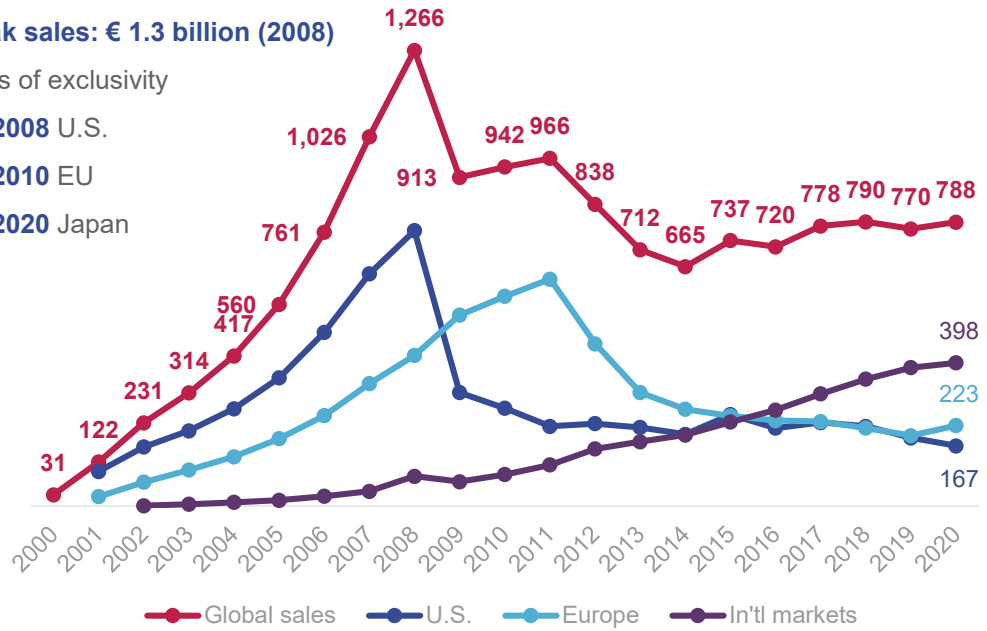
Keppra®

Mature, Established Brand

For patients living with
- Epilepsy - POS
- Epilepsy - PGTCS
- Epilepsy myoclonic seizures

Peak sales: € 1.3 billion (2008)

Loss of exclusivity
- **2008** U.S.
- **2010** EU
- **2020** Japan



Net sales in € million, FY numbers[2]

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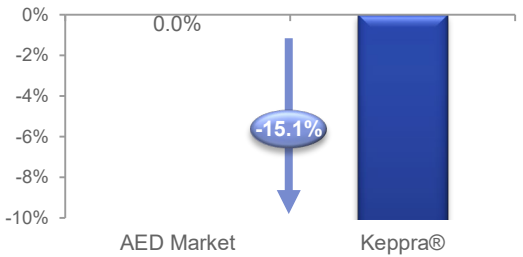
POS: Partial-onset seizures, also known as focal seizures; PGTCS: Primary Generalized Tonic-Clonic Seizures

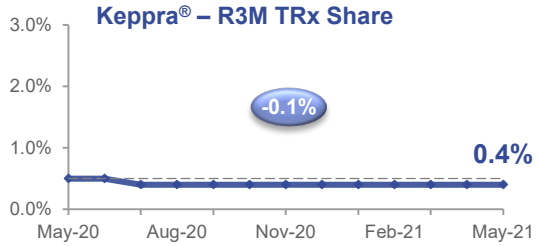
Keppra® In-Market Performance

U.S.

Keppra® vs. AED Market Growth (TRx)



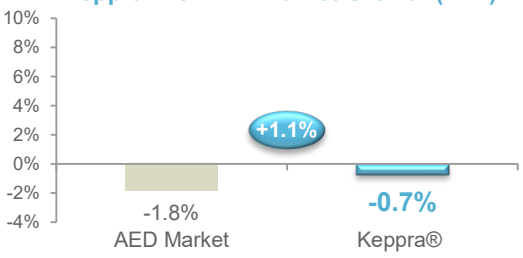
Keppra® – R3M TRx Share



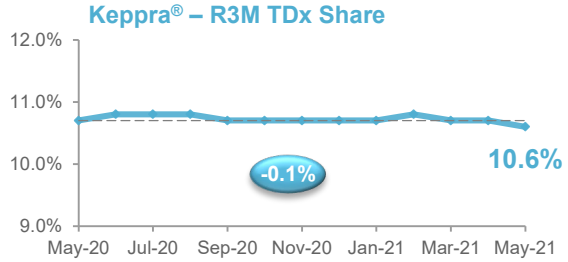
Source data U.S.: U.S. IMS NPA - In-Market KPIs are based on TRx

Europe

Keppra® vs. AED Market Growth (TDx)



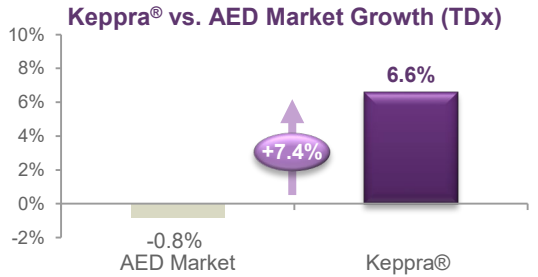
Keppra® – R3M TDx Share



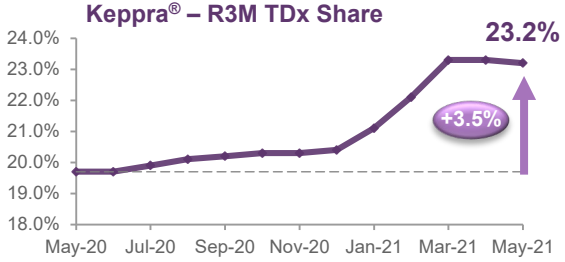
Source data EU: IMS MIDAS - In-Market KPI's are based on TDx

Japan

Keppra® vs. AED Market Growth (TDx)



Keppra® – R3M TDx Share



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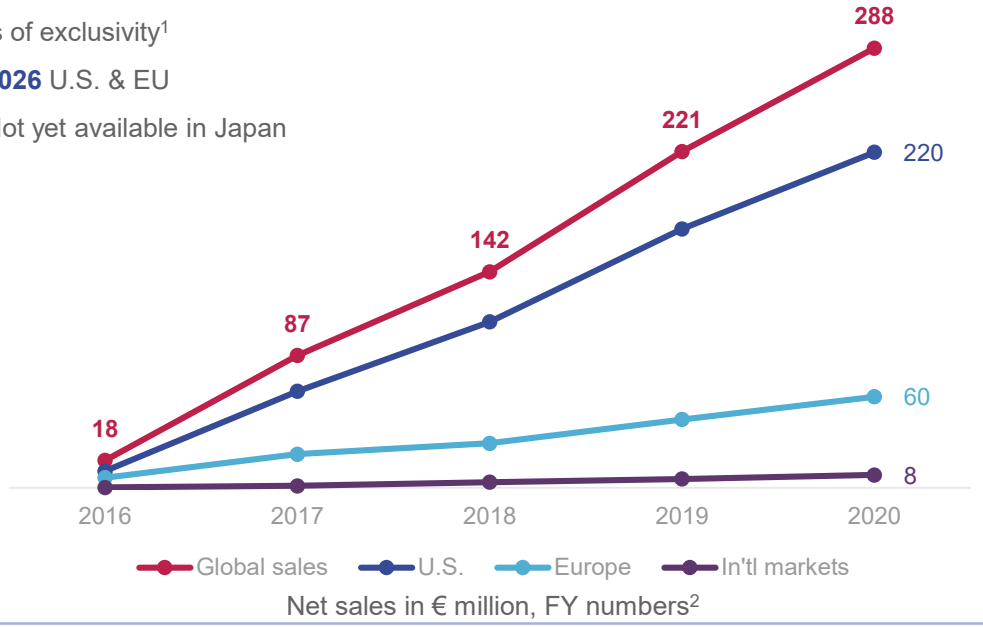
Briviact®

Available to More and More Patients

For patients living with
- Epilepsy - POS
- Adults, adolescents and children from 4 years of age (EU & U.S.)

Peak sales: € 600 million (2026)

Loss of exclusivity[1]
- **2026** U.S. & EU
- Not yet available in Japan



Net sales in € million, FY numbers[2]

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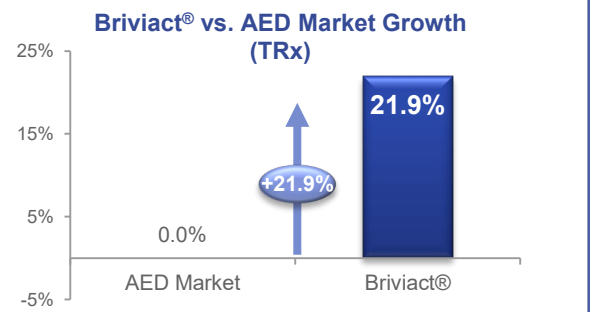
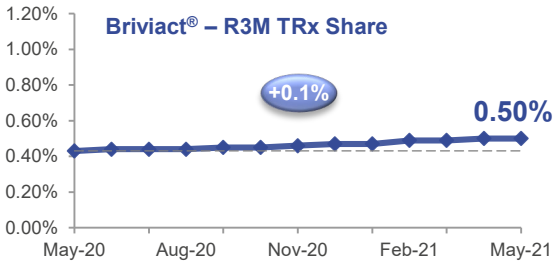
Briviact® In-Market Performance

U.S.





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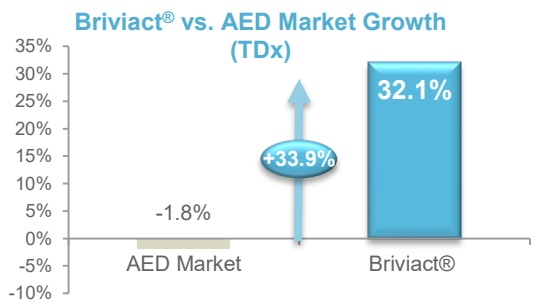
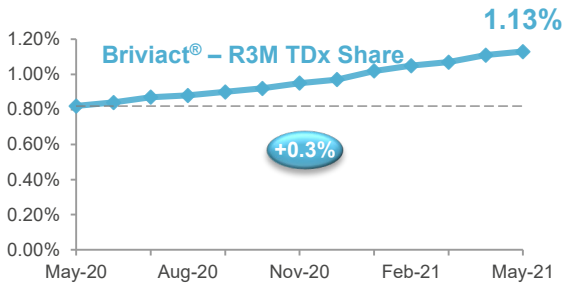
Europe





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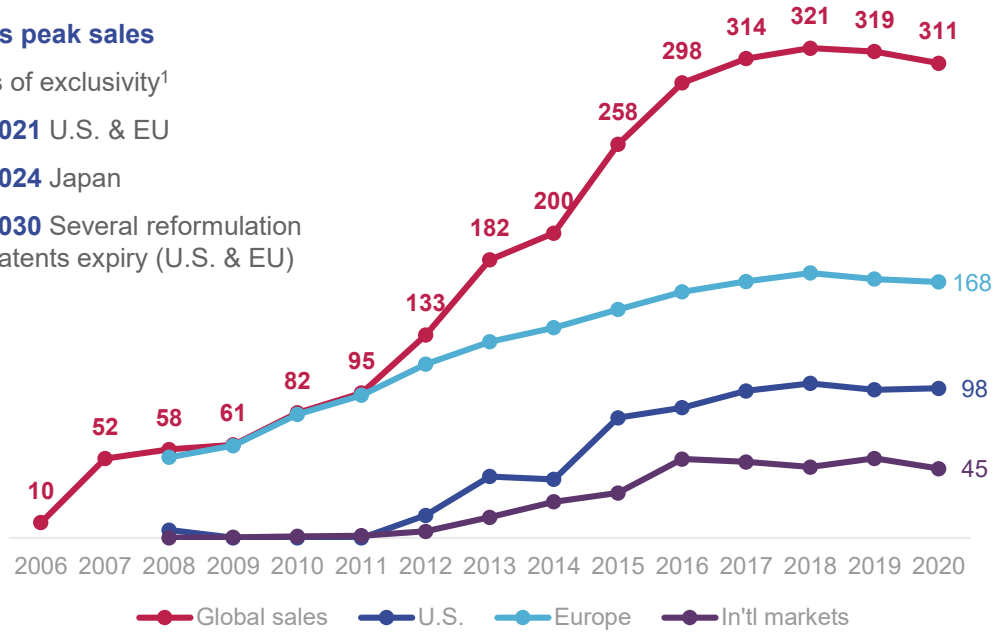
Neupro®

In-Market Performance

For patients living with
- Parkinson's disease
- Restless legs syndrome

At its peak sales

Loss of exclusivity[1]
- **2021** U.S. & EU
- **2024** Japan
- **2030** Several reformulation patents expiry (U.S. & EU)



Net sales in € million, FY numbers[2]

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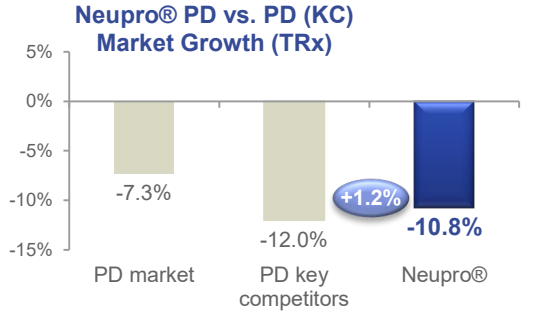
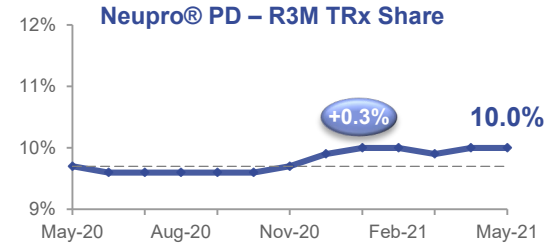
Neupro® In-Market Performance

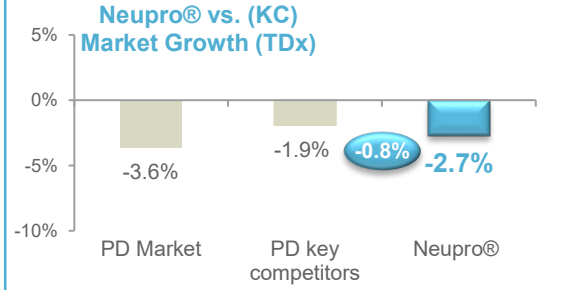
U.S.

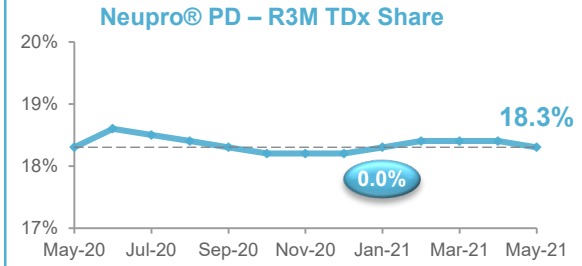




Source data U.S.: U.S. IMS NPA - In-Market KPIs are based on TRx

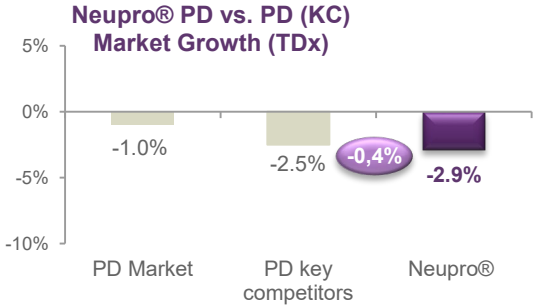
Europe

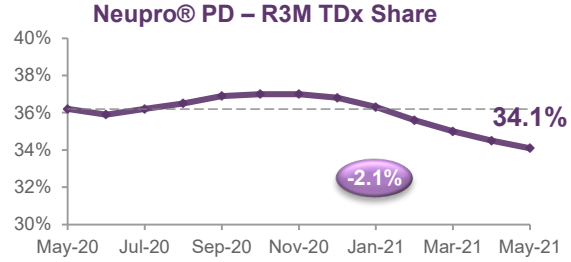




Source data EU: IMS MIDAS - In-Market KPI's are based on TDx

Japan





Source data JP: IMS MIDAS - In-market KPI's are based on TDx

PD market: All molecules in ATC3= N4A. In the Europe and Japan, the TDx of all these molecules are factored for PD usage. In the US, only the TRx of Rotigotine, Pramipexole and Ropinirole are factored for PD usage
PD Key Competitors (KC) market: The 8 DA's (Dopamine Antagonists): Bromocriptine, Cabergoline, Lisuride, Pergolide, Rotigotine, Pramipexole, Piribedil, Ropinirole
In the U.S., only Rotigotine, Pramipexole and Ropinirole are factored for PD usage, hence the PD market and PD KC market are the same.

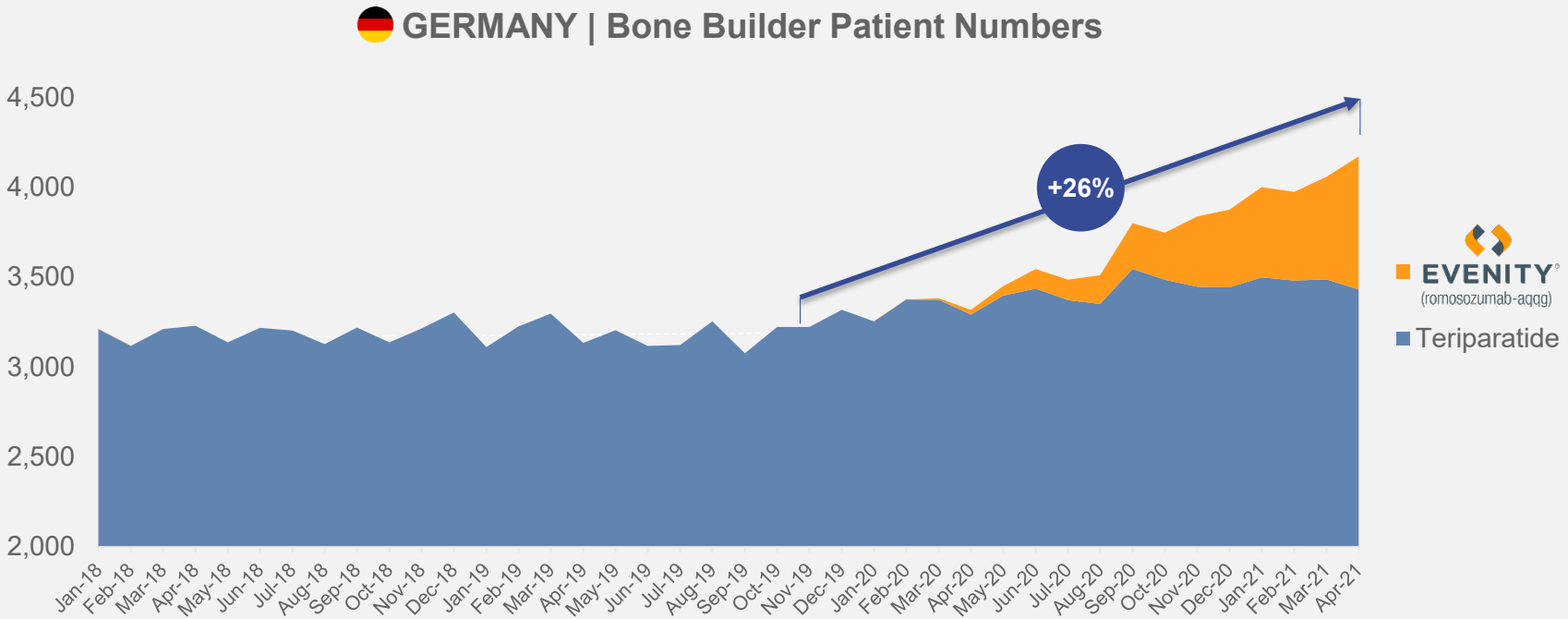
Our Recent Launches

Key Information

	Evenity® (*romosozumab*)	Nayzilam® (*midazolam* nasal spray)
	• EU: Netherlands, Luxembourg • Taiwan, Australia	• epilepsy seizure clusters (U.S. - 2019) – orphan disease designation
	**> 100,000** patients treated since launch, currently available across 21 countries*	**> 13,000** patients, in the U.S.
	Amgen (2002)	Inlicensed from Proximagen (2018)
	**2031** (U.S., EU & Japan)	**2028** (U.S.)

Evenity® is being launched globally by Amgen, Astellas and UCB since 2019, with net sales outside Europe reported by Amgen and Astellas.

EVENITY® Launch Transforming the Bone Builder Market

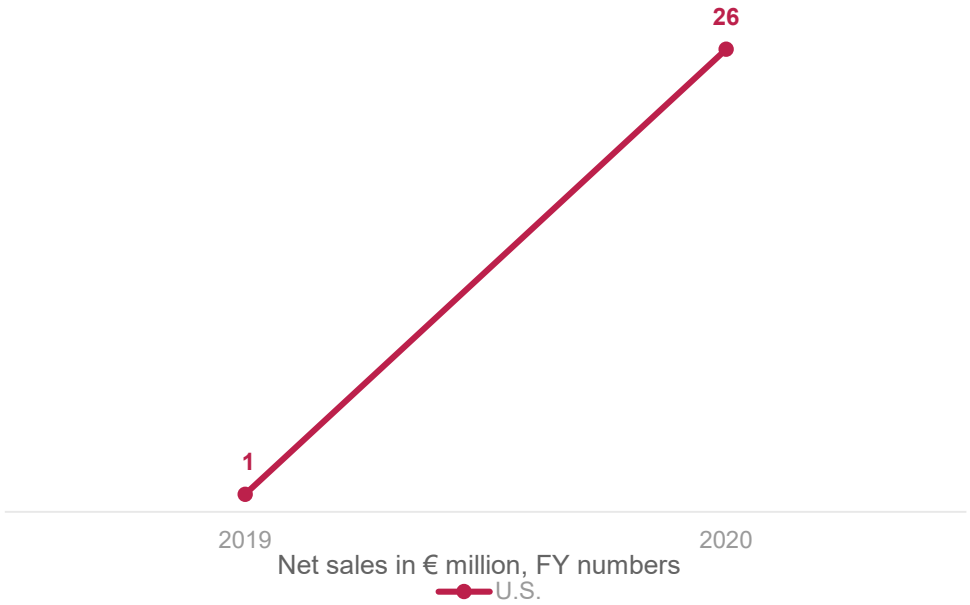


Nayzilam®

Available to a Growing Number of Patients in the USA

For patients living with epilepsy seizure clusters (U.S. - 2019)

Nayzilam® was acquired in 2018 from Proximagen



[1] Loss of exclusivity dates are indicative.

Accelerate & Expand (2019-2021)

News Flow

2019

- ✓ **EVENITY® launch**
- ✓ **Nayzilam® launch (U.S.)**
- ✓ *bimekizumab* Phase 3 results in PsO
- ✓ *bimekizumab* Phase 3 start in PsA & AS
- ✓ *padsevonil* Phase 3 start in focal-onset seizures
- ✓ *rozanolixizumab* Phase 3 start in MG + Phase 2a in CIDP
- ✓ Agreement to acquire Ra Pharma

2020

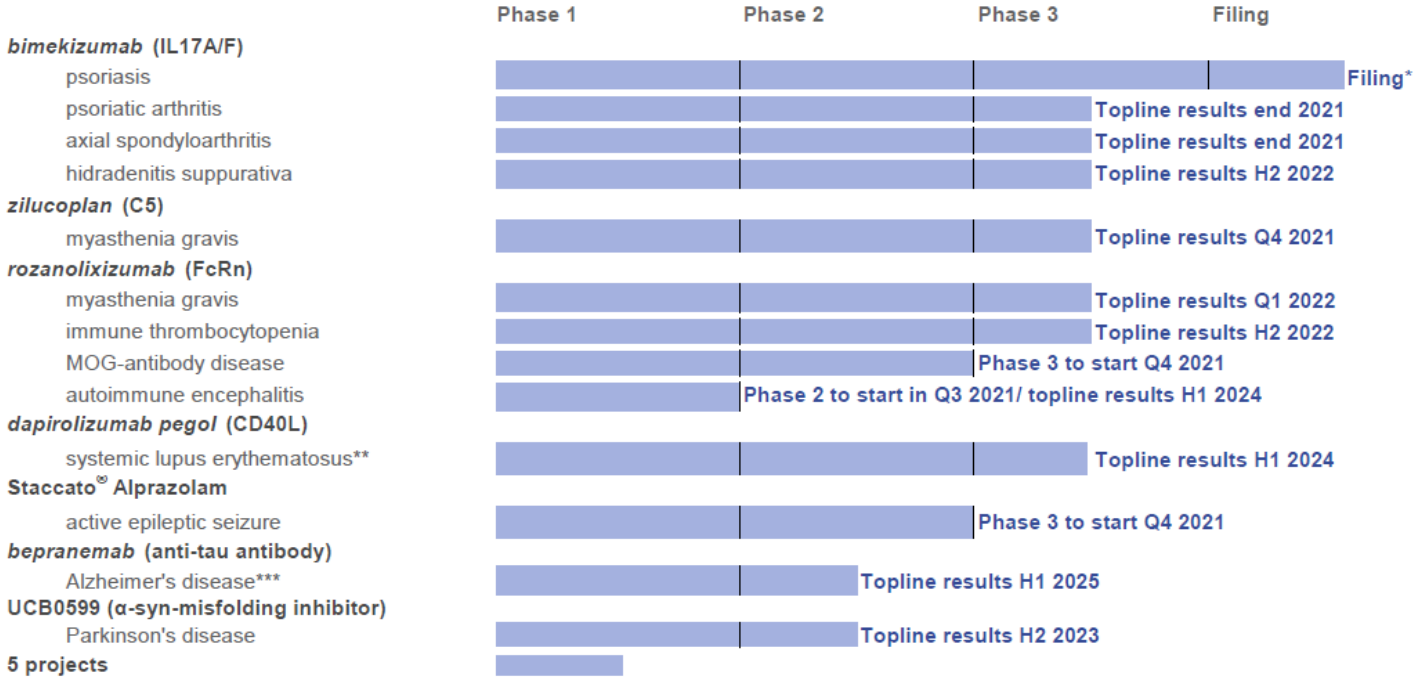
- ✓ *rozanolixizumab* Phase 3 start in ITP (Jan)
- ✓ *bimekizumab* Phase 3 start in HS (Feb)
- ✓ *padsevonil* Phase 2b topline results (March)
- ✓ Ra Pharma closing (April)
- ✓ Acquisition of Staccato® *Alprazolam* (June)
- ✓ Cimzia® co-promotion agreement with Ferring in the U.S. (July)
- ✓ Partnership with Roche to develop UCB0107 in AD (July)
- ✓ *dapirolizumab pegol* Phase 3 start in SLE (Q3)
- ✓ *bimekizumab* filing in PsO (Sept)
- ✓ Acquisition of Handl Therapeutics & new R&D collaboration with Lacerta Therapeutics (Nov) in gene therapy
- ✓ Vimpat® PGTCS approval (Q4)

2021

- ✓ *bepranemab* (UCB0107) Phase 2 started in AD (TOGETHER trial) in Q2
- ✓ EU: CHMP positive opinion on BIMZELX® (*bimekizumab*) in June 2021
- ✓ *rozanolixizumab* in CIDP de-prioritized (Feb)
- ✓ *zilucoplan* Phase 2 topline results in IMNM with good safety data, but C5 not relevant in this disease - discontinued
- • *rozanolixizumab* Phase 2 in AIE start in Q3
- • *rozanolixizumab* Phase 3 in MOG-antibody disease start in Q4
- • Staccato® *Alprazolam* Phase 3 start in active epileptic seizure in Q4
- • *zilucoplan* Phase 3 topline results in myasthenia gravis in Q4
- • *bimekizumab* Phase 3 topline results in psoriatic arthritis & axial spondyloarthritis (end of 2021)

AD: Alzheimer's disease; AIE: autoimmune encephalitis; AS: axial spondyloarthritis; CIDP: Chronic Inflammatory Demyelinating Polyneuropathy; HS: hidradenitis suppurativa; IMNM: Immune-Mediated Necrotizing Myopathy; ITP: Immune Thrombocytopenia; MG: myasthenia gravis; MOG: myelin oligodendrocyte glycoprotein; PGTCS: primary generalized tonic-clonic seizures; PsO: psoriasis; PsA: psoriatic arthritis; SLE: systemic lupus erythematosus

UCB Pipeline*



MOG-antibody disease: myelin oligodendrocyte glycoprotein-antibody disease

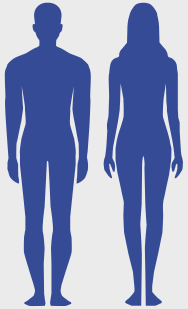
* U.S. PDUFA date Oct. 15; EU CHMP positive opinion in June 2021

** in partnership with Biogen

*** in partnership with Roche/Genentech

*In the following slides (slides 22- 40), investigational products that are not approved for any indication by any regulatory authority in the world. Some of the investigational products require additional studies before any conclusions for safety and efficacy can be made.

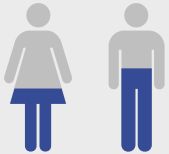
Psoriasis – High Prevalence Globally



up to ~3%

of the population[8] is affected by PSO

Prevalence[1]



45% 55%

Age[2,3]

Late teens–early thirties (type 1 PSO)

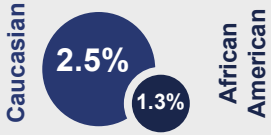
Fifties (type 2 PSO)

Age, geographic region, and **ethnicity** all influence an individual's risk of developing PSO

Ethnicity

PSO more commonly affects Caucasians than other ethnic groups[4]

Prevalence according to ethnicity in the USA[5]:



Geographic region

Reported prevalence in adults:

Prevalence generally increases with increasing distance from the equator[2]

1. Kimball AB et al. *Br J Dermatol*. 2014;171(1):137-147.
2. Crow JM. *Nature*. 2012;492(7429):S50-S51.
3. Langley RG et al. *Ann Rheum Dis*. 2005;64:(suppl 2):ii18-23; discussion ii24-25.
4. Parisi R et al. *J Invest Dermatol*. 2013;133(2):377-385.
5. Enamandram M and Kimball AB. *J Invest Dermatol*. 2013;133(2):287-289.
6. Kubota K et al. *BMJ Open*. 2015 Jan 14;5(1):e006450.
7. Duarte GV et al. *Psoriasis(Auckl)*. 2015;5:55-64
8. Parisi R, et al. *J Invest Dermatol*. 2013;133:377-385.

Bimekizumab Phase 3 Clinical Development Programs

> 4,500 Patients Enrolled

psoriasis (PsO)	psoriatic arthritis (PsA)	axial spondyloarthritis (nr AxSpA & AS)	hidradenitis suppurativa (HS)
> 2 000 patients	> 1 200 patients	> 500 patients	~ 1 000 patients
Filing (U.S. & EU - Sept 2020)	Phase 3 ongoing Topline results end 2021	Phase 3 ongoing Topline results end 2021	Phase 3 ongoing Topline results H2 2022

Number of patients participating to the clinical programs; *bimekizumab* is an investigational product and is not approved for any indication by any regulatory authority in the world. *Bimekizumab* requires additional studies before any conclusions for safety and efficacy can be made

Unique Bimekizumab Phase 3 Development Program in PSORIASIS – 3x Superior to Competitors

Phase 3

BE VIVID / PS0009
(vs *ustekinumab*)
NCT03370133

Positive topline results (Oct 2019)

BE READY / PS0013
(vs placebo)
NCT03410992

Positive topline results (Nov 2019)

BE SURE / PS0008
(vs adalimumab)
NCT03412747

Positive topline results (Dec 2019)

Data presented @ AAD 2020

EADV 2020

Phase 3b

BE RADIANT / PS0015
(vs *secukinumab*)
NCT03536884

Positive topline results (July 2020)

AAD 20201 and Lancet Publication

Filing (US & EU - Sept 2020); positive CHMP opinion June 2021/ PDUFA date Oct 15, 2021

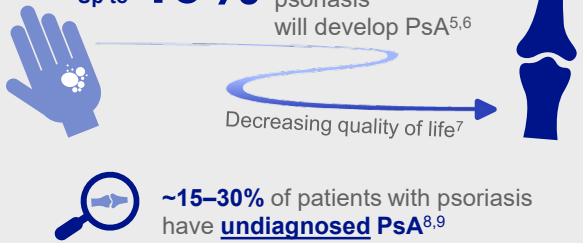
Psoriatic Arthritis: High Unmet Need and Disease Burden

Psoriatic arthritis (PsA)

PsA is a complex disease with a **broad range of manifestations**, including swelling of the joints, entheses, and skin psoriasis[1-3]

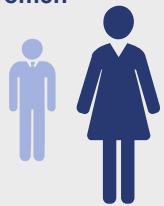
It is associated with **six key disease domains**[4]

Disease progression

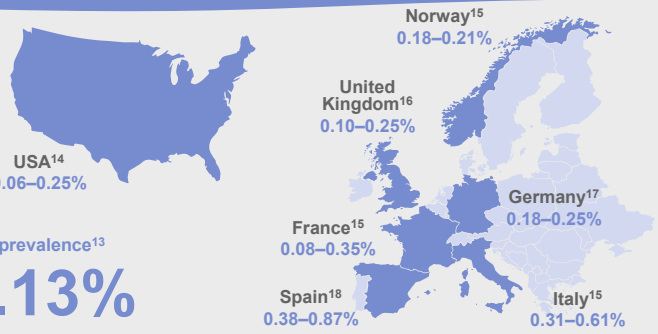


Gender differences

Diagnosis is delayed[10] and outcomes are **worse in women**[11,12]



Prevalence by geographic region



Global prevalence[13]

~0.13%

Burden of disease

Approximately **1 in 3 patients achieve minimal disease activity criteria** in real-life studies with current treatments*[22]

*Based on a study of patients in cross-sectional and cohort studies (n=39) fulfilling 5 out of the 7 MDA criteria: tender joint count (TJC) ≤1; swollen joint count (SJC) ≤1; psoriasis activity and severity index (PASI) ≤1 or body surface area (BSA) ≤3; patient pain visual analogue scale (pain VAS) score ≤15; patient global disease activity (global VAS) score ≤20; health assessment questionnaire (HAQ) score ≤0.5; and tender entheseal points ≤16.

1. NHS. Psoriatic arthritis, 2019. Available at: https://www.nhs.uk/conditions/psoriatic-arthritis/. Accessed October 2020. 2. Ocampo DV et al. F1000Research. 2019;8:F1000 Faculty Rev-1665. 3. Gladman DD. F1000Research. 2016;5:2670–2670. 4. Coates LC et al. Arthritis Rheumatol. 2016;68(5):1060–1071. 5. Mease PJ and Armstrong AW. Drugs. 2014;74(4):423–441. 6. Gladman DD et al. Ann Rheum Dis. 2005;64 Suppl 2:ii14–17. 7. Kavanaugh A et al. Rheumatol Ther. 2016;3(1):91–102. 8. Villani et al. J Am Acad Dermatol. 2015;73:242–248. 9. Haroon M et al. Ann Rheum Dis. 2015;74(6):1045–1050. 10. Jovani V et al. PLoS One. 2018;13(10):e0205751. 11. Nas K et al. Ann Rheum Dis 2019; 78(Suppl 2):920–921.12. Eder L et al. Ann Rheum Dis. 2013;72(4):578–582.13. Scotti L et al. Semin Arthritis Rheum 2018;48(1):28–34. 14. Ogdie A and Weiss P. Rheum Dis Clin North Am 2015;41(4):545–568. 15. Alamanos Y et al. J Rheumatol. 2008;35:1354–1358. 16. Ogdie et al. Rheumatology. 2013;52(3):568–575. 17. Sewerin P et al. Ann Rheum Dis. 2019;78:286-287. 18. Pérez A et al. PLoS One. 2020;15(6):e0234556. 19. Lebwohl MG et al. J Am Acad Dermatol. 2014;70(5):871–881. 20. Salaffi F et al. Health Qual Life Outcomes. 2009;7:25. 21. Picchianti-Diamanti A et al. Qual Life Res. 2010;19:821–826. 22. Zardin-Moraes M et al. J Rheumatol. 2020;47(6):839–846.

Axial Apondyloarthritis (axSpA)

Much more than just ordinary back pain

3 KEY TREATMENTS:[5]

- -NSAIDS
- -TNF inhibitors
- -IL-17A inhibitors

A painful chronic inflammatory disease that starts in the sacroiliac joints and progresses to the spine, ultimately causing spinal fusion in many patients over time[1]

Patients experience disease onset **before age 45**, often in their 20's. Patients typically have a delay in diagnosis of **8.5 years**[2]

Disease subgroups

Chronic back pain is the main feature for all axSpA[3]

nr-axSpA

NON RADIOGRAPHIC

MRI inflammation of sacroiliac joints

Up to ~60% of nr-axSpA patients will progress to AS over >10 years[4]

AS r-axSpA

RADIOGRAPHIC AXSPA or ANKYLOSING SPONDYLITIS

Structural damage of sacroiliac joints and spine

Gender Prevalence

2x more common in:[6]

nr-axSpA — **women** than men

AS r-axSpA — **men** than women

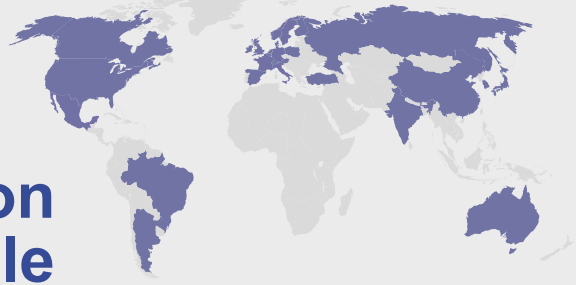
Disease Manifestations

- **Uveitis**[7] ~30%
- **Psoriasis**[8] >10%
- **Inflammatory Bowel Disease**[8] 5–10%
- **Hidradenitis Suppurativa**[10] ~10%
- **Peripheral arthritis**[9] ~30%
- **Enthesitis**[9] ~30%
- **Dactylitis**[9] ~6%

Geographic prevalence

GLOBAL*[11-13]

~20 million people



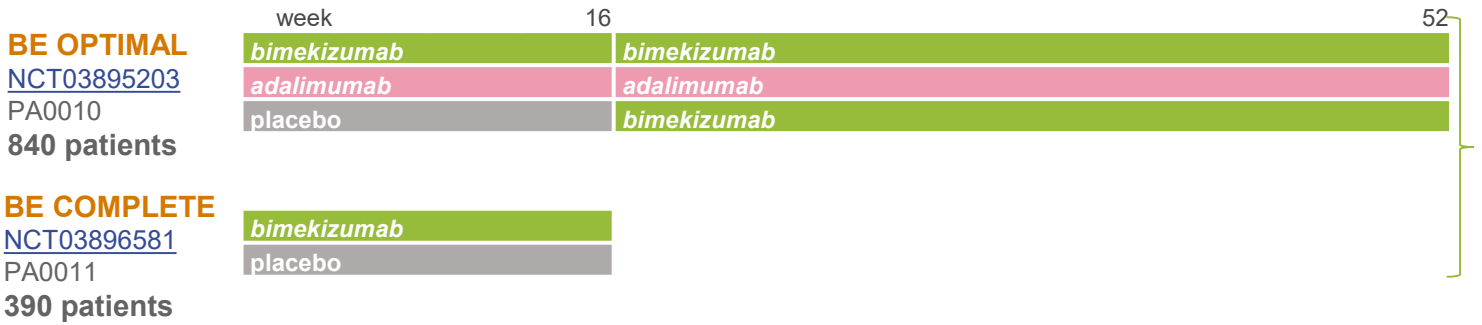
*To estimate the global population of people with axSpA, the following calculation was performed: an AS global prevalence of ~0.13%[11] was applied to a global population of 7.8 billion people[12] and the figure multiplied by two, as AS patients are estimated to make up half of the total axSpA patient population.[11,13]

1. Sieper J et al. Nat Rev Dis Primers. 2015;1:15013. 2. National Axial Spondyloarthritis Society. Facts and Figures, 2021. Available at: https://nass.co.uk/about-as/as-facts-and-figures/. Accessed January 2021. 3. Strand V and Singh JA. Mayo Clin Proc. 2017;92(4):555–564. 4. Robinson PC et al. Nat Rev Rheumatol. 2020 Dec 23. Epub ahead of print. 5. Ward MM et al. Arthritis Rheumatol. 2019;71(10):1599–1613. 6. Boonen A et al. Semin Arthritis Rheum. 2015;44(5):556–562. 7. Rosenbaum JT. Clin Rheumatol. 2015;34(6):999–1002. 8. Taurog JD et al. N Engl J Med. 2016;375(13):1303. 9. de Winter JJ et al. Arthritis Res Ther. 2016;18(1):196. 10. Rondags A et al. Semin Arthritis Rheum. 2019;48(4):611–617. 11. Akkoc and Khan. Curr Rheumatol Rep. 2020;22(9):54. 12. United Nations Population Fund. World Population Dashboard, 2020. Available at: https://www.unfpa.org/data/world-population-dashboard. Accessed January 2021. 13. Proft F et al. Ther Adv Musculoskelet Dis. 2018;10(5-6):129–139.

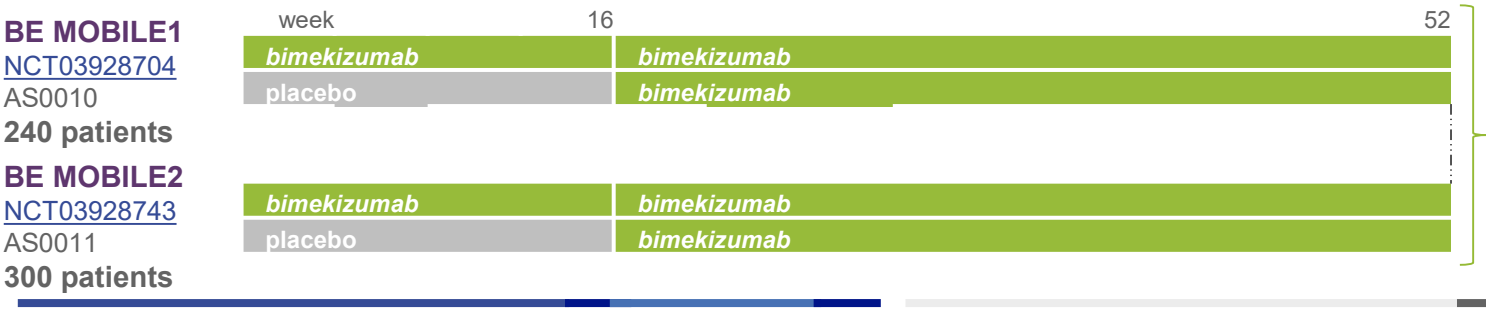
Bimekizumab – Ambition: Best in Disease Efficacy in Skin and Joints

Phase 3 Topline Results Expected End of 2021

Psoriatic arthritis

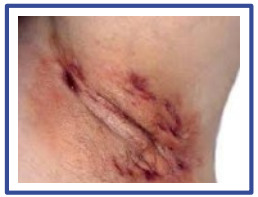


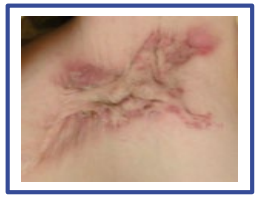
Axial Spondyloarthritis



BE MOBILE1: to assess the efficacy, safety and tolerability of *bimekizumab* versus placebo in patients with active non-radiographic axial spondyloarthritis
BE MOBILE 2: to assess the efficacy, safety and tolerability of *bimekizumab* versus placebo in patients with active ankylosing spondylitis
Bimekizumab is an investigational product and is not approved for any indication by any regulatory authority in the world. *Bimekizumab* requires additional studies before any conclusions for safety and efficacy can be made

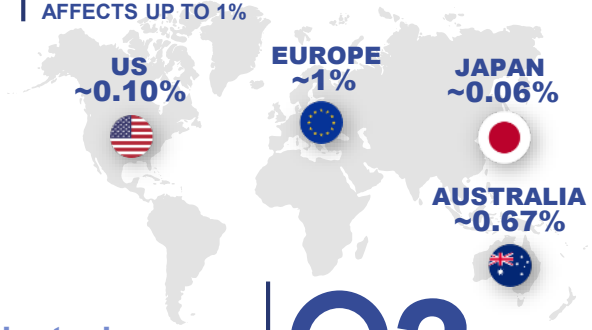
Hidradenitis Suppurativa (HS): a Grim Disease





PREVALENCE

AFFECTS UP TO 1%



Hidradenitis suppurativa (HS)

A debilitating, chronic, inflammatory skin disease of the hair follicle that presents with painful, inflamed lesions in the armpits, genital area, groin, buttocks/anus, and breasts resulting in painful, inflamed lesions, lumps, cysts, scarring

DIAGNOSIS

Not Understood

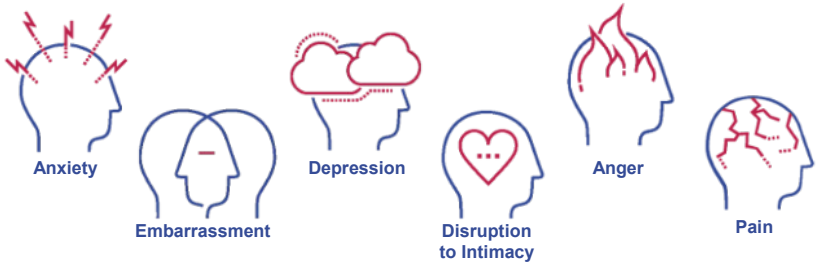
Significant delays in diagnosis ranging from **3.7–23.7 yrs.**

Resulting in intense pain, progressive scarring, and psychological damage

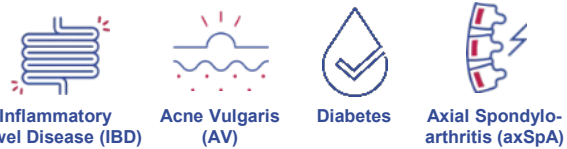
♀3x

more **common in women** than men

SEVERE IMPACT ON QOL



MULTIPLE CO-MORBIDITIES

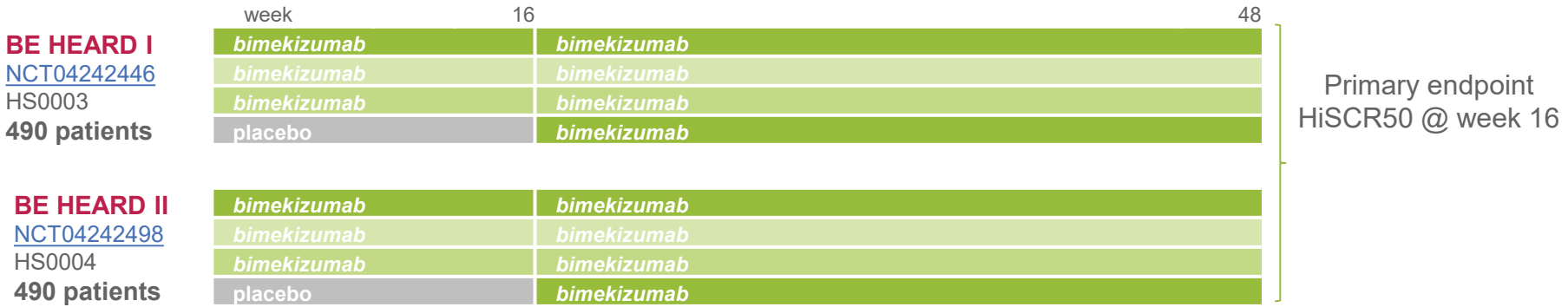


OTHER CO-MORBIDITIES

- Psychological Disorders
- Metabolic Syndrome
- Squamous Cell Carcinoma
- Down Syndrome

Bimekizumab: Potential New Treatment Option for HS

Phase 3 Topline Results H2 2022



Hidradenitis Suppurativa Clinical Response 50 (HiSCR50) is defined as at least a 50% reduction from baseline in the total abscess and inflammatory nodule count, with no increase from baseline in abscess or draining tunnel count.

HS: Hidradenitis Suppurativa; different colors for bimekizumab indicate different dosing regimens; Source: www.clinicaltrials.gov

Bimekizumab is an investigational product and is not approved for any indication by any regulatory authority in the world. *Bimekizumab* requires additional studies before any conclusions for safety and efficacy can be made.

*Zilucoplan**: a Peptide Inhibitor in Tissue-Based C5-Mediated Diseases

	AChR+ generalized myasthenia gravis (gMG)	Amyotrophic lateral sclerosis (ALS)
	Destruction of neuromuscular junction and impaired neurotransmission secondary to autoantibody-dependent complement attack is primary mechanism of pathology in anti-AChR positive gMG[1]	Dysregulated complement activation and MAC proteins are associated with neuroinflammation and neurodegeneration; preclinical models support a role for C5 activation in disease
	▪ Ptosis or diplopia occurs in 85% of patients; of those who present with ocular MG, 80% develop gMG[4] ▪ Muscle fatigue in the face, neck, arms, hands, or legs typically occurs first[4] muscle weakness fluctuates: worsens with fatigue then recovers[5] ▪ Patients may experience difficulty swallowing, chewing, speaking, brushing teeth, combing hair, rising from a chair, or breathing[5,6]	▪ Global muscle weakness[11] ▪ Respiratory problems[10,11] ▪ Dysarthria and dysphagia[10,11] ▪ Fasciculations, cramps, and spasticity[10,11] ▪ Paralysis[10] ▪ Death by respiratory failure[10]
	Prevalence: 200 per 1 million people[12]	Prevalence: 50-70 per 1 million people[9]
	▪ Mestinon (Oral and IV)[13] ▪ Soliris (IV)	▪ Riluzole (oral) ▪ Radicava (IV)

Zilucoplan is an investigational product and is not approved for any indication by any regulatory authority in the world. *Zilucoplan* requires additional studies before any conclusions for safety and efficacy can be made.

1. Gilhus NE. N Engl J Med. 2016;375(26):2570-2581. 2. Cong L, et al. Int J Clin Exp Pathol. 2014;7:4143-4149. 3. Allenbach Y, et al. Neuromuscul Disord. 2018;28:87-99 4. Grob D, et al. Muscle Nerve. 2008;37(2):141-149. 5. Gilhus NE, et al. Nat Rev Dis Primers. 2019;5(1):30. 6. Myasthenia Gravis Foundation of America. MG Activities of Daily Living (MG-ADL) profile. https://myasthenia.org/Portals/0/ADL.pdf. Accessed June 5, 2019. 7. Smoyer-Tomic KE, et al. BMC 8. Mammen AL, et al. Arthritis Rheum. 2011;63:713-721 Musculoskelet Disord. 2012;13:103. 9. Pinal-Fernandez I, et al. Ann Rheum Dis. 2017;76:681-6873. 10.Watanabe Y, et al. J Neurol Neurosurg Psychiatry. 2016;87:1038-1044. 9. Chio A, et al. Neuroepidemiology. 2013;41(2):118-130. 10. Hardiman O, et al. *Nat Rev Dis Primers*. 2017;3:17071. 11. National Institute of Neurological Disorders and Stroke. Amyotrophic lateral sclerosis (ALS) fact sheet. https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Amyotrophic-Lateral-Sclerosis-ALS-Fact-Sheet. Accessed February 21, 2020 12. MG prevalence: Gilhus NE. Myasthenia Gravis. The New England Journal of Medicine. 2016 Dec 29 13. Only approved in France

Zilucoplan

Zilucoplan is designed to inhibit MAC formation by a dual mechanism and allow for normal ACh signaling

- *Zilucoplan* is a 15-amino acid macrocyclic peptide inhibitor designed to rapidly bind and inhibit C5 cleavage (C5a and C5b)

C5-mediated diseases affect many patients living with chronic conditions

- Chronic diseases with unpredictable fluctuations and high treatment-associated burden
- Chronic, rapidly-progressing, fatal disease

	Proof of concept	Confirmatory phase
Generalized myasthenia gravis (MG)	✓	Topline results Q4 2021
Amyotrophic lateral sclerosis (ALS)	Phase 2/3 platform trial Investigator-led study by the Healey Foundation	
Immune-Mediated Necrotizing Myopathy (IMNM)	No safety issue, but hypothesis not confirmed; discontinued	
COVID-associated ARDS	Investigator-led study; discontinued	

Potential to provide a patient-focused treatment with a quick home subcutaneous infusion delivery

Zilucoplan Clinical Development Programs

myasthenia gravis (MG)	Amyotrophic lateral sclerosis (ALS)
Phase 3 ongoing Topline results Q4 2021	Phase 2/3 platform trial Investigator-led study by the Healey Foundation
RAISE / NCT04115293 130 patients 2 arms (*zilucoplan* vs placebo) MG-ADL Score @ Week 12	UCB does not comment on investigator-led studies. Please direct your questions to the Healey Foundation.

**Zilucoplan* is an investigational product and is not approved for any indication by any regulatory authority in the world. *Zilucoplan* requires additional studies before any conclusions for safety and efficacy can be made

Source: www.clinicaltrials.gov

Rozanolixizumab Potential in Multiple IgG Autoantibody-Mediated Diseases with High Unmet Medical Need

	Myasthenia gravis	Immune thrombocytopenia
	Antibodies target components of neuromuscular junction	Antibodies target platelets and destroy them
	• Muscle weakness (extremities, eyes, bulbar and respiratory symptoms) • Fatigue	• Thrombocytopenia • Bleeding (petechiae, purpura, nosebleeds, intracranial bleeding) • Fatigue
	~ 10 - 45 cases / 100 000	~ 10 - 50 cases / 100 000
	• Surgery (thymectomy) • Steroids, steroid-sparing drugs • Plasma exchange (PEX) • IV immunoglobulin (IVIg)	• Platelet transfusion • IV immunoglobulin (IVIg) • Steroids • Surgery (splenectomy) • TPO receptor agonists

Current therapies associated with morbidity and burdensome to patients & healthcare systems

IV: Intravenous; subQ: sub-cutaneous; TPO: thrombopoietin; *rozanolixizumab* is an investigational product and is not approved for any indication by any regulatory authority in the world. *Rozanolixizumab* requires additional studies before any conclusions for safety and efficacy can be made.

Rozanolixizumab: Novel Targeted Approach Recycling IgG

Transforming Disease Burden for Patients

blocks FcRn receptors binding plasma IgG[1]

Resulting in the attenuation of IgG recycling, and thus removal of IgG autoantibodies

patients living with IgG-mediated autoimmune diseases

Chronic diseases with unpredictable fluctuations and high treatment-associated burden (hospital setting, invasive)

	Proof of concept	Confirmatory phase
myasthenia gravis (MG)	✓	topline results Q1 2022
immune thrombocytopenia (ITP)	✓	topline results H2 2022
autoimmune encephalitis (AIE)	✓	topline results H1 2024
myelin oligodendrocyte glycoprotein (MOG)-antibody disease	✓	start Q4 2021
chronic Inflammatory Demyelinating Polyneuropathy (CIDP)		de-prioritized (Feb 2021)

Providing a patient-focused solution with a quick home subcutaneous infusion delivery

1 IgG: Immunoglobulin G; *rozanolixizumab* is an investigational product and is not approved for any indication by any regulatory authority in the world. *Rozanolixizumab* requires additional studies before any conclusions for safety and efficacy can be made.

Rozanolixizumab: Novel Targeted Approach Recycling IgG

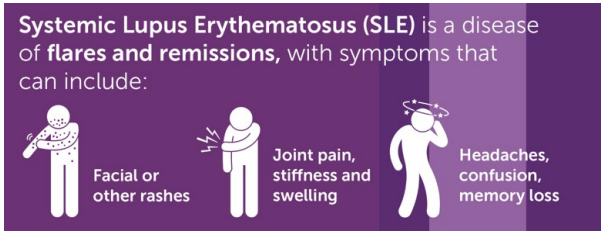
Transforming Disease Burden for Patients

myasthenia gravis (MG)	immune thrombocytopenia (ITP)	autoimmune encephalitis (AIE)	myelin oligodendrocyte glycoprotein (MOG)-antibody disease
Phase 3 ongoing Topline results Q1 2022	Phase 3 ongoing Topline results H2 2022	Phase 2 to start in Q3 2021 Topline results H1 2024	Phase 3 to start in Q4 2021
MG0003 / NCT03971422 240 patients 3 arms (*rozanolixizumab* vs. placebo) MG-ADL Score @ Day 43	TP0003 / NCT04200456 105 patients 2 arms (*rozanolixizumab* vs. placebo) Platelet Response of ≥50x10^9/L during weeks 13-25	AIE001 / NCT04875975 68 patients 2 arms (*rozanolixizumab* vs. placebo) Seizure freedom during 24 weeks	Not yet registered

Source: www.clinicaltrial.gov; MG-ADL : Myasthenia Gravis-Activities of Daily Living; iRODS : inflammatory Rasch-built Overall Disability Scale; *rozanolixizumab* is an investigational product and is not approved for any indication by any regulatory authority in the world. *Rozanolixizumab* requires additional studies before any conclusions for safety and efficacy can be made.

Systemic Lupus Erythematosus (SLE)

Inflammation in Many Organ Systems Simultaneously or Sequentially



Symptoms vary by individual

Range from fatigue, joint pain, butterfly shaped skin rash across the face, fever, weight/ hair loss, and photosensitivity

Lupus predominantly affects women[1]

- 80-90% of cases between 15 – 45
- Disproportionately affects women of colour[2]

Opportunity to focus on the underserved patient population

- minorities who often have more severe disease
- underrepresented in clinical research
- may experience unique challenges accessing health care

More about lupus on https://www.ucb.com/disease-areas/Lupus; [1]Source: https://www.lupus.org/resources/what-is-lupus accessed 19 November 2020; [2]African American, Hispanic and Native American. Women; *dapirolizumab pegol* is an investigational product and is not approved for any indication by any regulatory authority in the world. d*apirolizumab pegol* requires additional studies before any conclusions for safety and efficacy can be made.

Dapirolizumab Pegol Clinical Development Program

Dapirolizumab pegol	• CD 40L • 50/50 partnership with Biogen (2003)
Systemic Lupus Erythematosus (SLE)	
Phase 3 ongoing **Topline results H1 2024**	**NCT04294667 / SL0043 / PHOENYCS GO** **450 patients** **2 arms (*dapirolizumab pegol* vs placebo)** **BICLA response @ Week 48**

Source: www.clinicaltrial.gov; BICLA: BILAG 2004-based Composite Lupus Assessment; ; *dapirolizumab pegol* is an investigational product and is not approved for any indication by any regulatory authority in the world. d*apirolizumab pegol* requires additional studies before any conclusions for safety and efficacy can be made.

Acute On-Demand Epilepsy Seizure Management

Developing Staccato® *Alprazolam* for the Rapid Termination of Epileptic Seizures

***Staccato® Alprazolam*, a drug-device-combination designed to deliver *alprazolam* with a single, normal breath, to rapidly terminate an epileptic seizures.**

- Potential to be the first on-demand, single use treatment
- Rapid seizure termination (30 sec – 2 min)
- Phase 2b clinical trial completed (end 2019); phase 3 to start Q4 2021
- Potential to deliver on-demand, rapid seizure termination for 20 – 30% of people living with epilepsy

UCB to perform further clinical development, submission, launch and commercialization

Bepranemab (UCB0107), our Anti-Tau Antibody

Phase 2 in Alzheimer's Disease (AD) Started in Q2 2021

- **Protein Tau misfolding & aggregation** leads to nerve cell death & disease spread in the brain.[1] **AD is also a tauopathy, with high prevalence and economic impact/burden.**
- Bepranemab is a recombinant, humanized, full-length immunoglobulin G4 monoclonal antibody that binds to a central tau epitope (amino acids 235–250). Bepranemab is being developed to **block or reduce the spread of tau pathology** in people living with tau-mediated diseases, like AD. Developed in-house in Braine-l'Alleud (Belgium).[1]
- ***Bepranemab* (UCB0107)** is in clinical development for people living with AD.
- AH0003 (TOGETHER trial) is a global, multicentre, double-blind, placebo controlled, parallel-group Phase 2 study, designed to investigate the efficacy, safety, and tolerability of bepranemab (intravenously, every 4 weeks) versus placebo in patients with prodromal (40%) or mild (60%) AD over an 80-week treatment period, followed by an optional 48-week open-label extension (OLE) treatment period.
- In partnership with Genentech / Roche

Alzheimer's disease

Phase 2 ongoing

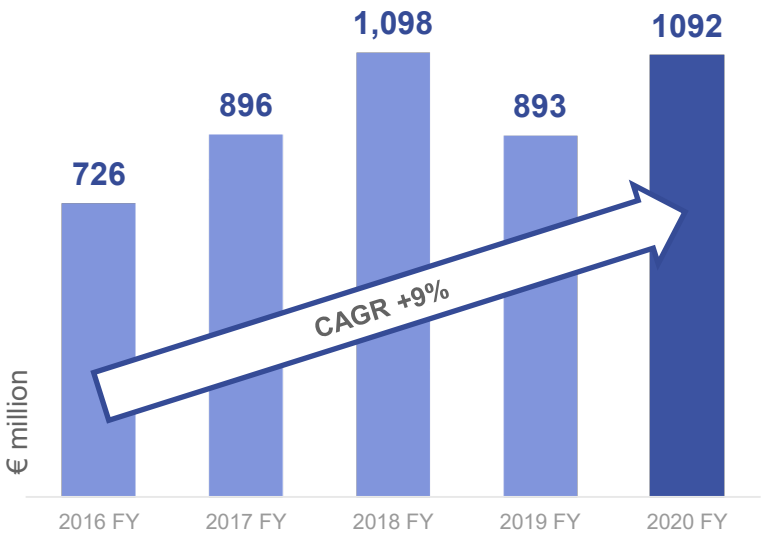
Topline results H1 2025

AH0003 / NCT04867616
450 patients
2 arms
(*bepranemab* vs. placebo)
Clinical Dementia Rating Scale Sum of Boxes (CDR-SB) @ week 80

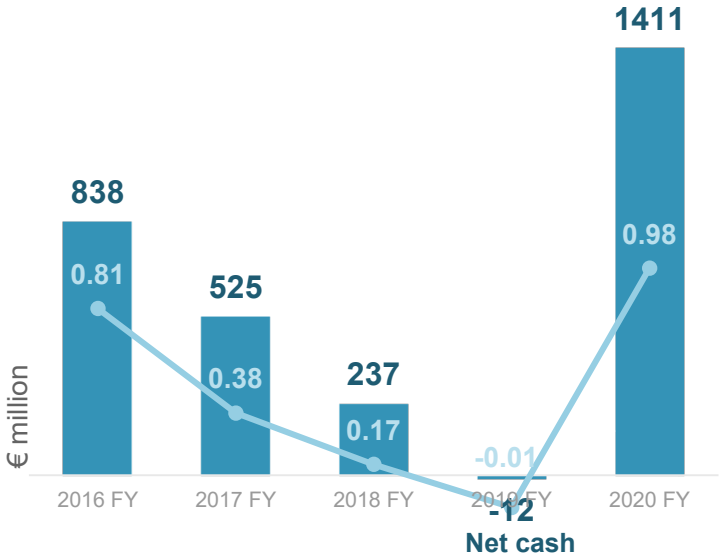
1 Courade J-P et al. Acta Neuropathol. 2018;136:729–45; *bepranemab* is an investigational product and is not approved for any indication by any regulatory authority in the world. *Bepranemab* requires additional studies before any conclusions for safety and efficacy can be made.

Solid Cash Flow

Cash flow from continuing operations

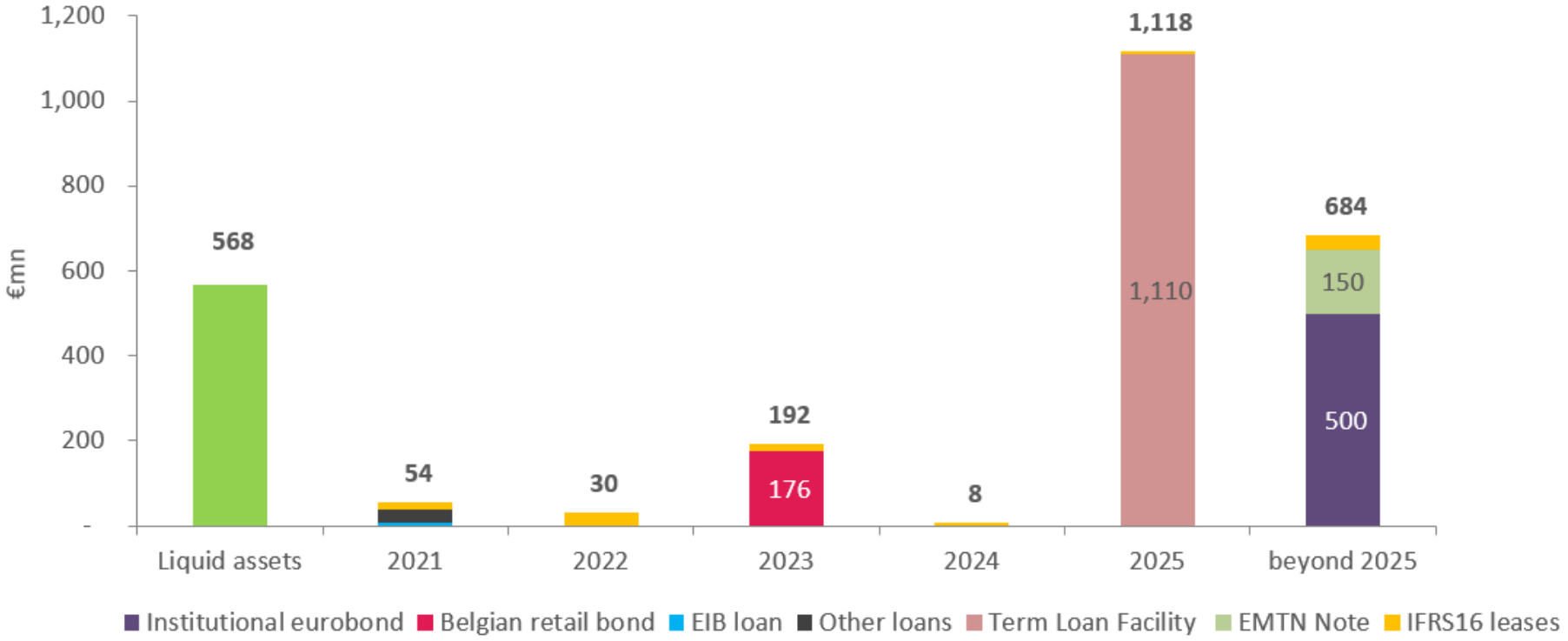


Net debt / adjusted EBITDA ratio



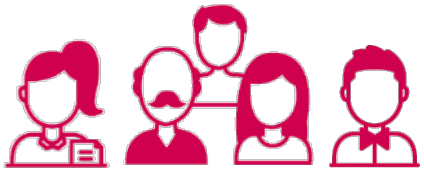
EBITDA: Earning before interests, taxes, depreciation and amortization charges - In compliance with the ESMA Alternative Performance Measures guidelines, recurring EBITDA, is renamed into "adjusted EBITDA". The calculation methodology remains unchanged.

Debt Maturity Schedule (@ 31 July 2021, € million)



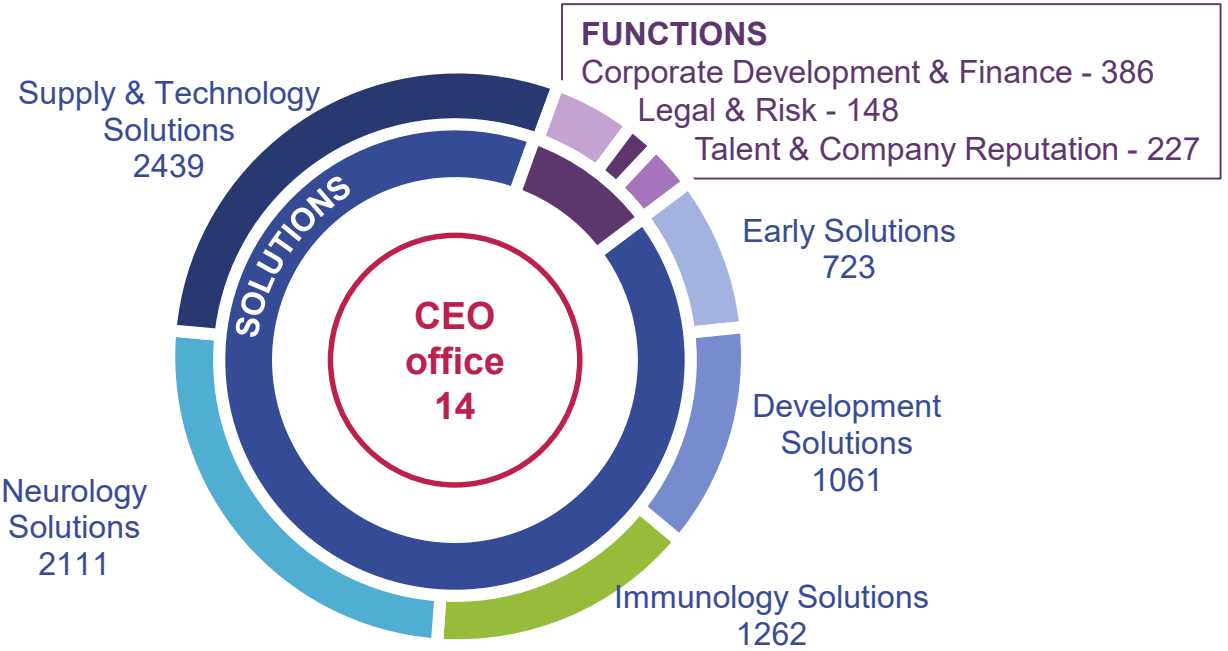
UCB New Organization

Our People are Key to Deliver on our Ambition



8 371*

employees worldwide

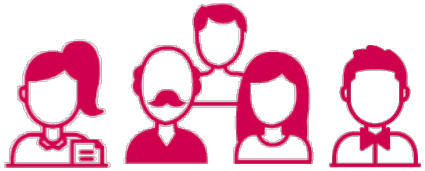


* Situation at 31 December 2020

CEO office consists of department reporting directly to the CEO including the Sustainability team and the Internal Audit team

One UCB today: a Global Player

Presence in 38 Countries Complemented by a Robust Network of Partners

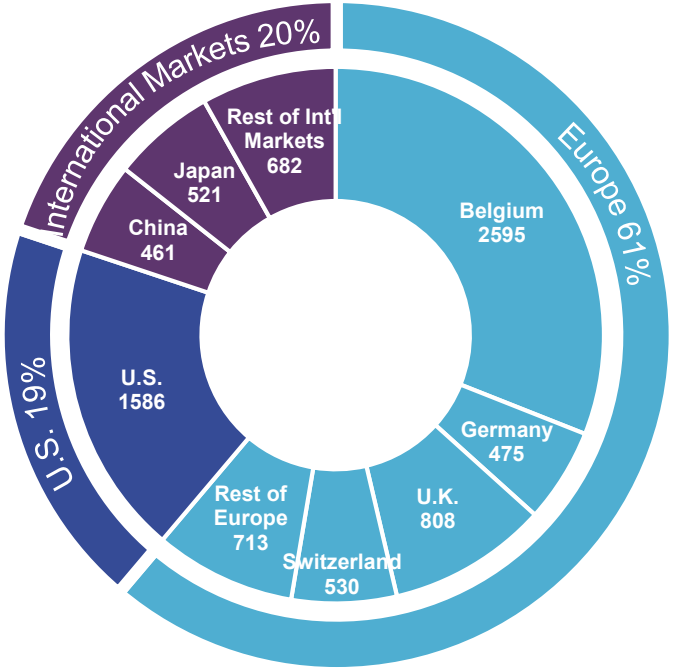


8 371*
employees worldwide

50/50
Women / Men

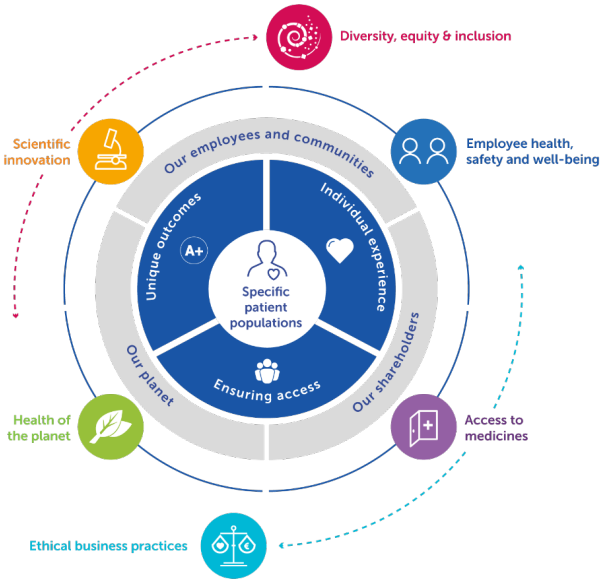
1 436
New colleagues

8%
Employee turnover

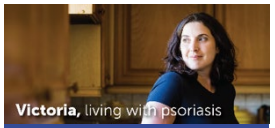


*Situation at 31 December 2020
For more details about UCB employees, refer to UCB 2020 integrated annual report

We See Sustainability as an Approach for Business Growth and Societal Impact



2022-2025



Value for patients

We aim to bring to patients **differentiated solutions with higher predictability** of response **and in 2030, all patients who need these solutions shall have access to them in a way which is viable for patients, society and UCB.**

Value for people at UCB and our communities

We are creating the right conditions for **all UCB employees to thrive.**

We support **vulnerable populations** in the countries where we operate.

Value the planet

By 2030, we will be **carbon neutral** and we will have **reduced our water consumption** and waste production by respectively 20% and 25%.

Value for shareholders

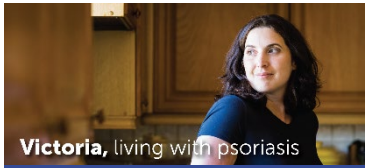
By 2025, we will **lead in 5 specific patient populations**

Our revenue are expected to reach of at **least € 6 billion** and our **adj. EBITDA margin to be in the low to mid-thirties.**

We will have **improved** significantly our **ESG rating performance**.

…Continuing to Advance on Our Sustainable Growth Journey

Long Term Objectives



Value for patients

Progressing on our Access Performance Index:
+ NAZYLAM®
+ new countries to reach a total of 25 countries

Exploring **new business models for epilepsy in India: pilot ready to start** in Q4/2021 to test a social business prototype

Value for people at UCB and our communities

Hybrid working model announced

Avid **Employee Resources Group** launched for employees living with a health condition, a disability or those who are care-givers

Health Safety and Wellbeing index update year-end

DE&I index under development

UCB Community Health Fund: **2nd call for projects**

Value the planet

-23.7% vs. -3%*
as year end target for emissions from energy consumptions and goods distribution

-96% vs. -40%**
as year-end target for business travel

15% vs. 15%
as year-end target for suppliers *(by emissions)*

Value for shareholders

SUSTAINALYTICS

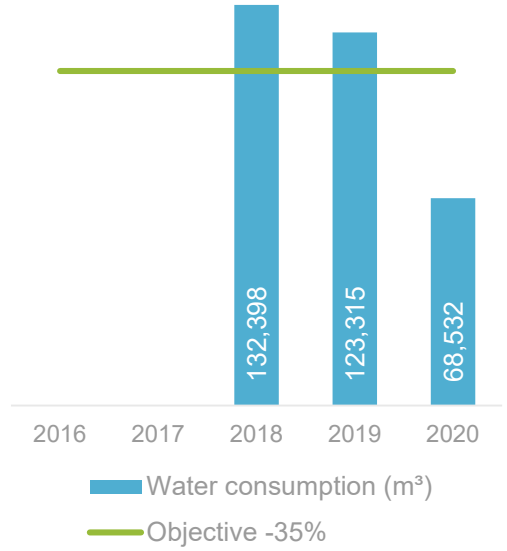
UCB ESG **Sustainalytics** rating **improved to low risk (16.7)** from medium risk (25.4)

* Baseline 2020
** Baseline 2019

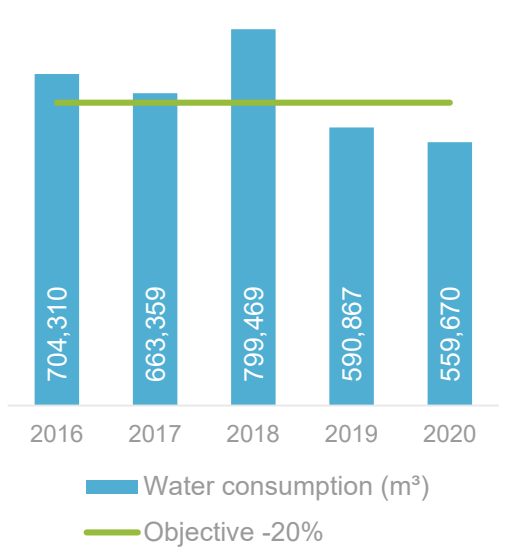
UCB Green Strategy

Our Environmental Targets by 2030

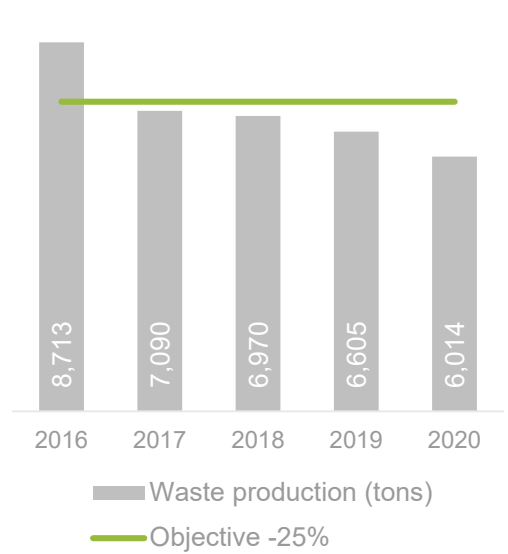
CO_2 emissions
- 35%



Water consumption
- 20%



Waste production
- 25%

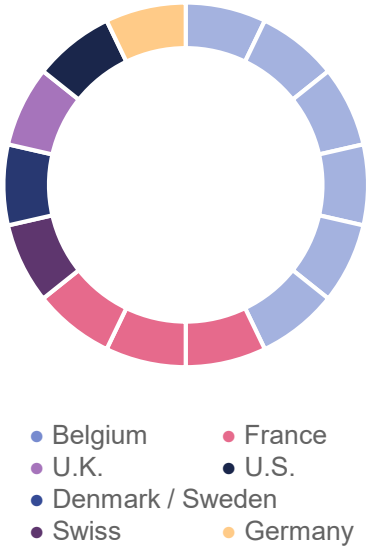


KPIs at 31 December 2020
For more details about UCB environmental footprint, refer to UCB 2020 integrated annual report

Corporate Governance

Board of Directors

- **14 members**
  - Mandate: 4 year
  - Age limit: 70
- **5 women (36%)**
- **9 independent directors (64%)**
- **7 nationalities**

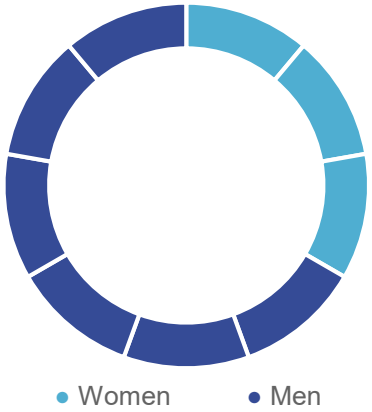


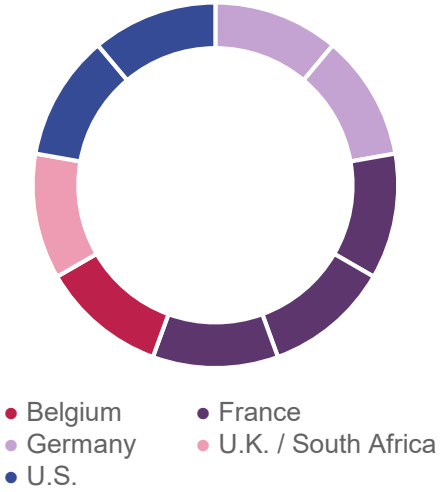
Status at June 2021
For more details about diversity @ Board level, refer to UCB 2020 integrated annual report

Corporate Governance

Executive Committee

- **9 members**
  - Jean-Christophe Tellier, CEO since 2015
- **3 women (33%)**
- **5 nationalities**





Status at June 2021
For more details about diversity @ ExCom level, refer to UCB 2020 integrated annual report

Corporate Governance

Executive Committee Headed by Jean-Christoph Tellier

- 9 members
- 3 women (33%)
- 5 nationalities

JL Fleurial,
CHRO

S. Dufour,
CFO

B. Silbey,
General Counsel

E. Caeymaex,
Immunology Solutions &
Head of U.S

JC Tellier,
CEO

D. Patel,
CSO

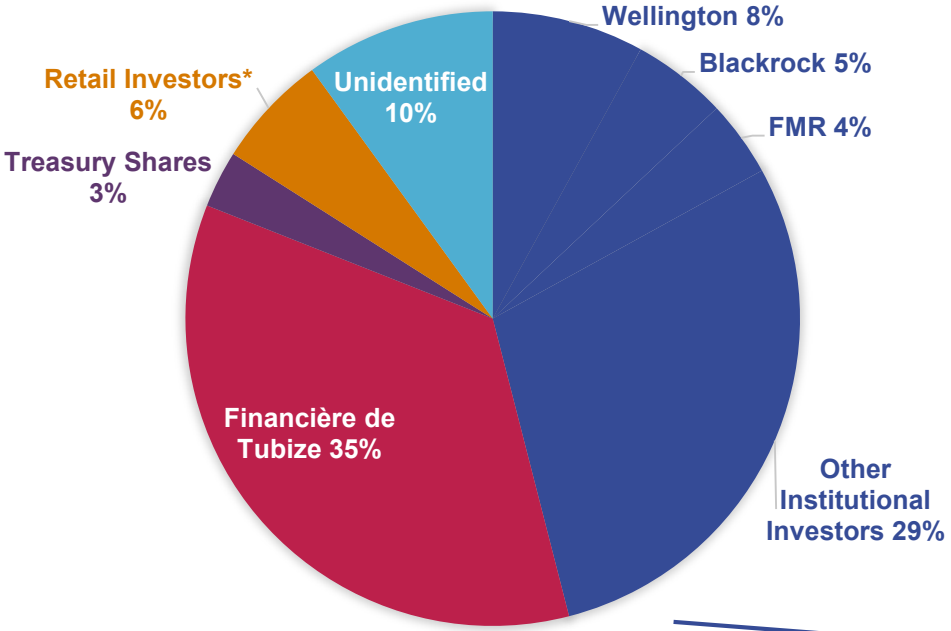
I. Löw-Friedrich,
CMO

K. Lund-Jurgensen,
Supply & Technology
Solutions

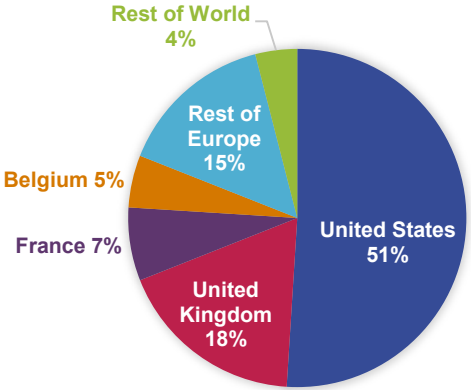
C. van Zyl,
Neurology Solutions &
Head of EU / International

Shareholder distribution

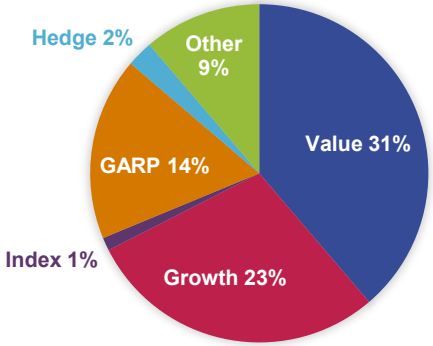
Shareholder identification January 2021



Institutional Investors: Geographic distribution



Institutional Investors: Investment style



Source: Latest notifications and shareholder identification (as of January 2021), UCB underlying ownership analysis

UCB China: a Fast-Growing Biopharma Company

Everything we do starts with one simple question:

How will this create value for people living with severe diseases?

UCB: a Strong Presence in China

Starting Pharmaceutical Business Operations in China in 1996

>500 employees

Keppra (levetiracetam) Immediate Release
Zyrtec
cimzia certolizumab pegol
VIMPAT lacosamide
Neupro
Xyzal

>500,000 patients served annually

7 clinical trials in initiation/ ongoing

4 new molecule entities potentially by 2025

Bringing Innovative Medicines to China

From 2008 through 2021,
3 new products, **2 new formulations** and **10 indications** approved in China

*RA = rheumatoid arthritis

Innovate for Chronic Disease Management and Accelerate Digital Transformation through Partnerships

With **Ali Health**

With **JD Health**

With **Cinkate**

欣凯医药
Cinkate Corporation

With **Tecent Health**

Corporate Societal Responsibilities in China

Rainbow Bridge

- ✓ Partnership with **Project HOPE & Shanghai Children's Medical Center**
- ✓ **Medical** education
- ✓ **Raise awareness** on epilepsy in schools and communities
- ✓ **Activities** for patients & families

UCB Health & Hope Fund

- ✓ Partnership with **Business Development Center of Red Cross Society of China**
- ✓ **Comprehensive training** program for village doctors
- ✓ **Epilepsy Assistance** Program (Pilot in Zigong)

Brain Science Education Special Fund

- ✓ Partnership with the **Shanghai Science and Technology Museum** (SSTM) and the **Shanghai Science Education Development Foundation** (SSEDF)
- ✓ **The first** Brain Science Education Special Fund **in China**
- ✓ Establishment of **brain science educational platforms** and support for public education programs of brain science

UCB Investor Relations Team

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Investor Relations Manager
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Alex Klein
Investor Relations Lead
Phone: +32 2 559 9948
E-mail: alex.klein@ucb.com

Check out our IR App & connect to UCB wherever you go!

Available on the App Store

Google play