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.

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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.

1928
Production primary care products (calcium, vitamins, insulin, etc.) during World War II.

1939
Focus on research, resulting in the discovery in 1954 of one of the world’s first tranquillizers, Alaxan®.

1987
Development of a European network through acquisitions in France, Germany, Italy, Spain and the U.K.

1990
Focus on biopharmaceuticals - A combination of large, antibody-based molecules and small, chemically derived molecules.

2004
Acquisition of Celltech Group Ltd, a leading British biotechnology company.

2006
Acquisition of Neupro, a leading Spanish company.

2008
Acquisition of VIMPA, a leading Spanish company.

2010
Focus on non-core business, starting with the films and chemical divisions, followed by primary care products.

2016
Divestiture of non-core business, starting with the films and chemical divisions, followed by primary care products.

2019
Acquisition of Schwarz Pharma AG, based in Germany, bringing complementary therapeutic and geographic focus.

2022
Through acquisition of Zogenix, Inc.

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.

*Data as of 31st of December 2021
**Our Core Products – Immunology and Bone**

**Key information***

<table>
<thead>
<tr>
<th>BIMZELX® (bimekizumab)</th>
<th>CIMZIA® (certolizumab pegol)</th>
<th>EVENITY® (romosozumab)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Psoriasis (available in EU, GB JPN, CAN; approved in AUS, to-be launched in 2022);</td>
<td>• Crohn’s disease</td>
<td>• EU launch still in progress</td>
</tr>
<tr>
<td>• Regulatory approvals in psoriasis are underway in US, Switzerland</td>
<td>• Rheumatoid arthritis</td>
<td>• Launched by Amgen in Japan and US and ROW</td>
</tr>
<tr>
<td>• Psoriatic arthritis, radiographic and non-radiographic axial spondyloarthritis submissions to regulatory authorities starting in Q3 2022</td>
<td>• Axial spondyloarthritis</td>
<td>• China Ph3 study started in Q4’21</td>
</tr>
</tbody>
</table>

- **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
- **2032 (U.S., EU, Japan; without patent term extension)**
- **2024 (U.S. & EU)**
- **2026 (Japan)**

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*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*

<table>
<thead>
<tr>
<th>FINTEPLA®</th>
<th>NAYZILAM®</th>
<th>VIMPAT®</th>
<th>KEPPRA®</th>
<th>BRIVIACT®</th>
<th>NEUPRO®</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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</td>
<td>• Epilepsy seizure clusters (U.S. - 2019) – orphan disease designation</td>
<td>• Epilepsy POS (pediatric label extension in US, Oct. 2021, and EU CHMP positive opinion, Jan. 2022) • Epilepsy PGTCS</td>
<td>• Epilepsy POS • Epilepsy PGTCS • Epilepsy myoclonic seizures</td>
<td>Epilepsy POS • Adj. therapy • Monotherapy (U.S.) • pediatric label extension in US, Aug. 2021, and EU CHMP positive opinion, Jan. 2022)</td>
<td>• Parkinson’s disease • Restless legs syndrome</td>
</tr>
</tbody>
</table>

| 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* |


| 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

2022 HY Net sales €2,705 million¹ (+2%; 0% CER)

Epilepsy €1,420 million (+1%; -5% CER)

- **VIMPAT®** 27%
- **BRIVIACT®** 8%
- **KEPPRA®** 14%
- **CIMZIA®** 36%
- **NEUPRO®** 6%
- **NAYZILAM®** 1%
- **FINTEPLA®** 1%
- **EVENITY®**
- **BIMZELX®**

**CER** = constant exchange rates

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

### Sales and Performance

<table>
<thead>
<tr>
<th>Product</th>
<th>ACT</th>
<th>CER</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIMZIA®</td>
<td>€994</td>
<td>+14%</td>
<td>+7% Outperforms anti-TNF market based on differentiation. Volume +11% &gt; Net price erosion. Continued growth in all markets incl the U.S.</td>
</tr>
<tr>
<td>VIMPAT®</td>
<td>€744</td>
<td>+1%</td>
<td>-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.</td>
</tr>
<tr>
<td>KEPPRA®</td>
<td>€380</td>
<td>-22%</td>
<td>-23% Generic erosion in Japan started early January. Stronger than expected.</td>
</tr>
<tr>
<td>BRIVIACT®</td>
<td>€225</td>
<td>+35%</td>
<td>+25% Significant growth in all regions.</td>
</tr>
<tr>
<td>NEUPRO®</td>
<td>€155</td>
<td>-1%</td>
<td>-5% Stable in a competitive market environment.</td>
</tr>
<tr>
<td>NAYZILAM®</td>
<td>€36</td>
<td>+68%</td>
<td>+52% Reaching more and more patients.</td>
</tr>
<tr>
<td>FINTEPLA®</td>
<td>€35</td>
<td>n/a</td>
<td>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.</td>
</tr>
<tr>
<td>EVENITY®</td>
<td>€9</td>
<td>&gt;100%</td>
<td>&gt;100% Successful launches in Europe. Contribution &gt; doubled. Net sales outside Europe reported by Amgen.</td>
</tr>
<tr>
<td>BIMZELX®</td>
<td>€10</td>
<td>n/a</td>
<td>n/a Strong launch uptake in all markets.</td>
</tr>
</tbody>
</table>

Outperforms anti-TNF market based on differentiation
Volume +11% > Net price erosion
Continued growth in all markets incl the U.S.

Epilepsy €1,420 million
(+1%; -5% CER)
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.)

Peak sales guidance: > € 2 billion by 2024
Loss of Exclusivity1
• 2024 U.S. & EU
• 2026 Japan

Net sales in € million, FY numbers2

312 467 594 797 1,083 1,304 1,424 1,446 1,712 1,799 1,841
238 420 1,183


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.**

- **Cimzia® vs. Rheumatology Market Growth**
  - Anti TNF: 6.9%
  - Biologics: 7.3%
  - Cimzia®: 13.3%

- **Cimzia® Rheumatology anti-TNF Patient Share**
  - April 21: 9.1%
  - July 21: 10.4%

**Europe**

- **Europe - Cimzia vs. Rheumatology Market Growth**
  - Anti TNF: 13.3%
  - Biologics: 15.1%
  - Cimzia: 11.9%

- **Europe - Cimzia Rheumatology – R3M Patient Share**
  - May 21 - July 21: 7.5%
  - July 21 - Sep 21: 0%

**Japan**

- **Japan - Cimzia vs. RA Market Growth**
  - May 2021: 6.1%
  - July 2021: 6.8%

- **Japan - Cimzia RA – R3M Patient Share**
  - May 21 - Jul 21: 4.9%

Source: IMS MIDAS

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

2022 HY Net Sales
€ 994 million

US Lyo 24%
US PFS 41%
Europe 21%
Int. Markets 14%

US Anti-TNF Market Share¹

<table>
<thead>
<tr>
<th>Disease</th>
<th>Apr 21</th>
<th>Apr 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid arthritis</td>
<td>+0.2%</td>
<td>+0.6%</td>
</tr>
<tr>
<td>Psoriatic arthritis</td>
<td></td>
<td>+0.2%</td>
</tr>
<tr>
<td>Ankylosing spondylitis</td>
<td></td>
<td>-0.6%</td>
</tr>
<tr>
<td>Crohn's disease</td>
<td></td>
<td>+1.1%</td>
</tr>
<tr>
<td>Psoriasis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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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**

**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.

**U.S.**

**U.S. Loss of Exclusivity:**
March 2022

**Europe**

**Europe — Vimpat vs. AED Market Growth (TDx)**

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

**EU Loss of Exclusivity:**
September 2022

**Japan**

**Japan — Vimpat vs. AED Market Growth (TDx)**

Source data JP: IMS MIDAS - In-market KPI’s are based on TDx
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 exclusivity¹
• 2026 U.S. & EU
• Not yet available in Japan

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

**KEPPRA® In-Market Performance**

**U.S.**

**Europe**

**Japan**

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.

Loss of Exclusivity1

- **2028** U.S.

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1 Loss of Exclusivity dates are indicative.
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.**

**US - Neupro PD vs. PD (KC) Market Growth (TRx)**

- PD Market: 0.7%
- PD Key Competitors: -4.4%
- Neupro: -6.2%

**US – Neupro PD – R3M TRx Share**

- May-21: 0.0%
- Jul-21: 2.0%
- Sep-21: 4.0%
- Nov-21: 6.0%
- Jan-22: 8.0%
- Mar-22: 10.0%
- May-22: 12.0%

Source data U.S.: U.S. IMS NPA - In-Market KPI's are based on TRx

**Europe**

**Europe - Neupro PD vs. PD (KC) Market Growth (TDx)**

- PD Market: 1.6%
- PD Key Competitors: -0.4%
- Neupro: -1.8%

**Europe – Neupro PD – R3M TDx Share**

- May-21: 0.0%
- Jul-21: 5.0%
- Sep-21: 10.0%
- Nov-21: 15.0%
- Jan-22: 20.0%
- Mar-22: 25.0%
- May-22: 30.0%

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

**Japan**

**Japan - Neupro PD vs. PD (KC) Market Growth (TDx)**

- PD Market: 3.1%
- PD Key Competitors: -4.4%
- Neupro: -5%

**Japan – Neupro PD – R3M TDx Share**

- May-21: 0.0%
- Jul-21: 5.0%
- Sep-21: 10.0%
- Nov-21: 15.0%
- Jan-22: 20.0%
- Mar-22: 25.0%
- May-22: 30.0%

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

**In-market KPI’s**

- 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.

**Source data**

- U.S.: U.S. IMS NPA
- EU: IMS MIDAS
- JP: IMS MIDAS

**Inspired by patients. Driven by science.**
# Impact of EVENITY® on UCB’s P&L

<table>
<thead>
<tr>
<th></th>
<th>UCB</th>
<th>Amgen</th>
<th>Astellas</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Net sales</td>
<td>European sales</td>
<td>US &amp; RoW sales + intercompany sales to Japan</td>
<td>In-market sales Japan</td>
</tr>
<tr>
<td>- Cost of goods</td>
<td>European sales</td>
<td>US &amp; RoW sales + intercompany sales to Japan</td>
<td>Intercompany sales to Japan</td>
</tr>
<tr>
<td>- Operating expenses</td>
<td>European sales and costs for future UCB market launches</td>
<td>US &amp; RoW sales and costs for future Amgen market launches</td>
<td>Japanese sales</td>
</tr>
<tr>
<td>+/- Other operating income/expense</td>
<td>50% of profit outside Europe minus 50% of EU profit/loss¹</td>
<td>50% of EU profit/loss¹ minus 50% of profit outside Europe</td>
<td></td>
</tr>
</tbody>
</table>

= Adj. EBITDA includes 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 UCBI0107 in AD (April)
- 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® alprazolam 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 zamplimab to Chiesi
- Partnering with Novartis in Parkinson’s disease
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

<table>
<thead>
<tr>
<th><strong>BIMZELX®</strong> (bimekizumab; IL-17A&amp;F inhibitor)</th>
<th><strong>zilucoplan</strong> (C5 inhibitor)</th>
<th><strong>rozanolixizumab</strong> (FcRn inhibitor)</th>
<th><strong>FINTEPLA®</strong> (fenfluramine; 5-HT agonist)</th>
<th><strong>MT1621</strong> (nucleoside therapy)</th>
<th><strong>dapirolizumab pegol</strong> (anti-CD40L antibody)</th>
<th><strong>STACCATO® alprazolam</strong></th>
<th><strong>bepranemab</strong> (anti-tau antibody)</th>
<th><strong>UCB0599</strong> (α-syn-misfolding inhibitor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psoriasis</td>
<td>Generalized myastenia gravis</td>
<td>Generalized myastenia gravis</td>
<td>Lennox-Gastaut syndrome</td>
<td>TK2 deficiency disorder</td>
<td>Systemic lupus erythematosus**</td>
<td>Stereotypical prolonged seizures</td>
<td>Alzheimer’s disease***</td>
<td>Parkinson’s disease****</td>
</tr>
<tr>
<td>Psoriatic arthritis</td>
<td></td>
<td></td>
<td>Dravet syndrome</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Axial spondyloarthritis</td>
<td></td>
<td></td>
<td>CDKL5 deficiency disorder</td>
<td></td>
<td></td>
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<tr>
<td>Hidradenitis suppurativa</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **FILING**
  - Psoriasis: Available to patients in EU/EEA, GB, JPN, CAN; Resubmission to US-FDA end of 2022*
  - Generalized myastenia gravis: Starting submissions in Q3 2022
  - Generalized myastenia gravis: Starting submissions in Q3 2022
  - MOG-antibody disease: Starting submissions in Q3 2022
  - Autoimmune encephalitis: Topline results H1 2024
  - Lennox-Gastaut syndrome: Launched in US; submitted in EU + other geographies
  - Dravet syndrome: Launched in US and EU; submitted in other geographies
  - CDKL5 deficiency disorder: New indication
  - TK2 deficiency disorder: New indication; starting submissions in 2023
  - Systemic lupus erythematosus: Topline results H1 2024
  - Stereotypical prolonged seizures: Topline results H1 2024
  - Alzheimer’s disease: Topline results H1 2025
  - Parkinson’s disease: Topline results H2 2023

*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; CS – 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

= recent Phase 3 positive topline results published
BIMZELX® (bimekizumab) Phase 3 Clinical Development Programs

>4 500 patients enrolled

<table>
<thead>
<tr>
<th>Indication</th>
<th>Program</th>
<th>NCT Number</th>
<th>Comparator</th>
<th>Patients * or **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psoriasis (PSO) 3x superior</td>
<td>BE VIVID</td>
<td>NCT03370133</td>
<td>(vs ustekinumab)</td>
<td>Approved in EU, GB, JPN, AUS &amp; CAN 2021/22; filed in the US**</td>
</tr>
<tr>
<td>Psoriatic arthritis (PsA)</td>
<td>BE PREPARED</td>
<td>NCT03410992</td>
<td>(vs placebo)</td>
<td></td>
</tr>
<tr>
<td>Axial spondyloarthritis (nr-axSpA &amp; AS)</td>
<td>BE COMPLETE</td>
<td>NCT03986581</td>
<td>(vs placebo)</td>
<td>&gt; 200 patients</td>
</tr>
<tr>
<td></td>
<td>BE MOBILE 1</td>
<td>NCT03928704</td>
<td>(vs placebo in nr-axSpA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BE MOBILE 2</td>
<td>NCT03928743</td>
<td>(vs placebo in AS/r-axSpA)</td>
<td>&gt; 500 patients</td>
</tr>
<tr>
<td></td>
<td>BE HEARD I</td>
<td>NCT04242446</td>
<td>(vs placebo)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BE HEARD II</td>
<td>NCT0424498</td>
<td>(vs placebo)</td>
<td>&gt; 1 000 patients</td>
</tr>
</tbody>
</table>

| Hidradenitis suppurativa (HS)                  |              |                    |                                   |                  |
| Submission in Q3’22                           | Phase 3 ongoing |                  | Topline results H2’22             |

Spectrum of IL-17A+F-mediated diseases

- Psoriasis ~3% - 5% of population
- Psoriatic arthritis ~1% of population
- Axial spondyloarthritis 0.5% - 1.4% of population
- Hidradenitis suppurativa ~1% of population

*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

### Psoriasis
- **2020**
  - U.S. $14.2 billion
  - EU $3.9 billion
- **2030**
  - U.S. $18.2 billion
  - EU $4.8 billion

### Psoriatic arthritis
- **2020**
  - U.S. $5.5 billion
  - EU $1.4 billion
- **2030**
  - U.S. $7.5 billion
  - EU $2.0 billion

### Axial spondyloarthritis
- **2020**
  - U.S. $3.5 billion
  - EU $1.0 billion
- **2030**
  - U.S. $4.5 billion
  - EU $1.2 billion

### Market Growth by Year
- **2020**
  - U.S. $18.3 billion
  - EU $9.6 billion
- **2030**
  - U.S. $23.3 billion
  - EU $12.0 billion

### Market Growth by Disease
- **Psoriasis**
  - IL-17 A / IL-17 A/F: 23%
  - TNF-alpha: 28%
  - IL-12/23: 18%
  - Other: 16%

- **Psoriatic arthritis**
  - TNF-alpha: 57%
  - IL-12/23: 15%
  - IL-23: 12%
  - IL-17 A / IL-17 A/F: 19%

- **Axial spondyloarthritis**
  - TNF-alpha: 77%
  - IL-23: 57%
  - IL-12/23: 9%
  - IL-17 A / IL-17 A/F: 14%
Psoriasis: High Prevalence Globally

Prevalence

- 45% Caucasian
- 55% African American

Ethnicity

PSO more commonly affects Caucasians than other ethnic groups.

Prevalence according to ethnicity in the USA:
- Caucasian: 2.5%
- African American: 1.3%

Age

- Late teens–early thirties (type 1 PSO)
- Fifties (type 2 PSO)

Age, geographic region, and ethnicity all influence an individual’s risk of developing PSO.

Geographic region

Reported prevalence in adults:
- Japan: 0.34%
- USA: 0.91%
- UK: 2.2%
- Brazil: 2.5%
- Italy: 3.1%
- France: 5.2%
- Norway: 8.5%

Prevalence generally increases with increasing distance from the equator.

References:
Psoriatic Arthritis: High Unmet Need and Disease Burden

Psoriatic arthritis (PsA) is a complex disease with a broad range of manifestations, including swelling of the joints, entheses, and skin psoriasis. It is associated with six key disease domains: peripheral arthritis, axial disease, enthesitis, dactylitis, skin, and nails.

Disease progression:

- Up to 40% of patients with psoriasis will develop PsA.
- Approximately 15-30% of patients with psoriasis have undiagnosed PsA.

Gender differences:

- Diagnosis is delayed and outcomes are worse in women.

Prevalence by geographic region:

- Global prevalence: ~0.13%
- USA: 0.06–0.25%
- Norway: 0.18–0.21%
- France: 0.08–0.35%
- Spain: 0.38–0.87%
- Germany: 0.18–0.25%
- Italy: 0.31–0.61%
- United Kingdom: 0.10–0.35%
- France: 0.18–0.21%
- Germany: 0.18–0.25%
- Italy: 0.31–0.61%

Burden of disease:

- Pain/swelling: 10–30%
- Itching: 5–20%
- Depression, anxiety, and mental health: 10–30%
- Difficulty with everyday activities: 10–30%
- Quality of life reduced: 10–30%
- Approximately 1 in 3 patients achieve minimal disease activity criteria in real-life studies with current treatments.

**Axial Spondyloarthritis (axSpA)**

Much more than just ordinary back pain

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. Patients experience disease onset before age 45, often in their 20’s. Patients typically have a delay in diagnosis of 8.5 years.

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**Gender Prevalence**

- nr-axSpA: women more common than men
- AS r-axSpA: men more common than women

**Disease Manifestations**

- **Uveitis** ~30%
- **Psoriasis** >10%
- **Inflammatory Bowel Disease** ~5–10%
- **Enthesitis** ~30%
- **Dactylitis** ~6%
- **Peripheral arthritis** ~30%
- **Psoriatic arthritis** ~30%
- **Psoriasis** >10%
- **Enthesitis** ~30%
- **Dactylitis** ~6%
- **Peripheral arthritis** ~30%

---

**Geographic Prevalence**

GLOBAL: ~20 million people

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**3 KEY TREATMENTS:**

- NSAIDS
- TNF inhibitors
- IL-17A inhibitors

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*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

---

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

<table>
<thead>
<tr>
<th>Phase 3 studies</th>
<th>BE MOBILE 1&lt;sup&gt;1&lt;/sup&gt;</th>
<th>BE MOBILE 2&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>axSpA</td>
<td>Phase 3 double-blind study in patients with active non-radiographic axSpA (nr-axSpA)</td>
<td>Phase 3 double-blind study in patients with active ankylosing spondylitis (radiographic axSpA)</td>
</tr>
<tr>
<td>Primary end point</td>
<td>ASAS40 response at week 16</td>
<td>ASAS40 response at week 16</td>
</tr>
<tr>
<td>Focus of today</td>
<td>Week 24 interim analysis</td>
<td>Week 24 interim analysis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 3 studies</th>
<th>BE OPTIMAL&lt;sup&gt;3&lt;/sup&gt;</th>
<th>BE COMPLETE&lt;sup&gt;4&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>PsA</td>
<td>Phase 3 double-blind study in patients with active PsA who were biologic naive</td>
<td>Phase 3 double-blind study in patients with active PsA with inadequate response to TNFi</td>
</tr>
<tr>
<td>Primary end point</td>
<td>ACR50 response at week 16</td>
<td>ACR50 response at week 16</td>
</tr>
<tr>
<td>Focus of today</td>
<td>Week 24 interim analysis</td>
<td>Week 16 analysis</td>
</tr>
</tbody>
</table>

References:

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.
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

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

References:
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**

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>Placebo (N=126)</th>
<th>Bimekizumab 160mg Q4W (N=128)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAS40$^*$ [NRI] n (%)</td>
<td>27 (21.4)</td>
<td>61 (47.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BASDAI CB$^*$ I [MI] mean (SE)</td>
<td>-1.5 (0.2)</td>
<td>-3.1 (0.2)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASAS20$^*$ [NRI] n (%)</td>
<td>48 (38.1)</td>
<td>88 (68.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASAS PR$^*$ [NRI] n (%)</td>
<td>9 (7.1)</td>
<td>33 (25.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASDAS-MI$^*$ [NRI] n (%)</td>
<td>9 (7.1)</td>
<td>35 (27.3)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASAS 5/6$^*$ [NRI] n (%)</td>
<td>21 (16.7)</td>
<td>49 (38.3)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BASFI CB$^*$ I [MI] mean (SE)</td>
<td>-1.0 (0.2)</td>
<td>-2.5 (0.2)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Nocturnal spinal pain CB$^*$ I [MI] mean (SE)</td>
<td>-1.7 (0.2)</td>
<td>-3.6 (0.3)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASQoL CB$^*$ I [MI] mean (SE)</td>
<td>-2.5 (0.4)</td>
<td>-5.2 (0.4)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SF-36 PCS CB$^*$ I [MI] Mean (SE)</td>
<td>5.5 (0.7)</td>
<td>9.5 (0.7)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

### BE MOBILE 2

**Ankylosing Spondylitis**

<table>
<thead>
<tr>
<th>Endpoint</th>
<th>Placebo (N=111)</th>
<th>Bimekizumab 160mg Q4W (N=221)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAS40$^*$ [NRI] n (%)</td>
<td>25 (22.5)</td>
<td>99 (44.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASAS40 in TNFi-naive$^*$ [NRI] n (%)</td>
<td>22 (23.4)$^a$</td>
<td>84 (45.7)$^b$</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASAS20$^*$ [NRI] n (%)</td>
<td>48 (43.2)</td>
<td>146 (66.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BASDAI CB$^*$ I [MI] mean (SE)</td>
<td>-1.9 (0.2)</td>
<td>-2.9 (0.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASAS-PR$^*$ [NRI] n (%)</td>
<td>8 (7.2)</td>
<td>53 (24.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASDAS-MI$^*$ [NRI] n (%)</td>
<td>6 (5.4)</td>
<td>57 (25.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASAS 5/6$^*$ [NRI] n (%)</td>
<td>16 (14.4)</td>
<td>94 (42.5)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BASFI CB$^*$ I [MI] mean (SE)</td>
<td>-1.1 (0.2)</td>
<td>-2.2 (0.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Nocturnal spinal pain CB$^*$ I [MI] mean (SE)</td>
<td>-1.9 (0.2)</td>
<td>-3.3 (0.2)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>ASQoL CB$^*$ I [MI] mean (SE)</td>
<td>-3.2 (0.3)</td>
<td>-4.9 (0.3)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SF-36 PCS CB$^*$ I [MI] Mean (SE)</td>
<td>5.9 (0.8)</td>
<td>9.3 (0.6)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BASMI CB$^*$ I [MI] mean (SE)</td>
<td>-0.2 (0.1)</td>
<td>-0.5 (0.1)</td>
<td>0.005</td>
</tr>
</tbody>
</table>

References:

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

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

<table>
<thead>
<tr>
<th>Phase 3 studies</th>
<th>BE OPTIMAL</th>
<th>BE COMPLETE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phase 3 double-blind study in patients with active PsA who were biologic naive</td>
<td>Phase 3 double-blind study in patients with active PsA with inadequate response to TNFi</td>
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</table>

<table>
<thead>
<tr>
<th>Primary end point</th>
<th>ACR50 response at week 16</th>
<th>ACR50 response at week 16</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ACR50 [NRI]</th>
<th>43.9% (n=189/431) bimekizumab vs. 10.0% (n=28/281) placebo</th>
<th>43.4% (n=116/267) bimekizumab vs. 6.8% (n=9/133) placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>p value</td>
<td>p&lt;0.001</td>
<td>p&lt;0.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PASI90 [NRI] Ranked Secondary Endpoint</th>
<th>61.3% (n=133/217) bimekizumab vs. 2.9% (n=4/140) placebo</th>
<th>68.8% (n=121/176) bimekizumab vs. 6.8% (n=6/88) placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>p value</td>
<td>p&lt;0.001</td>
<td>p&lt;0.001</td>
</tr>
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</table>

References:

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.
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

<table>
<thead>
<tr>
<th></th>
<th>PBO N=281</th>
<th>BKZ 160 mg Q4W N=431</th>
<th>Reference Arm ADA 40 mg Q2W N=140</th>
<th>p value (BKZ vs PBO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR50 [NRI]</td>
<td>28 (10.0)</td>
<td>189 (43.9)</td>
<td>64 (45.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>HAQ-DI CFB [MI], mean (SE)</td>
<td>-0.09 (0.03)</td>
<td>-0.26 (0.02)</td>
<td>-0.33 (0.04)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PASI90 [NRI], n (%)</td>
<td>4 (2.9)^a</td>
<td>133 (61.3)^b</td>
<td>28 (41.2)^b</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SF-36 PCS CFB [MI], mean (SE)</td>
<td>2.3 (0.5)</td>
<td>6.3 (0.4)</td>
<td>6.8 (0.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MDA [NRI], n (%)</td>
<td>37 (13.2)</td>
<td>194 (45.0)</td>
<td>63 (45.0)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**Ranked endpoints**

<table>
<thead>
<tr>
<th></th>
<th>BKZ 160 mg Q4W N=267</th>
<th>PBO N=133</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR50 [NRI] n (%)</td>
<td>9 (6.8)</td>
<td>116 (43.4)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>HAQ-DI CFB [RMFI], mean (SE)</td>
<td>-0.1 (0.0)</td>
<td>-0.4 (0.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PASI90 [NRI] n (%)</td>
<td>6 (6.8)^b</td>
<td>121 (68.8)^c</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SF-36 PCS CFB [MI], mean (SE)</td>
<td>1.4 (0.7)</td>
<td>7.3 (0.5)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MDA Response [NRI] n (%)</td>
<td>8 (6.0)</td>
<td>118 (44.2)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**Randomised set, Interim results. Final results at trial completion.**

1. Reference arm: study not powered for statistical comparisons of ADA to BKZ or PBO.
2. 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: 37/158 [23.4%], p=0.008; LDI=0 BKZ: 66/90 [73.9%], PBO: 24/47 [51.1%], p=0.002).

### BE COMPLETE

#### TNF-inadequate responder population

<table>
<thead>
<tr>
<th></th>
<th>PBO N=133</th>
<th>BKZ 160 mg Q4W N=267</th>
<th>Reference Arm ADA 40 mg Q2W N=140</th>
<th>p value (BKZ vs PBO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR50 [NRI]</td>
<td>28 (10.0)</td>
<td>189 (43.9)</td>
<td>64 (45.7)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>HAQ-DI CFB [MI], mean (SE)</td>
<td>-0.09 (0.03)</td>
<td>-0.26 (0.02)</td>
<td>-0.33 (0.04)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PASI90 [NRI], n (%)</td>
<td>4 (2.9)^a</td>
<td>133 (61.3)^b</td>
<td>28 (41.2)^b</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SF-36 PCS CFB [MI], mean (SE)</td>
<td>2.3 (0.5)</td>
<td>6.3 (0.4)</td>
<td>6.8 (0.8)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>MDA [NRI], n (%)</td>
<td>37 (13.2)</td>
<td>194 (45.0)</td>
<td>63 (45.0)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**Ranked endpoints in Hierarchical order**

<table>
<thead>
<tr>
<th></th>
<th>BKZ 160 mg Q4W N=267</th>
<th>PBO N=133</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACR50 [NRI] n (%)</td>
<td>9 (6.8)</td>
<td>116 (43.4)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>HAQ-DI CFB [RMFI], mean (SE)</td>
<td>-0.1 (0.0)</td>
<td>-0.4 (0.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>PASI90 [NRI] n (%)</td>
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<td>8 (6.0)</td>
<td>118 (44.2)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

**Randomised set (N=400)**

1. Primary endpoint
2. Secondary endpoint
3. In patients with ≥3% BSA with PsO at BL

**References:**


**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

SEVERE IMPACT ON QOL
Anxiety
Depression
Embarrassment
Disruption to Intimacy
Anger
Pain

PREVALENCE
AFFECTS UP TO 1%
US ~0.10%
EUROPE ~1%
JAPAN ~0.06%
AUSTRALIA ~0.67%

DIAGNOSIS
Not Understood
Significant delays in diagnosis ranging from 3.7–23.7 yrs.
Resulting in intense pain, progressive scarring, and psychological damage

MULTIPLE CO-MORBIDITIES
Inflammatory Bowel Disease (IBD)
Acne Vulgaris (AV)
Diabetes
Axial Spondyloarthitis (axSpA)
Psychological Disorders
Metabolic Syndrome
Squamous Cell Carcinoma
Down Syndrome

3x more common in women than men

OTHER CO-MORBIDITIES
Axial Spondyloarthitis (axSpA)
Diabetes
Inflammatory Bowel Disease (IBD)
Acne Vulgaris (AV)

**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.

#### BE HEARD I (HS0003)
- NCT04242446
- 505 patients
- 3 dosing regimen (dose not disclosed)

<table>
<thead>
<tr>
<th>Week</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>bimekizumab</td>
<td>bimekizumab</td>
</tr>
<tr>
<td></td>
<td>bimekizumab</td>
<td>bimekizumab</td>
</tr>
<tr>
<td></td>
<td>bimekizumab</td>
<td>bimekizumab</td>
</tr>
<tr>
<td></td>
<td>placebo</td>
<td>bimekizumab</td>
</tr>
</tbody>
</table>

#### BE HEARD II (HS0004)
- NCT04242498
- 509 patients
- 3 dosing regimen (dose not disclosed)

<table>
<thead>
<tr>
<th>Week</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>bimekizumab</td>
<td>bimekizumab</td>
</tr>
<tr>
<td></td>
<td>bimekizumab</td>
<td>bimekizumab</td>
</tr>
<tr>
<td></td>
<td>bimekizumab</td>
<td>bimekizumab</td>
</tr>
<tr>
<td></td>
<td>placebo</td>
<td>bimekizumab</td>
</tr>
</tbody>
</table>

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

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

- Zilucoplan
  - Complement 5 inhibitor to address complement activation
  - Maintenance therapy

AChR+ / MuSK+ patients

- (AChR+) patient or physician preference
- Rozanolixizumab
  - Anti-FcRn antibody to address pathogenic auto-antibodies
  - 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

<table>
<thead>
<tr>
<th>Generalized myasthenia gravis (MG)</th>
<th>Myelin oligodendrocyte glycoprotein (MOG)-antibody disease</th>
<th>Autoimmune encephalitis (AIE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>auto-antibodies targeting components of neuromuscular junction</td>
<td>auto-antibodies targeting MOG leading to inflammatory demyelination in the CNS</td>
<td>auto-antibodies targeting the LGI1 protein on healthy cells in the CNS leading to localized swelling and inflammation</td>
</tr>
<tr>
<td>• muscle weakness (extremities, eyes, bulbar and respiratory symptoms)</td>
<td>• monophasic or relapsing course of neurological dysfunction including optic neuritis (ON), transverse myelitis (TM), and acute disseminated encephalomyelitis (ADEM)</td>
<td>• cognitive impairment</td>
</tr>
<tr>
<td>• fatigue</td>
<td>• 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)</td>
<td>• seizures (including faciobrachial dystonic seizures, other focal seizures, and tonic-clonic seizures)</td>
</tr>
<tr>
<td>~ 10 - 45 cases / 100 000</td>
<td>~1 - 4 / 100 000</td>
<td>~ 0.7 / 100 000</td>
</tr>
<tr>
<td>• Surgery (thymectomy)</td>
<td>• No approved therapy</td>
<td>• immunotherapy and symptomatic therapy including antiseizure medications</td>
</tr>
<tr>
<td>• Steroids, steroid-sparing drugs</td>
<td>• No formal treatment guidelines established</td>
<td>• PEX, IVIg</td>
</tr>
<tr>
<td>• Plasma exchange (PEX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• IV immunoglobulin (IVIg)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Generalized myasthenia gravis (gMG)</th>
<th>Autoimmune encephalitis (AIE)</th>
<th>Myelin oligodendrocyte glycoprotein (MOG)-antibody disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3 positive results published at MGFA Meeting 2022*</td>
<td>Phase 2 started in Q3 2021</td>
<td>Phase 3 started in Q4 2021</td>
</tr>
<tr>
<td>MG0003 / NCT03971422 200 patients; 3 arms; (rozanolixizumab vs. placebo) MG-ADL Score @ Day 43</td>
<td>AIE001 / NCT04875975 68 patients; 2 arms; (rozanolixizumab vs. placebo) Seizure freedom for 25 weeks(^2)</td>
<td>MOG001 / NCT05063163 104 patients; 2 arms (rozanolixizumab vs. placebo); time from randomization to first independently centrally adjudicated relapse during the double-blind treatment period</td>
</tr>
</tbody>
</table>

* 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

<table>
<thead>
<tr>
<th>Generalized myasthenia gravis (gMG)</th>
<th>Proof of concept</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Data published here</td>
<td>positive topline results published in Feb. 2022 and MGFA Meeting 2022*</td>
</tr>
</tbody>
</table>

*Please copy and paste this address to see the abstracts as an active link is prohibited


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

OCURRENCE

Research from 2021 estimated that about 204,000 Americans have some form of lupus, with about five million people estimated worldwide.

Prevalence range (per 100,000)
- 0-30
- 0-60
- 30-60
- 60-100
- No Data

20 Caucasian
92 Indigenous
Systemic Lupus Erythematosus (SLE)

Inflammation in many organ systems simultaneously or sequentially

EPIDEMIOLOGY
Anyone can develop lupus. But certain people are at higher risk for lupus, including:

- 9 out of 10 people with lupus are women.
- Women Ages 15 to 44

CERTAIN RACIAL OR ETHNIC GROUPS – INCLUDING PEOPLE WHO ARE:
- African American
- Asian American
- Hispanic/Latino
- Native American
- Pacific Islander

1 IN 3 LUPUS PATIENTS have another autoimmune disease

(Cer ново Lupus Foundation of America)

LIFE EXPECTANCY
It is believed that between 10-15% of people with lupus will die prematurely due to direct or indirect effects of the disease and its treatment.

However, due to improved diagnosis and disease management, most people with the disease will go on to live a normal life span.

(Source: Lupus Foundation of America)

CELEBRITIES
According to Wonderwall, celebrities with lupus include:

- LADY GAGA
- SELENA GOMEZ
- SEAL

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

Sysystemic Lupus Erythematousus (SLE) affects more than 5 million people globally,

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

Lupus predominantly affects women:
- 80-90% of cases between 15 – 45
- Disproportionately affects women of colour

Opportunity to focus on the underserved patient population
- minorities who often have more severe disease
- underrepresented in clinical research
- may experience unique challenges accessing health care

More about lupus on https://www.ucb.com/disease-areas/Lupus;
1Source: https://www.lupus.org/resources/what-is-lupus accessed 19 November 2020; 2African 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. dapirolizumab pegol requires additional studies before any conclusions for safety and efficacy can be made.

© 2021 Infodesk. All Rights Reserved.
Dapirolizumab Pegol (DZP) Is a Humanized Anti-CD40L Fab’ Fragment Conjugated to PEG¹

The functional Fc region, present on intact Hu5c8 (an anti-human CD40L intact IgG₁ mAb), has been associated with thromboembolic events in clinical investigations in monkeys.⁴ The Fc region is absent from the DZP molecule.

⁵Mariette X, et al. Rheum Dis 2018; 77:228-233
⁶ClinicalTrials.gov Identifier: NCT04294667.
Dapirolizumab Pegol Phase 3 Clinical Development Program

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

**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 Phase 3 Development Program**

**PHOENYCS GO (SL0043)**

**NCT04294667**

**450 patients**

1 dosing regimen (dose not disclosed) vs. placebo

<table>
<thead>
<tr>
<th>week</th>
<th>48</th>
</tr>
</thead>
<tbody>
<tr>
<td>dapirolizumab pegol</td>
<td></td>
</tr>
<tr>
<td>placebo</td>
<td></td>
</tr>
</tbody>
</table>

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)

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

Partnered with Novartis (December 2021)

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

High unmet need given lack of disease-modifying therapies
UCB and Novartis have entered into an agreement

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

• 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

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

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

**UCB0599**

**Placebo**

---

**Screening**

**Treatment period (18 months)**

**Safety follow-up (1 month)**

---

**Patients**

- 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**

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

**Secondary endpoints**

- 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)

---

**NCT04658186**


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.

- 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® 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\(^2\)

---

**STACCATO® alprazolam** is 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.

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:**

- **Screening Visit**
- **Randomization**
- **Screening up to 6 weeks**
- **Treatment Period ≤12-week outpatient treatment period**
- **End-of-Study Visit**
With FINTEPLA, UCB Offers New Hope for Patients and Families Living with Challenging Developmental and Epileptic Encephalopathies

<table>
<thead>
<tr>
<th>Dravet Syndrome (DS)</th>
<th>Lennox-Gastaut Syndrome (LGS)</th>
<th>CDKL5 Deficiency Disorder (CDD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>~12k-15k US, EU, JPN prevalence</td>
<td>~60k-100k US, EU, JPN prevalence</td>
<td>~8k-10k US, EU, JPN prevalence</td>
</tr>
<tr>
<td>&gt;80% of patients remain uncontrolled on existing AED regimens</td>
<td>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</td>
<td>Nearly three-quarters of individuals with CDD take 2 or more ASMs simultaneously</td>
</tr>
<tr>
<td>Premature childhood mortality, primarily SUDEP, of ~20%, high risk of status epilepticus</td>
<td>High risk of of injuries related to seizures and SUDEP</td>
<td>High risk of SUDEP</td>
</tr>
</tbody>
</table>

**Dravet Syndrome (DS):** Foundational Therapy
*Profound impact on seizures exceeding expectations of what could be possible in DS*

**Lennox-Gastaut Syndrome (LGS):** The New Next Option
*Proven efficacy on LGS’s most challenging seizures*

**CDKL5 Deficiency Disorder (CDD):**

*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

Highlights

- A foundational therapy - new international consensus to use FINTEPLA® as first or second line product in Dravet syndrome-related seizures
- 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

Dravet Syndrome

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

Median Percent Reduction (per 28 days) from baseline

- 0.7 mg/kg/day
- 0.2 mg/kg/day
- Placebo

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Reduction</th>
<th>P-value vs. placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.7 mg/kg/day</td>
<td>79.4%</td>
<td>&lt;.001*</td>
</tr>
<tr>
<td>0.2 mg/kg/day</td>
<td>30.4%</td>
<td>.043*</td>
</tr>
<tr>
<td>Placebo</td>
<td>16.5%</td>
<td>.043*</td>
</tr>
</tbody>
</table>

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

- **4** Avg #AEDs used by "placebo" group during trial

- **194** Average number of drop seizures per month per patient at start of trial

Reduction in Drop Seizures from Baseline

- Median percent reduction per 28 days from baseline

- **23.7%** reduction in drop seizures

- **2.7x greater reduction** vs placebo

- **0.7 mg/kg/dy** dose

Patients in long-term extension

- **50%** of patients experienced ≥7 drop seizure-free days

- **25%** of patients experienced ≥17 drop seizure-free days

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

Types of Seizures

- Most common initial seizure type at onset was tonic seizures, followed by infantile (or epileptic) spasms and then general tonic-clonic seizures, and focal seizures
- Over time, epileptic spasms, followed by tonic, myoclonic, and then generalized tonic-clonic are the most common seizure types

Impact on Caregivers

- Increasing child sleep disturbances also have a negative impact on caregiver emotional wellbeing5
- 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 CDD7
- 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 life8

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 epilepsies9

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

SEVERE IMPACT ON QOL

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

Seizures

- 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

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

More common in girls than boys


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 ß peptides form plaques and pathological tau proteins misfold and form intracellular aggregates, which accumulate within the brain leading to neurodegeneration. 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 disease3,4

Bepranemab is a fully humanised, full-length IgG4 monoclonal anti-tau antibody5 that is currently under investigation for the treatment of AD6

Bepranemab aims to reduce the progression of disease by binding extracellular pathological tau and slowing down or halting the spread of tau neuropathology1,3,5

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

**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

**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](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 breathe independently.

PREVALENCE

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

Mechanism of Action:

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

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.

Management Goals

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

Infants

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

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

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.

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

We support vulnerable populations in the countries where we operate.

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

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

**CO₂ emissions**
- 62% since 2015

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<tbody>
<tr>
<td>CO₂e emissions (tons)</td>
<td>176,775</td>
<td>135,547</td>
<td>127,055</td>
<td>77,037</td>
<td>71,796</td>
<td>67,037</td>
<td>66,359</td>
</tr>
</tbody>
</table>

**Water consumption**
- 29% since 2015

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<tr>
<th>Year</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water consumption (m³)</td>
<td>2016</td>
<td>663,359</td>
<td>799,469</td>
<td>590,867</td>
<td>599,670</td>
<td>569,827</td>
</tr>
</tbody>
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**Waste production**
- 39% since 2015

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<tbody>
<tr>
<td>Waste production (tons)</td>
<td>2016</td>
<td>8,713</td>
<td>7,090</td>
<td>6,970</td>
<td>6,695</td>
<td>6,014</td>
<td>5,950</td>
</tr>
</tbody>
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As of December 2021

More details in the integrated annual report
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

![Diagram showing gender and nationality distribution]

- Women
- Men
- Belgium
- France
- Germany
- U.K. / South Africa
- U.S.
Corporate Governance

Executive committee headed by Jean-Christoph Tellier

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

JC Tellier, CEO
D. Patel, CSO
I. Löw-Friedrich, CMO

JL Fleurial, CHRO
S. Dufour, CFO

B. Silbey, General Counsel
E. Caeymaex, Immunology Solutions & Head of U.S

K. Lund-Jurgensen, Supply & Technology Solutions
C. van Zyl, Neurology Solutions & Head of EU / International

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

Inspired by patients.
Driven by science.