HY 2025 Results

Further Facts & Figures

Investor Book

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, pandemics and terrorism, the general geopolitical environment, climate change, 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, supply chain disruption and business continuity risks; potential or actual data security and data privacy breaches, or disruptions of UCB's information technology systems, product liability claims, challenges to patent protection for products or product candidates, competition from other products including biosimilars or disruptive technologies/business models, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in laws and/or rules pertaining to tax and duties or the administration of such laws and/or rules, and hiring, retention and compliance of 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 document, and do not reflect any potential impacts from the evolving event or risk as mentioned above 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.

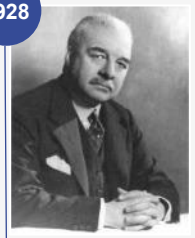
UCB expressly disclaims any obligation to update any forward-looking statements in this document, either to confirm the actual results or to report or reflect any change in its forward-looking statements with regard thereto or any change in events, conditions or circumstances on which any such statement 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 levetiracetam

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)

2024

ZILBRYSQ® (zilucoplan) Injection

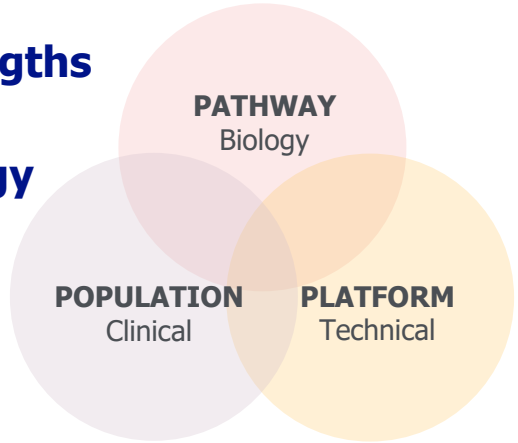
Note: the timeline is not proportionated.

UCB – HY 2025 Facts & Figures, July 2025

Unprecedented Growth Built on Innovation & Delivery

FOCUSED INNOVATION

Harnessing our **strengths** in **pathobiology** and **molecule technology** to deliver targeted solutions for patients with **high unmet needs**



86% **successful phase 3 studies**
compared to industry average of **56%-58%**[1]

RECORD-BREAKING GROWTH IN H1 2025

NET SALES **+26%**
+27% CER

REVENUE **€3.5bn**

COMBINED NET SALES **2.5x** vs. HY24
5 growth drivers

Strong clinical momentum
Positive outcomes in 2 Phase 2 & 1 Phase 3 studies

1. For period 2014 – 2025, Biomedtracker: https://go.bio.org/rs/490-EHZ-999/images/ClinicalDevelopmentSuccessRates2011_2020.pdf; IQVIA: Global Trends in R&D 2024: Activity, productivity, and enablers - IQVIA

Empowering Future Growth Through Strategic Investment

FROM PIPELINE TO PATIENTS

Investment into the **pipeline**

Bimzelx® (bimekizumab)

- **Palmoplantar Pustulosis (PPP)**
- **PSO** in children and adolescents
- **HS** in children and adolescents
- **Juvenile idiopathic arthritis**[1]

Fintepla® (fenfluramine)

- **CDKL5**
- **RETT**

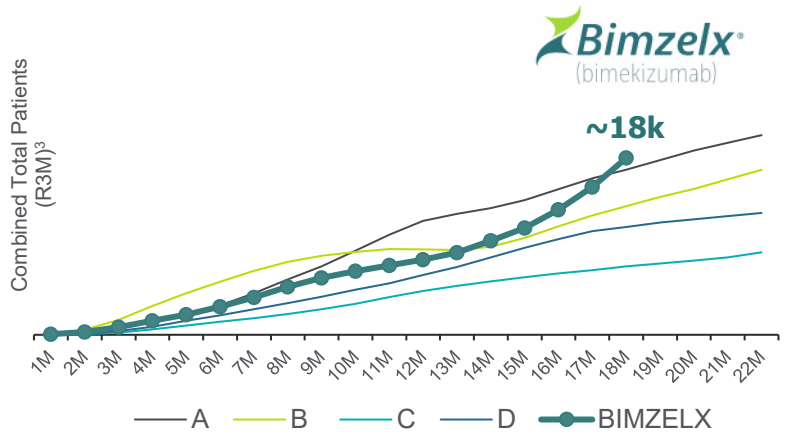
Investment into **resilient supply chain**

$5bn[2] **Greenfield investment in the U.S.**

U.S. CMO Network

Expansion, on top of existing manufacturing footprint

Investment into **patient access**



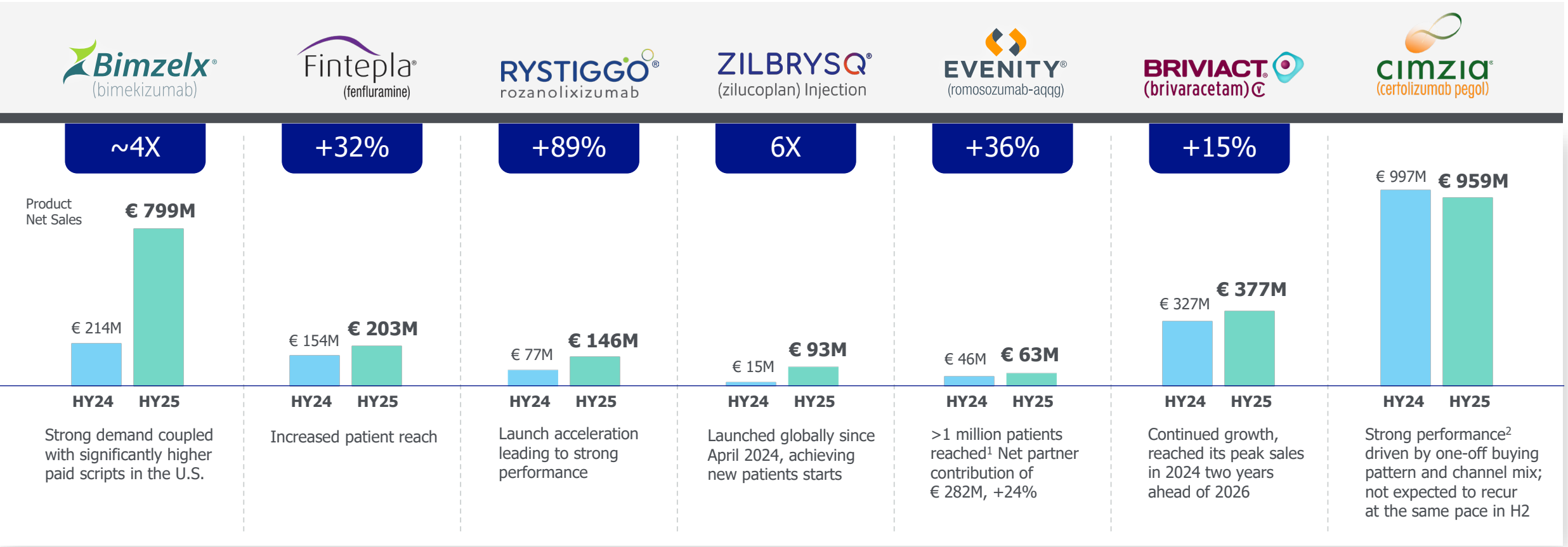
≥70% commercial lives covered **across all indications**

Fit-for-purpose **DTC**[4] for BIMZELX®

1. psoriatic arthritis and enthesitis-related arthritis; 2. Economic value = value including direct and indirect benefits — including construction, equipment, property, and job creation.; 3. IQVIA Source of Business by Indication Tracking – April 2025; rolling 3-month (R3M) average - PSO, PSA, axSpA, HS only (other indications excluded); 4. PSO & PsA (incl TV) - HS (video channels); PSO = psoriasis; HS = hidradenitis suppurativa; CDKL5 = cyclin-dependent kinase-like 5; R3M = Rolling 3 months; DTC = Direct to Consumer

Successful Launch Execution and Extra-Financial Value Creation

NET SALES €3,321m | +26%; +27% CER



Advancing on our **sustainability journey**

- **A-rated** supplier engagement assessment by **CDP**
- Recognized by **TIME** and **Statista** as one of the **world's most sustainable companies** of 2025
- Maintained **Sustainalytics ranking: UCB #1** Biotechnology sector

1. Since launch; 2. Unique Fc-free molecular structure drives personalized treatment for 2 targeted populations, i.e., women of childbearing age across indications and RA patients with high RF levels

UCB – HY 2025 Facts & Figures, July 2025

Driving Revenue Growth While Investing in Execution Excellence

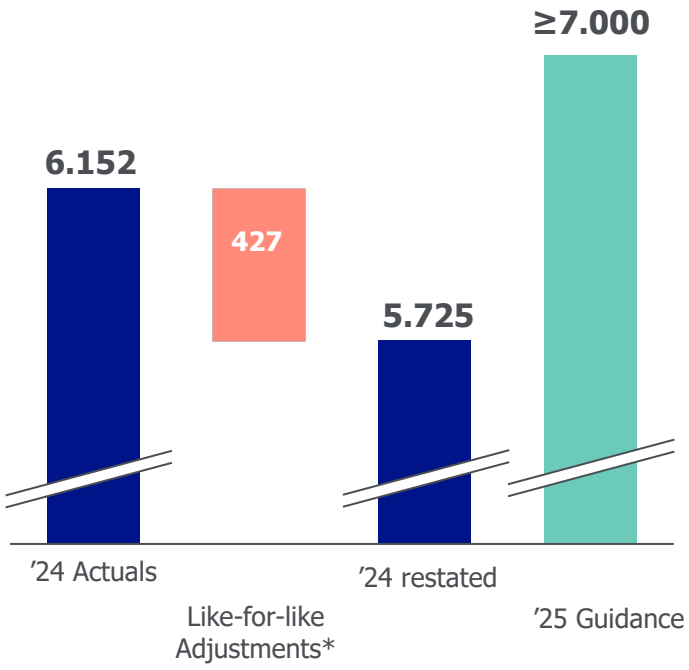
			HY 2025*	Actual	CER
Revenue	**Net Sales € 3 321M (+26; +27% CER)** - Strong growth from the continued launches of the five growth drivers, like-for-like[1] net sales growth rate of 31% or 32% CER. Expanded access to BIMZELX® accelerating topline growth in the first half **Other revenue € 125M (+16%; +18%)** – Higher contract manufacturing & revenue from partnerships		**3 487**	25%	26%
Adjusted Gross Profit	**Margin 79% after 77%** - Favorable product mix		**2 761**	28%	30%
Total OPEX[2] € 1 845M (+15%; +16% CER)	**Marketing and selling expenses**	Strong investment in launches, incl. DTC and dedicated sales force for HS, higher fee-for-service expenses in U.S., directly linked to gross sales	**1 165**	23%	25%
	R&D expenses	Maintained investments in UCB's innovative R&D pipeline; R&D ratio 25%	**860**	9%	10%
	General & admin expenses	Non-recurrence of one-time costs for the new organization model & LTI	**113**	-7%	-6%
	Other operating income	€ 282M net partner contribution (+24%) from EVENITY®	**293**	18%	20%
Adjusted EBITDA[3]	**Adjusted EBITDA / revenue ratio 29.6% after 23.4% in HY 2024**		**1 033**	58%	61%
Profit	**Tax Rate 20%**	Higher revenue, improved gross profit, higher operating expenses, higher other operating income	**475**	>100%	>100%
Core EPS[4]	Based on 190 million weighted average shares outstanding		**3.53**	69%	73%

* € M; 1. Like-for-like adjustments = contribution to topline from product sale and divestments to net sales; 2. Operating expenses; 3. Earnings before Interest Taxes Depreciation & Amortization; 4. Core EPS= Earnings Per Share adjusted for the after-tax impact of to be adjusted items, the financial one-offs, the after-tax contribution from discontinued operations and the net amortization of intangibles linked to sales, total number of shares 194.5 M; CER = Constant Exchange Rates; DTC = Direct to Consumer; HS = Hidradenitis Suppurativa; LTI = long-term incentives; M = million.

Reaffirming Growth Trajectory with Upgraded 2025 Expectations

Revenue to increase to **≥€7bn**

in € million



2025 Financial Guidance**

At least **€7bn** REVENUE

Strong topline growth driven by:

BIMZELX®
FINTEPLA®
RYSTIGGO®
ZILBRYSQ®
EVENITY®
BRIVIACT®

Expanded access in the U.S. for BIMZELX® with significantly faster conversion to paid scripts in **H1**

CIMZIA® H1 performance supported by **exceptional / non-recurring** items (not to repeat in H2)

IRA and 340B impact across indications

At least **30%** Adj. EBITDA MARGIN

Continued **gross margin improvement**

Operating Leverage improvement, continued growth of marketing and sales expenses driven by top-line growth and maintained investment in R&D

At least **€7.25** CORE EPS

Tax Rate 20%**

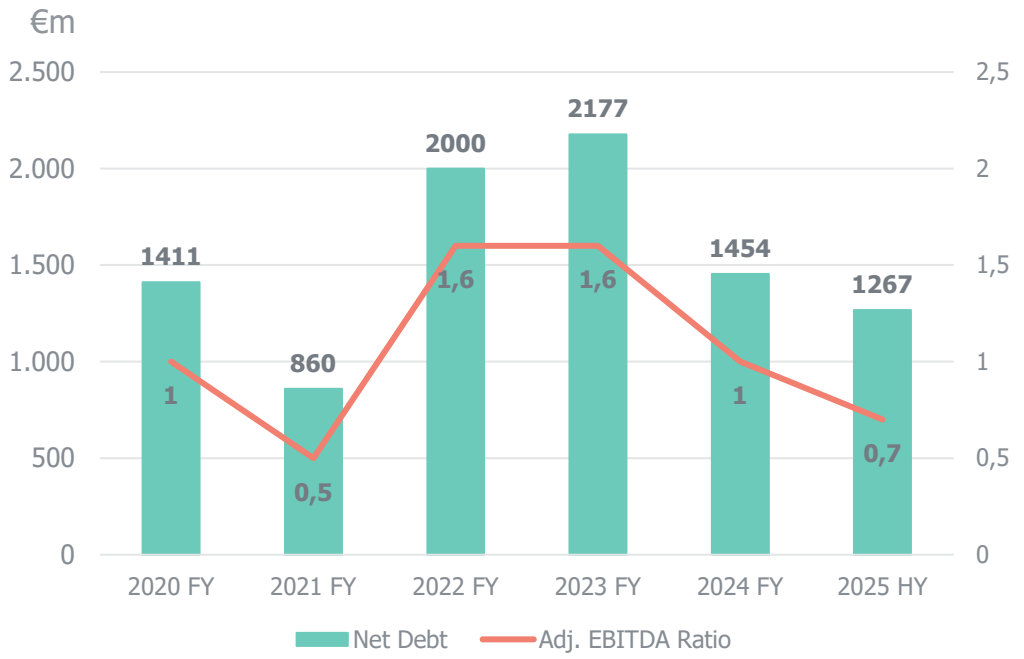
190M weighted average shares outstanding

bn= billion; EBITDA = Earnings before Interest Taxes Depreciation & Amortization; EPS = Earning per Share; IRA = Inflation Reduction Act; * Adjustments = contribution to topline from divestments (proceeds and net sales) + Minzasolmin termination; ** Based on current rules and regulations

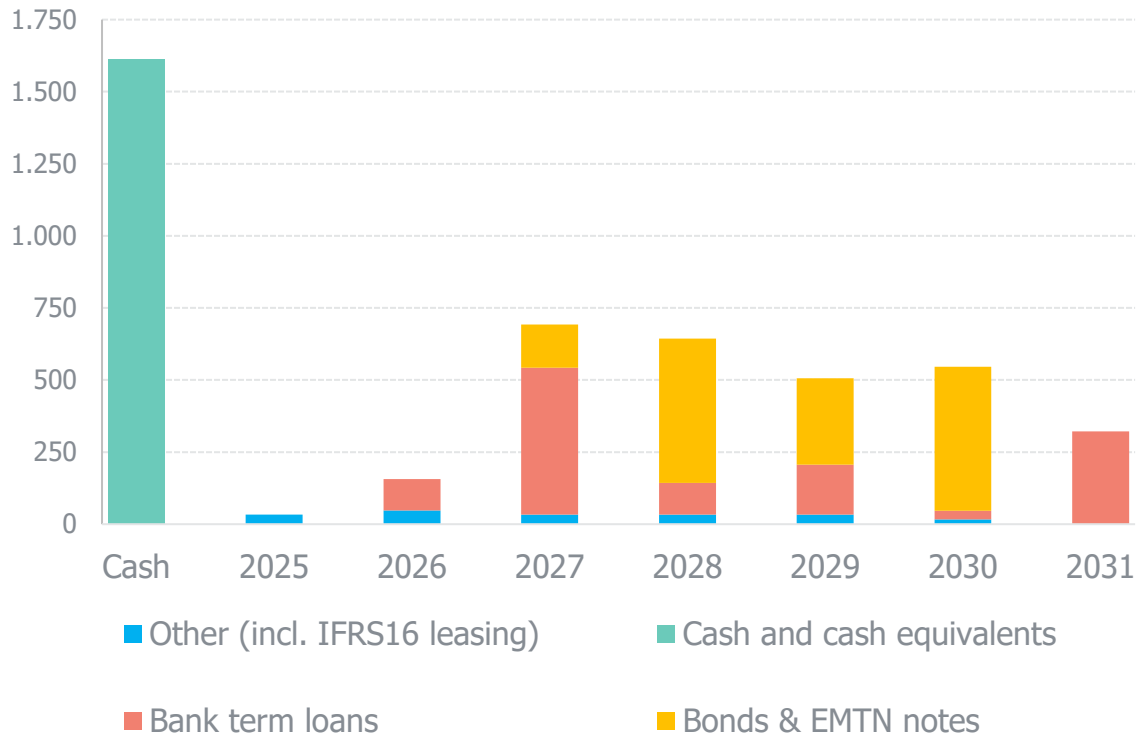
UCB – HY 2025 Facts & Figures, July 2025

Net Debt & Debt Maturity Schedule

Net debt / adjusted EBITDA ratio



Debt Maturity Schedule (as of 30 June 2025, € 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

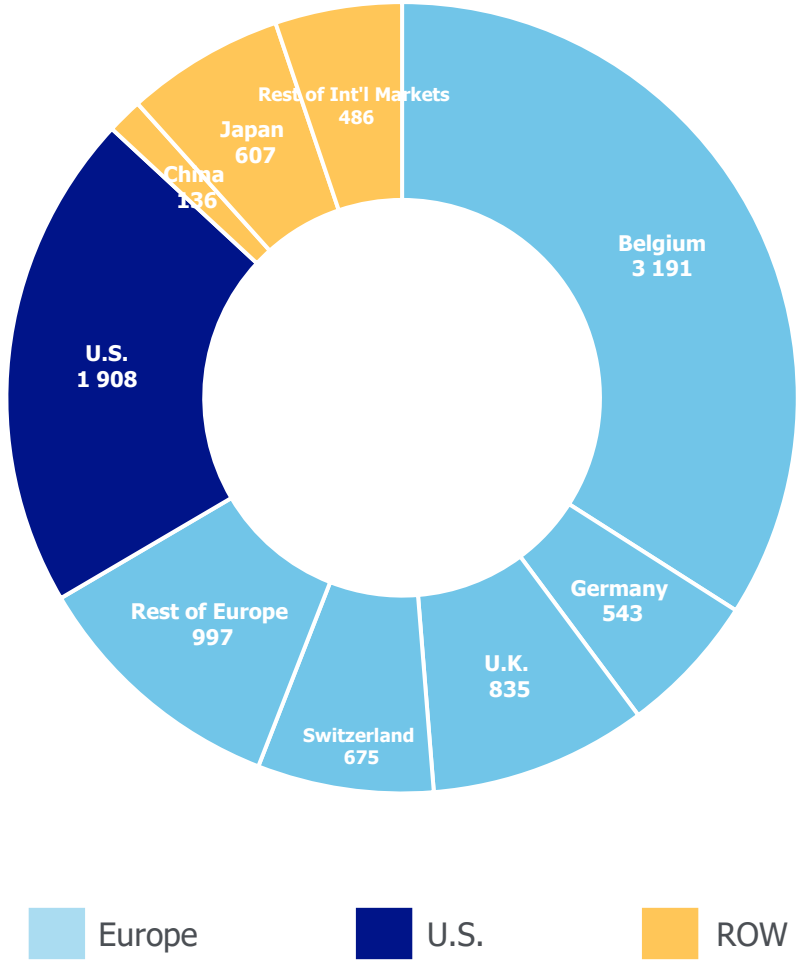
> Our people are key to deliver on our ambition

9 378*
Employees Worldwide

1 817
New colleagues

51 / 49
Women / Men

9.5%
Employee turnover



*As of **December 2024**; CEO office consists of departments reporting directly to the CEO, including the Sustainability team and the Internal Audit team.

UCB – HY 2025 Facts & Figures, July 2025

OUR INNOVATION

UCB's Epilepsy solutions

	Keppra® levetiracetam	VIMPAT® lacosamide	BRIVIACT® (brivaracetam)	Nayzilam® (midazolam) nasal spray	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
	• **>1.8 million** patients globally*	• **>560 000** patients globally*	• **>250 000** patients globally*	• **~90 000** patients in the U.S.**	• **>11 000** 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) • **2026** (EU) • **2032** (Japan)	• **2028** (US)	• **2030** (EU)*** • **2032** (Japan) • **2033** (US)
	• Peak sales: € 1.3 billion (2008)	• Peak sales: € 1.5 billion (2021)	• Peak sales guidance: € 600 million by 2026, already achieved in 2024		• Peak sales guidance: € 800 million by 2027

* Moving Annual Total (MAT) Q1/2025; ** As of June 2025, >200 000 (threshold orphan designation) due to off label prescriptions by healthcare professionals; ***not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative; CHMP = Committee for Medicinal Products for Human Use; ODD = Orphan Drug Designation; POS = Partial Onset Seizures, also known as focal seizures; PGTCS = Primary Generalized Tonic-Clonic Seizures; MAT = Moving Annual Total.
UCB – HY 2025 Facts & Figures, July 2025

Focus on Epilepsy: recognized leadership position

>2.5 million[1]
Epilepsy patients under care worldwide in 2024

Current pharmacotherapies estimated failing to control seizures in one-quarter of epilepsy patients

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

>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 | Element Genomics

Digital Health

EYSZ | Byteflies | NextSense | NEURAVA

Source: Clarivate, Epilepsy, Disease Landscape & Forecast (G7), September 17, 2024.
1) MAT 10/2024 MAT = Moving Annual Total.
UCB – HY 2025 Facts & Figures, July 2025

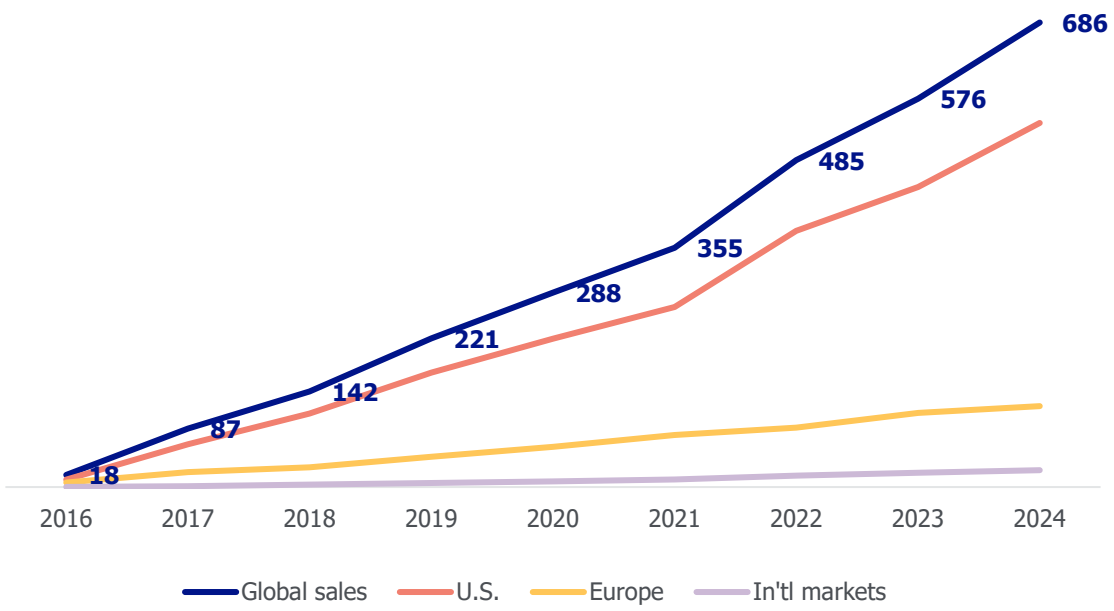
Focus on BRIVIACT®

BRIVIACT® is the **leading** branded **ASM for Focal Onset Seizures**

Showed **significant growth** (16% CER), reaching peak sales target of **€600 million two years ahead of target**

Approved in Japan in June 2024 and launched in August 2024

BRIVIACT® Net Sales



Net sales in € million, FY Numbers + HY2025

ASM = Anti-seizure medications, CER = Constant Exchange Rate
UCB – HY 2025 Facts & Figures, July 2025

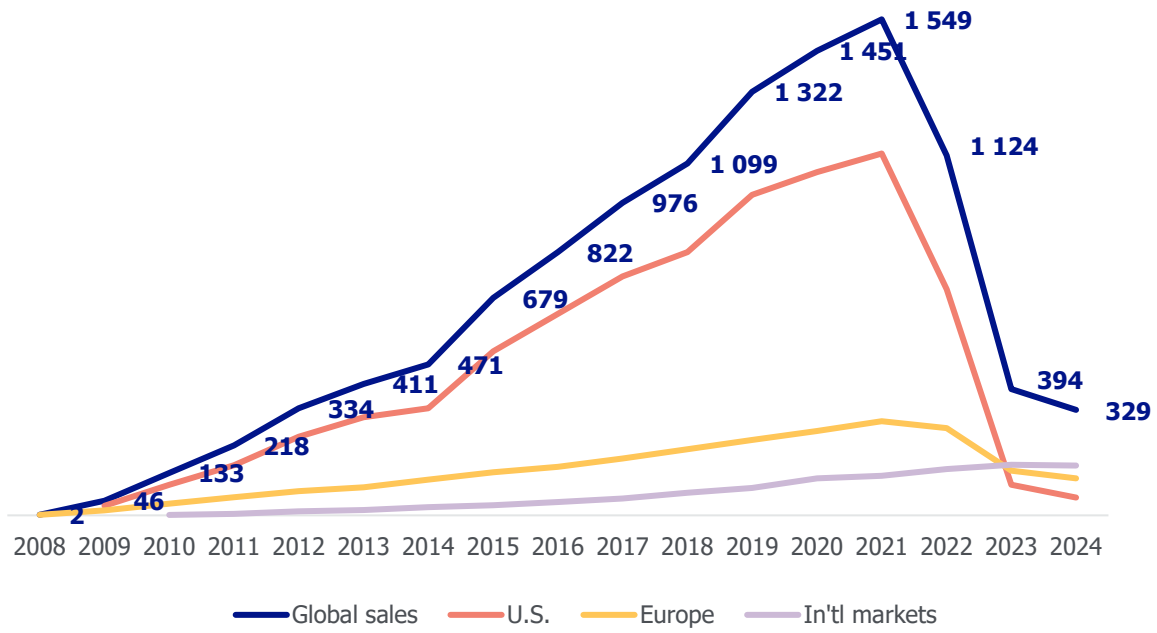
Focus on VIMPAT®

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

Generic erosion is expected in late 2025 in Japan

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

VIMPAT® Net Sales



Net sales in € million, FY numbers

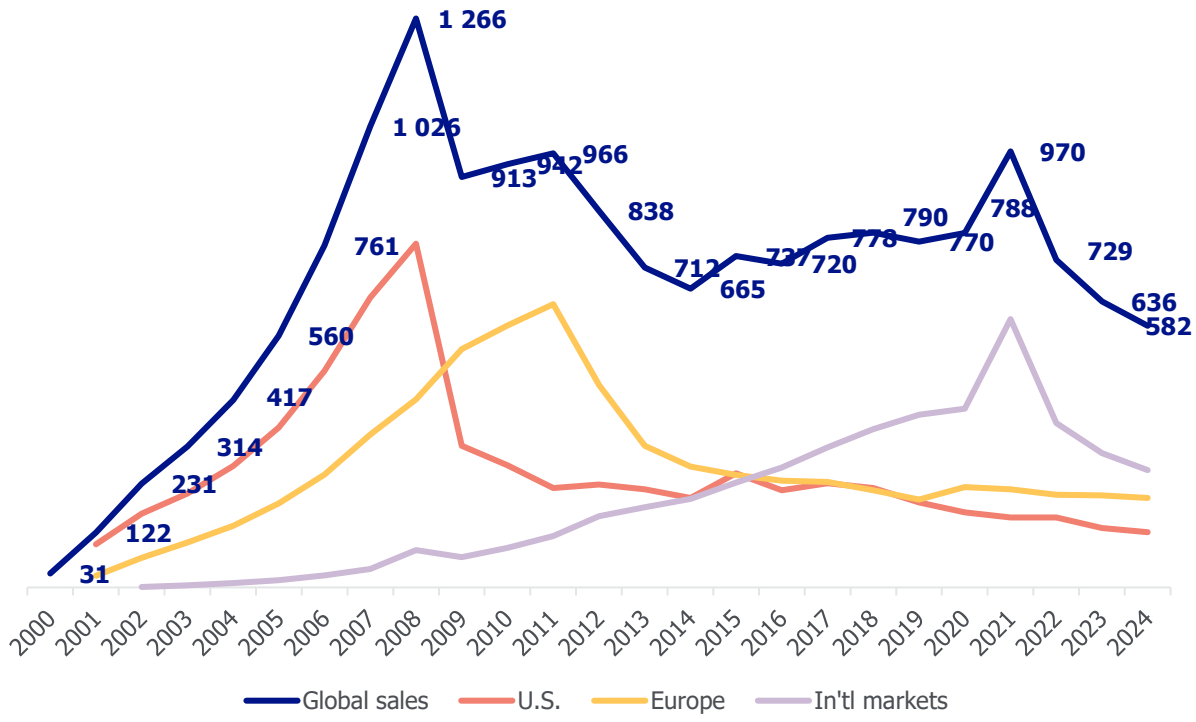
Focus on KEPPRA®

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 in Japan

KEPPRA® Net Sales



Net sales in € million, FY numbers

LOE = Loss of Exclusivity.
UCB – HY 2025 Facts & Figures, July 2025

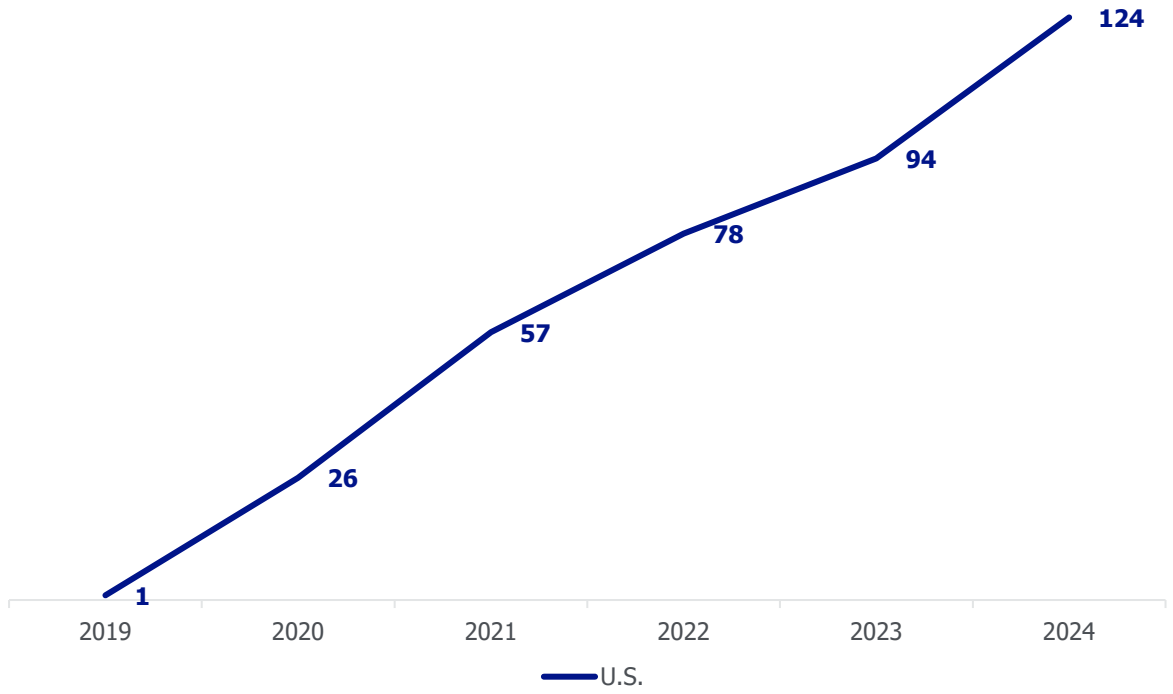
Focus on NAYZILAM®

Sustained growth of NAYZILAM® since launch in 2019 (12% CER)

Higher proportion within 18-64 age range – majority of adults did not receive a rescue medication over the last two years

NAYZILAM® is **only available in the U.S.**

NAYZILAM® Net Sales



Net sales in € million, FY numbers

Inspired by patients. Driven by science.

LOE = Loss of Exclusivity, CER = Constant Exchange Rate
UCB – HY 2025 Facts & Figures, July 2025

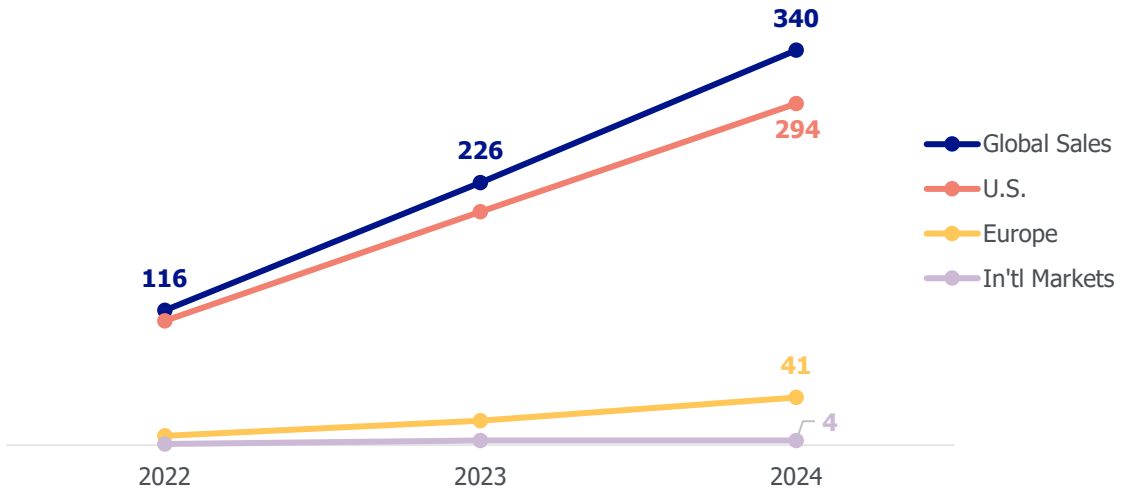
Focus on FINTEPLA®

Unique and dual mode of action, Improving seizure, non-seizure and survival outcomes

Foundational therapy in DS and **Next new option** in LGS

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

FINTEPLA® Net Sales



FINTEPLA® Indications			
	Dravet Syndrome (DS)	**~15k - 16k** US, EU4, UK diagnosed prevalence	**>80%** of patients remain uncontrolled on existing AED regimens Premature childhood mortality, primarily SUDEP, of **~20%**
	Lennox-Gastaut Syndrome (LGS)	**~60k - 100k** US, EU4, UK diagnosed prevalence	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

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

UCB – HY 2025 Facts & Figures, July 2025

UCB's Immunology & Bone solutions

Bimzelx® (bimekizumab)	cimzia® (certolizumab pegol)	PrEVENITY™ romosozumab injection
• **Psoriasis** - Approved in over 47 countries • **Psoriatic arthritis, radiographic and non-radiographic axial Spondyloarthritis –** Approved in over 40 countries • **Hidradenitis suppurativa (HS)** – Approved in EU in April 2024, in Japan in September 2024 and in the US in November 2024.	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
• **> 82 000** patients globally*	• **>220 000** patients globally**	• **> 1 million** patients since launch globally**
• **Bioray** (China – 2024)	• **Astellas** (Japan – 2012 - 2025) • **Cinkate** (China – 2019)	• **Amgen** (2020)
• **2035** (RDP - US)*** • **2036** (EU) • **2037** (Japan)***	• **2024** (US) • **2024** (EU) • **2026** (Japan)	• **2031** (EU) • **2031** (Japan) • **2033** (US)
• Peak sales guidance: > € 4 billion	• Peak sales guidance: > € 2 billion by 2024 – achieved already in 2022	

*As of April 2025; **MAT Q1/2025; ***not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative; MAT = Moving Annual Total; RDP = regulatory data protection.
UCB – HY 2025 Facts & Figures, July 2025

Focus on BIMZELX®

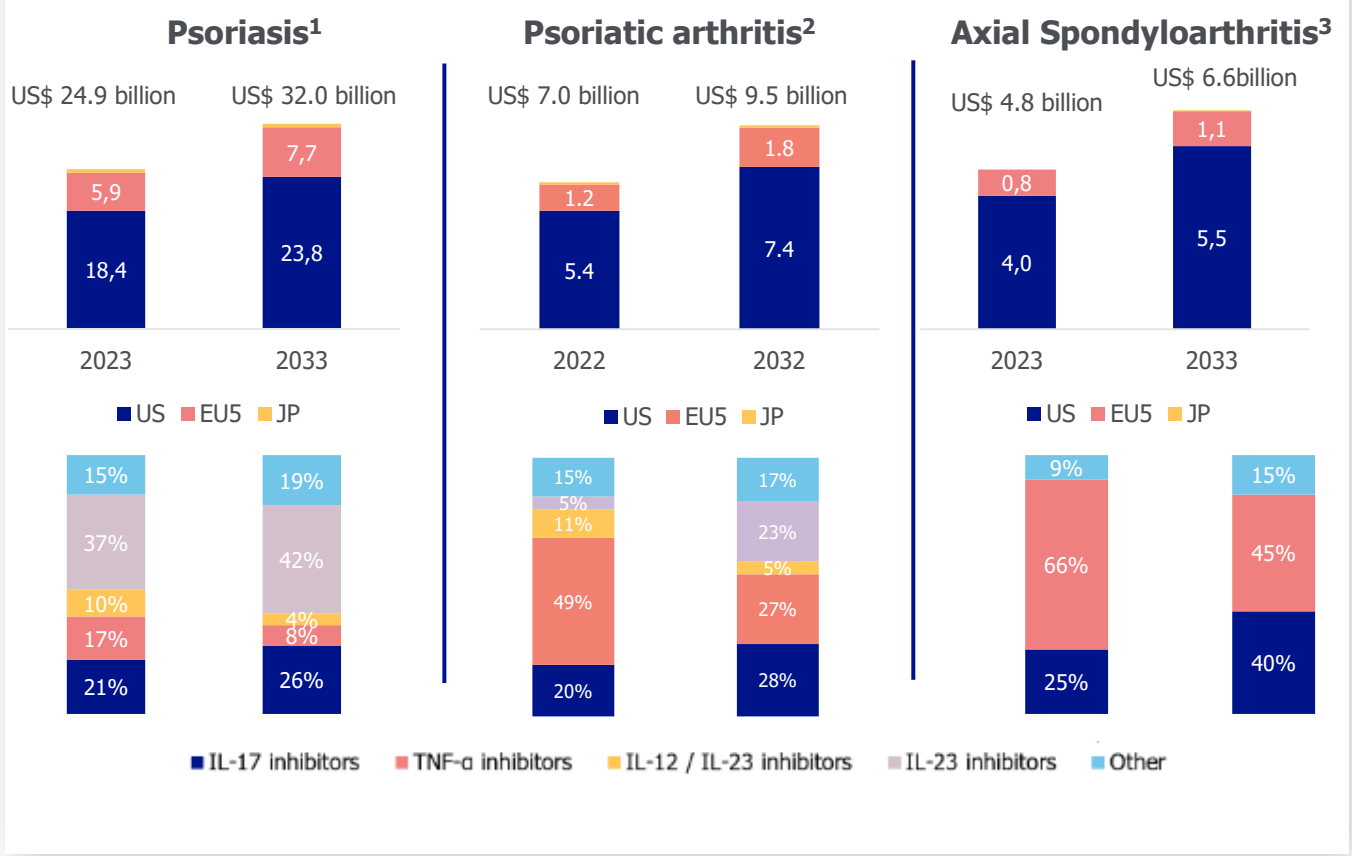
First and only IL-17A and IL-17F delivers **fast, deep, and durable responses**

Expanding the reach to potential **additional indications in pediatric** and palmoplantar pustulosis (**PPP**)

Approved in **50 countries**

>82k patients as of April

Focusing On Growth Markets



Inspired by patients. Driven by science.

[1] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Psoriasis, December 12, 2024; [2] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Psoriatic Arthritis, December 19, 2023;
[3] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Axial Spondyloarthritis, November 4, 2024; Dynamic market share = Market share among switch and new patients; PSO = psoriasis; PsA = psoriatic arthritis; nr-axSpA = non-radiographic axial spondyloarthritis; AS = ankylosing spondylitis; HS = Hidradenitis Suppurativa; IL = interleukin
UCB – HY 2025 Facts & Figures, July 2025

Broadening & Deepening the Reach of BIMZELX®

BIMZELX GLOBAL

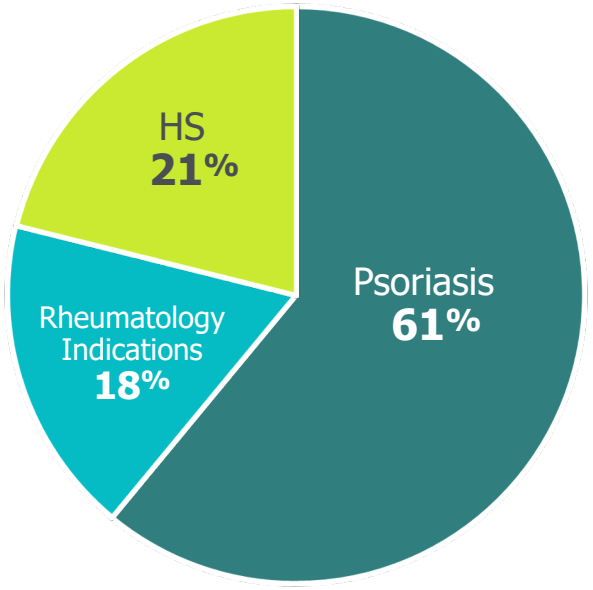
BIMZELX
Global Key Highlights

50 countries approved across indications

≥**82k** patients worldwide

~€**800M** net sales in H1

BIMZELX
Global Net Sales
Split by Indication



BIMZELX GLOBAL

BIMZELX
Market Performance

~**25k**
U.S. patients (June 2025)

≥**70%**
commercial lives with access to BIMZELX **across indications**

35%[1]
dynamic market share in **PSO in less than 2 years**

PSO

20%[1]
dynamic market share in **rheumatology after 6 months**

RHEUM

BIMZELX
Total Patient Share in PSO

21% within IL-17 – per April 2025

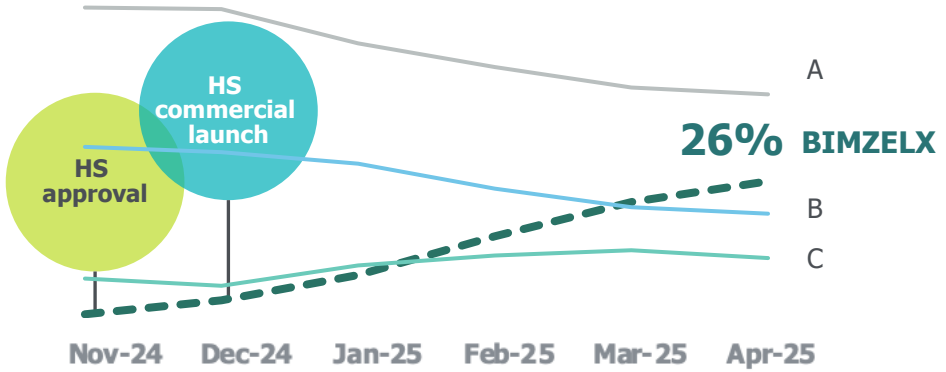
5% within total biologics – per April 2025

1. In IL-17 market; HS = hidradenitis suppurativa; PSO = psoriasis; IL = interleukin; UCB – HY 2025 Facts & Figures, July 2025

Strengthening our Position as "Best-in-Disease" with BIMZELX® in HS

HS LEADERSHIP PERFORMANCE[1]

Dynamic patient share >25% in 4 months



Total Biologic **Dynamic Patient Share**

≥35%

≥65%

HS = hidradenitis suppurativa; 1. This is based on information licensed from IQVIA LRx data for the period November 2024-April 2025 reflecting estimates of real-world activity.

UCB – HY 2025 Facts & Figures, July 2025

The Foundation for a Robust Market Expansion in HS[1]

BUILDING BLOCKS OF MARKET POTENTIAL

Estimated Diagnosed population

~400K

~300K

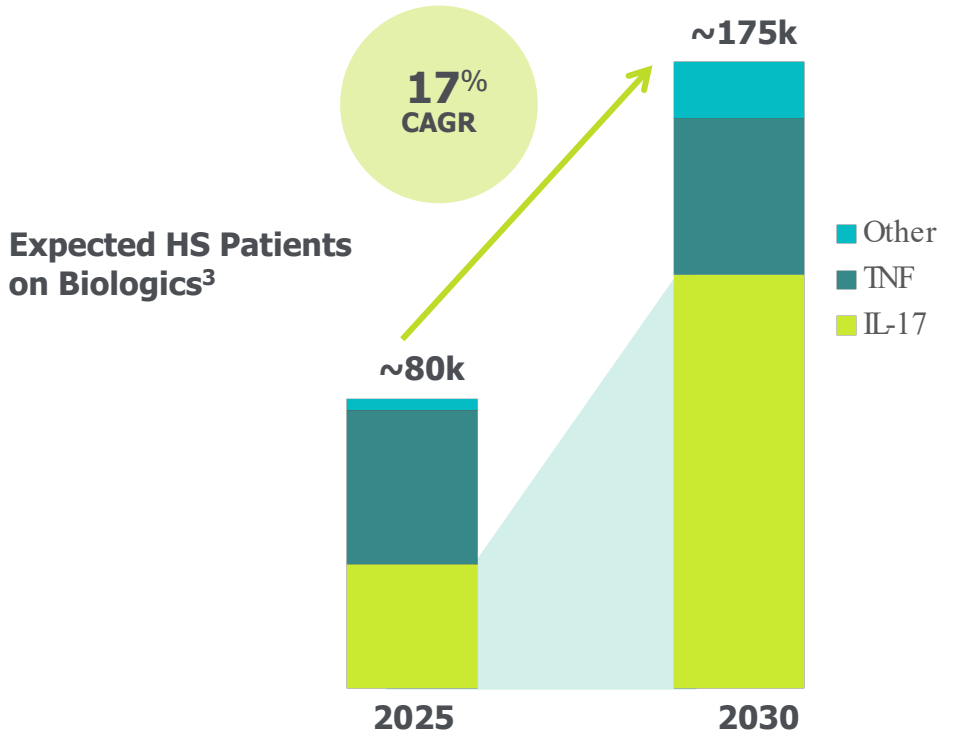
~40K

Moderate to severe patients ≥60%

Biologic penetration rate[2]
Estimated evolution based on Analogues

~20% ➡ ~50%

MARKET GROWTH EXPECTATIONS



1. IQVIA; US claims; LAAD; Spherix – US | EU, Q4 2024; Garg. et al., 2022 (US), Garg. et al., 2017 (US), Lee et al., 2018 (JP); UCB.; 2. High penetration of biologics are observed in selected analogue market, e.g. >50% of moderate to severe RA patients; 3. France, Germany, Italy, Spain, US, UK and Japan; CAGR = Compound Annual Growth Rate

Focus on CIMZIA®

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

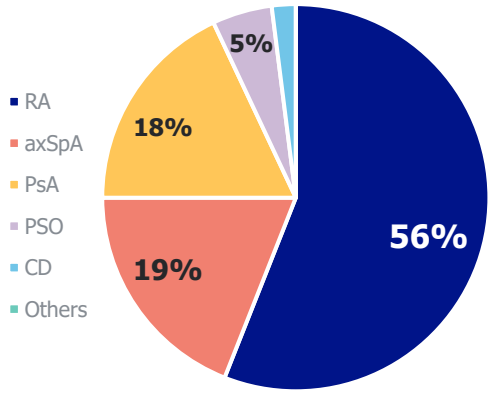
Expanded into **seven indications**, including RA, ankylosing spondylitis (AS), also known as radiographic axial spondyloarthritis (r-axSpA), and non-radiographic axial spondyloarthritis (nr-axSpA), PsA, PSO, CD

No Cimzia biosimilars are expected **before 2030**

CIMZIA®

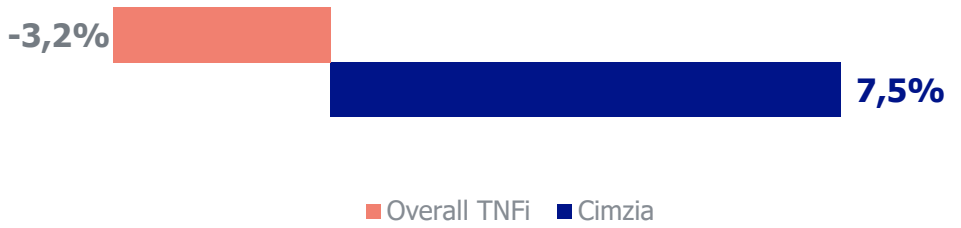
RA is the largest Revenue contributor by 56%

Cimzia net sales per indication



Cimzia is growing faster than the TNFi market and overall RA market.

Patient growth in RA year-on year compared to overall TNFi



Inspired by patients. Driven by science.

[1] ~ 50% lyophilized formulation and 50% pre-filled syringe; IM = International Markets; WoCBA = Women of Child-Bearing Age; RA = Rheumatoid Arthritis; RF = RhEU5matoid Factor; PsA = Psoriatic Arthritis; PSO = Psoriasis, CD = Crohn's Disease.

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Focus on EVENITY®

Only sclerostin inhibitor

First new osteoporosis approval since 2010

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

First after Fracture[1]

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 booking only European net sales compared to world-wide sales, EVENITY® over-proportionally contributes to UCB's adjusted EBITDA

[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 – HY 2025 Facts & Figures, July 2025

Focus on EVENITY®

Bone Builder Leadership across several major markets, incl. US, and on trend for others

Worldwide

Reach

> 1 000 000

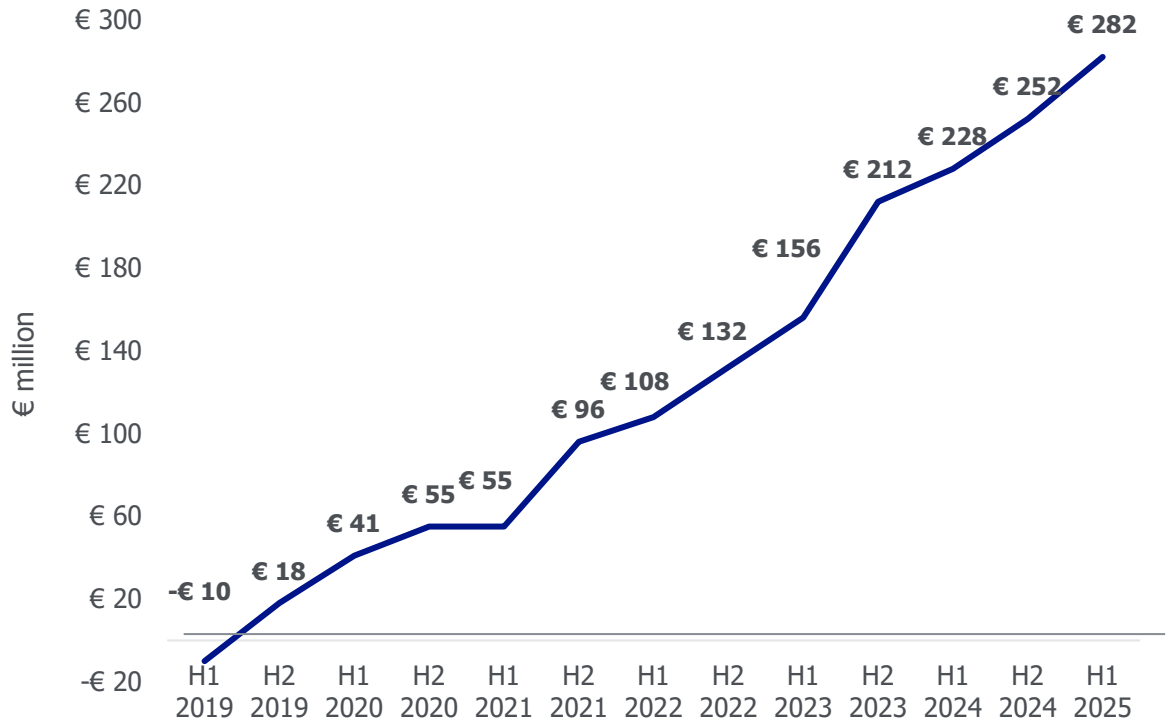
patients at high risk of fracture treated since launch[1]

Europe

Market Share

Bone Builder Leadership achieved in several markets, including US, Japan, South Korea, Taiwan, Belgium, Denmark & Canada. Other major markets including Europe on track for Leadership in Bone Builder Market

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



[1] As of May 2025; Patient share based on data from IQVIA on the bone builder market as of March 2025; BB = Bone Builder.
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UCB's generalized Myasthenia Gravis solutions

	RYSTIGGO®	ZILBRYSQ®
	• 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
	• **>1,850** patients globally*	• **~ 1000** patients globally*
	• In-house product	• Acquired from Ra Pharma
	• **2033** (Japan)** • **2034** (EU)** • **2035** (US)**	• **2035** (US)** • **2035** (EU)** • **2035** (Japan)**

*As of May 2025, **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 – HY 2025 Facts & Figures, July 2025

Seizing Rising Demand for Differentiated Therapies

RYSTIGGO®	ZILBRYSQ®

First and only company with differentiated gMG portfolio

RYSTIGGO® rozanolixizumab

- **Broad and robust efficacy**[1,2]
- **Significant symptom improvement** in physical fatigue and muscle weakness fatigability[2]

ZILBRYSQ™ zilucoplan

- **Sustained**[3]
  Proven efficacy up to 120 weeks
- **Empowerment**[4,5]
  Control in the patients' hands with a self-administered injection

gMG portfolio approved in **+30** countries
delivering **>€230M** net sales and treating **~3,000** patients

1. RYSTIGGO EU SmPC. Accessed February 2025, 2. Bril V, et al. Safety and efficacy of rozanolixizumab in patients with generalised myasthenia gravis (MycarinG): a randomised, double-blind, placebo-controlled, adaptive phase 3 study. Lancet Neurol. 2023;22(5):383-94, 3. Howard J, Long-term safety and efficacy of zilucoplan in generalized myasthenia gravis: 120-week interim analysis of RAISE-XT, AANEM Annual Meeting & MGFA Scientific Session; Savannah, GA, USA; October 15–18, 2024, 4. ZILBRYSQ EU SmPC. Accessed February 2025, 5. Howard JF Jr, Vissing J, Gilhus NE, et al. Zilucoplan: an investigational complement C5 inhibitor for the treatment of acetylcholine receptor autoantibody-positive generalized myasthenia gravis. Expert Opin Investig Drugs. 2021;30(5):483–93; gMG = generalized Myasthenia Gravis

BIMZELX®

Inspired by patients.
Driven by science.

Bimekizumab: Clinical profile, Indications & Approvals

~6 589 patients included in clinical trials[1]

Psoriasis (PSO)

Superior levels of skin clearance compared to adalimumab, ustekinumab, and secukinumab in 3 Ph3/3B trials. Responses achieved with bimekizumab were maintained up to 5 years. Patients who switched to bimekizumab achieved similar levels of response regardless of prior comparator.

Approved in 49 countries (including EU, US, UK, JP, CA) other submissions / 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 TNFα-inhibitor inadequate or intolerant responders and were sustained for up to 3 years

Approved in 47 countries (including EU, US, UK, JP, CA) other submissions / 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

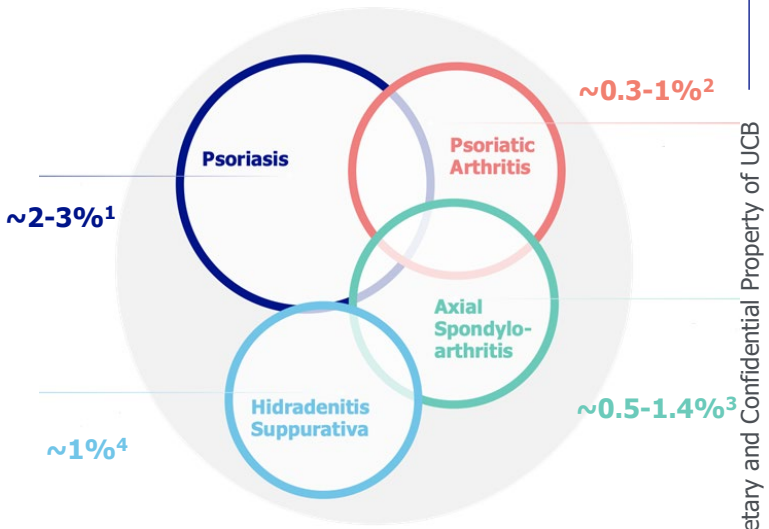
Approved in 48 countries (including EU, US, UK, JP, CA, CN) other submissions / regulatory reviews ongoing

Hidradenitis suppurativa (HS)

Clinically meaningful improvements were achieved in HiSCR50/75 at week 16 which increased at 1 year, were maintained up to 3 years, and increased across more stringent efficacy thresholds including HiSCR90/100

Approved in 37 countries (including EU, US, UK, JP) other submissions / regulatory reviews ongoing in other countries

Spectrum of IL-17A+F-mediated diseases



References: 1. National Psoriasis Foundation. Statistics. Available at: https://www.psoriasis.org/content/statistics. Last accessed: Sept 2024; 2. Gladman DD, et al. Ann Rheum Dis. 2005; 64 (Suppl 2): ii14-7. 3. Reveille JD. AM J Med Sci. 2013; 345(6):431-36. 4. Sabat R, Jemec GBE, Matusiak L, et al. Hidradenitis suppurativa. Nat Rev Dis Primers. 2020;6(1):18.

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. 1. As of December 2024

Pediatric PSO, JIA subtypes (ERA & JPsA), HS

Aspect	Pediatric Psoriasis	Pediatric JIA subyptes ERA and JPsA	Pediatric HS
Typical onset	Mean age of onset between 8 to 11 years of age.	ERA can manifest as early as 6 years of age,and typically between 10 and 12 years of age. JPsA is considered to have a bimodal age of onset, with the first around 2-3 years of age and the second in adolescence	Rare before puberty; usually begins in adolescence. Up to 50% of patients show symptoms between the ages of 10 and 21 years. HS is likely not rare in pediatric patients, but estimates may reflect delays in seeking care, potential for misdiagnosis, or underdiagnosis
Prevalence	While pediatric epidemiological data are limited, overall prevalence of PSO in 0-18 year-olds is ~0.71%, with age-specific prevalence increasing from 0.12% at 1 year to 1.24% at 18 years. About 1/3 of psoriasis cases start before adulthood.	The overall category of JIA prevalence rate is 20.5 per 100,000, with 10% of the ERA subtype, and even fewer of the JPsA subtype (~5%)	Less common than adult; estimated <1% in children (slight female predominance in adolescence); a positive family history of HS is more common in early-onset HS than in adult-onset.
Disease characteristics	Common types include plaque (~75%) and guttate psoriasis. Thinner plaques and less scaling compared to adults; distribution may include face, scalp, flexures, diaper area (in infancy); triggers may include infections (eg, streptococcal throat infections), skin trauma, stress.	Similar qualitative clinical features in the paediatric population versus adults. Inflammatory back pain is uncommon in children and sacroiliitis is often subclinical; peripheral arthritis presents most typically in lower limbs asymmetrically.	Lesion distribution in axillae, groin, buttocks; similar to adults but may include atypical sites
Comorbidities	Less common than in adults, with negative impact on QOL. Children with higher body mass indices are more likely to have greater body surface area of involvement of psoriasis and more severe disease. Increased prevalence of metabolic syndrome among pediatric patients with psoriasis, with rates up to 30%. Up to 10–15% of children with psoriasis may have features of atopic dermatitis.	As for the equivalent adult conditions, comorbidities may include uveitis, psoriasis, and IBD.	Limited literature has been published reporting pediatric HS comorbidities, although obesity, acne, pilonidal disease, and depression have been described. Obesity is less prevalent in pediatric patients with HS compared with adults. Compared with adults with HS, children with HS have been found to have more hormonal imbalances. High psychosocial impact of HS in adolescence, affecting school performance, self-esteem, and peer relationships.

Extending our Impact to the Most underserved with BIMEKIZUMAB in PPP

DISEASE PRESENTATION

Rare **chronic, inflammatory, dermatological** condition which manifests as painful neutrophilic pustules on palms and/or soles of patients[1-3].

Pustules are **often very painful, itchy, and prone to cracking**, causing bleeding[1,2]

PREVALENCE

Prevalence estimates ranging from **0.005–0.12%**[4-6]

UNMET MEDICAL NEED

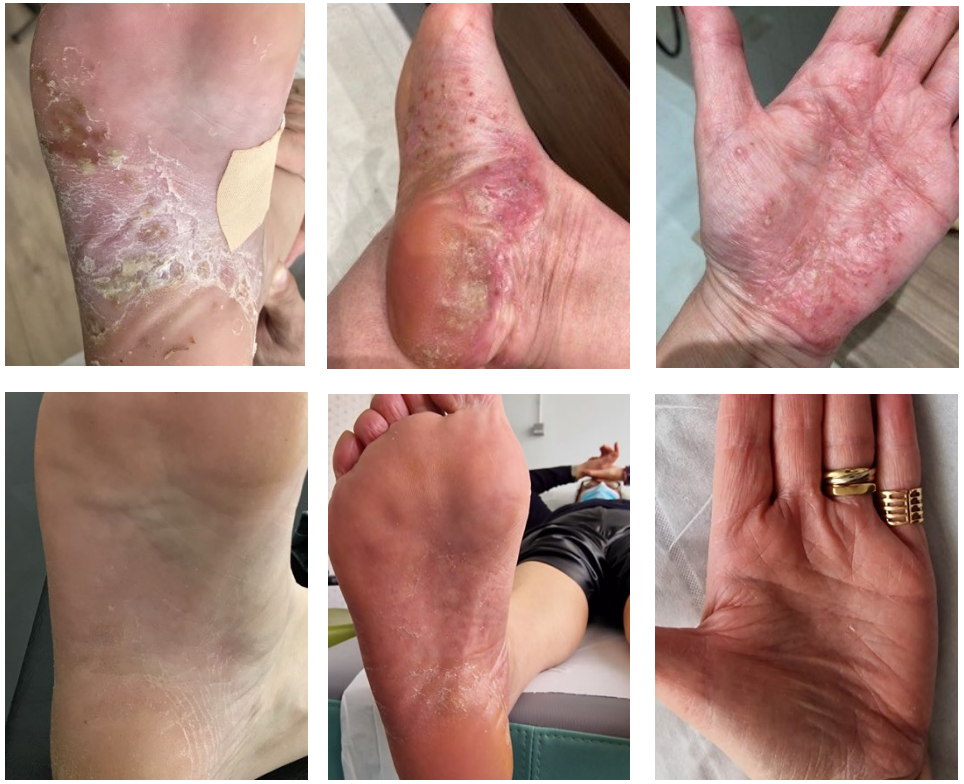
Lack of approved treatments in Europe and the US Currently **no guidelines or established standard of care**[7,8]

BE SEEN - Why we believe in BIMZELX®

17/21 patients achieved **complete skin clearance** (IGA score 0) in **1-4 Months**

BEFORE

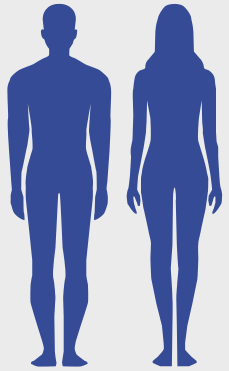
AFTER



Passeron T et al. JAMA Dermatol. 2024;160(2):199–203. BKZ: bimekizumab; IGA: Investigator's Global Assessment.

PPP = palmoplantar pustulosis; 1. Brunasso AMG, et al. Fac Rev. 2021;10:62; 2. Kharawala S, et al. Expert Rev Clin Immunol. 2020;16(3):253–266; 3. Devjani S, et al. J Drugs Dermatol. 2024;23(8):626–631; 4. Cheng A, et al. Dermatol Ther (Heidelb). 2024;14(3):627–641; 5. Kharawala S, et al. Expert Rev Clin Immunol. 2020;16(3):253–266; 6. Benzian-Olsson N, et al. JAMA Dermatol. 2020;156(11):1216–1222. 7. Freitas E, et al. Clin Cosmet Investig Dermatol. 2020;13:561–578; 8. Menter A, et al. Dermatol Ther (Heidelb). 2021;11(6):1917–1929

Psoriasis: High Prevalence Globally

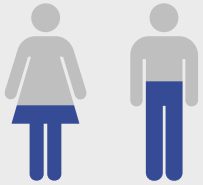


up to

~3%

of the population[8] is affected by PSO

Prevalence[1]



45% 55%

Age[2,3]

Late teens–early thirties (type 1 PSO)

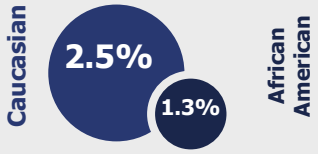
Fifties (type 2 PSO)

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

Ethnicity

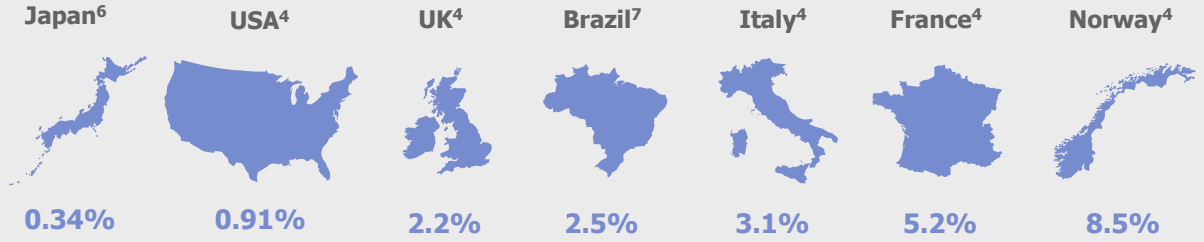
PSO more commonly affects Caucasians than other ethnic groups[4]

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.

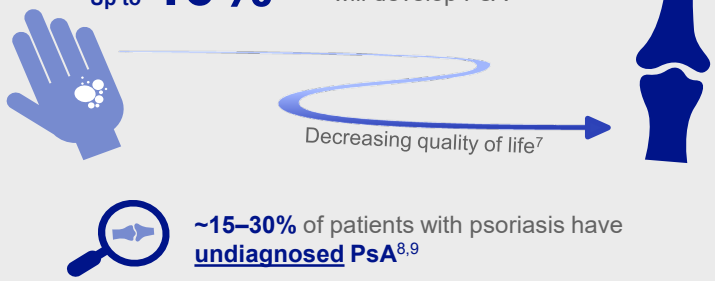
Psoriatic Arthritis: High Unmet Need and Disease Burden

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]

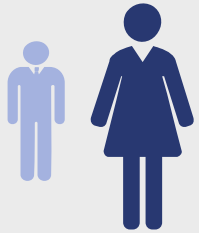
Disease progression



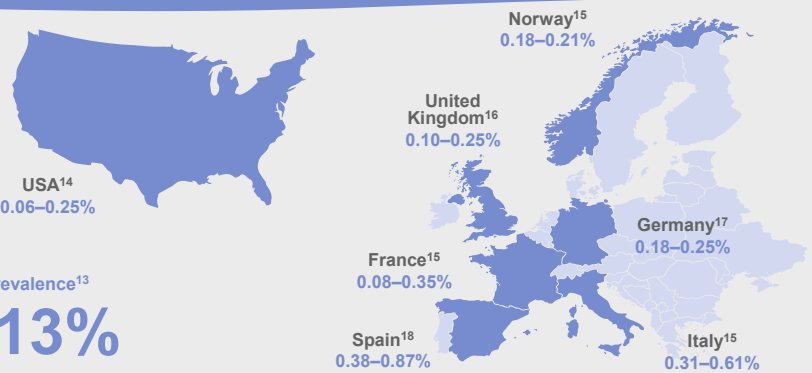
~15–30% of patients with psoriasis have **undiagnosed PsA**[8,9]

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]

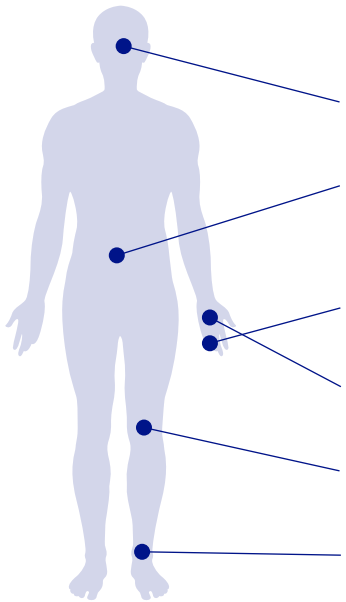
*Based on a study of patients in cross-sectional and cohort studies (n=39) fulfilling 5 out of the 7 MDA criteria: tender joint count (TJC) ≤1; swollen joint count (SJC) ≤1; psoriasis activity and severity index (PASI) ≤1 or body surface area (BSA) ≤3; patient pain visual analogue scale (pain VAS) score ≤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%

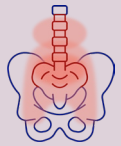
axSpA

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]



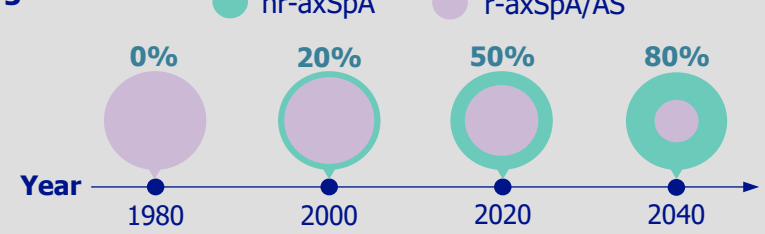
Spinal damage progression in r-axSpA/AS

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]

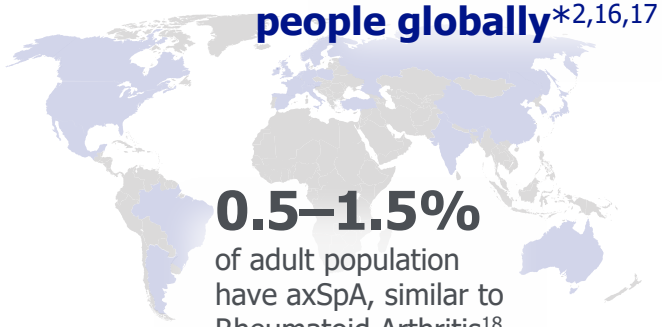


Patients experience disease onset **before the age of 45**[14]

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**

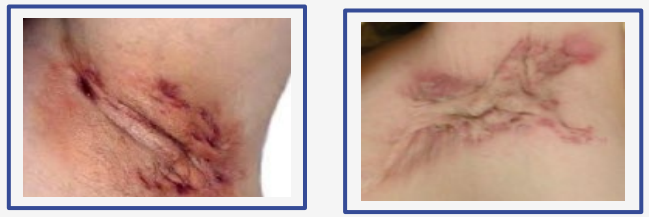
- **1st line:** NSAIDs[19]
- **2nd/3rd line:** TNF inhibitors, IL-17 inhibitors, and JAK inhibitors[19]

*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.

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.

BIMZELX® in PsO and HS – 2024 Capital Market Calls Summary

Plaque Psoriasis

Bimekizumab efficacy from treatment initiation through 4 years in patients with moderate to severe plaque psoriasis:

A comprehensive, long-term, pooled analysis from BE BRIGHT[1]

In patients who received BKZ and enrolled in the OLE, high rates of clinical and health-related quality-of-life responses were achieved rapidly and were highly durable in the long-term through 4 years[1]

>6 out of 10

patients **achieved PASI 100 at year 4[1±]**

PASI 90, PASI 100, PASI ≤2, BSA ≤1% and DLQI 0/1 response rates were consistent in the subset of patients enrolled in the OLE who received BKZ 320 mg Q4W to Week 16 then Q8W thereafter, the approved dosing regimen for the majority of patients with plaque psoriasis[1]

Bimekizumab 4-year maintenance of responses in Week 16 responders with moderate to severe plaque psoriasis:

Results from the BE BRIGHT open-label extension phase 3 trial[2]

Pooled data from three trials and their open-label extension found that, among Week 16 responders, high clinical responses were maintained through 4 years of bimekizumab 320 mg treatment[2]

~9 out of 10

patients who achieved **PASI90 at Week 16,** maintained **response to year 4[2±]**

>7 out of 10

patients who achieved **PASI100 at Week 16,** maintained **response to year 4[2±]**

Bimekizumab safety and tolerability in moderate to severe plaque psoriasis:

Pooled analysis from up to 4 years of treatment in 5 phase 3/3b clinical trials

Bimekizumab demonstrated good tolerability and a consistent safety profile over 4 years in patients with moderate to severe plaque psoriasis[3]

EAIRs of TEAEs remained consistent or decreased with longer bimekizumab exposure, with no new safety signals observed[3]

Hidradenitis suppurativa

2-Year Data in Patients with Hidradenitis Suppurativa

First presentation of 2-year bimekizumab data from the phase 3 BE HEARD I&II trials and the open-label extension BE HEARD EXT.[4,5]

Efficacy and health-related quality of life outcomes were **maintained through 2 years** of treatment.

No new safety signals were observed with bimekizumab and the **safety profile over 2 years was consistent** with findings from BE HEARD I&II and studies of bimekizumab in other indications.[4,6–8]

The data highlights the **durability and consistency** of bimekizumab treatment in patients with moderate to severe HS.

First-time long-term data are presented from an IL-17A and IL-17F inhibitor**.**

Impact on Draining Tunnels

Patients treated with BKZ demonstrated clinically meaningful reductions in DT count to 48 weeks

From baseline to week 48, the proportion of patients with no DTs increased, while the proportion of patients with >5 DT decreased

People with DTs experience a high disease burden and DTs are a large contributor to the significant impact of HS on a patients QoL. These data highlight the potential positive impact BKZ can have on a patient's daily routine and QoL.

± - modified non-responder imputation; BKZ Total; Source: 1. Strober B. 2024 AAD. Oral Presentation. 2. Blauvelt A, et al. Bimekizumab 4-year maintenance of responses in Week 16 responders with moderate to severe plaque psoriasis: Results from the BE BRIGHT open label extension phase 3 trial. Abstract at the 2024 American Academy of Dermatology Annual Meeting, San Diego, CA, U.S., March 8–12, 2024. 3. Gordon KB, et al. Bimekizumab safety and tolerability in moderate to severe plaque psoriasis: Pooled analysis from up to 4 years of treatment in 5 phase 3/3b clinical trials. Abstract at the 2024 American Academy of Dermatology Annual Meeting, San Diego, CA, U.S., March 8–12, 2024. 4. Kimball AB. Lancet 2024;403:2504–19 (NCT04242446, NCT04242498); 5. BE HEARD EXT: https://clinicaltrials.gov/study/NCT04901195; 6. Reich K. N Engl J Med 2021;385:142–52; 7. Merola JF. Lancet 2023;401:38–48; 8. van der Heijde D. Ann Rheum Dis 2023;82:515–26.

REGULATORY & PIPELINE UPDATE

Continuously Enriching our Pipeline to Deliver Innovation into the Future

2025

DOXECITINE & DOXRIBTIMINE
Nucleoside therapy – **TK2 Deficiency Disorder**
To improve survival + daily activity
Filed in US & EU – feedback by end 2025

FENFLURAMINE
5-HT agonist – **CDKL5 Deficiency Disorder**
Novel, complementary MoA demonstrated impact on refractory seizures
Positive Ph 3 – to submit for regulatory approval

BEPRANEMAB
Anti-tau antibody – **Alzheimer's Disease**
Pre-defined patient subgroups with consistent treatment benefit across multiple outcome measures
Encouraging Ph 2a - engaging with regulatory agencies

UCB9741 / GALVOKIMIG
IL-17A & IL-17F and IL-13 – **Atopic Dermatitis**
Innovative multispecific antibody–based therapeutic
Positive Ph 2a | Ph 2b to start

UCB1381 / DONZAKIMIG
IL-13 & IL-22 – **Atopic Dermatitis**
Innovative multispecific antibody–based therapeutic
Ph 2a - first results H2 2025

UCB0022 / GLOVADALEN
D1 receptor positive allosteric modulators – **Parkinson's Disease,** Preserved physiological chronicity of dopamine release
Positive Ph 2a – next steps under assessment

2026 & BEYOND

ALPRAZOLAM / STACCATO®
Benzodiazepine – **Stereotypical Prolonged Seizures,** Major advances in epilepsy research
Ph 3 - first result H1 2026

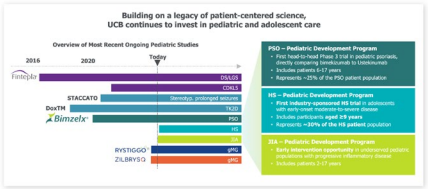
ROZANOLIXIZUMAB
FcRn inhibitor – **MOG-antibody Disease,** No approved therapy and no formal treatment guidelines established
Ph 3 - first results H2 2026

BIMEKIZUMAB / BIMZELX®
IL-17A & IL-17F – **Psoriatic Arthritis (PsA)**
BE BOLD | Superiority Head-to-head study versus risankizumab, an IL-23 inhibitor
Post-approval Ph 4 – first results H2 2026

DAPIROLIZUMAB PEGOL*
Anti-CD40L antibody – **Systemic lupus erythematosus (SLE),** To address the multiple manifestations of SLE
Second Ph 3 – first results in 2028

NEW UPCOMING ADDITIONS

BIMEKIZUMAB PEDIATRIC



BIMEKIZUMAB PPP – BE SEEN

NEUROLOGY IMMUNOLOGY

Proprietary and Confidential Property of UCB

Inspired by patients. Driven by science.

* In partnership with Biogen; 5-HT = 5-hydroxytryptamine or serotonin; CD40L = CD40 ligand; CDKL5 = cyclin-dependent kinase-like 5; H = half-year; IL = interleukin; FcRn = Neonatal Fragment Crystallizable Receptor; MOG = Myelin Oligodendrocyte Glycoprotein; TK2 = Thymidine Kinase 2; PPP = palmoplantar pustulosis; Projects not currently approved by any regulatory authority

UCB – HY 2025 Facts & Figures, July 2025

Scientific Innovation & Progress : Oncology-Linked Antibody Discoveries

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.

DEEP-DIVE CLINICAL PIPELINE & DISEASE AREAS

Rozanolixizumab

Potential in IgG autoantibody-mediated diseases with high unmet medical need

Myelin Oligodendrocyte Glycoprotein Antibody-associated Disease (MOGAD)

- Auto-antibodies targeting MOG leading to **inflammatory demyelination in the CNS**[1]

- Monophasic or relapsing course of neurological dysfunction including optic neuritis, transverse myelitis, acute disseminated encephalomyelitis, and cerebral cortical encephalitis[1]
- **Temporary and/or residual permanent disability** (i.e., blindness, reduced visual acuity, limited mobility, bladder issues, bowel and erectile dysfunction, and cognitive disability)[1]

- Prevalence: ~ **0.51 – 3.42 / 100 000**[2]

- International MOGAD diagnostic criterial published in 2023[1]
- **No approved therapy** and no formal treatment guidelines established
- **Rozanolixizumab: P3 clinical trial ongoing – results expected H2 2026**

1) Banwell B, et al. *Lancet Neurol.* 2023;22(3):268-282.; [2]Hor JY, Fujihara K. *Front Neurol.* 2023;14:1260358; Acronyms: MOGAD = Myelin Oligodendrocyte Glycoprotein Antibody-associated Mediated.
2) Disease; MOG = myelin oligodendrocyte glycoprotein; CNS = central nervous system; *Rozanolixizumab* is an investigational humanized monoclonal antibody that specifically binds to human neonatal Fc receptor (FcRn). It has been designed to block the interaction of FcRn and IgG, inhibiting IgG recycling and inducing the removal of pathogenic IgG autoantibodies. Rozanolixizumab is not approved for any of the above indications by any regulatory authority in the world.

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]

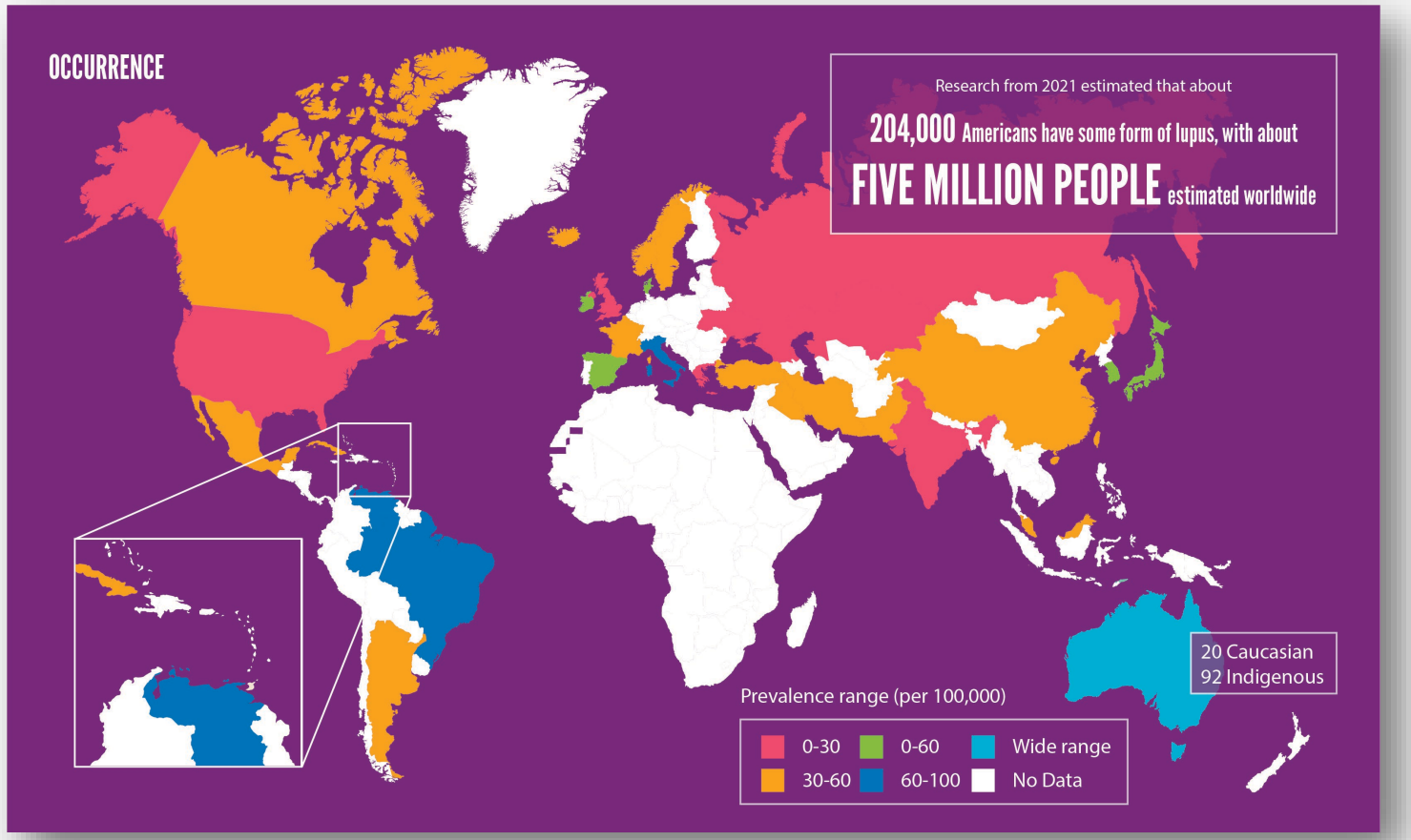
However, due to **improved** diagnosis and **disease management**, most people with lupus can expect to **live a normal life span**

High unmet medical need

Focus on every 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.

SLE Disproportionately affects Specific Populations

Epidemiology

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

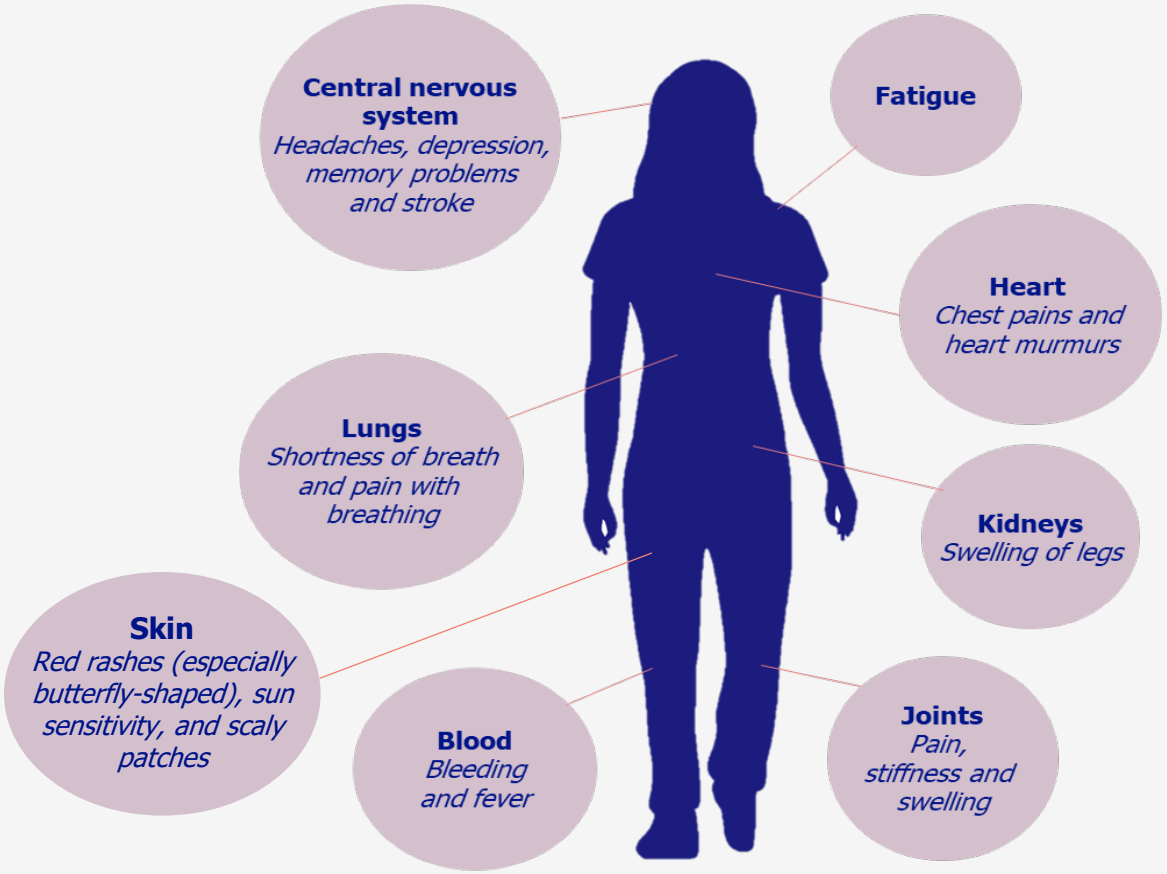
Women	**90% are women**, of those, 50% are women of childbearing age[1] between 15-45
Racial/ ethnic groups	**Two to three times more prevalent** among people who are African American, Asian American, Hispanic/Latino, Native American, or Pacific Islander

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]

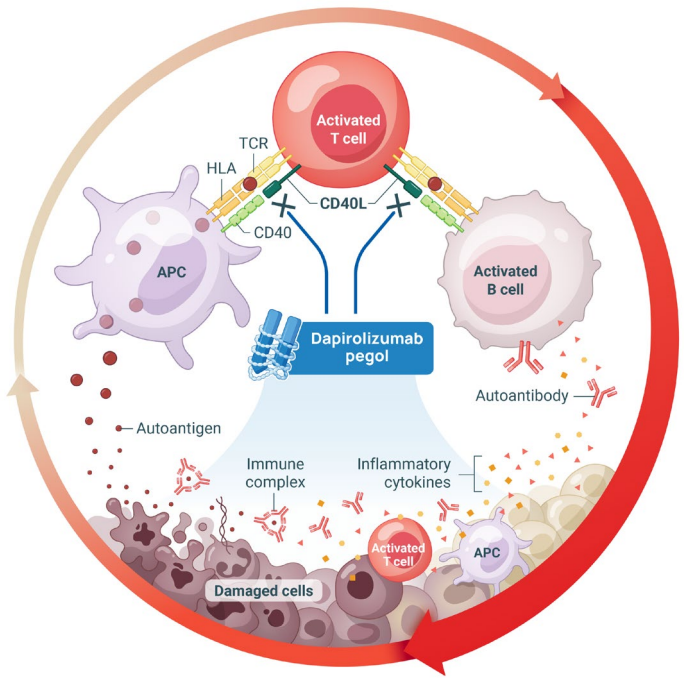
Common Symptoms of SLE[2]



[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.

Positive Phase 3 data supports Dapirolizumab pegol's potential to be a first-in-class biologic in SLE

Novel FC free anti CD40L with a broad mechanism of action, upstream of key modulators of SLE immunopathology



DZP is the 3rd agent to deliver a positive global Phase 3 study in Lupus

Compelling Phase 3 data showing **consistency of efficacy across multiple endpoints***

- Statistically and clinically **significant improvement across organ systems** as measured by BICLA
- DZP showed **consistent improvements in fatigue,** a common and debilitating symptom of systemic lupus erythematosus (SLE)
- 50% less severe disease flares†
- Greater proportion of patients **successfully tapered corticosteroid use**†

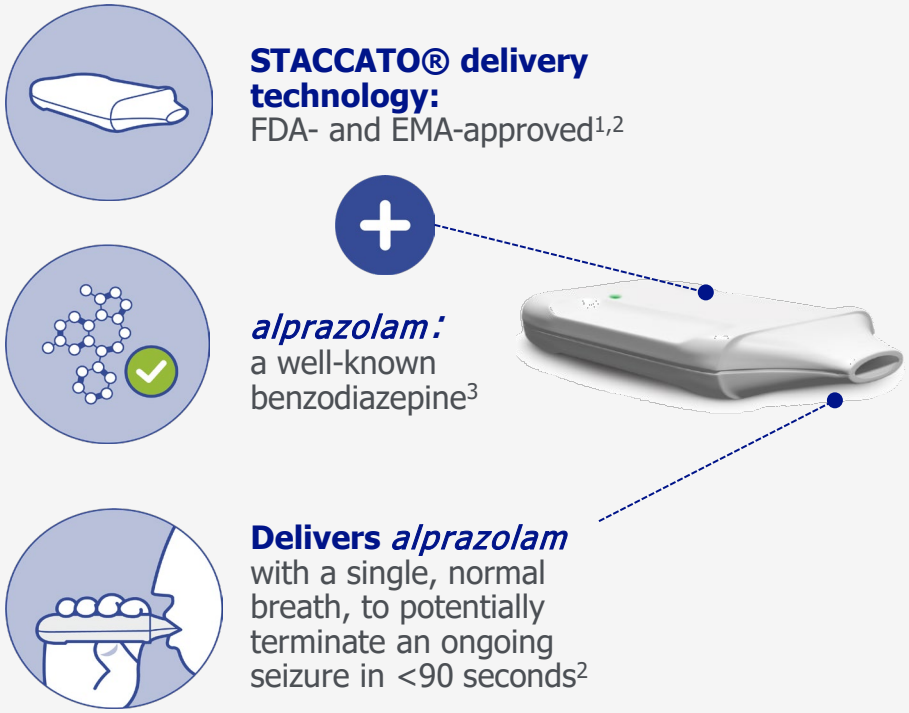
Generally **well-tolerated safety profile**

Second Confirmatory Phase 3 study started, Top line results 2028

Note: Dapirolizumab pegol is being developed in collaboration with Biogen; *Compared to SOC plus placebo at week 48; BICLA = British Isles Lupus Assessment Group-based Composite Lupus Assessment; DZP = dapirolizumab pegol; SLE = systemic lupus erythematosus; SOC = standard of care; Flares as measured by BILAG); †Because statistical significance was not reached for the first key secondary endpoint, analyses for subsequent key secondary endpoints are descriptive and have nominal p-values
UCB – HY 2025 Facts & Figures, July 2025

Developing STACCATO® *alprazolam* for the Rapid Termination of a seizure at risk of becoming prolonged

STACCATO® *alprazolam* is a drug-device combination for inhalation of alprazolam, administered by a patient or caregiver 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 termination of seizures at risk of becoming prolonged
- 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 topline results in H1 2026
- 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.

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 350 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 300 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.

UCB – HY 2025 Facts & Figures, July 2025

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

CDKL5 Deficiency Disorder (CDD)

~1 in 50k
US, EU, JP incidence

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

>80% of patients experience daily seizures

Many individuals at high risk of SUDEP

GEMZ phase 3 trial completed **Positive study results June 2025**

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.

CDKL5 Deficiency Disorder (CDD) is an ultra-rare, severe developmental and 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 is a rare X-linked developmental and epileptic encephalopathy (DEE) resulting from CDKL5 gene mutations, impacting brain and nervous system function.
- CDD manifests in a broad, complex range of clinical symptoms and severity. **The hallmarks are early-onset epilepsy and neurodevelopmental delay** impacting sleep, cognitive, motor, speech, and visual function.
- The **highly refractory** nature of epilepsy in CDD puts many individuals with CDD at high risk for **SUDEP** (Sudden Unexpected Death in Epilepsy).[10]

Diagnosis

- The cause of CDD is a pathogenic variant in the CDKL5 gene. CDD was commonly misdiagnosed as Rett Syndrome prior to 2004 but today **diagnosis is well established**

CDD by the Numbers

- 1.7 - 2.4 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% experience seizures ≤ 3 months (median 6 weeks)[5,7,9]

♀4x more **common in girls** than boys

Impact on Caregivers

- Increasing child sleep disturbances have a negative impact on caregiver emotional wellbeing[5]
- Caregivers often give up their careers to provide their children a wide range of treatment and multidisciplinary care to manage the CDD[7] symptoms; the disorder significantly affects caregiver wellbeing and possibly also the family quality of life[8]

Types of Seizures

- Most common seizure type at onset is **tonic seizures, followed by infantile spasms, 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]

Fenfluramine targets the serotonergic (5-HT) system and sigma-1 (σ1) receptors → identified targets in RETT

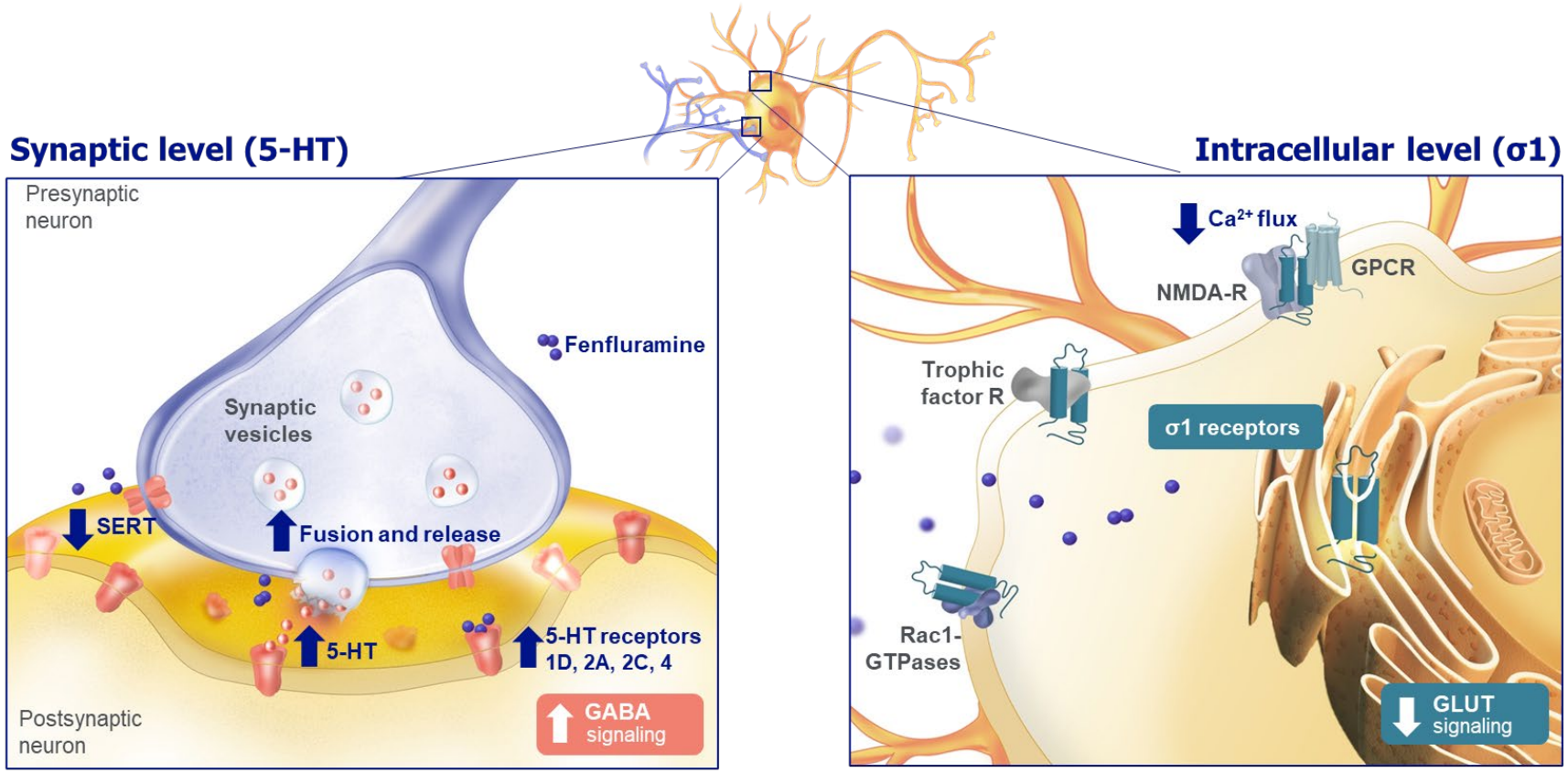


Figure adapted from Sourbron J and Lagae L, 2023.

Serotonin
- SSRI (Fluoxetine in RETT mouse model)[1]
- 5-HT1A (Tandospirone in RETT mouse model)[2]

Sigma-1 receptors
- Blarcamesine (ANAVEX 2-73 in RETT mouse model and adults RETT pts)[3]

σ1, sigma-1; 5-HT, 5-hydroxytryptamine; GABA, gamma-aminobutyric acid; GLUT, glucose transporter; GPCR, G-protein-coupled receptor; NMDA-R, N-methyl-D-aspartate receptor; R, receptor; Rac1-GTPase, Ras-related C3 botulinum toxin substrate 1-guanosine triphosphate phosphohydrolase; SERT, serotonin reuptake transporter. Sourbron J, Lagae L. Front Pharmacol. 2023;14:1192022.

1. Villani et al., Sci Reports 2021; 2. Dai et al., Int J Mol Sci 2022; 3. Ette et al., Brit J Clinical Pharma 2023

Bepranemab (UCB0107, Anti-Tau Antibody)

UCB reported the primary results from the TOGETHER, Phase 2 study of bepranemab in people with prodromal to mild AD, at the CTAD congress, Q4 2024[1]

Given these promising results, UCB is considering the optimal path for the development of bepranemab.

The pathophysiology of AD is characterised by extraneuronal deposition of Aβ plaques and intracellular accumulation of hyperphosphorylated tau as neurofibrillary tangles within the brain leading to neurodegeneration.[2,3] Clinical progression is closely linked to the progressive spread of tau pathology throughout the brain.[2]

Plaques of Aβ fibrils deposit in the brain due to an imbalance of production and clearance of Aβ and may accumulate up to 10 years before any observable AD symptoms. Tau filaments accumulate within neurons leading to the formation of NFTs, with progressive accumulation leading to cell death. Tau aggregates released from neighbouring cells are able to stimulate the aggregation of natively folded tau, spreading the pathology – a process known as 'seeding'.

Bepranemab is a fully humanised, full-length IgG4 monoclonal anti-tau antibody[5] that is currently under investigation for the treatment of AD.[1,6] Bepranemab targets the central epitope of tau (amino acids 235–250) proximal to the microtubule binding region. By targeting this central epitope, bepranemab is proposed to bind extracellular pathological tau in the brain, thereby reducing/preventing the spread of pathological tau through the brain and therefore reducing/preventing neurodegeneration

Bepranemab aims to reduce the progression of disease by binding extracellular pathological tau and slowing down or halting the spread of tau neuropathology.[1,4,6] The TOGETHER study provides the first clinical demonstration of slowing of tau pathology with an antibody as evidenced by tau PET imaging and marks the first time that any tau-directed therapy has demonstrated clinical benefit. We are encouraged by the outcome of the TOGETHER study but acknowledge that these results need to be studied further and reproduced in appropriately sized and powered trials.

AD = Alzheimer's disease; IgG = immunoglobulin G.; 1. Barton M, et al. JPAD. 2025: 12 supplement 1; 7-8. 2. Courade JP, *et al. Acta Neuropathol.* 2018;136:729–45;3 Bloom G. *JAMA Neurol.* 2014;71:505–8; 4Albert M, *et al. Brain.* 2019;142:1736–50; 5 Colin M, *et al. Acta Neuropathol.* 2020;139:3–25; 6. NT04867616. 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.

The TOGETHER Study (AH0003): Overview and Design

A Phase 2 study in people living with AD – primary results reported Q4 2024

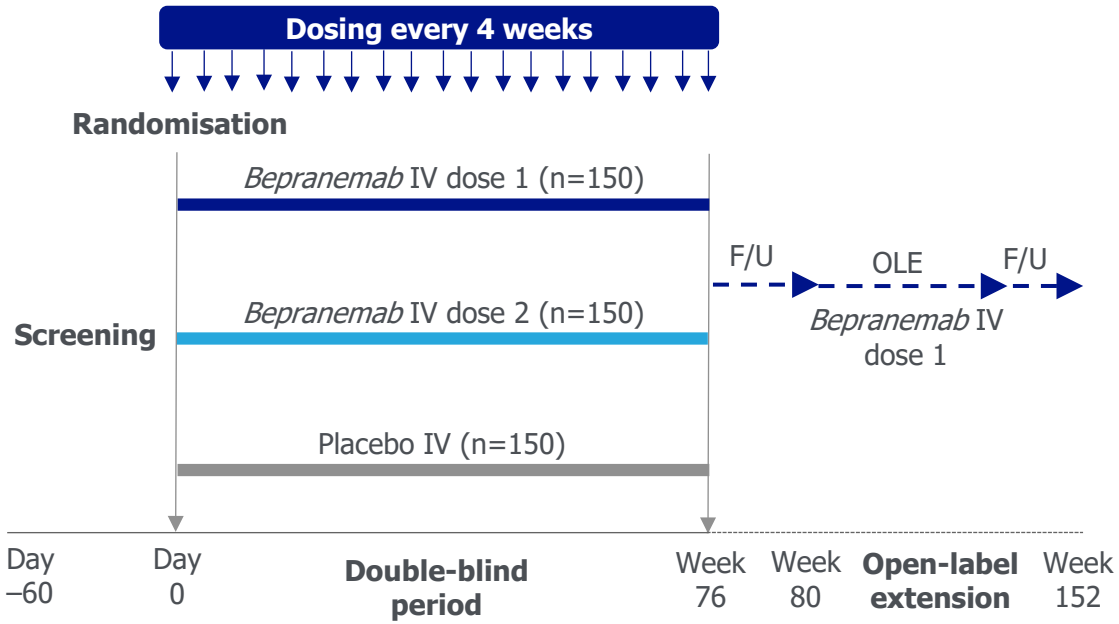
Objective

- 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.

The TOGETHER Study (AH0003): Primary results

- TOGETHER is the first study to show biological and clinical effect of a tau-targeting therapy
- In the full study population, bepranemab reduced the rate of tau accumulation and slowed cognitive decline (as shown by effect on ADAS-Cog 14)
  - Bepranemab did not provide a treatment benefit as measured by change from Baseline in CDR-SB total score, the primary endpoint
- Bepranemab had an acceptable safety profile with no evidence of imaging abnormalities
- Consistent treatment benefit was observed in primary and all secondary outcome measures, in two predefined subgroups, with low tau burden at Baseline, and for APOε4 non-carriers
- Furthermore, a *post hoc* analysis identified:
  - A subpopulation with high tau at Baseline AND APOε4 carriers with moderate response to bepranemab treatment
  - A subpopulation with EITHER low tau at Baseline OR APOε4 non-carriers that may be highly responsive to bepranemab as evidenced by the nominal significance and numerical superiority across all endpoints

Barton M, et al. Data presented at CTAD 2024. Barton M, et al. *JPAD. 2025: 12 supplement 1; 7-8.*
UCB – HY 2025 Facts & Figures, July 2025

Thymidine Kinase 2 Deficiency

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

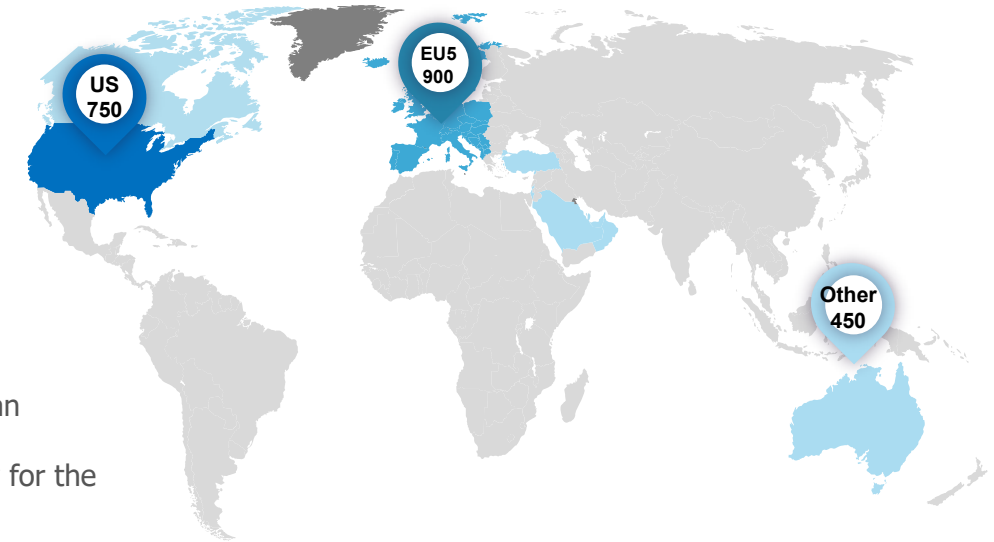
Accepted for review by the European and U.S. authorities - US priority review, US Rare Pediatric Disease Designation and US Orphan Drug Designation have been granted

Thymidine Kinase 2 deficiency (TK2d)

Is an ultra-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. TK2d often results in premature death

Prevalence

There are an estimated ~3,500 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 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; Doxecitine and doxribtimine is an investigational product and is not approved for any indication by any regulatory authority in the world.
UCB – HY 2025 Facts & Figures, July 2025

Glovadalen (UCB0022) – Parkinson's Disease (PD)

Glovadalen is an orally available, brain-penetrant positive allosteric modulator of the D1 receptor that selectively enhances D1 signaling only when and where dopamine is released. In July 2025, UCB reported positive phase 2a study for glovadalen with the data to be presented at an upcoming scientific meeting. UCB is now evaluating next steps for the development program.

Clinical Development Program: the ATLANTIS study, a Ph2a clinical trial (NCT06055985)

Objective

- Evaluate the Efficacy, Safety, Tolerability, and Pharmacokinetics of UCB0022 in Study Participants With advanced Parkinson's Disease (ATLANTIS)

Inclusion criteria

- Participants with PD aged 35-85
- Diagnosed with PD ≥5 years before the Screening Visit
- Participants with significant daily motor fluctuations
- Participants responsive to levodopa and currently receiving treatment with oral daily doses of levodopa combination

Design

Treatment arms

Experimental:
orally- administered glovadalen. Participants receive pre-specified orally-administered as tablet as adjunctive therapy on top of standard of care.

Placebo comparator:
orally-administered placebo. Participants receive matching placebo as tablet (and are treated with standard of care only).

Endpoints

Primary:

- Change from Baseline to Visit 9 (Day 70) in the average number of hours/day of OFF time, as assessed by the study participant-completed Hauser PD symptoms diary over 3 consecutive days

Key secondary:

- Incidence of treatment-emergent adverse events (TEAEs)
- Incidence of treatment-emergent serious adverse events (SAEs)
- Incidence of TEAEs leading to withdrawal from the study
- Average Ctrough of glovadalen and its active N-desmethyl-glovadalen metabolite at Visit 9 (Day 70)

Galvokimig (UCB9741) - IL-13/IL-17A+F antibody based therapeutic – Atopic Dermatitis (AtD)

Galvokimig is a multispecific antibody based therapeutic that inhibits IL-13, IL17A and IL-17F with an extended half life through albumin binding allowing targeting of two distinct, non-redundant inflammatory pathways.

Positive Phase 2a study in people living with AtD – to be presented at EADV September 2025 – Phase 2b study in AtD in preparation

The Ph2a study: 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 – HY 2025 Facts & Figures, July 2025

Donzakimig (UCB1381) - IL-13/IL-22 antibody based therapeutic – Atopic Dermatitis (AtD)

A Phase 2a study in people living with AtD – Topline results in H2 2025

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.
UCB – HY 2025 Facts & Figures, July 2025

SUSTAINABLE BUSINESS APPROACH

We are committed to protecting our planet and achieving net-zero

We have set[1] absolute targets to minimize our environmental footprint

By 2030

Scope 1 & 2 CO_{2e} reduction	**Scope 3** CO_{2e} reduction	**Water** Withdrawal	**Waste** Generation
-73%	**-48%**	**-15%**	**-18%**

By 2045

Scope 1, 2 & 3 CO_{2e} reduction

-90%

Neutralize any remaining emissions

[1] UCB's new absolute targets were updated to align with our new 2019 climate baseline to maintain the same level of ambition previously set. This year was chosen as it accurately reflects the company's typical operations prior to the impacts of COVID-19 and closely aligns with the most recent year in which we submitted our new targets for validation, which took place in 2024.

We advance sustainable impact for a healthier future

Value for patients[1]

- **>3.1 M** patients
- **82%** reimbursement coverage achieved for UCB medicines
- **55%** earlier positive decisions on reimbursement than industry benchmark

Value for people at UCB[1]

- **64.1%** for our Health, Safety and Wellbeing index
- **41/59%** gender representation at executive level
- **70.7%** inclusion index results

Value for our communities[1]

- **160** partnerships in research
- **174** scientific publications
- **€4.9 million** for more than 60 nonprofit organizations worldwide

Value the planet[1]

- **-33%** CO_2e emissions compared to 2019 baseline (Scope 1, 2 and 3 emissions, except category 3.1)
- **-19.8%** in water withdrawal
- **68%** of our suppliers, by emissions, with CO_{2e} target aligned with SBTi

Value for shareholders – H1 2025 results

- **€ 3.5 B** revenue
- **€ 1 B** adjusted EBITDA

Our ESG ratings reflect our progress towards advancing sustainable impact for a healthier future.[2]

Sustainalytics
14.0
(2024: 13.7)

MSCI
AA
(2024: AA)

ISS ESG
B-
(2024: B-)

CDP
Water Security:
A- (2023: B)
Climate Change:
A- (2023: A-)

[1] Data as of 31st of December 2024. [2] Data as of 31st of June
UCB – HY 2025 Facts & Figures, July 2025

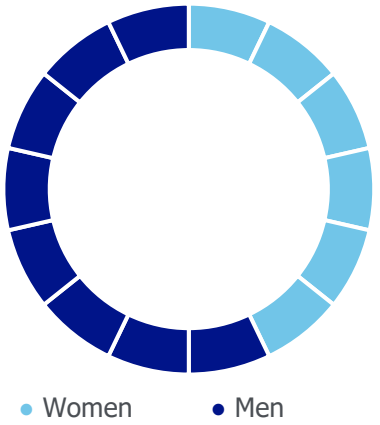
GOVERNANCE & SHAREHOLDING

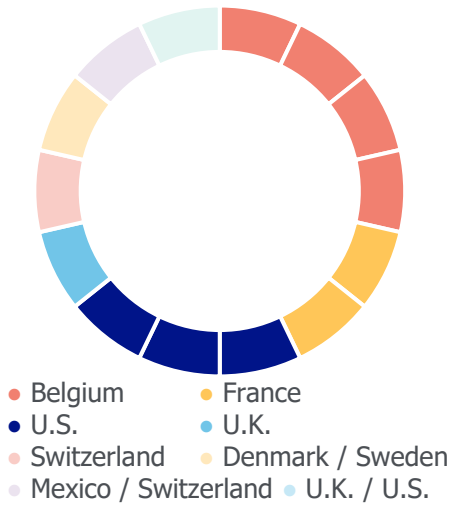
Corporate Governance

Board of directors & Executive committee

Board of directors

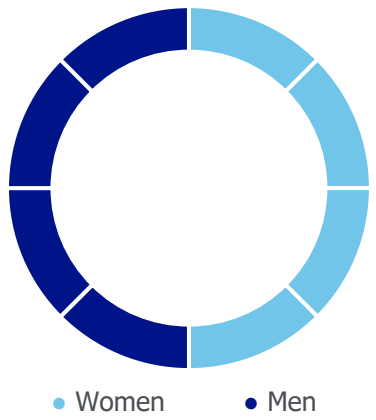
- **14 members**
  - Mandate: 4 year
  - Age limit: 70
- **6 women (43%)**
- **10 independent directors (71%)**
- **8 nationalities**

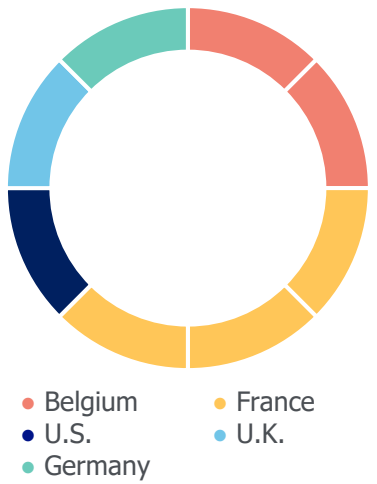




Executive committee

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





As of January 2025. More details in the notes to the Annual General Meeting.

Corporate Governance

Executive committee headed by Jean-Christoph Tellier

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

JL Fleurial,
CHRO

S. Dufour,
CFO

D. Waynick Johnson
General Counsel

E. Caeymaex, Chief
Commercial Officer

JC Tellier,
CEO

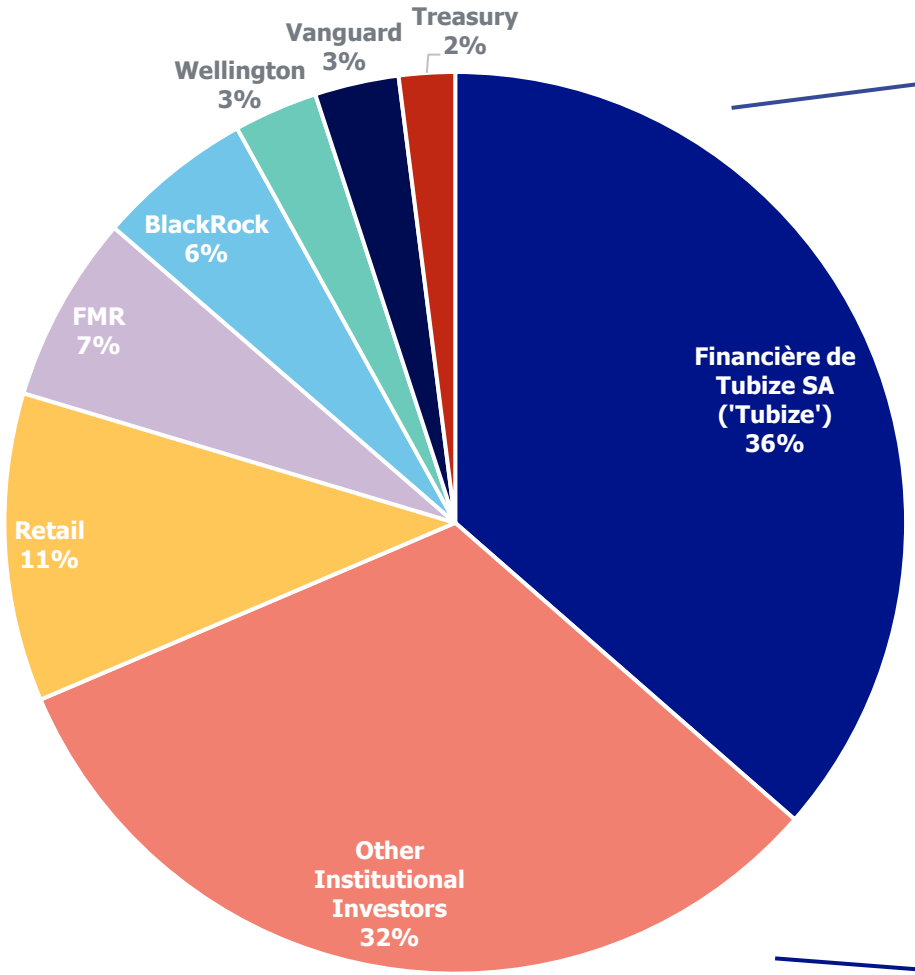
A. Henry,
CSO

K. Lund-Jurgensen,
Executive Vice President
Patient Supply

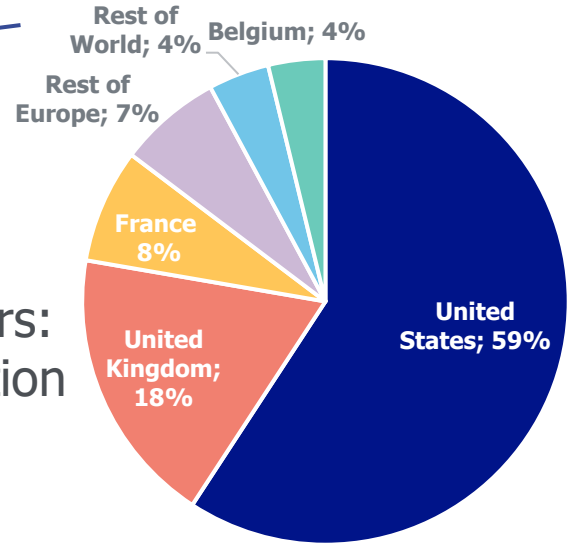
Fiona du Monceau,
Executive Vice President
Patient Evidence

As of January 2025. More details in the integrated Annual Report.
UCB – HY 2025 Facts & Figures, July 2025

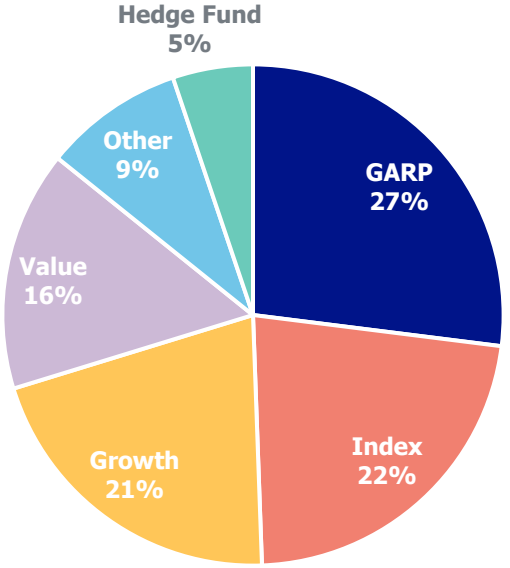
Shareholder Distribution



Institutional investors: geographic distribution



Institutional investors: investment style



Sources: Shareholder identification (as of **31 January 2025**) and latest transparency notifications; UCB underlying ownership analysis.
UCB – HY 2025 Facts & Figures, July 2025

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

Available on the App Store

ANDROID APP ON Google play