Further Facts & Figures

Full-Year Report 2023
28th of February 2024

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

Disclaimer & safe harbor

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

Important factors that could result in such differences include but are not limited to: global spread and impacts of wars and pandemics, 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, you are 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 document, and do not reflect any potential impacts from the evolving conflicts, wars, pandemics, as well as any other adversity, unless indicated otherwise. The company continues to follow the development diligently to assess the financial significance of these events, as the case may be, to UCB.

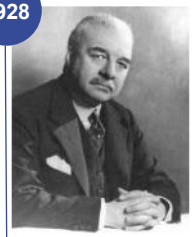
UCB expressly disclaims any obligation or duty to update any forward-looking statements in this document, either to confirm the actual results or to report or reflect any change in its forward-looking statements with regard thereto or any change in events, conditions or circumstances on which any such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

INTRODUCTION

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)

ZILBRYSQ® (zilucoplan) Injection

Note: the timeline is not proportionated.

UCB - FY 2023 Facts & Figures, February 2024

UCB Patient Value Strategy

Sustained Company Growth – superior Shareholder Value

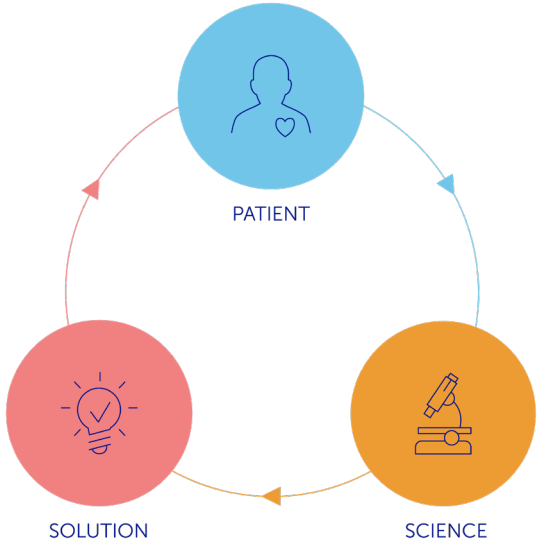
Creating Value For Patients

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.

Global biopharmaceutical company with **95+ years of dedication** to our stakeholders: people living with severe diseases, employees, communities we live in, the planet, shareholders

>9000 employees world-wide*

Powered by scientific excellence and pioneering research



Key for UCB is innovation – relentless drive to bring innovative medicines. We bring our **portfolio of differentiated solutions** to people living with severe diseases

CIMZIA®	EVENITY®
VIMPAT®	FINTEPLA®
KEPPRA®	BIMZELX®
BRIVIACT®	RYSTIGGO®
NAYZILAM®	ZILBRYSQ®

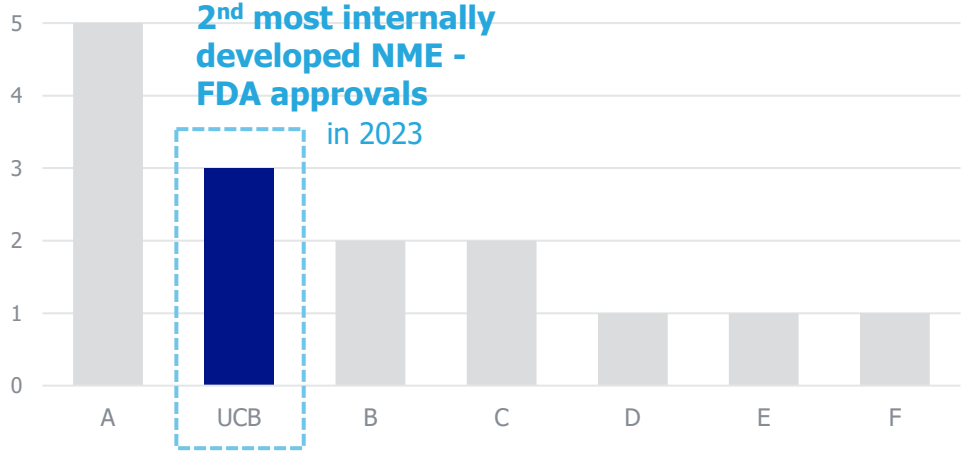
* Data as of 31st of December 2023.
UCB - FY 2023 Facts & Figures, February 2024

UCB's Achievements – Innovation

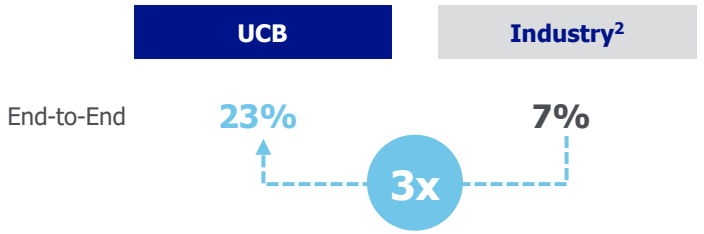
Impressive Successes to date, based on Innovation, enabling Company Growth

- UCB's innovative spirit is exemplified by an impressive **tally of 10 + 2 positive phase 3 readouts**
- External recognition as **2nd most innovative pharma company** in 2023[1]
- **R&D productivity**, with end-to-end success rates that soar to **three times higher** than the industry benchmark[2]
- **14 approvals in the last 14 months**, across 6 patient populations, across 3 continents
- A clinical-stage pipeline of **10 unique assets** addressing well-defined **unmet patient needs**
- Sustainability is our **business approach**, and we are committed to **sustainable growth**

2023 FDA Approvals for Major Pharma[1]



Success rates lead indications (%, 2013-2022)



[1] FirstWord PHARMA: Vital Signs: The most innovative pharmas of 2023 - January 14, 2024; [2] 2023 CMR Global R&D Program; NME = New Molecular Entities.

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UCB's Portfolio 5 Unique and De-risked Growth Drivers

RYSTIGGO® (rozanolixizumab-noli)

First agent for **anti-AChR+ & anti-MuSK+**

EVENITY® (romosozumab-aqqg) injection 105 mg/1.17 mL

First-in-class for **Bone Builder**

ZILBRYSQ® (zilucoplan) Injection

First once-daily C5 inhibitor

Fintepla® (fenfluramine)

Unique and dual mode of action

Bimzelx® (bimekizumab)

First and only IL-17A & IL-17F inhibitor[1]

[1] Demonstrated in Psoriasis through speed, depth & durability - Clarivate I DRG, LANDSCAPE & FORECAST, Psoriasis, December 20, 2023;
AChR+ = Acetylcholinesterase Receptor Positive; gMG = generalized Myasthenia Gravis; MUSK+ = Muscle Specific Kinase Positive; nr-axSpA = non-radiographic Axial Spondyloarthritis; IL = interleukin.
UCB - FY 2023 Facts & Figures, February 2024

UCB's Performance

Past **Inflection** Point and **Started a Decade+ of Growth**

2023 FINANCIAL and EXTRA-FINANCIAL

2023 financial guidance **delivered**

Inflection point at HY: **Back to growth since H2 2023: +3% revenue**

ESG Industry Top Rated by **Sustainalytics**

Strong performance of **new launches**

- EVENITY® +140%[3]
- FINTEPLA® +94%
- BIMZELX® +323%
- RYSTIGGO®

2023 MARKED BY

>3.2 million patients using UCB medicines[1], 40% of epilepsy treatments in US + EU (Japan 30%) UCB generated

14 approvals since January 2023

BIMZELX® approved & launched

- US: PSO
- Europe & Japan: PsA and axSpA

>18k patients treated globally

RYSTIGGO® & ZILBRYSQ®
approved & launches ongoing/starting

- US, Japan & Europe

EVENITY®: worldwide sales of > **$1bn**[2]

Q4 2033: Loss of exclusivity date for **FINTEPLA®**

2024 MARKED BY

Strong growth of EVENITY®, FINTEPLA®, BIMZELX®, RYSTIGGO® and ZILBRYSQ®

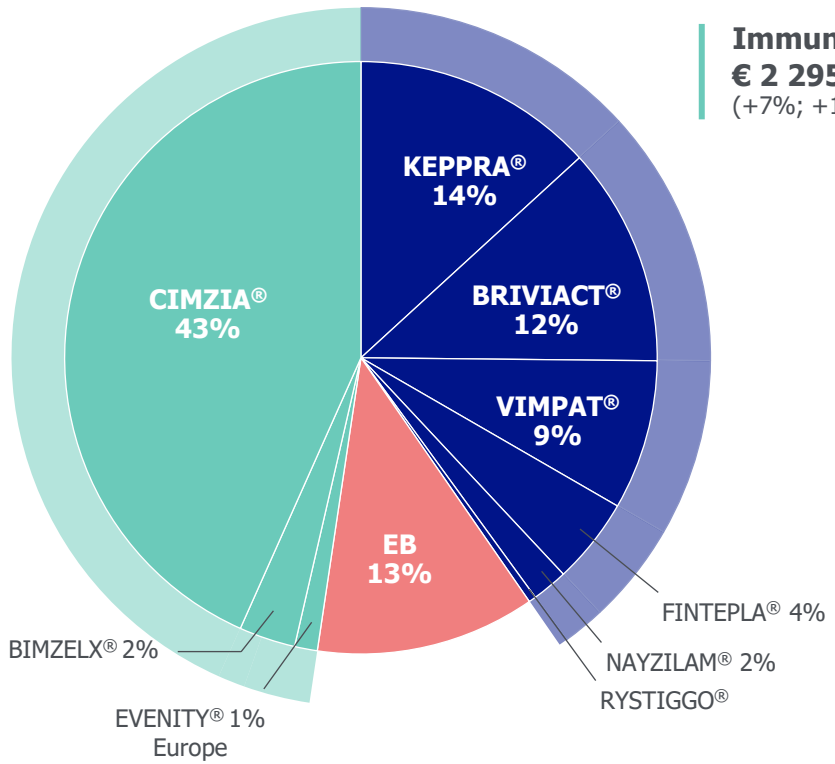
Accelerated investment behind launches

10 headline results from innovative **clinical pipeline**

[1] MAT Q3/2023 IQVIA; [2] Amgen Q4 2023 presentation; [3] UCB books the net sales in Europe;
PsA = Psoriatic Arthritis; nr-axSpA = non-radiographic Axial Spondyloarthritis; EU = Europe; U.S. = United States; LoE = Loss of Exclusivity; bn = billion.
UCB - FY 2023 Facts & Figures, February 2024

Product Portfolio: Solid foundation & five Growth Drivers

2023 FY Net Sales
€ 4 867 M[1]
(-5%; -6% CER)



Neurology
€ 1 945 M
(-23%; -20% CER)

Immunology
€ 2 295 M
(+7%; +10% CER)

	€ M	ACT	CER	
CIMZIA®	€ 2 087	+0%	+3%	Stronger growth than the anti-TNF market based on differentiation: treatment option for women of childbearing age across 6 indications and for rheumatoid arthritis patients with high rheumatoid factor levels
KEPPRA®	€ 636	-13%	-8%	Generic competition in Japan since January 2022. **Diminishing LOE effect**
BRIVIACT®	€ 576	+19%	+21%	Continued double-digit growth, expected peak sales of € 600 M in 2026
VIMPAT®	€ 394	-65%	-63%	Generic erosion since March 2022 in the U.S., since September 2022 in Europe. **Erosion bottomed out**
FINTEPLA®	€ 226	+94%	+99%	Seizures associated with rare epileptic syndromes - Dravet Syndrome (DS) and Lennox-Gastaut Syndrome (LGS), acquired in March 2022, ongoing launches
BIMZELX®	€ 148	>100%	>100%	Approved for PSO globally, U.S. launch since mid-Nov. For PsA, AS + nr-axSpA in Europe since May and in Japan since December
NAYZILAM®	€ 94	+21%	+24%	Continued double-digit growth
EVENITY®	€ 60	>100%	>100%	Continued launches in Europe, worldwide net contribution of € 368 M (+53%) in "other operating income"
RYSTIGGO®	€ 19	n/a	n/a	Launched in the U.S. in July 2023
Established Brands (EB)	€ 577	-8%	-5%	Includes NEUPRO®, adjusted for product sale -3% - **Impact in H1**

[1] Net sales include € 50 M designated hedges reclassified to net sales. Before this reclassification: Net sales -9%; ACT = Actual; CER = Constant Exchange Rates; LOE= Loss of Exclusivity; EB = Established Brands; PSO = Psoriasis; PsA = Psoriatic Arthritis; AS = Ankylosing Spondylitis; nr-axSpA = non-radiographic Axial Spondyloarthritis.

Solid Foundation & Growth Drivers

Growth Past Inflection Point

		Growth H2 vs. H1*	FY23 - M	ACT	CER	
Growth Drivers	**FINTEPLA®**	↑ +22%	**€ 226**	+94%	+99%	Seizures associated with rare epileptic syndromes - Dravet Syndrome (DS) and Lennox-Gastaut Syndrome (LGS), acquired in March 2022, ongoing launches
	BIMZELX®	↑ +85%	**€ 148**	>100%	>100%	Approved for PSO globally, U.S. launch since mid-Nov. For PsA, AS + nr-axSpA in Europe since May and in Japan since Dec
	EVENITY®	↑ +50%	**€ 60**	>100%	>100%	Continued launches in Europe, worldwide net earnings contribution of € 368 M (+53%) in "other operating income"
	RYSTIGGO®	n/a	**€ 19**	n/a	n/a	Launched in the U.S. in July 2023
Solid Foundation	**CIMZIA®**	↑ +5%	**€ 2 087**	+0%	+3%	Stronger growth than the anti-TNF market based on differentiation: treatment option for women of childbearing age across 6 indications and for rheumatoid arthritis patients with high rheumatoid factor levels
	KEPPRA®	↓ -11%	**€ 636**	-13%	-8%	Generic competition in Japan since January 2022. **Diminishing LOE effect**
	BRIVIACT®	↑ +11%	**€ 576**	+19%	+21%	Continued double-digit growth, expected peak sales of € 600 M in 2026
	VIMPAT®	↓ - 7%	**€ 394**	-65%	-63%	Generic erosion since March 2022 in the U.S., since September 2022 in Europe. **Erosion bottomed out**
	NAYZILAM®	↑ +24%	**€ 94**	+21%	+24%	Continued double-digit growth
	Established Brands (EB)	↓ -14 %	**€ 577**	-8%	-5%	Includes NEUPRO®, adjusted for product sale -3% **Impact of product sale in H1**

* At Actual Rates; ACT = Actual; CER = Constant Exchange Rates; LOE= Loss of Exclusivity; EB = Established Brands; PSO = Psoriasis; PsA = Psoriatic Arthritis; AS = Ankylosing Spondylitis; nr-axSpA = non-radiographic Axial Spondyloarthritis.

UCB - FY 2023 Facts & Figures, February 2024

2023 Performance Highlights

Efficient Performance and Cost Management

		2023	Actual	CER
Revenue	**Net Sales € 4 867M (-5%; -6% CER)** strong growth of BRIVIACT®, FINTEPLA® and BIMZELX®, more than offset by the loss of exclusivity of 2 products, stable performance of CIMZIA®	**€ 5 252 M**	-5%	-6%
Adjusted Gross Profit	Well in-line with net sales performance, adjusted gross margin stable at 76.8%, underlying improvement compensated by impact of asset disposal	**€ 4 033 M**	-5%	-6%
Total Operating Expense € 2 888 M (-9%; -7% CER)	**Marketing and selling expenses**: Invest behind the launches of UCB's growth drivers	**€ 1 594 M**	+7%	+10%
	R&D expenses: 10 molecules in clinical development in 5 phase 3 + 7 POC (phase 2a) programs	**€ 1 630 M**	-2%	-1%
	General and administrative expenses: Inflation costs	**€ 230 M**	+2%	+3%
	Other operating income: € 368 M net contribution (+53%) from EVENITY®, € 145 million from the sale of a portfolio of established brands in Europe	**€ 566 M**	>100%	>100%
Adjusted EBITDA*	**Adjusted EBITDA / revenue ratio 25.7 %** after 22.8% in 2022	**€ 1 349 M**	+7%	-1%
Profit	Higher net financial expenses: higher interest rates and higher interest cost due to higher net debt after the acquisition of Zogenix in March 2022 **Tax Rate** 22% - lower earnings and earnings mix	**€ 343 M**	-18%	-34%
Core Earnings per Share	**Based on 190 M weighted average shares outstanding**** (2022: 190 M)	**4.20€**	-4%	-18%

*Earnings before Interest Taxes Depreciation & Amortization; ** Total number of shares 194.5 M; CER = Constant Exchange Rates; POC = Proof of Concept.
UCB - FY 2023 Facts & Figures, February 2024

Delivery on Social and Environmental Impact

As per UCB Sustainable Performance Goals

	Key Performance Indicator	2023	Δ 2022
Value for Patient	Number of medicines in clinical development*	10	↑ 1
	Access Coverage Performance Index**	68%	↑ 24%
	Time to Access Index***	50%	↑ 22%
Value for Planet	CO2 emissions we control (tons)	85,345	↑ 5.7%
	% of suppliers by emissions having Science-Based Targets	59.4%	↑ 98%
Value for People	Health, Safety and Well-being Index	81.5%	↑ 1.4%
	Gender balance at executive level	38% / 62%	↔ stable
	Inclusion Index	70.3%	↓ -1%

MORNINGSTAR | SUSTAINALYTICS
ESG 2024
INDUSTRY TOP RATED

CDP
DISCLOSURE INSIGHT ACTION

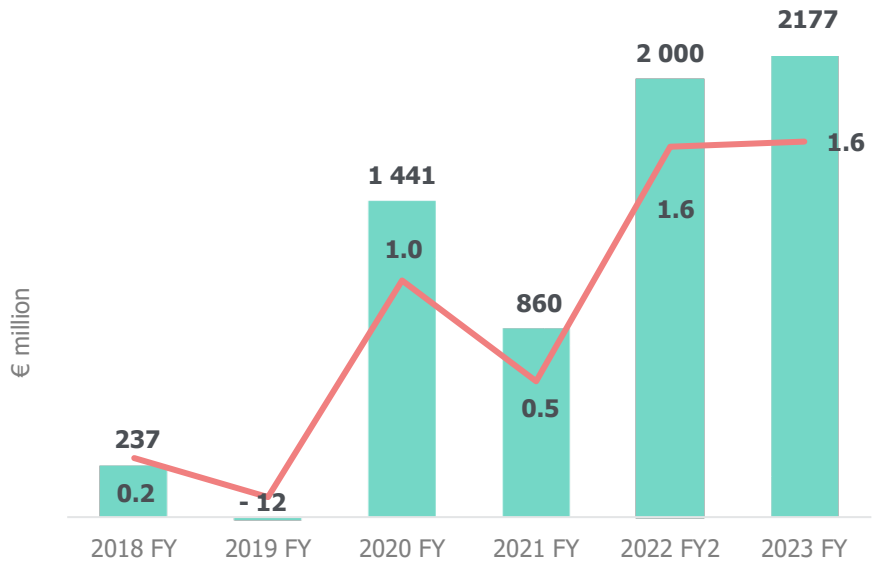
UCB ratings:
A- for climate change

*This number includes assets that have progressed to phase 1 and beyond;
**Access Coverage Performance Index: tracks access of UCB's patented medicines in countries where we operate according to whether access is reimbursed; ***Timely Access Index: measures the percentage of earlier positive decisions on reimbursement for UCB products than industry benchmark.

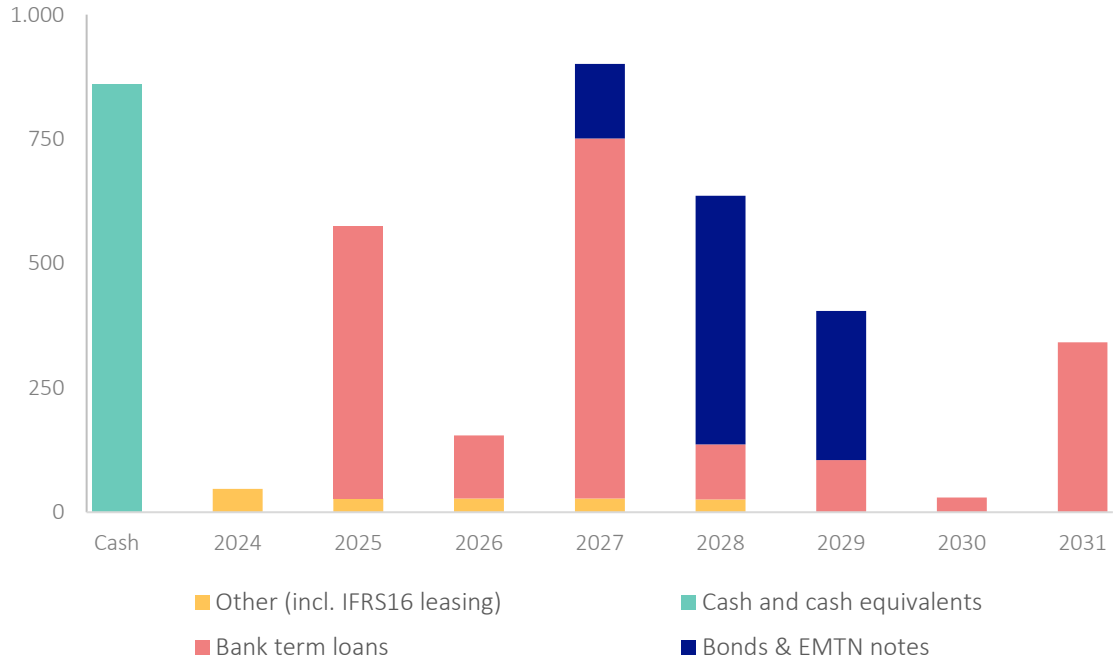
UCB - FY 2023 Facts & Figures, February 2024

Net Debt & Debt Maturity Schedule

Net debt / adjusted EBITDA ratio



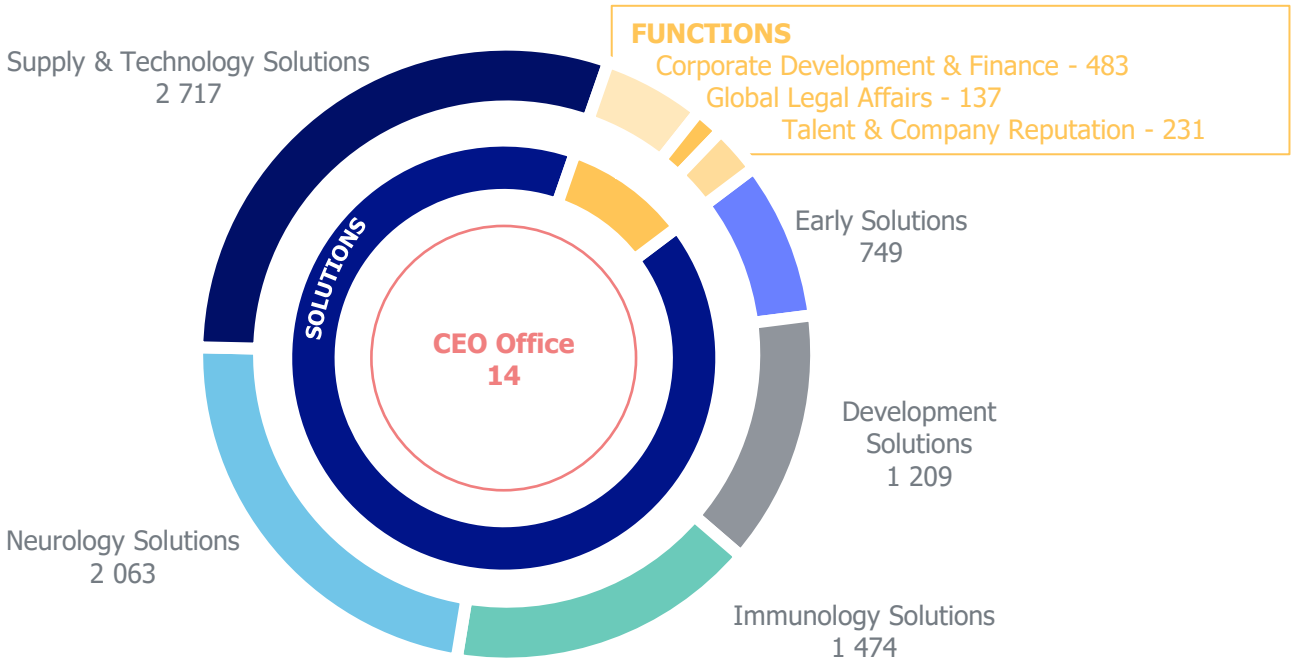
Debt Maturity Schedule (as of 31 Dec 2023, € million)

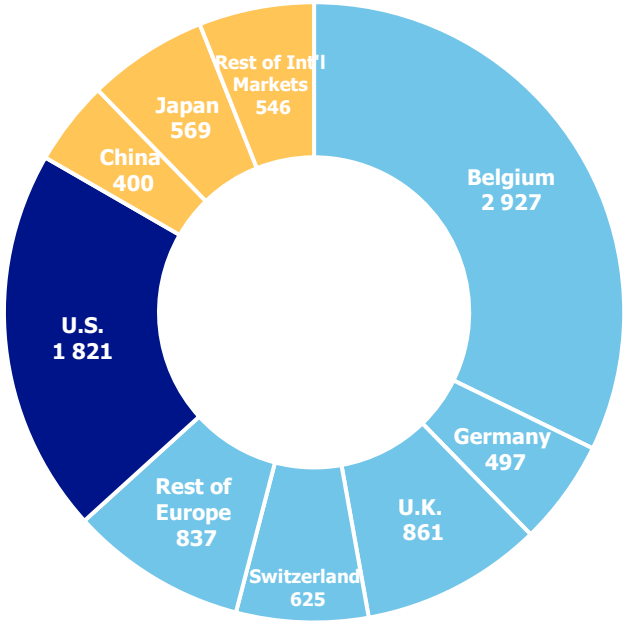


EBITDA = Earning before Interests, Taxes, Depreciation and Amortization charges - In compliance with the ESMA Alternative Performance Measures guidelines, recurring EBITDA, is renamed into "adjusted EBITDA". The calculation methodology remains unchanged.

UCB's Organization

Our people are key to deliver on our ambition





9 083*
Employees Worldwide

51 / 49
Women / Men

1 209
New colleagues

8.3%
Employee turnover

Inspired by patients.
Driven by science.

*As of December 2023; CEO office consists of departments reporting directly to the CEO, including the Sustainability team and the Internal Audit team.
UCB - FY 2023 Facts & Figures, February 2024

OUR INNOVATION

UCB's Epilepsy solutions

	KEPPRA® (levetiracetam)	VIMPAT® (lacosamide)	BRIVIACT® (brivaracetam)	NAYZILAM® (midazolam)	FINTEPLA® (fenfluramine)
	Epilepsy POS Epilepsy PGTCS Epilepsy myoclonic seizures	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 Adj. therapy Monotherapy (US) pediatric label extension in US, Aug. 2021, and EU CHMP positive opinion, Jan. 2022)	Epilepsy seizure clusters (US - 2019) – orphan disease designation	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
	> 1.7 million patients globally*	**> 500 000** patients globally*	**>190 000** patients globally*	**> 70 000** patients in the U.S*	**> 3 000** patients globally**
	Otsuka (Japan – 2008-2020)	Daiichi Sankyo (Japan – 2014)		US only (in-licensed from Proximagen, 2018)	Acquisition of Zogenix, Inc. in 2022
	2008 (US) 2010 (EU) 2020 (Japan)	2022 (US & EU) **2024** (Japan)	**2026** (US & EU)	**2028** (US)	**2033** (ODE US Dravet Syndrome) **2032** (ODE EU & Japan Dravet Syndrome)
	Peak sales: € 1.3 billion (2008)	Peak sales: € 1.5 billion (2021)	Peak sales guidance: € 600 million by 2026		Peak sales guidance: € 800 million by 2027

*MAT Q3/2023; ** As of Dec 2023; earliest expected 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; MAT = Moving Annual Total.

UCB - FY 2023 Facts & Figures, February 2024

Focus on Epilepsy

>2.5 million*
epilepsy patients under care worldwide in 2023

UCB-originated epilepsy medicines touching the lives of **~40% of epilepsy patients** in the U.S. and Europe and of almost **~30% of patients** in Japan

>250 interventional studies & **>25,000** patients enrolled

1 million compounds per drug screening & **>6 targeted** projects in early discovery pipeline

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 · NEURAVA

Inspired by patients. Driven by science.

*MAT Q3/2023. MAT = Moving Annual Total.
UCB - FY 2023 Facts & Figures, February 2024

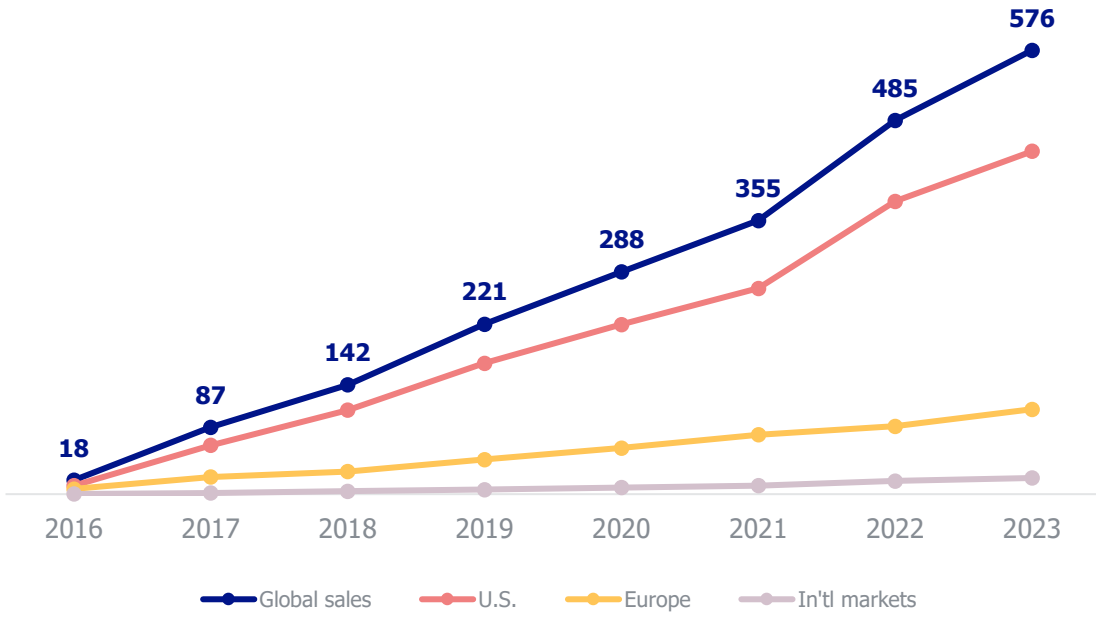
Focus on BRIVIACT®

Different mode of action from VIMPAT® and differentiates from KEPPRA®

Showed **significant growth** in all regions it is available to patients (19%; 21% CER)

Currently under **regulatory review in Japan**

BRIVIACT® Net Sales



Net sales in € million, FY numbers

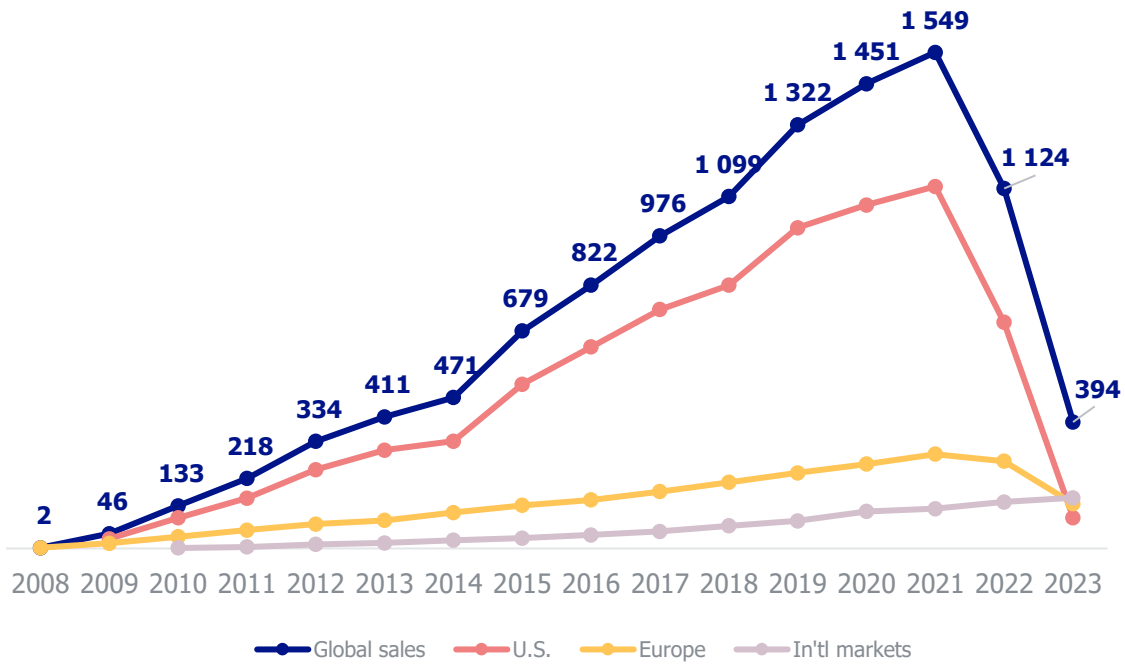
Focus on VIMPAT®

Experiencing **generic competition** since March **2022** in the U.S. and since September **2022** in Europe due to loss of exclusivity

Generic erosion has largely **bottomed** out in 2023

In **Japan**, the net sales show **continued growth**.

VIMPAT® Net Sales



Net sales in € million, FY numbers

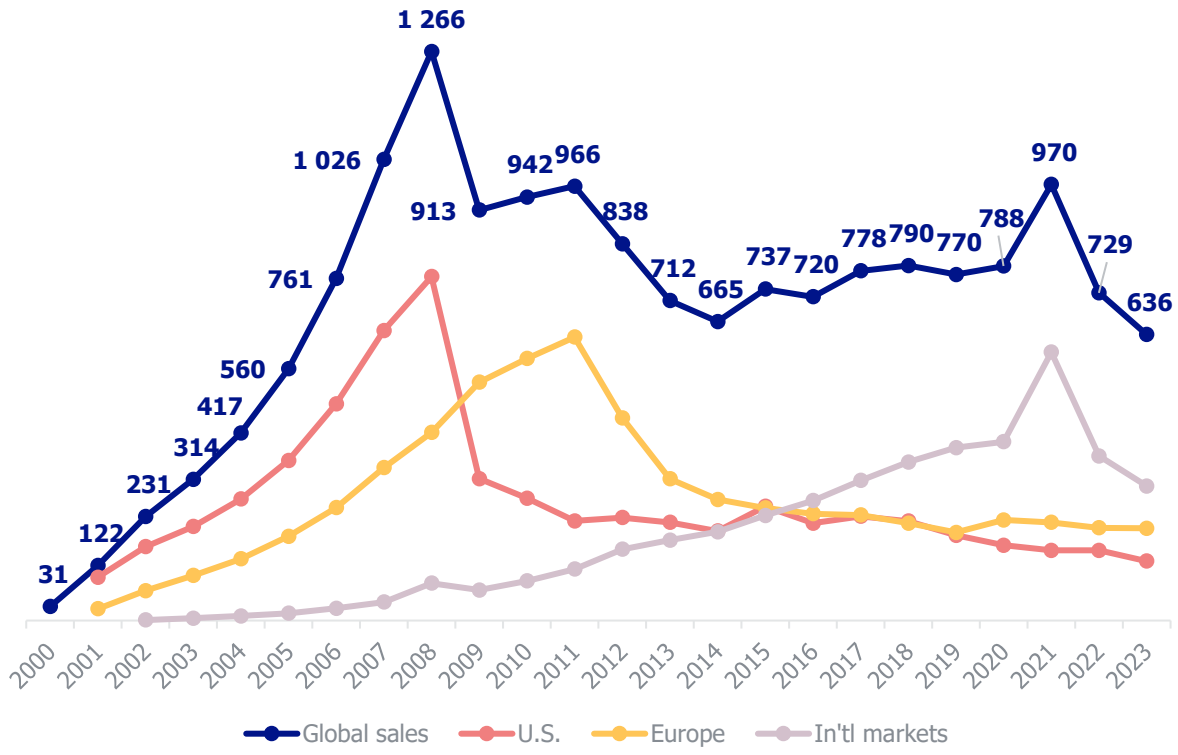
Focus on KEPPRA®

Inclusion of levetiracetam in the World Health Organization Model List of **Essential Medicines (WHO EML)**

KEPPRA® is **off patent** for **more than a decade** in markets other than Japan

Diminishing LOE effect in 2023

KEPPRA® Net Sales



Net sales in € million, FY numbers

Inspired by patients. Driven by science.

LOE = Loss of Exclusivity.

UCB - FY 2023 Facts & Figures, February 2024

Focus on FINTEPLA®

Unique and dual mode of action with antiseizure and non-seizure effects

New standards for Dravet syndrome and early treatment

Contributing to **strong heritage and leadership in epilepsy**

Following a settlement in a patent dispute, UCB is now considering **Q4 2033** as the loss of exclusivity in the U.S.

FINTEPLA® Indications

Dravet Syndrome (DS)	Lennox-Gastaut Syndrome (LGS)
~12k - 15k US, EU, JPN prevalence	**~60k - 100k** 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
Standard of Care Profound and sustained 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

AED = Antiepileptic Drug; SUDEP = Sudden Unexpected Death in Epilepsy; ASM = Anti-Seizure Medication.

UCB - FY 2023 Facts & Figures, February 2024

UCB's Immunology & Bone solutions

	BIMZELX® (bimekizumab)	CIMZIA® (certolizumab pegol)	EVENITY® (romosozumab)
	Psoriasis Approved in over 40 countries including US **Psoriatic arthritis, radiographic and non-radiographic axial Spondyloarthritis** Approved in EU in June 2023 and in Japan in December 2023 Under regulatory review in other geographies **Hidradenitis suppurativa (HS)** Submissions and regulatory reviews ongoing across geographies	For patients (including women of child-bearing age) living with • Rheumatoid arthritis • Psoriatic arthritis • Psoriasis • (non-radiographic) axial Spondyloarthritis • Crohn's disease (US)	EU launch progressing Launched by Amgen and Astellas in Japan and by Amgen in US and ROW
	> 18 000 patients globally*	**>180 000** patients globally**	**> 600 000** patients since launch globally*
		Astellas (Japan – 2012) Cinkate (China – 2019)	Amgen (2020)
	2032 (US)*** **2036** (EU) **2037** (Japan)	**2024** (US) **2024** (EU) **2026** (Japan)	**2031** (EU & Japan) **2033** (US)
	Peak sales guidance: > € 4 billion	Peak sales guidance: > € 2 billion by 2024 – achieved already in 2022	

*As of December 2023; **MAT Q3/2023; ***not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative; MAT = Moving Annual Total.
UCB - FY 2023 Facts & Figures, February 2024

Focus on BIMZELX®

Market leader in psoriasis **dynamic IL-17** markets

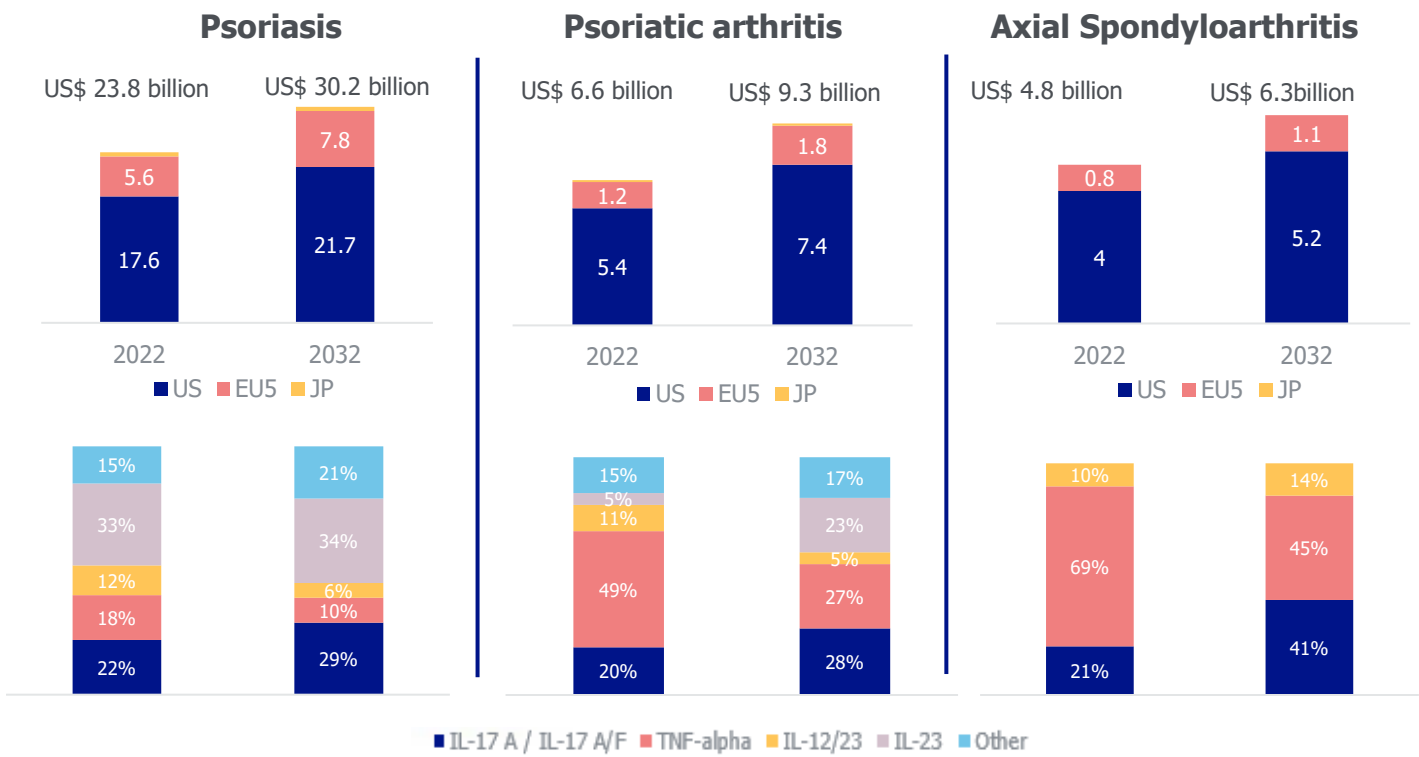
First and only IL-17A and IL-17F Delivers rapid, complete and maintained skin clearance from the first dose

Approved & launched in 2023

- ✓ US: PSO
- ✓ Europe & Japan: PsA and axSpA

>18k patients treated globally

Focusing On Growth Markets[1]



[1] Clarivate I DRG, LANDSCAPE & FORECAST, Psoriasis, December 20, 2023
Dynamic market share = Market share among switch and new patients; PSO = psoriasis; PsA = psoriatic arthritis; axSpA = axial spondyloarthritis; IL = interleukin
UCB - FY 2023 Facts & Figures, February 2024

BIMZELX® ex-U.S.

Accelerated Launch driven by Patient Experience and the Launch of PsA & axSpA

BIMZELX® Leading IL17 performance in PSO (excl. U.S.)

in less than 2 years

≥35%

IL-17 Dynamic market share

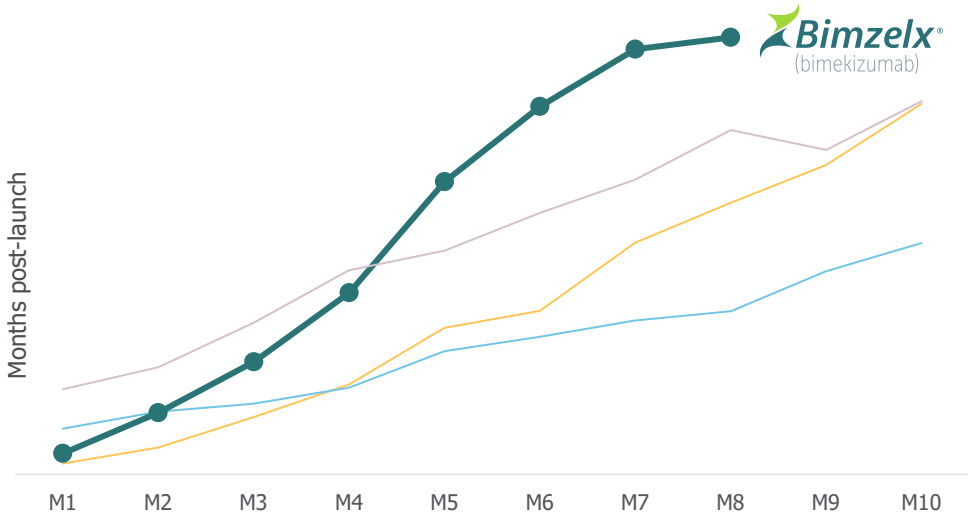
at the end of 2023

Dynamic Share: Market share among switch and new patients. Source: IQVIA, UCB calculations based on internal and external sources

Number of patients using BIMZELX® in Europe **doubled over six months**

BIMZELX® in Germany | PsA & axSpA

Launch Uptake vs. Analogues[1] (anti-interleukins)



25%

IL-17 dynamic market share in Germany after **6 months**

[1] Uptake by Rheumatologist – Number of patients from national reimbursement; PSO = Psoriasis; PsA = Psoriatic Arthritis; axSpA = Axial Spondyloarthritis; IL = interleukin.

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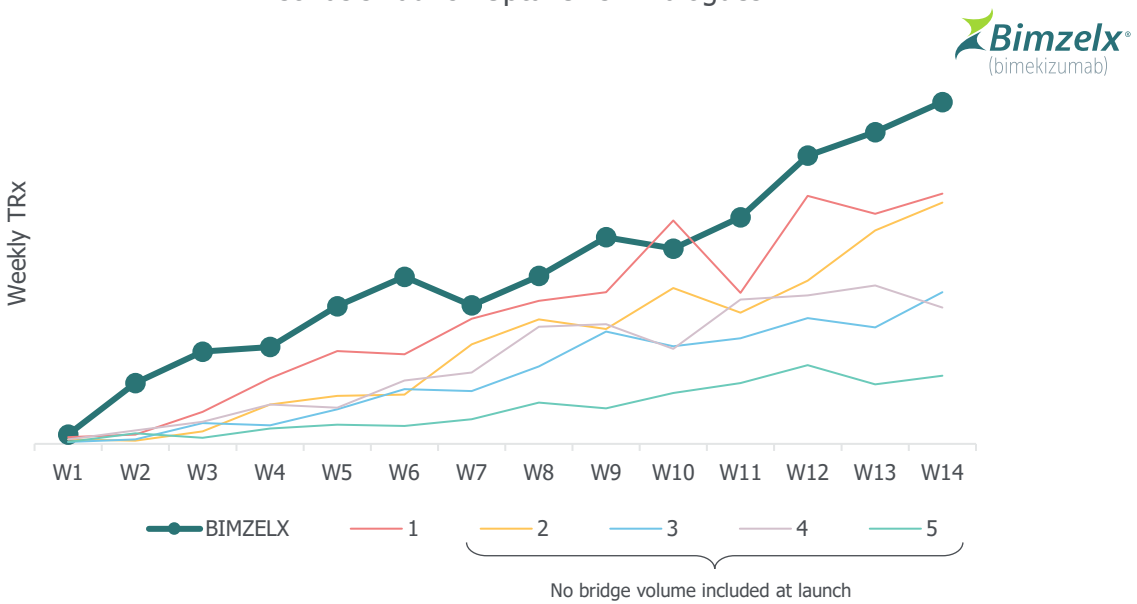
BIMZELX® in U.S.

Strong start: Strategic Investment Behind the Launch

BIMZELX® in U.S. | Uptake in PSO

Psoriasis Launch Uptake vs. Analogues[1]

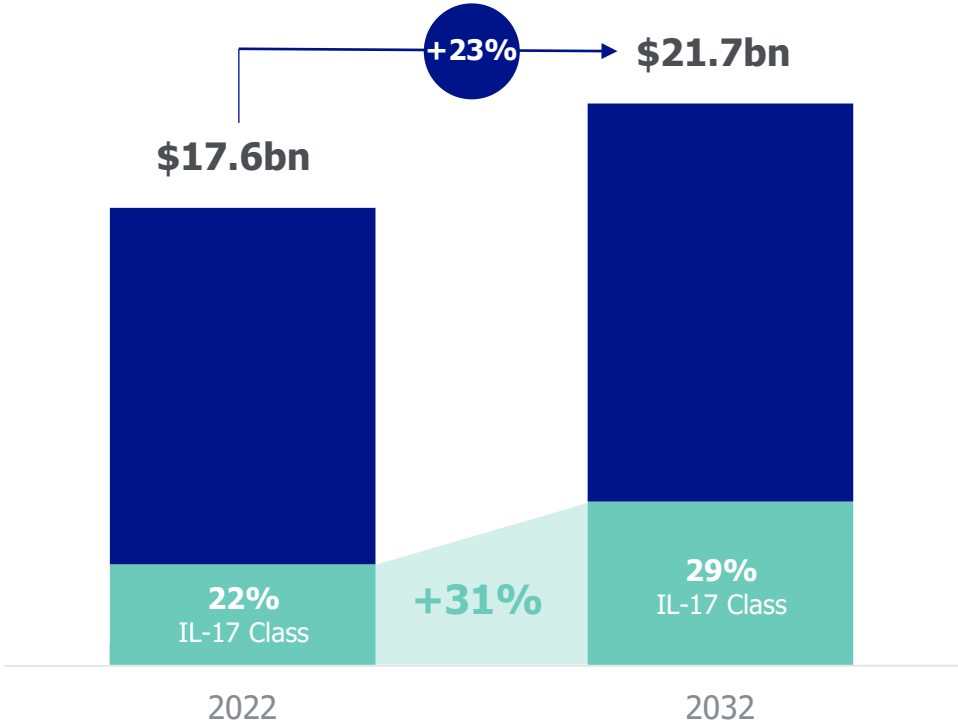


Formulary access: BIMZELX® is covered and available for **6 out of 10 commercially insured lives**[2]

Paid to bridge ratio: already at 30%/70% with intent to increase to **50%/50% by Q4 2024**

Psoriasis U.S. Market Outlook[3]

BIMZELX® expected class leader[3]



Inspired by patients.
Driven by science.

[1] IQVIA; [2] Double-step edit or better, as of February 2024; [3] Clarivate I DRG, LANDSCAPE & FORECAST, Psoriasis, December 20, 2023
PSO = Psoriasis; IL = interleukin; bn = billion
UCB - FY 2023 Facts & Figures, February 2024

Focus on CIMZIA®

Sustained growth for the last 16 years and reaching **€ 2bn** annual sales serving over **1.2 million** patients since launch

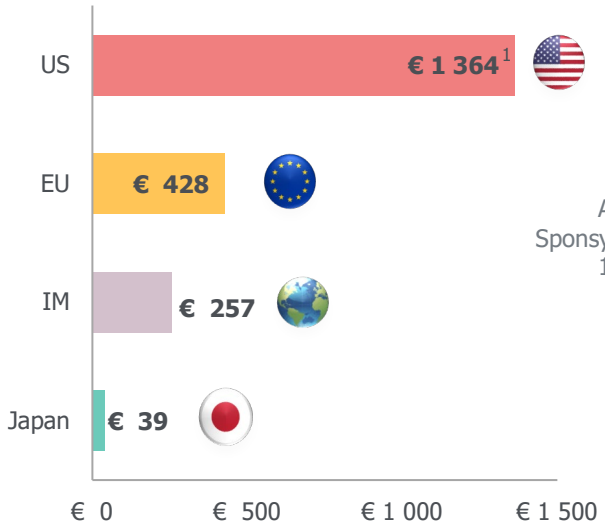
Continues to **grow** across all regions **faster** than **branded TNF-inhibitors and the anti-TNF market**

Unique Fc-free molecular structure drives personalized treatment for 2 targeted populations: **women of childbearing age** across indications and **RA** patients with high **RF** levels

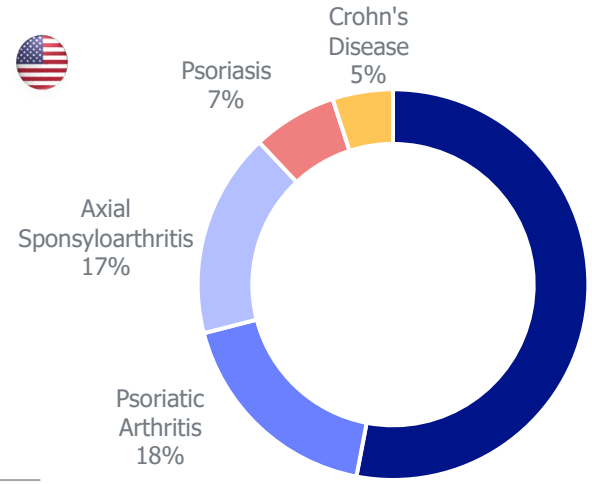
Expanded into **six indications**, including RA, ankylosing spondylitis (AS), also known as radiographic axial spondyloarthritis (r-axSpA), and non-radiographic axial spondyloarthritis (nr-axSpA), PsA, PSO, CD

CIMZIA®

Net Sales, by Region
€ 2 087M



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; RA = Rheumatoid Arthritis; RF = Rheumatoid Factor; PsA = Psoriatic Arthritis; PSO = Psoriasis, CD = Crohn's Disease.
UCB - FY 2023 Facts & Figures, February 2024

Focus on EVENITY®

First new osteoporosis approval since 2010

Market leader in the **bone-builder** market, annualizing at over **$1bn**[1]

Novel bone-forming agent with **dual effect** on bone, increasing bone formation and decreasing bone resorption

First after Fracture[2]

Superior fracture risk reduction when used for 12 months followed by alendronate

Convenient: 2 auto-injectors, once a month, for 12 months

EVENITY® contribution to 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[3]	⟷	50% of EU profit/loss[3] 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] Amgen reported ex-EU sales 6 Feb 2024; [2] 1. EVENITY SmPC. February 2023. 2. Saag KG, et al. N Engl J Med. 2017; 377: 1417–1427. 3. Langdahl BL, et al. Lancet. 2017; 390: 1585–1594. 4. Cosman F, et al. Osteoporos Int. 2022; 33: 1243–1256.; [3] EU breakeven not reached yet, hence Amgen carries 50% of the European loss; EBITDA = Earnings Before Interest, Taxes, Depreciation and Amortization; RoW = Rest of World. UCB - FY 2023 Facts & Figures, February 2024

Focus on EVENITY®

Leading in U.S., Japan, South Korea, Australia, Canada, Belgium[1]

Worldwide

Reach

> 600 000

patients at high risk of fracture reached since launch[1]

Europe

Market Share

Biggest BB market share in Belgium, Denmark, Germany, Sweden and Switzerland; on trajectory towards BB leadership (+50%)

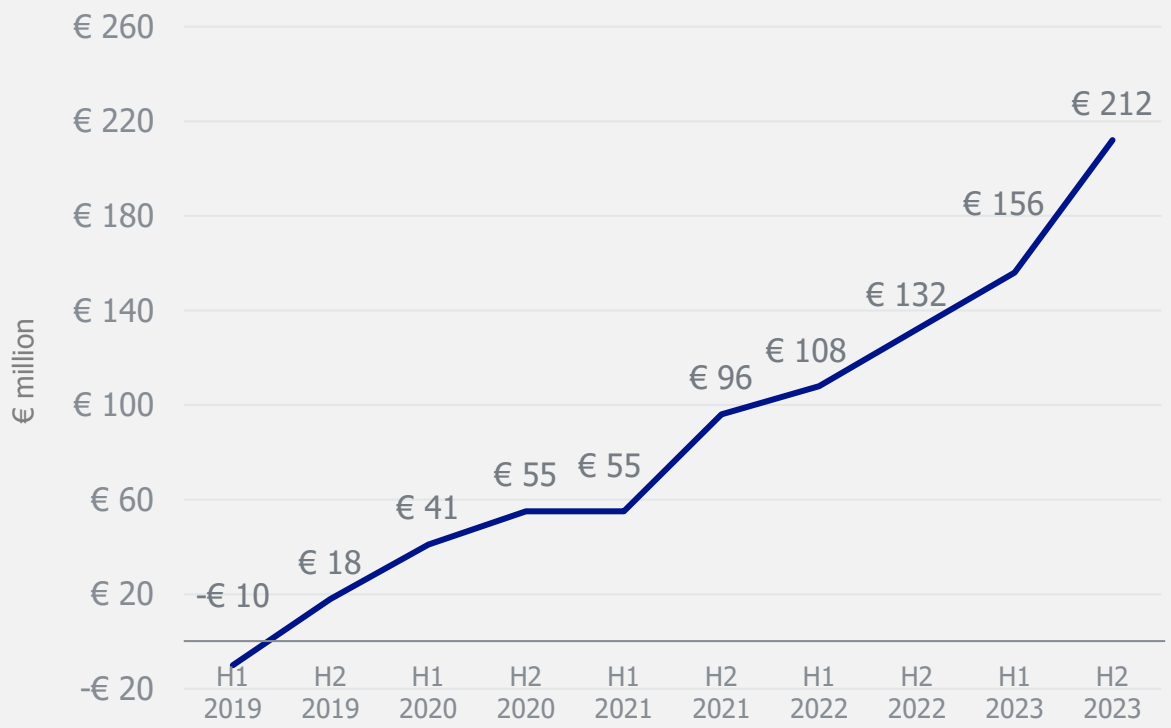
Net Sales

€ 60 M

sales in Europe in 2023

Amgen reported ex-EU sales 6 Feb 2024

Net Contribution from Amgen EVENITY® to UCB's P&L



[1] As of 31st December 2023; Patient share based on data from IQVIA on the bone builder market as of November 2023; BB = Bone Builder.

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UCB's generalized Myasthenia Gravis solutions

	RYSTIGGO® **(rozanolixizumab)**	**ZILBRYSQ®** **(zilucoplan)**
	Anti-FcRn antibody to address pathogenic auto-antibodies AChR+ / MuSK+ patients SC, at-home self-admin cyclical therapy	Complement 5 inhibitor to address complement activation AChR+ patients SC, self-admin maintenance therapy
	In-house product	Acquired from Ra Pharma
	2033 (Japan)* **2034** (EU)* **2035** (US)*	**2035** (US)* **2035** (EU)* **2035** (Japan)*

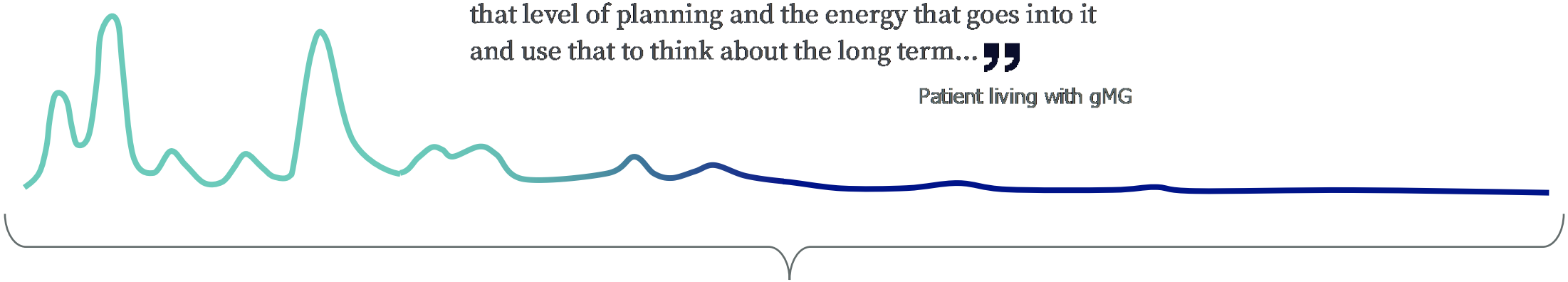
*Not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative;
AChR+ = Acetylcholinesterase Receptor Positive; FcRn = Neonatal Fc Receptor; MuSK+ = Muscle Specific Kinase Positive; SC = Subcutaneous.

UCB - FY 2023 Facts & Figures, February 2024

UCB in generalized Myasthenia Gravis (gMG)

Offering choice to patients living with an unpredictable and heterogenous disease to address individual needs

Lack of disease control → Disease control



> "I would love to have enough control that I could take that level of planning and the energy that goes into it and use that to think about the long term..."
>
> Patient living with gMG

rozanolixizumab and zilucoplan

Two treatments targeted to the underlying gMG disease pathophysiology

Two distinct mechanisms of action

Targeting pathogenic autoantibodies and the complement pathway

Clinically meaningful data in a broad patient population

Robust efficacy and safety in patients with AChR Ab+ and MuSK Ab+ gMG[1,2]

Rapid administration in the home or hospital setting

SC infusion (rozanolixizumab) and SC injection (zilucoplan)

Differentiated portfolio to serve individual patient needs

AChR Ab+ = Acetylcholinesterase Receptor Positive; gMG = generalized Myasthenia Gravis; MuSK Ab+ = Muscle Specific Kinase Positive; SC = Subcutaneous; [1] Bril V, et al. Lancet Neurol. 2023;22:383–394; [2] Howard JF, et al. Lancet Neurol. 2023;22:395–406.

UCB - FY 2023 Facts & Figures, February 2024

BIMZELX®

Inspired by patients.
Driven by science.

Bimekizumab: Clinical profile, Indications & Approvals

~6 000 patients included in clinical trials

Psoriasis (PSO)

3x superior
Superior levels of skin clearance compared to adalimumab, ustekinumab, and secukinumab in Ph3/3B trials. Responses achieved with bimekizumab were maintained for up to one year. Long-term data showed clinical responses were maintained in vast majority of patients through 4 years of bimekizumab treatment.

Approved in over 40 countries, other regulatory reviews ongoing

Psoriatic arthritis

Improvement in signs and symptoms were demonstrated with treatment in multiple aspects of PsA for both bDMARD-naïve patients and prior TNFα-inhibitor inadequate responders and sustained for up to 4.5 years

Approved in EU, GB, JP, SA and other regulatory reviews ongoing

Axial spondyloarthritis
(nr-axSpA & AS/r-axSpA)

Sustained efficacy across the full disease spectrum of axSpA in patients with AS up to 5 years and with nr-axSpA up to 2 years

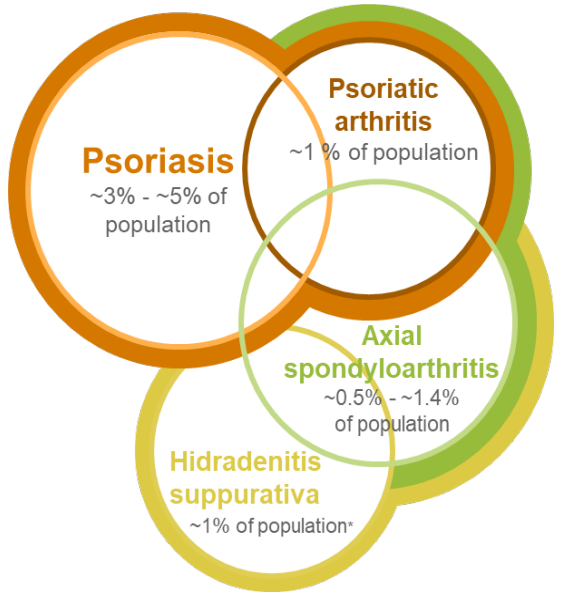
Approved in EU, GB, JP, SA, and other regulatory reviews ongoing

Hidradenitis suppurativa (HS)

Clinically meaningful improvements in HiSCR50 and more stringent endpoints of HiSCR75, HiSCR90, and HiSCR100 with improvements maintained or increased for patients from Week 16 through Week 48

Submissions started Q3 2023

Spectrum of IL-17A+F-mediated diseases



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

nr-axSpA = non-radiographic Axial Spondyloarthritis; AS = Ankylosing Spondyloarthritis; Bimekizumab is an investigational product in HS and is not approved for those indications by any regulatory authority in the world.

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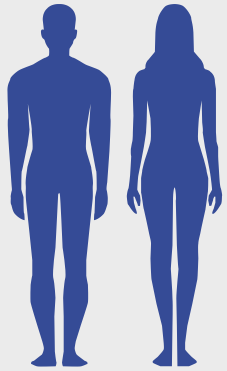
Psoriasis: High Prevalence Globally

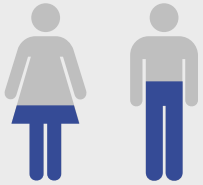


up to

~3%

of the population[8] is affected by PSO

Prevalence[1]



45% **55%**

Age[2,3]

Late teens–early thirties (type 1 PSO)

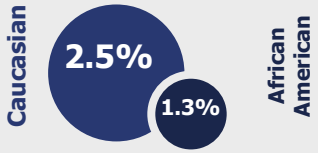
Fifties (type 2 PSO)

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

Ethnicity

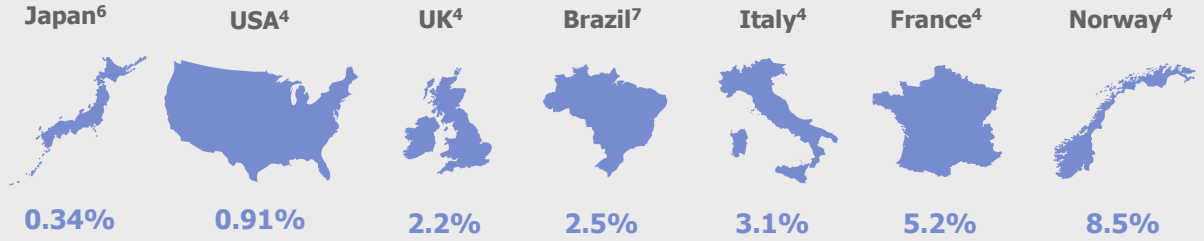
PSO more commonly affects Caucasians than other ethnic groups[4]

Prevalence according to ethnicity in the USA[5]:



Geographic region

Reported prevalence in adults:



Prevalence generally increases with increasing distance from the equator[2]

[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.

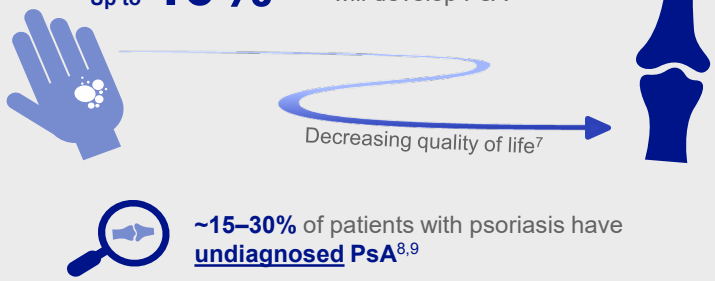
Psoriatic Arthritis: High Unmet Need and Disease Burden

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]

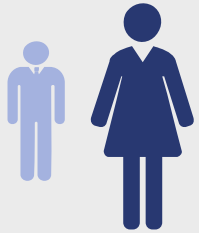
Disease progression



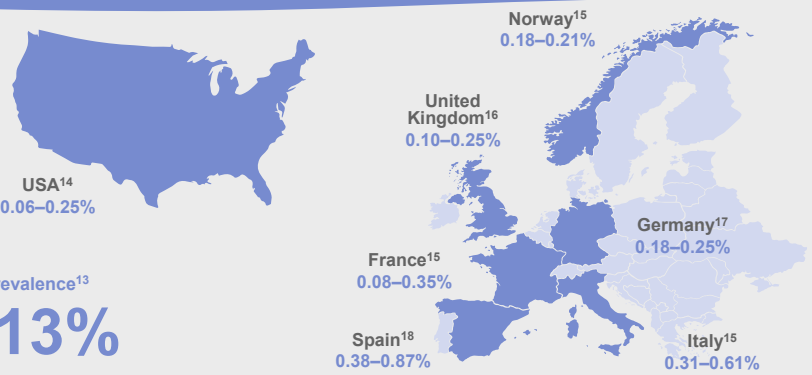
~15–30% of patients with psoriasis have **undiagnosed PsA**[8,9]

Gender differences

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



Prevalence by geographic region



Global prevalence[13]

~0.13%

Burden of disease

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.

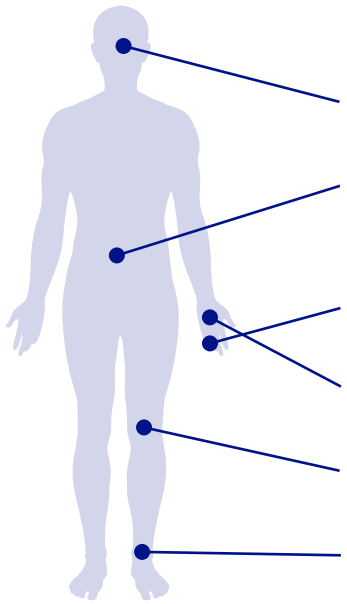
1. NHS. Psoriatic arthritis, 2019. Available at: https://www.nhs.uk/conditions/psoriatic-arthritis/. Accessed October 2020; [2] Ocampo DV et al. F1000Research. 2019;8:F1000 Faculty Rev-1665; [3] Gladman DD. F1000Research. 2016;5:2670–2670; [4] Coates LC et al. Arthritis Rheumatol. 2016;68(5):1060–1071; [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%

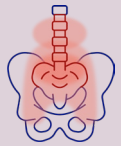
axSpA

consists of **two subtypes**

Both subtypes have a similar burden of disease[9]

Non-radiographic (nr-) axSpA[1,2]

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



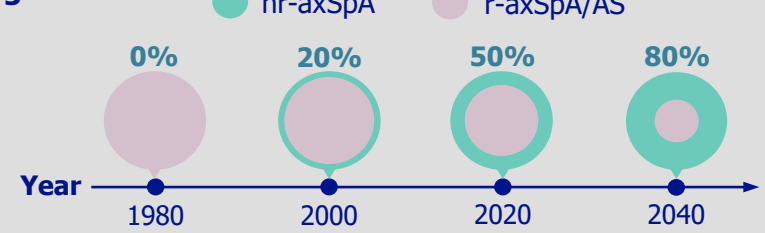
Spinal damage progression in r-axSpA/AS

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]

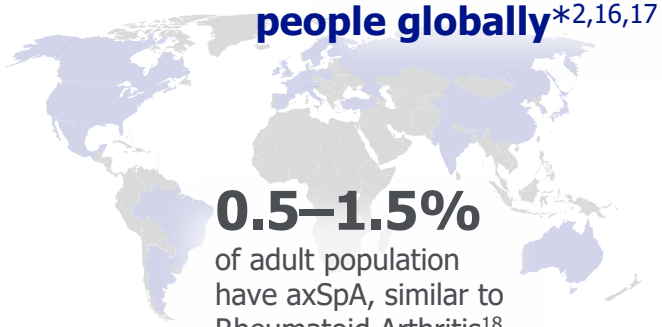


Patients experience disease onset **before the age of 45**[14]

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**

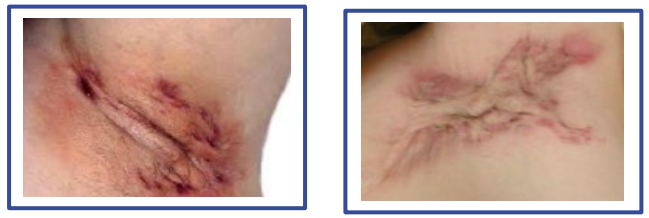
- **1st line:** NSAIDs[19]
- **2nd/3rd line:** TNF inhibitors, IL-17 inhibitors, and JAK inhibitors[19]

*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. UCB - FY 2023 Facts & Figures, February 2024

Hidradenitis Suppurativa (HS)

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

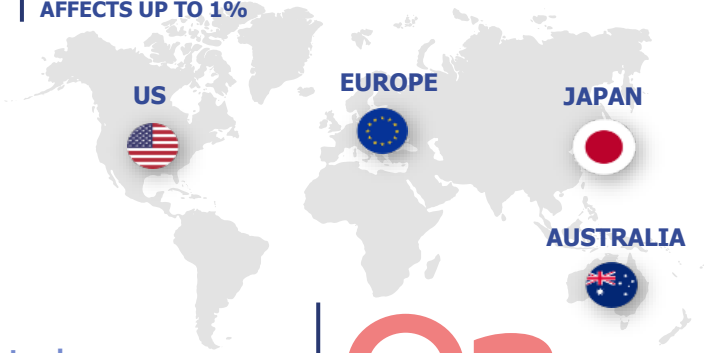


Hidradenitis suppurativa (HS)

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

Source: 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.
UCB - FY 2023 Facts & Figures, February 2024

REGULATORY & PIPELINE UPDATE

Cutting-edge Innovation Delivering Unprecedent Tally of Approvals

Approvals and Submissions

14 approvals since January 2023

H1 2023	H2 2023	H1 2024
FINTEPLA® LGS EU	**ZILBRYSQ®** gMG Japan	**RYSTIGGO®** gMG EU
BIMZELX® PsA EU	**BIMZELX®** PsA Japan	
RYSTIGGO® gMG US	**RYSTIGGO®** gMG Japan	
BIMZELX® axSpA EU	**BIMZELX®** (nr)-axSpA, AS Japan	
E KEPPRA® Young children Japan	**BIMZELX®** PSO U.S.	
	ZILBRYSQ® gMG U.S., EU	

8 ongoing regulatory reviews

H1 2023	H2 2023	H1 2024
bimekizumab HS EU	brivaracetam Japan	bimekizumab PsA, nr-axSpA, AS, HS
fenfluramine LGS Japan	bimekizumab HS Japan	

gMG = generalized Myasthenia Gravis; PsA = Psoriatic Arthritis; AS = Ankylosing Spondylitis; nr-axSpA = non-radiographic Axial Spondyloarthritis; HS = Hidradenitis Suppurativa; LGS = Lennox-Gastaut Syndrome; EU = Europe; U.S. = United States.

UCB - FY 2023 Facts & Figures, February 2024

Cutting-edge Innovation Delivering Industry-leading Pipeline

- 8 new solutions
- 10 patient populations
- 12 clinical programs
  - 11 news flows in 2024

	PHASE 1	PHASE 2	PHASE 3	TOPLINE RESULTS
rozanolixizumab (FcRn inhibitor)				
MOG-antibody disease				H2 2024
Autoimmune encephalitis		Ph-2a		H1 2024
Severe fibromyalgia syndrome		Ph-2a		H2 2024
fenfluramine (5-HT agonist)				
CDKL5 deficiency disorder				H2 2024
To improve survival and daily activity				
doxecitine and doxribtimine (nucleoside therapy)				
TK2 deficiency disorder				Submissions to begin mid-2024
To address the multiple manifestations of SLE				
dapirolizumab pegol (anti-CD40L antibody)				
Systemic lupus erythematosus*				Mid-2024
Major advances in epilepsy research[1]				
STACCATO® alprazolam (benzodiazepine)				
Stereotypical prolonged seizures				H1 2024
Potential first-in-class & best-in-class				
bepranemab (anti-tau antibody)				
Alzheimer's disease**		Ph-2a		H2 2024
Potential first-in-class & best-in-class				
minzasolmin (α-syn-misfolding inhibitor)				
Parkinson's disease***		Ph-2a		H2 2024
New pipeline addition				
UCB0022 (D1 receptor positive allosteric modulators)				
Parkinson's disease		Ph-2a		H1 2025
UCB9741				
Atopic dermatitis		Ph-2a		H2 2024
UCB1381				
Atopic dermatitis		Ph-2a		H2 2024

*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; TK2 = Thymidine Kinase 2; [1]www.thelancet.com/neurology Vol 23 January 2024; Assets not currently approved by any regulatory authority

UCB - FY 2023 Facts & Figures, February 2024

UCB in Oncology

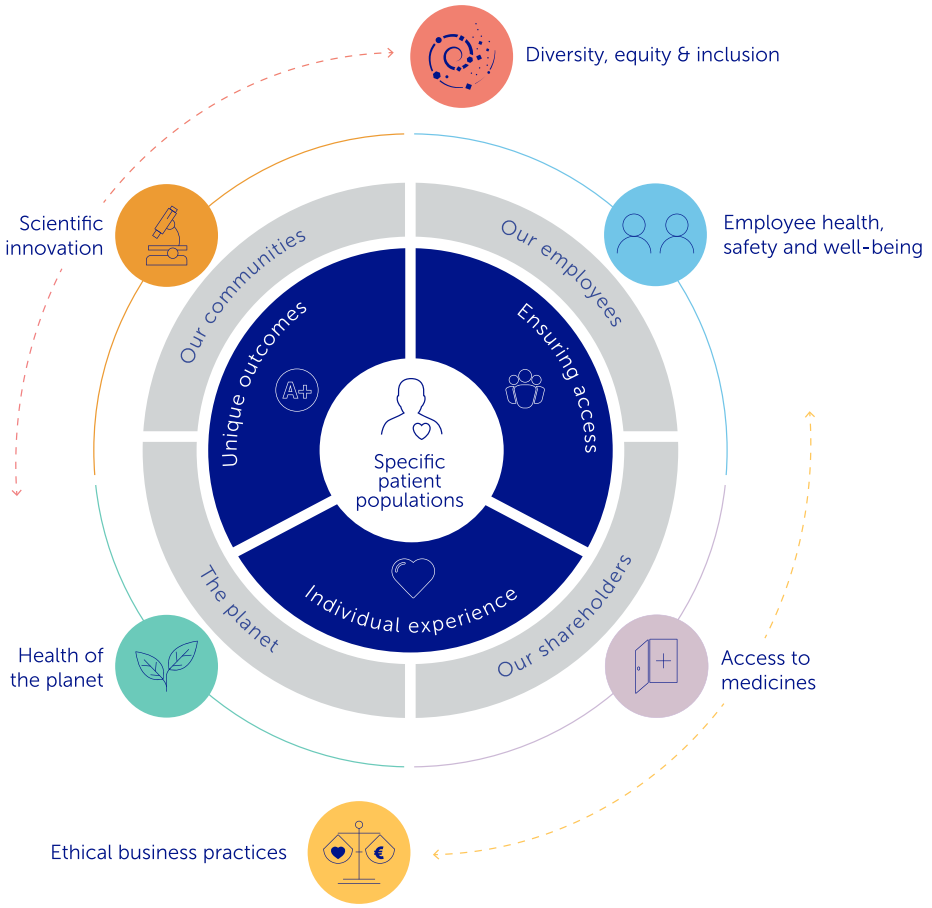
In partnership with Cancer Research UK (announcement in March 2023)

UCB6114 (ginisortamab)	UCB4594
Phase 2	Phase 1 / 2
Advanced malignancies	Advanced malignancies
IgG4P monoclonal antibody that binds to grem-1	Antibody targeting the immune checkpoint, human leukocyte antigen G, also known as HLA-G
Post 2027	Post 2028

Oncology is outside of UCB's core therapeutic areas of focus, which are neurology and immunology.
However, UCB's commitment to scientific innovation combined with UCB's world-leading antibody discovery and development capabilities, has enabled UCB to take these programs forward in oncology
UCB now works with Cancer Research UK as UCB believes they provide the best possible way to progress these assets to patients.

SUSTAINABLE BUSINESS APPROACH

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%.

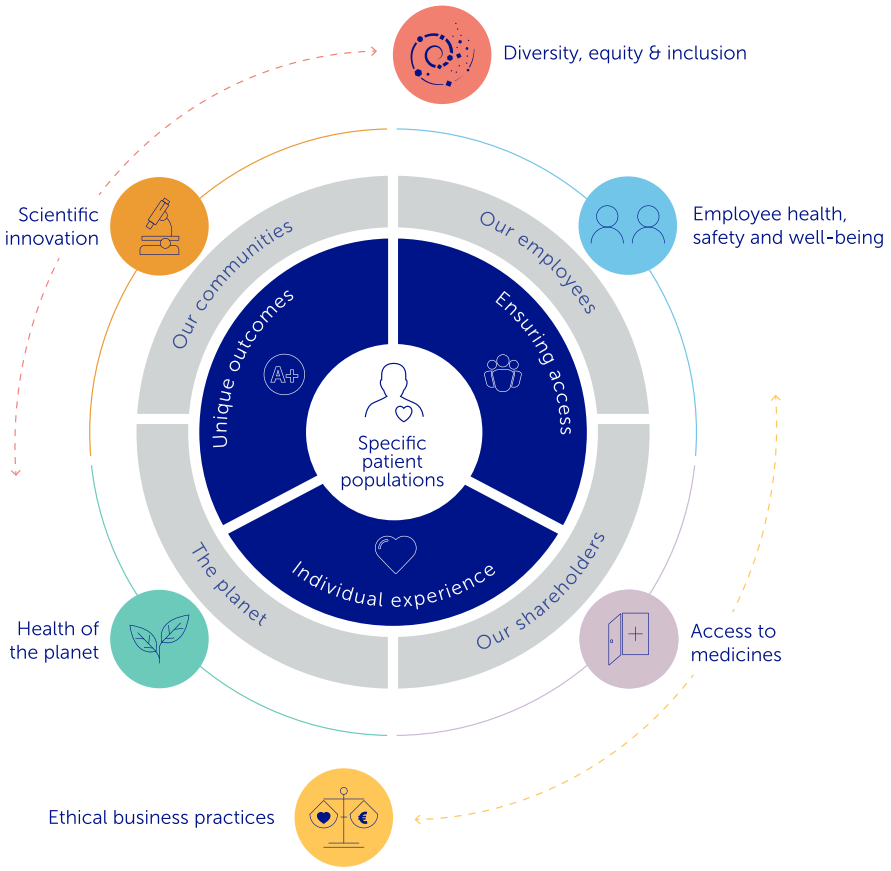
Value for shareholders

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

- **>3.2 M** patients
- **68%** reimbursement coverage achieved for UCB medicines
- **50%** earlier positive decisions on reimbursement than industry benchmark

Value for people at UCB

- **81.5%** for our Health, Safety and Wellbeing index
- **38%** women at executive level
- **70.3%** inclusion index results

Value for our communities

- **>160** global academic non-commercial partnerships
- **210** publications
- **€9 million** distributed to 204 projects supported by the UCB Community Health Fund since 2020

Value the planet

- **-55%** CO2 emissions we directly control vs. 2015
- **59.4%** emissions by our suppliers with Science-Based-Targets alike

Value for shareholders – 2023 results

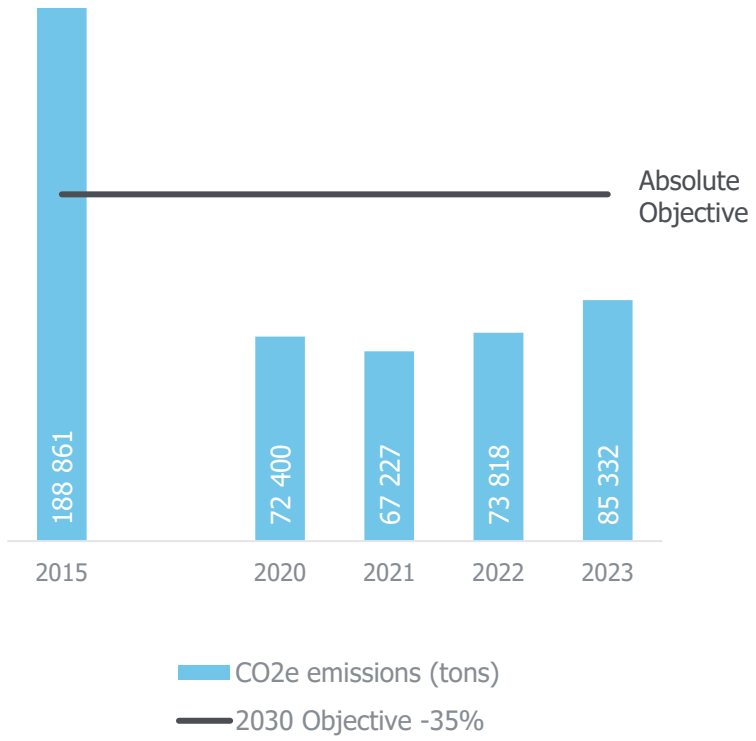
- **€ 5.25 bn** revenues
- **€ 1.35 bn** adjusted EBITDA
- **17.3** as Sustainalytics rating (low risk)

[1] Data as of 31st of December 2023.
UCB - FY 2023 Facts & Figures, February 2024

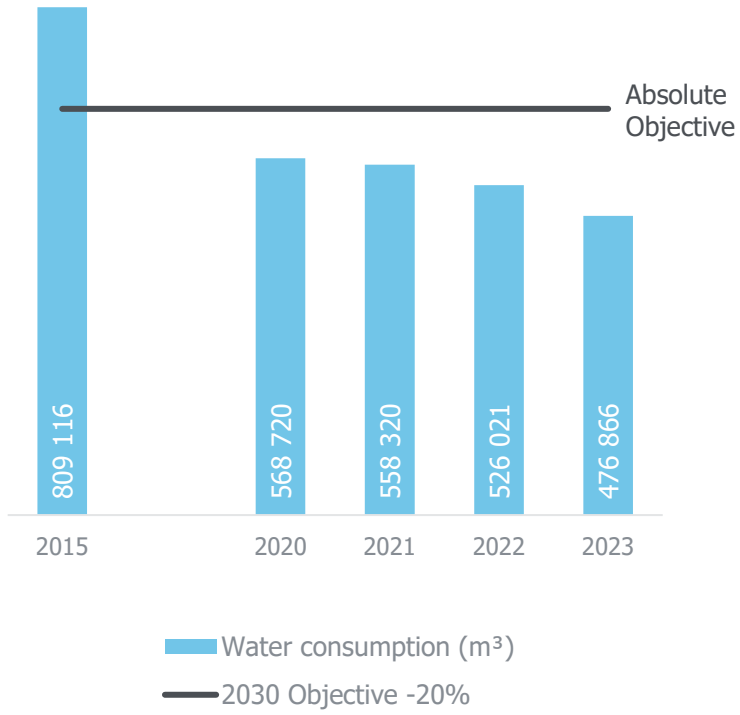
UCB Green Strategy

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

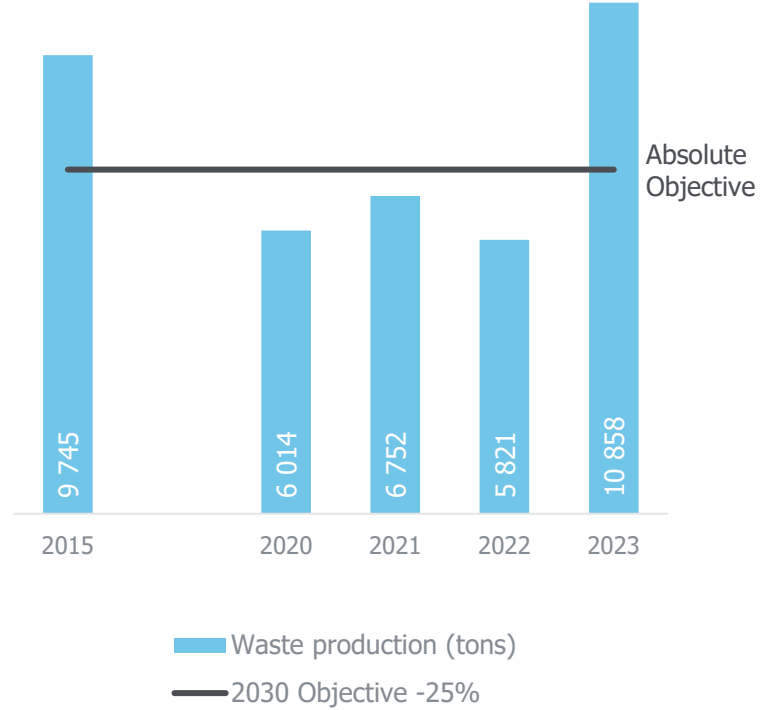
CO_2 emissions - 55% since 2015



Water consumption -41% since 2015



Waste production +11% since 2015



As of December 2023. More details in the integrated Annual Report.
UCB - FY 2023 Facts & Figures, February 2024

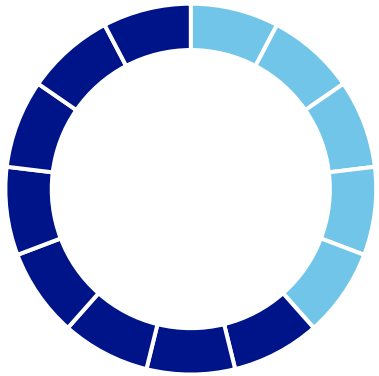
GOVERNANCE & SHAREHOLDING

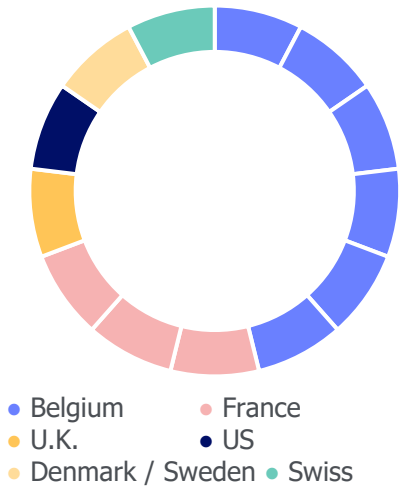
Corporate Governance

Board of directors & Executive committee

Board of directors

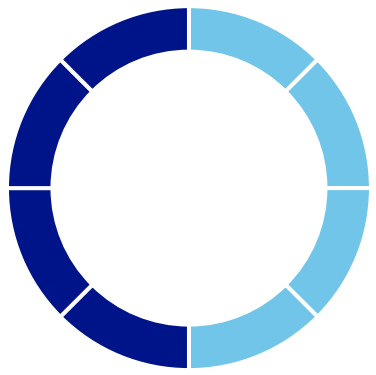
- **13 members**
  - Mandate: 4 year
  - Age limit: 70
- **5 women (38%)**
- **7 independent directors (54%)**
- **6 nationalities**

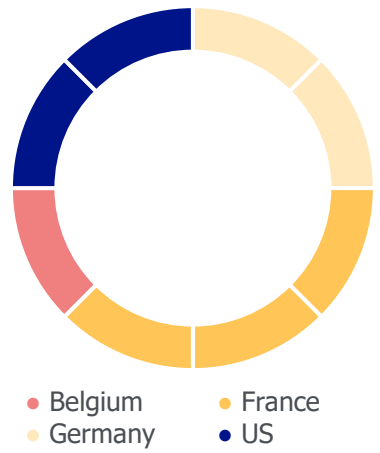




Executive committee

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





As of December 2023. More details in the integrated Annual Report and the notes to the Annual General Meeting.

Corporate Governance

Executive committee headed by Jean-Christoph Tellier

- **8 members**
- **4 women (50%)**
- **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

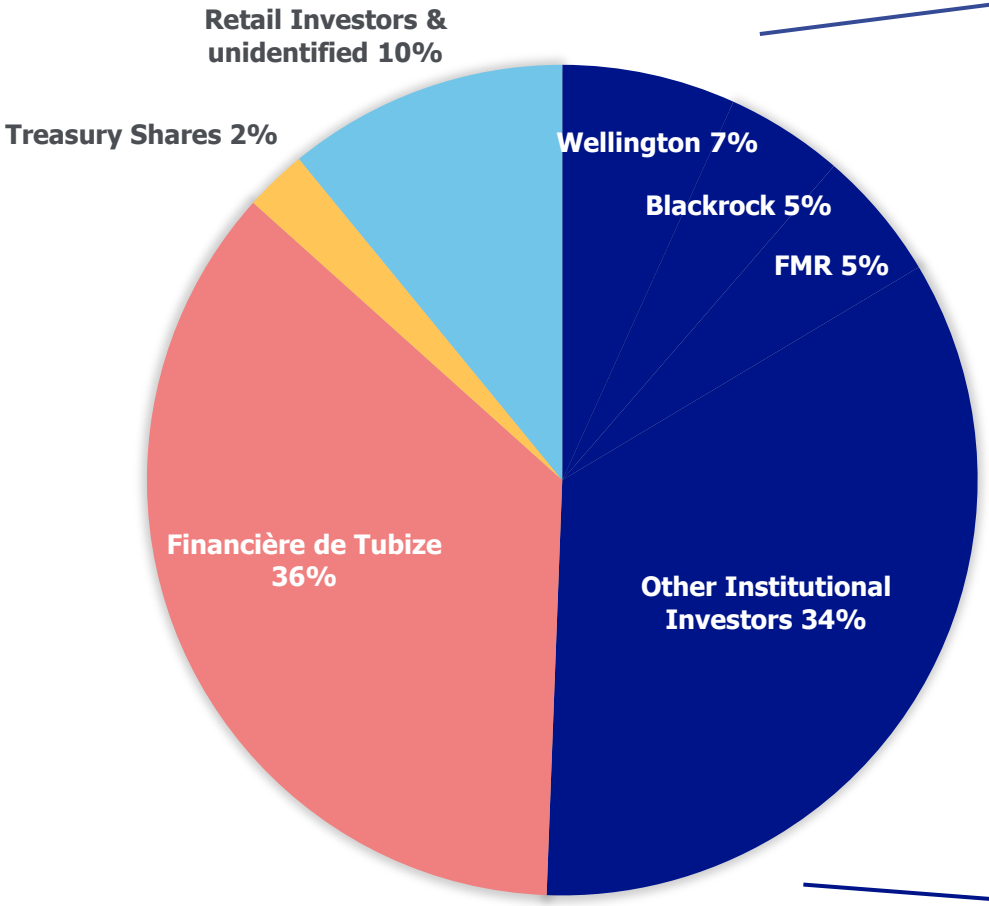
I.Loew-Friedrich,
CMO

K. Lund-Jurgensen,
Supply & Technology
Solutions

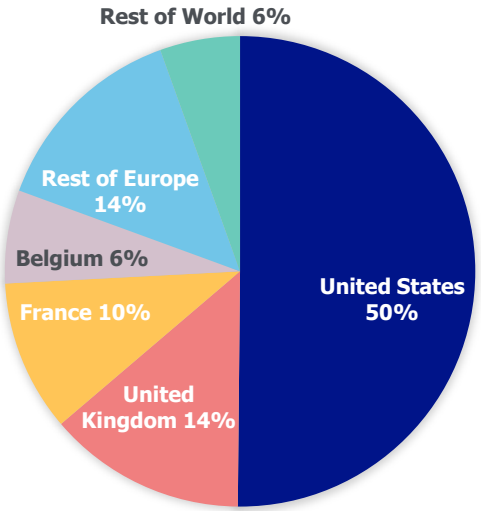
*Ad interim: JC Tellier,
Neurology Solutions &
Head of EU / International

As of December 2023. More details in the integrated Annual Report.
UCB - FY 2023 Facts & Figures, February 2024

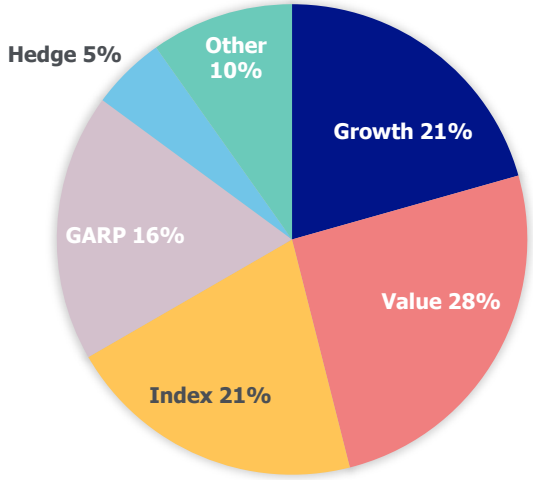
Shareholder Distribution



Institutional investors: geographic distribution



Institutional investors: investment style



Sources: Shareholder identification (as of **31 January 2024**) and latest transparency notifications; UCB underlying ownership analysis.
UCB - FY 2023 Facts & Figures, February 2024

FOCUS ON JAPAN

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		
€ 28 bn (Jan to Dec 2023)	€ 19.7 bn (Jan to Dec 2023)	»	2nd Largest after US

IQVIA Japan
EUR/JPY Dec 2023

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 Japan – 7 Launches

Evolution in organization & commercial capabilities

Growth in Size and Diversity

 # Employees (as of Dec 2023)

580

6.4% of Global UCB

x1.4 in 5 yrs

% Female Manager (Expected March 2024)

21%

vs. industry average 13.5%

x1.5 in 3 yrs

50% female newly hired managers Jan 2024 – Mar 2024

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

Overview of approvals & launches

Product	Approval	Launch
ZILBRYSQ®	Sep 2023	Q1 2024
RYSTIGGO®	Sep 2023	Nov 2024
BIMZELX® – PsA	Dec 2023	Dec 2023
BIMZELX® – axSpA	Dec 2023	Dec 2023
FINTEPLA® – LGS	Reviews ongoing, expected feedback 2024	
BRIVIACT®		
BIMZELX® – HS		

DEEP-DIVE CLINICAL PIPELINE & DISEASE AREAS

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

	Myelin oligodendrocyte glycoprotein (MOG)-antibody disease	Autoimmune encephalitis (AIE)	Severe fibromyalgia
	• 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
	• 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
	~ 1 - 4 / 100 000	~ 0.7 / 100 000	~ 200 cases / 100 000 (diagnosed severe fibromyalgia)
	• 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

IgG = Immunoglobulin G; CNS = Central Nervous System; IV = Intravenous; LGI1 = leucine-rich-glioma inactivated-1; subQ = sub-cutaneous; ASM = Anti-Seizure Medication; PLEX = Plasma Exchange; IVIg = Intravenous immunoglobulin; Rozanolixizumab is an investigational product and is not approved for any of the above indications by any regulatory authority in the world. Rozanolixizumab requires additional studies before any conclusions for safety and efficacy can be made.
UCB - FY 2023 Facts & Figures, February 2024

Systemic Lupus Erythematosus (SLE)

Lupus is a chronic **disease** that can cause **inflammation** in any part of your body. It's an autoimmune disease, which means that the immune system attacks healthy tissue instead of fighting infections. Lupus most commonly affects: **skin, joints, internal organs,** like your **kidneys and heart**. Because lupus affects many parts of the body, it can cause a lot of different symptoms[1].

Mortality & Life expectancy

SLE is the **#1 cause of death** among autoimmune diseases **in women aged 15 –24** in the US[2]

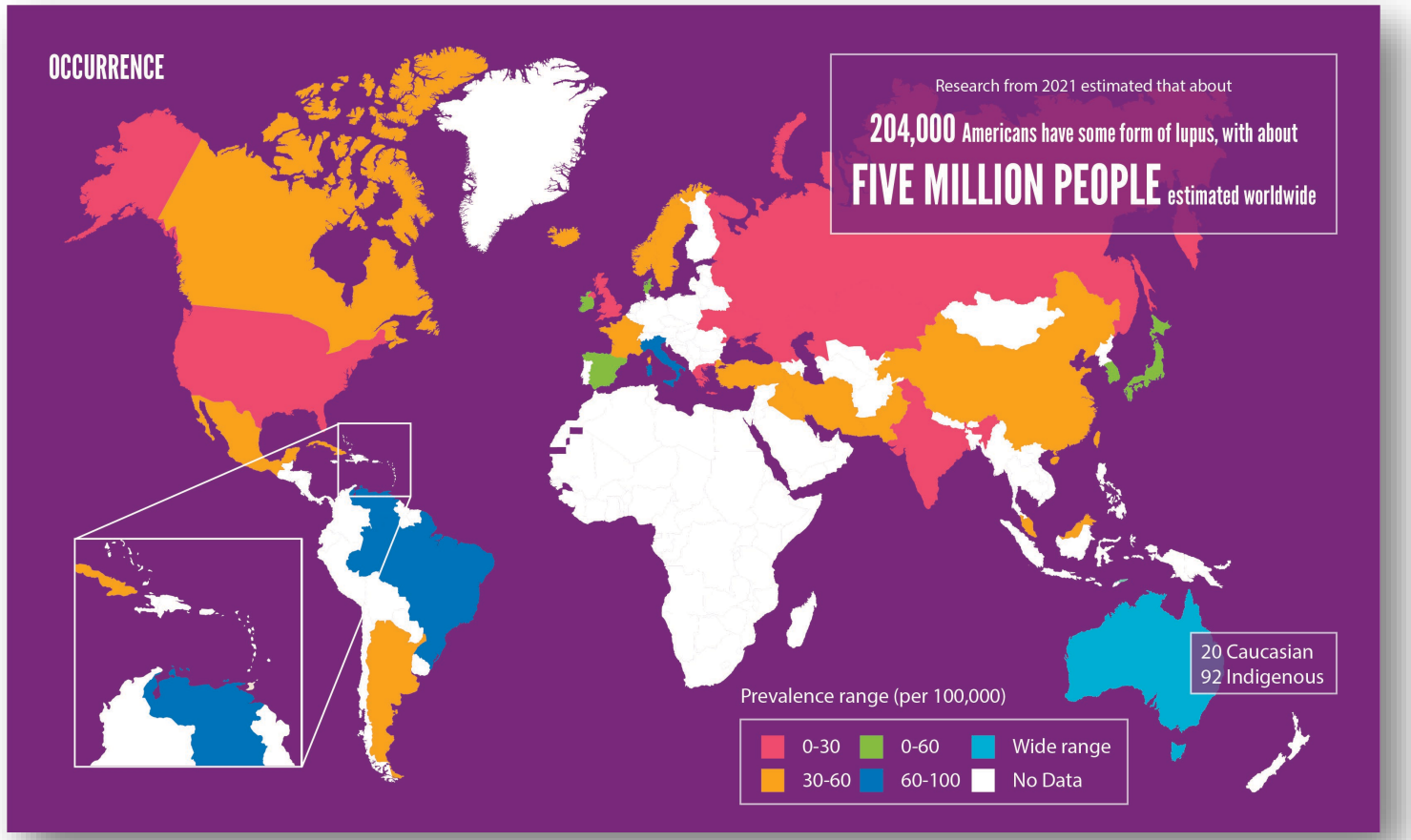
However, due to **improved** diagnosis and **disease management**, most people with lupus can expect to **live a normal life span**

High unmet medical need

Focus on underserved patient population

Minorities:

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



[1] Source: Lupus Foundation of America. https://www.lupus.org/resources/what-is-lupus accessed 23 January 2024; [2] Yen EY, Singh RR. Brief Report: Lupus - An Unrecognized Leading Cause of Death in Young Females: A Population-Based Study Using Nationwide Death Certificates, 2000-2015.
UCB - FY 2023 Facts & Figures, February 2024

SLE Disproportionately affects Underserved Populations

Epidemiology

Anyone can develop lupus. However, certain people are at higher risk, including:

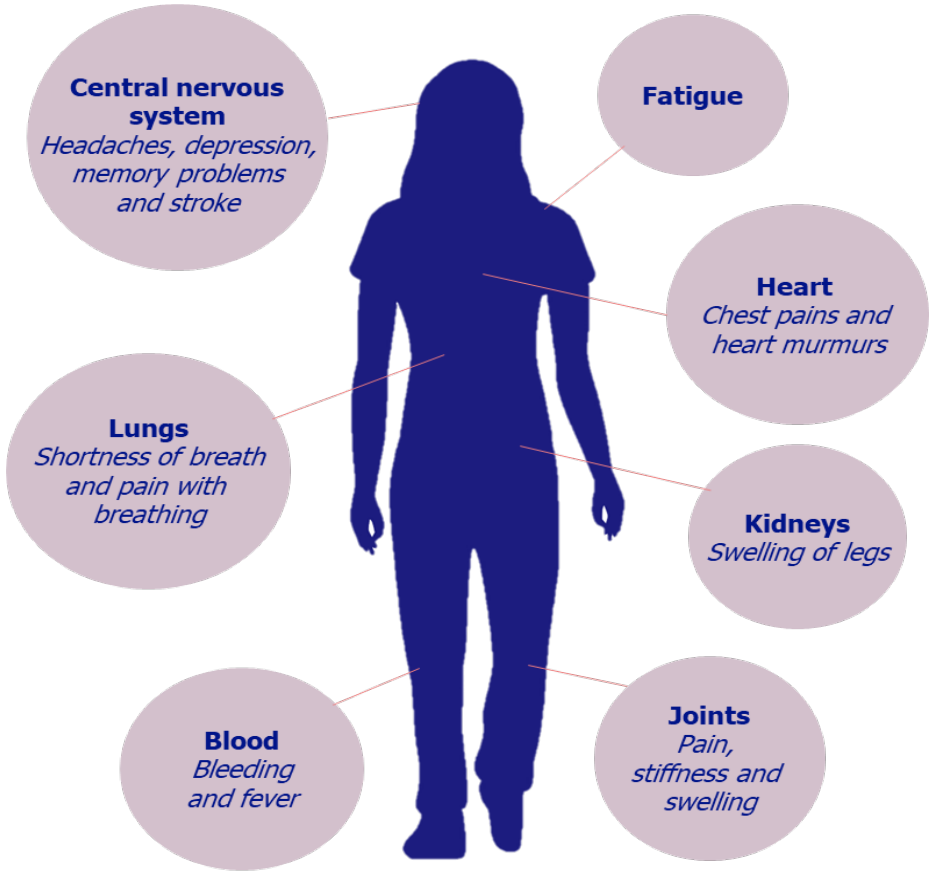
Women	**90% are women**, of those, 50% are women of childbearing age[1] between 15 – 45
Certain racial/ethnic groups	**two to three times more prevalent** among people who are African American, Asian American, Hispanic/Latino, Native American, or Pacific Islander

20 % of people with lupus will have a **parent** or **sibling** who already has lupus or may develop lupus. About **5% of the children born to individuals with lupus** will develop the illness.

5 million	People affected by SLE globally
1 in 3	Lupus patients suffer from multiple autoimmune diseases

90% of people with SLE are women[1]

Common Symptoms of SLE[2]



[1] Pons-Estel, Guillermo J et al. "Understanding the epidemiology and progression of systemic lupus erythematosus." Seminars in arthritis and rheumatism; [2] Lupus Research Alliance. Lupus Symptom Infographic. Last accessed 29 January 2024; More about lupus on https://www.ucb.com/disease-areas/Lupus; Source: https://www.lupus.org/resources/what-is-lupus accessed 23 January 2024.; *dapirolizumab pegol* is an investigational product and is not approved for any indication by any regulatory authority in the world. *dapirolizumab pegol* requires additional studies before any conclusions for safety and efficacy can be made.

UCB - FY 2023 Facts & Figures, February 2024

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.

UCB - FY 2023 Facts & Figures, February 2024

Partnership With Novartis Leverages UCB Sciences

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

Minzasolmin

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

Partnered with Novartis[2]
(December 2021)

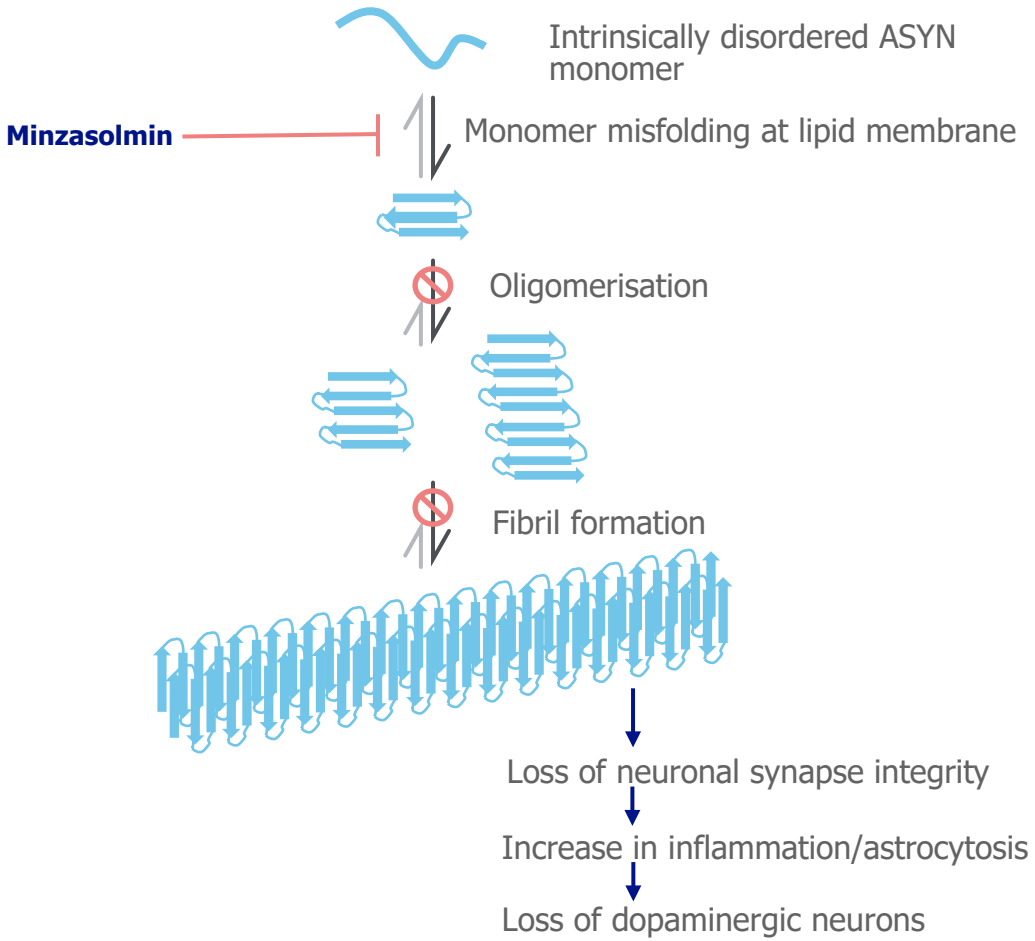
10m **people are living with Parkinson's Disease (PD) worldwide[1]**

High unmet need given lack of disease-modifying therapies

- 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; Minzasolmin is an investigational product currently in clinical development and has not been approved by any health authorities worldwide.

Minzasolmin is an Oral Small Molecule Inhibitor of ASYN Misfolding



Minzasolmin

- Minzasolmin is an oral small molecule that binds to **ASYN early** in the pathological aggregation process[1,2]
- Minzasolmin 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 Minzasolmin 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; Minzasolmin is an investigational product currently in clinical development and has not been approved by any health authorities worldwide.
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A Phase 2, Proof-Of-Concept Study of Minzasolmin 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 Minzasolmin 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 ≤2.5 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)

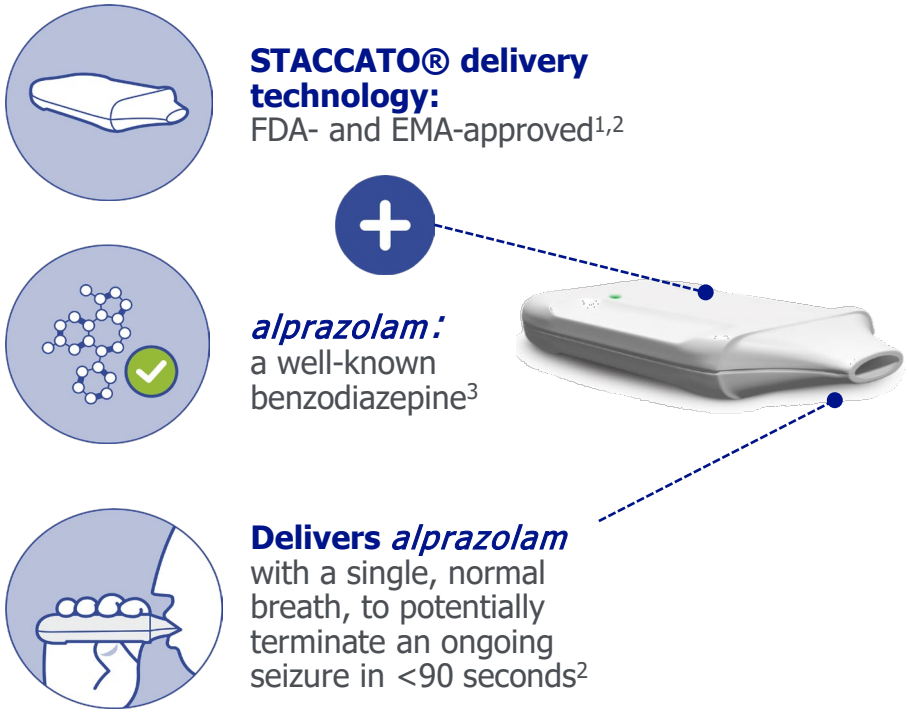
Secondary endpoints[1]

- Clinical symptoms
  - Individual MDS-UPDRS subscale scores (BL–18 months)
  - Time to worsening of disease (BL–18 months)
  - Change in MoCA (screening–18 months)
  - Number of patients receiving symptomatic treatment
  - Time to start 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; Minzasolmin is an investigational product currently in clinical development and has not been approved by any health authorities worldwide.

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

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



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

alprazolam:
a well-known benzodiazepine[3]

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

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

STACCATO® *alprazolam* is an investigational product and is not approved for any indication by any regulatory authority in the world. STACCATO® *alprazolam* requires additional studies before any conclusions for safety and efficacy can be made.
Image is for illustrative purposes only. EMA, European Medicines Agency; FDA Food and Drug Administration.

[1] Alexza Pharmaceuticals. Staccato® One Breath Technology. Available at https://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.
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STACCATO® *alprazolam* Phase 3 Clinical Development Program

STACCATO® *alprazolam* is an orally inhaled investigational therapy with the potential to rapidly terminate an ongoing seizure.

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:

- Treatment success for the treated seizure within 90 seconds after investigational medicinal product administration
- 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.

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

CDKL5 Deficiency Disorder (CDD)

~4k - 5k
US, EU, JP prevalence

Nearly three-quarters of individuals with CDD take 2 or more ASMs simultaneously

>70% of patients experience daily seizures

Many individuals at high risk of SUDEP

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;
Sources: Specchio et al., 2022, Epilepsia; Zuberi et al., 2022, Epilepsia; Fenfluramine is an investigational product and is not approved for the indication by any regulatory authority in the world.
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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]

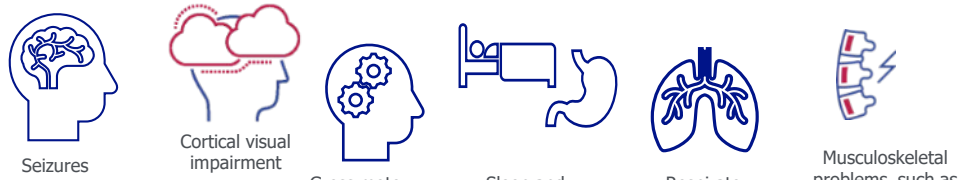
♀4x

more **common in girls** than boys

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]

Severe impact on QOL



Seizures

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

Cortical visual impairment

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

Sleep and gastrointestinal disturbances reported in 87% of patients

Respiratory symptoms like aspiration and lower respiratory tract infections

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

Impact on Caregivers

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

[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. Fenfluramine is an investigational product and is not approved for the indication by any regulatory authority in the world.

Bepranemab (UCB0107, Anti-Tau Antibody)

- 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.

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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

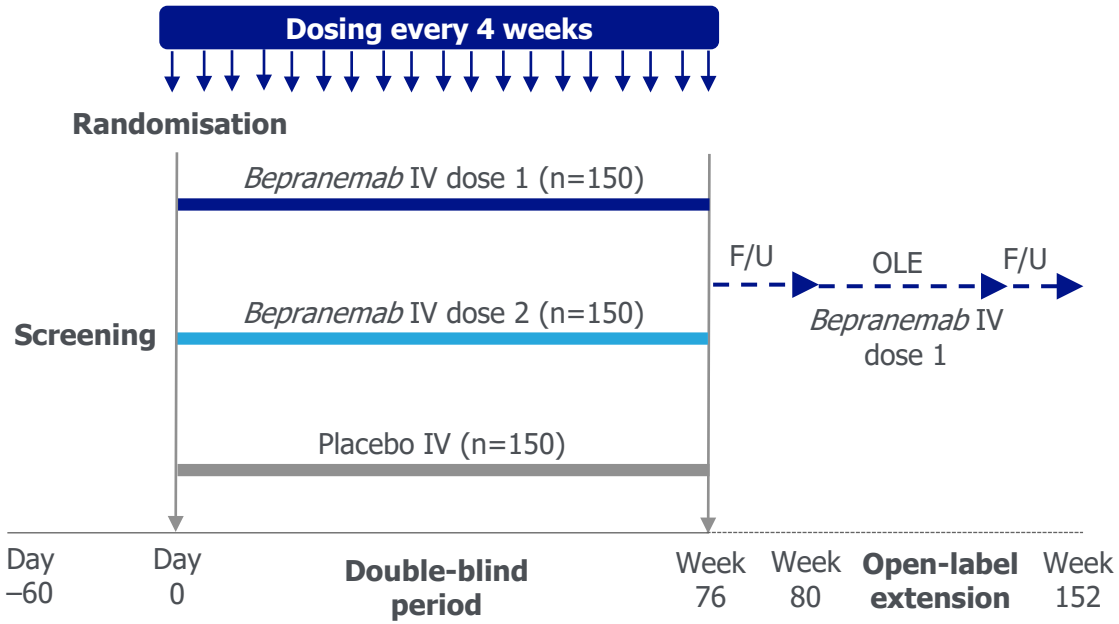
Objective

- 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). 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; UCB, Data on file, Protocol AH0003, 2020.

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Thymidine Kinase 2 Deficiency

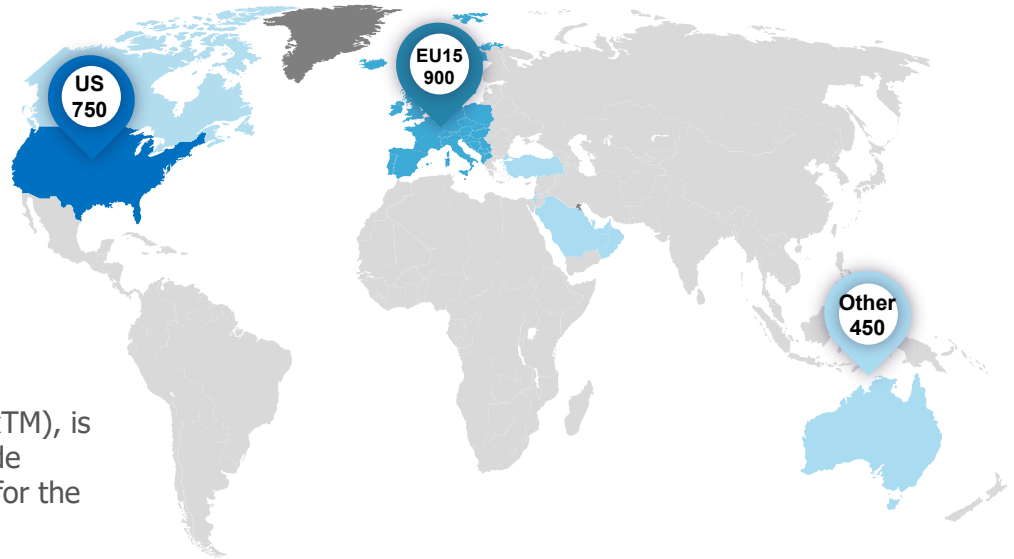
An ultra-rare debilitating and life-threatening (often fatal) genetic mitochondrial disorder

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; doxTM is an investigational product and is not approved for any indication by any regulatory authority in the world.
UCB - FY 2023 Facts & Figures, February 2024

UCB9741 - Atopic Dermatitis (AtD)

A Phase 2a study in people living with AtD – Results in H2 2024

A Multicenter, Double-blind, Placebo-controlled, Randomized Study

Objective

- Evaluate the safety, PK and efficacy following repeat dosing of UCB9741 in study participants with moderate to severe AtD

Inclusion criteria

- Participants with atopic dermatitis (AtD) aged 18-65
- Moderate or severe AtD present for at least 12 months
- Recent history of inadequate response to treatment with topical medications or topical treatments are confirmed to be otherwise medically inadvisable

Design

Participant Group/Arm	Intervention/Treatment
Experimental: - Intravenous UCB9741 arm. Participants receive pre-specified intravenous doses of UCB9741	Drug: UCB9741 – Participants receive repeat dose UCB9741 during the Treatment Period
Placebo Comparator - Intravenous Placebo arm. Participants receive intravenous Placebo to maintain the blinding	Drug: Intravenous Placebo – Participants receive repeat dose Placebo during the Treatment Period

Endpoints

Primary:

- Incidents of TEAEs and TESAEs from Baseline through the EOS Visit (Week 18)
- ≥75% improvement vs Baseline in EASI score (EASI75) at Week 12

Key secondary:

- PK parameters from Baseline through Week 12
- Percent change from Baseline in EASI score at Week 12
- ≥50% improvements vs Baseline in EASI score (EASI50) at Week 12
- ≥90% improvements vs Baseline in EASI score (EASI90) at Week 12

Note: This is a Phase 1/2a study – this slide details Part B of study (2a). Refer to ClinicalTrails.Gov for Part A details.
UCB - FY 2023 Facts & Figures, February 2024

UCB1381 - Atopic Dermatitis (AtD)

A Phase 2a study in people living with AtD – Results in H2 2024

A Multicenter, Double-blind, Placebo-controlled, Randomized Study

Objective

- Evaluate the safety, PK and efficacy following repeat dosing of UCB1381 in study participants with moderate to severe AtD

Inclusion criteria

- Participants with atopic dermatitis (AtD) aged 18-65
- Moderate or severe AtD present for at least 12 months
- Recent history of inadequate response to treatment with topical medications or topical treatments are confirmed to be otherwise medically inadvisable

Design

Participant Group/Arm	Intervention/Treatment
Experimental: - Intravenous UCB1381 arm. Participants receive pre-specified intravenous doses of UCB1381	Drug: UCB1381 – Participants receive repeat dose UCB1381 during the Treatment Period
Placebo Comparator - Intravenous Placebo arm. Participants receive intravenous Placebo to maintain the blinding	Drug: Intravenous Placebo – Participants receive repeat dose Placebo during the Treatment Period

Endpoints

Primary:

- Incidents of TEAEs and TESAEs from Baseline through the EOS Visit (Week 22)
- ≥75% improvement vs Baseline in EASI score (EASI75) at Week 12

Key secondary:

- PK parameters from Baseline through Week 12
- Percent change from Baseline in EASI score at Week 12
- ≥50% improvements vs Baseline in EASI score (EASI50) at Week 12
- ≥90% improvements vs Baseline in EASI score (EASI90) at Week 12

Note: This is a Phase 1/2a study – this slide details Part B of study (2a). Refer to ClinicalTrials.Gov for Part A details.
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UCB Investor Relations Team

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

Sahar Yazdian
Investor Relations Lead
Phone: +32 2 559 9137
E-mail: sahar.yazdian@ucb.com

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

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