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

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In the event of any differences between this Presentation and the Annual or Half Year Report, the information included in the Report shall prevail.
Continuous adaptation to the changing ecosystem

1928
Emmanuel Janssen established Union Chimique Belge (UCB) in Brussels (Belgium), primarily focusing on industrial chemicals.

1940s - Production of primary care products (calcium, vitamins, insulin, etc.) during World War II.

1954 - Discovery of Atarax®, one of the world’s first tranquillizers.

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

1978 - Stronger focus on research, resulting in the discovery of one of the world’s first tranquillizers, Atarax®.

1987 - Globalization with acquisitions in the US, Korea, Thailand, and Japan.

1987 - Focus on biopharmaceuticals: a combination of large, antibody-based molecules and small, chemically-defined molecules.

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

2006 - Acquisition of Schwarz Pharma AG, based in Germany, bringing complementary therapeutic and geographic focus.

2008 - Acquisition of Calltech Group Ltd., a leading British biotechnology company.

2008 - Globalization with acquisitions in the US, Korea, Thailand, and Japan.

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


2019 - Neupro (bimekizumab) nasal spray.

2021 - Bimzelix®.

2022 - Inspired by patients, Driven by science.
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 2022

We are UCB

We are 8,700* employees creating value for patients

We bring CIMZIA®, VIMPAT®, KEPPRA®, BRIVIACT®, NEUPRO®, NAYZILAM®, EVENITY® & BIMZELX® to over 3.4 million patients*

Focused on R&D:
We invest 30%* of revenue in R&D – above industry average

We commit to reducing our ecological footprint

We reached in 2022 € 5.5 billion revenue and € 1.26 billion adjusted EBITDA
## Our Core Products – Immunology and Bone

### Key information*

| **BIMZELX®**  
* (bimekizumab) | **CIMZIA®**  
* (certolizumab pegol) | **EVENITY®**  
* (romosozumab) |
|----------------|-----------------|-----------------|
| • Psoriasis available in EU (DE, FR, IT, ES, NL, SE, DK, FI, AT, BE, CH & CZ), GB, JPN, CAN & KSA – Approved in AUS  
• Regulatory reviews in psoriasis are underway in the US, Turkey, Brazil, Mexico, Kuwait & Israel.  
• Psoriatic arthritis, radiographic and non-radiographic axial spondyloarthritis under regulatory review in EU and JPN.  
• Hidradenitis suppurativa (HS) regulatory submissions starting Q3/2023 | • Crohn’s disease  
• Rheumatoid arthritis  
• Psoriatic arthritis  
• Axial spondyloarthritis  
• Psoriasis | • EU launch progressing (available in UK, ES & IT as of Q4, 2022)  
• Launched by Amgen and Astellas in Japan and US and ROW |

<table>
<thead>
<tr>
<th>&gt; 4 000 patients globally*</th>
<th>180 000 patients globally*</th>
<th>&gt; 400 000 patients since launch globally*</th>
</tr>
</thead>
</table>
| No partner; in-house product | Astellas (Japan – 2012)  
| 2032 (US, without patent term extension)  
2036 (EU)  
2037 (Japan) | 2024 (US & EU)  
2026 (Japan) | 2031 (EU & Japan)  
2033 (US)  
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 31st of December 2022; Loss of Exclusivity dates are indicative; ROW: rest of world
Our Core Products – Neurology

### Key information*

<table>
<thead>
<tr>
<th>FINTEPLA® (fenfluramine)</th>
<th>NAYZILAM® (Midazolam)</th>
<th>VIMPAT® (lacosamide)</th>
<th>KEPPRA® (levetiracetam)</th>
<th>BRIVIACT® (brivaracetam)</th>
<th>NEUPRO® (rotigotine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dravet-syndrome</td>
<td>• Epilepsy POS</td>
<td>• Epilepsy POS</td>
<td>• Epilepsy POS</td>
<td>Epilepsy POS</td>
<td>• Parkinson’s disease</td>
</tr>
<tr>
<td>Approved and launched in US, EU, JPN. DDD in US, EU</td>
<td>(pediatric label extension in US, Oct. 2021, and EU CHMP positive opinion, Jan. 2022)</td>
<td>• Epilepsy POS</td>
<td>• Epilepsy myoclonic seizures</td>
<td>Adj. therapy</td>
<td></td>
</tr>
<tr>
<td>• Lennox-Gastaut syndrome Approved and launched in US, EU; DDD in US, EU</td>
<td>• Epilepsy PGTCS</td>
<td>• Epilepsy myoclonic seizures</td>
<td>• Epilepsy POS</td>
<td>• Monotherapy (US)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Dravet-syndrome approved and launched in US, EU, JPN. DDD in US, EU</td>
<td>• Epilepsy POS</td>
<td>• Epilepsy myoclonic seizures</td>
<td>• pediatric label extension in US, Aug. 2021, and EU CHMP positive opinion, Jan. 2022</td>
<td>• Restless legs syndrome</td>
</tr>
</tbody>
</table>

| > 1,000 patients globally* | > 90,000 patients in the U.S* | > 600,000 patients globally* | > 1.8 million patients globally* | 190,000 patients globally* | > 340,000 patients globally* |


| 2027 (ODE US Dravet Syndrome) | 2028 (US) | 2022 (US & EU) | 2008 (US) | 2026 (US & EU) | 2021 (US & EU) |
| 2032 (ODE EU & Japan Dravet Syndrome) |  | 2024 (Japan) | 2010 (EU) | 2024 (Japan) | 2024 (Japan) |

*As of 31st of December 2022; Loss of Exclusivity dates are indicative; CHMP: Committee for Medicinal Products for Human Use; DDD: orphan drug designation; ODE: orphan drug exclusivity; POS: partial onset seizures, also known as focal seizures; PGTCS: primary generalized tonic-clonic seizures;
## Strong product portfolio – managing generic erosion

### 2022 FY Net Sales

**€ 5 140 M¹**

(-6%; -8% CER)

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>€ M</th>
<th>ACT</th>
<th>CER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epilepsy</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIMPAT®</td>
<td>€ 2 145 M</td>
<td>-14%</td>
<td>-19% CER</td>
</tr>
<tr>
<td>CIMZIA®</td>
<td>€ 2 085</td>
<td>+13%</td>
<td>+5%</td>
</tr>
<tr>
<td><strong>Immunology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRIVIACT®</td>
<td>€ 485</td>
<td>+37%</td>
<td>+24%</td>
</tr>
<tr>
<td>VIMPAT®</td>
<td>€ 1 124</td>
<td>-27%</td>
<td>-33%</td>
</tr>
<tr>
<td>NAYZILAM®</td>
<td>€ 78</td>
<td>+36%</td>
<td>+21%</td>
</tr>
<tr>
<td>FINTEPLA®</td>
<td>€ 116</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>KEPPRA®</td>
<td>€ 729</td>
<td>-25%</td>
<td>-26%</td>
</tr>
<tr>
<td>BRIVIACT®</td>
<td>€ 485</td>
<td>+37%</td>
<td>+24%</td>
</tr>
<tr>
<td>NAYZILAM®</td>
<td>€ 305</td>
<td>0%</td>
<td>-4%</td>
</tr>
<tr>
<td>NEUPRO®</td>
<td>€ 35</td>
<td>&gt;100%</td>
<td>&gt;100%</td>
</tr>
<tr>
<td><strong>Established Brands (EB)</strong></td>
<td>€ 325</td>
<td>+1%</td>
<td>+2%</td>
</tr>
<tr>
<td>FINTEPLA®</td>
<td>€ 116</td>
<td>6%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>EB</strong></td>
<td>€ 325</td>
<td>+1%</td>
<td>+2%</td>
</tr>
<tr>
<td><strong>BIMZELX</strong></td>
<td>€ 167</td>
<td>6%</td>
<td>14%</td>
</tr>
</tbody>
</table>

**EB** = Established Brands; **CER** = Constant Exchange Rates

¹Net sales include € 167 M designated hedges reclassified to net sales, before this reclassification: net sales -2%

- Peak sales ahead of 2024
- LOE since March in the US, since September in Europe
- LOE in Japan since early January
- Continued double-digit growth
- Stable in a competitive market environment
- Included since March
- Continued double-digit growth
- Launching in 16 countries around the globe
- Continued launches throughout Europe
- Solid contribution
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 (US)
- 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 US (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® 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 zampilimab to Chiesi
- Partnering with Novartis in Parkinson’s disease

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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
CIMZIA®

Exceeded peak sales ambition of over € 2bn already in 2022

For patients (including women of child-bearing age) living with
- Rheumatoid arthritis
- Psoriatic arthritis
- Psoriasis
- (non-radiographic) Axial spondyloarthritis
- Crohn’s disease (US)³

Peak sales guidance: > € 2 billion by 2024
Loss of Exclusivity¹
- 2024 US & EU
- 2026 Japan

Net sales in € million, FY numbers²

¹ Loss of Exclusivity dates are indicative; ² Numbers may not add due to rounding; ³ Partnered with Ferring
Focusing On Markets With Strong Growth Potential

**Psoriasis**
- US$ 18.3 billion
- US$ 23.3 billion

**Psoriatic arthritis**
- US$ 7.0 billion
- US$ 9.6 billion

**Axial spondyloarthritis**
- $ 4.5 billion
- $ 5.7 billion

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

Peak sales guidance: > € 1.5 billion by 2022 - achieved

Loss of Exclusivity 1
- **2022** US & EU
- **2024** Japan

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 Dec 22 vs. MAT Dec 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 Dec 22 and market share growth is shown against R3M Dec 21.

**Vimpat vs. AED Market Growth (TRx/TDx)**

- US: -54.0%
- Europe: 3.4%
- Japan: 21.9%
- US Loss of Exclusivity: March 2022
- EU Loss of Exclusivity: September 2022

**Vimpat R3M TRx/TDx Share**

- US: 0.71%
- EU: 5.09%
- Japan: 6.06%

Graphs showing monthly growth in US, EU, and Japan from Dec 2021 to Dec 2022.
**BRIVIACT®**

Available to more and more patients

For people living with
- partial-onset seizures (POS), also known as focal seizures
  - 2021: US 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)

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**Peak sales guidance: € 600 million (2026)**

Loss of exclusivity
- **2026** US & EU
- Not yet available in Japan

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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, 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 Briviact TRx/TDx growth are calculated for MAT Dec 22 vs. MAT Dec 21 factored for epilepsy usage. In the US, the TRx of 26 of these molecules are factored for epilepsy usage.

Briviact TRx/TDx market share is calculated for R3M Dec 22 and market share growth is shown against R3M Dec 21.

**BRIVIACT® vs. AED Market Growth (TRx/TDx)**

- **US**
  - Briviact: 23.1%
  - AED Market: -15.3%
- **Europe**
  - Briviact: 2.7%
  - AED Market: -0.7%

**Briviact R3M TRx/TDx Share**

- **Dec 2021**
  - US: 0.66%
  - EU5: 0.60%
- **Dec 2022**
  - US: 1.63%
  - EU5: 0.66%
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
Keppra vs. AED Market Growth (TRx/TDx)

-25.6%  -0.3%  -47.5%

Keppra R3M TRx/TDx Share

Keppra vs. AED Market Growth (TRx/TDx)

-25.6%  -0.3%  -47.5%

Keppra R3M TRx/TDx Share

Japan start generic competition: End 2021

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 Keppra TRx/TDx growth are calculated for MAT Dec 22 vs. MAT Dec 21 factored for epilepsy usage. In the US, the TRx of 26 of these molecules are factored for epilepsy usage. Keppra TRx/TDx market share is calculated for R3M Dec 22 and market share growth is shown against R3M Dec 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 (US - 2019)

Nayzilam® was acquired in 2018 from Proximagen.

Loss of Exclusivity¹
- **2028** US

¹ Loss of Exclusivity dates are indicative.
NEUPRO®

Reached peak sales in 2018

For people living with
• Parkinson’s disease
• Restless legs syndrome

Loss of Exclusivity¹
• 2021 US & EU
• 2024 Japan
• 2030 Several reformulation patents expiry (US & EU)

¹ Loss of Exclusivity dates are indicative. ² Numbers may not add due to rounding.
NEUPRO® In-Market Performance

Neupro PD vs. PD (KC) Market Growth (TRx/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 Dec 22 vs. MAT Dec 21; Neupro TRx/TDx market share is calculated based on PD Key Competitors market; Neupro TRx/TDx market share is calculated for R3M Dec 22 and market share growth is shown against R3M Dec 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.

Neupro R3M TRx/TDx Share

- US Europe Japan

-26.5% -22.6% -26.5%
-16.5% 0.1% 0.6%
-7.1% 1.0% 1.2%
0.0% -5.0% -10.0%
-15.0% -20.0% -25.0%
-30.0% -25.0% -20.0%
-15.0% -10.0% -5.0%
0.0% 5.0%
1.10% 3.48% 4.50%
1.50% 2.00% 2.50%
2.00% 2.50% 3.00%
2.50% 3.00% 3.50%
3.00% 3.50% 4.00%
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4.50% 5.00% 5.50%


US EU5 Japan

1.10% 3.48% 4.50%
0.50% 1.00% 1.50%
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# 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><strong>Net sales</strong></td>
<td>European sales</td>
<td>US &amp; RoW sales + intercompany sales to Japan</td>
<td>In-market sales Japan</td>
</tr>
<tr>
<td><strong>Cost of goods</strong></td>
<td>European sales</td>
<td>US &amp; RoW sales + intercompany sales to Japan</td>
<td>Intercompany sales to Japan</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></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><strong>Other operating income/expense</strong></td>
<td>50% of profit outside Europe minus 50% of EU profit/loss (^1)</td>
<td>50% of EU profit/loss (^1) 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**
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 myastenia 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

<table>
<thead>
<tr>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ BIMZELX® available in EU, GB, JPN, CAN &amp; KSA – Approved in AUS. Regulatory reviews in psoriasis are underway in US and other countries. In the US, the FDA accepted the BLA resubmission for review. The FDA validated the resubmission as ‘Class 2’ with a six-month review period.</td>
</tr>
<tr>
<td>✓ Positive top-line results from two Phase 3 studies, BE HEARD I and BE HEARD II, evaluating the efficacy and safety of bimekizumab in adults with moderate to severe hidradenitis suppurativa (HS).</td>
</tr>
<tr>
<td>✓ Zogenix acquisition and integration</td>
</tr>
<tr>
<td>✓ FINTEPLA® oral solution has been approved in EU &amp; US for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients two years of age and older</td>
</tr>
<tr>
<td>✓ FINTEPLA® approved in Japan for the Treatment of Seizures Associated with Dravet Syndrome</td>
</tr>
<tr>
<td>✓ New indications: fenfluramine in CDKL5 deficiency disorder and doxectine and doxritimine (MT1621) in TK2 deficiency disorder</td>
</tr>
<tr>
<td>✓ FDA acceptance of new drug application and EMA MAA validation for zilucoplan for the treatment of generalized myasthenia gravis in adult patients</td>
</tr>
<tr>
<td>✓ FDA acceptance of the filing to review a BLA for the investigational treatment rozanolixizumab and that the FDA granted Priority Review</td>
</tr>
<tr>
<td>✓ EMA validation of the MAA for rozanolixizumab for the treatment of adults with AChR or MuSK antibody positive gMG.</td>
</tr>
<tr>
<td>✓ Initiation of a Phase 2a proof-of-concept study to evaluate the efficacy and safety of rozanolixizumab†† to treat adult study participants with severe fibromyalgia syndrome</td>
</tr>
<tr>
<td>✓ Positive topline results from a Phase 3 study with adjunctive brivaracetam in participants across Asia with partial seizures</td>
</tr>
</tbody>
</table>
Many Milestones Achieved and Many More to Come …
Clinical results, approvals, submissions and regulatory reviews

<table>
<thead>
<tr>
<th>2022</th>
<th>Q1 2023</th>
<th>Q2 2023</th>
<th>Q3 2023</th>
<th>Q4 2023</th>
<th>H1 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3 results bimekizumab / HS</td>
<td>bimekizumab / PSA US</td>
<td>bimekizumab / PsA EU</td>
<td>bimekizumab / PsA Japan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 3 results zilucoplan / gMG</td>
<td>rozanolixizumab / gMG US</td>
<td>bimekizumab / axSpA EU</td>
<td>bimekizumab AS / axSpA Japan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CLINICAL**

**REGULATORY REVIEWS**

- **Completed**
  - APPROVAL BIMZELX® in Japan, Canada, Australia & other
  - APPROVAL BRIVIACT® and VIMPAT® for pediatric use

**SUBMISSIONS**

- 2023 ongoing regulatory reviews = potential approvals, followed by launches
  - APPROVAL FINTEPLA® in EU for LGS
    - bimekizumab / PSA US
    - rozanolixizumab / gMG US
  - bimekizumab / PsA EU
  - bimekizumab / axSpA EU
  - bimekizumab AS / axSpA Japan
  - zilucoplan / gMG Japan
  - zilucoplan / gMG US & EU

- 2023 planned submissions
  - rozanolixizumab / gMG Japan
  - bimekizumab / PSA / nr-axSpA / AS US
  - bimekizumab / HS US & EU
  - bimekizumab / HS Japan
  - brivaracetam / Japan
  - fenfluramine / LGS Japan

...leading to potential launches in 2024

gMG: generalized Myasthenia Gravis; PsA: Psoriatic arthritis; AS: Axial spondyloarthritis; nr-axSpA: non-radiographic axial spondyloarthritis; HS: Hidradenitis suppurativa; CHMP: Committee for Medicinal Products for Human Use; EU: Europe; GB: Great Britain

UCB - FY results 2022, Feb 2023
### Nine clinical development assets

<table>
<thead>
<tr>
<th><strong>Phase 1</strong></th>
<th><strong>Phase 2</strong></th>
<th><strong>Phase 3</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>rozanolixizumab</strong> (FcRn inhibitor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOG-antibody disease</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Autoimmune encephalitis</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td>Severe fibromyalgia syndrome</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>fenfluramine</strong> (5-HT agonist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDKL5 deficiency disorder</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>doxecitine and doxribtimine</strong> (MT1621, nucleoside therapy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TK2 deficiency disorder</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>dapirolizumab pegol</strong> (anti-CD40L antibody)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systemic lupus erythematosus*</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>STACCATO® alprazolam</strong> (benzodiazepine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stereotypical prolonged seizures</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>bepranemab</strong> (anti-tau antibody)</td>
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</tr>
<tr>
<td>Alzheimer’s disease**</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td><strong>UCB0599</strong> (α-syn-misfolding inhibitor)</td>
<td></td>
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</tr>
<tr>
<td>Parkinson’s disease***</td>
<td>✔️</td>
<td>✔️</td>
</tr>
<tr>
<td><strong>UCB9741</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atopic dermatitis</td>
<td>✔️</td>
<td>✔️</td>
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</table>

*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. Assets not currently approved by any regulatory authority.

UCB - FY results 2022, Feb 2023
… a Remarkable UCB Clinical Development Pipeline

Nine clinical development assets

<table>
<thead>
<tr>
<th>Asset</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>rozanolixizumab (FcRn inhibitor)</td>
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<td></td>
<td>Targeted FcRn inhibition in a population that has a severe brain inflammation and has no approved treatment options</td>
</tr>
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<tr>
<td>fenfluramine (5-HT agonist)</td>
<td></td>
<td></td>
<td>Targeted FcRn inhibition potentially reducing seizure activity</td>
</tr>
<tr>
<td>CDKL5 deficiency disorder</td>
<td></td>
<td></td>
<td>Severe and debilitating pain disorder affecting ~2-3% of population; pathogenic IgG antibodies drive severe FM</td>
</tr>
<tr>
<td>doxecitine and doxribtime (MT1621, nucleoside therapy)</td>
<td></td>
<td></td>
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<tr>
<td>dapirolizumab pegol (anti-CD40L antibody)</td>
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<td></td>
<td>Mitochondrial disease with currently no treatment options; MT1621 could hold the potential of extending survival.</td>
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UCB - FY results 2022, Feb 2023
## BIMZELX® (bimekizumab) Phase 3 Clinical Development Programs

<table>
<thead>
<tr>
<th>Psoriasis (PSO)</th>
<th>Psoriatic arthritis (PsA)</th>
<th>Axial spondyloarthritis (nr-axSpA &amp; AS)</th>
<th>Hidradenitis suppurativa (HS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3x superior</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- **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 MOBILE1 (AS0010)**
- NCT03928704 (vs placebo in nr-axSpA)

**BE MOBILE2 (AS0011)**
- NCT03895581 (vs placebo in AS/r-axSpA)
  - > 1,200 patients*

**BE HEARD I (HS0003)**
- NCT04242446 (vs placebo)

**BE HEARD II (HS0004)**
- NCT04242498 (vs placebo)
  - ~ 1,000 patients*

**BE SURE (PS0008)**
- NCT03412747 (vs adalimumab)

- EMA feedback Q3 2023 expected
- Topline results H2’22; submissions from Q3 2023

---

*Number of patients participating in the clinical programs; (nr)-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. **In December 2022, the FDA accepted the BLA resubmission for review.

---

Spectrum of IL-17A+F-mediated diseases:

- **Psoriasis**
  - ~3% - ~5% of population

- **Psoriatic arthritis**
  - ~1% of population

- **Axial spondyloarthritis**
  - ~0.6% - ~1.4% of population

- **Hidradenitis suppurativa**
  - ~1% of population

Latest data can be found here: [Scientific Presentations, Abstracts, and Posters - Bimekizumab | UCB](#)
Psoriasis: High Prevalence Globally

**Prevalence**

- **Caucasian**: 45%
- **African American**: 13%

**Age**

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

**Ethnicity**

PSO more commonly affects Caucasians than other ethnic groups.

Prevalence according to ethnicity in the USA:

- Caucasian: 2.5%
- African American: 1.3%

**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.

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 psoriasis1-3. It is associated with six key disease domains4:

- Peripheral arthritis
- Axial disease
- Enthesitis
- Dactylitis
- Skin
- Nails

Disease progression

Up to 40% of patients with psoriasis will develop PsA5-6. Decreasing quality of life7.

Prevalence by geographic region

Global prevalence13: ~0.13%

USA14: 0.06–0.25%

United Kingdom16: 0.10–0.35%

France15: 0.08–0.35%

Spain18: 0.36–0.87%

Norway15: 0.18–0.21%

Germany17: 0.16–0.25%

Italy15: 0.31–0.61%

Burden of disease

- Pain/swelling8
- Itching7
- Difficulty with everyday activities21
- Quality of life reduced20,21

Gender differences

Diagnosis is delayed10 and outcomes are worse in women11,12.

- Approximately 1 in 3 patients achieve minimal disease activity criteria in real-life studies with current treatments22.

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.

Gender Prevalence

- 2x more common in women than men
- More common in women than men
- ~20 million people

Disease Manifestations

- Chronic back pain is the main feature for all axSpA
- MRI inflammation of sacroiliac joints
- Structural damage of sacroiliac joints and spine

Geographic prevalence

GLOBAL*11-13 ~20 million people

3 KEY TREATMENTS:5
- NSAIDS
- TNF inhibitors
- IL-17A inhibitors

*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

References:
Hidradenitis Suppurativa (HS)
Under-recognized inflammatory 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
- Embarrassment
- Depression
- 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
- Psychological Disorders
- Metabolic Syndrome
- Squamous Cell Carcinoma
- Down Syndrome

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

MULTIPLE CO-MORBIDITIES

Unique portfolio comprising two mechanisms of action poised to transform the 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
  - SC, self-admin maintenance therapy

**AChR+ / MuSK+ patients**
- (AChR+) patient or physician preference
- rozanolixizumab
  - Anti-FcRn antibody to address pathogenic auto-antibodies
  - SC, at-home self-admin cyclical therapy

**Treatment goals**
- Fewer people experience exacerbations
- More symptom free days

AChR+, acetylcholinesterase receptor positive; FcRn, neonatal Fc receptor; gMG, generalized myasthenia gravis; MOA, mechanism of action, MuSK+, muscle specific kinase positive; zilucoplan and rozanolixizumab are investigational products and are not approved for any indication by any regulatory authority in the world. Zilucoplan and rozanolixizumab require additional studies before any conclusions for safety and efficacy can be made.

UCB - FY results 2022, Feb 2023
# 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>
<th>Severe fibromyalgia</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>
<td>Pathogenic IgG accumulation in dorsal route ganglia recently associated with severe fibromyalgia</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>
<td>• Chronic (&gt;3months) and widespread pain</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>
<td>• Hypersensitivity to pain stimuli</td>
</tr>
<tr>
<td>~ 10 - 45 cases / 100 000</td>
<td>~1 - 4 / 100 000</td>
<td>~ 0.7 / 100 000</td>
<td>~ 200 cases / 100 000 (diagnosed severe fibromyalgia)</td>
</tr>
<tr>
<td>• Surgery (thymectomy)</td>
<td>• No approved therapy</td>
<td>• immunotherapy and symptomatic therapy including antiseizure medications</td>
<td>• US: pregabalin, duloxetine and milnacipan</td>
</tr>
<tr>
<td>• Steroids, steroid-sparing drugs</td>
<td>• No formal treatment guidelines established</td>
<td>• PEX, IVIg</td>
<td>• JPN&amp;CHN : pregabalin</td>
</tr>
<tr>
<td>• Plasma exchange (PLEX)</td>
<td></td>
<td></td>
<td>• EU: nil approved</td>
</tr>
<tr>
<td>• IV immunoglobulin (IVIg)</td>
<td></td>
<td></td>
<td>G7 off-label: antidepressants, ASMs, IVIg, PLEX</td>
</tr>
</tbody>
</table>

CNS: central nervous system; IV: Intravenous; LGI1: leucine-rich-glioma inactivated-1; subQ: sub-cutaneous; ASM: anti-seizure medication; PLEX: plasma exchange; 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**
- **Severe fibromyalgia**

- **Rozanolixizumab: Targeted Approach Recycling IgG**

**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.

**Rozanolixizumab**
Targeted Approach Recycling IgG
Transforming disease burden for patients

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<tr>
<th>Disease</th>
<th>Target</th>
<th>Phase 3 started</th>
<th>Topline results</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>gMG</td>
<td>ADL</td>
<td>Q3 2021</td>
<td>H1 2024</td>
<td></td>
</tr>
<tr>
<td>AIE</td>
<td></td>
<td>Q4 2021</td>
<td>H2 2024</td>
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</tr>
<tr>
<td>MOG</td>
<td></td>
<td>Q4 2021</td>
<td>H2 2024</td>
<td></td>
</tr>
<tr>
<td>FM</td>
<td></td>
<td>Q4 2022</td>
<td>H2 2024</td>
<td></td>
</tr>
</tbody>
</table>

- **gMG**
  - MG0003 / NCT03971422
    - 200 patients; 3 arms; (rozanolixizumab vs. placebo)
    - MG-ADL Score @ Day 43
  - Phase 3 positive results published at MGFA Meeting 2022*

- **AIE**
  - AIE001 / NCT04875975
    - 68 patients; 2 arms; (rozanolixizumab vs. placebo)
    - Seizure freedom for 25 weeks\(^2\)
  - Phase 2 started in Q3 2021
  - Topline results H1 2024

- **MOG**
  - MOG001 / NCT05063163
    - 104 patients; 2 arms (rozanolixizumab vs. placebo);
    - Time from randomization to first independently centrally adjudicated relapse during the double-blind treatment period
  - Phase 3 started in Q4 2021
  - Topline results H2 2024

- **FM**
  - FM0001 / NCT05643794
    - 60 patients; 3 arms; (rozanolixizumab vs. placebo);
    - Brief Pain Inventory short form (BPI-SF) average interference score after 12 weeks of treatment
  - Phase 2 started in Q4 2022
  - Topline results H2 2024

* 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

Latest data can be found here:
Scientific Presentations, Abstracts, and Posters - Rozanolixizumab | UCB

\(^1\)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* 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.

Latest data can be found here: [Scientific Presentations, Abstracts, and Posters - Zilucoplan | UCB](#)
**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**

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
- Wide range
- 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

People who have an immediate family member (such as parents or siblings) with lupus or another autoimmune disease

- **1 IN 3 LUPUS PATIENTS have another autoimmune disease.**

**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

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

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

Lupus predominantly affects women¹

- 80-90% of cases between 15 – 45
- Disproportionately affects women of colour²

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](https://www.ucb.com/disease-areas/Lupus);

¹Source: [https://www.lupus.org/resources/what-is-lupus](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.
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

week 48

dapirolizumab pegol

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) worldwide¹

High unmet need given lack of disease-modifying therapies
UCB and Novartis have entered into an agreement²
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 bn³
• 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 US 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\textsuperscript{1,2}
- UCB0599 is thought to prevent the initial misfolding of ASYN that leads to fibril formation and consequent progression of PD\textsuperscript{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)\textsuperscript{6–8}

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

NCT04658186¹ / EudraCT 2020-003265-19²

**Screening**

- UCB0599 (low / high dose)
- Placebo

**Treatment period**

(18 months)

**Safety follow-up**

(1 month)

**Patients¹**

- Participants will be randomized to receive either a predefined high or low dosage of UCB05099 or a placebo dosage.
- 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 endpoint¹**

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

**Secondary endpoints¹**

- 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)

---

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-approved¹,²

alprazolam: a well-known benzodiazepine³

Delivers alprazolam with a single, normal breath, to potentially terminate an ongoing seizure in <90 seconds²

- 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.

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**
  - up to 6 weeks

- **Randomization**
  - ≤12-week outpatient treatment period

End-of-Study Visit

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.
## Fenfluramine Offers New Hope for Individuals and Families Living with Challenging Developmental Epileptic Encephalopathies (DEEs)

<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</td>
<td>~60k - 100k</td>
<td>~8k - 10k</td>
</tr>
<tr>
<td>US, EU, JPN prevalence</td>
<td>US, EU, JPN prevalence</td>
<td>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%</td>
<td>Higher risk of status epilepticus and sudden death</td>
<td>&gt;70% of patients experience daily seizures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High risk of SUDEP</td>
</tr>
</tbody>
</table>

### Foundational Therapy

Profound impact on seizures exceeding expectations of what could be possible in DS

### The New Next Option

Proven efficacy on LGS’s most challenging seizures proven efficacy as an adjunctive therapy

### Phase 3 trial ongoing, topline results H2 2024

Novel, complementary MOA with demonstrated impact on refractory seizure disorders

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. Licenses and approved indications for Fintepla® vary by country.
Fenfluramine Creating Meaningful Value to Patients & HCPs across Dravet & Lennox-Gastaut Syndrome

**Dravet Syndrome**

- **Largest reduction in seizures associated with Dravet Syndrome** – 1st or 2nd line recommendation in International DS Consensus.14
- **Dramatically lowers seizures leading to SUDEP mortality compared to previous standard of care** – All-cause and SUDEP mortality rate was 1.7 per 1000 person-years compared to 9.3 related to SUDEP alone for persons with DS receiving standard-of-care.4
- **Improved everyday executive functioning** Children and young adults who experienced a significant (>50%) reduction of seizure frequency (78%) also showed improvement in emotional and cognitive regulation.6

**Lennox-Gastaut Syndrome**

- **Profound seizure reduction in highest refractory population studied** sustained for up to 15 months in added to current standard of care.4,13
- **Substantial improvement in LGS-related cognitive and functional deficits** – emotion, behavior, cognition and QoL.15
- **Significant improvement in tonic-clonic seizures** a primary risk factor for SUDEP.12,13

---

CDKL5 Deficiency Disorder (CDD)

An ultra-rare, severe developmental epileptic encephalopathy with onset in early infancy, high unmet need, and limited treatment options.

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

CDD can manifest in a broad, complex range of clinical symptoms and severity. 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. The highly refractory nature of epilepsy in CDD puts many individuals with CDD at high risk for SUDEP (Sudden Unexpected Death in Epilepsy).

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

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.

Impact on Caregivers

- Increasing child sleep disturbances also have a negative impact on caregiver emotional wellbeing
- 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
- 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

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

SEVERE IMPACT ON QOL

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

More common in girls than boys

According to the National Organization for Rare Disorders (NORD), girls are more commonly affected by CDKL5 deficiency disorder than boys.

IMPACT ON CAREGIVERS

- Increased child sleep disturbances also have a negative impact on caregiver emotional wellbeing
- 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
- 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

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.

References:

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 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 – Recruitment for this study was completed, topline results Q4 2024

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

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](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 lose the ability to walk, eat and breath independently.

Treatment:
There are no medicinal products approved for the treatment of TK2d. Standard of Care is limited to supportive and palliative care aimed at preserving motor functions and preventing respiratory failure.

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

Mechanism of Action:
doxecitine and doxribtimine (doxTM), is an investigational deoxynucleoside substrate enhancement therapy for the treatment of TK2d

Management Goals

Infants
- Extremely poor prognosis and often fatal within a few years
- Require palliative care such as mechanical ventilation, feeding tubes and sedation
- Psychological support for parents

Children
- Ultimate goal is to prolong life to help reach developmental milestones (e.g. able to sit up, crawl, talk, walk)
- Ensure adequate respiratory support (if/when needed)
- Support psychological development

Adults
- Ultimate goal is to maintain 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

<table>
<thead>
<tr>
<th>Year</th>
<th>€ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 FY</td>
<td>896</td>
</tr>
<tr>
<td>2018 FY</td>
<td>1,098</td>
</tr>
<tr>
<td>2019 FY</td>
<td>893</td>
</tr>
<tr>
<td>2020 FY</td>
<td>1,081</td>
</tr>
<tr>
<td>2021 FY</td>
<td>1,553</td>
</tr>
<tr>
<td>2022 FY</td>
<td>1,119</td>
</tr>
</tbody>
</table>

Net debt / adjusted EBITDA ratio

<table>
<thead>
<tr>
<th>Year</th>
<th>€ million</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 FY</td>
<td>525</td>
</tr>
<tr>
<td>2018 FY</td>
<td>0.4</td>
</tr>
<tr>
<td>2019 FY</td>
<td>237</td>
</tr>
<tr>
<td>2020 FY</td>
<td>1.0</td>
</tr>
<tr>
<td>2021 FY</td>
<td>860</td>
</tr>
<tr>
<td>2022 FY</td>
<td>2,000</td>
</tr>
</tbody>
</table>

EBITDA: Earnings before interests, taxes, depreciation and amortization charges - In compliance with the ESMA Alternative Performance Measures guidelines, recurring EBITDA, is renamed into "adjusted EBITDA". The calculation methodology remains unchanged.
Debt Maturity Schedule (@ 31 December 2022, € million)
UCB’s Organization

Our people are key to deliver on our ambition

~~8 700* employees worldwide

*As of December 2022

FUNCTIONS
Corporate Development & Finance - 414
Legal & Risk - 158
Talent & Company Reputation - 234

CEO
Office 2

Supply & Technology Solutions - 2 609
Early Solutions - 741
Development Solutions - 1 157
Immunology Solutions - 1 402
Neurology Solutions - 1 986
UCB Today: A Global Player

Presence in 36 countries complemented by a robust network of partners

~8 700* employees worldwide

51/49 Women / Men

1 061 New colleagues

10.9% Employee turnover

*As of December 2022
More details in the integrated annual report
## Japan Market Environment for Innovation

Large specialty and biologics market, early and secured access, and guaranteed market exclusivity

### Second Largest Market for Specialty and Biologics

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Biologics</th>
</tr>
</thead>
<tbody>
<tr>
<td>€ 15.6 bn</td>
<td>€ 10.7 bn</td>
</tr>
</tbody>
</table>

(2022 Apr-Sep)

IQVIA Japan "Pharma Market Insights 2022 Winter"

2nd Largest after US

### Early and Secured Access

- **Priority review/conditional-approval programs** for high unmet needs drugs with innovation
- Universal health insurance coverage and **secured reimbursement after 3 months from regulatory approval** with pricing scheme to reflect innovation

### Guaranteed 8 - 10 Years of Exclusivity for New Chemical Entities

- Market exclusivity granted during Post-Marketing Surveillance period for NMEs regardless of patent protection

  - 8 yrs for non-orphan
  - 10 yrs for orphan

### UCB in Japan

#### BIMZELX®
- Feb 2021 Submission for Psoriasis
- Jan 2022 Regulatory Approval
- Apr 2022 Launch

#### FINTEPLA®
- Dec 2021 Submission for Dravet Syndrome
- Sep 2022 Regulatory Approval
- Nov 2022 Launch

- bimekizumab / PSA / nr-axSpA / AS submissions planned in Q1 2023, HS in Q4 2023
- rozanolixizumab / gMG submission planned in Q1 2023
- fenfluramine / LGS submission planned Q3 2023
- brivaracetam submission planned Q3 2023

Inspired by patients.  
Driven by science.
UCB Japan - Organization Evolution Driving Growth

Evolution in organization capability and new working model

**Growth in Size and Diversity**

- **# Employees (as of Dec 2022)**
  - 561
  - 6.4% of Global UCB
  - x1.7 in 5 yrs

- **% Female Manager (as of Sep 2022)**
  - 20%
  - vs. industry average 14%
  - x1.5 in 1.5 yrs

 33% of newly hired managers Oct 2021 – Sep 2022 was female

**Transformation to Solo Business**

- Shift from partnering to solo business started in 2020

- End-to-end capability and business process established
  - Sales and Marketing
  - Manufacturing and Supply Chain Management
  - Distribution
  - IT infrastructure
  - Data and Analytics

**New Model for COVID-19**

- Upgraded customer engagement and field productivity with omnichannel
  - Reinforced digital channels
  - Customer-experience based approach
  - Agile operation model

- Office renovation to enhance new ways of working
  - Hybrid of face-to-face and remote working
  - Cross-functional interaction
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.

Inspired by patients. Driven by science.

Proprietary and Confidential Property of UCB
Driving sustained growth while making a positive impact on society

Value for patients
- >3.4 M patients
- 35% reimbursement for all within regulatory labels
- 42% reimbursement for some but not all within regulatory labels

Value for people at UCB
- Preserved jobs while mitigating headwinds
- 80.4% for our Health, Safety and Wellbeing index
- 38% women at executive level
- 1st inclusion index results

Value for our communities
- >140 global academic partnerships
- 12 early-stage biotech companies funded by UCB Venture
- 143 projects worldwide in the UCB Community Health Fund since 2020

Value the planet by 2030
- -58% CO₂ emissions we directly control vs. 2015
- 30% emissions by our suppliers with Science-Based-Targets alike

Value for shareholders by 2025
- € 5.52 bn revenues
- € 1.26 bn adjusted EBITDA
- 16.8 as Sustainalytics rating (low risk)
UCB Green Strategy

Our environmental targets by 2030 – Reductions in absolute numbers against 2015 baseline

- **CO₂ emissions**
  - 58% since 2015

- **Water consumption**
  - 35% since 2015

- **Waste production**
  - 40% since 2015

**CO₂ emissions (tons)**
- 2015: 177,081
- 2020: 72,400
- 2021: 67,227
- 2022: 73,818

**Water consumption (m³)**
- 2015: 80,116
- 2020: 56,872
- 2021: 55,832
- 2022: 52,602

**Waste production (tons)**
- 2015: 9,745
- 2020: 6,014
- 2021: 6,752
- 2022: 5,821

As of December 2022
More details in the integrated annual report
Corporate Governance

Board of directors

- **13 members**
  - Mandate: 4 year
  - Age limit: 70
- **5 women (38%)**
- **7 independent directors (54%)**
- **6 nationalities**

As of December 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

- Women
- Men

- Belgium
- France
- Germany
- U.K. / South Africa
- US

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

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

As of December 2022
More details in the integrated annual report
Shareholder distribution

**Institutional investors:**
- Wellington: 9%
- Blackrock: 5%
- FMR: 3%
- Financière de Tubize: 36%
- Other Institutional Investors: 35%

**Retail Investors:** 7%
**Treasury Shares:** 3%
**Unidentified:** 4%
**Other Institutional Investors:** 35%

**Geographic Distribution:**
- United States: 50%
- United Kingdom: 14%
- France: 9%
- Belgium: 7%
- Rest of Europe: 15%
- Rest of World: 5%

**Investment Style:**
- Growth: 22%
- Value: 29%
- Index: 20%
- GARP: 14%
- Hedge: 6%
- Other: 9%

Sources: Shareholder identification (as of January 2023) 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

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