Further Facts & Figures

Half-Year Report 2023
27 July 2023

Inspired by **patients.**
Driven by **science.**

Disclaimer & safe harbor

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

Important factors that could result in such differences include but are not limited to: the global spread and impact of pandemics (such as COVID-19), wars on territories where UCB has businesses, changes in general economic, business and competitive conditions, the inability to obtain necessary regulatory approvals or to obtain them on acceptable terms or within expected timing, costs associated with research and development, changes in the prospects for products in the pipeline or under development by UCB, effects of future judicial decisions or governmental investigations, safety, quality, data integrity or manufacturing issues; potential or actual data security and data privacy breaches, or disruptions of our information technology systems, product liability claims, challenges to patent protection for products or product candidates, competition from other products including biosimilars, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in tax laws or the administration of such laws, and hiring and retention of its employees. There is no guarantee that new product candidates will be discovered or identified in the pipeline, or that new indications for existing products will be developed and approved. Movement from concept to commercial product is uncertain; preclinical results do not guarantee safety and efficacy of product candidates in humans. So far, the complexity of the human body cannot be reproduced in computer models, cell culture systems or animal models. The length of the timing to complete clinical trials and to get regulatory approval for product marketing has varied in the past and UCB expects similar unpredictability going forward. Products or potential products which are the subject of partnerships, joint ventures or licensing collaborations may be subject to disputes between the partners or may prove to be not as safe, effective or commercially successful as UCB may have believed at the start of such partnership. UCB's efforts to acquire other products or companies and to integrate the operations of such acquired companies may not be as successful as UCB may have believed at the moment of acquisition. Also, UCB or others could discover safety, side effects or manufacturing problems with its products and/or devices after they are marketed. The discovery of significant problems with a product similar to one of UCB's products that implicate an entire class of products may have a material adverse effect on sales of the entire class of affected products. Moreover, sales may be impacted by international and domestic trends toward managed care and health care cost containment, including pricing pressure, political and public scrutiny, customer and prescriber patterns or practices, and the reimbursement policies imposed by third-party payers as well as legislation affecting biopharmaceutical pricing and reimbursement activities and outcomes. Finally, a breakdown, cyberattack or information security breach could compromise the confidentiality, integrity and availability of UCB's data and systems. Given these uncertainties, the public is cautioned not to place any undue reliance on such forward-looking statements. These forward-looking statements are made only as of the date of this presentation, and do not reflect any potential impacts from the evolving COVID-19 pandemic, unless indicated otherwise. The company continues to follow the development diligently to assess the financial significance of this pandemic to UCB.

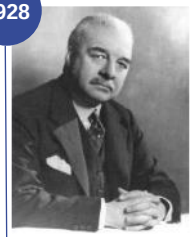
UCB expressly disclaims any obligation to update any forward-looking statements in this presentation, either to confirm the actual results or to report or reflect any change in its forward-looking statements with regard thereto or any change in events, conditions or circumstances on which any such statement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

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

UCB Story – Since 1928

Continuous adaptation to the changing ecosystem

1928



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

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

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

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

80's

Globalization with acquisitions in the US, Korea, Thailand and Japan

1987

Zyrtec

2000

Keppra

2004

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

Acquisition of Celltech Group Ltd, a leading British biotechnology company

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

2006

Neupro

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

2008

cimzia (certolizumab pegol)

VIMPAT lacosamide

2016

BRIVIACT

2019

EVENITY (romosozumab-aqqg)

Nayzilam (midazolam) nasal spray

2021

Bimzelx (bimekizumab)

2022

Fintepla

Through acquisition of Zogenix, Inc.

2023

RYSTIGGO (rozanolixizumab-noli)

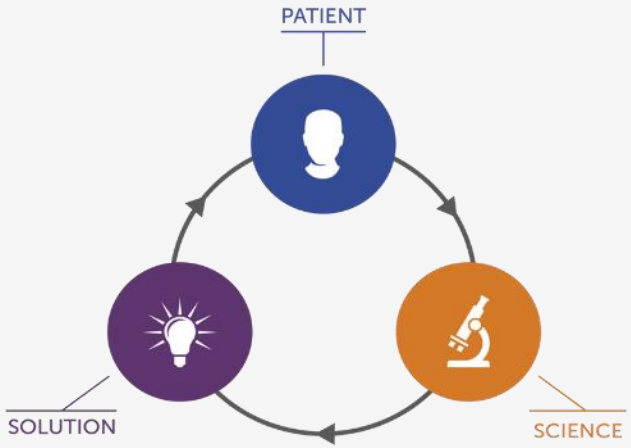
The timeline is not proportionated.

UCB's Patient Value Strategy

Sustained company growth – superior shareholder value

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

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



We are UCB

We are 8 700* 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

*Data as of 31st of December 2022

Our Core Products – Immunology and Bone

Key information

	BIMZELX® (***bimekizumab***)	**CIMZIA®** (***certolizumab pegol***)	**EVENITY®** ***(romosozumab)***
	• **Psoriasis** Approved in 27 EU Member states, 3 EEA (Iceland, Norway and Lichtenstein), Great Britain/ Switzerland, Japan, Canada, Saudi Arabia, UAE, Kuwait, Mexico and Australia Under regulatory review in the US, Turkey, Brazil, & Israel • **Psoriatic arthritis, radiographic and non-radiographic axial Spondyloarthritis** Approved in EU in June 2023 Under regulatory review in GB, AUS, CAN and Japan; and China (AS) • **Hidradenitis suppurativa (HS)** Under regulatory review EU Further submissions starting Q3/2023	Crohn's disease Rheumatoid Arthritis Psoriatic Arthritis non-radiographic and radiographic axial Spondyloarthritis Psoriasis	EU launch progressing (available in Germany, UK, ES, IT, DK, SE, NL, BE, NO, CH) Launched by Amgen and Astellas in Japan and by Amgen in US and ROW
	**> 10 000** patients globally**	**180 000** patients globally*	**> 485 000** patients since launch globally***
	No partner; in-house product	Astellas (Japan – 2012) Cinkate (China – 2019)	Amgen (2020)
	**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

*As of 31st of December 2022; **As of 30th of June 2023; ***As of 30th of April 2023; Loss of Exclusivity dates are indicative;
ROW: rest of world

Our Core Products – Neurology

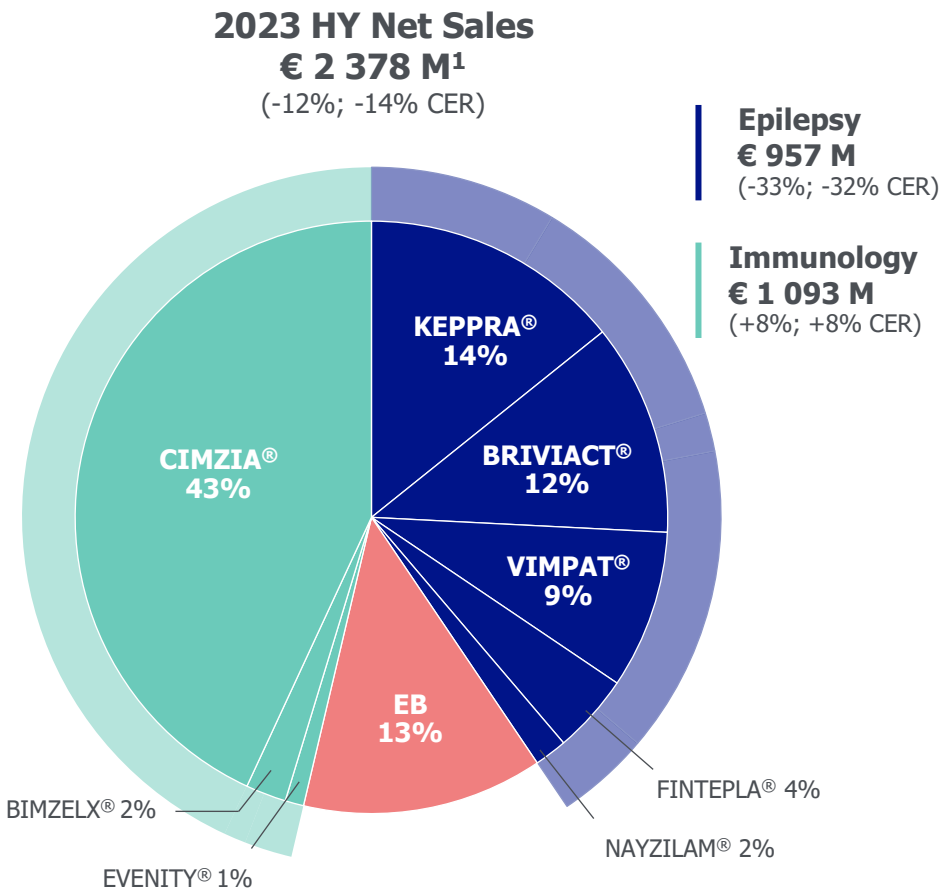
Key information*

	FINTEPLA® *(fenfluramine)*	**NAYZILAM®** *(midazolam)*	**VIMPAT®** *(lacosamide)*	**KEPPRA®** *(levetiracetam)*	**BRIVIACT®** *(brivaracetam)*	**NEUPRO®** *(rotigotine)*
	Dravet-syndrome Approved and launched in US, EU, JPN. ODD in US, EU, JP Lennox-Gastaut syndrome Approved and launched in US, EU; ODD in US, EU, JP	• Epilepsy seizure clusters (US - 2019) – orphan disease designation	Epilepsy POS (pediatric label extension in US, Oct. 2021, and EU CHMP positive opinion, Jan. 2022) POS down to 4 years in Japan and China Epilepsy PGTCS	Epilepsy POS Epilepsy PGTCS Epilepsy myoclonic seizures	Epilepsy POS Adj. therapy Monotherapy (US) pediatric label extension in US, Aug. 2021, and EU CHMP positive opinion, Jan. 2022)	Parkinson's disease Restless legs syndrome
	> 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*
	Acquisition of Zogenix, Inc. in 2022	US only (in-licensed from Proximagen, 2018)	Daiichi Sankyo (Japan – 2014)	Otsuka (Japan – 2008-2020)		Otsuka (Japan – 2002-2020)
	2027 (ODE US Dravet Syndrome) **2032** (ODE EU & Japan Dravet Syndrome)	**2028** (US)	2022 (US & EU) **2024** (Japan)	2008 (US) 2010 (EU) 2020 (Japan)	**2026** (US & EU)	2021 (US & EU) **2024** (Japan) **2030** (Reformulation patent in EU)

Sales now reported under Established Brands

*As of 31st of December 2022; Loss of Exclusivity dates are indicative; CHMP: Committee for Medicinal Products for Human Use; ODD: 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 – Ready for Growth



	€ M	ACT	CER	
CIMZIA®	€ 1 017	+2%	+2%	Continuous growth
KEPPRA®	€ 336	-12%	-9%	Generic competition in Japan since early January 2022
BRIVIACT®	€ 273	+21%	+20%	Continued double-digit growth, expected peak sales of € 600 M in 2026
VIMPAT®	€ 204	-73%	-72%	Generic erosion since March 2022 in the U.S., since September 2022 in Europe, starting to stabilize
FINTEPLA®	€ 102	>100%	>100%	Included since March 2022, via acquisition of Zogenix
BIMZELX®	€ 52	>100%	>100%	now captures more than one third of new and switch prescriptions of IL17 products for psoriasis
NAYZILAM®	€ 42	+17%	+16%	Continued double-digit growth
EVENITY®	€ 24	>100%	>100%	Continued launches throughout Europe, making it available to more patients
Established Brands (EB)	€ 325	+1%	+2%	Solid contribution
NEUPRO®	€ 146	-6%	-6%	Now included in Established Brands (EB)

ACT = Actual; CER = constant exchange rates; EB = Established Brands; LGS = Lennox-Gastaut Syndrome
[1]Net sales include € 18 M designated hedges reclassified to net sales; Before this reclassification: Net sales -15%

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

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 Epilepsy Leadership across the Globe

>3.2 million

epilepsy patients under care **worldwide** in 2022

1 million

compounds per drug screening

>6

targeted projects in early discovery pipeline

worldwide epilepsy net sales

>€1.83 bn[1]

>250

interventional studies

>25,000

patients enrolled

UCB's Portfolio of Epilepsy Solutions

Keppra® levetiracetam · VIMPAT® lacosamide · BRIVIACT® (brivaracetam) · Nayzilam® (midazolam) nasal spray · Fintepla® (fenfluramine)

Strategic Epilepsy Investments and Partnerships

Patient Solution Acquisitions

ZOGENIX · ENGAGE THERAPEUTICS

Drug Discovery Research

Transcriptomic Big Data Library in Epilepsy

GliaPharm · PRAXIS · Handl Therapeutics · Eg Element Genomics

Digital Health

EYSZ · Byteflies · NextSense · nile · NEURAVA

[1]Full Year 2022

CIMZIA®

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

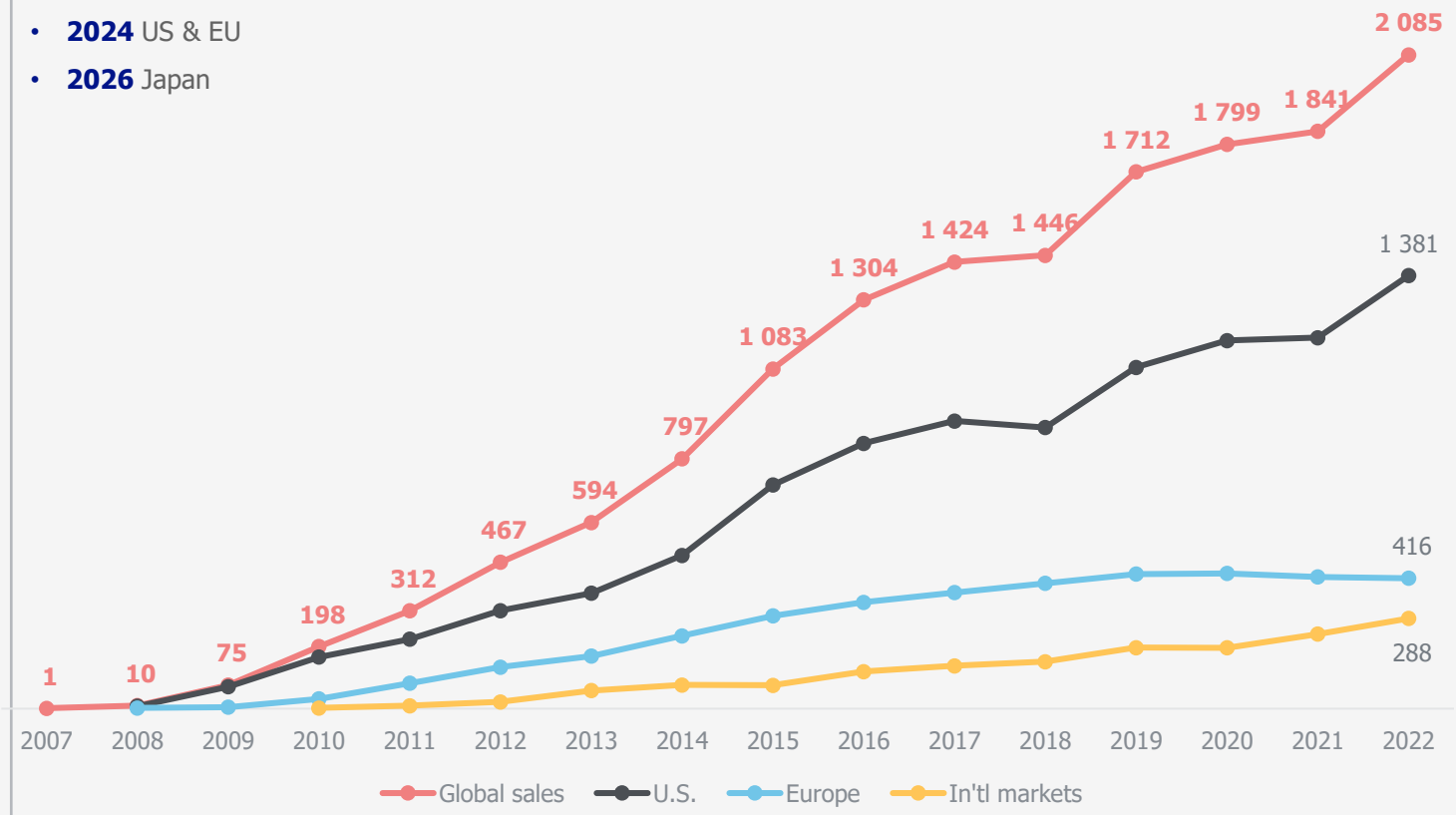
For patients (including women of child-bearing age) living with

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

Peak sales guidance: > € 2 billion by 2024

Loss of Exclusivity[1]

- **2024** US & EU
- **2026** Japan



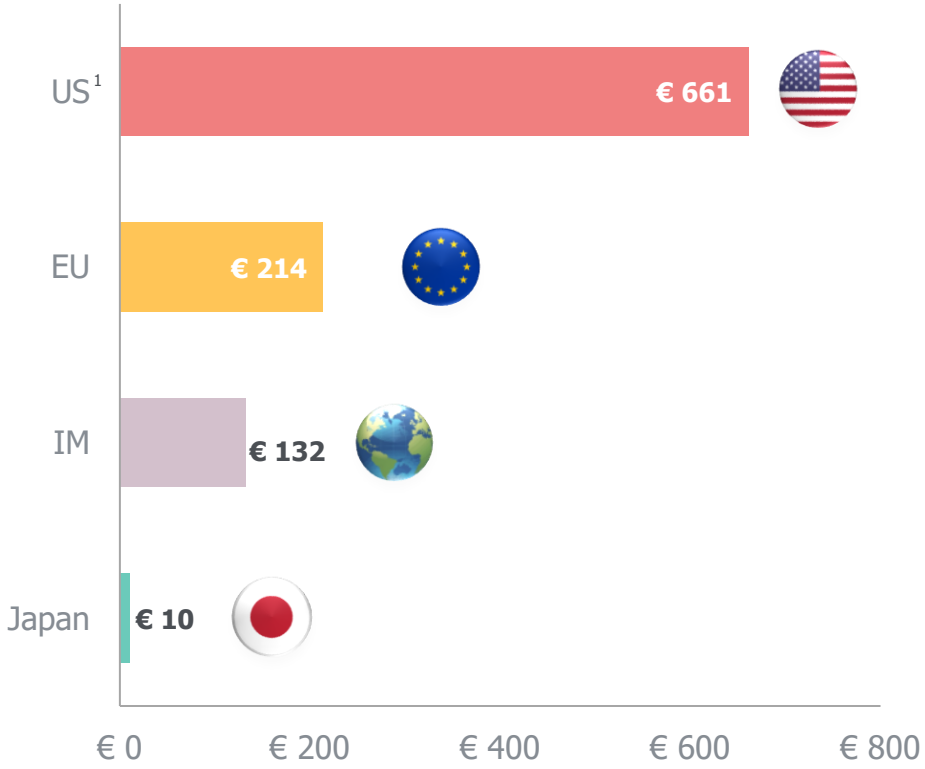
Net sales in € million, FY numbers[2]

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

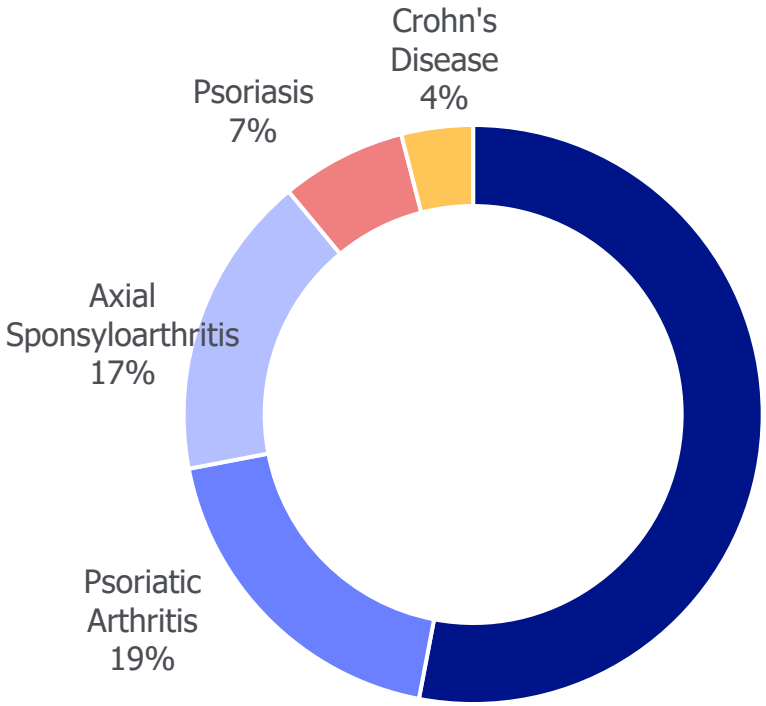
CIMZIA® Continues to Provide a Stable Revenue Base

A differentiated product for people living with inflammatory TNF-mediated diseases

Net Sales, by Region
H1: € 1 017 M



Net Sales, by Segment



In the U.S. Rheumatology market, more than 1/3 of all CIMZIA® patients are WoCBA

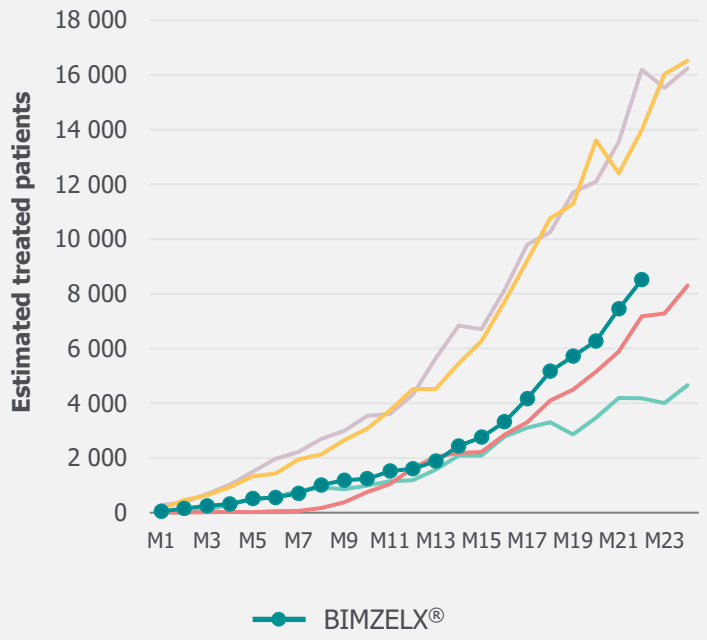
[1]50% lyophilized formulation and 50% pre-filled syringe; IM = International Markets; WoCBA = Women of Child Bearing Age

Continued Strong BIMZELX® Uptake Across Global Launch Markets

Reaching over 10 000 patients worldwide in June 2023

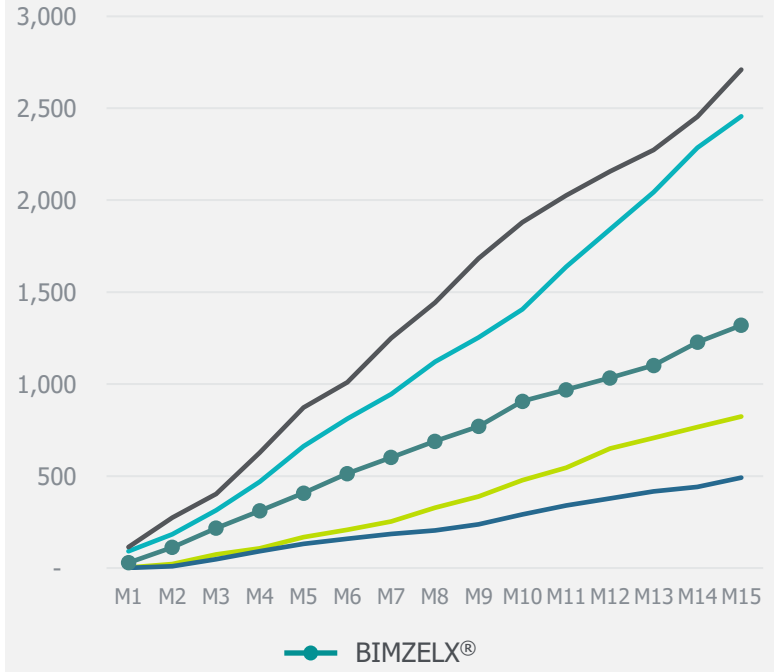
Europe
Accelerating uptake post pandemic

Estimated treated patients from regulatory approval vs competition



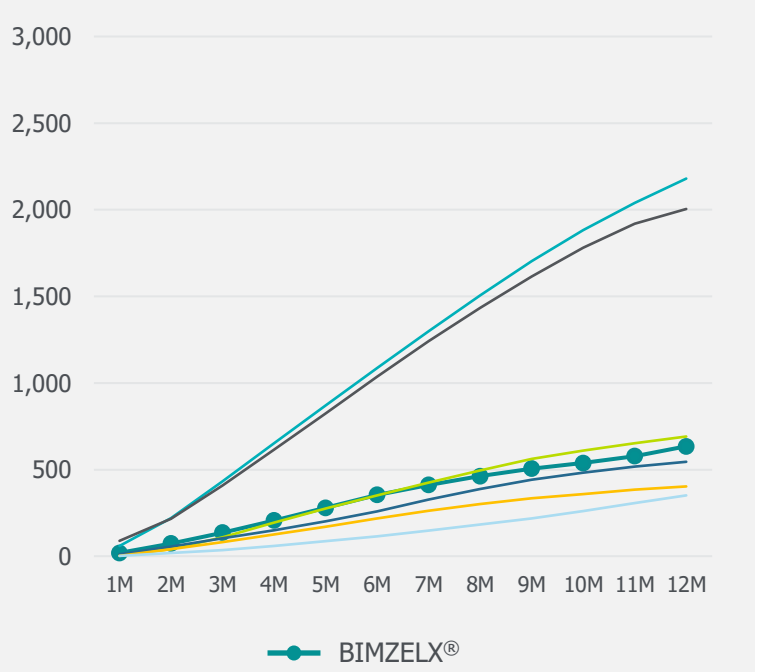
Canada
Expanding usage fueling competitive growth

Cumulative monthly patients number from launch vs competition



Japan
Growth continues vs IL-17s

Cumulative monthly patients number from launch vs competition



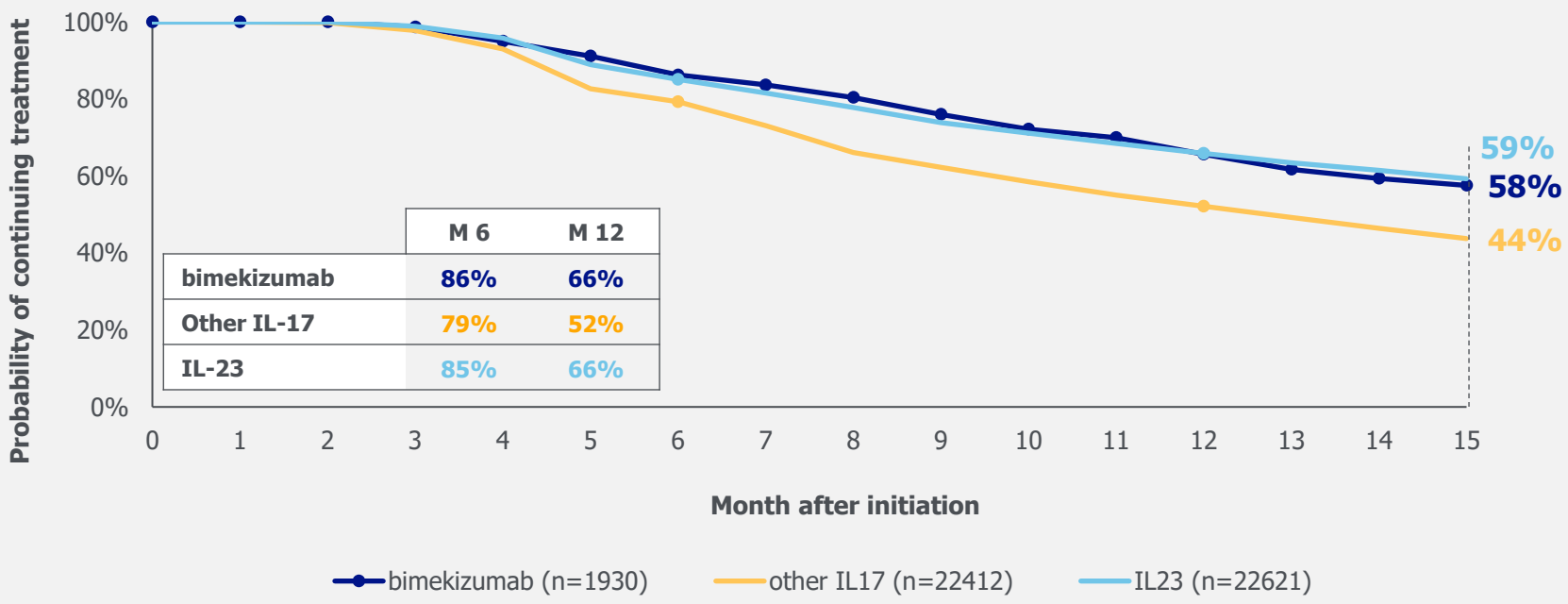
Actual patients only available for UK; Estimated treated patients derived from volume in Germany, Netherlands and Sweden; DE source: Insight Health NPI; UK sources: BIMZELX based on homecare deliveries to patients. Canada source: Patients on Drug via Canada PSP (Bayshore). Inclusive of Bridging (Public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

BIMZELX® Patients More Likely to Continue Treatment Than on Other IL-17 and on Par With IL-23*

Early insights on persistence…

Persistence on treatment from initiation (Germany)

Kaplan Meier curve - Patients initiated between SEP21-MAR23 – 90 days permissible gap



	M 6	M 12
bimekizumab	86%	66%
Other IL-17	79%	52%
IL-23	85%	66%

Methodology:

All patients initiated after SEP21 are selected, both bio-naive and switch patients. Patients are followed until APR23.

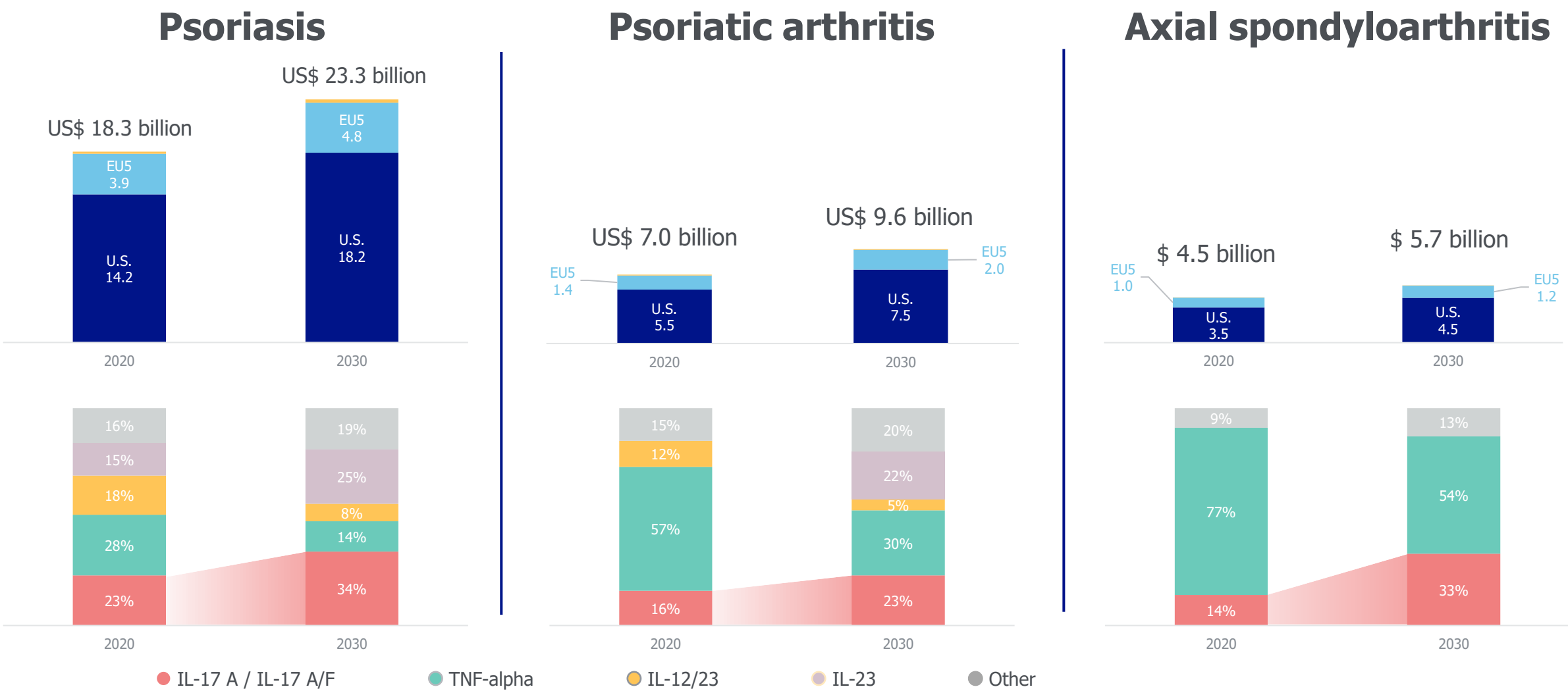
Patients are considered persistent on treatment as long as they pick up repeat prescriptions within the theoretical interval between injections (as defined in the SmPC) + a permissible gap of 90 days. A gap in treatment of less than 90 days is considered a lack of compliance, not a lack of persistence.

Patients who cannot be followed for a complete period of 15 months are followed until the end of data availability: APR23. At the end of APR23, patients are marked as lost for follow-up and are censored (Kaplan-Meier method).

Note: The nature of Insight Health PIA data (pharmacy transactional data) leads to persistence absolute numbers which are more likely to be underestimated than overestimated because patients may change pharmacy over time and exit the panel. However, comparison across products remains fair.

*not tested for statistical significance; Source: Insight Health PIA data

Focusing On Growth Markets



Inspired by patients. Driven by science.

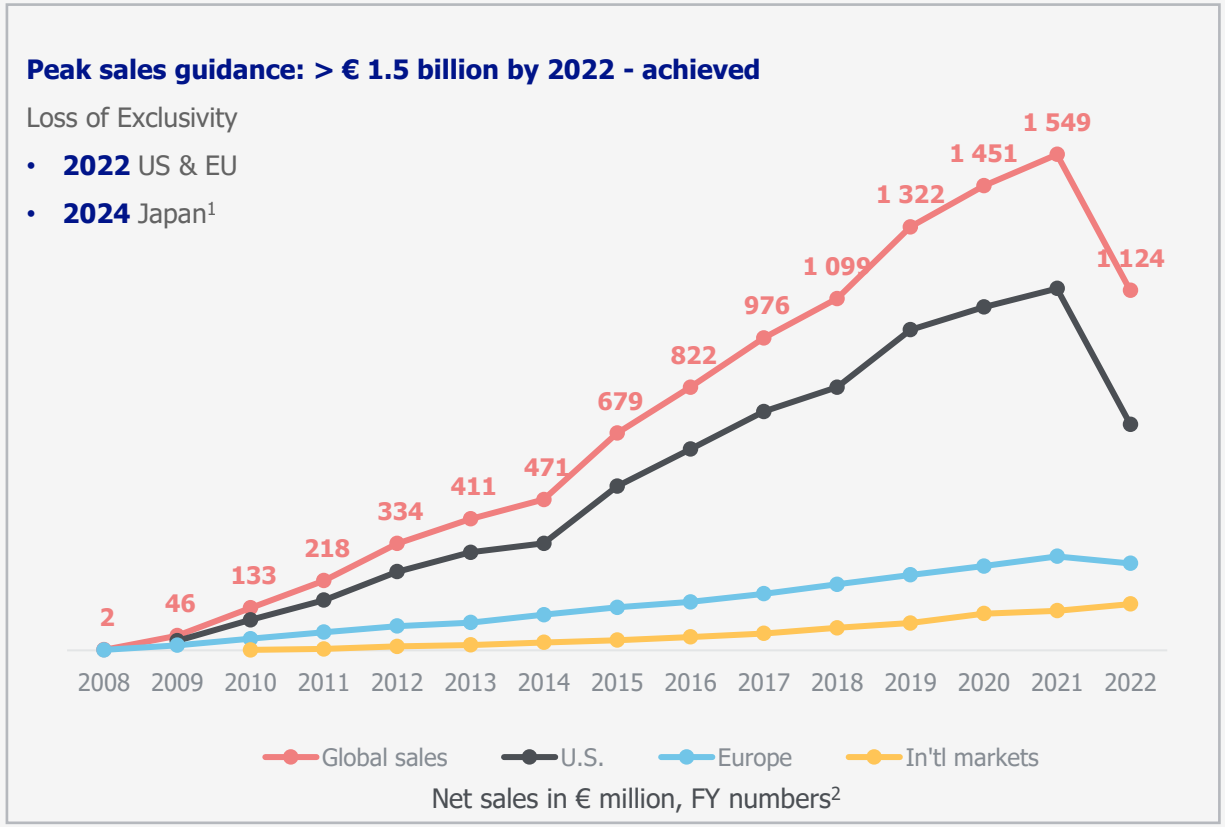
Decision Resources – Landscape & Forecast for US, EU5 and Japan – Accessed February 2022

VIMPAT®

Exceeded peak sales ambition of over € 1.5bn in 2021 and lost exclusivity in 2022 in US and EU

For patients living with

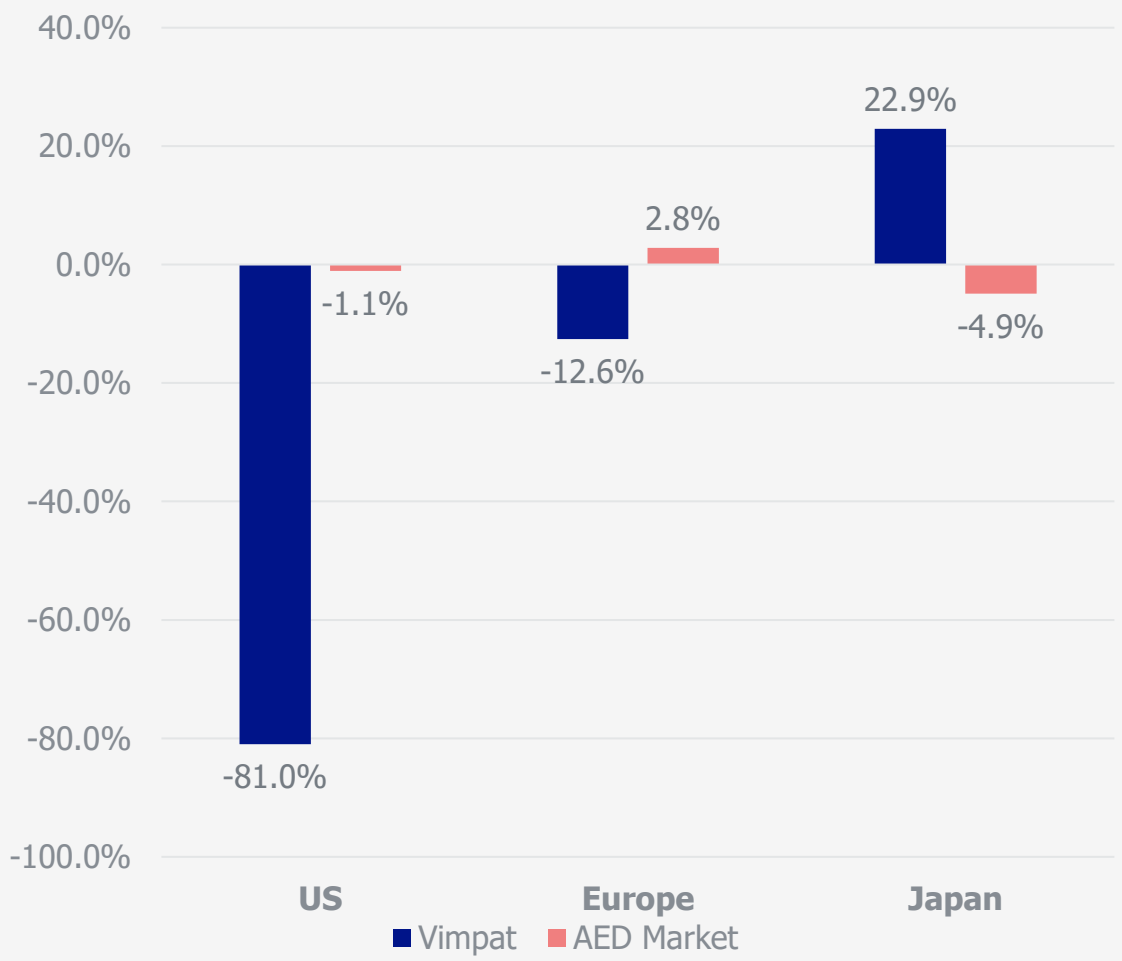
- Partial-onset seizures (POS), also known as focal seizures
  - 2021: US FDA approval for the treatment of partial-onset seizures in patients 1 month of age and older
  - 2021: EU positive CHMP opinion on use for the treatment of focal epileptic seizures in children 2 to 4 years of age (previously approved 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



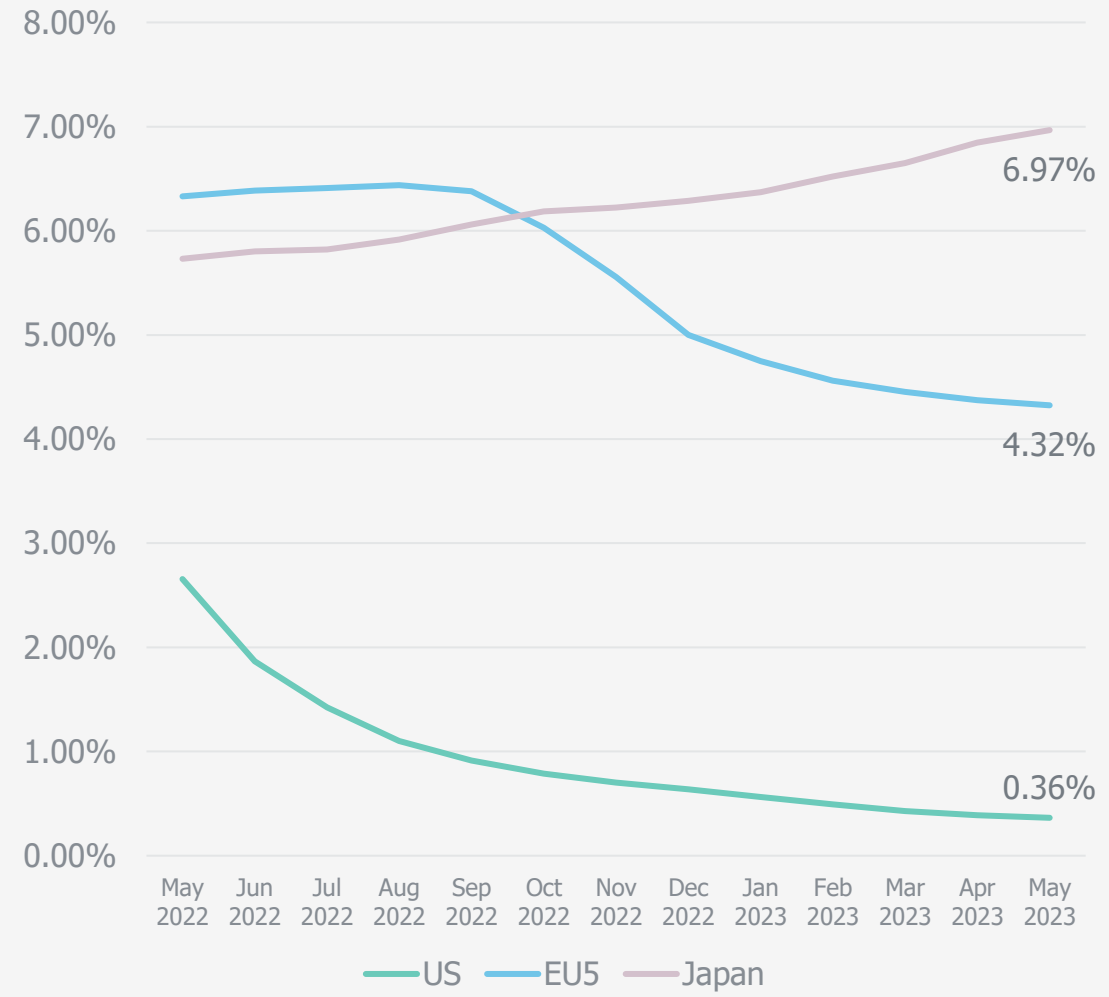
[1] Loss of Exclusivity dates are indicative. [2] Numbers may not add due to rounding.
CHMP: Committee for Medicinal Products for Human Use; JPN, Japan

VIMPAT® In-Market Performance

Vimpat vs. AED Market Growth (TRx/TDx)



Vimpat R3M TRx/TDx Share



US Loss of Exclusivity: March 2022

EU Loss of Exclusivity: September 2022

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 23 vs. MAT May 22 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 23 and market share growth is shown against R3M May 22.

BRIVIACT®

Available to more and more patients

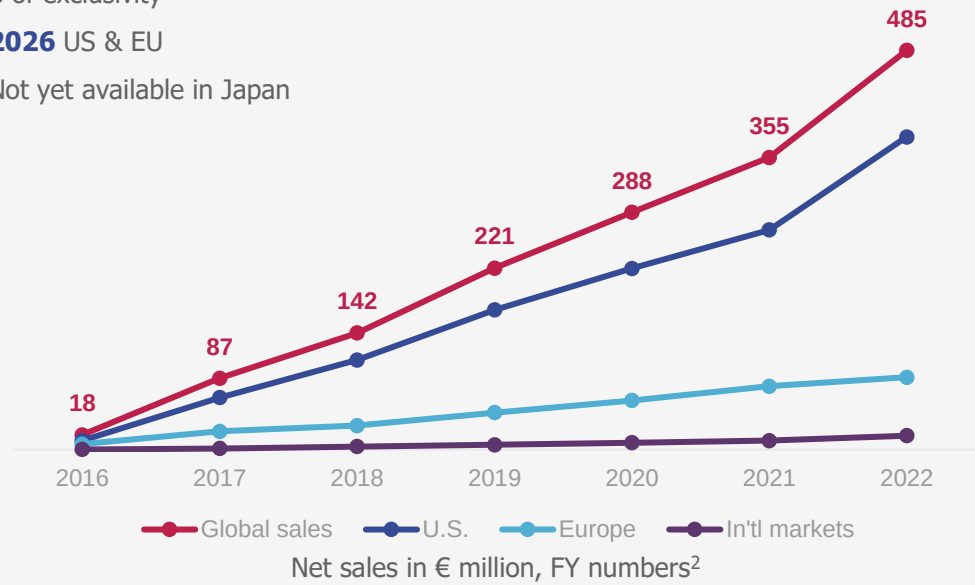
For people living with

- 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)

Peak sales guidance: € 600 million (2026)

Loss of exclusivity[1]

- **2026** US & EU
- Not yet available in Japan

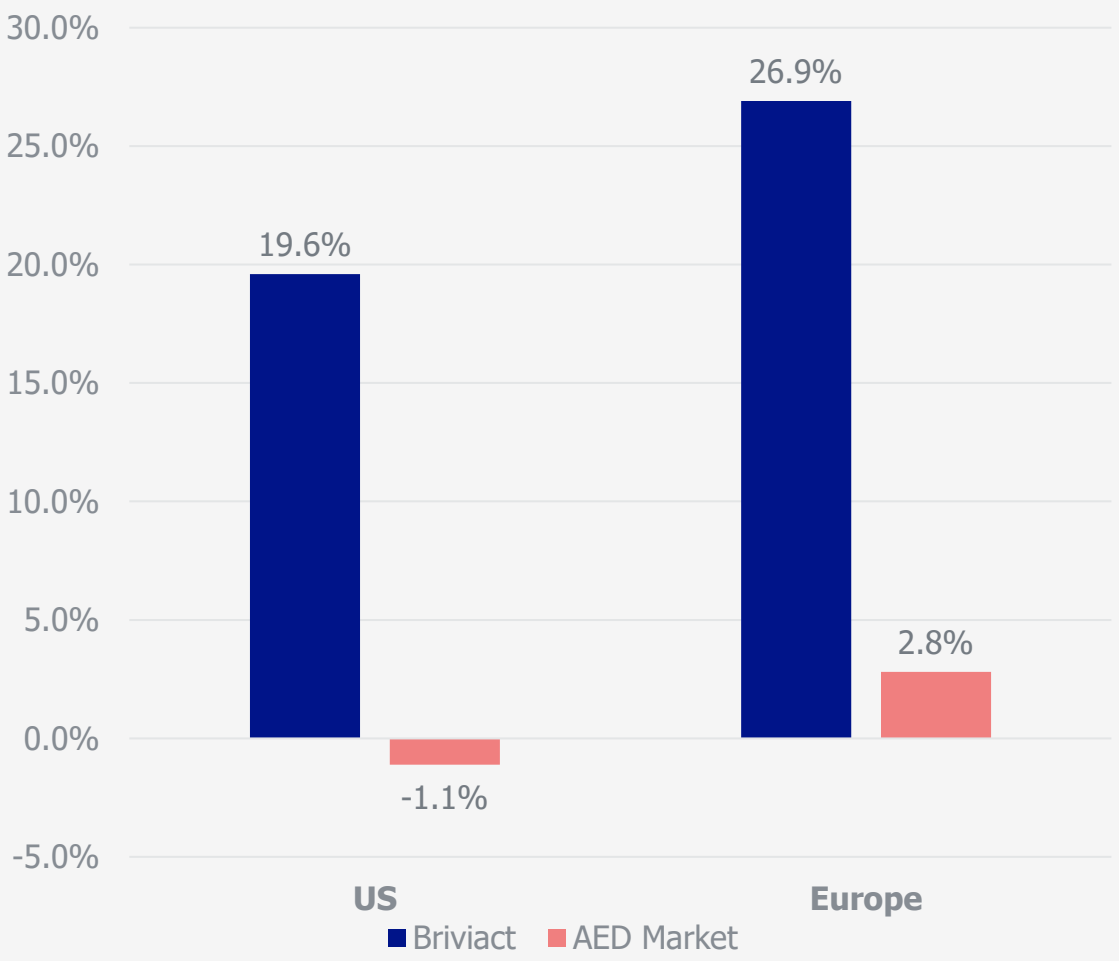


Net sales in € million, FY numbers[2]

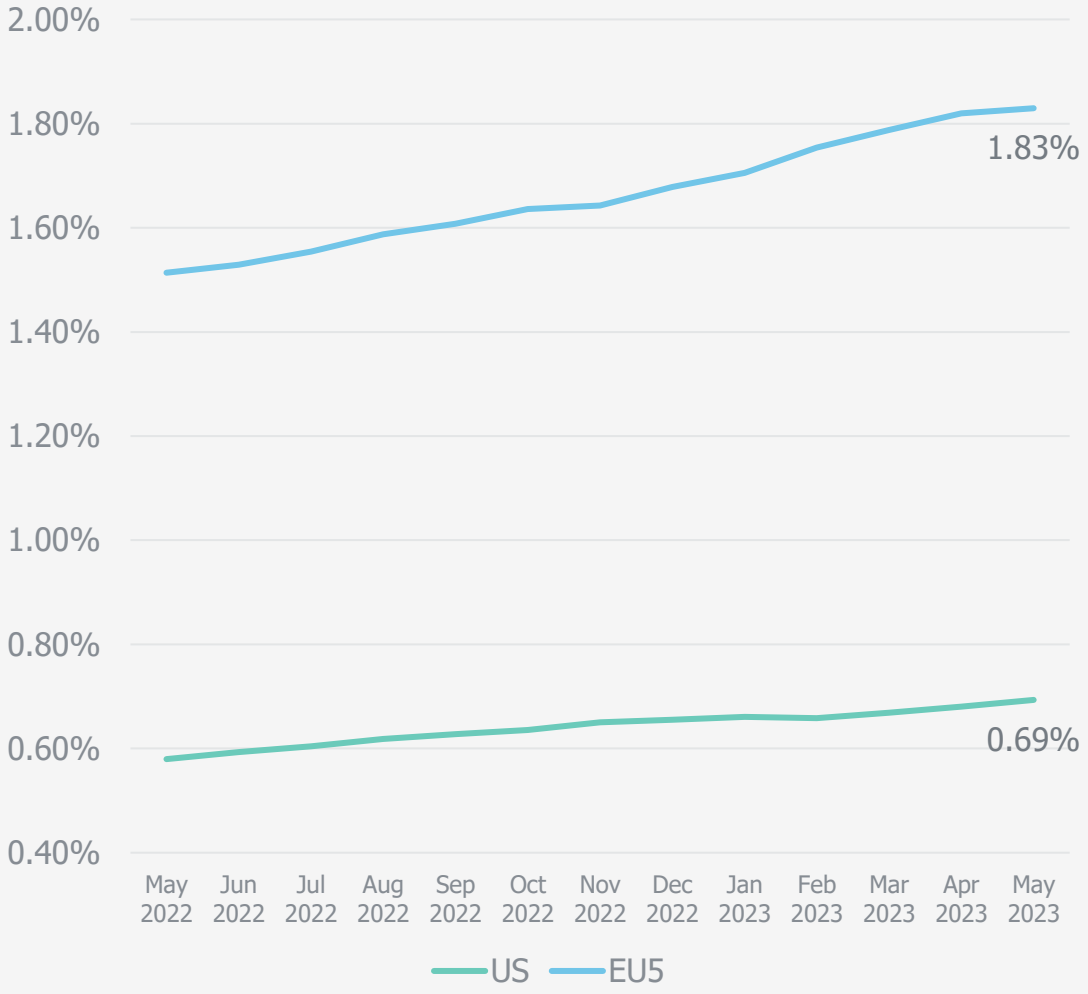
[1] Loss of Exclusivity dates are indicative. [2] Numbers may not add due to rounding.
CHMP: Committee for Medicinal Products for Human Use

BRIVIACT® In-Market Performance

Briviact vs. AED Market Growth (TRx/TDx)



Briviact R3M TRx/TDx Share



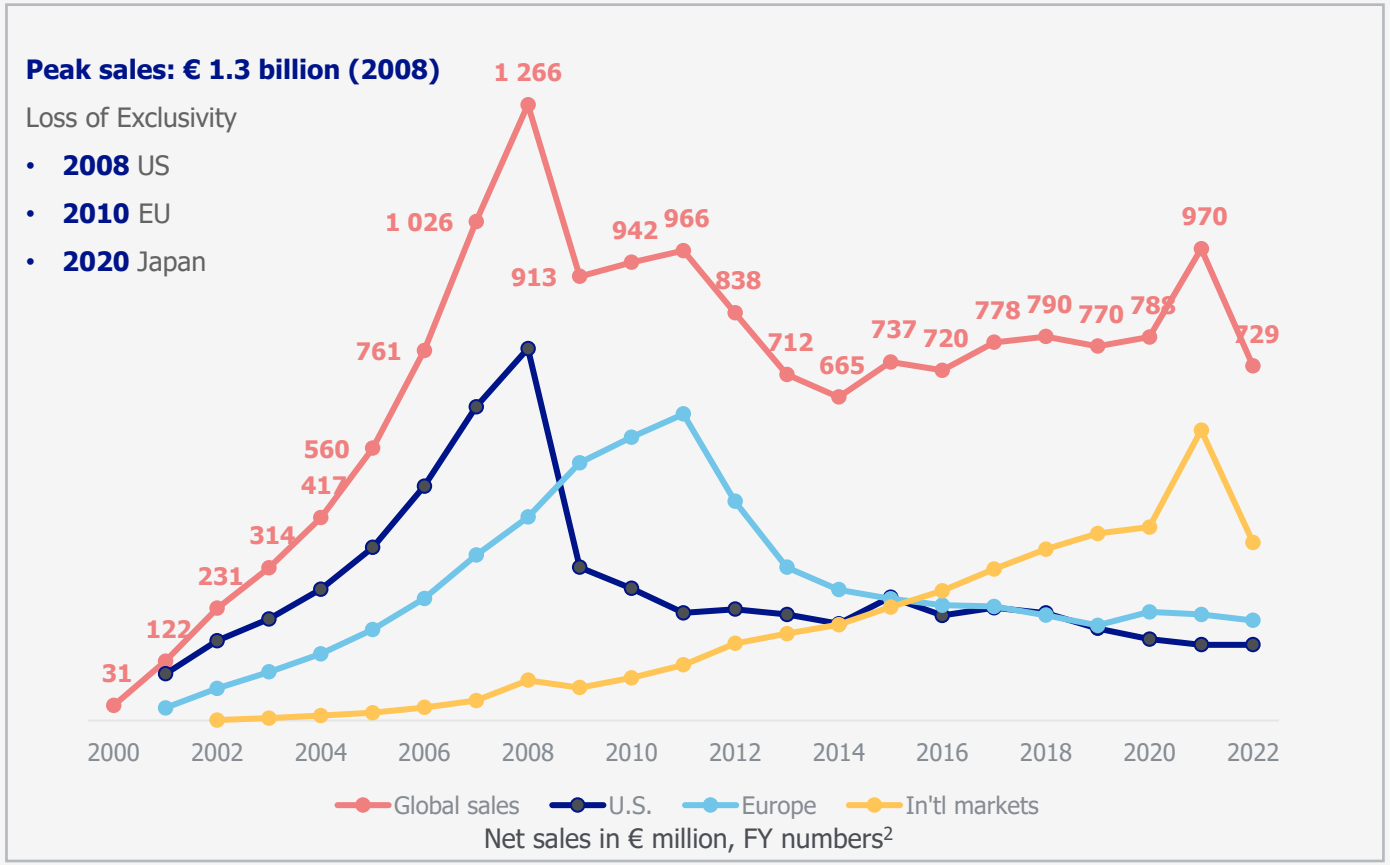
In-Market KPIs are based on TRx (US) and TDx (EU, Japan); AED market: All molecules in ATC3= N3A + Phenobarbital in N5B. In Europe and Japan, the TDx of all these molecules are AED Market and Briviact TRx/TDx growth are calculated for MAT May 23 vs. MAT May 22 factored for epilepsy usage. In the US, the TRx of 26 of these molecules are factored for epilepsy usage. Briviact TRx/TDx market share is calculated for R3M May 23 and market share growth is shown against R3M May 22.

KEPPRA®

Mature established brand

For people living with

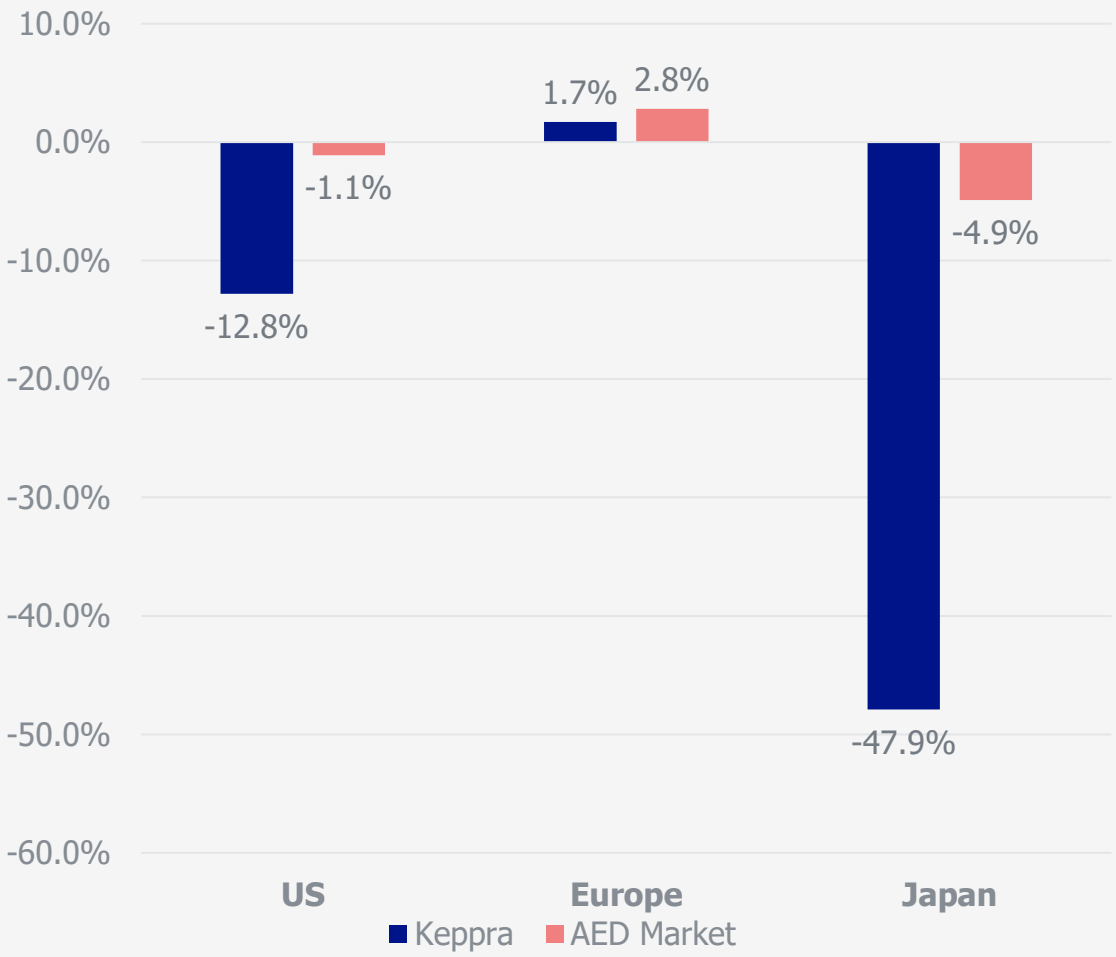
- partial-onset seizures (POS), also known as focal seizures
- primary generalized tonic-clonic seizures (PGTCS)
- myoclonic seizures



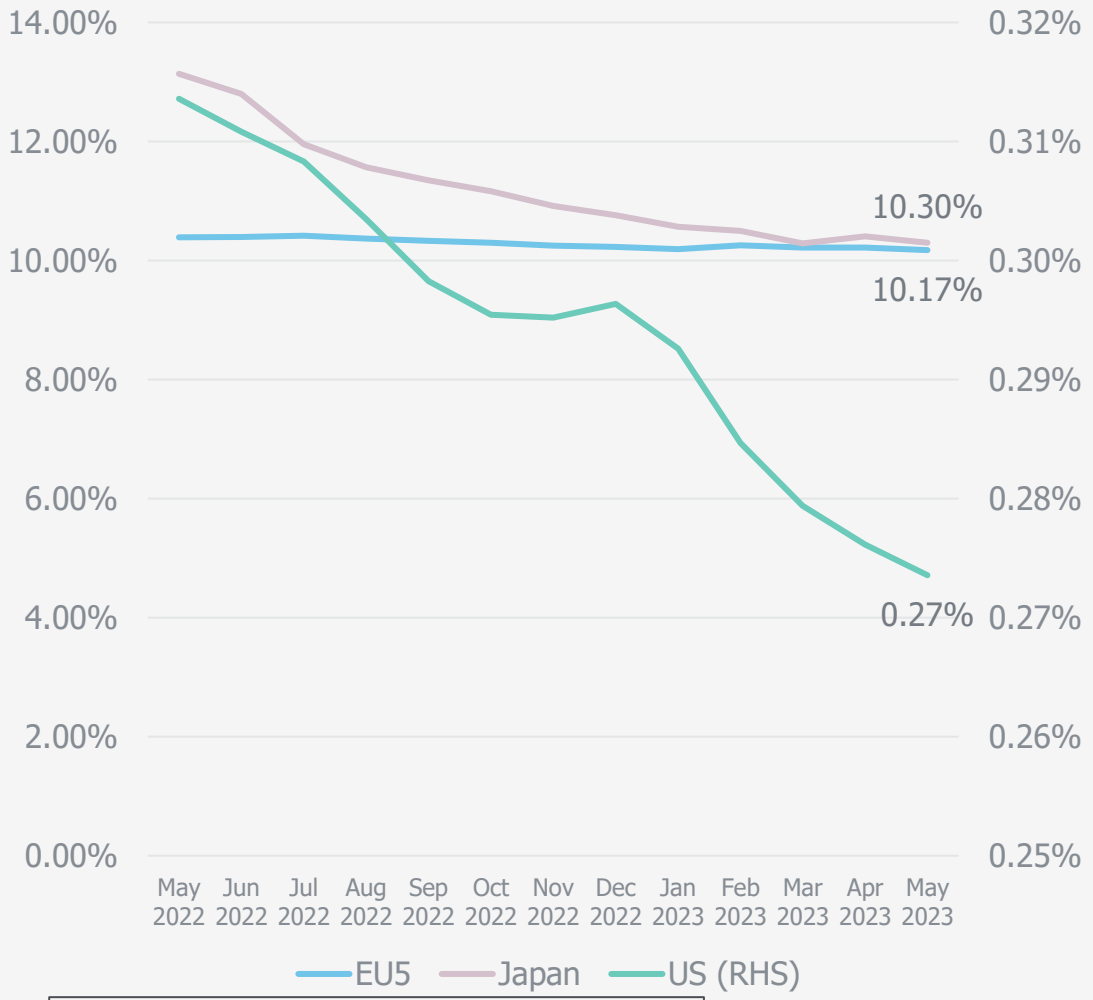
Numbers may not add due to rounding.

KEPPRA® In-Market Performance

Keppra vs. AED Market Growth (TRx/TDx)



Keppra R3M TRx/TDx Share



Japan start generic competition: Early 2022

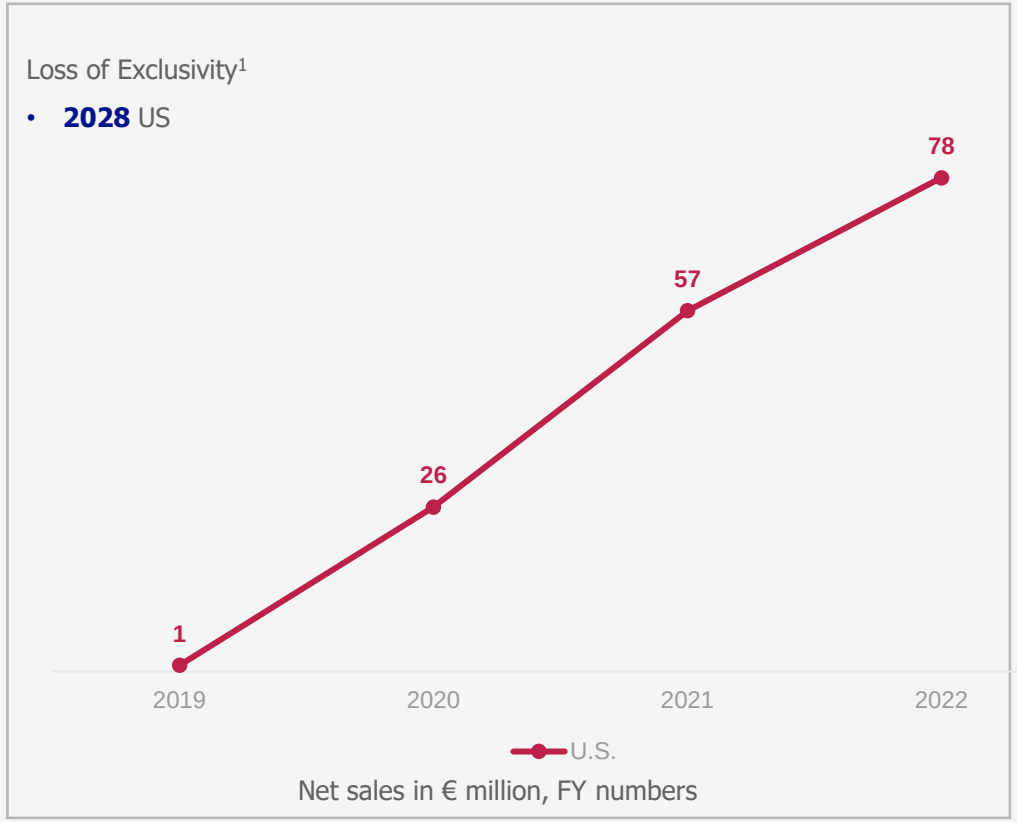
In-Market KPIs are based on TRx (US) and TDx (EU, Japan); AED market: All molecules in ATC3= N3A + Phenobarbital in N5B. In Europe and Japan, the TDx of all these molecules are AED Market and Keppra TRx/TDx growth are calculated for MAT May 23 vs. MAT May 22 factored for epilepsy usage. In the US, the TRx of 26 of these molecules are factored for epilepsy usage. Keppra TRx/TDx market share is calculated for R3M May 23 and market share growth is shown against R3M May 22. 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.

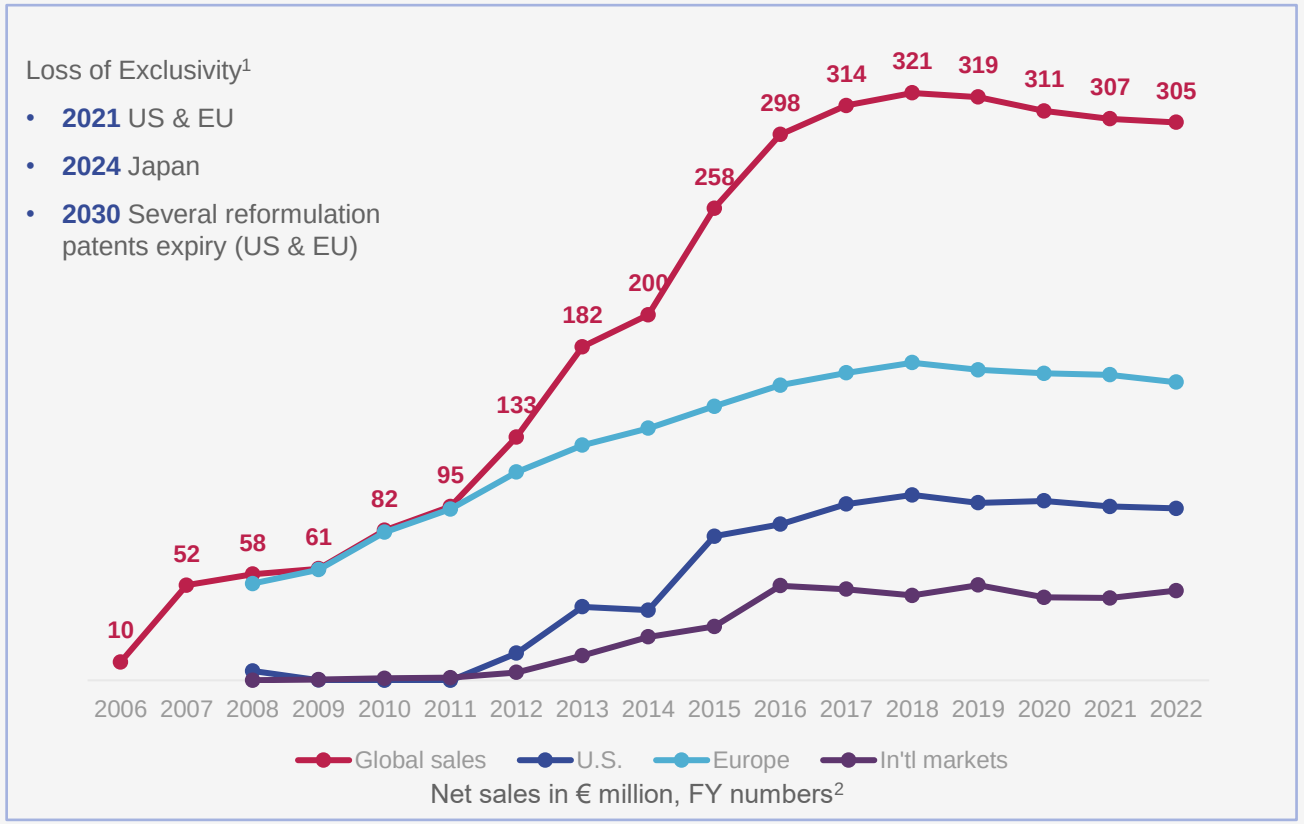


[1] Loss of Exclusivity dates are indicative.

NEUPRO®

Reached peak sales in 2018

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



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

Impact of EVENITY® on UCB's P&L

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

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

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

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 | **2023** | **2024** | **2025**

- ✓ BIMZELX® available in EU, GB, JPN, CAN & 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.
- ✓ 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).
- ✓ Zogenix acquisition and integration
- ✓ FINTEPLA® oral solution has been approved in EU & US for the treatment of seizures associated with Lennox-Gastaut syndrome (LGS) in patients two years of age and older
- ✓ FINTEPLA® approved in Japan for the Treatment of Seizures Associated with Dravet Syndrome
- ✓ New indications: fenfluramine in CDKL5 deficiency disorder and doxecitine and doxribtimine (MT1621) in TK2 deficiency disorder
- ✓ FDA acceptance of new drug application and EMA MAA validation for zilucoplan for the treatment of generalized myasthenia gravis in adult patients
- ✓ FDA acceptance of the filing to review a BLA for the investigational treatment rozanolixizumab and that the FDA granted Priority Review
- ✓ EMA validation of the MAA for rozanolixizumab for the treatment of adults with AChR or MuSK antibody positive gMG.
- ✓ 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
- ✓ Positive topline results from a Phase 3 study with adjunctive brivaracetam in participants across Asia with partial seizures

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

HY 2023 - 4 approvals & launches and 3 filings – more to come

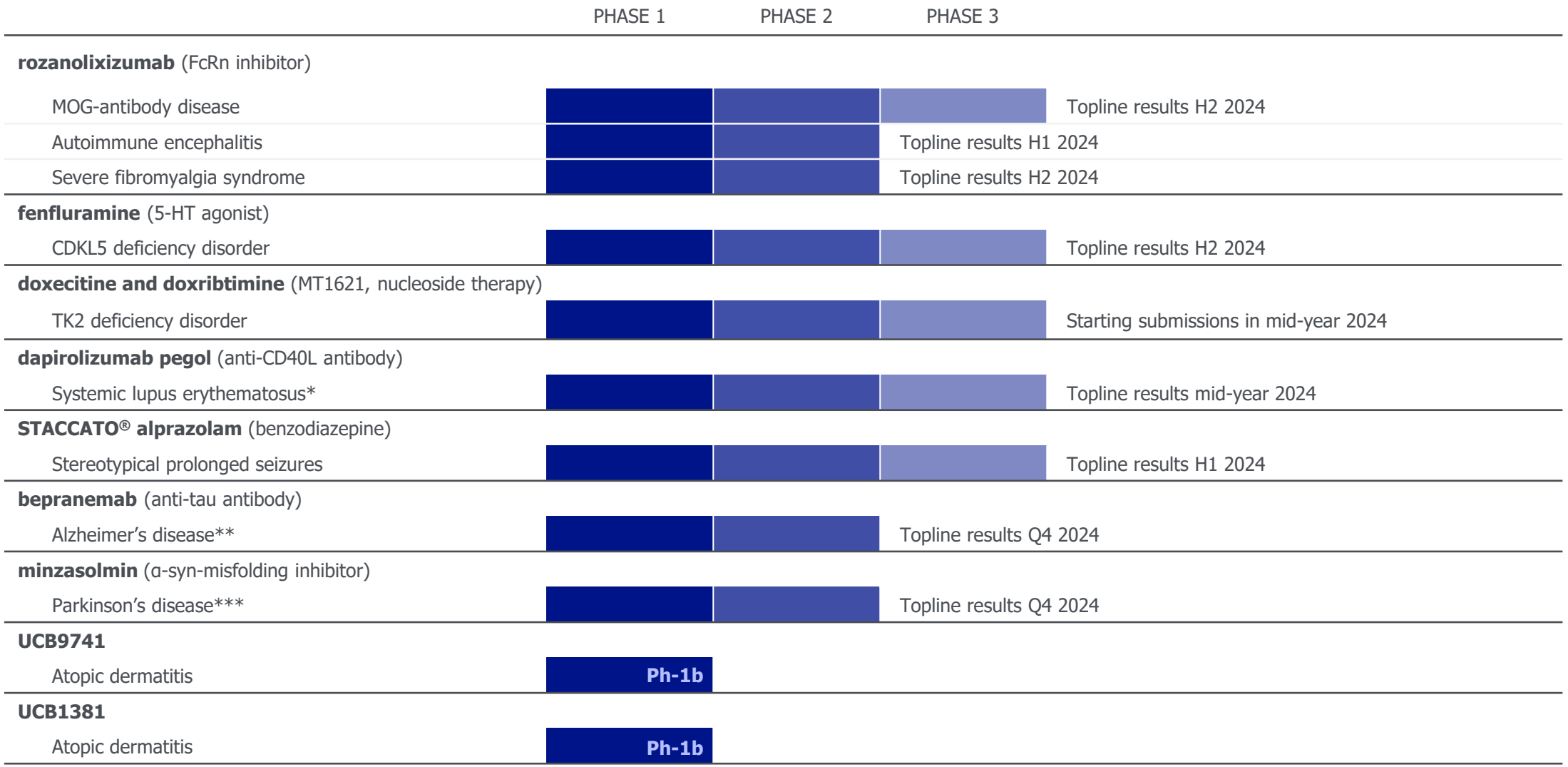
Ongoing regulatory reviews = expected approvals, followed by launches

	Q1 2023	Q2 2023	Q3 2023	Q4 2023	H1 2024	H2 2024
CLINICAL					**11 clinical study read-outs across UCB clinical pipeline in 2024**	
REGULATORY REVIEWS	**FINTEPLA®** / LGS EU	**RYSTIGGO®** / gMG U.S. **BIMZELX®** / PsA EU **BIMZELX®** / axSpA EU	zilucoplan / gMG Japan rozanolixizumab /gMG Japan bimekizumab / PSO U.S.	bimekizumab / PsA Japan bimekizumab nr-axSpA / AS Japan zilucoplan / gMG U.S. & EU	rozanolixizumab / gMG EU bimekizumab / HS EU	
SUBMISSIONS	rozanolixizumab / gMG Japan bimekizumab / PsA / nr-axSpA / AS Japan	bimekizumab / HS EU fenfluramine / LGS Japan	bimekizumab / PsA / nr-axSpA / AS / HS U.S. brivaracetam Japan	bimekizumab / HS Japan	**...leading to potential launches in 2024**	

gMG: generalized myasthenia gravis; PsA: psoriatic arthritis; AS: ankylosing spondylitis; (nr-)axSpA: (non-radiographic) axial spondyloarthritis; HS: hidradenitis suppurativa; LGS: Lennox-Gastaut syndrome; CHMP: Committee for Medicinal Products for Human Use; EU: Europe; GB: Great Britain

… a Remarkable UCB Clinical Development Pipeline

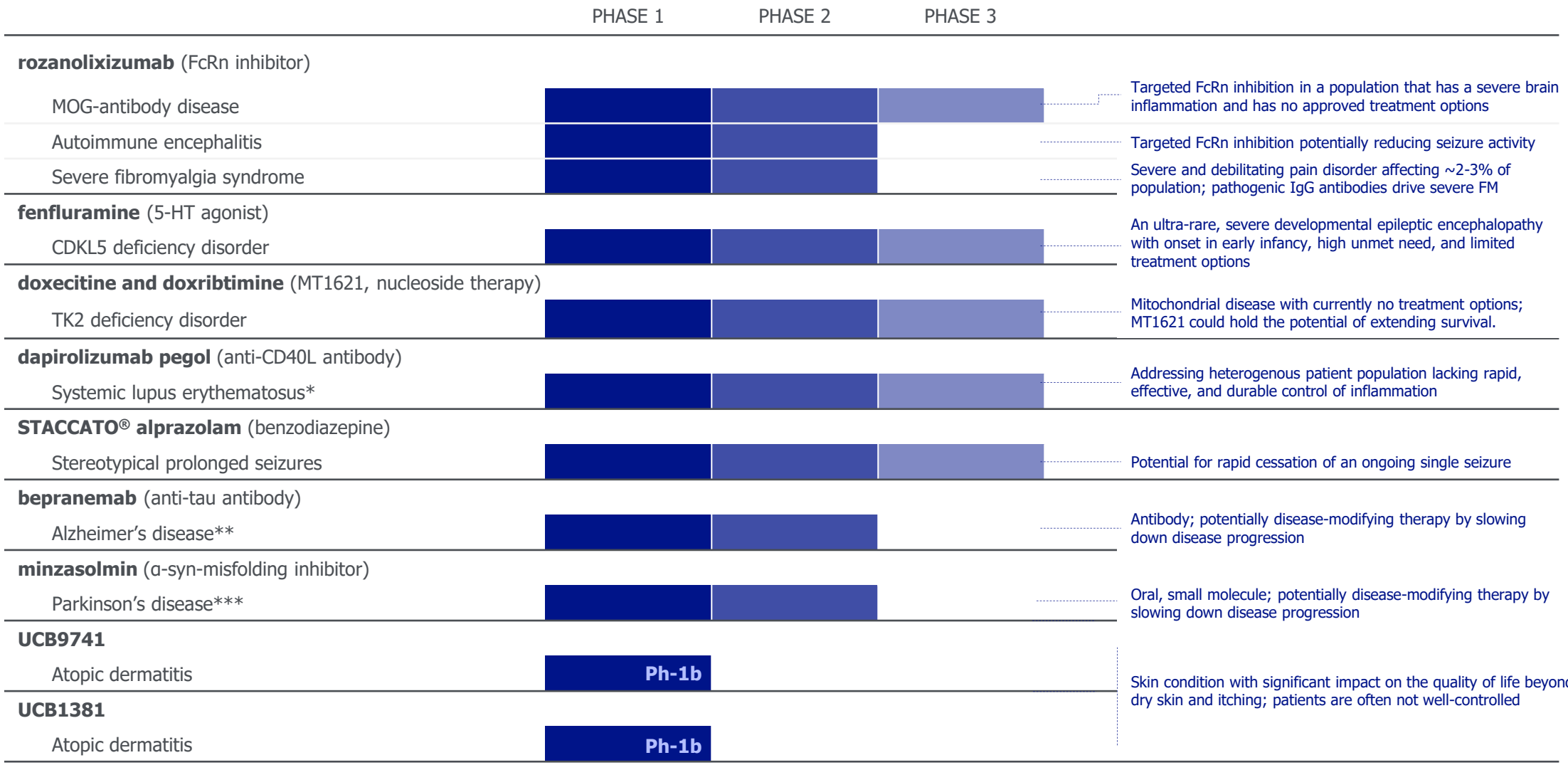
Nine clinical development assets, 11 ongoing studies



*in partnership with Biogen; 1st phase 3 study; **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.

… a Remarkable UCB Clinical Development Pipeline

Nine clinical development assets, 11 ongoing studies



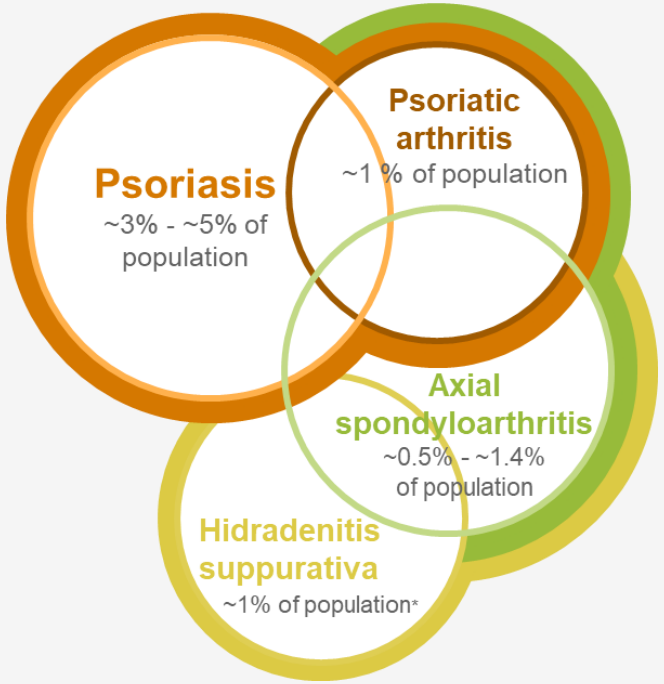
*in partnership with Biogen; 1st phase 3 study; **in partnership with Roche / Genentech; ***in partnership with Novartis; 5-HT - 5-hydroxytryptamin or serotonin; α-syn – alpha-synuclein; CD40L – CD40 ligand; C5 – complement component 5; CDKL5 - cyclin-dependent kinase-like 5; H – half-year; IL – interleukin; FcRn - Neonatal fragment crystallizable receptor; MOG - myelin oligodendrocyte glycoprotein; Q – quarter; TK2d - thymidine kinase 2 deficiency. Assets not currently approved by any regulatory authority.

BIMZELX® (bimekizumab) Phase 3 Clinical Development Programs

>4 500 patients enrolled

Psoriasis (PSO) 3x superior	**Psoriatic arthritis** (PsA)	**Axial spondyloarthritis** (nr-axSpA & AS/r-axSpA)	**Hidradenitis suppurativa** (HS)
BE VIVID (PS0009) NCT03370133 (vs *ustekinumab*) **BE READY** (PS0013) NCT03410992 (vs placebo) **BE SURE** (PS0008) NCT03412747 (vs *adalimumab*) **BE RADIANT** (PS0015) NCT03536884 (vs *secukinumab*) > 2 000 patients*	**BE OPTIMAL** (PA0010) NCT03895203 (vs placebo) **BE COMPLETE** (PA0011) NCT03896581 (vs placebo) > 1 200 patients *	**BE MOBILE1** (AS0010) NCT03928704 (vs placebo in nr-axSpA) **BE MOBILE2** (AS0011) NCT03928743 (vs. placebo in AS/r-axSpA) > 500 patients *	**BE HEARD I** (HS0003) NCT04242446 (vs placebo) **BE HEARD II** (HS0004) NCT04242498 (vs placebo) ~ 1 000 patients *
Approved in 39 countries including EU, JPN, CAN; filed in the US**	Approved in EU, regulatory reviews ongoing	Approved in EU, regulatory reviews ongoing	Submissions started Q3 2023

Spectrum of IL-17A+F-mediated diseases

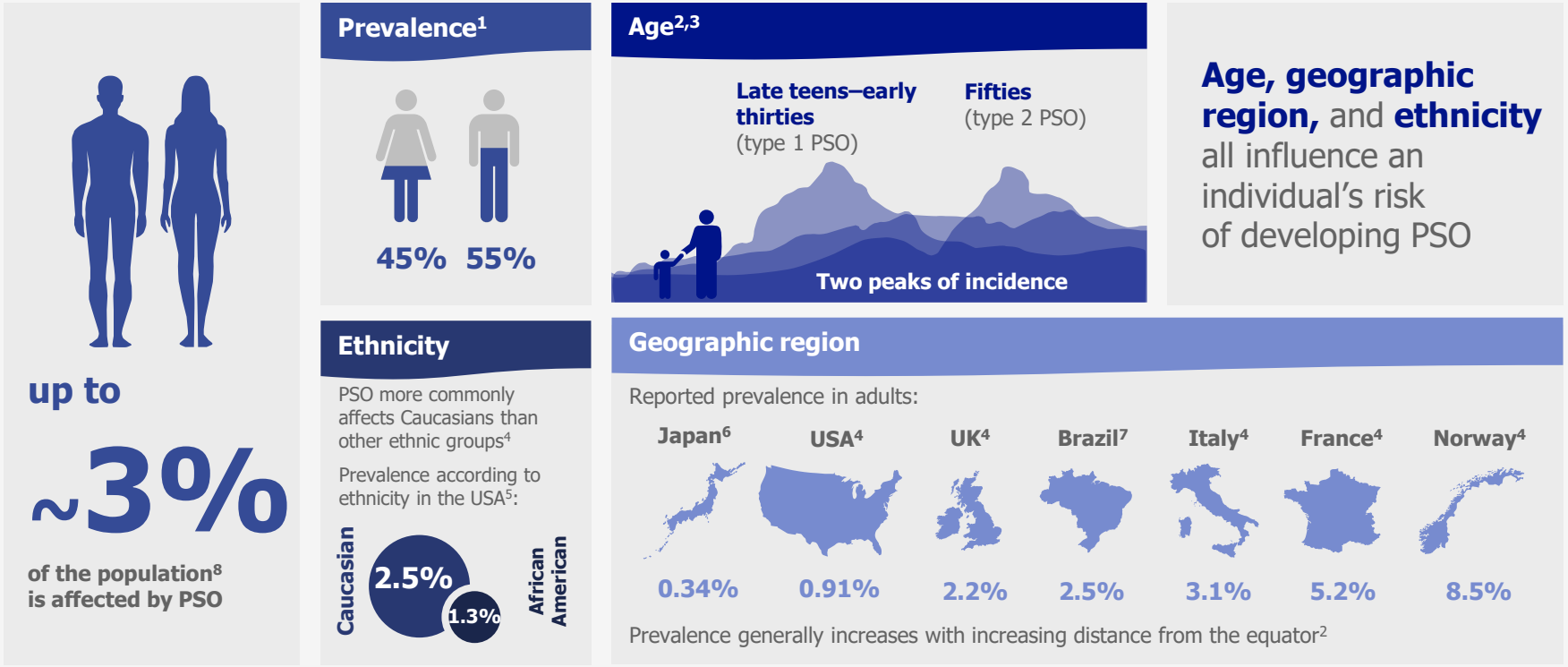


Latest data can be found here: Scientific Presentations, Abstracts, and Posters - Bimekizumab | UCB

Inspired by patients. Driven by science.

*Number of patients participating in the clinical programs; (n)r-axSpA: (non-)radiographic axial spondyloarthritis; AS: ankylosing spondyloarthritis; Bimekizumab is an investigational product in PsA, axial spondyloarthritis, and HS and is not approved for those indications by any regulatory authority in the world. Bimekizumab requires additional studies in these indications before any conclusions for safety and efficacy can be made. **In December 2022, the FDA accepted the BLA resubmission for review and UCB expects FDA action in Q3/2023

Psoriasis: High Prevalence Globally



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

Psoriatic Arthritis: High Unmet Need and Disease Burden

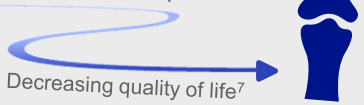
Psoriatic arthritis (PsA)

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

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

Disease progression

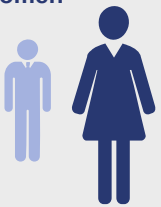
Up to 40% of patients with psoriasis will develop PsA[5,6]



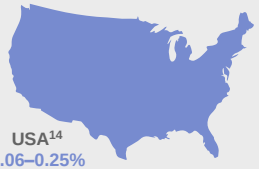
~15–30% of patients with psoriasis have **undiagnosed PsA**[8,9]

Gender differences

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



Prevalence by geographic region



USA[14]
0.06–0.25%

Norway[15]
0.18–0.21%

United Kingdom[16]
0.10–0.25%

Germany[17]
0.18–0.25%

France[15]
0.08–0.35%

Spain[18]
0.38–0.87%

Italy[15]
0.31–0.61%

Global prevalence[13]
~0.13%

Burden of disease

Pain/swelling[19]

Itching[7]

Depression, anxiety and mental health[11, 20]

Difficulty with everyday activities[21]

Quality of life reduced[20,21]

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

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

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

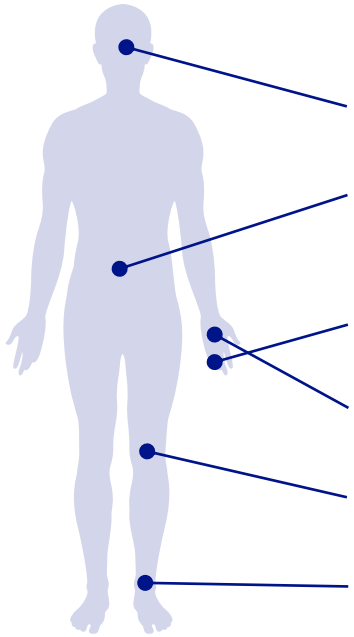
What is axial spondyloarthritis (axSpA)?

axSpA is a **chronic, immune-mediated, inflammatory rheumatic disease** affecting the **sacroiliac joints (SIJ)** and **spine**[1–3]

Key **patient** symptoms:[1]

- **Chronic back pain**
- **Morning stiffness**
- **Fatigue**

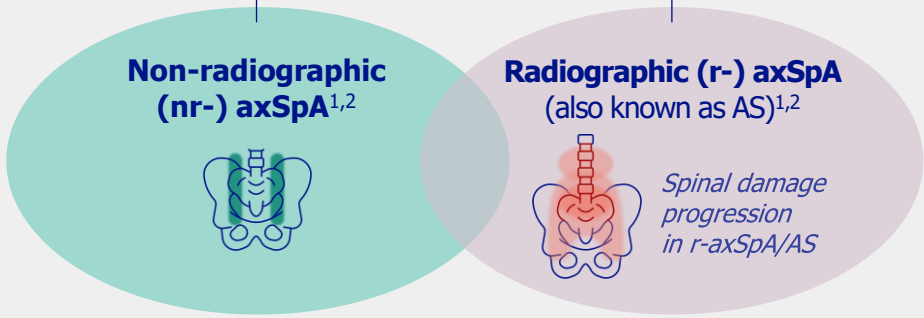
Key **non-axial** symptoms:[4–8]



- **Uveitis** 30–40%
- **Inflammatory bowel disease (IBD)** 5–10%
- **Psoriasis** ~10–27%
- **Dactylitis** ~6%
- **Peripheral arthritis** ~40%
- **Enthesitis** ~25%

axSpA consists of **two subtypes**

Both subtypes have a similar burden of disease[9]

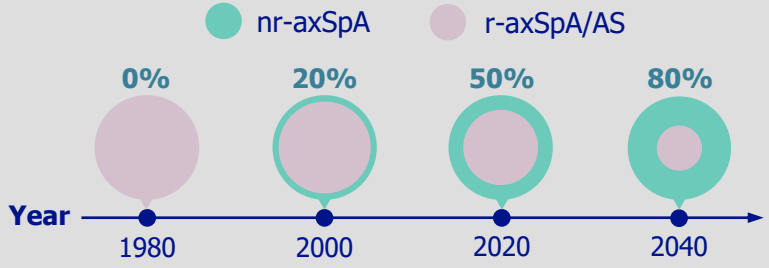


Structural SIJ damage progression from nr-axSpA to r-axSpA[1,2]

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

Prevention of irreversible structural disease progression in axSpA is currently **a high unmet need**[11,12]

More patients will be diagnosed over time at nr-axSpA stage[13]

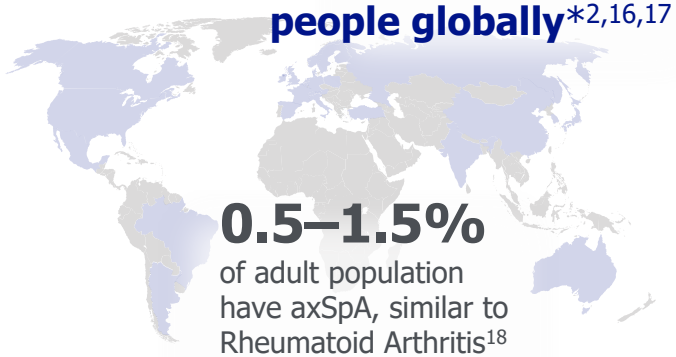


Patients experience disease onset **before the age of 45**[14]

Average age of symptom onset is **28 years**[15]

Patients typically have a delay in diagnosis of **8.5 years**[14]

axSpA affects **~20 million people globally***[2,16,17]



0.5–1.5% of adult population have axSpA, similar to Rheumatoid Arthritis[18]

There are **limited treatment options**

- **1st line:** NSAIDs[19]
- **2nd/3rd line:** TNF inhibitors, IL-17 inhibitors, and JAK inhibitors[19]

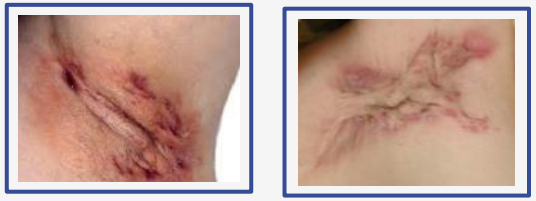
Inspired by patients. Driven by science.

*To estimate the global population of people with axSpA, the following calculation was performed: an AS global prevalence of ~0.13%[16] was applied to a global population of ~8 billion people[17] and the figure multiplied by two, as AS patients are estimated to make up half of the total axSpA patient population.[2,16] AS: Ankylosing spondylitis; IL: interleukin; JAK: Janus kinase; NSAID: Non-steroidal anti-inflammatory drug; TNF: Tumour necrosis factor.

1. Sieper J et al. Nat Rev Dis Primers. 2015;1:15013. 2. Proft F and Poddubnyy D. Ther Adv Musculoskelet Dis. 2018;10(5–6):129–139. 3. Schwartzman and Ruderman. Mayo Clin Proc. 2022;97(1):134–145. 4. Taurog JD et al. N Engl J Med. 2016;374(26):2563–2574. 5. Lucasson F et al. RMD Open. 2022;8(1):e001986. 6. Mease PJ et al. ACR Open Rheumatol. 2020;2(7):449–456. 7. de Winter JJ et al. Arthritis Res Ther. 2016;18(1):196. 8. López-Medina et al. Arthritis Res Ther. 2019;21(1):139. 9. Rudwaleit M et al. Arthritis Rheum. 2009;60(3):717–727. 10. Robinson PC et al. Nat Rev Rheumatol. 2021;17(2):109–118. 11. Strand V and Singh JA. J Clin Rheumatol. 2017;23(7):383–391. 12. Poddubnyy D and Sieper J. Curr Rheumatol Rep. 2019;21(9):43. 13. Adapted from Navarro-Compán V et al. Ann Rheum Dis. 2021;80(12):1511–1521. 14. National Axial Spondyloarthritis Society. Facts and Figures. Available at: https://nass.co.uk/about-as/as-facts-and-figures/. Accessed May 2023. 15. Deodhar AA. Am J Manag Care. 2019;25(17):S319–S330. 16. Akkoc and Khan. Curr Rheumatol Rep. 2020;22(9):54. 17. United Nations Population Fund. World Population Dashboard. Available at: https://www.unfpa.org/data/world-population-dashboard. Accessed May 2023. 18. Magrey MN et al. Mayo Clin Proc. 2020;95(11):2499–2508. 19. Ramiro S et al. Ann Rheum Dis. 2023;82:19–34.

Hidradenitis Suppurativa (HS)

Under-recognized inflammatory disease with severe impact on people living with this disease

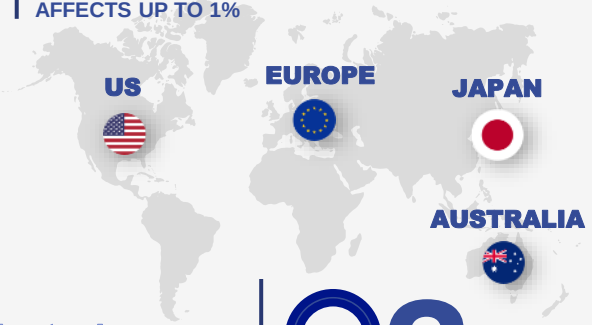


Hidradenitis suppurativa (HS)

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

PREVALENCE

AFFECTS UP TO 1%



DIAGNOSIS

Not Understood

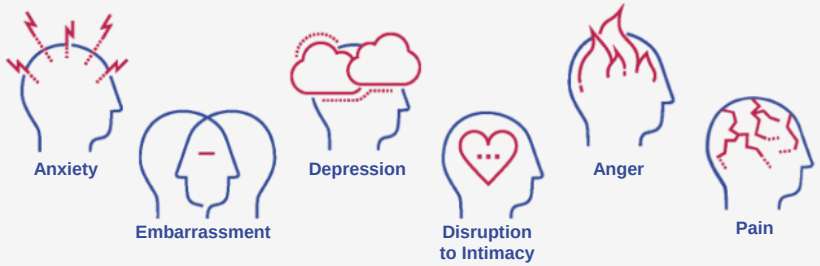
Significant delays in diagnosis ranging from **3.7–23.7 yrs.**

Resulting in intense pain, progressive scarring, and psychological damage

3x

more **common in women** than men

SEVERE IMPACT ON QOL



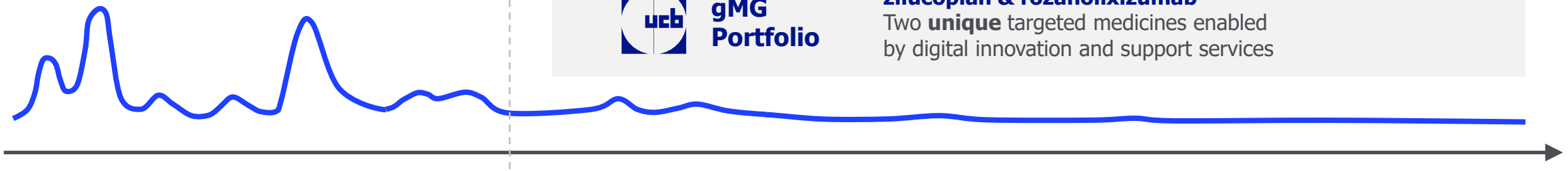
MULTIPLE CO-MORBIDITIES

OTHER CO-MORBIDITIES

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

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

Unique portfolio comprising two mechanisms of action poised to transform the Myasthenia Gravis landscape



gMG Portfolio

zilucoplan & rozanolixizumab
Two **unique** targeted medicines enabled by digital innovation and support services

Current treatment options

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

Dual mechanisms of action approach to address individual needs of patients

AChR+ patients		AChR+ / MuSK+ patients
zilucoplan Complement 5 inhibitor to address complement activation	(AChR+) patient or physician preference	**rozanolixizumab** Anti-FcRn antibody to address pathogenic auto-antibodies
SC, self-admin maintenance therapy	occasional acute exacerbations	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

RYSTIGGO® (rozanolixizumab): Potential in Multiple IgG Autoantibody-Mediated Diseases With High Unmet Medical Need

	generalized Myasthenia Gravis (gMG)	Myelin oligodendrocyte glycoprotein (MOG)-antibody disease	Autoimmune encephalitis (AIE)	Severe fibromyalgia
	auto-antibodies targeting components of neuromuscular junction	auto-antibodies targeting MOG leading to inflammatory demyelination in the CNS	auto-antibodies targeting the LGI1 protein on healthy cells in the CNS leading to localized swelling and inflammation	Pathogenic IgG accumulation in dorsal route ganglia recently associated with severe fibromyalgia
	• muscle weakness (extremities, eyes, bulbar and respiratory symptoms) • fatigue	• monophasic or relapsing course of neurological dysfunction including optic neuritis (ON), transverse myelitis (TM), and acute disseminated encephalomyelitis (ADEM) • temporary and residual permanent disability (in particular, blindness, reduced visual acuity and limited mobility, as well as residual permanent bladder issues, bowel and erectile dysfunction)	• cognitive impairment • seizures (including faciobrachial dystonic seizures, other focal seizures, and tonic-clonic seizures) • hyponatremia • sleep disorders	• Chronic (>3months) and widespread pain • Hypersensivity to pain stimuli • Chronic fatigue • Sleep disturbance • Cognitive impairment
	~ 10 - 45 cases / 100 000	~1 - 4 / 100 000	~ 0.7 / 100 000	~ 200 cases / 100 000 (diagnosed severe fibromyalgia)
	• Surgery (thymectomy) • Steroids, steroid-sparing drugs • Plasma exchange (PLEX) • IV immunoglobulin (IVIg)	• No approved therapy • No formal treatment guidelines established	• immunotherapy and symptomatic therapy including antiseizure medications • PEX, IVIg	• US: pregabalin, duloxetine and milnacipan • JPN&CHN : pregabalin • EU: nil approved *G7 off-label: antidepressants, ASMs, IVIg, PLEX*

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
Phase 3 positive results published at MGFA Meeting 2022*	**Phase 2 started in Q3 2021** **Topline results H1 2024**	**Phase 3 started in Q4 2021** **Topline results in H2 2024**	**Phase 2 started in Q4 2022** **Topline results in H2 2024**
MG0003 / NCT03971422 200 patients; 3 arms; (*rozanolixizumab* vs. placebo) MG-ADL Score @ Day 43	AIE001 / NCT04875975 68 patients; 2 arms; (*rozanolixizumab* vs. placebo) Seizure freedom for 25 weeks[2]	MOG001 / NCT05063163 104 patients; 2 arms (*rozanolixizumab* vs. placebo); Time from randomization to first independently centrally adjudicated relapse during the double-blind treatment period	FM0001 / NCT05643794 60 patients; 3 arms; (*rozanolixizumab* vs. placebo); Brief Pain Inventory short form (BPI-SF) average interference score after 12 weeks of treatment

* 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

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

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

Systemic Lupus Erythematosus (SLE)

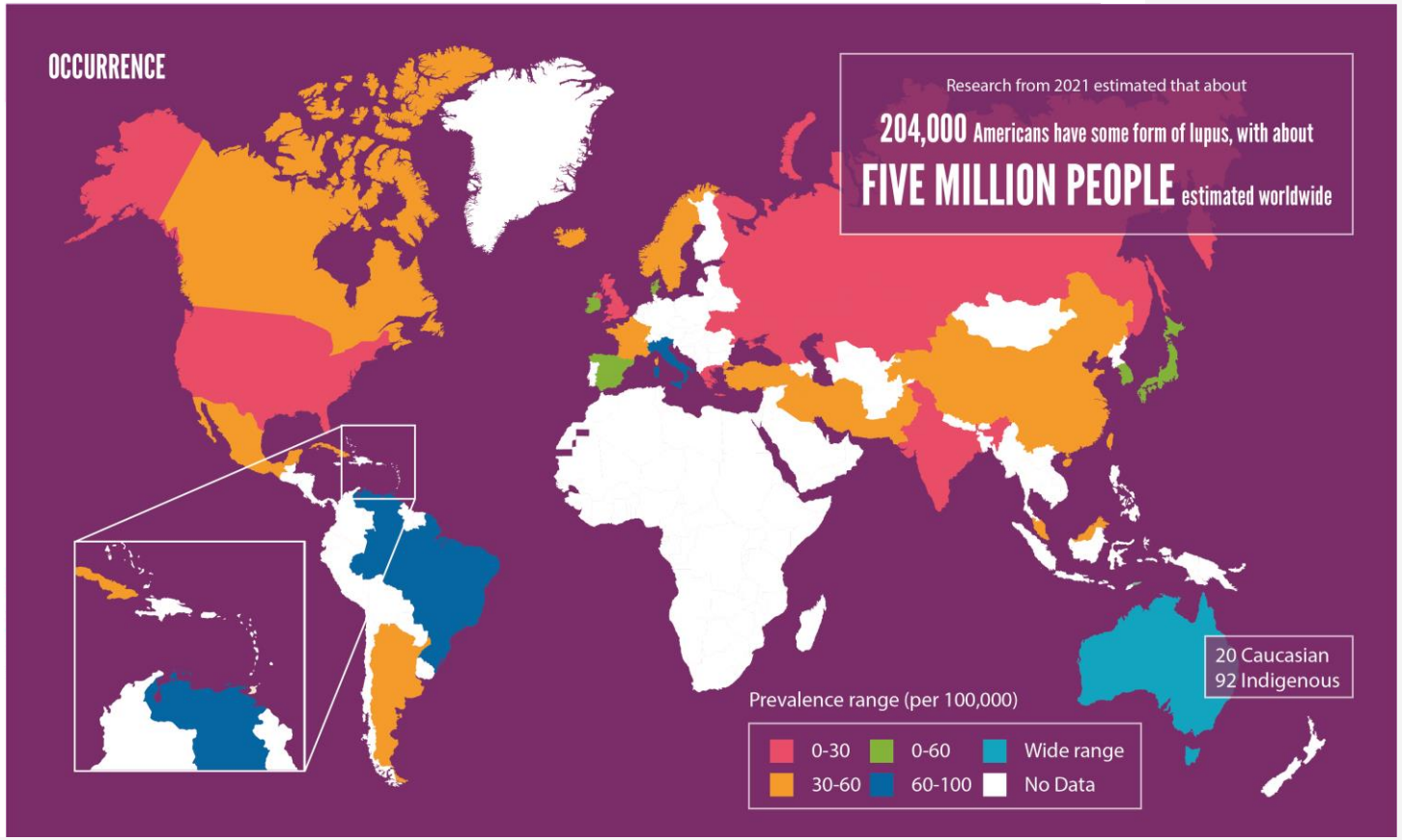
GLOBAL BURDEN OF LUPUS

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

COMMON SYMPTOMS

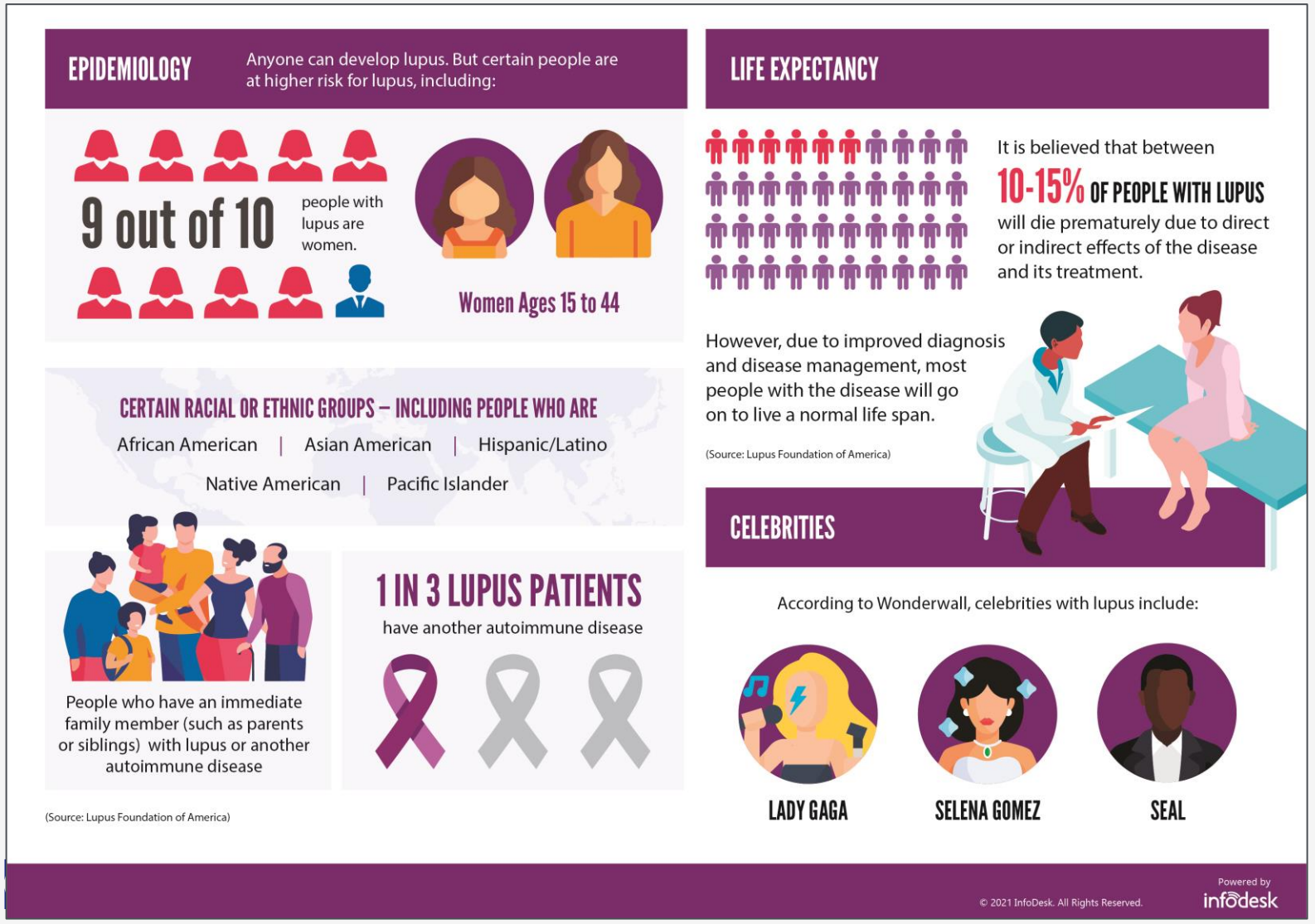
- Pain or swelling in the joints
- Extreme fatigue (feeling tired all the time)
- Sensitivity to sun light or fluorescent light
- Chest pain when breathing deeply
- Low grade fevers
- Swelling in the hands, feet, or around the eyes
- Headaches

OCCURRENCE



Systemic Lupus Erythematosus (SLE)

Inflammation in many organ systems simultaneously or sequentially



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

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

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

Symptoms vary by individual

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

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

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

Lupus predominantly affects women[1]

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

Opportunity to focus on the underserved patient population

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

Dapirolizumab Pegol Phase 3 Clinical Development Program

50/50 partnership with Biogen; topline results of 1st Phase 3 study mid-year 2024

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

Primary endpoint: BICLA response @ week 48

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

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

Partnership With Novartis Leverages UCB Sciences

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

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

Partnered with Novartis
(December 2021)

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

High unmet need given lack of disease-modifying therapies

UCB and Novartis have entered into an agreement[2]

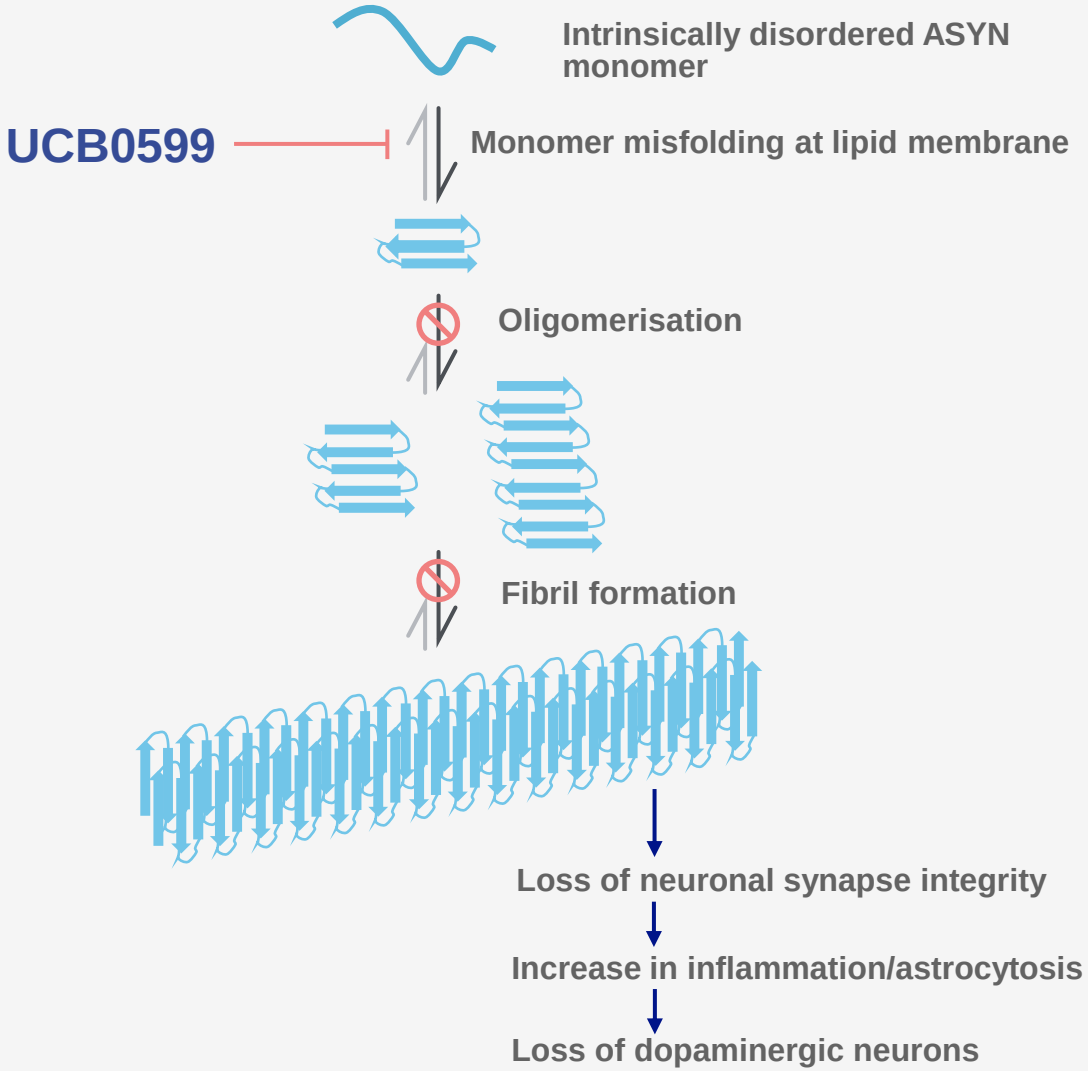
FOR… **UCB0599**
(alpha-synuclein misfolding inhibitor, in Phase 2)

Co-development and co-commercialization partnership:

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

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

UCB0599 is an Oral Small Molecule Inhibitor of ASYN Misfolding



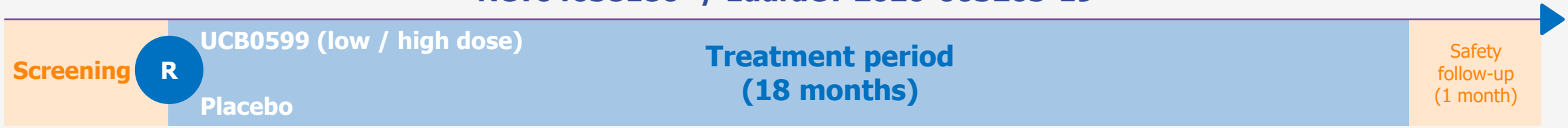
- UCB0599 is an oral small molecule that binds to ASYN early in the pathological aggregation process[1,2]
- UCB0599 is thought to prevent the initial misfolding of ASYN that leads to fibril formation and consequent progression of PD[1–5]
- A Phase 2 study is underway to evaluate the efficacy of UCB0599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

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

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

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

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



Patients[1]

- 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
- Modified Hoehn and Yahr stage ≤2 at screening
- No prior medication for PD motor symptoms or likely need for symptomatic treatment within 6 months
- Has not previously participated in disease-modifying treatment studies for neurodegenerative diseases

Primary endpoint[1]

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

Secondary endpoints[1]

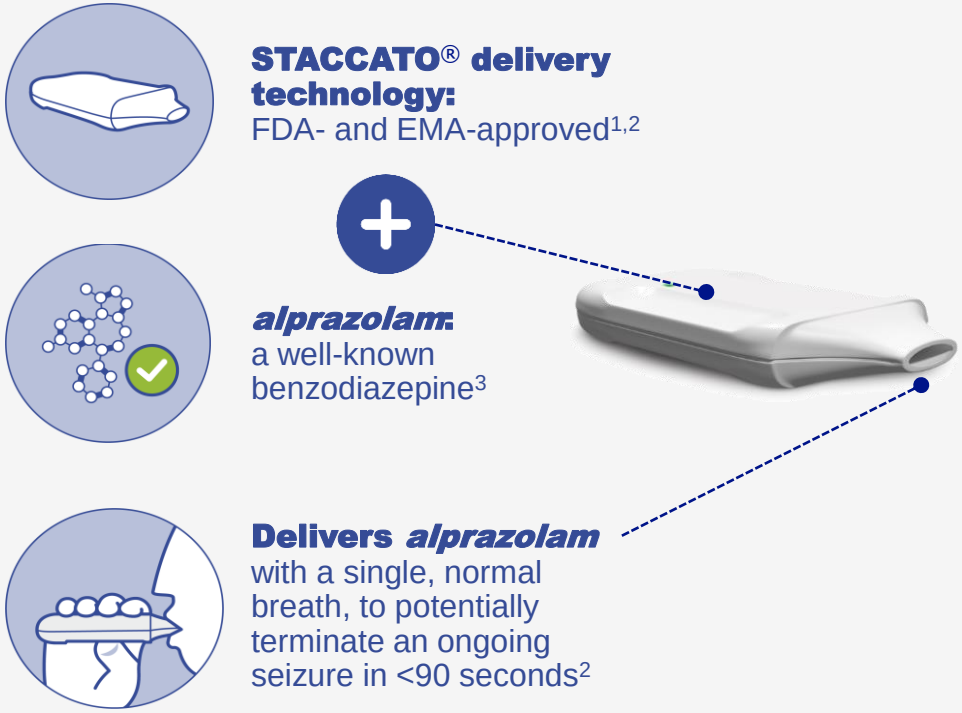
- Clinical symptoms
  - Individual MDS-UPDRS subscale scores (BL–18 months)
  - Time to worsening of disease on MDS-UPDRS Part III scale (BL–18 months)
  - Change in MoCA (screening–18 months)
  - Time to start symptomatic treatment (BL–18 months)
  - Number of patients receiving symptomatic treatment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

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

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

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

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



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

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

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

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

Inspired by patients. Driven by science.

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

Image is for illustrative purposes only.

EMA, European Medicines Agency; FDA Food and Drug Administration.

1. Alexza Pharmaceuticals. Staccato® One Breath Technology. Available at: http://staccatoobt.com (accessed November 2020); **2. UCB.** Data on file. Engage Therapeutics. It's About Time: Finding The Power to Terminate Epileptic Seizures. April 2020. Confidential Overview; **3.** French JA, *et al. Epilepsia* 2019;60:1602–609.

STACCATO® *alprazolam* Phase 3 Clinical Development Program

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

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

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

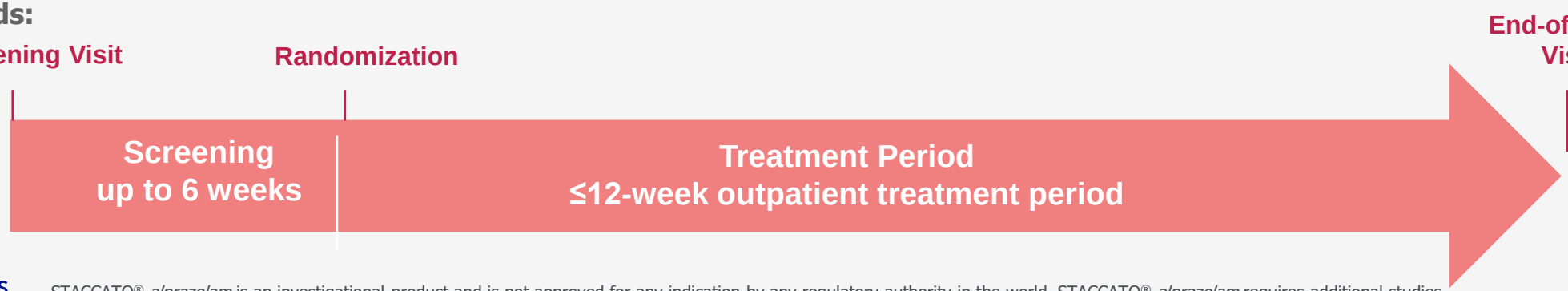
Primary outcome measures:
1. Treatment success for the treated seizure within 90 seconds after investigational medicinal product administration
2. Treatment success for the treated seizure with no recurrence after 2 hours

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

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

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

EP0162 Study Periods:



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

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

Dravet Syndrome (DS)	Lennox-Gastaut Syndrome (LGS)	CDKL5 Deficiency Disorder (CDD)
~12k - 15k US, EU, JPN prevalence	**~60k - 100k** US, EU, JPN prevalence	**~8k - 10k** US, EU, JPN prevalence
>80% of patients remain uncontrolled on existing AED regimens Premature childhood mortality, primarily SUDEP, of **~20%**	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 Higher risk of status epilepticus and sudden death	Nearly three-quarters of individuals with CDD take 2 or more ASMs simultaneously **>70%** of patients experience daily seizures High risk of SUDEP
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]

1. Sourbron J et al. Front Pharmacol 2017;8:191; **2**. Baumann MH et al. Neuropsychopharmacology 2014;39:1355–65; **3**. Fenfluramine Summary of Product Characteristics (SmPC); **4**. Knupp KG et al. Epilepsia. 2022;00:1–13; **5**. Martin P et al. Epilepsy & Behavior. 127 (2022) 108526; **6**. Bishop KI et al. Epilepsy & Behavior 121 (2021) 108024; **7**. Bishop K et al. American Academy of Neurology (AAN); April 17–22 2021; **8**. Lagae L et al. Lancet 2020;394:2243–54; **9**. Nabbout R et al. JAMA Neurol 2020;77:300–08; **10**. Sullivan J et al. Epilepsia 2020;61:2396–2404; **11**. Lai W et al. Epilepsia 2020;61:2386–95; **12**. Cross JH et al. Seizure 2021;39:154–159; **13**. Knupp et al. JAMA Neurol. 2022;79(6):554-564; **14**. Wirrell et al. Epilepsia 2022; 63(7):1761-1777; **15**. Jensen MP Epilepsy Research 185 (2022) 106976; **16**. Strzelczyk et al. Epilepsia. 2021; 62(10):2518-2527; **17**. Specchio N Epilepsia 2020;61(11):2405-2414.

CDKL5 Deficiency Disorder (CDD)

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

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

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

CDD by the Numbers

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

DIAGNOSIS

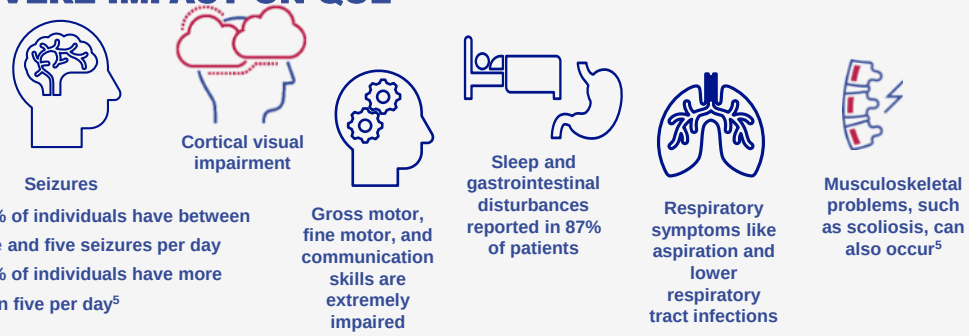
Not Understood

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

4x

more **common in girls** than boys

SEVERE IMPACT ON QOL



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

Impact on Caregivers

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

Types of Seizures

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

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

Bepranemab (UCB0107, Anti-Tau Antibody)

Rationale for development

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

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

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

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

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

AD, Alzheimer's disease; IgG, immunoglobulin G.; 1. Courade JP, *et al. Acta Neuropathol.* 2018;136:729–45; 2. Bloom G. *JAMA Neurol.* 2014;71:505–8; 3. Albert M, *et al. Brain.* 2019;142:1736–50; 4. Colin M, *et al. Acta Neuropathol.* 2020;139:3–25; 5. Buchanan T, *et al*. Presented at the International Congress of Parkinson's Disease and Movement Disorders, 2019: Abstract LBA3; 6. NCT04867616. Available at: https://clinicaltrials.gov/ct2/show/NCT04867616 (Accessed September 2021). bepranemab is an investigational product and is not approved for any indication by any regulatory authority in the world. Bepranemab requires additional studies before any conclusions for safety and efficacy can be made.

Together (AH0003): Overview and Study Design

A Phase 2 study in people living with AD – Recruitment for this study was completed, topline results Q4 2024

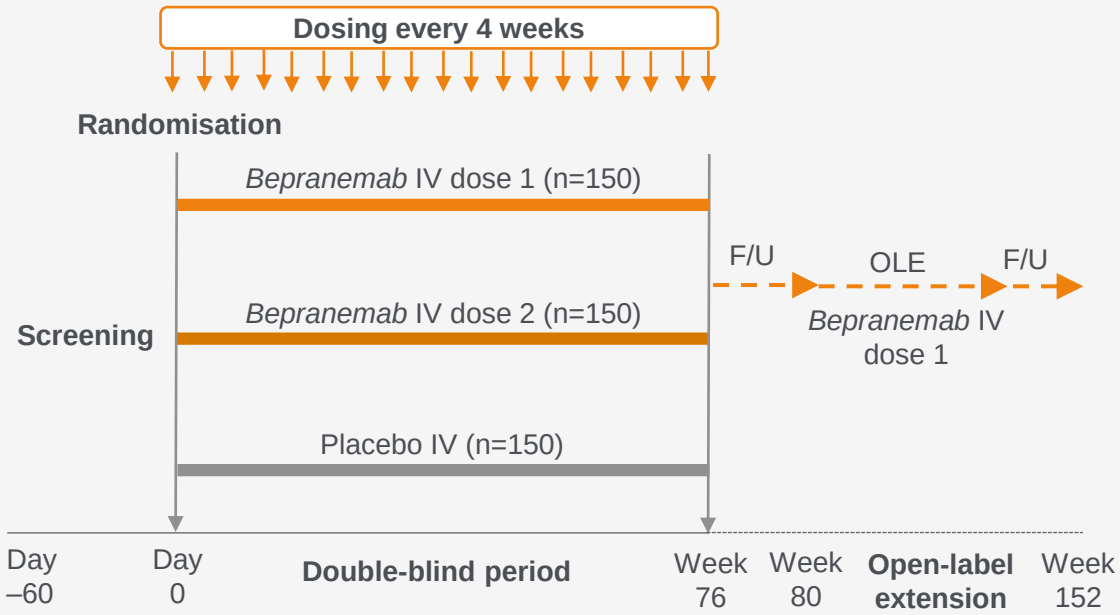
Objective

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

Inclusion criteria

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

Design



Endpoints

Primary:

- Change from baseline in CDR-SB at Week 80

Key secondary:

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

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

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

Thymidine Kinase 2 deficiency

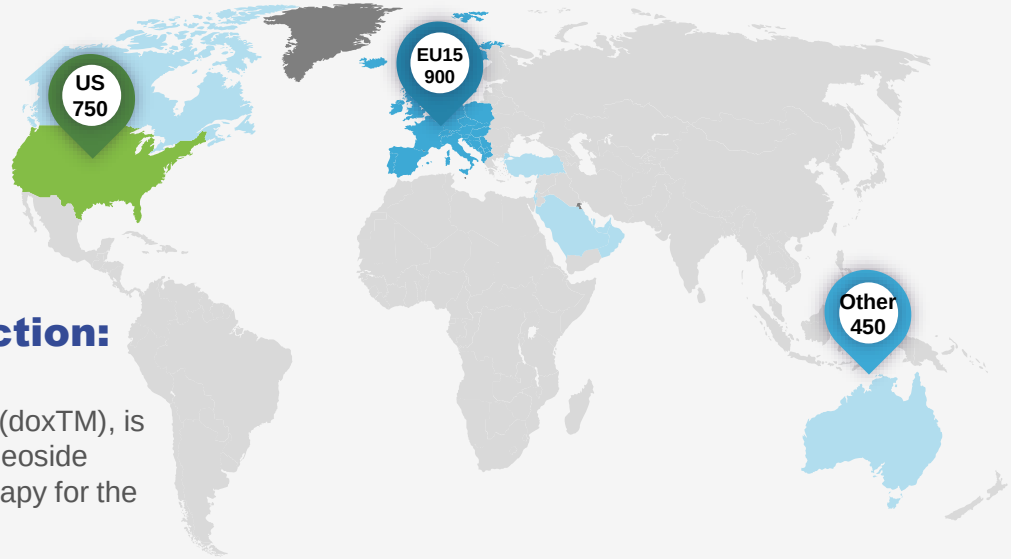
An ultra-rare debilitating and life-threatening (often fatal) genetic mitochondrial disorder

Thymidine Kinase 2 deficiency (TK2d)

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

PREVALENCE

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



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.

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

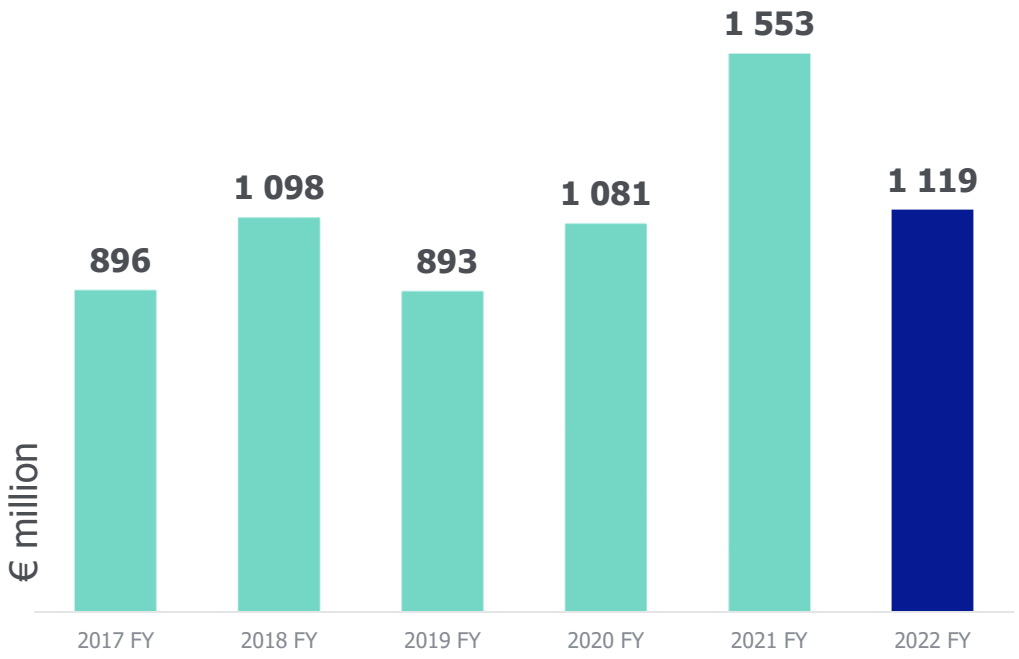
Adults

- 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)

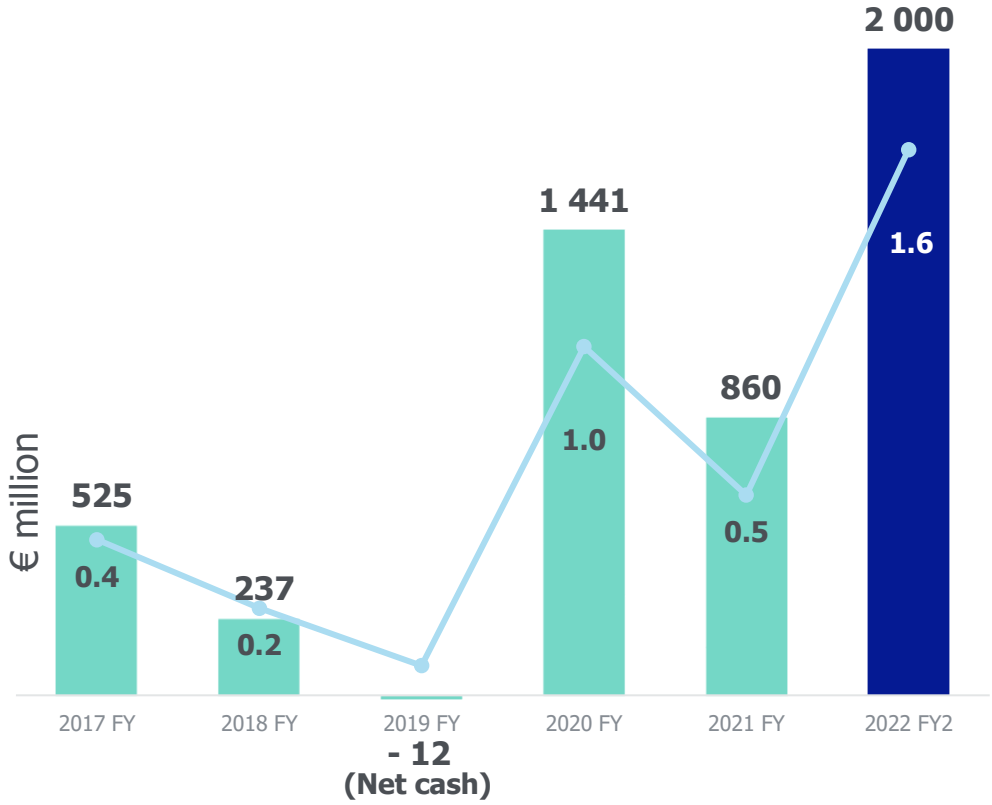
1. Zogenix epidemiology research 2018 and 2021

Solid Cash Flow

Cash flow from continuing operations

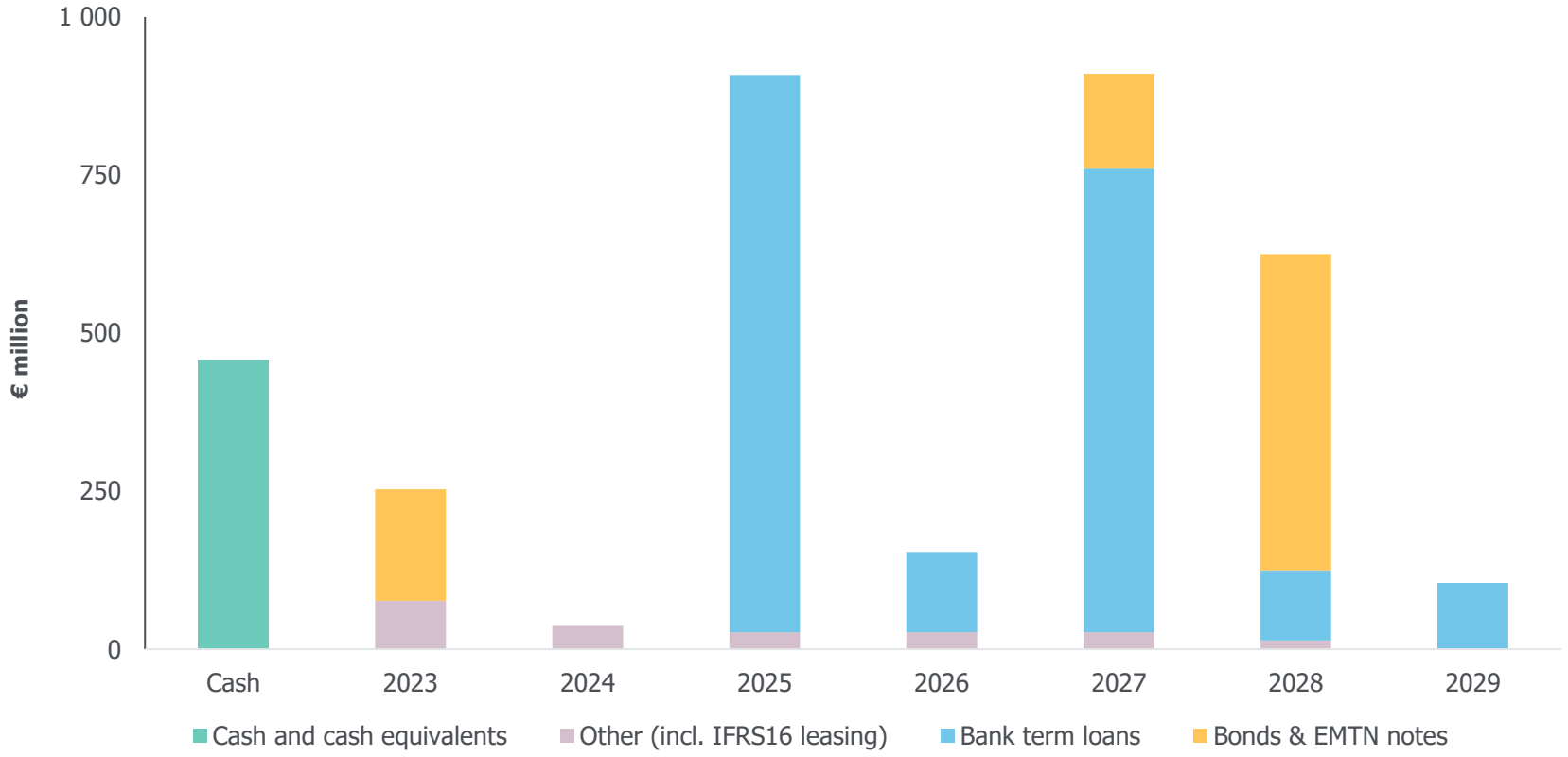


Net debt / adjusted EBITDA ratio



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 (as of 30 June 2023, € million)



UCB's Organization

Our people are key to deliver on our ambition

~8 700*

employees worldwide

*As of December 2022
CEO office consists of departments reporting directly to the CEO, including the Sustainability team and the Internal Audit team

UCB Today: A Global Player

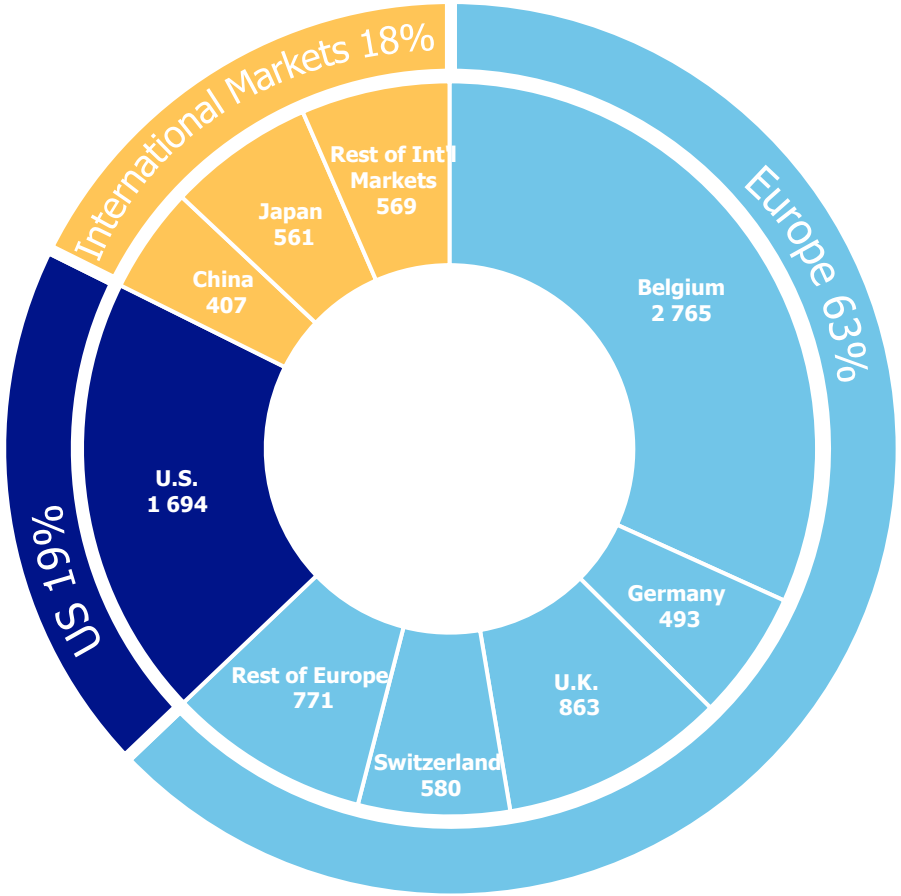
> Presence in 36 countries complemented by a robust network of partners

~8 700*
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

Specialty	Biologics	
€ 15.6 bn (2022 Apr-Sep)	€ 10.7 bn (2022 Apr-Sep)	2nd Largest after US

IQVIA Japan "Pharma Market Insights 2022 Winter"

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 in Q1 2023, HS planned in Q4 2023
- rozanolixizumab / gMG submission in Q1 2023
- fenfluramine / LGS submission planned Q3 2023
- brivaracetam submission planned Q3 2023

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
x1.7 in 5 yrs

6.4% of Global UCB

% Female Manager (as of Sep 2022)

20%
x1.5 in 1.5 yrs

vs. industry average 14%

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

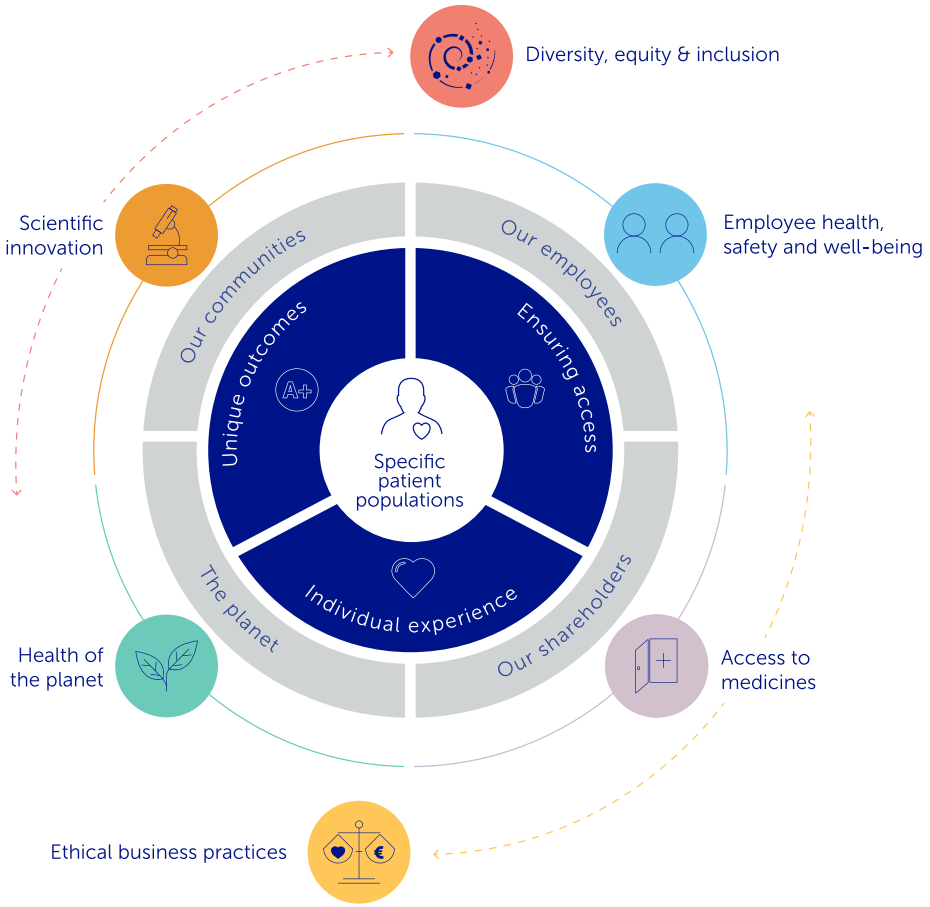
Upgraded customer engagement and field productivity with **omnichannel**

- 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%.

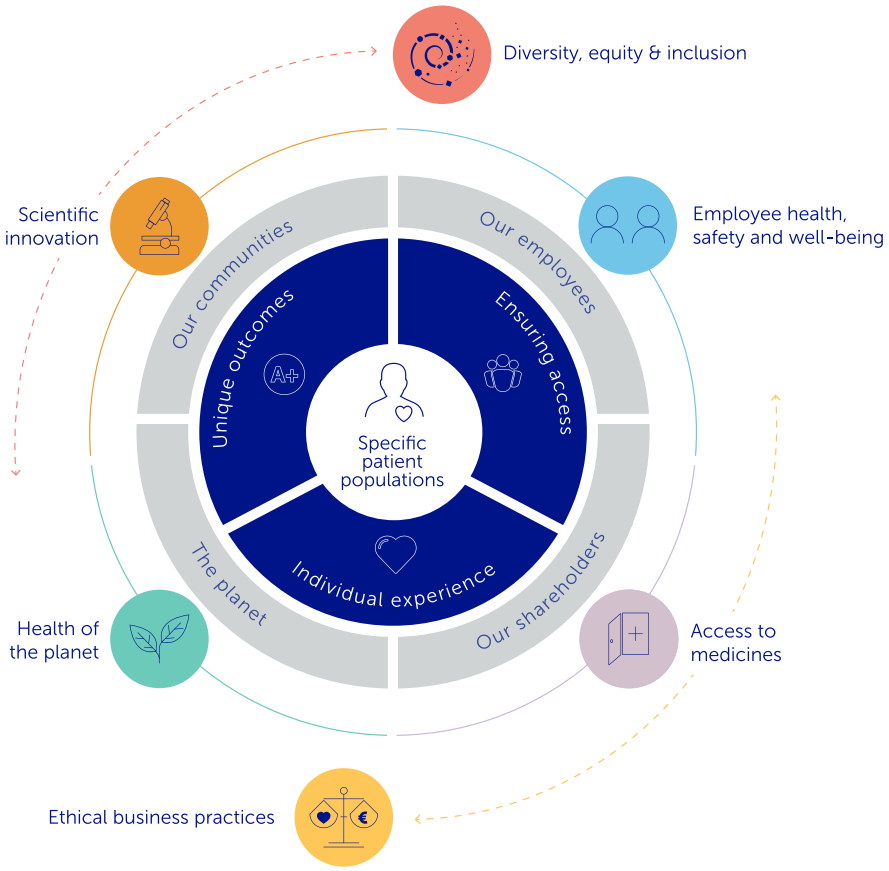
Value for shareholders

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**.

Driving sustained growth while making a positive impact on society[1]



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%** CO_2 emissions we directly control vs. 2015
- **30%** emissions by our suppliers with Science-Based-Targets alike

Value for shareholders – 2022 financial results

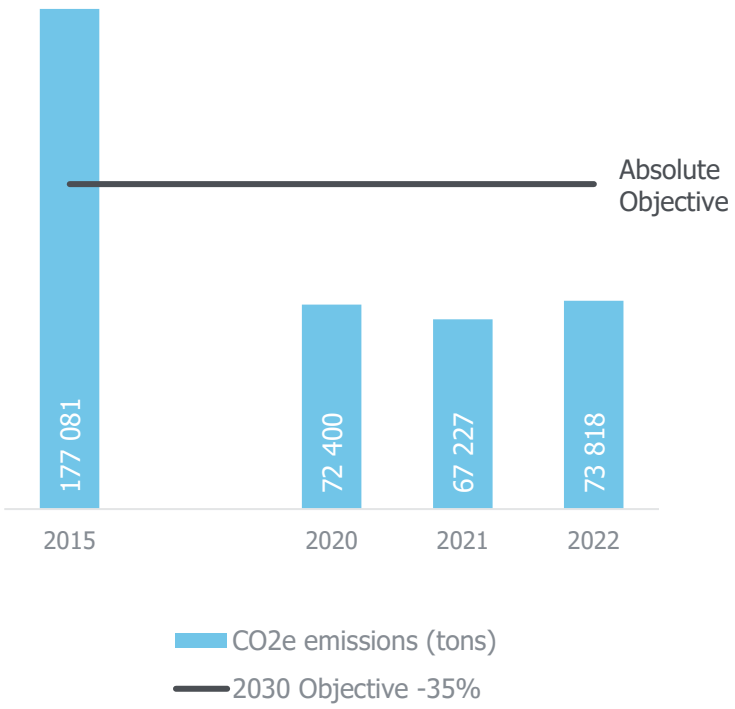
- **€ 5.52 bn** revenues
- **€ 1.26 bn** adjusted EBITDA
- **16.8** as Sustainalytics rating (low risk)

[1]Data as of 31st of December 2022

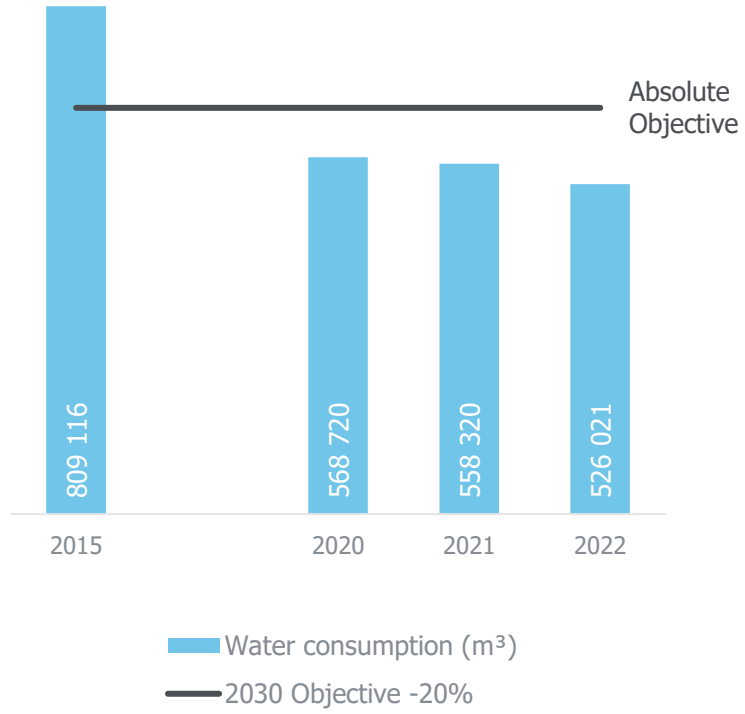
UCB Green Strategy

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

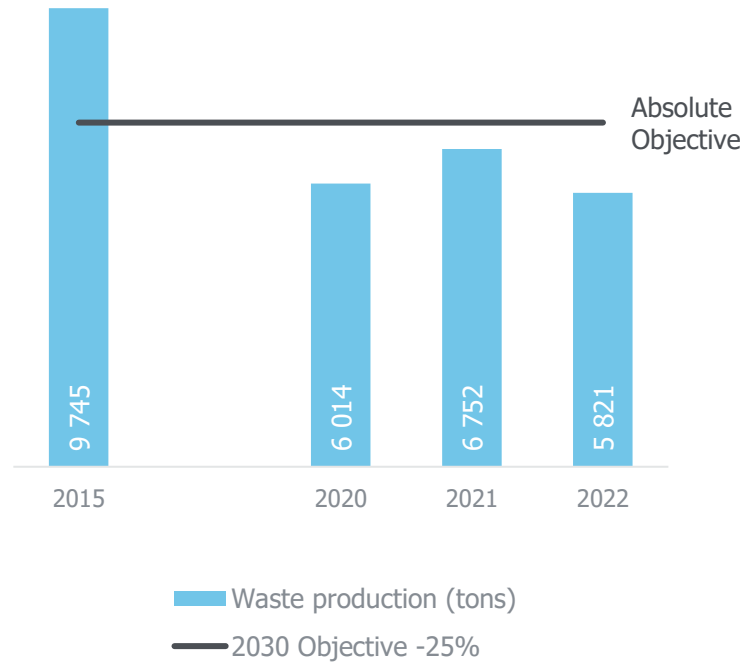
CO_2 emissions - 58% since 2015



Water consumption - 35% since 2015



Waste production - 40% since 2015

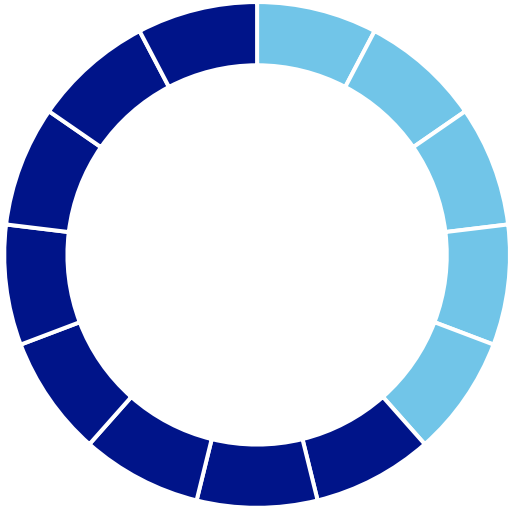


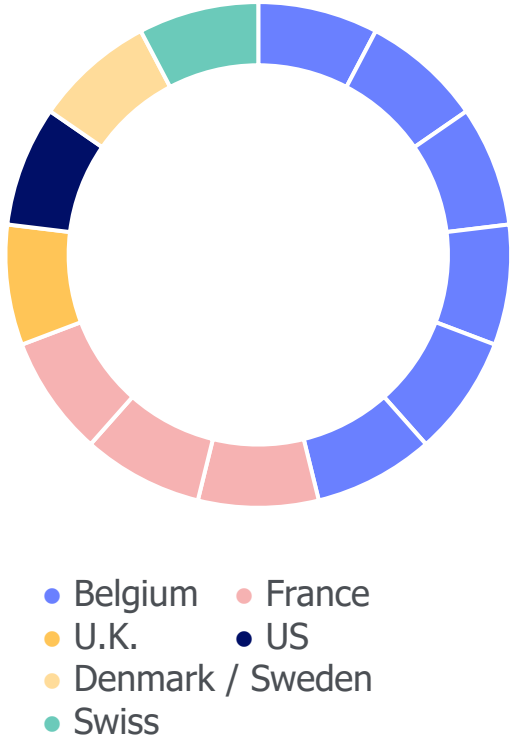
As of December 2022
More details in the integrated annual report

Corporate Governance

Board of directors

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



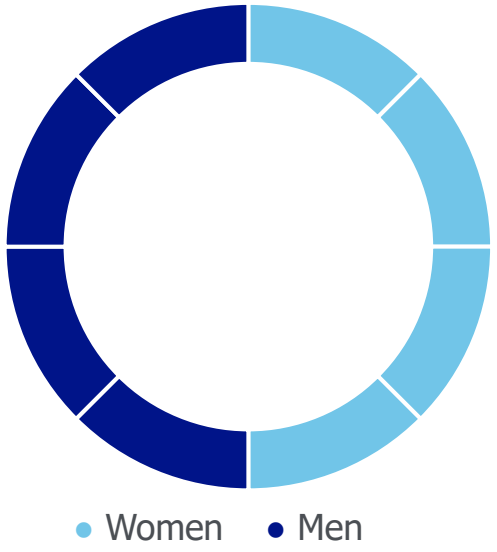


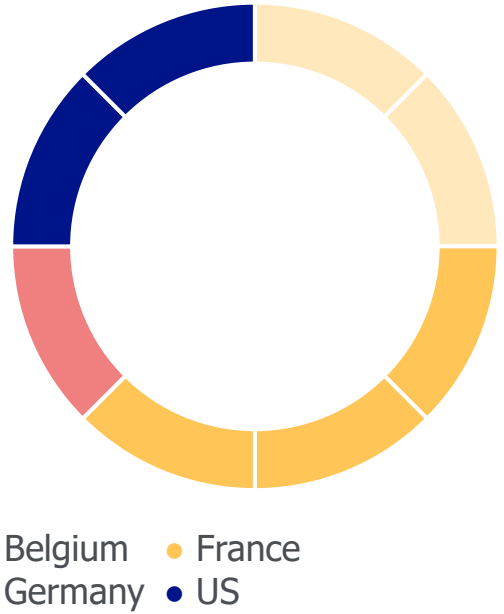
As of December 2022
More details in the integrated annual report and the notes to the annual general meeting

Corporate Governance

Executive committee

- **8 members**
  - Jean-Christophe Tellier, CEO since 2015
- **4 women (50%)**
- **4 nationalities**





As of July 2023
More details in the integrated annual report

Corporate Governance

Executive committee headed by Jean-Christoph Tellier

- **8 members**
- **4 women (40%)**
- **4 nationalities**

JL Fleurial,
CHRO

S. Dufour,
CFO

D. Waynick Johnson
General Counsel

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

JC Tellier,
CEO*

D. Patel,
CSO

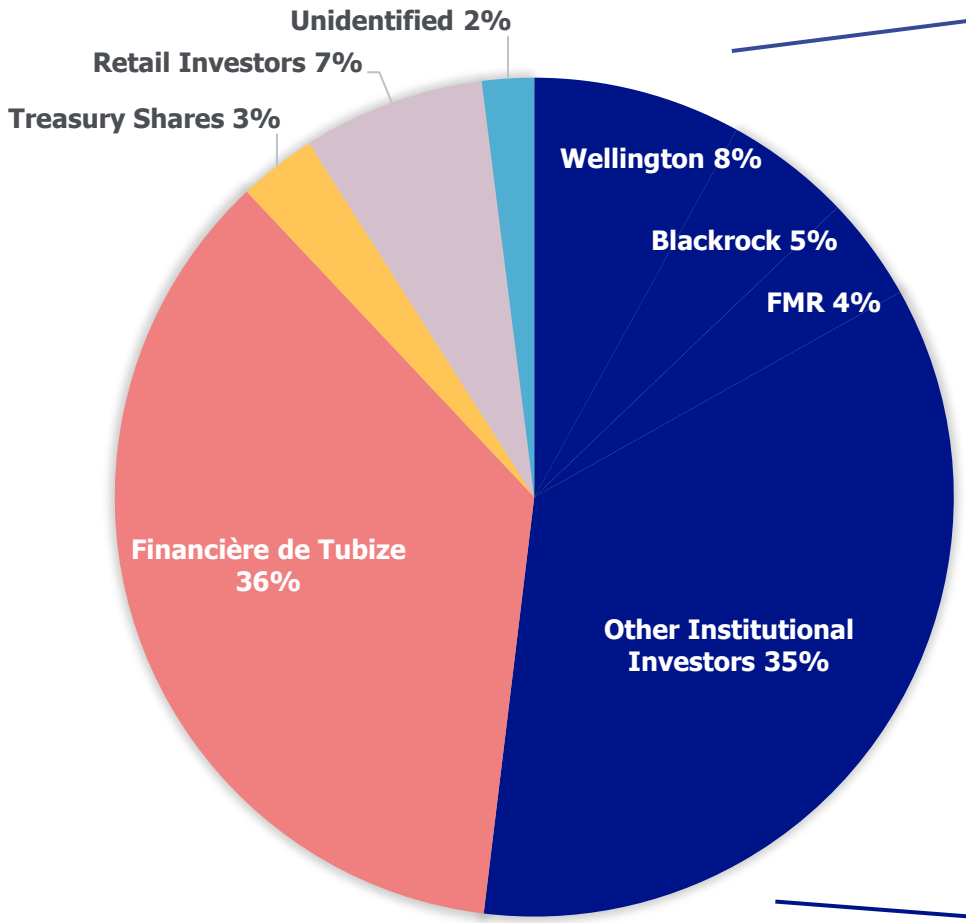
I.Loew-Friedrich,
CMO

K. Lund-Jurgensen,
Supply & Technology
Solutions

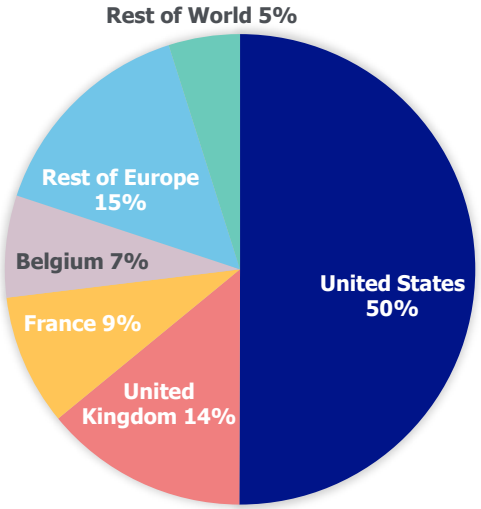
*Ad interim: JC Tellier,
Neurology Solutions &
Head of EU / International

As of July 2023
More details in the integrated annual report

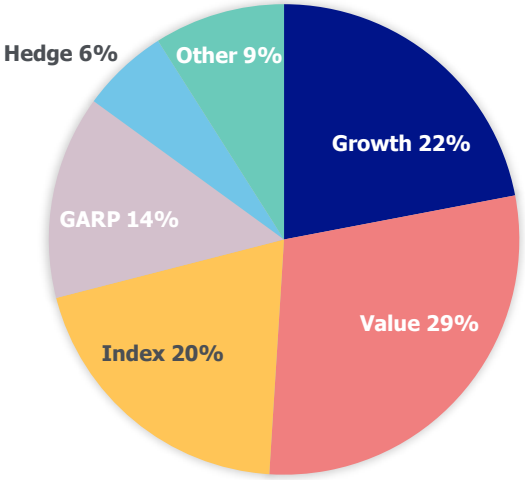
Shareholder distribution



Institutional investors: geographic distribution



Institutional investors: investment style



Sources: Shareholder identification (as of January 2023) and latest transparency notifications; UCB underlying ownership analysis

UCB Investor Relations Team

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connect to UCB wherever you go!

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ANDROID APP ON Google play