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 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.

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

1939
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.

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

1990’s
Globalization with acquisitions in the US, Korea, Thailand and Japan.

2000
Focus on biopharmaceuticals: A combination of large, antibody-based molecules and small, chemically-derived molecules.

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

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

2008
Acquisition of Zogenix, Inc.

2019
Divestiture of non-core business, starting with the films and chemical divisions, followed by primary care products.

2022
Fintepla® (triglycerides in plasma) nasal spray.

2023
Through acquisition of Zogenix, Inc.
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
Our Core Products – Immunology and Bone

Key information

<table>
<thead>
<tr>
<th>BIMZELX® (bimekizumab)</th>
<th>CIMZIA® (certolizumab pegol)</th>
<th>EVENITY® (romosozumab)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psoriasis</strong>&lt;br&gt;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, &amp; Israel.</td>
<td>Crohn’s disease&lt;br&gt;Rheumatoid Arthritis&lt;br&gt;Psoriatic Arthritis&lt;br&gt;non-radiographic and radiographic axial Spondyloarthritis&lt;br&gt;Psoriasis</td>
<td>EU launch progressing (available in Germany, UK, ES, IT, DK, SE, NL, BE, NO, CH)</td>
</tr>
<tr>
<td><strong>Psoriatic arthritis, radiographic and non-radiographic axial Spondyloarthritis</strong>&lt;br&gt;Approved in EU in June 2023&lt;br&gt;Under regulatory review in GB, AUS, CAN and Japan; and China (AS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hidradenitis suppurativa (HS)</strong>&lt;br&gt;Under regulatory review EU&lt;br&gt;Further submissions starting Q3/2023</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 10 000 patients globally**</td>
<td>180 000 patients globally*</td>
<td>&gt; 485 000 patients since launch globally***</td>
</tr>
</tbody>
</table>

- **2032** (US, without patent term extension)<br>- **2036** (EU)<br>- **2037** (Japan)<br>- **2024** (US & EU)<br>- **2026** (Japan)<br>- **2031** (EU & Japan)<br>- **2033** (US)

*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*

<table>
<thead>
<tr>
<th><strong>FINTEPLA®</strong> (fenfluramine)</th>
<th><strong>NAYZILAM®</strong> (midazolam)</th>
<th><strong>VIMPAT®</strong> (lacosamide)</th>
<th><strong>KEPPRA®</strong> (levetiracetam)</th>
<th><strong>BRIVIACT®</strong> (brivaracetam)</th>
<th><strong>NEUPRO®</strong> (rotigotine)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 1 000 patients globally*</td>
<td>&gt; 90 000 patients in the U.S.*</td>
<td>&gt; 600 000 patients globally*</td>
<td>&gt; 1.8 million patients globally*</td>
<td>190 000 patients globally*</td>
<td>&gt; 340 000 patients globally*</td>
</tr>
<tr>
<td>2027 (ODE US Dravet Syndrome) 2032 (ODE EU &amp; Japan Dravet Syndrome)</td>
<td>2028 (US)</td>
<td>2022 (US &amp; EU) 2024 (Japan)</td>
<td>2008 (US) 2010 (EU) 2020 (Japan)</td>
<td>2026 (US &amp; EU) 2021 (US &amp; EU) 2024 (Japan) 2030 (Reformulation patent in EU)</td>
<td></td>
</tr>
</tbody>
</table>

*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

2023 HY Net Sales
€ 2,378 M\(^1\)
(-12%; -14% CER)

Epilepsy
€ 957 M
(-33%; -32% CER)

Immunology
€ 1,093 M
(+8%; +8% CER)

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

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%

UCB - HY results 2023, July 2023
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)
- dapirolizum 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
- Out-licensing of zampilimab to Chiesi
- Partnering with Novartis in Parkinson’s disease
UCB Epilepsy Leadership across the Globe

**UCB’s Portfolio of Epilepsy Solutions**
- Keppra
- VIMPAT
- BRIVIACT
- Nayzilam
- Fintepla

**Strategic Epilepsy Investments and Partnerships**
- Zogenix
- Engage Therapeutics
- GliaPharm
- PRAXIS
- Egyene Genetics
- Digital Health
- Byteflies
- NextSense
- NeuraVA

**Worldwide Epilepsy**
- >3.2 million epilepsy patients under care worldwide in 2022
- >1 million compounds per drug screening
- >6 targeted projects in early discovery pipeline

**Net Sales**
- >€1.83 bn\(^1\)

**Interventional Studies**
- >250 interventional studies
- >25,000 patients enrolled

\(^1\)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

\[\text{Net sales in € million, FY numbers}^2\]

**Peak sales guidance: > € 2 billion by 2024**

- Loss of Exclusivity¹
  - **2024** US & EU
  - **2026** Japan

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

- US: € 661
- EU: € 214
- IM: € 132
- Japan: € 10

Net Sales, by Segment
- Rheumatoid Arthritis: 53%
- Psoriatic Arthritis: 19%
- Axial Spondyloarthritis: 17%
- Psoriasis: 7%
- Crohn's Disease: 4%

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

150% lyophilized formulation and 50% pre-filled syringe; IM = International Markets; WoCBA = Women of Child Bearing Age

UCB - HY results 2023, July 2023
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)

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.

*Knot tested for statistical significance; Source: Insight Health PIA data
Focusing On Growth Markets

### Psoriasis
- **2020**: US$ 18.3 billion
- **2030**: US$ 23.3 billion
- **U.S.**: 18.2
- **EU5**: 3.9

### Psoriatic Arthritis
- **2020**: US$ 7.0 billion
- **2030**: US$ 9.6 billion
- **U.S.**: 5.5
- **EU5**: 1.4

### Axial Spondyloarthritis
- **2020**: $4.5 billion
- **2030**: $5.7 billion
- **U.S.**: 3.5
- **EU5**: 1.0

#### Market Growth by Disease and Treatment
- **Psoriasis**
  - 2020: 16%, 15%, 18%, 28%, 23%
  - 2030: 19%, 25%, 8%, 14%, 34%

- **Psoriatic Arthritis**
  - 2020: 15%, 12%, 25%, 57%
  - 2030: 20%, 22%, 5%, 30%

- **Axial Spondyloarthritis**
  - 2020: 9%, 77%, 14%
  - 2030: 13%, 54%, 33%

#### Key Therapies
- **IL-17 A / IL-17 A/F**
- **TNF-alpha**
- **IL-12/23**
- **IL-23**
- **Other**

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)

- **US**
  - Vimpat: -81.0%
  - AED Market: -1.1%

- **Europe**
  - Vimpat: 2.8%
  - AED Market: -12.6%

- **Japan**
  - Vimpat: 22.9%
  - AED Market: -4.9%

Vimpat TRx/TDx market share is calculated for R3M May 23 and market share growth is shown against R3M May 22.

Vimpat R3M TRx/TDx Share

- **US**: 6.97%
- **EU5**: 4.32%
- **Japan**: 0.36%

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

US Loss of Exclusivity: March 2022

EU Loss of Exclusivity: September 2022
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
  • 2026 US & EU
  • Not yet available in Japan

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 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.

---

**In-Market Performance Diagram**

- **Briviact vs. AED Market Growth (TRx/TDx)**
  - **US**: -1.1% to 19.6%
  - **Europe**: 2.8% to 26.9%

- **Briviact R3M TRx/TDx Share**
  - **US**: 0.69% to 1.83%
  - **EU5**: 0.40% to 0.69%

---

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

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.

Japan start generic competition: Early 2022
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

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.
Impact of EVENITY® on UCB’s P&L

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

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

<table>
<thead>
<tr>
<th>2022</th>
<th>2023</th>
<th>2024</th>
<th>2025</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>
<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>
<td>✓ Zogenix acquisition and integration</td>
<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>
<td>✓ New indications: fenfluramine in CDKL5 deficiency disorder and doxectine and doxribtimine (MT1621) in TK2 deficiency disorder</td>
<td>✓ FDA acceptance of new drug application and EMA MAA validation for zilucoplan for the treatment of generalized myasthenia gravis in adult patients</td>
<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>✓ FDA acceptance of the filing to review a BLA for the investigational treatment rozanolixizumab and that the FDA granted Priority Review</td>
<td>✓ EMA validation of the MAA for rozanolixizumab for the treatment of adults with AChR or MuSK antibody positive gMG.</td>
<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>
<td>✓ Positive topline results from a Phase 3 study with adjunctive brivaracetam in participants across Asia with partial seizures</td>
</tr>
</tbody>
</table>

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; MOC: myelin oligodendrocyte glycoprotein; PGTCS: primary generalized tonic-clonic seizures; PsO: psoriasis; PsA: psoriatic arthritis; SLE: systemic lupus erythematosus
Further approvals since HY 2023
Ongoing regulatory reviews = expected approvals, followed by launches

<table>
<thead>
<tr>
<th>Q1 2023</th>
<th>Q2 2023</th>
<th>H2 2023</th>
<th>H1 2024</th>
<th>H2 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>FINTEPLA® / LGS</td>
<td>RYSTIGGO® / gMG U.S.</td>
<td>ZILBRYSQ® / gMG Japan</td>
<td>bimekizumab / PsA Japan</td>
<td>rozanolixizumab / gMG EU</td>
</tr>
<tr>
<td></td>
<td>BIMZELX® / PsA EU</td>
<td>RYSTIGGO® / gMG Japan</td>
<td>bimekizumab nr-axSpA / AS Japan</td>
<td>bimekizumab / HS</td>
</tr>
<tr>
<td></td>
<td>BIMZELX® / axSpA EU</td>
<td>BIMZELX® / PSO U.S.</td>
<td>zilucoplan / gMG</td>
<td>U.S. &amp; EU</td>
</tr>
</tbody>
</table>

2023 filings...
- rozanolixizumab / gMG Japan
- bimekizumab / PsA / nr-axSpA / AS Japan
- bimekizumab / HS EU
- brivaracetam Japan
- fenfluramine / LGS Japan
- bimekizumab / PsA / nr-axSpA / AS / HS U.S.
- bimekizumab / HS Japan

...leading to potential launches in 2024

- 11 clinical study read-outs across UCB clinical pipeline 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

UCB – October Update
... a Remarkable UCB Clinical Development Pipeline

Nine clinical development assets, 11 ongoing studies

<table>
<thead>
<tr>
<th>Asset</th>
<th>Disease/Condition</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>rozanolixizumab (FcRn inhibitor)</td>
<td>MOG-antibody disease</td>
<td></td>
<td></td>
<td>Topline results H2 2024</td>
</tr>
<tr>
<td></td>
<td>Autoimmune encephalitis</td>
<td></td>
<td></td>
<td>Topline results H1 2024</td>
</tr>
<tr>
<td></td>
<td>Severe fibromyalgia syndrome</td>
<td></td>
<td></td>
<td>Topline results H2 2024</td>
</tr>
<tr>
<td>fenfluramine (5-HT agonist)</td>
<td>CDKL5 deficiency disorder</td>
<td></td>
<td></td>
<td>Topline results H2 2024</td>
</tr>
<tr>
<td>doxecitine and doxribtimine (MT1621, nucleoside therapy)</td>
<td>TK2 deficiency disorder</td>
<td></td>
<td></td>
<td>Starting submissions in mid-year 2024</td>
</tr>
<tr>
<td>dapirolizumab pegol (anti-CD40L antibody)</td>
<td>Systemic lupus erythematosus*</td>
<td></td>
<td></td>
<td>Topline results mid-year 2024</td>
</tr>
<tr>
<td>STACCATO® alprazolam (benzodiazepine)</td>
<td>Stereotypical prolonged seizures</td>
<td></td>
<td></td>
<td>Topline results H1 2024</td>
</tr>
<tr>
<td>bepranemab (anti-tau antibody)</td>
<td>Alzheimer’s disease**</td>
<td></td>
<td></td>
<td>Topline results Q4 2024</td>
</tr>
<tr>
<td></td>
<td>Parkinson’s disease***</td>
<td></td>
<td></td>
<td>Topline results Q4 2024</td>
</tr>
<tr>
<td>UCB9741</td>
<td>Atopic dermatitis</td>
<td></td>
<td>Ph-1b</td>
<td></td>
</tr>
<tr>
<td>UCB1381</td>
<td>Atopic dermatitis</td>
<td></td>
<td>Ph-1b</td>
<td></td>
</tr>
</tbody>
</table>
... a Remarkable UCB Clinical Development Pipeline

Nine clinical development assets, 11 ongoing studies

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>rozanolixizumab (FcRn inhibitor)</td>
<td>PHASE 1: MOG-antibody disease, Autoimmune encephalitis, Severe fibromyalgia syndrome</td>
</tr>
<tr>
<td></td>
<td>PHASE 2: Targeted FcRn inhibition in a population that has a severe brain inflammation and has no approved treatment options</td>
</tr>
<tr>
<td></td>
<td>PHASE 3: Targeted FcRn inhibition potentially reducing seizure activity, Severe and debilitating pain disorder affecting ~2-3% of population; pathogenic IgG antibodies drive severe FM</td>
</tr>
<tr>
<td>fenfluramine (5-HT agonist)</td>
<td>PHASE 1: CDKL5 deficiency disorder, PHASE 2: An ultra-rare, severe developmental epileptic encephalopathy with onset in early infancy, high unmet need, and limited treatment options</td>
</tr>
<tr>
<td>doxeceridine and doxirbitimine (MT1621, nucleoside therapy)</td>
<td>PHASE 1: TK2 deficiency disorder, PHASE 2: Mitochondrial disease with currently no treatment options; MT1621 could hold the potential of extending survival</td>
</tr>
<tr>
<td>dapirolizumab pegol (anti-CD40L antibody)</td>
<td>PHASE 1: Systemic lupus erythematosus (SLE)</td>
</tr>
<tr>
<td></td>
<td>PHASE 2: Addressing heterogenous patient population lacking rapid, effective, and durable control of inflammation</td>
</tr>
<tr>
<td>STACCATO® alprazolam (benzodiazepine)</td>
<td>PHASE 1: Stereotypical prolonged seizures</td>
</tr>
<tr>
<td></td>
<td>PHASE 2: Potential for rapid cessation of an ongoing single seizure</td>
</tr>
<tr>
<td>bepranemab (anti-tau antibody)</td>
<td>PHASE 1: Alzheimer’s disease**</td>
</tr>
<tr>
<td></td>
<td>PHASE 2: Antibody; potentially disease-modifying therapy by slowing down disease progression</td>
</tr>
<tr>
<td>minzasolmin (α-syn-misfolding inhibitor)</td>
<td>PHASE 1: Parkinson's disease***</td>
</tr>
<tr>
<td></td>
<td>PHASE 2: Oral, small molecule; potentially disease-modifying therapy by slowing down disease progression</td>
</tr>
<tr>
<td>UCB9741</td>
<td>PHASE 1: Atopic dermatitis</td>
</tr>
<tr>
<td></td>
<td>PHASE 2: Skin condition with significant impact on the quality of life beyond dry skin and itching; patients are often not well-controlled</td>
</tr>
<tr>
<td>UCB1381</td>
<td>PHASE 1: Atopic dermatitis</td>
</tr>
</tbody>
</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.
BIMZELX® (bimekizumab) Phase 3 Clinical Development Programs

>4 500 patients enrolled

<table>
<thead>
<tr>
<th>Psoriasis (PSO)</th>
<th>Psoriatic arthritis (PsA)</th>
<th>Axial spondyloarthritis (nr-axSpA &amp; AS/r-axSpA)</th>
<th>Hidradenitis suppurativa (HS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved in 39 countries including EU, JPN, CAN; filed in the US**</td>
<td>Approved in EU, regulatory reviews ongoing</td>
<td>Approved in EU, regulatory reviews ongoing</td>
<td>Submissions started Q3 2023</td>
</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)**
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*

*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.

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

- Up to 3% of the population is affected by PSO
- Caucasian: 45%, African American: 55%
- PSO more commonly affects Caucasians than other ethnic groups

Age

- Late teens–early thirties (type 1 PSO)
- Fifties (type 2 PSO)
- Two peaks of incidence

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

Geographic region

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

Prevalence generally increases with increasing distance from the equator

References:
Psoriatic Arthritis: High Unmet Need and Disease Burden

**Psoriatic arthritis (PsA)**

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

**Prevalence by geographic region**

<table>
<thead>
<tr>
<th>Country</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>0.06–0.25%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>0.10–0.35%</td>
</tr>
<tr>
<td>France</td>
<td>0.08–0.35%</td>
</tr>
<tr>
<td>Germany</td>
<td>0.16–0.25%</td>
</tr>
<tr>
<td>Spain</td>
<td>0.36–0.87%</td>
</tr>
<tr>
<td>Italy</td>
<td>0.31–0.61%</td>
</tr>
<tr>
<td>Norway</td>
<td>0.18–0.21%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>0.10–0.35%</td>
</tr>
</tbody>
</table>

Global prevalence13: ~0.13%


**Disease progression**

Up to 40% of patients with psoriasis will develop PsA5,6

Decreasing quality of life7

~15–30% of patients with psoriasis have undiagnosed PsA8,9

**Gender differences**

Diagnosis is delayed10 and outcomes are worse in women11,12

**Burden of disease**

- Pain/swelling19
- Itching7
- Difficulty with everyday activities21
- Depression, anxiety and mental health11,20
- Quality of life reduced20,21

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

- Depression, anxiety and mental health11,20
- Quality of life reduced20,21

Approximately 1 in 3 patients achieve minimal disease activity criteria in real-life studies with current treatments22
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:**
- Chronic back pain
- Morning stiffness
- Fatigue

**Key non-axial symptoms:**
- Uveitis: 30–40%
- Inflammatory bowel disease (IBD): 5–10%
- Psoriasis: 10–27%
- Dactylitis: 6%
- Peripheral arthritis: 40%
- Enthesitis: 25%

**Non-radiographic (nr-) axSpA**1,2

- 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

**Radiographic (r-) axSpA** (also known as AS)1,2

- axSpA affects ~20 million people globally.16,17
- 0.5–1.5% of the adult population have axSpA, similar to Rheumatoid Arthritis.18

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

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>nr-axSpA</th>
<th>r-axSpA/AS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>2040</td>
<td>80%</td>
<td></td>
</tr>
</tbody>
</table>

Structural SIJ damage progression from nr-axSpA to r-axSpA.

- Prevention of irreversible structural disease progression in axSpA is currently a high unmet need.11,12
- There are limited treatment options.

**1st line:** NSAIDs19

**2nd/3rd line:** TNF inhibitors, IL-17 inhibitors, and JAK inhibitors19

*To estimate the global population of people with axSpA, the following calculation was performed: an AS global prevalence of ~0.17% was applied to a global population of ~7 billion people and the figure multiplied by two, as AS patients are estimated to make up half of the total axSpA patient population.16,17 AS: Ankylosing spondylitis; IL: interleukin; JAK: Janus kinase; NSAID: Non-steroidal anti-inflammatory drug; TNF: Tumour necrosis factor.1


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, and scarring.

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

PREVALENCE
AFFECTS UP TO 1%
US
EUROPE
JAPAN
AUSTRALIA

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

MULTIPLE CO-MORBIDITIES
Psychological Disorders
Metabolic Syndrome
Squamous Cell Carcinoma
Down Syndrome

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

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

<table>
<thead>
<tr>
<th>Disease</th>
<th>Therapy</th>
<th>Key Results</th>
</tr>
</thead>
</table>
| Generalized myasthenia gravis | Rozanolixizumab                | MG0003 / NCT03971422 200 patients; 3 arms; (rozanolixizumab vs. placebo) MG-ADL Score @ Day 43  
Phase 3 positive results published at MGFA Meeting 2022* |
| Autoimmune encephalitis       | Rozanolixizumab                | 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 |
| Myelin oligodendrocyte        | Rozanolixizumab                | 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 in H2 2024 |
| Glycoprotein (MOG)-antibody    | Rozanolixizumab                | 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 in H2 2024 |
| disease                        |                                |                                                                                                                                            |
| Severe fibromyalgia            |                                |                                                                                                                                            |

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

\(^1\)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](https://www.ucb.com/scientific-presentations-abstracts-and-posters-zilucoplan)
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

(Source: Lupus Foundation of America)

**Life Expectancy**

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

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

(Source: Lupus Foundation of America)

**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

**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) 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

**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

(Source: [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; daipirolizumab pegol is an investigational product and is not approved for any indication by any regulatory authority in the world. daipirolizumab 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 of 1st Phase 3 study mid-year 2024

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.
Partnership With Novartis Leverages UCB Sciences

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

10m people are living with Parkinson’s Disease (PD) worldwide

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

Partnered with Novartis (December 2021)

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

High unmet need given lack of disease-modifying therapies
UCB and Novartis have entered into an agreement
FOR... UCB0599 (alpha-synuclein misfolding inhibitor, in Phase 2)

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

References:
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)**

**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
- 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)

---

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.

- 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**
  - Screening up to 6 weeks

- **Randomization**

- **Treatment Period**
  - ≤12-week outpatient treatment period

- **End-of-Study Visit**

**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.
# 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>
<tr>
<td>Foundational Therapy</td>
<td>The New Next Option</td>
<td>Phase 3 trial ongoing, topline results H2 2024</td>
</tr>
<tr>
<td>Profound impact on seizures exceeding expectations of what could be possible in DS</td>
<td>Proven efficacy on LGS’s most challenging seizures proven efficacy as an adjunctive therapy</td>
<td>Novel, complementary MOA with demonstrated impact on refractory seizure disorders</td>
</tr>
</tbody>
</table>

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

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

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

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.

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

CDD by the Numbers

More common in girls than boys

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

SEVERE IMPACT ON QOL

Seizures

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

Cortical visual impairment

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

Impact on Caregivers

- 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

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.\(^1\,^3\,^5\)

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

Dosing every 4 weeks

Randomisation

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

Endpoints

*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 (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

Mechanism of Action:
doxcetidine and doxibitimine (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>Cash Flow (€ 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>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017 FY</td>
<td>0.4</td>
</tr>
<tr>
<td>2018 FY</td>
<td>237</td>
</tr>
<tr>
<td>2019 FY</td>
<td>1.0</td>
</tr>
<tr>
<td>2020 FY</td>
<td>860</td>
</tr>
<tr>
<td>2021 FY</td>
<td>860</td>
</tr>
<tr>
<td>2022 FY</td>
<td>2,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Biologics</th>
<th>2\textsuperscript{nd} Largest after US</th>
</tr>
</thead>
<tbody>
<tr>
<td>€ 15.6 bn</td>
<td>€ 10.7 bn</td>
<td></td>
</tr>
<tr>
<td>(2022 Apr-Sep)</td>
<td>(2022 Apr-Sep)</td>
<td></td>
</tr>
</tbody>
</table>

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\textsuperscript{®}**
- Feb 2021 Submission for Psoriasis
- Jan 2022 Regulatory Approval
- Apr 2022 Launch

**FINTEPLA\textsuperscript{®}**
- 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 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
- 1\(^{\text{st}}\) 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 31\(^{\text{st}}\) of December 2022
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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Absolute Objective</th>
<th>2015</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>177,081</td>
<td>72,400</td>
<td>67,227</td>
<td>73,818</td>
</tr>
</tbody>
</table>

**Water consumption**

<table>
<thead>
<tr>
<th>Year</th>
<th>Absolute Objective</th>
<th>2015</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>809,116</td>
<td>568,720</td>
<td>558,320</td>
<td>526,021</td>
</tr>
</tbody>
</table>

**Waste production**

<table>
<thead>
<tr>
<th>Year</th>
<th>Absolute Objective</th>
<th>2015</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>9,745</td>
<td>6,014</td>
<td>6,752</td>
<td>5,821</td>
</tr>
</tbody>
</table>

As of December 2022

More details in the integrated annual report

Inspired by patients.
Driven by science.

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

![Diagram showing distribution of committee members by gender and nationality]
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

More details in the integrated annual report
Shareholder distribution

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!