Further Facts & Figures

Half-Year Report 2022

28th of July 2022

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 guaranteeing 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: global spread and impacts of wars and pandemics, including COVID-19 and other macroeconomic factors, 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. 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 war in Ukraine, the COVID-19 pandemic and other macroeconomic factors, unless indicated otherwise. The company continues to follow the developments diligently to assess the financial significance of these impacts to UCB.

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.

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

2021

2022

Fintepla
Through acquisition of Zogenix, Inc.

Bimzelx (bimekizumab)

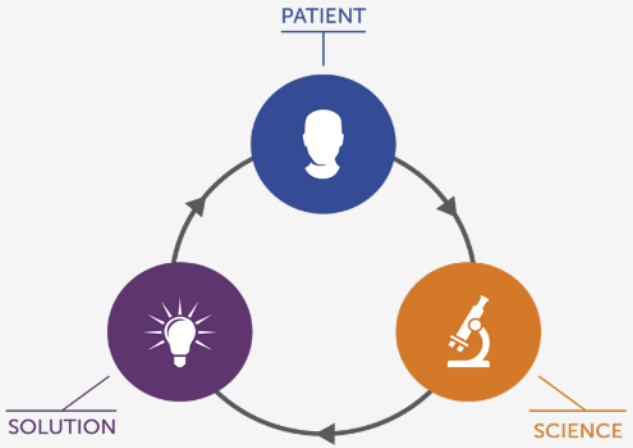
The timeline is not proportionated.

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 8 600 employees creating value for patients*

We bring Cimzia®, Vimpat®, Keppra®, Briviact®, Neupro® , Nayzilam® & Evenity® to **over 3.7 million patients***

Focused on R&D:
We invest more than **28%* of revenue in R&D** – above industry average

We commit to **reducing our ecological footprint**

We reached in 2021 **€ 5.8 billion revenue** and € 1.64 billion adjusted EBITDA, both growing for the 8th year in a row

*Data as of 31st of December 2021

Our Core Products – Immunology and Bone

Key information*

	BIMZELX® (*bimekizumab*)	**CIMZIA®** (*certolizumab pegol*)	**EVENITY®** (*romosozumab*)
	• **Psoriasis** (available in EU, GB JPN, CAN; approved in AUS, to-be launched in 2022); • Regulatory approvals in psoriasis are underway in US, Switzerland • Psoriatic arthritis, radiographic and non-radiographic axial spondyloarthritis submissions to regulatory authorities starting in Q3 2022	• Crohn's disease • Rheumatoid arthritis • Psoriatic arthritis • Axial spondyloarthritis • Psoriasis	• EU launch still in progress • Launched by Amgen in Japan and US and ROW • China Ph3 study started in Q4'21
	EU (DE, NL, SE, DEN); GB; CAN, JPN further countries in 2022 reaching >1 600 patients worldwide (June 2022)	**170 000** patients globally*	**> 300 000** patients since launch globally
	No partner; in-house product	Astellas (Japan – 2012) Cinkate (China – 2019)	Amgen (2002)
	2032 (U.S., EU, Japan; without patent term extension)	**2024** (U.S. & EU) **2026** (Japan)	**2031** (U.S., EU & Japan) EVENITY® is being launched globally by Amgen, UCB and Astellas since 2019, with net sales outside Europe reported by Amgen and Astellas – also see slide 21.

*As of 30th of December 2021; Loss of Exclusivity dates are indicative;
POS: partial onset seizures, also known as focal seizures; PGTCS: primary generalized tonic-clonic seizures; CHMP: Committee for Medicinal Products for Human Use; ROW: rest of world

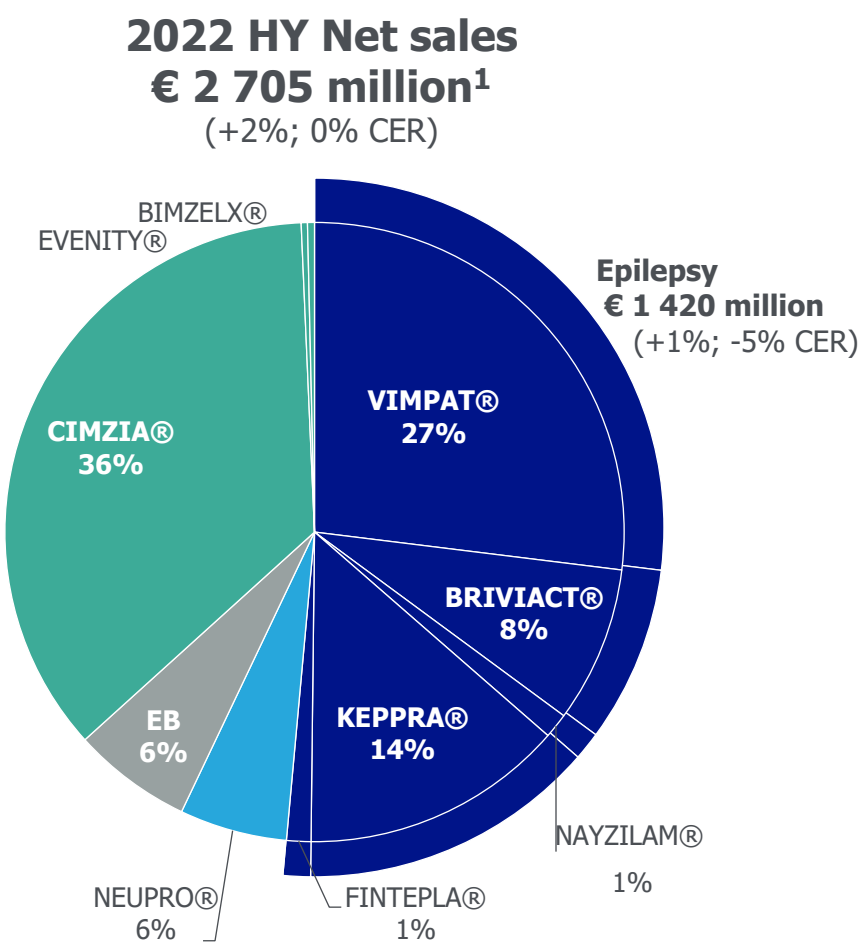
Our Core Products – Neurology

Key information*

	FINTEPLA®	NAYZILAM®	VIMPAT®	KEPPRA®	BRIVIACT®	NEUPRO®
	• Dravet-syndrome Approved and launched in US, EU, JPN. ODD in US, EU • Lennox-Gastaut syndrome Approved and launched in US, EU; ODD in US, EU	• Epilepsy seizure clusters (U.S. - 2019) – orphan disease designation	• Epilepsy POS (pediatric label extension in US, Oct. 2021, and EU CHMP positive opinion, Jan. 2022) • Epilepsy PGTCS	• Epilepsy POS • Epilepsy PGTCS • Epilepsy myoclonic seizures	Epilepsy POS • Adj. therapy • Monotherapy (U.S.) • pediatric label extension in US, Aug. 2021, and EU CHMP positive opinion, Jan. 2022)	• Parkinson's disease • Restless legs syndrome
	To be determined after full integration of Zogenix and initial launches in DS and LGS	**> 50 000** patients in the U.S*	**> 800 000** patients globally*	**> 2 million** patients globally*	**140 000** patients globally*	**385 000** patients globally*
	Acquisition of Zogenix, Inc. in 2022	US only (in-licensed from Proximagen, 2018)	Daiichi Sankyo (Japan – 2014)	Otsuka (Japan – 2008-2020)		Otsuka (Japan – 2002-2020)
	ODD 2027	**2028** (U.S.)	**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)

*As of 31st of December 2021; numbers will be updated annually for the full-year reports
Loss of Exclusivity dates are indicative; CHMP: Committee for Medicinal Products for Human Use; ODD: orphan drug designation; POS: partial onset seizures, also known as focal seizures; PGTCS: primary generalized tonic-clonic seizures;

Strong Performance in H1 2022



	million	ACT	CER	
CIMZIA®	**€ 994**	+14%	+7%	Outperforms anti-TNF market based on differentiation Volume +11% > Net price erosion Continued growth in all markets incl the U.S.
VIMPAT®	**€ 744**	+1%	-6%	In the U.S., strong performance in the beginning of the year, generic erosion since end of March as expected, continued good growth in Europe and international markets
KEPPRA®	**€ 380**	-22%	-23%	Generic erosion in Japan started early January, stronger than expected
BRIVIACT®	**€ 225**	+35%	+25%	Significant growth in all regions
NEUPRO®	**€ 155**	-1%	-5%	Stable in a competitive market environment
NAYZILAM®	**€ 36**	+68%	+52%	Reaching more and more patients
FINTEPLA®	**€ 35**	n/a	n/a	Included since March - new treatment option for patients and families living with Dravet and LGS, rare epilepsy syndromes that are particularly challenging to treat
EVENITY®	**€ 9**	>100%	>100%	Successful launches in Europe Contribution > doubled Net sales outside Europe reported by Amgen
BIMZELX®	**€ 10**	n/a	n/a	Strong launch uptake in all markets

CER = constant exchange rates

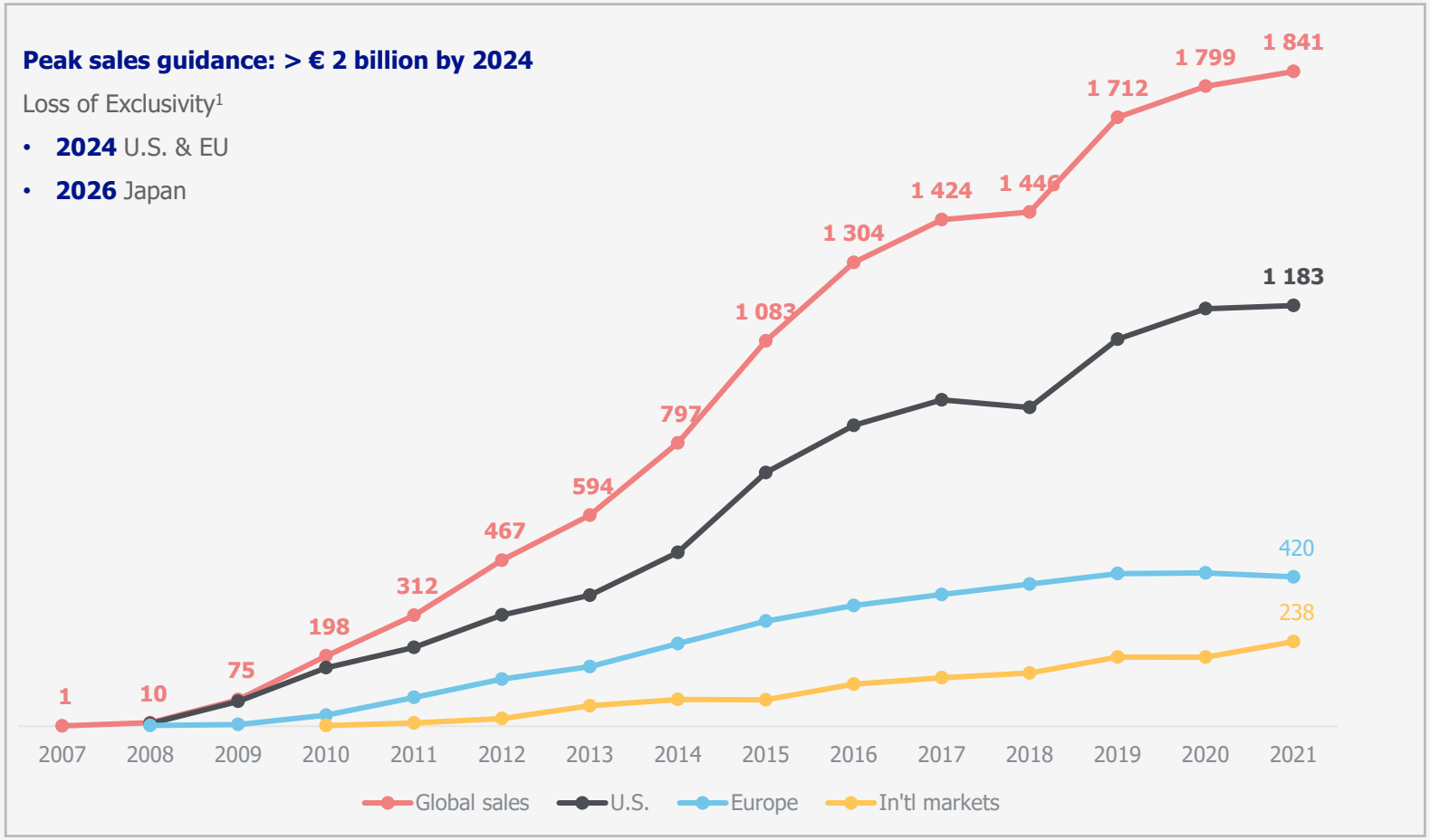
[1]Net sales include € -56 million designated hedges reclassified to net sales

CIMZIA®

Driven by new patient populations

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

- Rheumatoid arthritis
- Psoriatic arthritis
- Psoriasis
- (non-radiographic) Axial spondyloarthritis
- Crohn's disease (U.S.)[3]

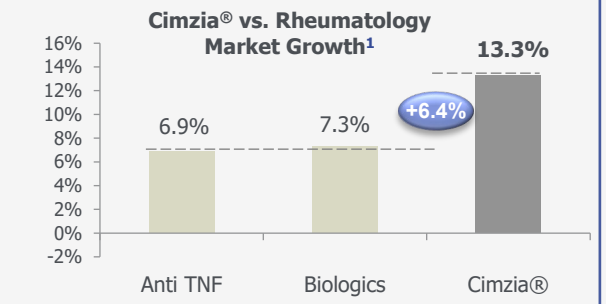


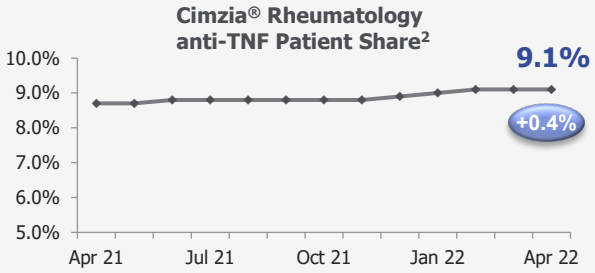
Net sales in € million, FY numbers[2]

[1] Loss of Exclusivity dates are indicative; [2] Numbers may not add due to rounding; [3] Partnered with Ferring

CIMZIA® In-Market Performance

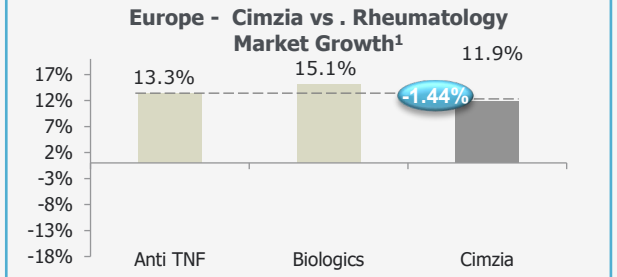
U.S.

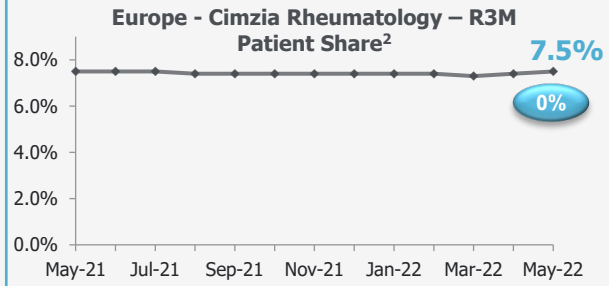




Source: U.S: IQVIA Source of Business Report

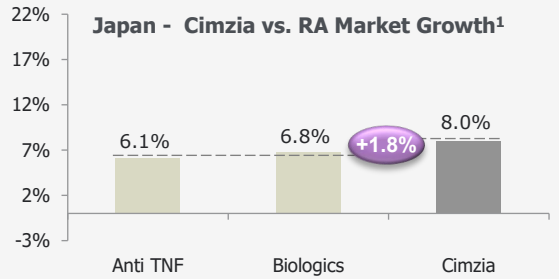
Europe

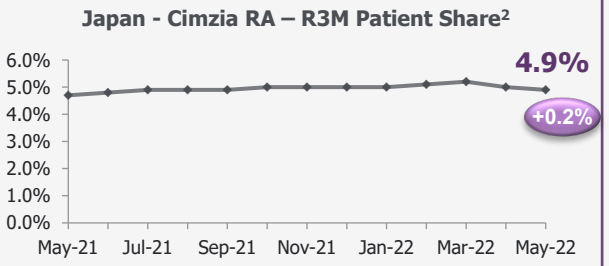




Source: IMS MIDAS
In-Market KPI's are based on Exit Patients

Japan

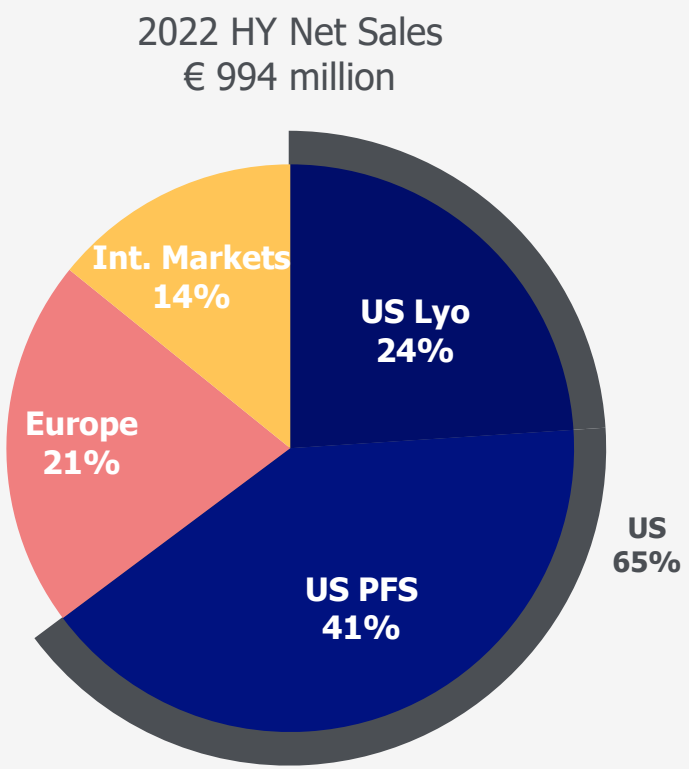


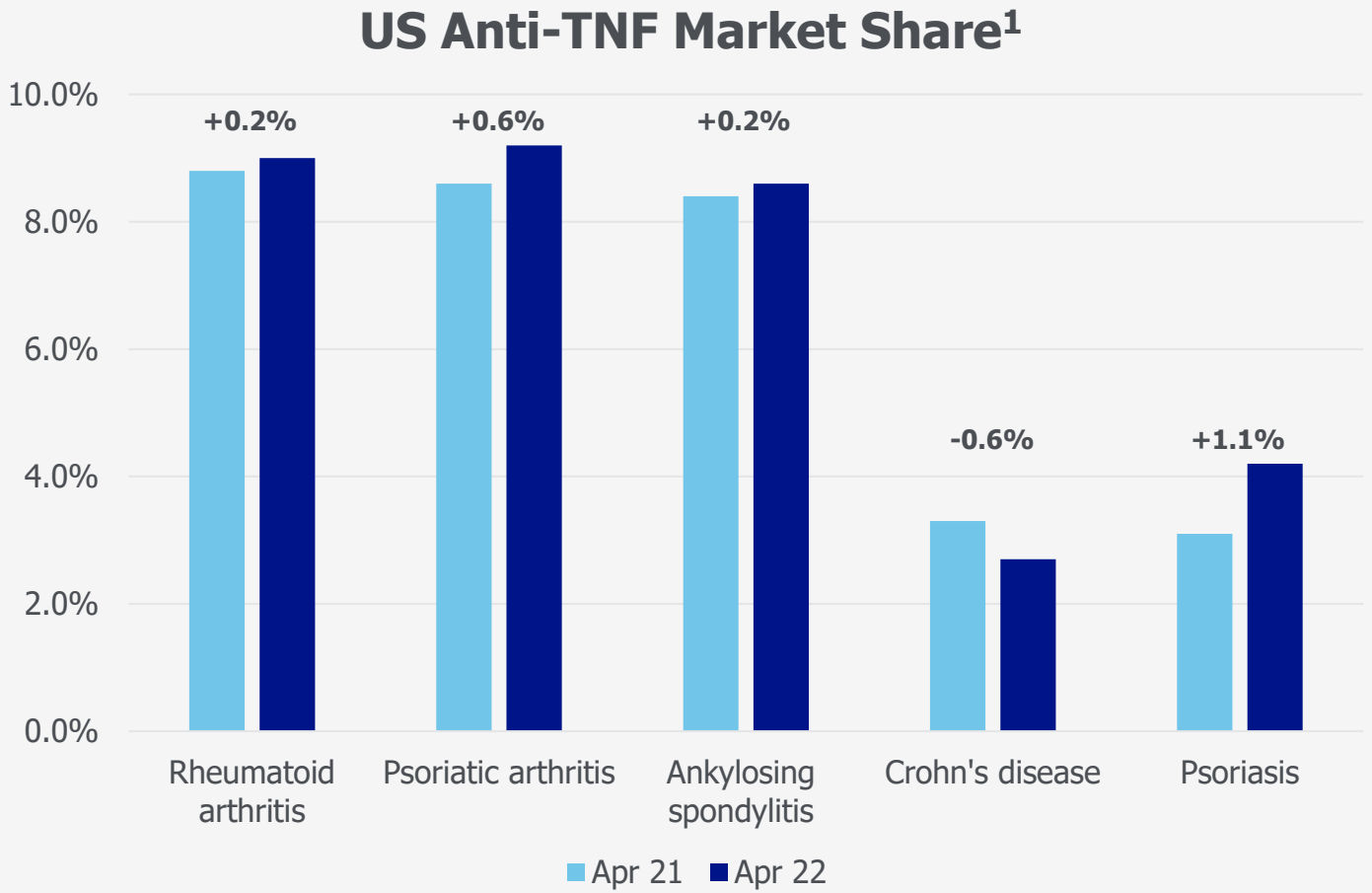


Source: - IMS MIDAS
In-Market KPI's are based on Exit Patients

[1] In-market growth is calculated for MAT period: U.S.: MAT Apr 2022 vs. MAT Apr 2021 / Europe: MAT May 2022 vs May 2021 | Japan: MAT May 2022 vs. May 2021 (patients, all channels). [2] Market share is calculated for R3M period.

CIMZIA® In-Market Performance





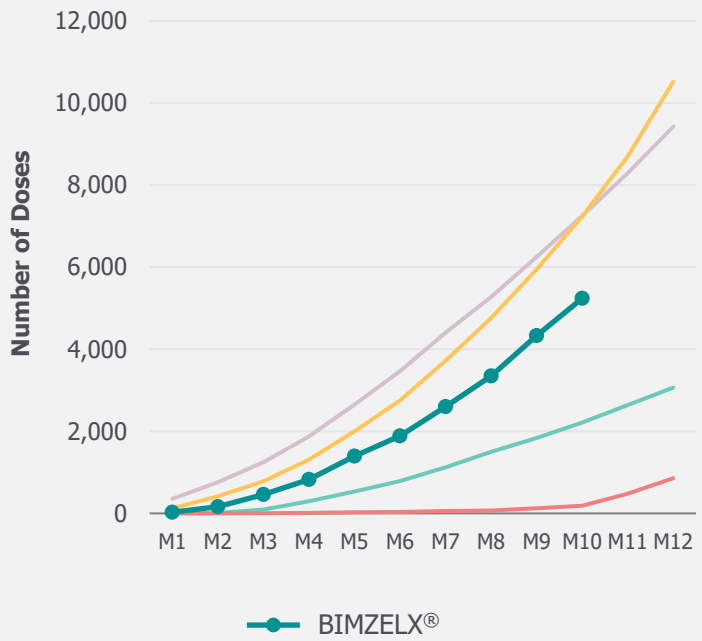
[1] In-market KPI's are based on patients; Shares calculated based on Anti-TNF market
Market share is calculated for R3M Apr'22 and market share growth is shown against R3M Apr'21

Strong BIMZELX® uptake across global launch markets

Reaching over 1 600 patients worldwide in June 2022

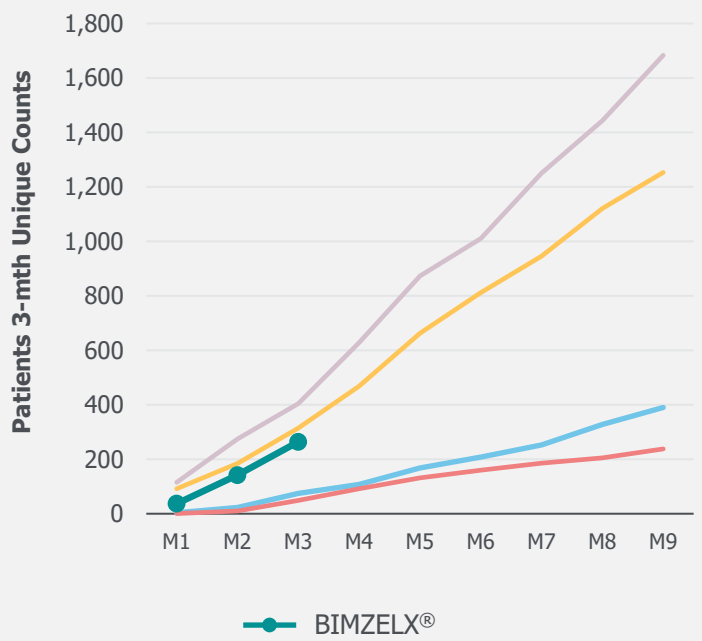
Europe (DE, UK, NL & SE)
Accelerating growth post-lockdowns

Cumulative monthly doses from regulatory approval vs competition



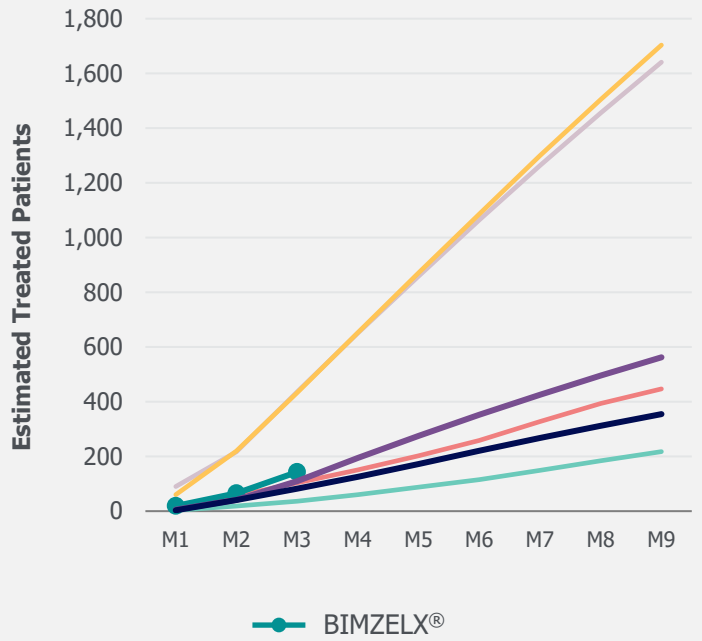
Canada
trends with IL-23 uptakes

Cumulative monthly patients number from launch vs competition



Japan
strong start vs IL17s

Cumulative monthly patients number from launch vs competition



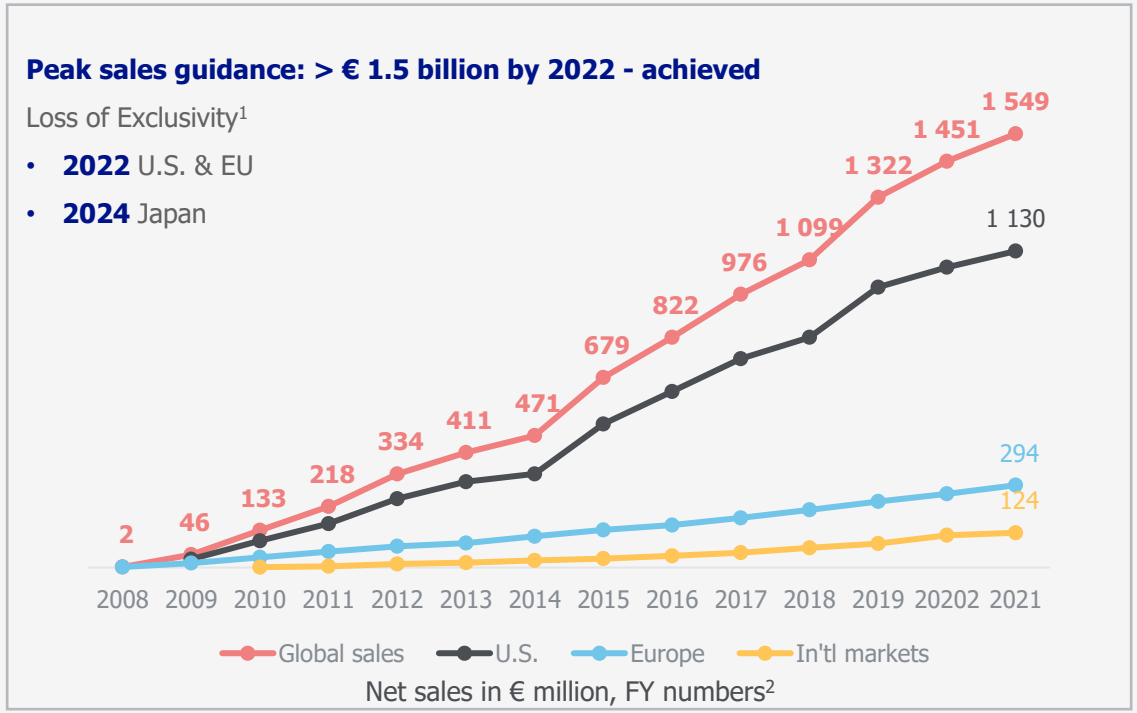
Actual patients only available for UK; Estimated treated patients derived from volume in Germany, Netherlands and Sweden; DE source: Insight Health NPI; UK sources: BIMZELX based on homecare deliveries to patients. Canada source: Patients on Drug via Canada PSP (Bayshore). Inclusive of Bridging (Public + Private) and Commercial; Japan source: IQVIA In-market data - ETP Japan; Volume from analogues based on IQVIA Midas. UCB independent analysis of data to show adequate comparisons across different dosing schedules.

VIMPAT®

Exceeded peak sales ambition of over € 1.5bn already in 2021

For patients living with

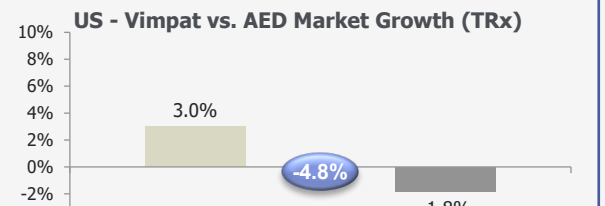
- Partial-onset seizures (POS), also known as focal seizures
  - 2021: U.S. FDA approval for the treatment of partial-onset seizures in patients 1 month of age and older
  - 2021: EU positive CHMP opinion on use for the treatment of focal epileptic seizures in children 2 to 4 years of age (previously approved for patients >4 years of age)
  - JPN, China > 4 years of age
- Primary Generalized Tonic-Clonic Seizures (PGTCS)
  - US, EU, JPN > 4 years of age

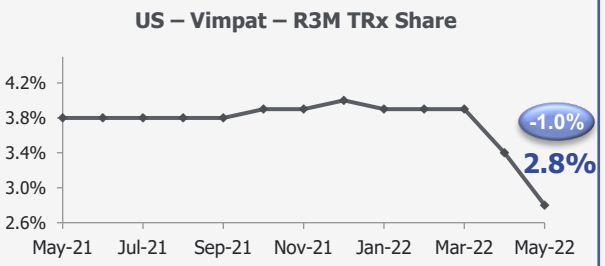


[1] Loss of Exclusivity dates are indicative. [2] Numbers may not add due to rounding.
CHMP: Committee for Medicinal Products for Human Use; JPN, Japan

VIMPAT® In-Market Performance

U.S.

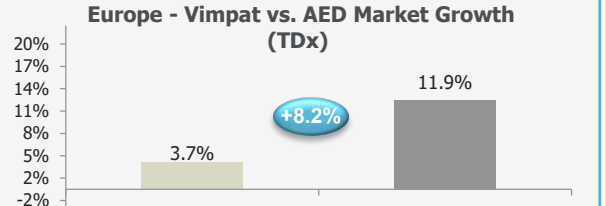


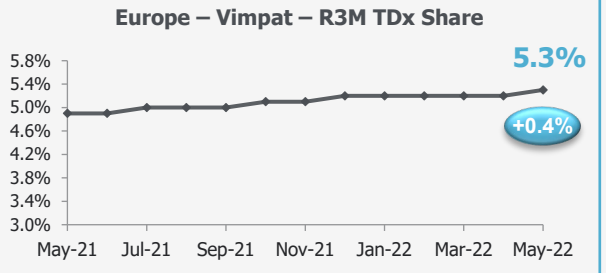


Source data U.S.: U.S. IMS NPA - In-Market KPIs are based on TRx

U.S. Loss of Exclusivity: March 2022

Europe

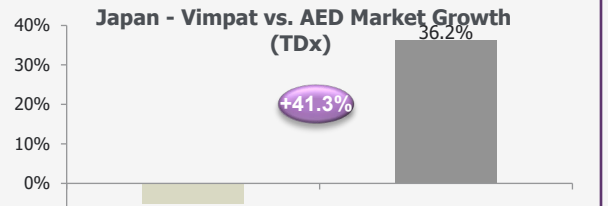


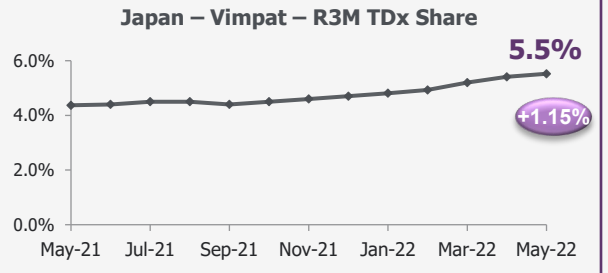


Source data EU: IMS MIDAS - In-Market KPI's are based on TDx

EU Loss of Exclusivity: September 2022

Japan





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

In-Market KPIs are based on TRx (US) and TDx (EU, Japan); AED market: All molecules in ATC3= N3A + Phenobarbital in N5B. In Europe and Japan, the TDx of all these molecules are AED Market and Vimpat TRx/TDx growth are calculated for MAT May'22 vs. MAT May'21 factored for epilepsy usage. In the US, the TRx of 26 of these molecules are factored for epilepsy usage. Vimpat TRx/TDx market share is calculated for R3M May'22 and market share growth is shown against R3M May'21.

BRIVIACT®

Available to more and more patients

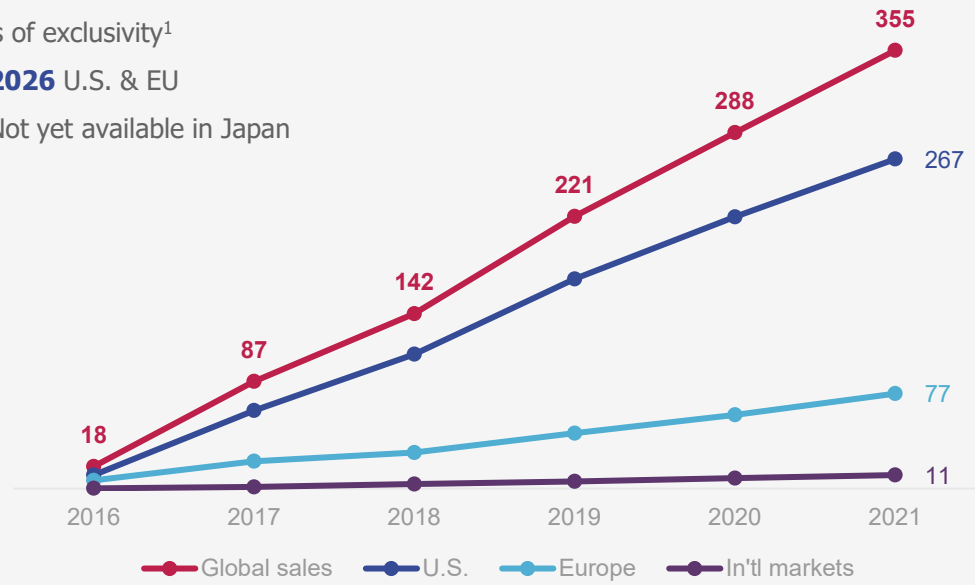
For people living with

- partial-onset seizures (POS), also known as focal seizures
  - 2021: U.S. FDA approval as both monotherapy or adjunctive therapy for the treatment of partial-onset seizures in patients 1 month of age and older
  - 2021: positive CHMP opinion on use for the treatment of focal epileptic seizures in children 2 to 4 years of age (previously approved for patients >4 years of age)

Peak sales guidance: € 600 million (2026)

Loss of exclusivity[1]

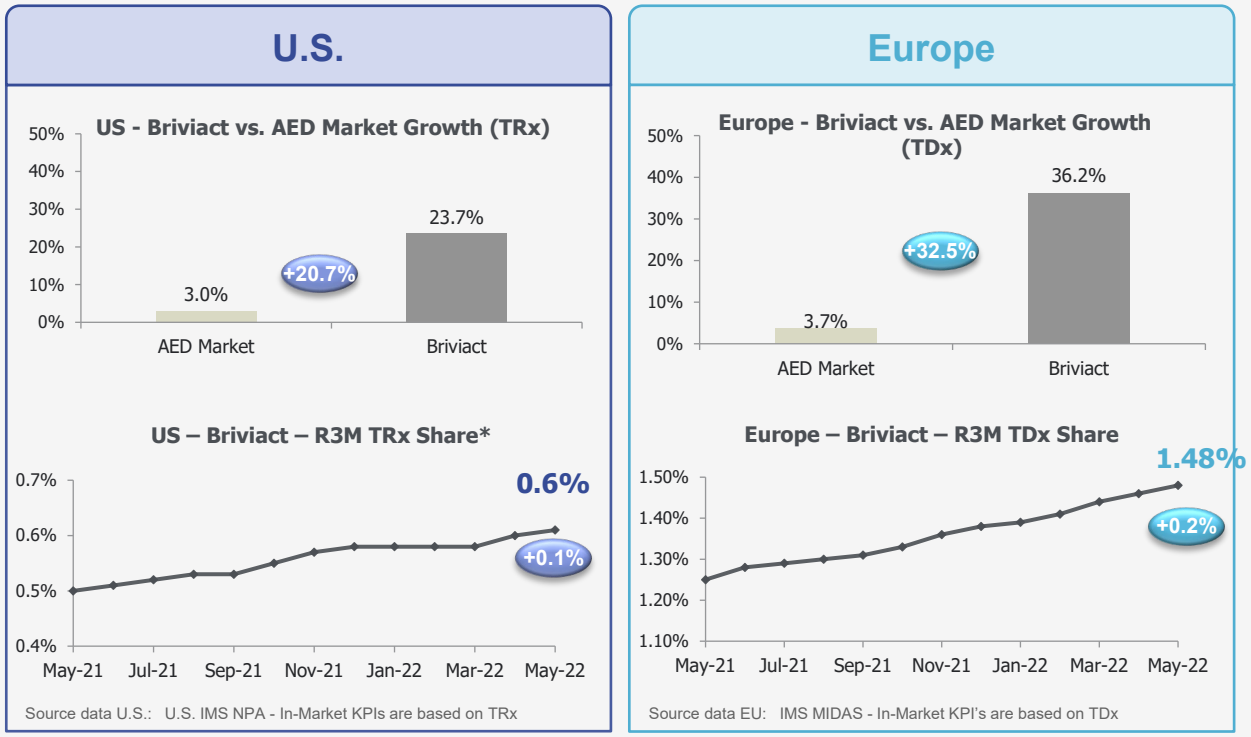
- **2026** U.S. & EU
- Not yet available in Japan



Net sales in € million, FY numbers[2]

[1] Loss of Exclusivity dates are indicative. [2] Numbers may not add due to rounding.
CHMP: Committee for Medicinal Products for Human Use

BRIVIACT® In-Market Performance



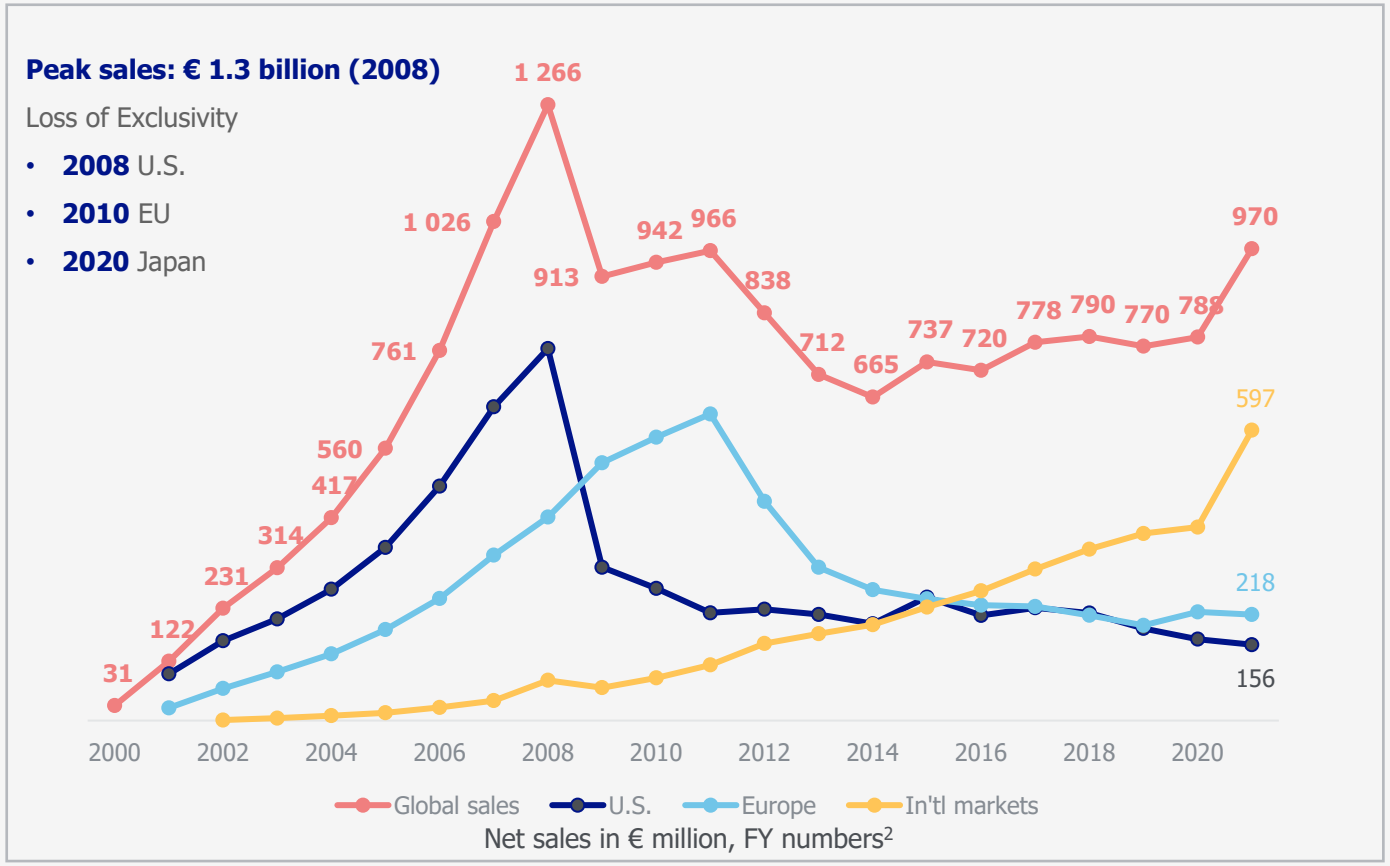
In-Market KPIs are based on TRx (US) and TDx (EU); AED market: All molecules in ATC3= N3A + Phenobarbital in N5B. In Europe, the TDx of all these molecules are AED Market and Vimpat TRx/TDx growth are calculated for MAT May'22 vs. MAT May'21 factored for epilepsy usage. In the US, the TRx of 26 of these molecules are factored for epilepsy usage. Vimpat TRx/TDx market share is calculated for R3M May'22 and market share growth is shown against R3M May'21.

KEPPRA®

Mature established brand

For people living with

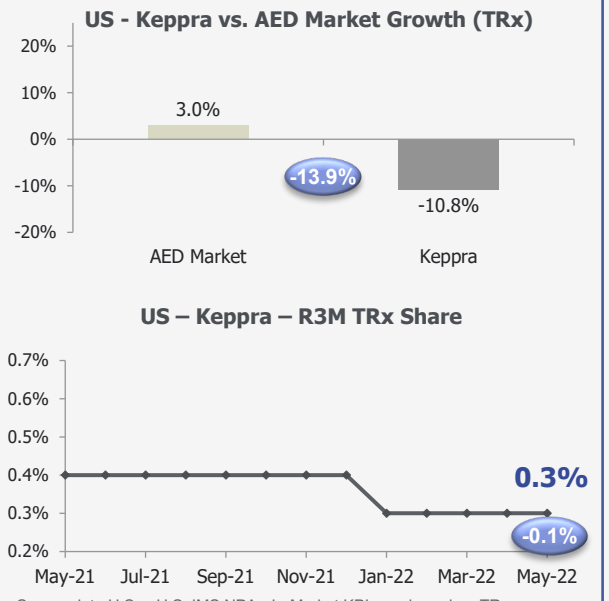
- partial-onset seizures (POS), also known as focal seizures
- primary generalized tonic-clonic seizures (PGTCS)
- myoclonic seizures



Numbers may not add due to rounding.

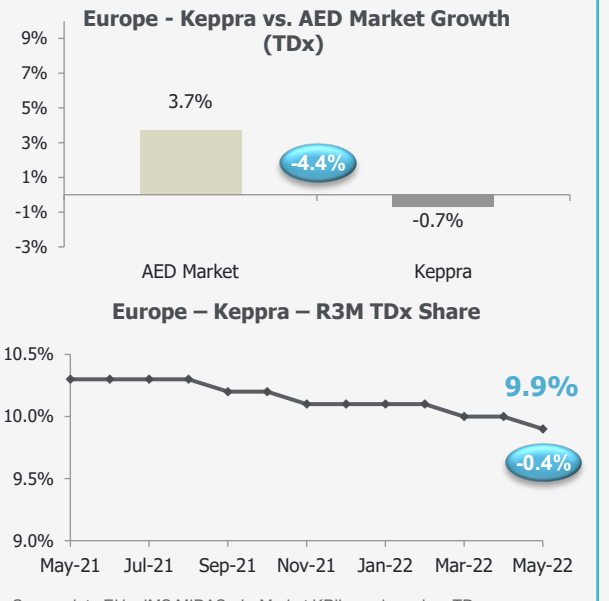
KEPPRA® In-Market Performance

U.S.



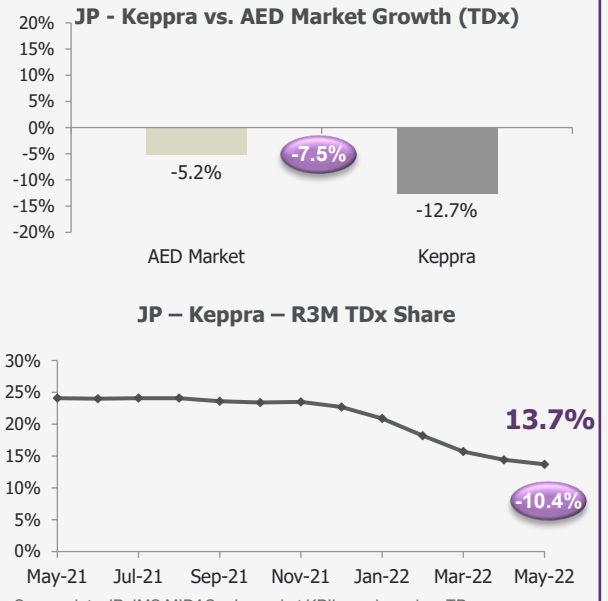
Source data U.S.: U.S. IMS NPA - In-Market KPIs are based on TRx

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

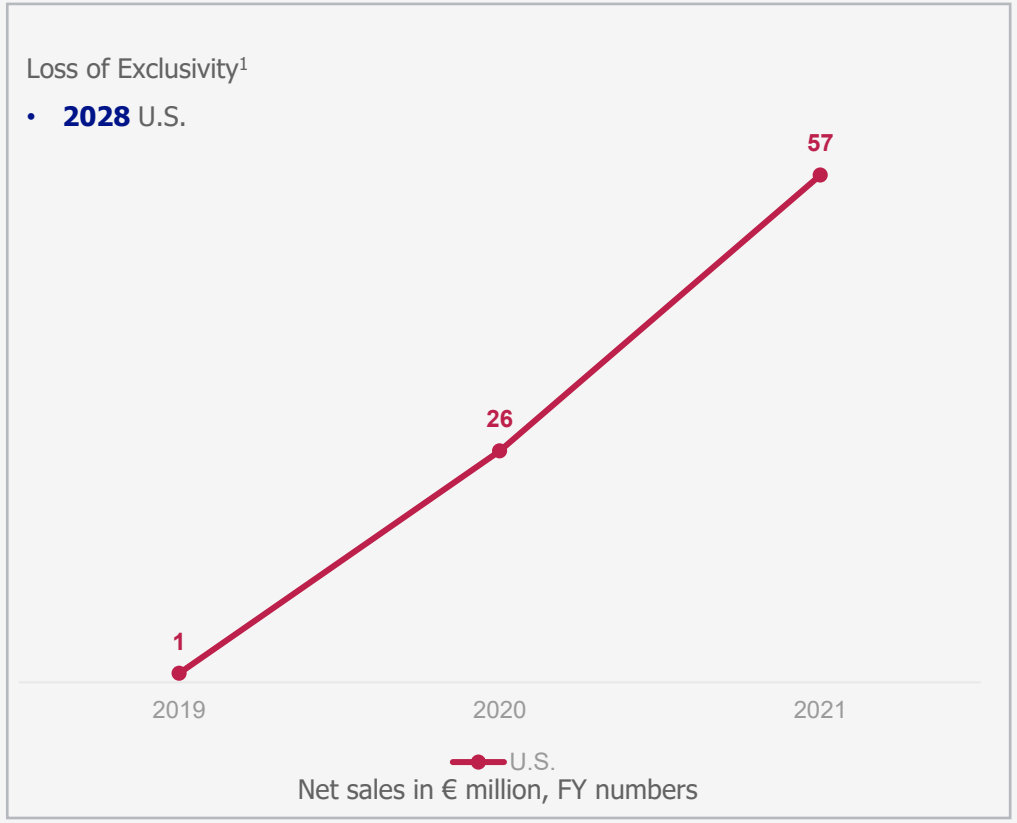
In-Market KPIs are based on TRx (US) and TDx (EU, Japan); AED market: All molecules in ATC3= N3A + Phenobarbital in N5B. In Europe and Japan, the TDx of all these molecules are factored for AED Market and Vimpat TRx/TDx growth are calculated for MAT May'22 vs. MAT May'21 epilepsy usage. In the US, the TRx of 26 of these molecules are factored for epilepsy usage. Vimpat TRx/TDx market share is calculated for R3M May'22 and market share growth is shown against R3M May'21; For US, Keppra includes Keppra XR.

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.

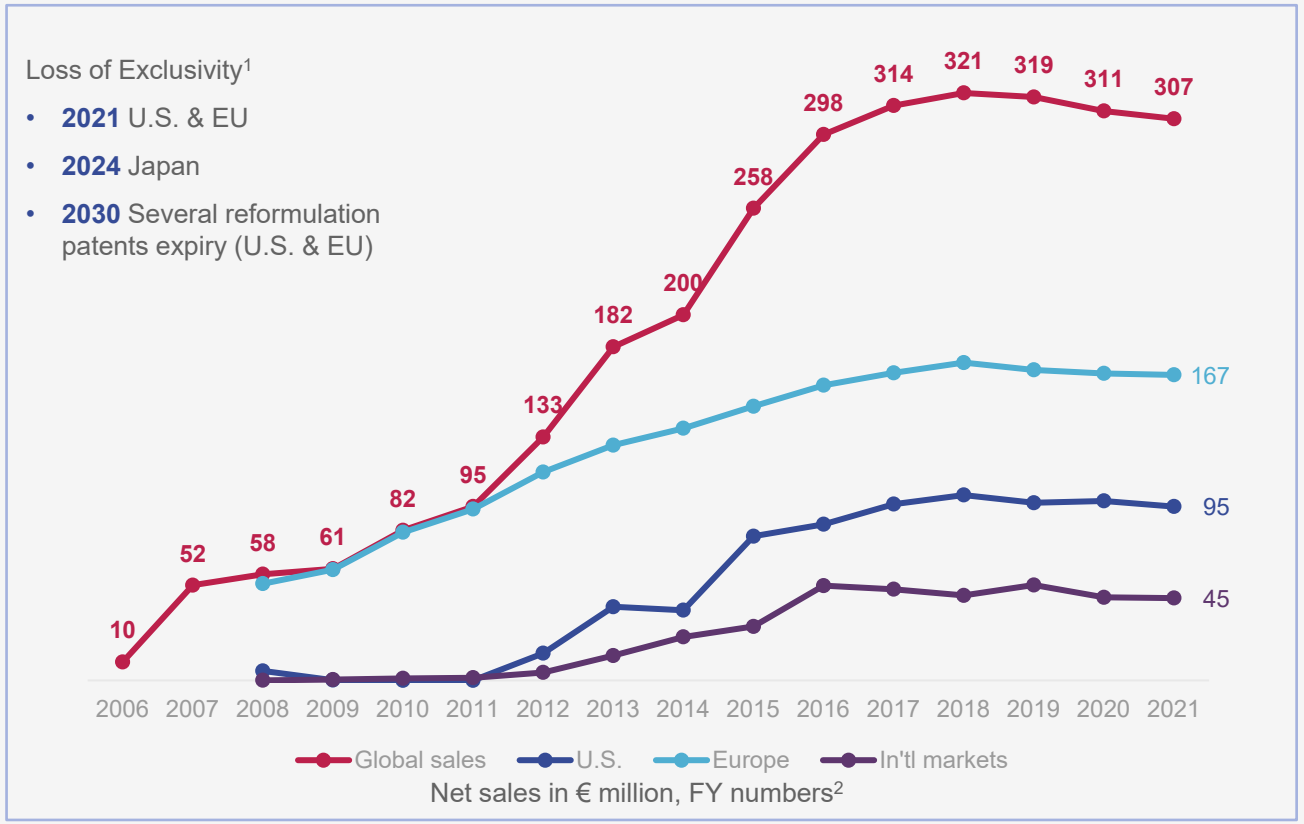


[1] Loss of Exclusivity dates are indicative.

NEUPRO®

Reached peak sales in 2018

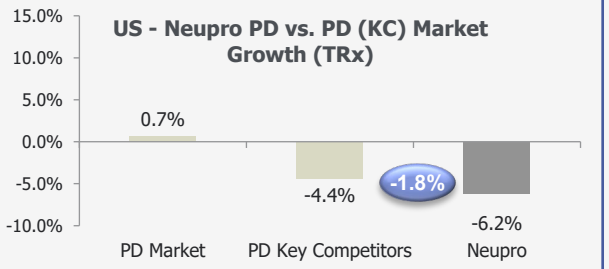
For people living with
- Parkinson's disease
- Restless legs syndrome

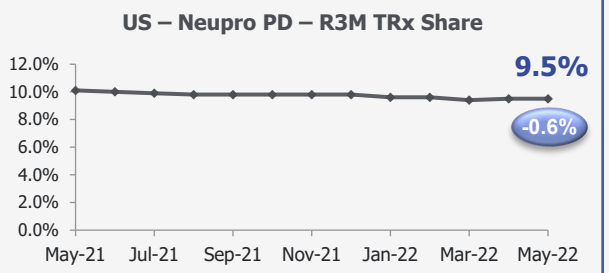


[1] Loss of Exclusivity dates are indicative. [2] Numbers may not add due to rounding.

NEUPRO® In-Market Performance

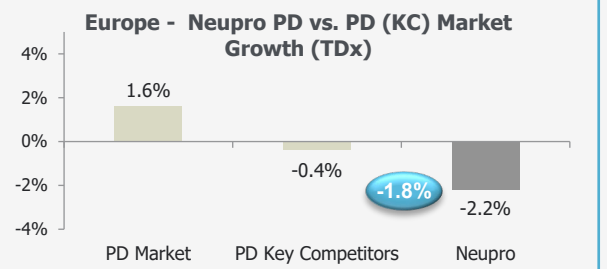
U.S.

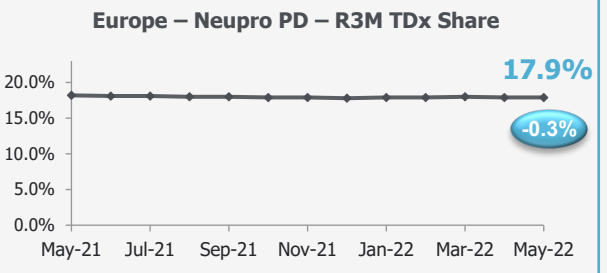




Source data U.S.: U.S. IMS NPA - In-Market KPIs are based on TRx

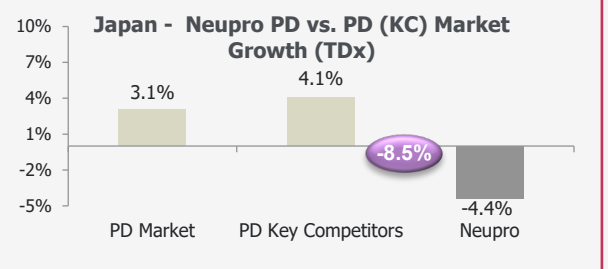
Europe

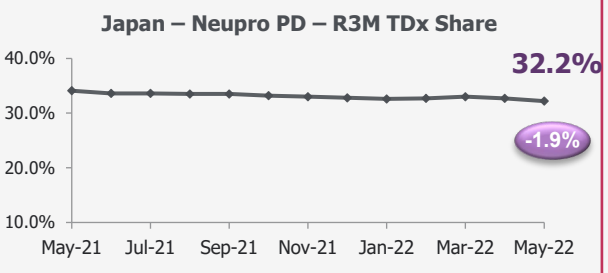




Source data EU: IMS MIDAS - In-Market KPI's are based on TDx

Japan





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

In-market KPI's are based on TRx (US) and TDx (EU, Japan); PD (KC) Market and Neupro TRx/TDx growth are calculated for MAT May'22 vs. MAT May'21; Neupro TRx/TDx market share is calculated based on PD Key Competitors market; Neupro TRx/TDx market share is calculated for R3M May'22 and market share growth is shown against R3M May'21. PD market: All molecules in ATC3= N4A; PD Key Competitors (KC) market: The 8 DA's (Dopamine Antagonists): Bromocriptine, Cabergoline, Lisuride, Pergolide, Rotigotine, Pramipexole, Piribedil, Ropinirole.

Impact of EVENITY® on UCB's P&L

		UCB	Amgen	Astellas
+	**Net sales**	European sales	US & RoW sales + intercompany sales to Japan	In-market sales Japan
-	**Cost of goods**	European sales	US & RoW sales + intercompany sales to Japan	Intercompany sales to Japan
-	**Operating expenses**	European sales and costs for future UCB market launches	US & RoW sales and costs for future Amgen market launches	Japanese sales
+/-	**Other operating income/expense**	50% of profit outside Europe minus 50% of EU profit/loss[1]	⟷ 50% of EU profit/loss[1] minus 50% of profit outside Europe	
=	**Adj. EBITDA includes**	50% of worldwide profit	50% of worldwide profit	

Due to lower European sales compared to world-wide sales, EVENITY® over-proportionally contributes to UCB's adjusted EBITDA

[1] Breakeven not reached yet, hence Amgen carries 50% of the European loss.
RoW = Rest of World

Accelerate & Expand (2019-2021)

- ✓ Preparing for the future
- ✓ Maximize the number of lives we can positively impact
- ✓ Focus on patients that can benefit most
- ✓ Strengthen our R&D to deliver new compounds in shorter cycle times
- ✓ Identify & act on potential opportunities

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 started in Q3
- ✓ *rozanolixizumab* Phase 3 in MOG-antibody disease started in Q4
- ✓ STACCATO® a*lprazolam* Phase 3 started in active epileptic seizure in Q4
- ✓ *rozanolixizumab / zilucoplan* Phase 3 topline results in myasthenia gravis late 2021 / early 2022
- ✓ *bimekizumab* Phase 3 topline results in psoriatic arthritis & axial spondyloarthritis (end of 2021/early 2022)
- ✓ Out-licensing of *zampilimab* to Chiesi
- ✓ Partnering with Novartis in Parkinson's disease

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

Breakthrough & Lead (2022-2025)

- **Lead in five specific patient populations** (partial-onset / focal epileptic seizures; psoriatic arthritis; women of child-bearing age; osteoporosis-related fractures; generalized myasthenia gravis)
- **Breakthrough and drive impact** with next generation of science and technologies
- **Engage and partner** with key stakeholders within UCB and across society to co-create sustainable impact and attract the next generation of talent

2022

- Submission for market authorization
  - Zilucoplan in generalized myasthenia gravis (globally)
  - Rozanolixizumab in generalized myasthenia gravis (globally)
  - Bimekizumab in psoriatic arthritis (globally outside U.S.)
  - Bimekizumab in ankylosing spondylitis and non-radiographic axial spondyloarthritis (globally outside U.S.)
- BIMZELX® launches in CAN, JPN, approved in AUS
- Zogenix acquisition and integration;
- FINTEPLA® launches in DS and LGS
- New indications: fenfluramine in CDKL5 deficiency disorder and MT1621 in TK2 deficiency disorder
- Launch of gene therapy facility

2023

- *UCB0599* Phase 2 in Parkinson's disease topline results in H2 2023
- Starting global submission of *MT1621* in TK2d

2024

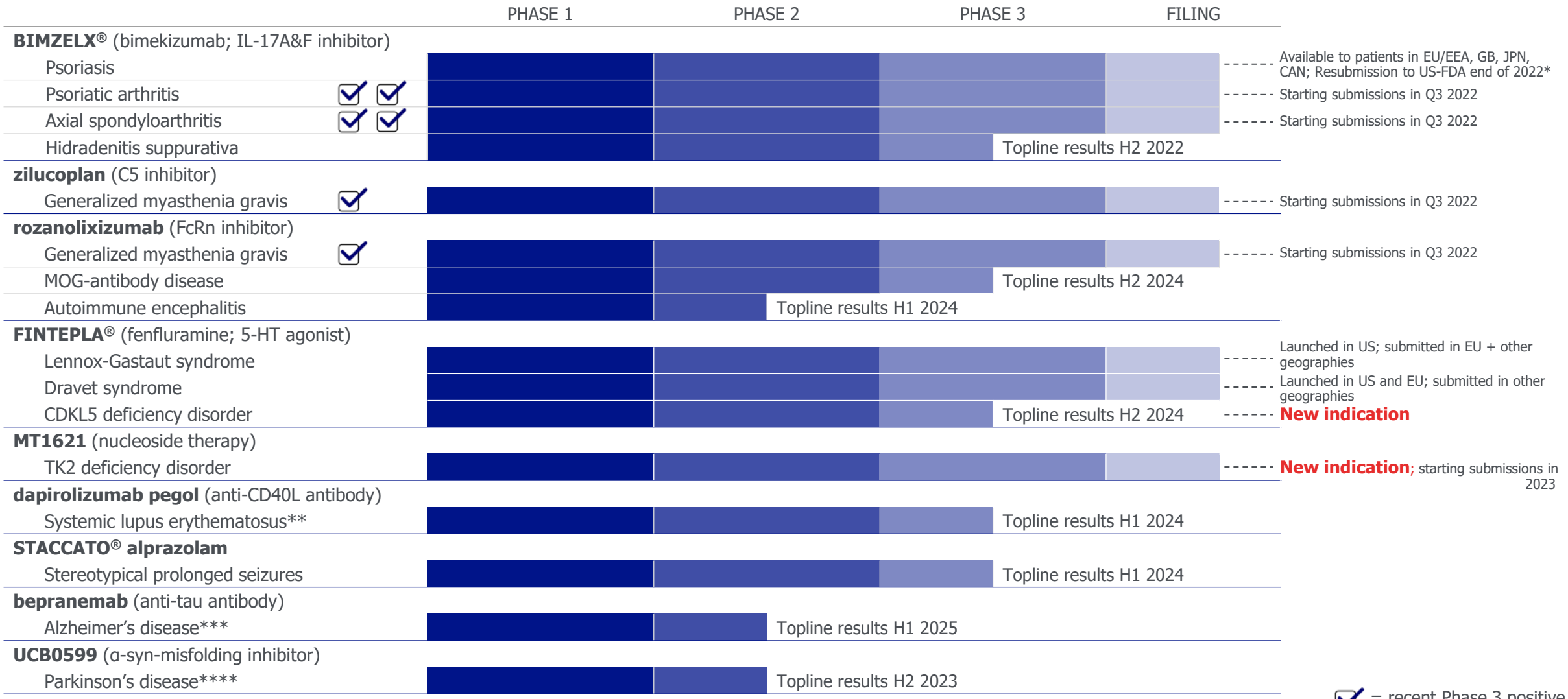
- *dapirolizumab pegol* Phase 3 in MG topline results in H1 2024
- *rozanolixizumab* Phase 2 in AIE topline results in H1 2024
- *fenfluramine* Phase 3 in CDKL5 deficiency disorder in H2 2024
- *dapirolizumab pegol* Phase 3 in systemic lupus erythematosus in H1 2024
- *STACCATO alprazolam* Phase 3 in stereotypical prolonged seizures in H1 2024

2025

- *Bepranemab* Phase 2 in AD topline results in H1 2025

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 Late-Stage Pipeline | Wave of Submissions & 2 New Phase 3 Assets



Inspired by patients. Driven by science.

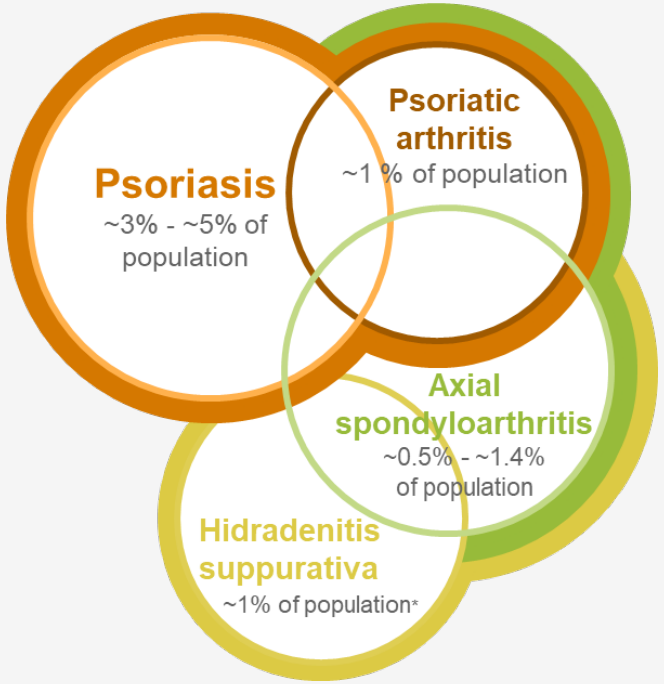
*UCB aims to submit the response to the bimekizumab complete response letter to the U.S. Food and Drug Administration by the end of 2022; BIMZELX® is available to people living with psoriasis in the EU/European Economic Area, GB, JPN, CAN, and is approved in AUS; **in partnership with Biogen; ***in partnership with Roche/Genentech; ****in partnership with Novartis; 5-HT - 5-hydroxytryptamin or serotonin; α-syn – alpha-synuclein; CD40L – CD40 ligand; C5 – complement component 5; CDKL5 - cyclin-dependent kinase-like 5; H – half-year; IL – interleukin; FcRn - Neonatal fragment crystallizable receptor; MOG - myelin oligodendrocyte glycoprotein; Q – quarter; TK2d - thymidine kinase 2 deficiency

BIMZELX® (bimekizumab) Phase 3 Clinical Development Programs

>4 500 patients enrolled

Psoriasis (PSO) 3x superior	**Psoriatic arthritis** (PsA)	**Axial spondyloarthritis** (nr-axSpA & AS)	**Hidradenitis suppurativa** (HS)
BE VIVID (PS0009) NCT03370133 (vs *ustekinumab*) **BE READY** (PS0013) NCT03410992 (vs placebo) **BE SURE** (PS0008) NCT03412747 (vs *adalimumab*) **BE RADIANT** (PS0015) NCT03536884 (vs *secukinumab*) > 2 000 patients*	**BE OPTIMAL** (PA0010) NCT03895203 (vs placebo) **BE COMPLETE** (PA0011) NCT03896581 (vs placebo) > 1 200 patients *	**BE MOBILE1** (AS0010) NCT03928704 (vs placebo in nr-axSpA) **BE MOBILE2** (AS0011) NCT03928743 (vs. placebo in AS/r-axSpA) > 500 patients *	**BE HEARD I** (HS0003) NCT04242446 (vs placebo) **BE HEARD II** (HS0004) NCT04242498 (vs placebo) ~ 1 000 patients *
Approved in EU, GB, JPN, AUS & CAN 2021/22; filed in the US**	Submission in Q3'22	Submission in Q3'22	Phase 3 ongoing Topline results H2'22

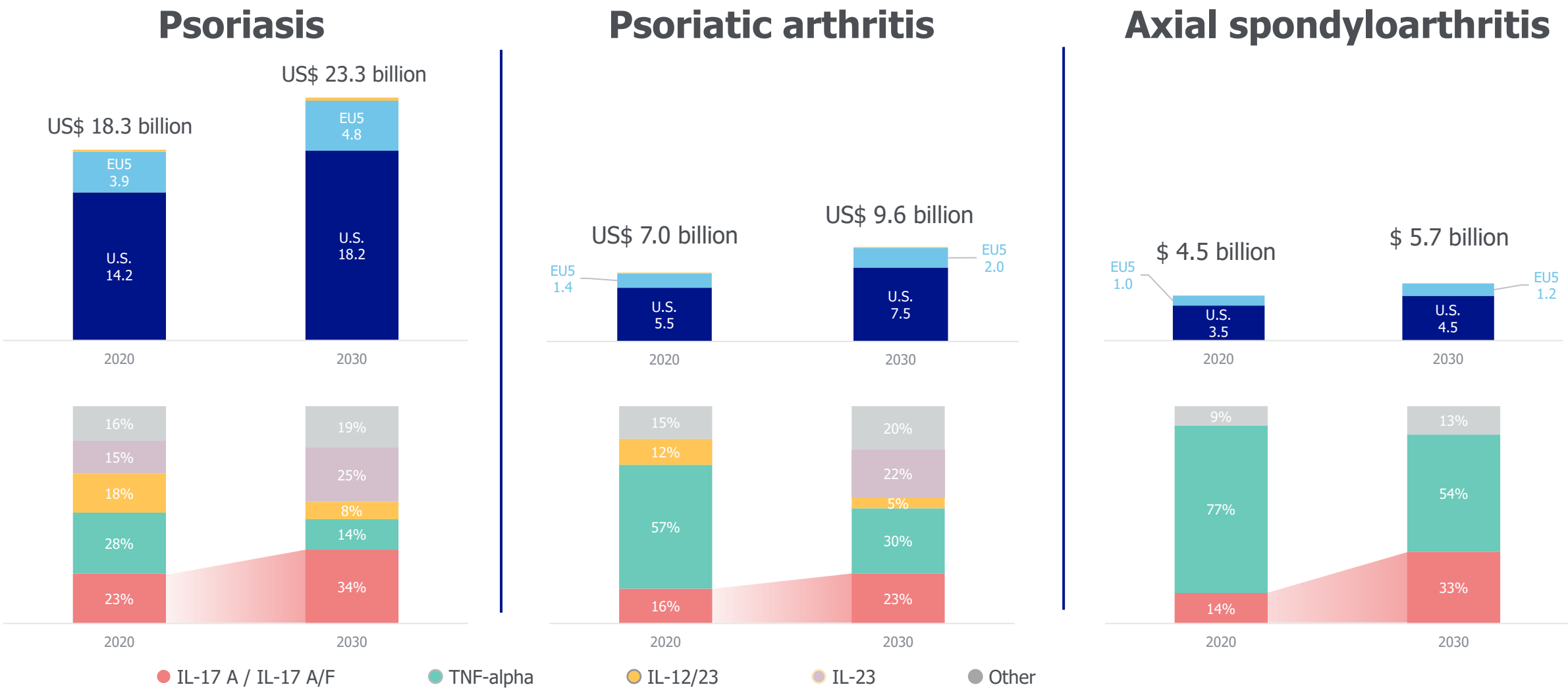
Spectrum of IL-17A+F-mediated diseases



Inspired by patients. Driven by science.

*Number of patients participating in the clinical programs; (n)r-axSpA: (non-)radiographic axial spondyloarthritis; AS: ankylosing spondyloarthritis; Bimekizumab is an investigational product in PsA, axial spondyloarthritis, and HS and is not approved for those indications by any regulatory authority in the world. Bimekizumab requires additional studies in these indications before any conclusions for safety and efficacy can be made. **UCB aims to submit the response to the bimekizumab complete response letter to the U.S. FDA by the end of 2022.

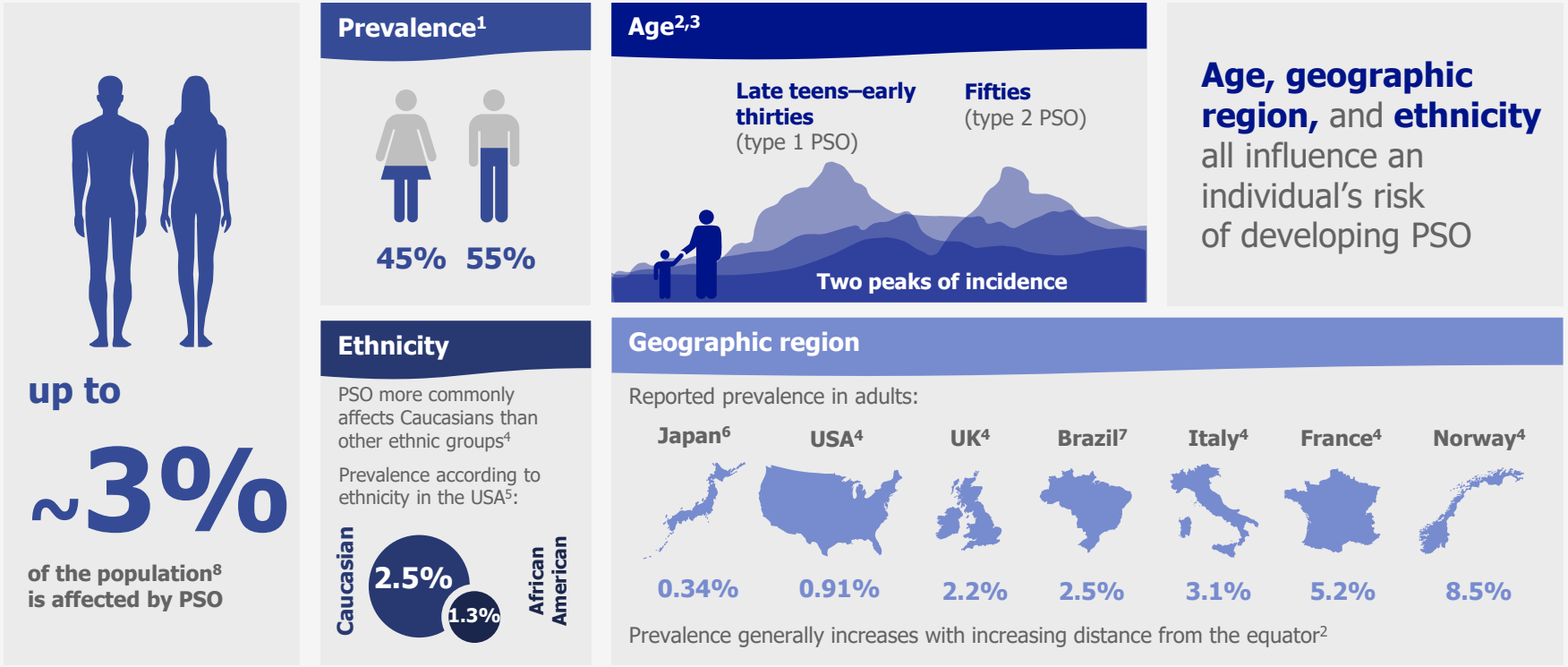
Focusing On Markets With Strong Growth Potential



Inspired by patients. Driven by science.

Decision Resources – Landscape & Forecast for US, EU5 and Japan – Accessed February 2022

Psoriasis: High Prevalence Globally



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.

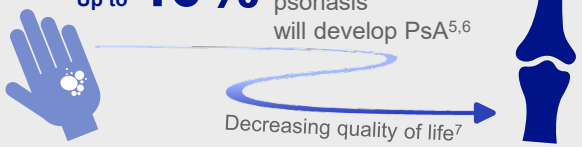
Psoriatic Arthritis: High Unmet Need and Disease Burden

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



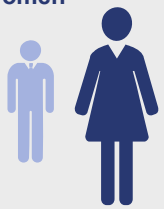
Up to **40%** of patients with psoriasis will develop PsA[5,6]

Decreasing quality of life[7]

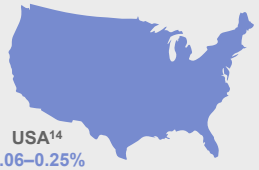
~15–30% of patients with psoriasis have **undiagnosed PsA**[8,9]

Gender differences

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

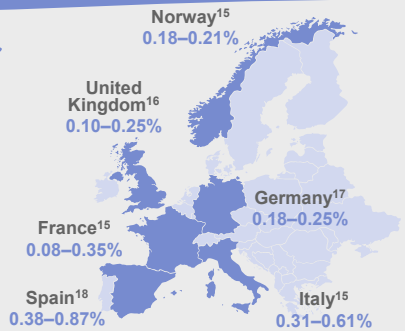


Prevalence by geographic region



USA[14]
0.06–0.25%

Global prevalence[13]
~0.13%



Burden of disease

Pain/swelling[19]

Itching[7]

Depression, anxiety and mental health[11, 20]

Difficulty with everyday activities[21]

Quality of life reduced[20,21]

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 Spondyloarthritis (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

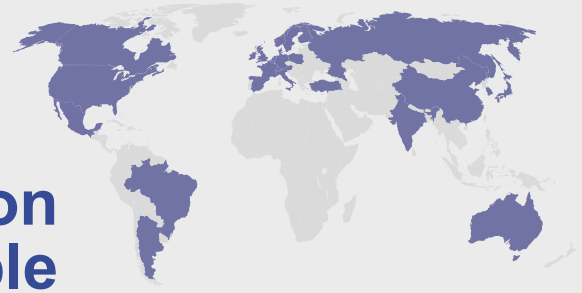
Disease Manifestations

- **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 people12 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.

The Phase 3 clinical development program in axSpA and PsA is aimed at elevating standards of care

Phase 3 studies	**BE MOBILE 1**[1] Phase 3 double-blind study in patients with active **non-radiographic axSpA (nr-axSpA)**	**BE MOBILE 2**[2] Phase 3 double-blind study in patients with active **ankylosing spondylitis (radiographic axSpA)**
Primary end point	**ASAS40** response at week 16	**ASAS40** response at week 16
Focus of today	**Week 24** interim analysis	**Week 24** interim analysis

Phase 3 studies	**BE OPTIMAL**[3] Phase 3 double-blind study in patients with active **PsA who were biologic naive**	**BE COMPLETE**[4] Phase 3 double-blind study in patients with active **PsA with inadequate response to TNFi**
Primary end point	**ACR50** response at week 16	**ACR50** response at week 16
Focus of today	**Week 24** interim analysis	**Week 16** analysis

References:
1. Deodhar A et al. Bimekizumab in patients with active non-radiographic axial spondyloarthritis: 24-week efficacy and safety from BE MOBILE 1, a phase 3, multicentre, randomised, placebo-controlled study. Abstract presented at EULAR 2022.
2. van der Heijde D et al. Bimekizumab in patients with active ankylosing spondylitis: 24-week efficacy and safety from BE MOBILE 2, a phase 3, multicentre, randomised, placebo-controlled study. Abstract presented at EULAR 2022.
3. McInnes I. et al. Bimekizumab in bDMARD-Naïve Patients with Psoriatic Arthritis: 24-Week Efficacy & Safety from BE OPTIMAL, a Phase 3, Multicentre, Randomised, Placebo-Controlled, Active Reference Study. Abstract presented at EULAR 2022.
4. Merola JF et al. Bimekizumab in Patients with Active Psoriatic Arthritis and an Inadequate Response to Tumour Necrosis Factor Inhibitors: 16-Week Efficacy & Safety from BE COMPLETE, a Phase 3, Multicentre, Randomised Placebo-Controlled Study. Abstract presented at EULAR 2022

Bimekizumab is not approved for use in nr-axSpA, AS or PsA by any regulatory authority worldwide.
The safety and efficacy of bimekizumab in nr-axSpA, AS and PsA have not been established.

GL-N-BK-axSpA-2200054
Date of preparation: May 2022

In BE MOBILE 1 and BE MOBILE 2, bimekizumab achieved consistent improvements versus placebo in signs and symptoms across the full spectrum of axSpA, as measured by ASAS40

axSpA

Phase 3 studies	BE MOBILE 1[1] Phase 3 double-blind study in patients with active **non-radiographic axSpA** (nr-axSpA)	BE MOBILE 2[2] Phase 3 double-blind study in patients with active **ankylosing spondylitis** (radiographic axSpA)
Primary end point	ASAS40 response at week 16	ASAS40 response at week 16
ASAS40 [NRI]	**47.7%** (n=61/128) bimekizumab vs. **21.4%** (n=27/126) placebo	**44.8%** (n=99/221) bimekizumab vs. **22.5%** (n=25/111) placebo
p value	**p<0.001**	**p<0.001**

References:
1. Deodhar A et al. Bimekizumab in patients with active non-radiographic axial spondyloarthritis: 24-week efficacy and safety from BE MOBILE 1, a phase 3, multicentre, randomised, placebo-controlled study. Abstract presented at EULAR 2022.
2. van der Heijde D et al. Bimekizumab in patients with active ankylosing spondylitis: 24-week efficacy and safety from BE MOBILE 2, a phase 3, multicentre, randomised, placebo-controlled study. Abstract presented at EULAR 2022.

Bimekizumab is not approved for use in nr-axSpA, AS or PsA by any regulatory authority worldwide.
The safety and efficacy of bimekizumab in nr-axSpA, AS and PsA have not been established.

GL-N-BK-axSpA-2200054
Date of preparation: May 2022

In nr-axSpA and AS, bimekizumab delivered clinically meaningful efficacy outcomes, as measured by the proportion of patients achieving the primary and all ranked secondary endpoints vs. placebo

BE MOBILE 1
nr-Axial Spondyloarthritis

Ranked endpoints in hierarchical order	Wk 16 PBO N=126	Wk 16 BKZ 160 mg Q4W N=128	p value
ASAS40*[NRI] n (%)	27 (21.4)	61 (47.7)	<0.001
BASDAI CfB† [MI] mean (SE)	-1.5 (0.2)	-3.1 (0.2)	<0.001
ASAS20† [NRI] n (%)	48 (38.1)	88 (68.8)	<0.001
ASAS PR† [NRI] n (%)	9 (7.1)	33 (25.8)	<0.001
ASDAS-MI† [NRI] n (%)	9 (7.1)	35 (27.3)	<0.001
ASAS 5/6† [NRI] n (%)	21 (16.7)	49 (38.3)	<0.001
BASFI CfB† [MI] mean (SE)	-1.0 (0.2)	-2.5 (0.2)	<0.001
Nocturnal spinal pain CfB† [MI] mean (SE)	-1.7 (0.2)	-3.6 (0.3)	<0.001
ASQoL CfB† [MI] mean (SE)	-2.5 (0.4)	-5.2 (0.4)	<0.001
SF-36 PCS CfB† [MI] Mean (SE)	5.5 (0.7)	9.5 (0.7)	<0.001

Randomised set
* Primary endpoint
† Secondary endpoint
Interim results: Final results at trial completion

BE MOBILE 2
Ankylosing Spondylitis

Ranked endpoints in hierarchical order	Wk 16 PBO N=111	Wk 16 BKZ 160 mg Q4W N=221	p value
ASAS40*[NRI] n (%)	25 (22.5)	99 (44.8)	<0.001
ASAS40 in TNFi-naive† [NRI] n (%)	22 (23.4)[a]	84 (45.7)[b]	<0.001
ASAS20† [NRI] n (%)	48 (43.2)	146 (66.1)	<0.001
BASDAI CfB† [MI] mean (SE)	-1.9 (0.2)	-2.9 (0.1)	<0.001
ASAS-PR† [NRI] n (%)	8 (7.2)	53 (24.0)	<0.001
ASDAS-MI† [NRI] n (%)	6 (5.4)	57 (25.8)	<0.001
ASAS 5/6† [NRI] n (%)	16 (14.4)	94 (42.5)	<0.001
BASFI CfB† [MI] mean (SE)	-1.1 (0.2)	-2.2 (0.1)	<0.001
Nocturnal spinal pain CfB† [MI] mean (SE)	-1.9 (0.2)	-3.3 (0.2)	<0.001
ASQoL CfB† [MI] mean (SE)	-3.2 (0.3)	-4.9 (0.3)	<0.001
SF-36 PCS CfB† [MI] Mean (SE)	5.9 (0.8)	9.3 (0.6)	<0.001
BASMI CfB† [MI] mean (SE)	-0.2 (0.1)	-0.5 (0.1)	0.005

Randomised set
* Primary endpoint
† Secondary endpoint
Interim results: Final results trial completion
[a] n=94
[b] n=184

References:
1. Adapted from: Deodhar A et al. Bimekizumab in patients with active non-radiographic axial spondyloarthritis: 24-week efficacy and safety from BE MOBILE 1, a phase 3, multicentre, randomised, placebo-controlled study. Abstract presented at EULAR 2022.
2. Adapted from: van der Heijde D et al. Bimekizumab in patients with active ankylosing spondylitis: 24-week efficacy and safety from BE MOBILE 2, a phase 3, multicentre, randomised, placebo-controlled study. Abstract presented at EULAR 2022.

Bimekizumab is not approved for use in nr-axSpA, AS or PsA by any regulatory authority worldwide. The safety and efficacy of bimekizumab in nr-axSpA, AS and PsA have not been established.

A higher proportion of patients with active PsA treated with bimekizumab vs. placebo achieved improvements in joint and skin symptoms at week 16 as measured by ACR50 and PASI90

Phase 3 studies	**BE OPTIMAL[1]** Phase 3 double-blind study in patients with active **PsA who were biologic naive**	**BE COMPLETE[2]** Phase 3 double-blind study in patients with active **PsA with inadequate response to TNFi**
Primary end point	ACR50 response at week 16	ACR50 response at week 16
ACR50 [NRI]	**43.9%** (n=189/431) bimekizumab vs. **10.0%** (n=28/281) placebo	**43.4%** (n=116/267) bimekizumab vs. **6.8%** (n=9/133) placebo
p value	**p<0.001**	**p<0.001**
PASI90 [NRI] Ranked Secondary Endpoint	**61.3%** (n=133/217) bimekizumab vs. **2.9%** (n=4/140) placebo	**68.8%** (n=121/176) bimekizumab vs. **6.8%** (n=6/88) placebo
p value	**p<0.001**	**p<0.001**

References:
1. McInnes I. et al. Bimekizumab in bDMARD-Naïve Patients with Psoriatic Arthritis: 24-Week Efficacy & Safety from BE OPTIMAL, a Phase 3, Multicentre, Randomised, Placebo-Controlled, Active Reference Study. Abstract presented at EULAR 2022.
2. Merola JF et al. Bimekizumab in Patients with Active Psoriatic Arthritis and an Inadequate Response to Tumour Necrosis Factor Inhibitors: 16-Week Efficacy & Safety from BE COMPLETE, a Phase 3, Multicentre, Randomised Placebo-Controlled Study. Abstract presented at EULAR 2022

Bimekizumab is not approved for use in nr-axSpA, AS or PsA by any regulatory authority worldwide.
The safety and efficacy of bimekizumab in nr-axSpA, AS and PsA have not been established.

GL-N-BK-axSpA-2200054
Date of preparation: May 2022

Bimekizumab achieved improvements over placebo in joint and skin symptoms with efficacy outcomes consistent across both biologic-naïve and TNFi-inadequate responder populations

BE OPTIMAL

Biologic-naïve population

		Wk 16			
		PBO N=281	BKZ 160 mg Q4W N=431	Reference Arm ADA 40mg Q2W N=140†	p value (BKZ vs PBO)
Ranked endpoints[b]	**ACR50** [NRI] n (%)	28 (10.0)	189 (43.9)	64 (45.7)	<0.001
	HAQ-DI CfB [MI], mean (SE)	-0.09 (0.03)	-0.26 (0.02)	-0.33 (0.04)	<0.001[c]
	PASI90[d] [NRI], n (%)	4 (2.9)[e]	133 (61.3)[f]	28 (41.2)[g]	<0.001
	SF-36 PCS CfB [MI], mean (SE)	2.3 (0.5)	6.3 (0.4)	6.8 (0.8)	<0.001[c]
	MDA [NRI] n (%)	37 (13.2)	194 (45.0)	63 (45.0)	<0.001
	vdHmTSS CFB (subgroup)[h] [MI], mean (SE)	0.36 (0.10)[i]	-0.01 (0.04)[j]	-0.06 (0.08)[k]	<0.001[c]
	vdHmTSS CFB [MI], mean (SE)	0.31 (0.09)[j]	0.00 (0.04)[m]	-0.03 (0.07)[n]	<0.001[c]

Randomised set. Interim results. Final results at trial completion
† Reference arm; study not powered for statistical comparisons of ADA to BKZ or PBO
[b] Resolution of enthesitis/dactylitis in pts with LEI>0/LDI>0 at BL pooled with BE COMPLETE (Wk 16 LEI=0 BKZ: 124/249 [49.8%], PBO: 37/106 [34.9%], p=0.008; LDI=0 BKZ: 68/90 [75.6%], PBO: 24/47 [51.1%], p=0.002)

[c] Continuous outcome p values calculated with RBMI data
[d] Pts with PSO and ≥3% BSA at BL
[e]n=140; [f]n=217; [g]n=68; [h]Pts with hs-CRP ≥6 mg/L and/or bone erosion at BL; [i]n=221; [j]n=357; [k]n=108; [l]n=261; [m]n=416 ; [n]n=131

BE COMPLETE

TNF-inadequate responder population

		PBO N=133	BKZ 160 MG Q4W N=267	p value
Ranked endpoints in Hierachical order	**ACR50*** [NRI] n (%)	9 (6.8)	116 (43.4)	<0.001
	HAQ-DI CfB† [RMBI] mean (SE)	-0.1 (0.0)	-0.4 (0.0)	<0.001
	PASI90†[a] [NRI] n (%)	6 (6.8)[b]	121 (68.8)[c]	<0.001
	SF-36 PCS CfB† [RMBI] mean (SE)	1.4 (0.7)	7.3 (0.5)	<0.001
	MDA Response† [NRI] n (%)	8 (6.0)	118 (44.2)	<0.001

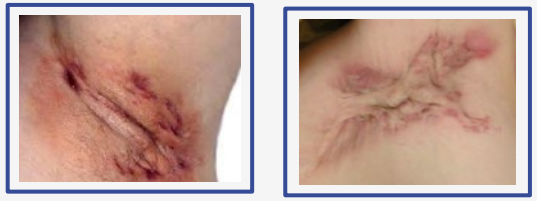
Randomised set (N=400)
* Primary endpoint
† Secondary endpoint
[a] In patients with ≥3% BSA with PSO at BL
[b] n=88
[c] n=176

References: Interim results: Final results trial completion
1.Adapted from: McInnes I. et al. Bimekizumab in bDMARD-Naïve Patients with Psoriatic Arthritis: 24-Week Efficacy & Safety from BE OPTIMAL, a Phase 3, Multicentre, Randomised, Placebo-Controlled, Active Reference Study. Abstract presented at EULAR 2022.
2.Adapted from: Merola JF et al. Bimekizumab in Patients with Active Psoriatic Arthritis and an Inadequate Response to Tumour Necrosis Factor Inhibitors: 16-Week Efficacy & Safety from BE COMPLETE, a Phase 3, Multicentre, Randomised Placebo-Controlled Study. Abstract presented at EULAR 2022.

Bimekizumab is not approved for use in nr-axSpA, AS or PsA by any regulatory authority worldwide.
The safety and efficacy of bimekizumab in nr-axSpA, AS and PsA have not been established.

Hidradenitis Suppurativa (HS)

A grim disease with severe impact on people living with this disease

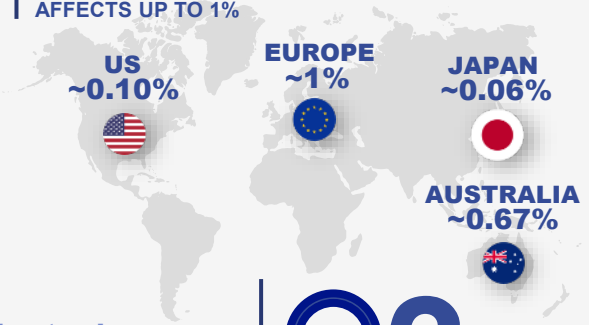


Hidradenitis suppurativa (HS)

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

PREVALENCE

AFFECTS UP TO 1%



DIAGNOSIS

Not Understood

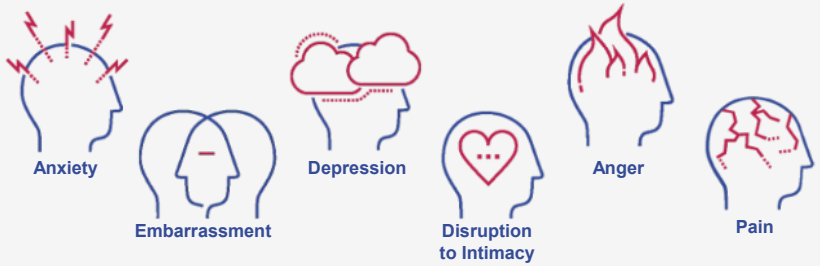
Significant delays in diagnosis ranging from **3.7–23.7 yrs.**

Resulting in intense pain, progressive scarring, and psychological damage

♀3x

more **common in women** than men

SEVERE IMPACT ON QOL



MULTIPLE CO-MORBIDITIES

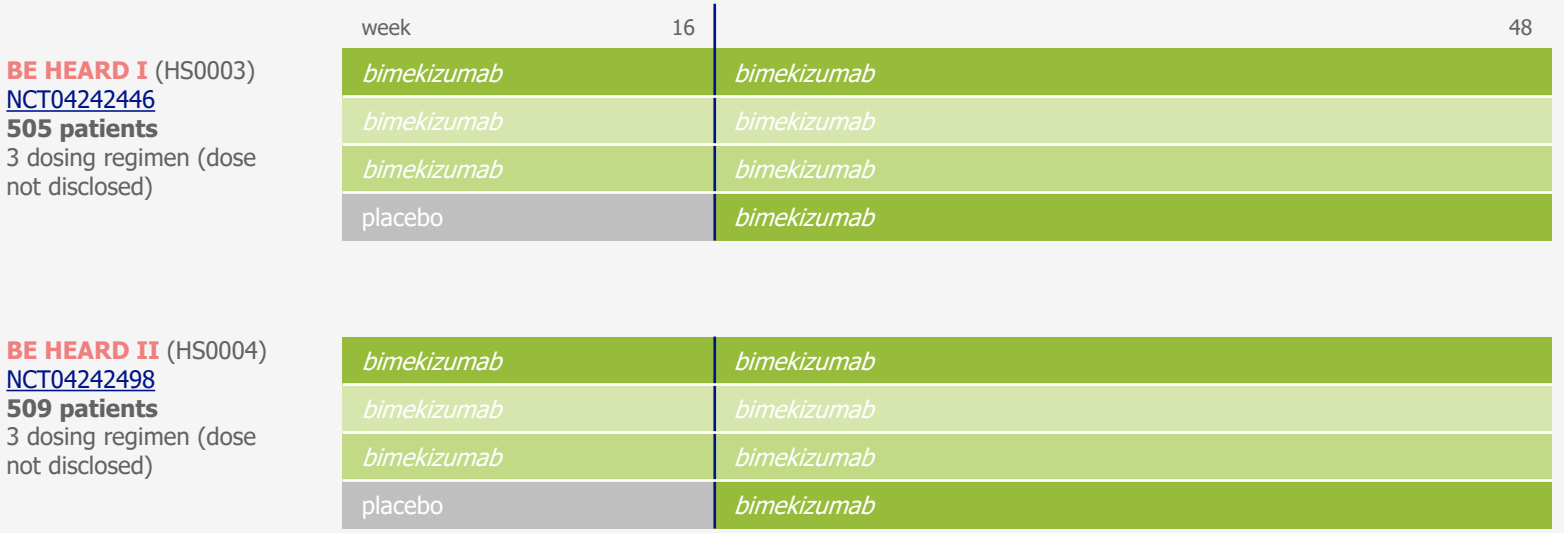
OTHER CO-MORBIDITIES

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

Zouboulis et al, J Eur Acad Dermatol Venereol 2015;29:619-44; Alikhan et al, J Am Acad Dermatol 2019;81:76–90; Jemec GBE et al, N Engl J Med 2012;366:158–64; Garg A et al, JAMA Dermatol 2017;153:760–4; Phan et al. Biomedical Dermatology (2020) 4:2; Calao M et al, Plos One 2018;13:1–23; Canadian Hidradenitis Suppurativa Foundation. What is HS? http://hsfoundation.ca/en/what-ishs/. Accessed 2020-03-26.; Amit et al.Journal of the American Academy of Dermatology, Volume 82, Issue 2, 366 – 376; Kluger N et al, Skin Appendage Disord 2017;3:20–7

Bimekizumab: A Potential New Treatment Option for HS

Two Phase 3 topline results end of 2022



Primary endpoint Hidradenitis Suppurativa Clinical Response 50 (HiSCR50) @ week 16

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

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

Unique Portfolio Comprising Two Mechanisms of Action Poised to Transform the Generalized Myasthenia Gravis Landscape

gMG Portfolio

Zilucoplan & Rozanolixizumab
Two **unique** targeted medicines enabled by digital innovation and support services

Current treatment options

- Many patients not well-controlled
- High level of disease and treatment burden

Dual mechanisms of action approach to address individual needs of patients

AChR+ patients		AChR+ / MuSK+ patients
Zilucoplan Complement 5 inhibitor to address complement activation	(AChR+) patient or physician preference	**Rozanolixizumab** Anti-FcRn antibody to address pathogenic auto-antibodies
Maintenance therapy	occasional acute exacerbations	Add-on treatment for exacerbations

Outcomes that matter:
- More symptom free days
- Flexibility of @home treatment
- Quality of life improvement
- Giving patients the freedom to live the life they want

AChR+, acetylcholinesterase receptor positive; FcRn, neonatal Fc receptor; gMG, generalized myasthenia gravis; MOA, mechanism of action, MuSK+, muscle specific kinase positive

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

	Generalized myasthenia gravis (MG)	Myelin oligodendrocyte glycoprotein (MOG)-antibody disease	Autoimmune encephalitis (AIE)
	auto-antibodies targeting components of neuromuscular junction	auto-antibodies targeting MOG leading to inflammatory demyelination in the CNS	auto-antibodies targeting the LGI1 protein on healthy cells in the CNS leading to localized swelling and inflammation
	• muscle weakness (extremities, eyes, bulbar and respiratory symptoms) • fatigue	• monophasic or relapsing course of neurological dysfunction including optic neuritis (ON), transverse myelitis (TM), and acute disseminated encephalomyelitis (ADEM) • temporary and residual permanent disability (in particular, blindness, reduced visual acuity and limited mobility, as well as residual permanent bladder issues, bowel and erectile dysfunction)	• cognitive impairment • seizures (including faciobrachial dystonic seizures, other focal seizures, and tonic-clonic seizures) • hyponatremia • sleep disorders
	~ 10 - 45 cases / 100 000	~1 - 4 / 100 000	~ 0.7 / 100 000
	• Surgery (thymectomy) • Steroids, steroid-sparing drugs • Plasma exchange (PEX) • IV immunoglobulin (IVIg)	• No approved therapy • No formal treatment guidelines established	• immunotherapy and symptomatic therapy including antiseizure medications • PEX, IVIg

CNS: central nervous system; IV: Intravenous; LGI1: leucine-rich-glioma inactivated-1; subQ: sub-cutaneous; 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: Targeted Approach Recycling IgG

Transforming disease burden for patients

HOW

Blocking of FcRn receptor binding of plasma IgG[1]…

… resulting in the attenuation of IgG recycling, and thus removal of IgG autoantibodies

WHO

Patients living with IgG-mediated autoimmune diseases

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

generalized myasthenia gravis (gMG)	autoimmune encephalitis (AIE)	myelin oligodendrocyte glycoprotein (MOG)-antibody disease
Phase 3 positive results published at MGFA Meeting 2022*	**Phase 2 started in Q3 2021** **Topline results H1 2024**	**Phase 3 started in Q4 2021** **Topline results in H2 2024**
MG0003 / NCT03971422 200 patients; 3 arms; (*rozanolixizumab* vs. placebo) MG-ADL Score @ Day 43	AIE001 / NCT04875975 68 patients; 2 arms; (*rozanolixizumab* vs. placebo) Seizure freedom for 25 weeks[2]	MOG001 / NCT05063163 104 patients; 2 arms (*rozanolixizumab* vs. placebo); time from randomization to first independently centrally adjudicated relapse during the double-blind treatment period

* Please copy and paste this address to see the abstracts as an active link is prohibited:
https://onlinelibrary.wiley.com/doi/10.1002/mus.27540

[1]IgG: Immunoglobulin G; [2]seizure freedom is defined by 28 consecutive days of no seizures maintained until the end of the Treatment Period; 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.

Zilucoplan: A Peptide Inhibitor in Tissue-Based C5-Mediated Diseases

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	Phase 3
Generalized myasthenia gravis (gMG)	✓ Data published here	✓ positive topline results published in Feb. 2022 and **MGFA Meeting 2022***

*Please copy and paste this address to see the abstracts as an active link is prohibited
https://onlinelibrary.wiley.com/doi/10.1002/mus.27540

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

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

Zilucoplan* Clinical Development Programs

generalized myasthenia gravis (gMG)

Phase 3

Positive topline results published Feb. 2022

RAISE / NCT04115293
174 patients
2 arms (*zilucoplan* vs placebo)
MG-ADL Score @ week 12

- Positive topline results show the Phase 3 RAISE zilucoplan trial met primary and all key secondary endpoints in adults with gMG
- The results show a favorable safety profile and good tolerability
- UCB plans to proceed with zilucoplan regulatory submissions later this year
- Results follow recent positive topline data from the Phase 3 MycarinG study investigating rozanolixizumab, a monoclonal antibody also being developed by UCB in the same indication
- These results are the latest in a series of positive phase 3 data announcements by the company across its product pipeline

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

Systemic Lupus Erythematosus (SLE)

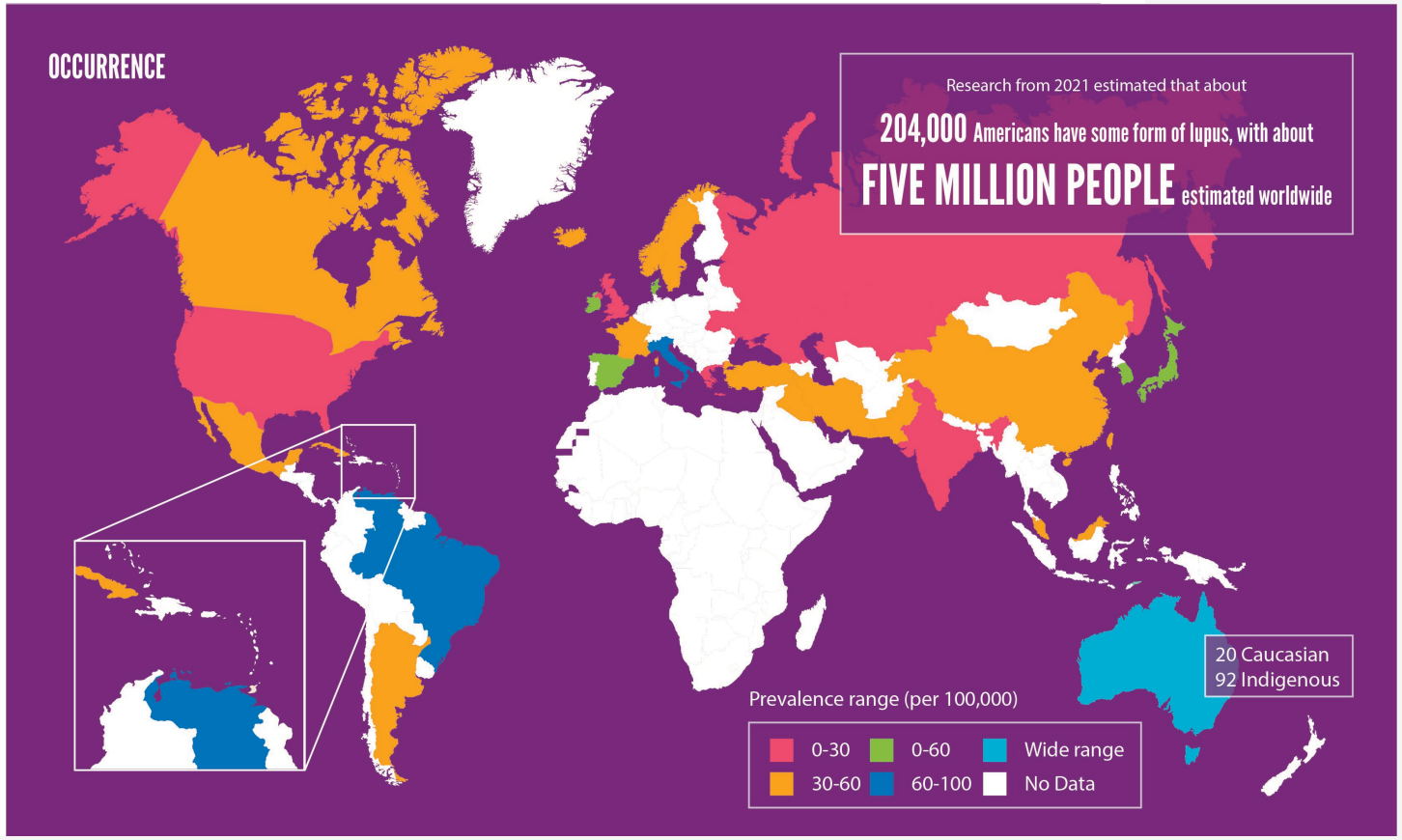
GLOBAL BURDEN OF LUPUS

Lupus is a chronic (long-term) disease that can cause inflammation and pain in any part of your body. As an autoimmune disease (meaning that your immune system attacks healthy tissue) instead, lupus most commonly affects: Skin, Joints, and Internal organs, like your kidneys and heart (Source: Lupus Foundation of America)

COMMON SYMPTOMS

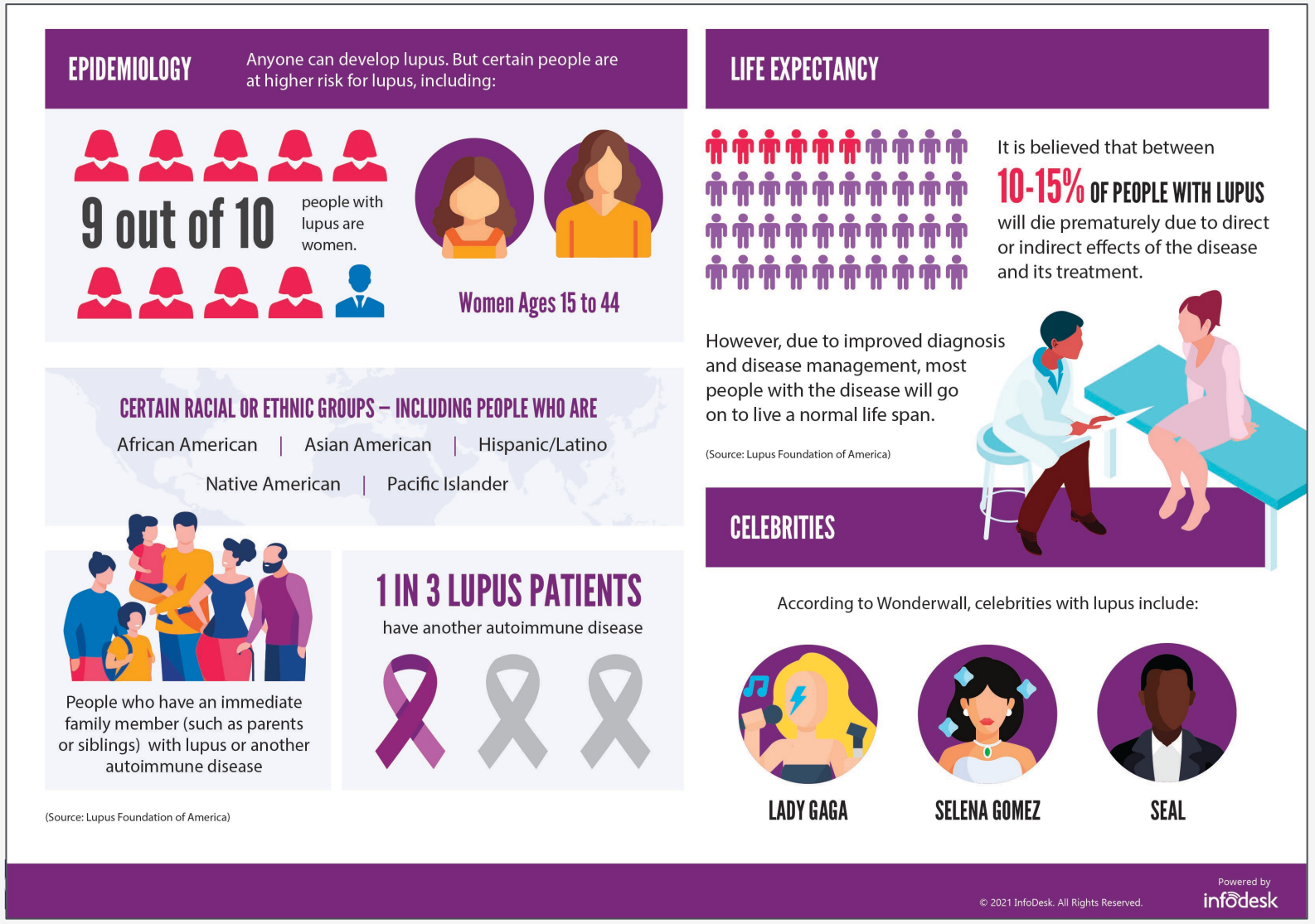
- Pain or swelling in the joints
- Extreme fatigue (feeling tired all the time)
- Sensitivity to sun light or fluorescent light
- Chest pain when breathing deeply
- Low grade fevers
- Swelling in the hands, feet, or around the eyes
- Headaches

OCCURRENCE



Systemic Lupus Erythematosus (SLE)

Inflammation in many organ systems simultaneously or sequentially



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.

Systemic Lupus Erythematosus (SLE) is a disease of **flares and remissions,** with symptoms that can include:

- Facial or other rashes
- Joint pain, stiffness and swelling
- Headaches, confusion, memory loss

Symptoms vary by individual

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

Systemic Lupus Erythematosus (SLE) affects more than 5 million people globally,

the majority of whom are women of child-bearing age.

Lupus predominantly affects women[1]

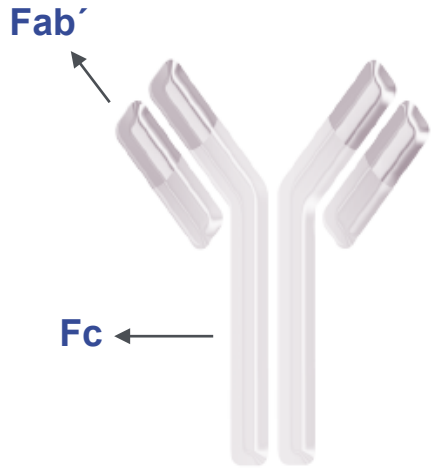
- 80-90% of cases between 15 – 45
- Disproportionately affects women of colour[2]

Opportunity to focus on the underserved patient population

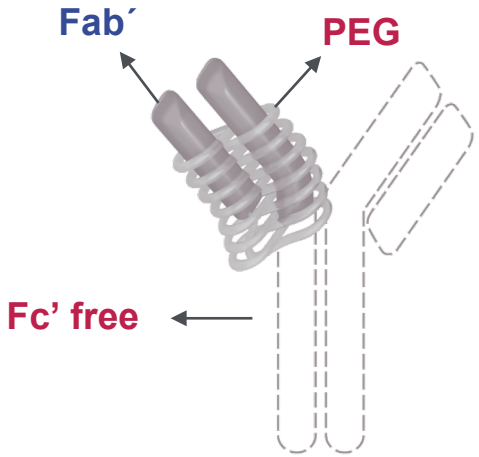
- minorities who often have more severe disease
- underrepresented in clinical research
- may experience unique challenges accessing health care

Dapirolizumab Pegol (DZP) Is a Humanized Anti-CD40L Fab' Fragment Conjugated to PEG[1]

Human IgG
(Hu5c8)[2]



Structure of DZP
(formally CDP7657)[2]



- DZP is a humanized anti-CD40L fab' fragment conjugated to PEG[1]
- PEGylation extends the half-life of therapeutic proteins[3]
- Placenta transport and foetal exposure is predicted to be minimal [5]
- DZP is currently in Ph3 for SLE[6]

The functional Fc region, present on intact Hu5c8 (an anti-human CD40L intact IgG_1 mAb), has been associated with thromboembolic events in clinical investigations in monkeys.[4] The Fc region is **absent** from the DZP molecule.

[1]Chamberlain C et al. Ann Rheum Dis 2017;76:1837–44.
[2]Vugler A et al. Ann Rheum Dis. 2011;70(Suppl 3):523.
[3]Harris JM & Chess RB. Nature Reviews Drug Discovery. 2003;2:214–221.
[4]Wakefield I et al. Arthritis Rheum. 2010;62(Suppl 10):1243.
[5] Mariette X, et al. Rheum Dis 2018; 77:228-233
[6] ClinicalTrials.gov Identifier: NCT04294667

Dapirolizumab pegol is an investigational product currently in clinical development and has not been approved by any health authorities worldwide

Dapirolizumab Pegol Phase 3 Clinical Development Program

50/50 partnership with Biogen; topline results H1’24

PHOENYCS GO (SL0043)
NCT04294667
450 patients
1 dosing regimen (dose not disclosed) vs. placebo

Primary endpoint: BICLA response @ week 48

To evaluate the ability of DZP as an add-on treatment to SOC medication to achieve Clinically relevant long-term improvement of moderate to severe disease activity.

Dapirolizumab pegol is an investigational product currently in clinical development and has not been approved by any health authorities worldwide

Partnership With Novartis Leverages UCB Sciences

Sharing high-risk, high-reward, and investments needed for disease-modifying therapies in **Parkinson's disease**

UCB0599
Potential first-in-class, small molecule, alpha-synuclein, misfolding inhibitor

Partnered with Novartis
(December 2021)

10m **people are living with Parkinson's Disease (PD) worldwide[1]**

High unmet need given lack of disease-modifying therapies

UCB and Novartis have entered into an agreement[2]

FOR… **UCB0599**
(alpha-synuclein misfolding inhibitor, in Phase 2)

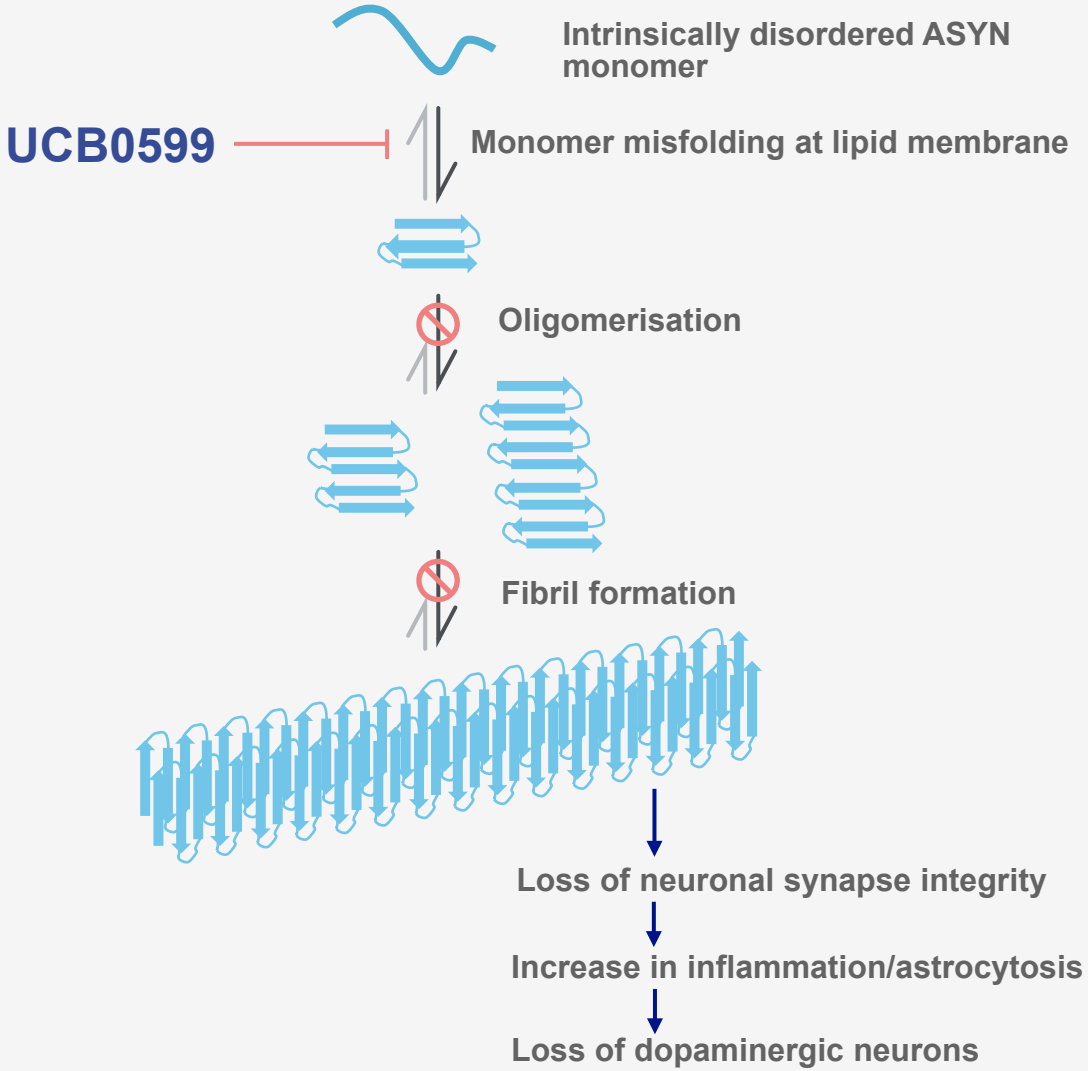
WITH… **opt-in for UCB7853**
(anti-alpha-synuclein antibody, in Phase 1)

Co-development and co-commercialization partnership:

- UCB received upfront payment (US$150m) and is eligible to receive further potential payments with a total consideration approaching US$1.5 bn[3]
- If approved, commercial responsibilities will be split, with UCB being the marketing authorization holder and commercial lead in Europe and Japan, and Novartis in the U.S. and all other territories

1. Parkinson's Foundation. Parkinson's Disease Statistics. https://www.parkinson.org/Understanding-Parkinsons/Statistics.
2. Closing of the transaction remains subject to obtaining antitrust clearances
3. upon receipt of certain regulatory approvals and satisfying certain development and sales related milestones

UCB0599 is an Oral Small Molecule Inhibitor of ASYN Misfolding



- UCB0599 is an oral small molecule that binds to ASYN early in the pathological aggregation process[1,2]
- UCB0599 is thought to prevent the initial misfolding of ASYN that leads to fibril formation and consequent progression of PD[1–5]
- A Phase 2 study is underway to evaluate the efficacy of UCB0599 in slowing disease progression in patients with early-stage Parkinson's disease (ORCHESTRA study; PD0053; NCT04658186)[6–8]

ASYN, α-synuclein; PD, Parkinson's disease

1. Genius. Poster P8476 at the 73rd Annual Meeting of the AAN, Virtual Conference, 17–22 April 2021. 2. Maguire. Oral presentation OPP-093 at the 7th Congress of the EAN, Virtual, 19–22 June 2021. 3. Chen et al. PNAS. 2015; 112: E1994–E2003. 4. Cardinale et al. Int J Mol Sci. 2021; 22: 6517. 5. UCB Data on File, Investigator's Brochure, Sep 2020. 6. ClinicalTrials.gov https://clinicaltrials.gov/ct2/show/study/NCT04658186#studydesign. 7.ORCHESTRA Study https://orchestra-study.com/en-uk/about-clinical-studies/. 8. UCB Clinical Trial PD0053 https://www.ucb.com/clinical-studies/Clinical-Trials?studyId=PD0053.

A Phase 2, Proof-Of-Concept Study of UCB0599 in Early Parkinson's Disease (The Orchestra Study; PD0053) is Underway

NCT04658186[1] / EudraCT 2020-003265-19[2]

Patients[1]

- Adults (aged 40–75 years) with confirmed PD within 2 years of baseline visit
- Bradykinesia plus muscular rigidity and/or resting tremor
- No clear family history, or confirmation, autosomal-dominant PD
- Modified Hoehn and Yahr stage ≤2 at screening
- No prior medication for PD motor symptoms or likely need for symptomatic treatment within 6 months
- Has not previously participated in disease-modifying treatment studies for neurodegenerative diseases

Primary endpoint[1]

- MDS-UPDRS Parts I-III sum score (BL–18 months)

Secondary endpoints[1]

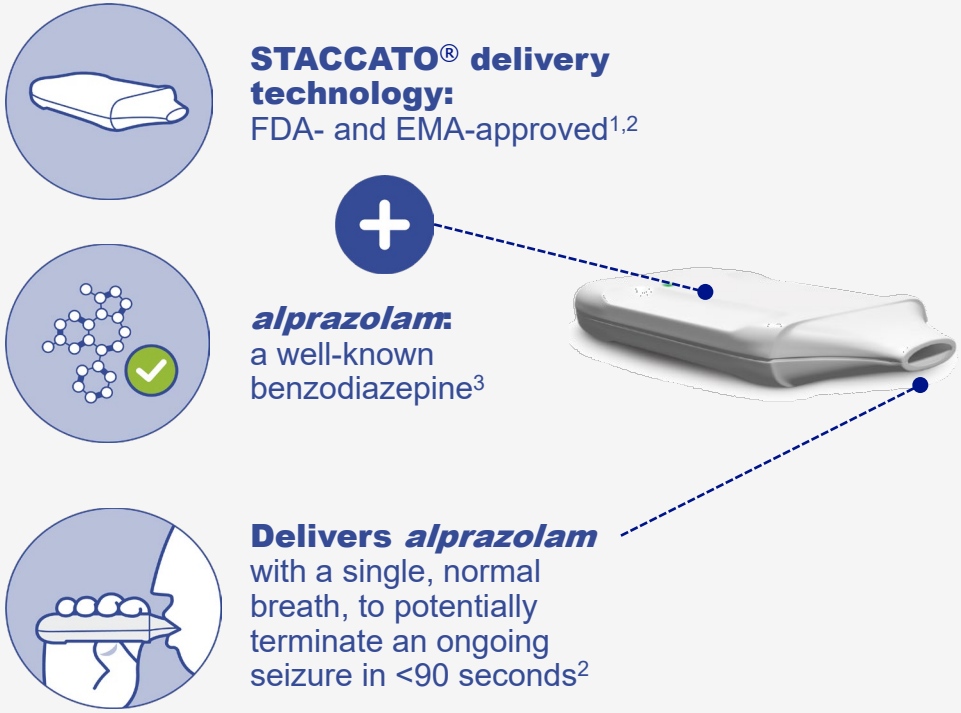
- Clinical symptoms
  - Individual MDS-UPDRS subscale scores (BL–18 months)
  - Time to worsening of disease on MDS-UPDRS Part III scale (BL–18 months)
  - Change in MoCA (screening–18 months)
  - Time to start symptomatic treatment (BL–18 months)
  - Number of patients receiving symptomatic treatment (BL–18 months)
- Neurodegeneration
  - Change in DaT-SPECT mean striatum SBR (screening–18 months)
- Safety: Incidence of TEAEs and SAEs; TEAEs leading to withdrawal (BL–19 months)

BL, baseline; DaT-SPECT, Dopamine Transporter Imaging with Single Photon Emission Computed Tomography; EU, European Union; MDS-UPDRS, Movement Disorder Society Unified Parkinson's Disease Rating Scale; MoCA, Montreal Cognitive Assessments; PD, Parkinson's disease; R, randomised; SAEs, serious adverse events; SBR, specific binding ratios; TEAEs, treatment-emergent adverse events.

1. ClinicalTrials.gov https://clinicaltrials.gov/ct2/show/study/NCT04658186 2. EU Clinical Trials Register https://www.clinicaltrialsregister.eu/ctr-search/search?query=2020-003265-19.

Developing STACCATO® *alprazolam* for Rapid Cessation of an Ongoing Seizure in Patients With Stereotypical Prolonged Seizures

STACCATO® *alprazolam* is a drug-device combination for inhalation of alprazolam, administered by a patient or care giver in an out-patient setting, to rapidly terminate (within 90 seconds) an ongoing seizure.



STACCATO® delivery technology:
FDA- and EMA-approved[1,2]

***alprazolam*:**
a well-known benzodiazepine[3]

Delivers *alprazolam*
with a single, normal breath, to potentially terminate an ongoing seizure in <90 seconds[2]

- Potential to deliver on-demand, rapid seizure termination for 20 - 30% of people living with epilepsy
- The STACCATO® system rapidly vaporizes alprazolam to form an aerosol, with particle size designed for deep lung delivery to produce a rapid, systemic effect.
- Phase 2b clinical trial completed (end 2019); Phase 3 started Q4 2021; topline results in H1 2024
- UCB to perform further clinical development, regulatory filings, launch and commercialization

STACCATO® *alprazolam* is an investigational product and is not approved for any indication by any regulatory authority in the world. STACCATO® *alprazolam* requires additional studies before any conclusions for safety and efficacy can be made.
Image is for illustrative purposes only.
EMA, European Medicines Agency; FDA Food and Drug Administration.
1. Alexza Pharmaceuticals. Staccato® One Breath Technology. Available at: http://staccatoobt.com (accessed November 2020); **2. UCB.** Data on file. Engage Therapeutics. It's About Time: Finding The Power to Terminate Epileptic Seizures. April 2020. Confidential Overview; **3.** French JA, *et al. Epilepsia* 2019;60:1602–609.

STACCATO® *alprazolam* Phase 3 Clinical Development Program

STACCATO® *alprazolam* is an orally inhaled investigational therapy with the potential to rapidly terminate an ongoing seizure. Topline results expected during H1 2024.

EP0162 / NCT05077904
A Study to Test the Efficacy and Safety of STACCATO® *alprazolam in Study Participants 12 Years of Age and Older With Stereotypical Prolonged Seizures*

Maximum of 250 participants randomized to a single dose of STACCATO® *alprazolam* or placebo

Primary outcome measures:

1. Treatment success for the treated seizure within 90 seconds after investigational medicinal product administration
2. Treatment success for the treated seizure with no recurrence after 2 hours

EP0165 / NCT05076617
A Study to Test the Safety and Tolerability of STACCATO® *alprazolam in Study Participants 12 Years of Age and Older With Stereotypical Prolonged Seizures*

Approximately 250 participants will be treated with STACCATO® *alprazolam*

Primary Safety objective:
Frequency of adverse events (all adverse events, serious and those leading to discontinuation)

EP0162 Study Periods:

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

With FINTEPLA, UCB Offers New Hope for Patients and Families Living with Challenging Developmental and Epileptic Encephalopathies

Dravet Syndrome (DS)	Lennox-Gastaut Syndrome (LGS)	CDKL5 Deficiency Disorder (CDD)
~12k-15k US, EU, JPN prevalence	**~60k-100k** US, EU, JPN prevalence	**~8k-10k** US, EU, JPN prevalence
>80% of patients remain uncontrolled on existing AED regimens Premature childhood mortality, primarily SUDEP, of **~20%,** high risk of status epilepticus	Vast majority of patients on multi-drug treatment regimens of **2-5** ASMs as they experience multiple types of seizures, that change in type and frequency throughout life High risk of of injuries related to seizures and SUDEP	Nearly three-quarters of individuals with CDD take 2 or more ASMs simultaneously **>70%** of patients experience daily seizures High risk of SUDEP
Fintepla® **DS: Foundational Therapy** ***Profound impact on seizures exceeding expectations of what could be possible in DS***	**LGS: The New Next Option** ***Proven efficacy on LGS's most challenging seizures***	**[Clinical Trial Underway]** ***Novel, complementary MOA with demonstrated impact on refractory seizure disorders***

Novel MOA:: The first and only anti-seizure medication targeting the serotonergic system and sigma 1 receptors

First or Second Line in DS per 2022 International DS Consensus (Wirrell, et al)

Beyond Seizures: clinically meaningful improvements in executive function and impact on survival (reduced risk of SUDEP) shown in pivotal trials

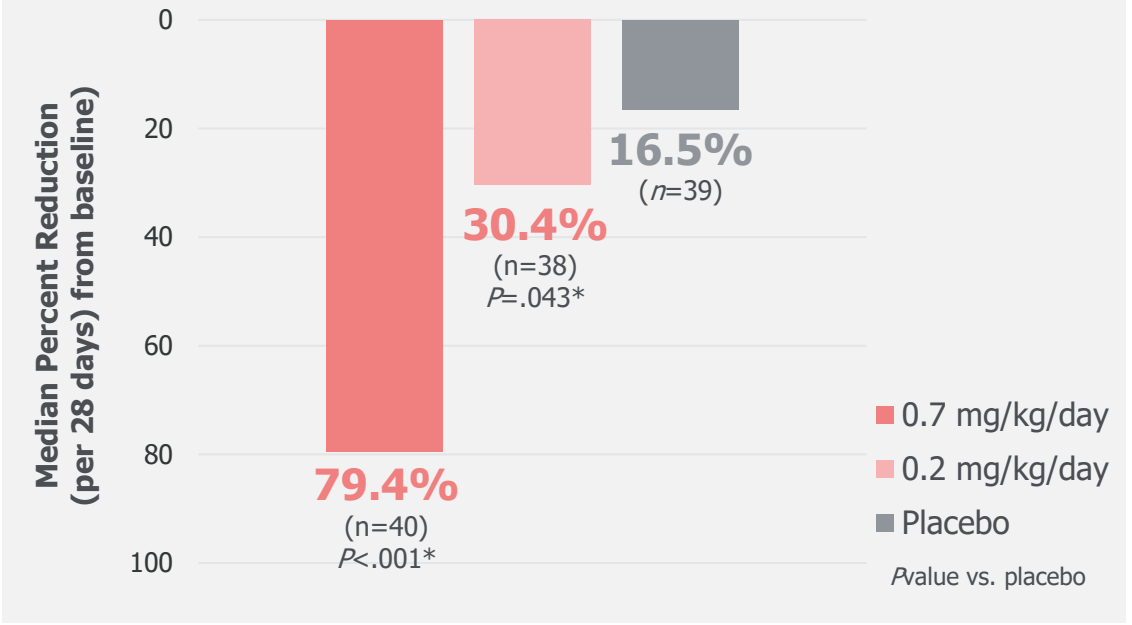
ASM, Antiseizure medications; CDKL5, Cyclin-dependent kinase-like 5; MOA, Mode of action; SUDEP: sudden unexpected death in epilepsy
Specchio et al., 2022, Epilepsia; Zuberi et al., 2022, Epilepsia

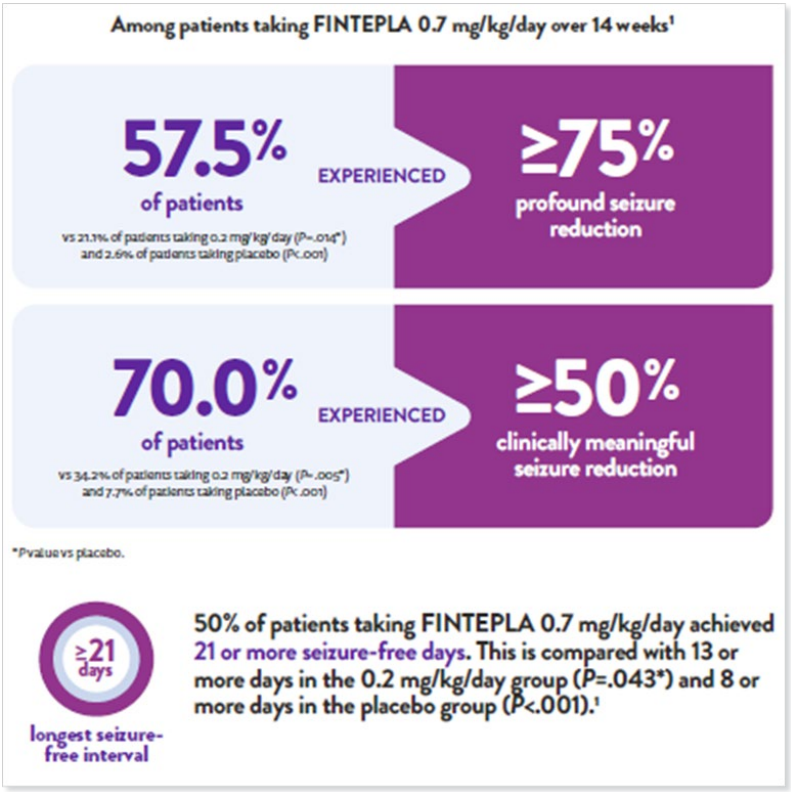
Leading in Epilepsy: Focus on FINTEPLA®

Foundational data and treatment guidelines: Dravet syndrome

Dravet Syndrome

Reduction in Convulsive Seizure Freq from Baseline (Study 1)[1]





Highlights

- A foundational therapy - new international consensus to use FINTEPLA® as first or second line product in Dravet syndrome-related seizures[2]
- Approval and launch in Lennox-Gastaut syndrome (March 2022 / U.S.), under review in Europe
- Integration ongoing
- Dilutive to 2022 earnings – expected to be accretive from 2023 onwards

[1]Lagae L et al., Lancet 2020;394:2243–54

[2]Wirrell EC, Hood V, Knupp KG, Meskis MA, Nabbout R, Scheffer IE, et al. International consensus on diagnosis and management of Dravet syndrome. Epilepsia. 2022;00:1–17.

Epilepsia®

Leading in Epilepsy: Focus on FINTEPLA®

Next-best option for patients with poorly managed Lennox-Gastaut syndrome

No one is born with LGS. It develops over time.[1]

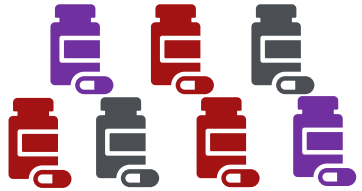
- **Multiple seizure types**, with tonic seizures present in most cases – may lead to a fall (drop attack)
- Most seizures are **highly treatment resistant**
- **Developmental deficits** become apparent **within five years** of seizure onset
- **Behaviour issues** become a problem with age
  - **Autism** spectrum disorder
  - **Hyperactivity**
  - **Attention deficit**

1. The LGS Foundation : https://www.lgsfoundation.org/about-lgs-2/what-is-lennox-gastaut-syndrome/

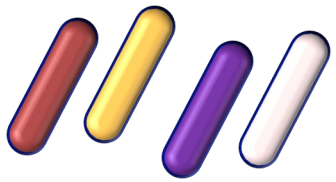
Leading in Epilepsy: Focus on FINTEPLA®

Next-best option for patients with poorly managed Lennox-Gastaut syndrome

In patients already receiving best available care



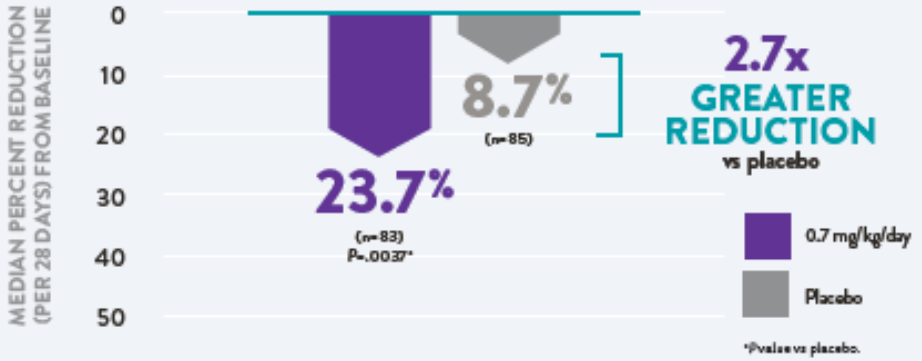
7 **Previous anti-seizure medications**[1]



4 Avg **#AEDs** used by "**placebo**" group during trial[3]

194 Average number of **drop seizures** per month per patient at start of trial[2]

Reduction in Drop Seizures from Baseline[3]



Patients in long-term extension[2]

50% of patients EXPERIENCED **≥7** drop seizure–free days

25% of patients EXPERIENCED **≥17** drop seizure–free days

1. Knupp et. al. 2022 2. Data on File, UCB. 3. US Prescribing Information

CDKL5 Deficiency Disorder (CDD)

An ultra-rare, severe developmental epileptic encephalopathy with onset in early infancy, high unmet need, and limited treatment options [1,2,3]

Cyclin-dependent kinase like-5 (CDKL5) deficiency disorder (CDD)

CDD can manifest in a broad, complex range of clinical symptoms and severity.[3]The hallmarks are early-onset epilepsy and neurodevelopmental delay impacting cognitive, motor, speech, and visual function. In 90% of patients, early onset of seizures are observed in the first year of life, usually at six weeks of age.[4] The highly refractory nature of epilepsy in CDD puts many individuals with CDD at **high risk for SUDEP** (Sudden Unexpected Death in Epilepsy).[10]

CDD by the Numbers

- 2.36 estimated incidence per 100,000 live births
- <1,000 individuals with CDD in the world are known to patient registries
- >80% of children experience daily seizures
- 6 weeks median age at onset of seizures, 90% by 12 months of age [5,7,9]

DIAGNOSIS

Not Understood

The cause of CDD is not known at this time. CDKL5 gene mutations have been found in children diagnosed with Infantile Spasms, West Syndrome, Lennox-Gastaut syndrome, Rett Syndrome, cerebral palsy, autism, and intractable epilepsy of unknown origin.[4]

4x

more **common in girls** than boys

SEVERE IMPACT ON QOL

Seizures

- 56% of individuals have between one and five seizures per day
- 15% of individuals have more than five per day[5]

Cortical visual impairment

Gross motor, fine motor, and communication skills are extremely impaired

Sleep and gastrointestinal disturbances reported in 87% of patients

Respiratory symptoms like aspiration and lower respiratory tract infections

Musculoskeletal problems, such as scoliosis, can also occur[5]

Impact on Caregivers

- Increasing child sleep disturbances also have a negative impact on caregiver emotional wellbeing[5]
- Caregivers often give up their careers in order to provide their children a wide range of treatment and multidisciplinary care to manage the symptoms of CDD[7]
- The broad range of symptoms and health conditions, diagnosis, and access to syndrome-specific family support can be considerably delayed, adversely affecting caregiver wellbeing and possibly also the family quality of life[8]

Types of Seizures

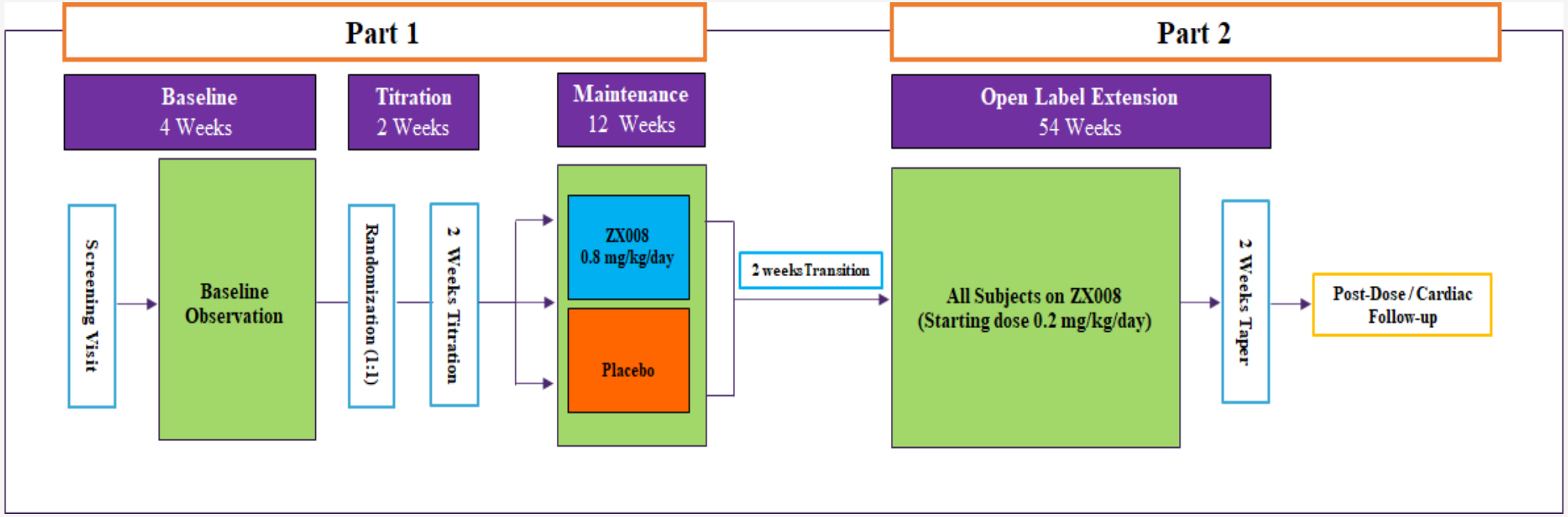
- Most common initial seizure type at onset was tonic seizures, followed by infantile (or epileptic) spasms and generalized tonic-colonic seizures, and focal seizures
- Over time, epileptic spasms, followed by tonic, myoclonic, and then generalized tonic-colonic are the most common seizure types
- Infantile (epileptic) spasms, abnormal waves, irregular spikes, and developmental regression are more commonly seen in CDD (and West Syndrome) than in other early-life genetic epilepsies[9]

1. NIH. CDKL5 deficiency disorder. https://medlineplus.gov/genetics/condition/cdkl5-deficiency-disorder/#frequency. Accessed May 2022. 2. NORD. CDKL5 Deficiency Disorder. https://rarediseases.org/rare-diseases/cdkl5. Accessed May 2022. 3. International Foundation for CDLK5 Research. About CDKL5. www.cdkl5.com/about-cdkl5. Accessed March 2022. 4. IFCR and Loulou Faoundation. The Voice of the Patient Report: CDKL5 Deficiency Disorder (CDD).https://www.cdkl5.com/wp-content/uploads/2020/06/CDD-VoP-REPORT.pdf. Accessed May 2022 5. Mori, Y., Downs, J., Wong, K. et al. Impacts of caring for a child with the CDKL5 disorder on parental wellbeing and family quality of life. Orphanet J Rare Dis 12, 16 (2017). OR Lingen M, Albers L, Borchers M, et al. Obtaining a genetic diagnosis in a child with disability: impact on parental quality of life. Clin Genet. 2016;89(2):258-266. 6.Olson HE, Demarest ST, Pestana-Knight EM, et al. Cyclin-Dependent Kinase-Like 5 Deficiency Disorder: Clinical Review. Pediatr Neurol. 2019;97:18-25. 7.IFCR and Loulou Faoundation. The Voice of the Patient Report: CDKL5 Deficiency Disorder (CDD).https://www.cdkl5.com/wp-content/uploads/2020/06/CDD-VoP-REPORT.pdf. Accessed May 2022 8.Mori, Y., Downs, J., Wong, K. et al. Impacts of caring for a child with the CDKL5 disorder on parental wellbeing and family quality of life. Orphanet J Rare Dis 12, 16 (2017). OR Lingen M, Albers L, Borchers M, et al. Obtaining a genetic diagnosis in a child with disability: impact on parental quality of life. Clin Genet. 2016;89(2):258-266. 9.Olson HE, Demarest ST, Pestana-Knight EM, et al. Cyclin-Dependent Kinase-Like 5 Deficiency Disorder: Clinical Review. Pediatr Neurol. 2019;97:18-25. 10. William Hong et al., CDKL5 Deficiency Disorder-Related Epilepsy: A Review of Current and Emerging Treatment. CNS Drugs (2022) 36:591–604.

FINTEPLA: A Potential New Treatment Option for CDD

Phase 3 topline results H2 2024

Study 2103/EP0216: Randomized, Double-blind, Placebo-controlled study in 80-100 patients aged 1-35 years of age with CDD



Part 1 Objectives (Double-blind Phase)

- **Efficacy** of fenfluramine vs. Placebo,
- **Safety** and tolerability of fenfluramine, and
- **Pharmacokinetics** (PK) of fenfluramine at steady state

Part 2 Objectives (Open-Label Extension Phase)

Long-term effectiveness, safety, and tolerability of fenfluramine

Primary Endpoint: The median percentage change from the Baseline Period (Baseline) in "monthly (28 days) countable motor seizure frequency," or CMSF, during the combined Titration and Maintenance Periods in the fenfluramine 0.8 mg/kg/day group compared with the placebo group

NCT05064878

Bepranemab (UCB0107, Anti-Tau Antibody)

Rationale for development

- In July 2020, UCB entered a worldwide, exclusive license agreement with Roche and Genentech (a member of the Roche group) for the global development and commercialisation of *bepranemab* in Alzheimer's disease (AD)
- UCB will fund and perform a proof-of-concept study in AD and upon availability of the results Genentech will progress with the development of *bepranemab* or return full rights back to UCB

In AD, amyloid β peptides form plaques and **pathological tau** proteins misfold and form intracellular aggregates, which accumulate within the brain leading to neurodegeneration.[1,2] Clinical progression is closely linked to the **progressive spread of tau pathology** throughout the brain.[1]

Pathological **tau aggregates or 'seeds'** can spread between neurons propagating disease[3,4]

Bepranemab is a fully humanised, full-length IgG4 **monoclonal anti-tau antibody**[5] that is currently under investigation for the treatment of AD[6]

Bepranemab aims to **reduce the progression of disease** by binding extracellular pathological tau and **slowing down or halting the spread of tau neuropathology**[1,3,5]

AD, Alzheimer's disease; IgG, immunoglobulin G.; 1. Courade JP, *et al. Acta Neuropathol.* 2018;136:729–45; 2. Bloom G. *JAMA Neurol.* 2014;71:505–8; 3. Albert M, *et al. Brain.* 2019;142:1736–50; 4. Colin M, *et al. Acta Neuropathol.* 2020;139:3–25; 5. Buchanan T, *et al*. Presented at the International Congress of Parkinson's Disease and Movement Disorders, 2019: Abstract LBA3; 6. NCT04867616. Available at: https://clinicaltrials.gov/ct2/show/NCT04867616 (Accessed September 2021). 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.

Together (AH0003): Overview and Study Design

A Phase 2 study in people living with AD

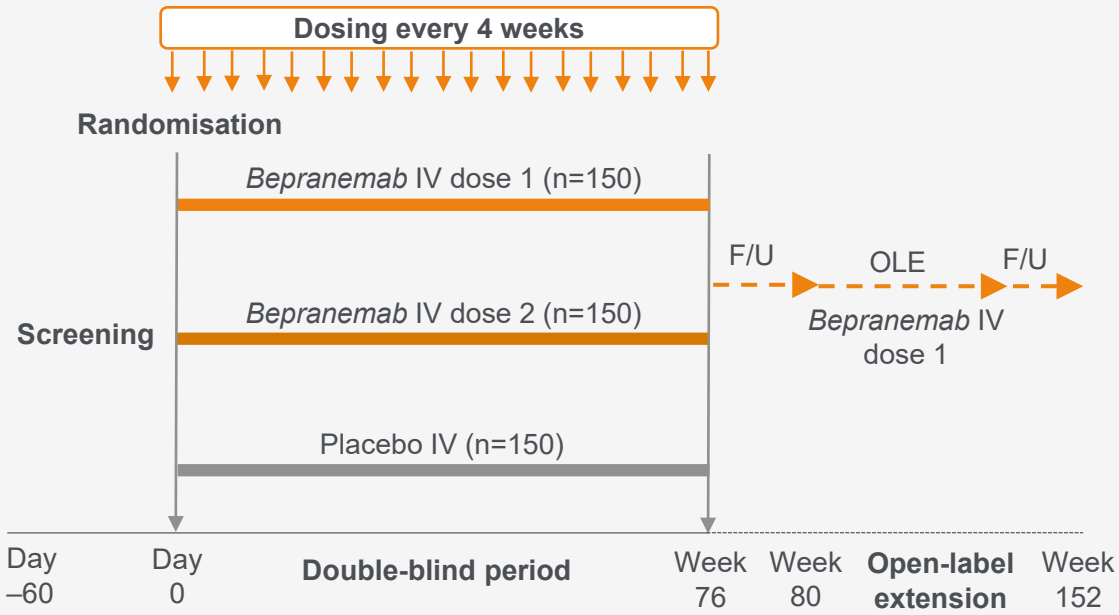
Objective

To evaluate the efficacy, safety, and tolerability of *bepranemab* in people with prodromal and mild AD[1]

Inclusion criteria

- Prodromal or mild AD*
- MMSE score ≥20 to ≤30
- Aβ biomarker-positive (CSF or PET)
- If receiving an AD symptomatic treatment, must be stable for at least 3 months prior to screening

Design



Endpoints

Primary:

- Change from baseline in CDR-SB at Week 80

Key secondary:

- Safety and tolerability of *bepranemab*
- Effect on tau PET imaging at Wk 56 and Wk 80
- Change from baseline in cognitive clinical measures
- Pharmacokinetics

*Anticipated enrolled population will be approximately 40% with prodromal/MCI due to AD (n=180), and 60% with mild AD (n=270). Aβ, amyloid beta; AD, Alzheimer's disease; CDR-SB, Clinical Dementia Rating scale Sum of Boxes; CSF, cerebrospinal fluid; F/U, follow-up; MCI, mild cognitive impairment; MMSE, Mini Mental State Examination; OLE, open-label extension; PET, positron emission tomography.

1. NCT04867616. Available at: https://clinicaltrials.gov/ct2/show/NCT04867616 (Accessed September 2021); 2. UCB. Data on file. Protocol AH0003, 2020.

Thymidine Kinase 2 deficiency

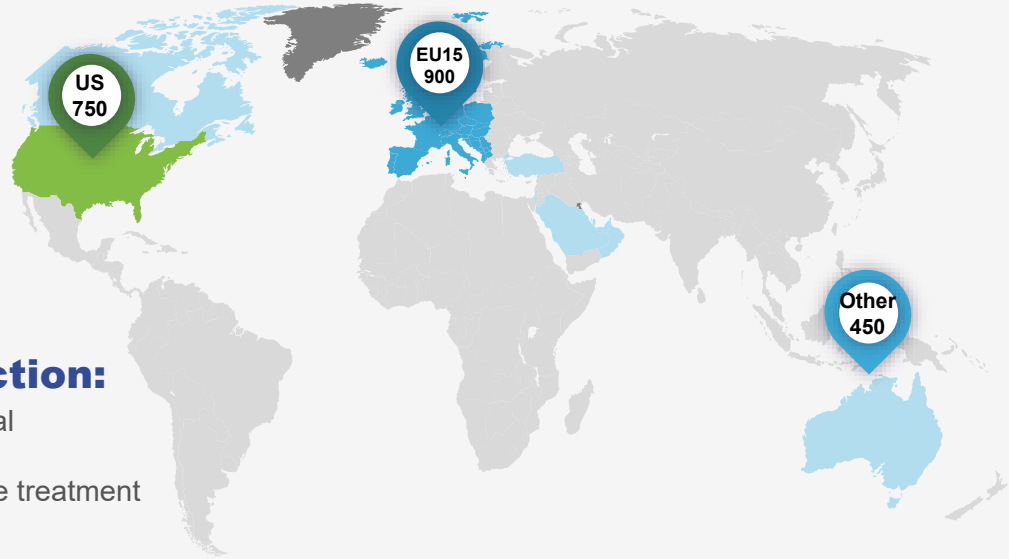
An ultra-rare debilitating and life-threatening (often fatal) genetic mitochondrial disorder

Thymidine Kinase 2 deficiency (TK2d)

Is a rare, inherited, debilitating, and life-threatening mitochondrial disorder that causes severe and progressive muscle weakness. Patients may lose the ability to walk, eat and breath independently.

PREVALENCE

There are an estimated ~2,100 TK2d patients in the targeted geographies[1]



Treatment:

There are no medicinal products approved for the approved treatment of Tk2d and as such treatment is limited to supportive, invasive therapies and palliative care.

Mechanism of Action:

MT1621, is an investigational deoxynucleoside substrate enhancement therapy for the treatment of TK2d

Management Goals

Infants

- Extremely poor prognosis
- This will involve mechanical ventilation, feeding tubes and sedation
- Psychological support for parents

Children

- Ultimate goal is to minimise the impact of TK2d on the child's development and to prolong life
- Ensure adequate respiratory support (if/when needed)
- Help reach developmental milestones (e.g. able to sit up, crawl, talk, walk)
- Reduce seizure frequency (if present) to prevent further neurological damage
- Support psychological development

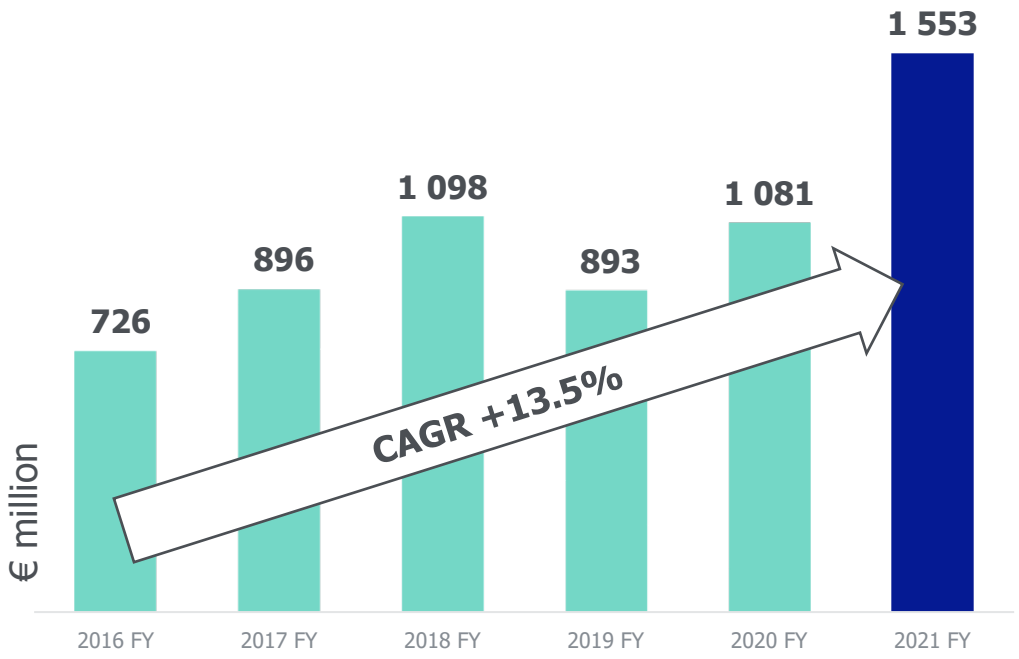
Adults

- Ultimate goal is to maintain normal activities and independence for as long as possible
- Preserve muscle and respiratory function
- Ensure adequate respiratory support (if/when needed)
- Provide psychological support when needed (depression and anxiety very common)

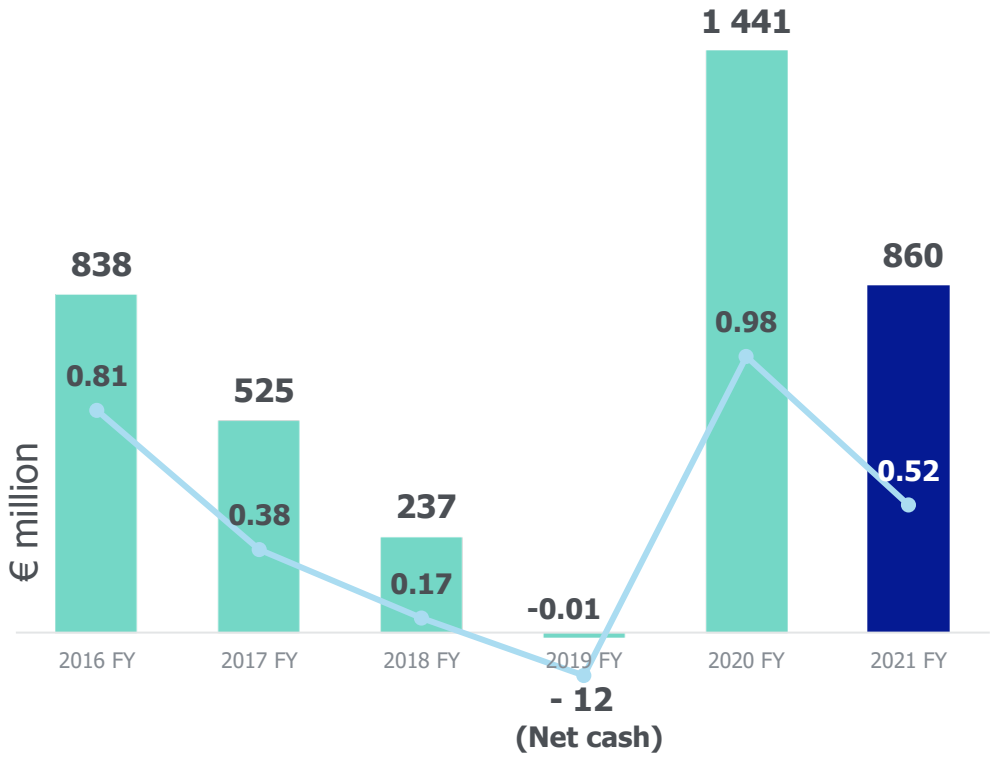
1. Zogenix epidemiology research 2018 and 2021

Solid Cash Flow

Cash flow from continuing operations

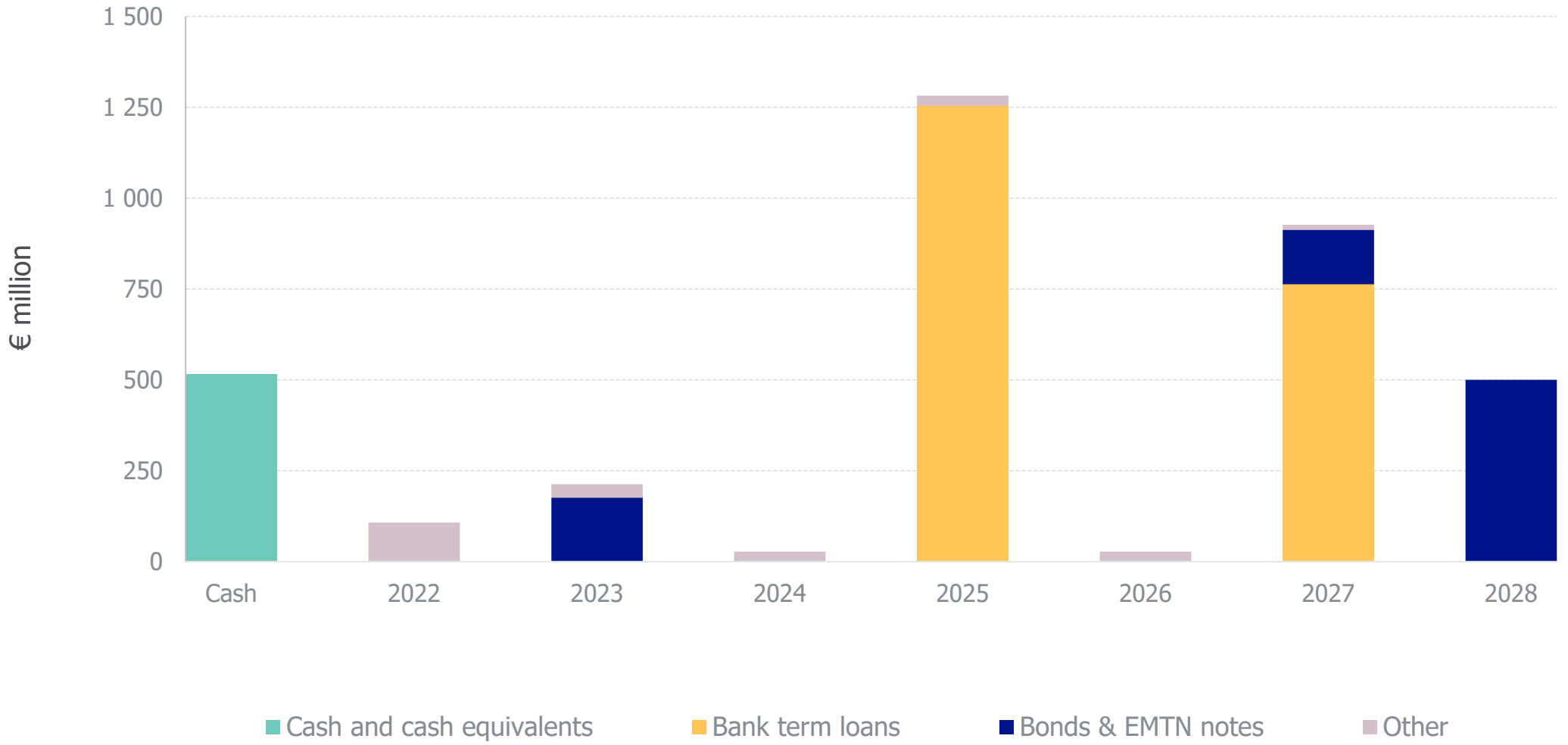


Net debt / adjusted EBITDA ratio



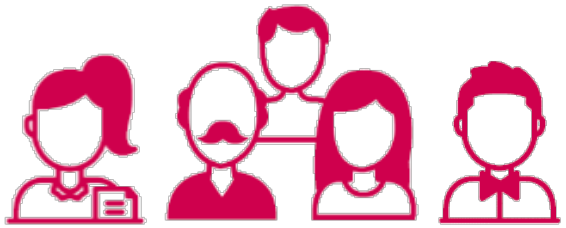
EBITDA: Earning before interests, taxes, depreciation and amortization charges - In compliance with the ESMA Alternative Performance Measures guidelines, recurring EBITDA, is renamed into "adjusted EBITDA". The calculation methodology remains unchanged.

Debt Maturity Schedule (@ 30 June 2022, € million)



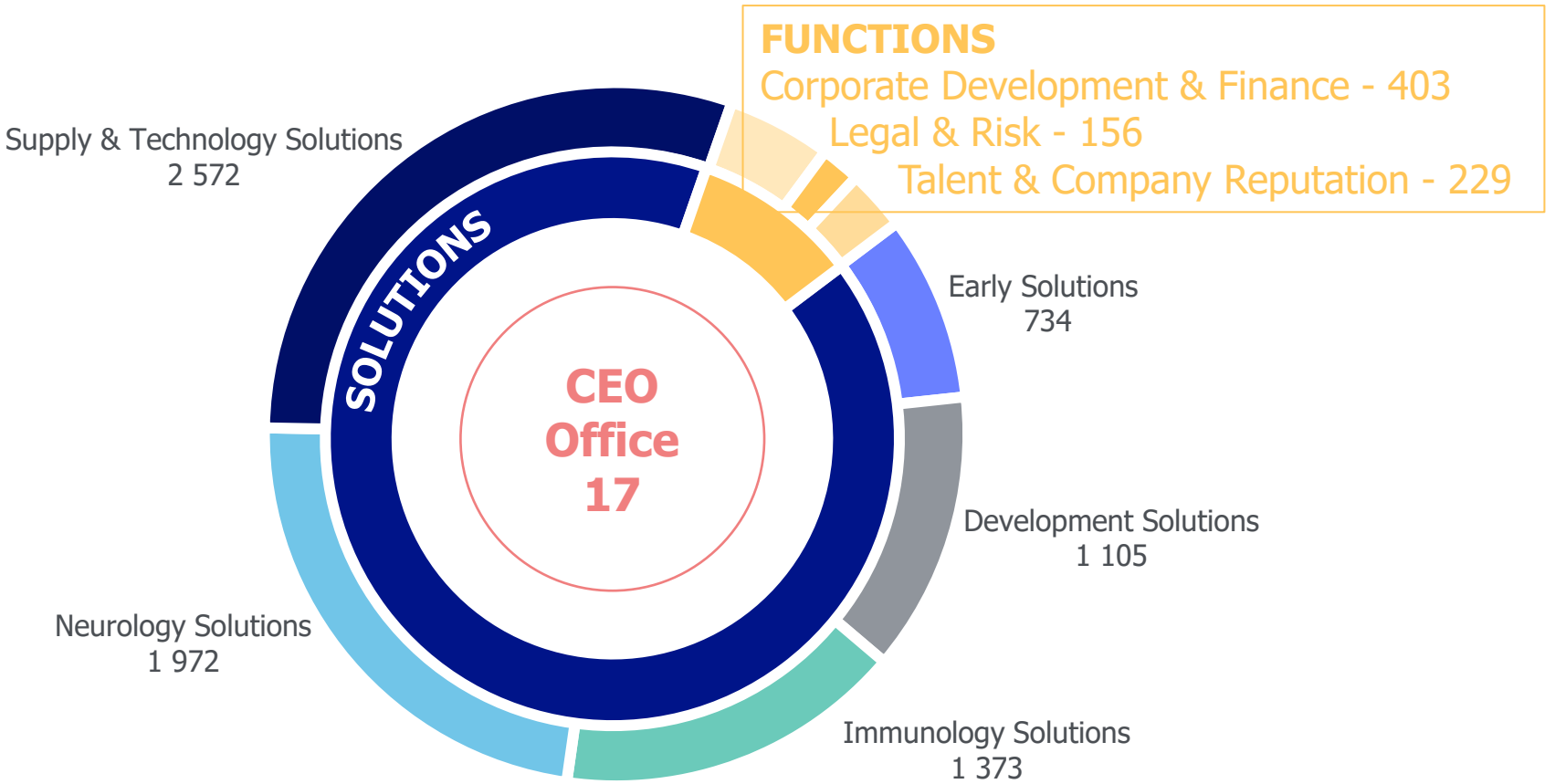
UCB's Organization

Our people are key to deliver on our ambition



~8 600*

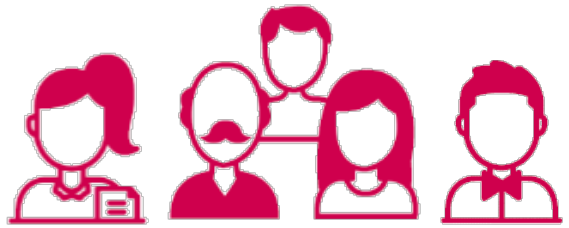
employees worldwide



*As of December 2021
CEO office consists of departments reporting directly to the CEO, including the Sustainability team and the Internal Audit team

UCB Today: A Global Player

Presence in 36 countries complemented by a robust network of partners

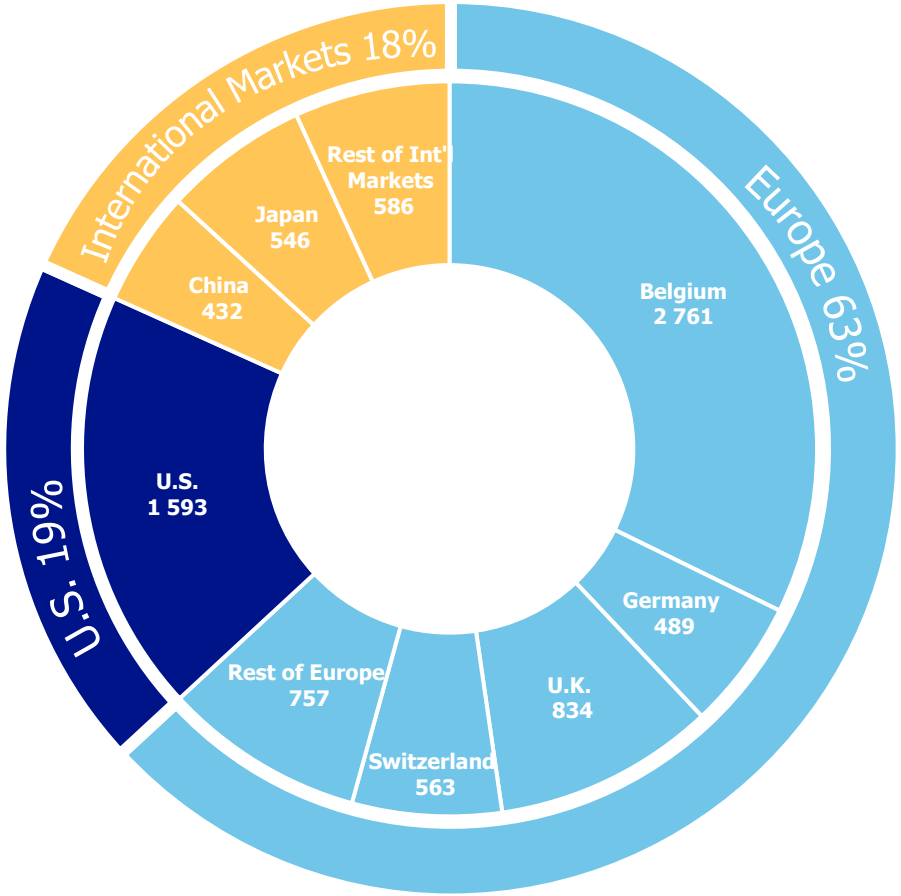


~8 600*
employees worldwide

50/50
Women / Men

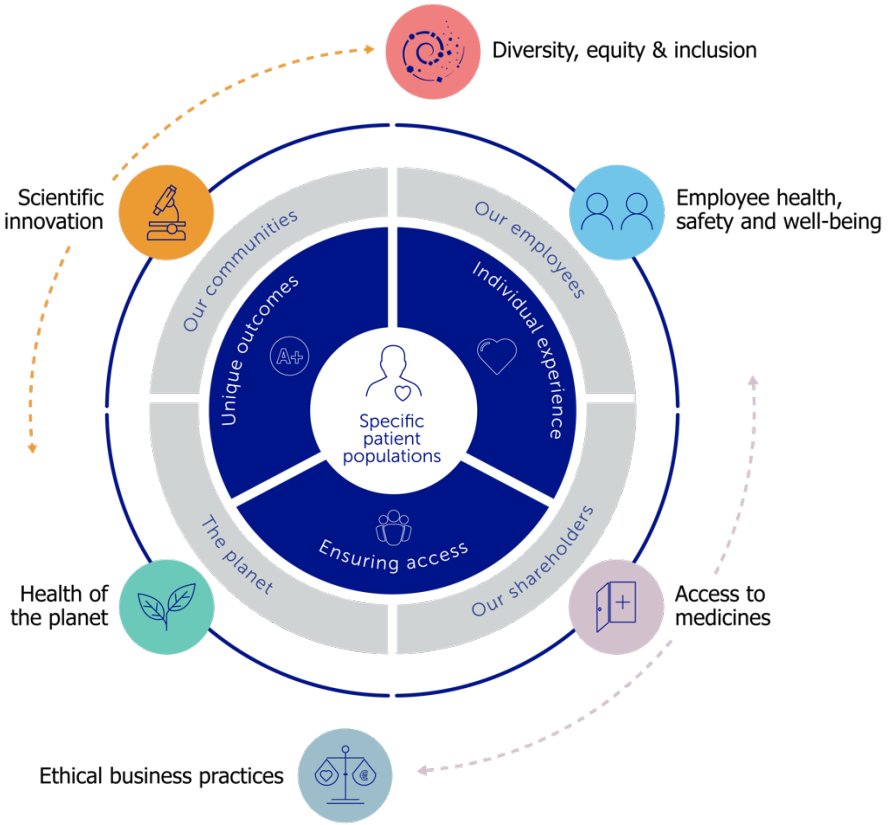
1 147
New colleagues

11.7%
Employee turnover



*As of December 2021
More details in the integrated annual report

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



Our goals

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

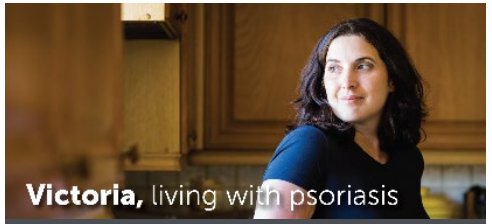
By 2025, we will **lead in 5 specific patient populations**

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

>3.7 million patients in 2021

31% reimbursement for all within regulatory labels

55% reimbursement for some but not all within regulatory labels

Value for people at UCB and our communities

1 359 jobs created

81.9% for our Health, Safety and Wellbeing Index

Value the planet

-62% CO2 emissions we directly control vs. 2015

23% emissions by our suppliers with Science-Based-Targets alike

Value for shareholders

€ 5.78 billion revenues

€ 1.64 billion adj. EBITDA

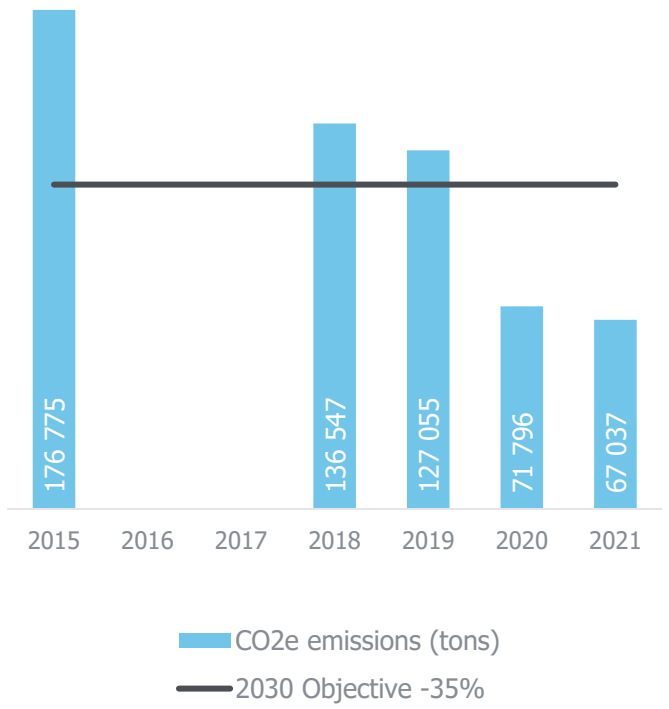
16.8 as Sustainalytics rating (low risk)

* Baseline 2020
** Baseline 2019

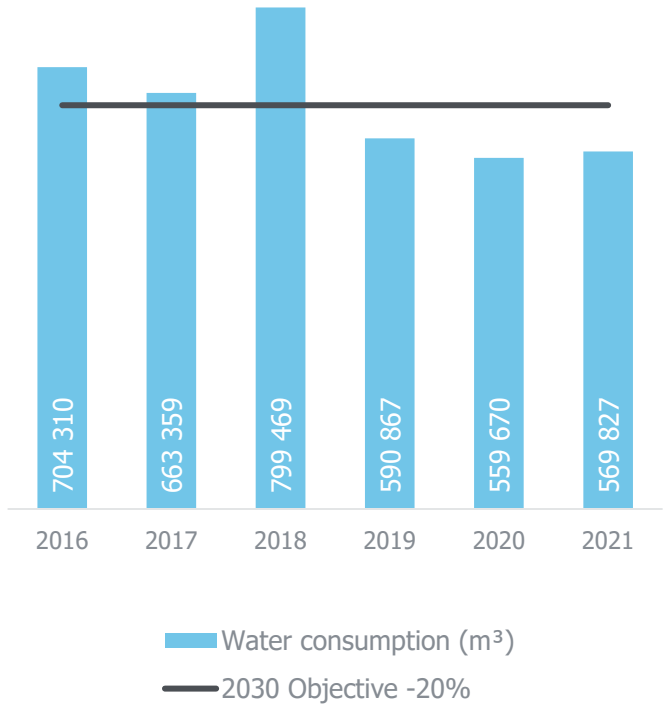
UCB Green Strategy

Our environmental targets by 2030

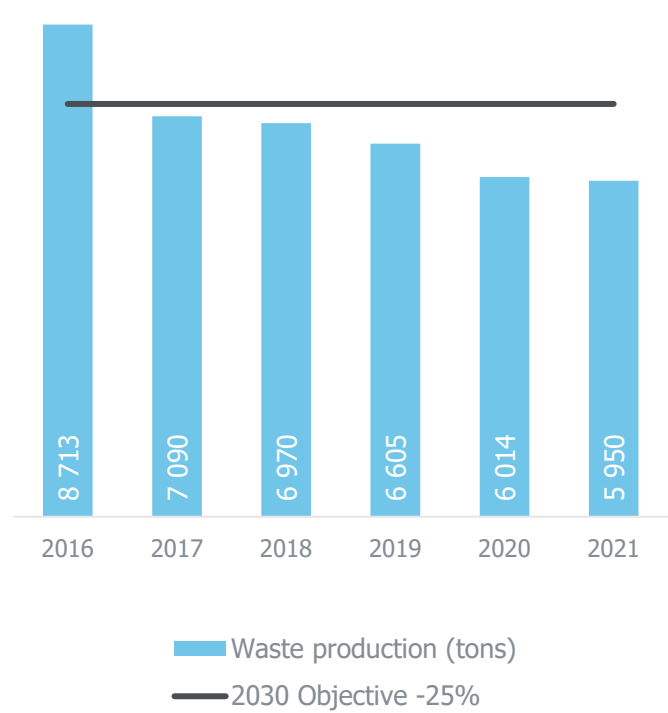
CO_2 emissions - 62% since 2015



Water consumption - 29% since 2015



Waste production - 39% since 2015



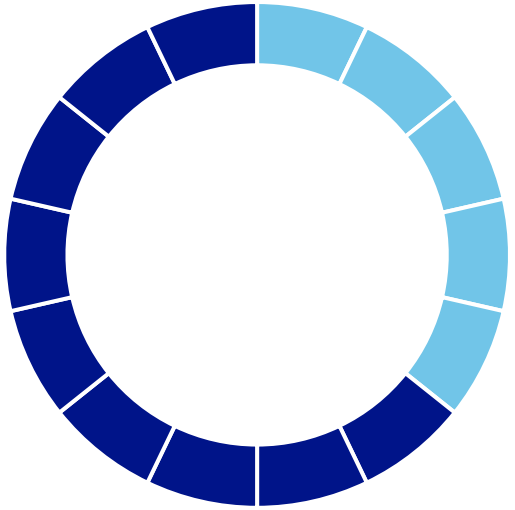
As of December 2021
More details in the integrated annual report

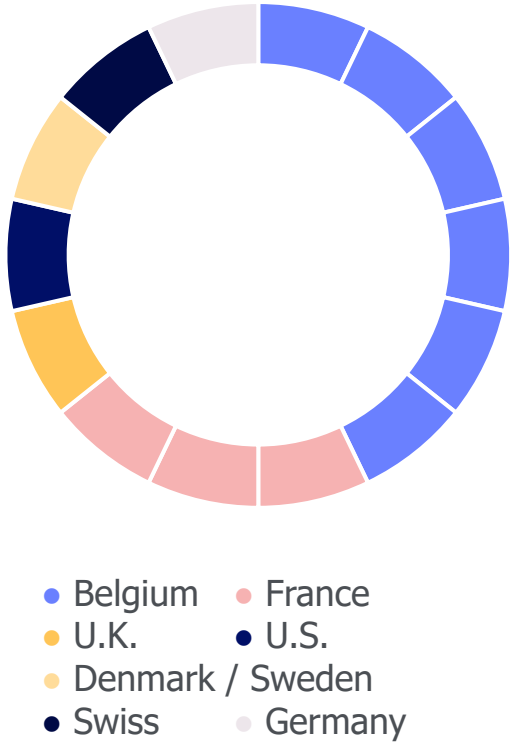
Reductions and objectives in absolute numbers against 2015 baseline

Corporate Governance

Board of directors

- **14 members**
  - Mandate: 4 year
  - Age limit: 70
- **5 women (36%)**
- **8 independent directors (57%)**
- **7 nationalities**



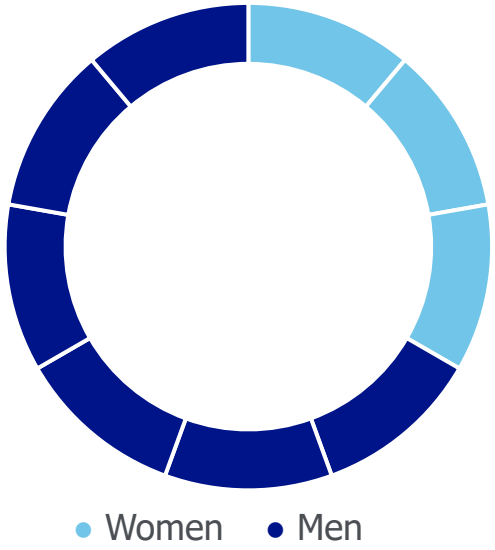


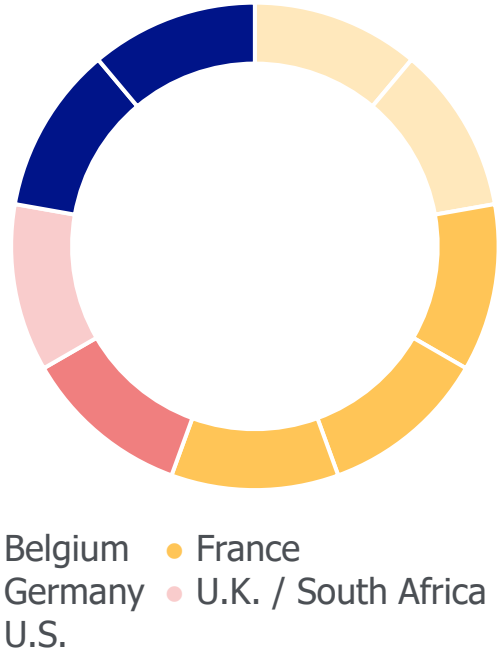
As of April 2022
More details in the integrated annual report and the notes to the annual general meeting

Corporate Governance

Executive committee

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





As of December 2021
More details in the 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

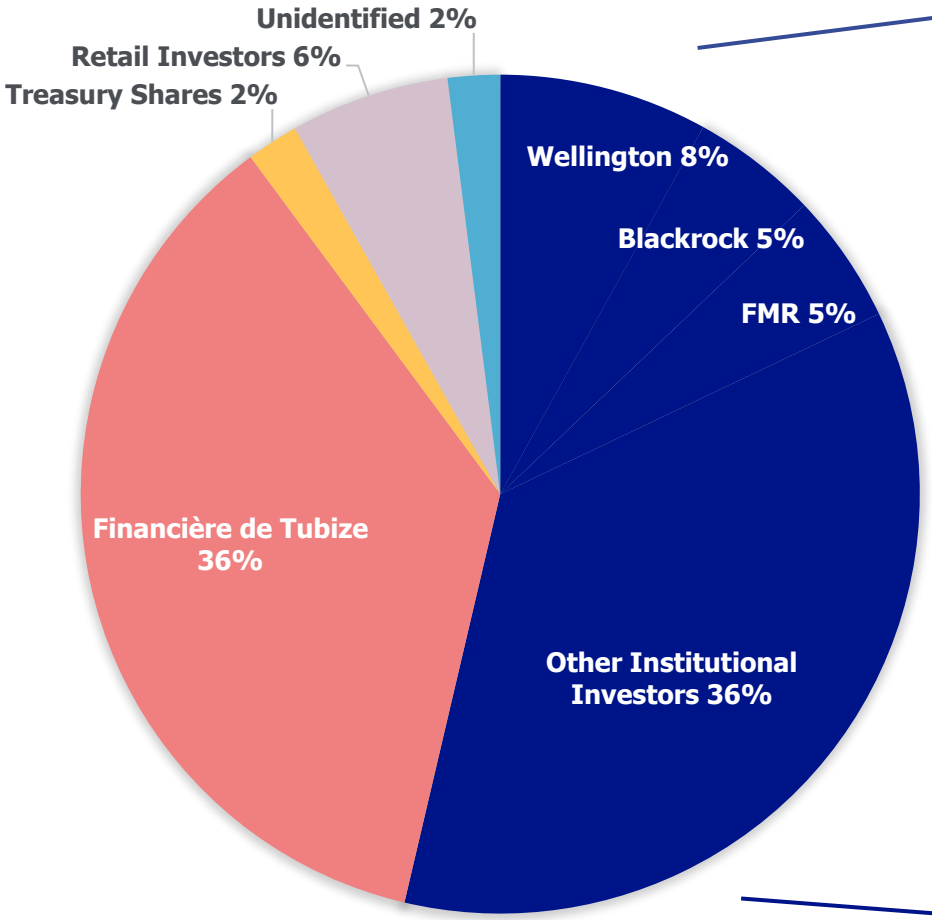
I. Löw-Friedrich,
CMO

K. Lund-Jurgensen,
Supply & Technology
Solutions

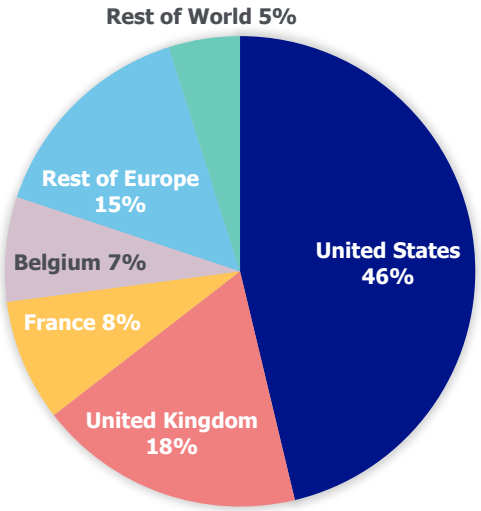
C. van Zyl,
Neurology Solutions &
Head of EU / International

As of December 2021
More details in the integrated annual report

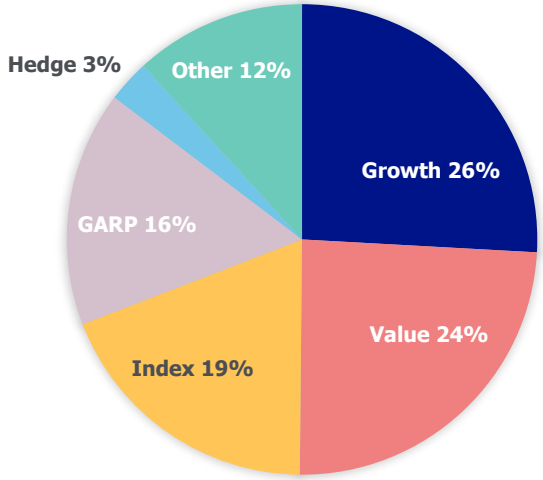
Shareholder distribution



Institutional investors: geographic distribution



Institutional investors: investment style



Sources: Shareholder identification (as of January 2022) and latest transparency notifications; UCB underlying ownership analysis

UCB Investor Relations Team

Antje Witte
Head of Investor Relations
Phone: +32 2 559 9414
E-mail: antje.witte@ucb.com

Julien Bayet
Investor Relations Lead
Phone: +32 2 559 9580
E-mail: julien.bayet@ucb.com

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

ANDROID APP ON Google play