FY 2025 Report

Further Facts & Figures

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.

Proprietary and Confidential Property of UCB

INTRODUCTION

Proprietary and Confidential Property of UCB

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**

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

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

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

2026

kygevvi

Proprietary and Confidential Property of UCB

Inspired by patients. Driven by science.

Note: the timeline is not proportionated.

2025: A year of strong delivery & execution

EXECUTION EXCELLENCE

Strong 2025 Performance

REVENUE:
€7.7bn
+26% | +29% CER

NET SALES:
€7.4bn
+32% | +35% CER

COMBINED NET SALES
3.3bn (>2x)
5 growth drivers

ADJUSTED EBITDA MARGIN

34%	**31.4%**[1]
+79%	+65%
+87% CER	+74% CER

Significant investment in mammalian antibody campus in the U.S.

Global BIMZELX®
in-house manufacturing launch

INNOVATION ADVANCEMENTS

kygevvi™
FIRST AND ONLY
Approved TK2D treatment in the U.S. & Europe to follow[3]

galvokimig
POSITIVE PHASE 2a
Phase 2b for AtD started in 2025

donzakimig
PHASE 2a PRIMARY END POINT MET
At this stage portfolio prioritization towards galvokimig

bepranemab
FAST TRACK DESIGNATION
Granted by FDA in February 2026

Bimzelx®
PHASE 3 IN PALMOPLANTAR PUSTULOSIS
Started in 2025

1. Excludes the benefit from a sale of established brands and one-off expenses; 2. Economic value = value including direct and indirect benefits — including construction, equipment, property, and job creation 3. Positive CHMP opinion in January 2026; AtD = Atopic Dermatitis; bn = billion; CER = Constant Exchange Rate; CMO = Contract Manufacturing Organizations; EBITDA = Earnings before Interest Taxes Depreciation & Amortization; U.S. = United States.

UCB – FY 2025 Facts & Figures, February 2026

Proprietary and Confidential Property of UCB

Promising future built on a distinct position of strength

DIFFERENTIATED SOLUTIONS

Patent Protection*

2033

Fintepla® (fenfluramine)

FOUNDATIONAL therapy in DS
RECOGNIZED option in LGS

EVENITY® (romosozumab-aqqg)

ONLY sclerostin-inhibitor and
LEADER in Bone-Builder

2035

RYSTIGGO® rozanolixizumab

FIRST AGENT
for anti-AChR+ & anti-MuSK+ gMG

ZILBRYSQ® zilucoplan

FIRST AND ONLY
once-daily subcutaneous C5 inhibitor

2037

Bimzelx® (bimekizumab)

FIRST AND ONLY
IL-17A & IL-17F inhibitor

FOCUSED INNOVATION & INVESTMENT

Bimzelx® (bimekizumab)

BE BOLD

Post-approval head-to-head study vs. risankizumab in PsA advanced to **H1 2026**

Progressing our **pipeline with differentiated assets**

1
Submission
Ready 2026

6
Phase 3
Clin. Dev. Projects
New studies in
RETT & ocular MG

5
Phase 2
Clin. Dev. Projects
New studies in
COPD & NCFB

. . . +inorganic growth
as integrated part
of our strategy

Proprietary and Confidential Property of UCB

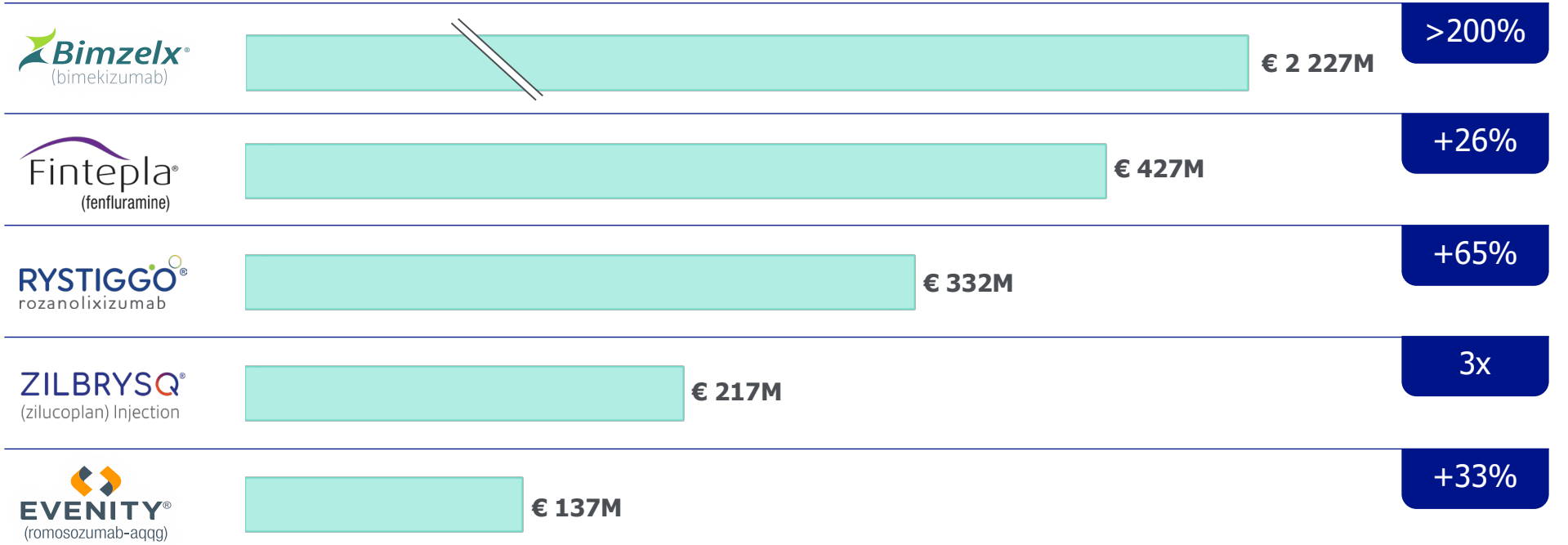
* Patent protection in the U.S.. Bimzelx® date assumes patent term extension is granted; AChR+ = Acetylcholinesterase Receptor Positive; CODP = Chronic Obstructive Pulmonary Disease; DS = Dravet Syndrome; gMG = generalized Myasthenia Gravis; IL = interleukin; LGS = Lennox-Gastaut Syndrome; MUSK+ = Muscle Specific Kinase Positive; NCFB = non-cystic fibrosis bronchiectasis.

UCB – FY 2025 Facts & Figures, February 2026

Strong launch execution & disciplined value creation

5 GROWTH DRIVERS

COMBINED NET SALES **>2x**



STRONG FUNDAMENTALS

cimzia® (certolizumab pegol)
€ 1 954M
-4% vs. FY24

BRIVIACT® (brivaracetam) C V
€ 758M
+11% vs. FY24

Advancing on our
sustainability journey
CDP's 2025 Climate A list[1]
Sustainalytics ranking: UCB #2[2]

Proprietary and Confidential Property of UCB

1. Joining the select 4% of companies that achieve this highest score; 2. Biotechnology sector; M = Million
UCB – FY 2025 Facts & Figures, February 2026

2025: building momentum for long-term growth

			FY 2025*	Actual	CER
Revenue	**Net Sales € 7 388M (+32%; +35% CER)** – Strong growth from the continued launches of the five growth drivers and with BIMZELX® exceeding expectations through strong demand and favorable U.S. payer mix, in particular in HS. **Other revenue € 256M (-43%; -41%)** – 2025 did not include any revenue from the sale of assets, in contrast to 2024.		**7 741**	26%	29%
Adjusted Gross Profit	**Margin 79.2 % after 78.3%** - Favorable product mix		**6 134**	27%	31%
Total OPEX[1] € 3 742M (+5%; +7% CER)	**Marketing and selling expenses**	Continued strong investment in launches	**2 485**	20%	22%
	R&D expenses	Maintained investments in UCB's innovative R&D pipeline; R&D ratio 24%	**1 822**	2%	4%
	General & admin expenses	Disciplined cost management & resource allocation	**264**	-3%	-2%
	Other operating income	**€ 632M** net contribution (+32%) from EVENITY® + proceeds from product sale of € 315M, one-off expenses of - € 111M due to resolution of contractual commitments	**829**	+47%	+52%
Adjusted EBITDA[2]	**Adjusted EBITDA / revenue ratio 34% / 31.4%** after 24% in FY 2024**		**2 636**	79%	87%
Profit	**Tax Rate 14%**	Higher revenue, improved gross profit, higher operating income	**1 558**	46%	59%
Core EPS[3]	Based on 190 million weighted average shares outstanding		**9.99**	>100%	>100%

Fully deleveraged, with a **strong & flexible balance sheet**

Proprietary and Confidential Property of UCB

* € M; **Excludes the benefit from a sale of established brands and one-off expenses linked to resolution of contractual arrangements; 1. Operating expenses; 2. Earnings before Interest Taxes Depreciation & Amortization; 3. 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; M = million.

2026 guidance: built on delivered milestones, committed to continued growth

Based on current rules and regulations

Revenues
expected to grow
(at CER)

High single-digit % to low double-digit

- Strong performance of **5 growth drivers**
- **BIMZELX® access expansion & net pricing** dynamics
- **BRIVIACT® LOE**
- Perimeter effect from **sale of non-core assets** in 2025

Adjusted EBITDA
expected to grow
(at CER)

High single-digit % to High teens %

Adjusted for 2025 product sale & one-off items*: **High teens % to high twenties %**

- Continued **investment behind 5 growth drivers**
- **Focused R&D** execution
- **EVENITY®** contribution

Tax rate: ~20%
Foreign exchange impact: If 31-Dec-25 FX rates would persist through 2026:

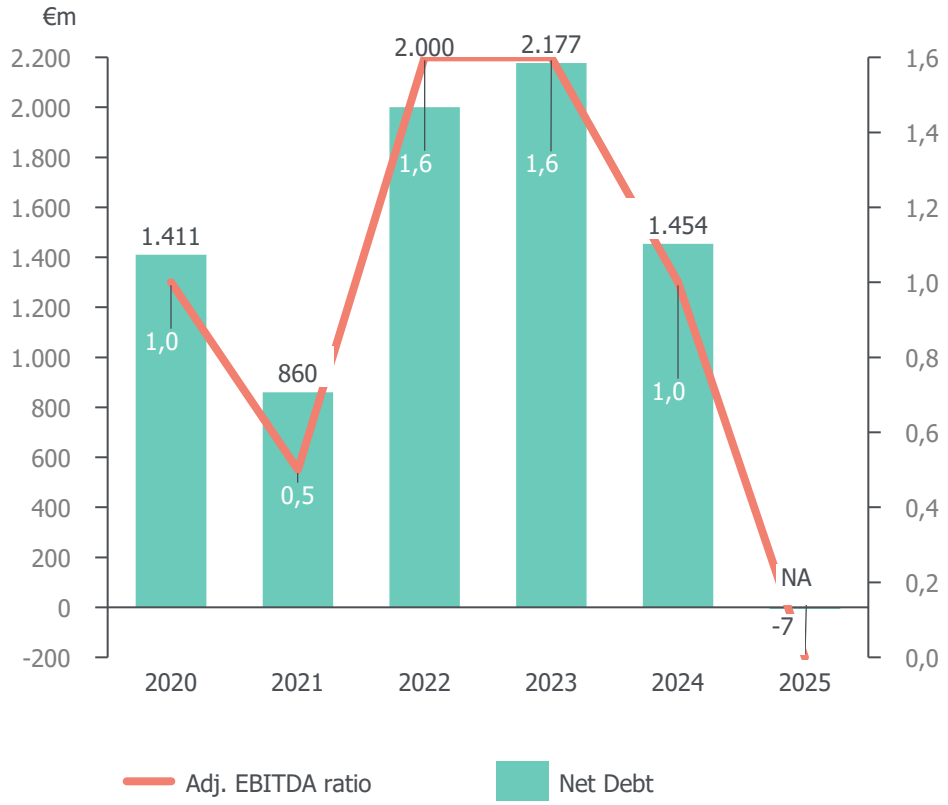
- ~–3 ppts on revenue growth
- ~–7 ppts on adjusted EBITDA growth

Proprietary and Confidential Property of UCB

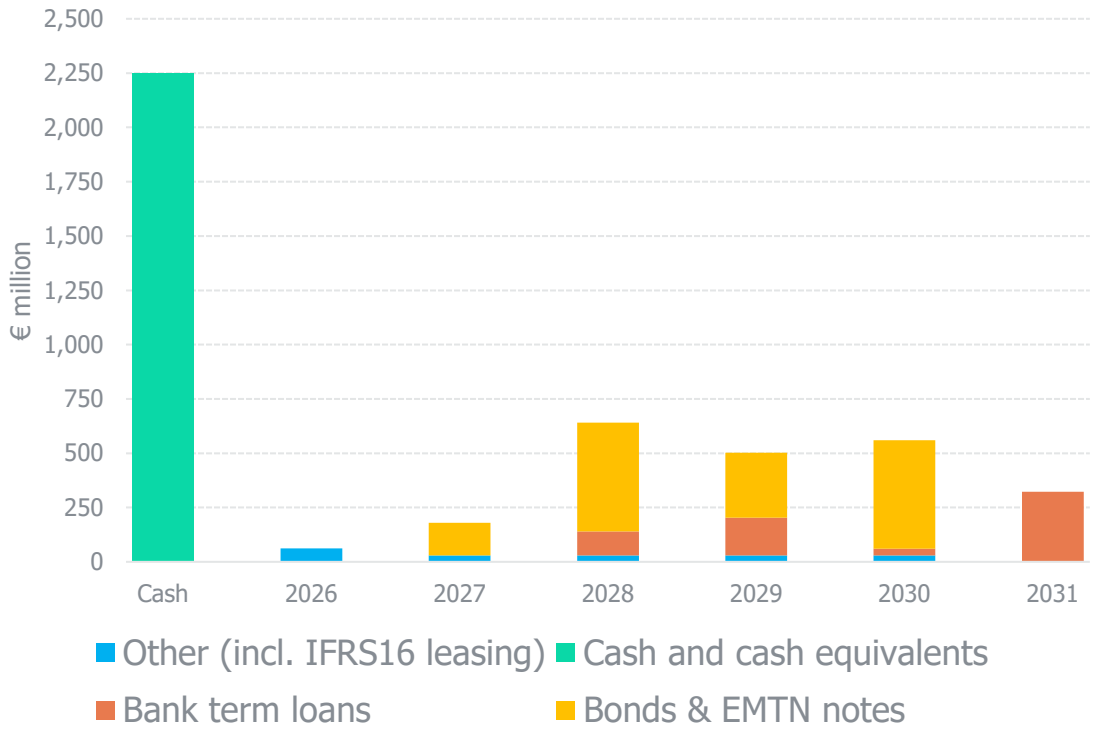
* Excludes the benefit from a sale of established brands and one-off expenses linked to resolution of contractual arrangements ; CER = Constant Exchange Rate; EBITDA = Earnings before Interest Taxes Depreciation & Amortization; LOE = Loss of Exclusivity; ppt = percentage point; R&D = Research & Development

Net Debt & Debt Maturity Schedule

Net debt / adjusted EBITDA ratio



Debt Maturity Schedule (as of 31 December 2025, € million)



Proprietary and Confidential Property of UCB

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

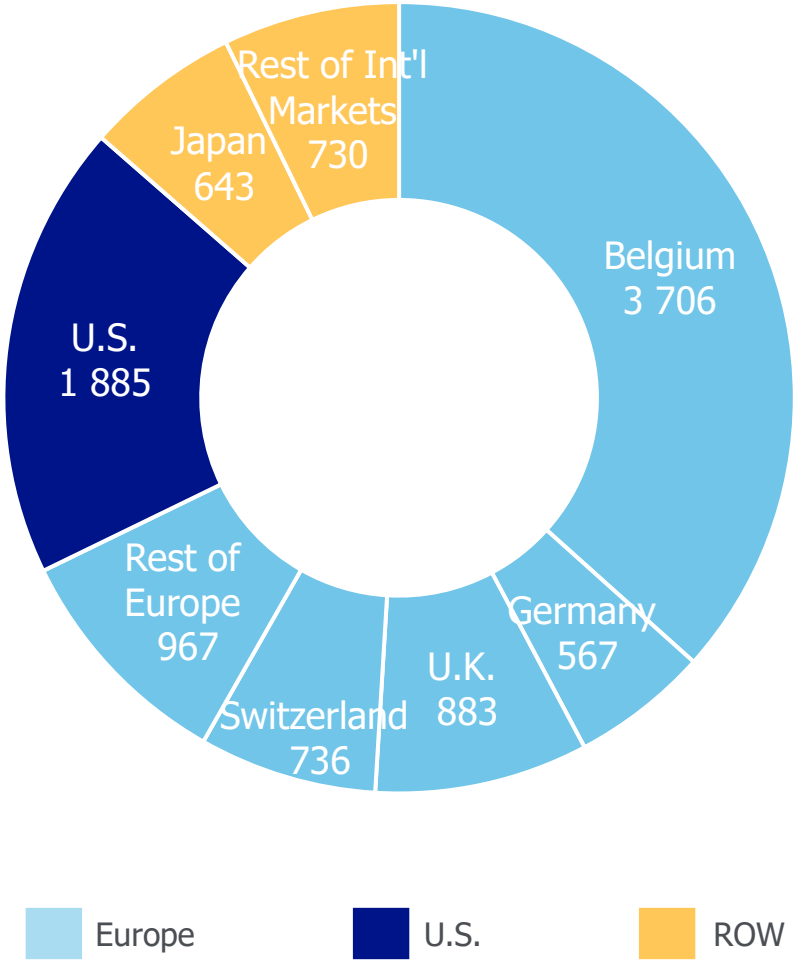
> Our people are key to deliver on our ambition

10 117*
Employees Worldwide

739
New colleagues

50.5/ 49.5
Women / Men

7.2%
Employee turnover



Proprietary and Confidential Property of UCB

*As of December 2025
UCB – FY 2025 Facts & Figures, February 2026

OUR INNOVATION

Proprietary and Confidential Property of UCB

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 and acute repetitive seizures (US - 2019) – orphan disease designation (2009)	• 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*	• **>500 000** patients globally*	• **>274 000** patients globally*	• **>14 000** patients in the U.S.*	• **>14 000** 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) • **2034** (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 €1.7M in 2027	• Peak sales guidance: €800 million by 2027

Proprietary and Confidential Property of UCB

* Moving Annual Total (MAT) Q3/2025; ** since launch; ***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 – FY 2025 Facts & Figures, February 2026

Focus on Epilepsy: recognized leadership position

>2.6 million[1]
Epilepsy patients under care worldwide in 2025

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[2]

>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

Proprietary and Confidential Property of UCB

1. MAT Q3 2025; MAT = Moving Annual Total. 2. Clarivate, Epilepsy, Disease Landscape & Forecast (G7), September 17, 2024.
UCB – FY 2025 Facts & Figures, February 2026

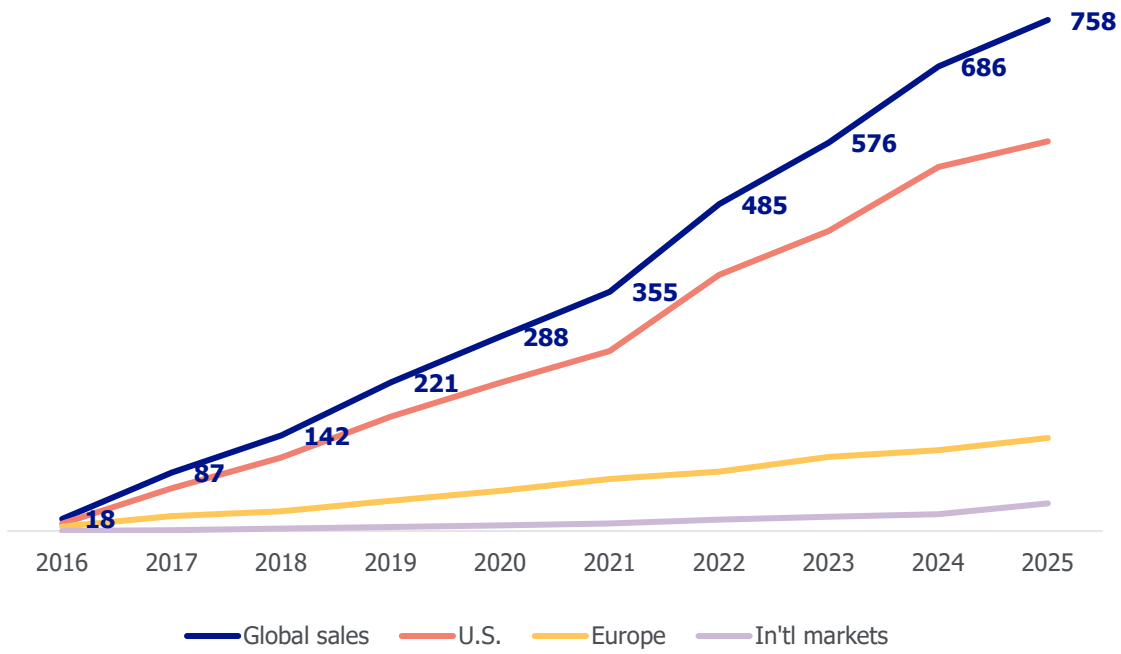
Focus on BRIVIACT®

BRIVIACT® is the **leading** branded **ASM[1] for Focal Onset Seizures**

Continued double-digit growth at the last year of its patent protection, LOE[2] 2026 in U.S. and EU

Approved in Japan in June 2024 and launched in August 2024

BRIVIACT® Net Sales



Net sales in € million, FY numbers

Inspired by patients. Driven by science.

1. ASM = Anti-Seizure Medication; 2. Loss of Exclusivity
UCB – FY 2025 Facts & Figures, February 2026

Proprietary and Confidential Property of UCB

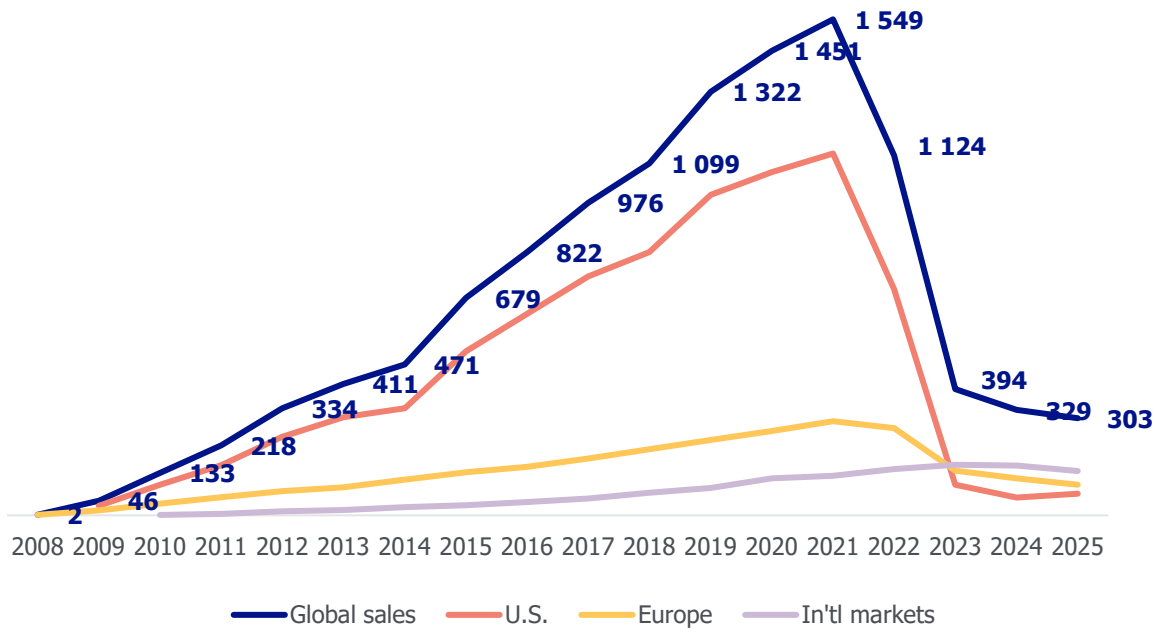
Focus on VIMPAT®

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

Generic erosion since December 2025 in Japan, however, net sales show slight **growth** at constant exchange rate

Peak sales met in 2021 of €1.5bn

VIMPAT® Net Sales



Net sales in € million, FY numbers

Proprietary and Confidential Property of UCB

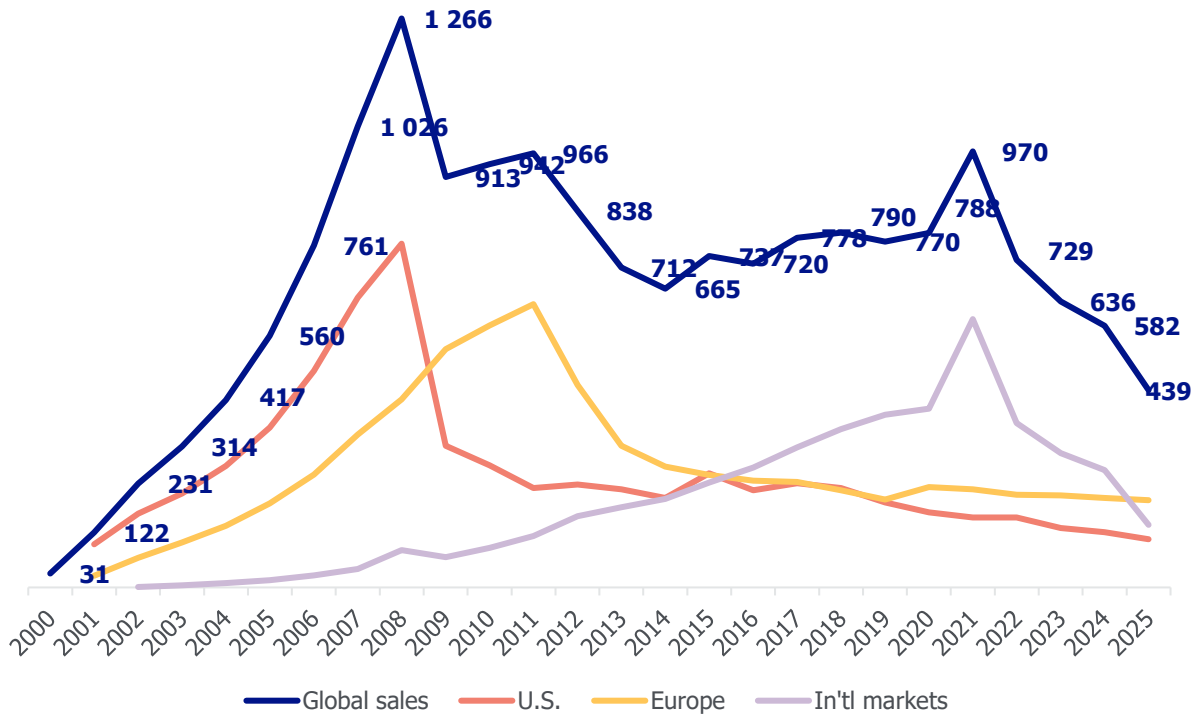
Focus on KEPPRA®

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 effect in 2023 due to LOE in Japan

KEPPRA® Net Sales



Net sales in € million, FY numbers

LOE = Loss of Exclusivity

UCB – FY 2025 Facts & Figures, February 2026

Proprietary and Confidential Property of UCB

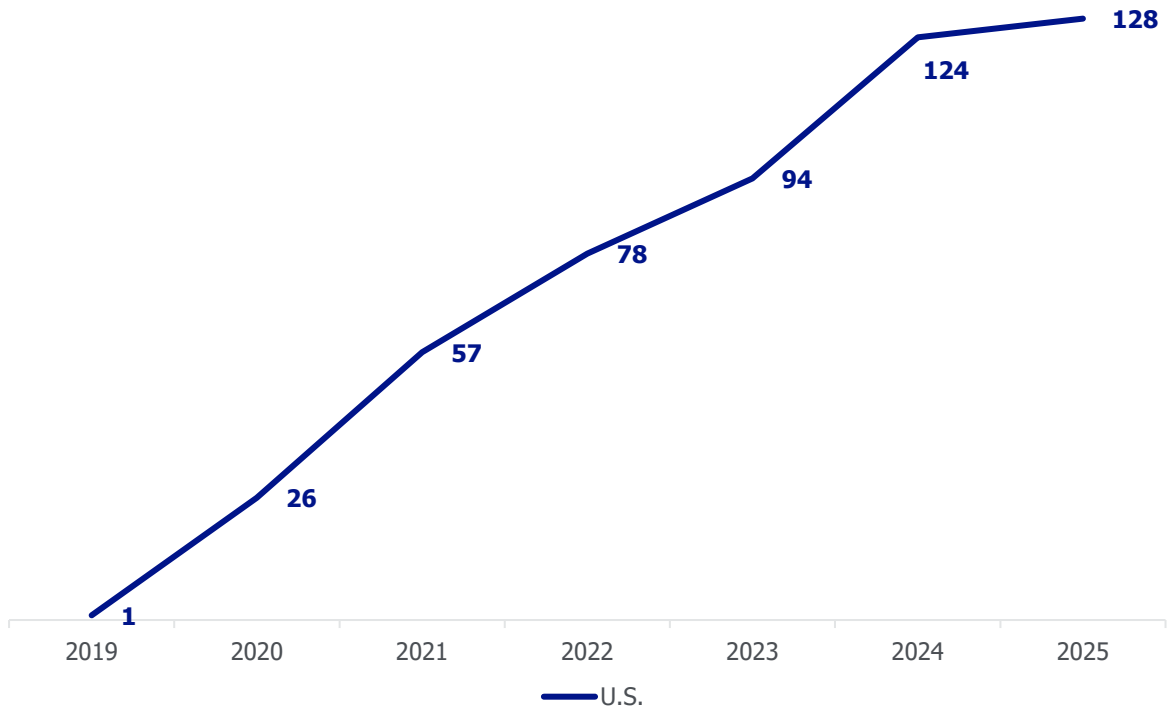
Focus on NAYZILAM®

Sustained growth of NAYZILAM® since launch in 2019

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

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

NAYZILAM® Net Sales



Net sales in € million, FY numbers

Proprietary and Confidential Property of UCB

LOE = Loss of Exclusivity, CER = Constant Exchange Rate
UCB – FY 2025 Facts & Figures, February 2026

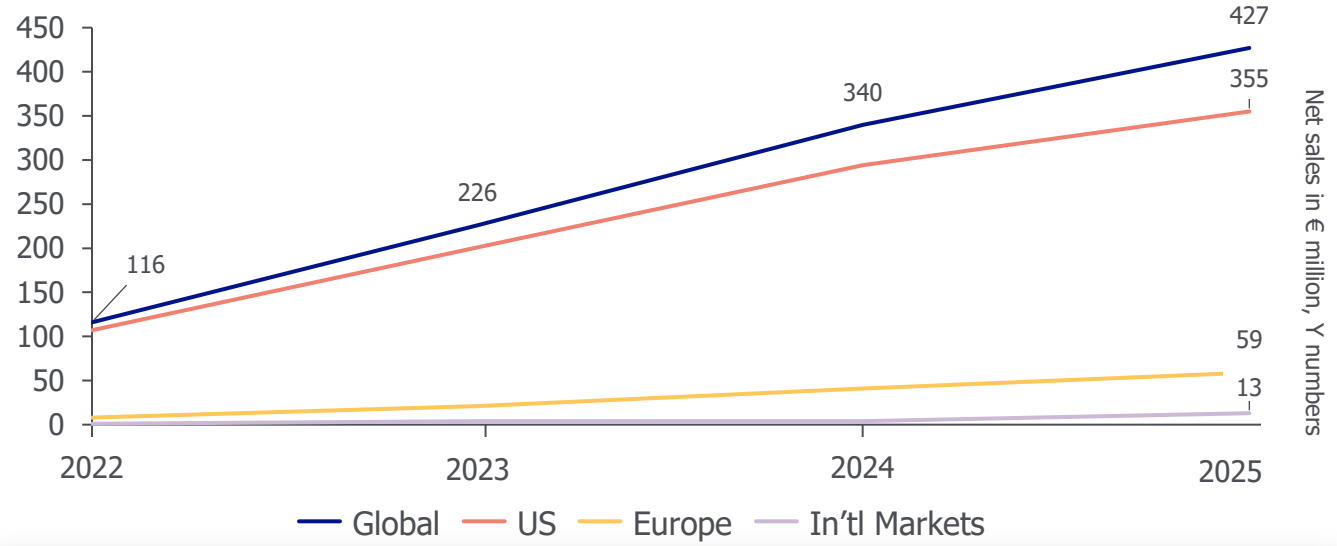
Focus on FINTEPLA®

Evolution from multiple DEEs to Neurodevelopmental disorders (NDD) with unique, multimodal mechanism of action with **transformative non-seizure and seizure outcome potential**

Standard of Care in Dravet Syndrome and **critical choice** for uncontrolled Lennox-Gastaut Syndrome

Increased patient reach and new **life cycle management activities** to expand beyond DEE

FINTEPLA® Net Sales



FINTEPLA® Indications			
	Dravet Syndrome (DS)	**~15k - 16k** US, EU4, UK diagnosed prevalence	**>80%** of patients remain uncontrolled on existing ASM 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 High risk of status epilepticus and sudden death

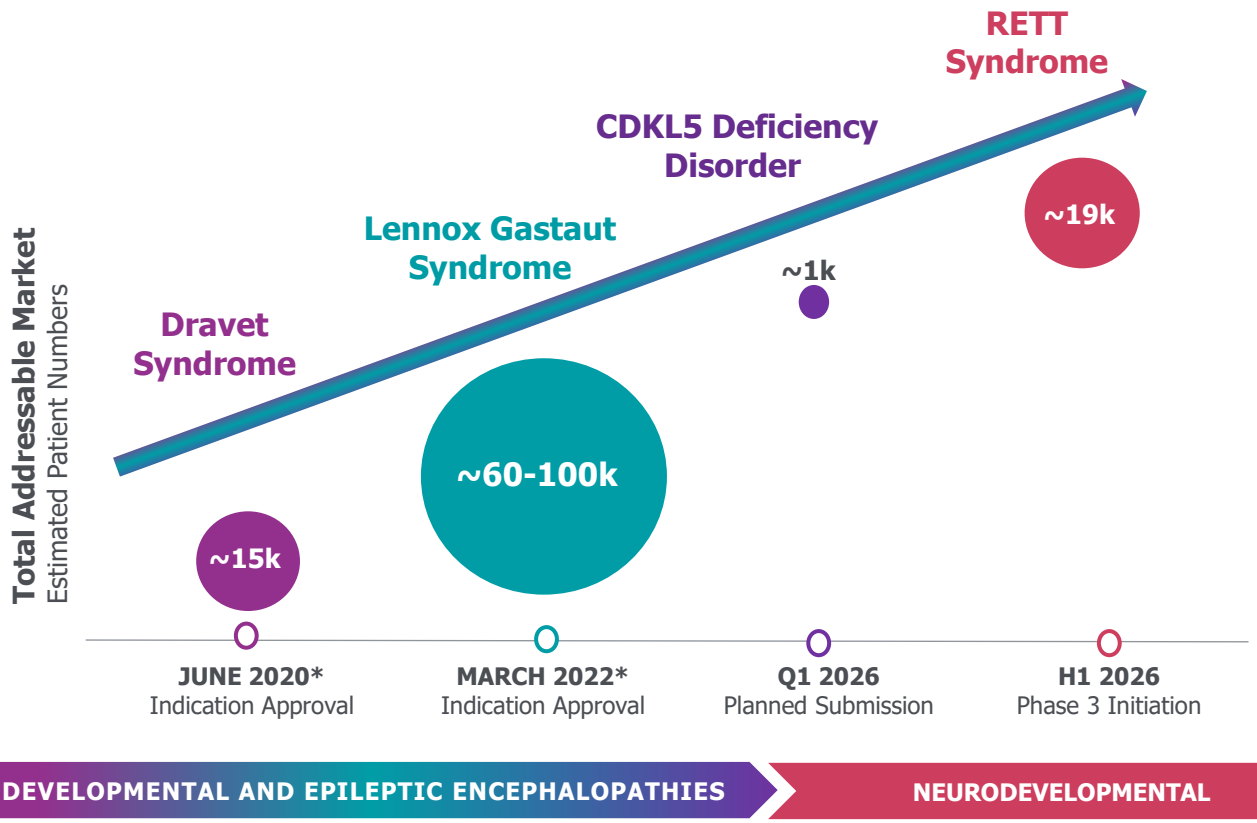
Proprietary and Confidential Property of UCB

ASM = Anti-Seizure Medication; DEE = Developmental and Epileptic Encephalopathy; SUDEP = Sudden Unexpected Death in Epilepsy

UCB – FY 2025 Facts & Figures, February 2026

FINTEPLA: Growing across Developmental and Epileptic Encephalopathies & beyond

Transformative therapy for multiple DEEs & evolving to neurodevelopmental disorders



- **RETT Syndrome**, a new potential indication **beyond DEE**
- **Underserved** neurodevelopmental disorder, with **significant unmet need**
- Leveraging its **unique MOA**, FINTEPLA aims to treat Rett patients **broadly and beyond seizures**, providing a unique differentiator

Proprietary and Confidential Property of UCB

*1st approvals in US; CDKL5 = cyclin-dependent kinase-like 5; DEE=Developmental and Epileptic Encephalopathies: MOA = Mode of Action

UCB – FY 2025 Facts & Figures, February 2026

UCB's Immunology & Bone Solutions

Bimzelx® (bimekizumab)	cimzia® (certolizumab pegol)	Pr EVENITY™ MD romosozumab injection
• **Psoriasis** - Approved in over 50 countries • **Psoriatic arthritis, radiographic and non-radiographic axial Spondyloarthritis –** Approved in over 51 countries • **Hidradenitis suppurativa (HS)** – Approved in EU in April 2024, in Japan in September 2024 and in the US in November 2024 (46 countries in total)	For patients (including women of child-bearing age) living with: • Rheumatoid arthritis • Psoriatic arthritis • Psoriasis • (non-radiographic) axial Spondyloarthritis • Crohn's disease (US)	• Progressing bringing Evenity to the patients in EU • Launched by Amgen and Astellas in Japan and by Amgen in US and ROW
• **> 116 000** patients globally*	• **>233 000** patients globally**	• **> 1.3 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	

Proprietary and Confidential Property of UCB

*As of November 2025; **MAT Q3/2025; *** Since launch; **** Not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative; MAT = Moving Annual Total; RDP = Regulatory Data Protection

UCB – FY 2025 Facts & Figures, February 2026

Focus on BIMZELX®

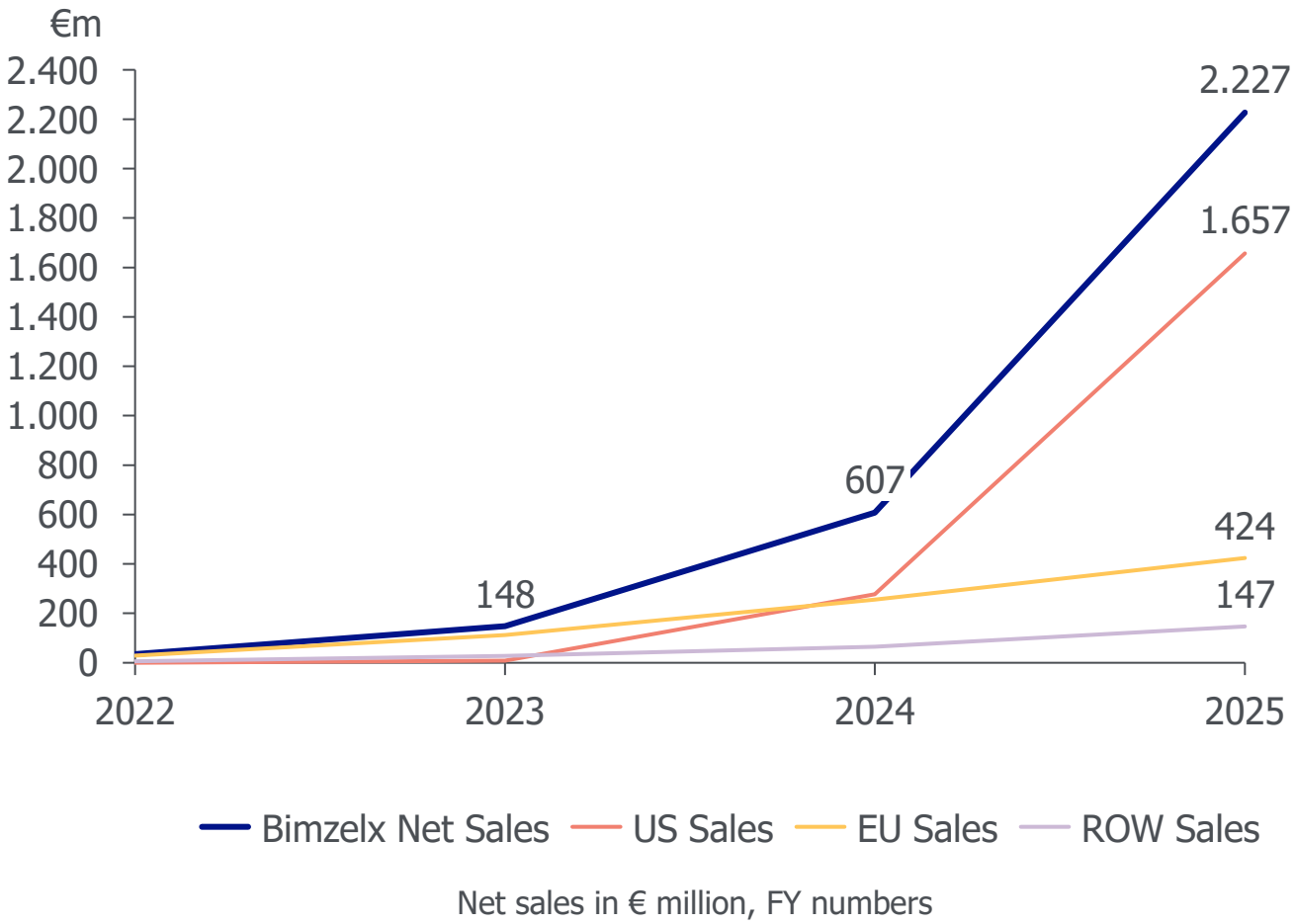
First and only IL-17A and IL-17F that delivers fast, deep, and durable responses

Market leader in IL17 therapies in psoriasis and rheumatology. **Best-in-disease** in hidradenitis suppurativa

Approvals in >50 countries incl.

- ✓ More than **115k patients**
- ✓ More than **2.2bn net sales** in 2025

Bimzelx ® Net Sales



Net sales in € million, FY numbers

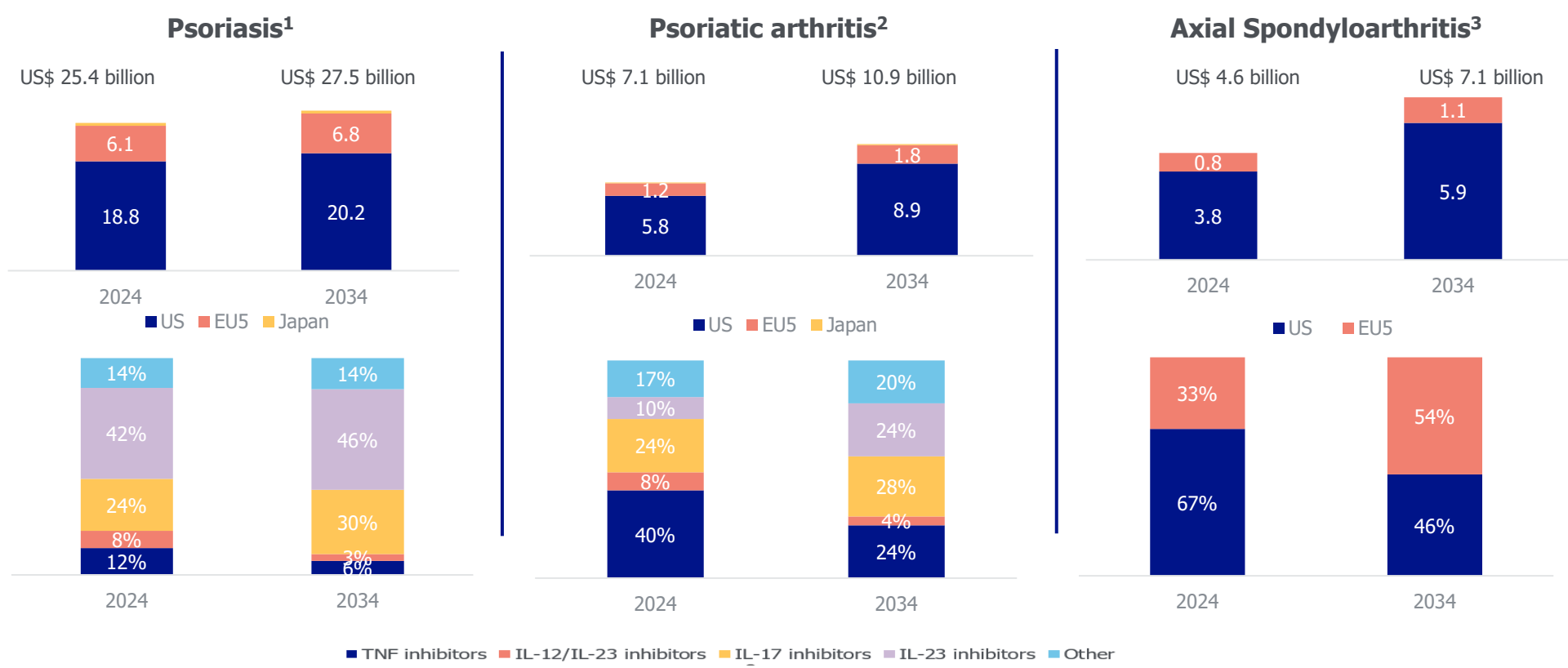
Proprietary and Confidential Property of UCB

IL = Interleukin

UCB – FY 2025 Facts & Figures, February 2026

Focus on BIMZELX®

Focusing On Growth Markets



Proprietary and Confidential Property of UCB

[1] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Psoriasis, September 26, 2025; [2] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Psoriatic Arthritis, October 17, 2025; [3] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Axial Spondyloarthritis, December 3, 2025; 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 – FY 2025 Facts & Figures, February 2026

Reaching more patients, delivering greater impact with BIMZELX®

BIMZELX® GLOBAL

KEY HIGHLIGHTS

>50 countries approved

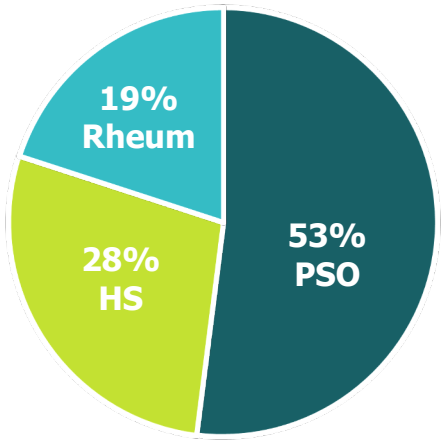
>116k patients worldwide

>€2.2bn net sales in 2025

GLOBAL DYNAMIC PATIENT SHARE*

- PSO >30%
- RHEUM >20%
- HS ~45%

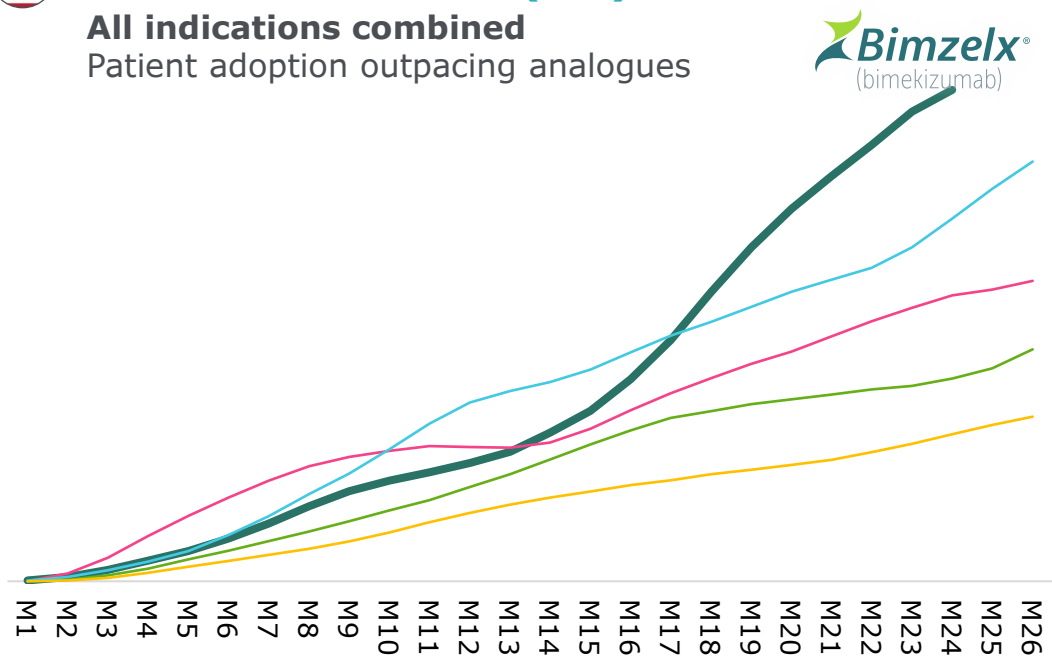
NET SALES | SPLIT BY INDICATION



BIMZELX® U.S. UPTAKE

TOTAL BIMZELX PATIENTS (R3M)

All indications combined
Patient adoption outpacing analogues



+36M**
ADDITIONAL LIVES
25% increase vs. 2025

≥80%
COMMERCIAL LIVES
& vast majority of Medicare & Medicaid

Proprietary and Confidential Property of UCB

Inspired by patients. Driven by science.

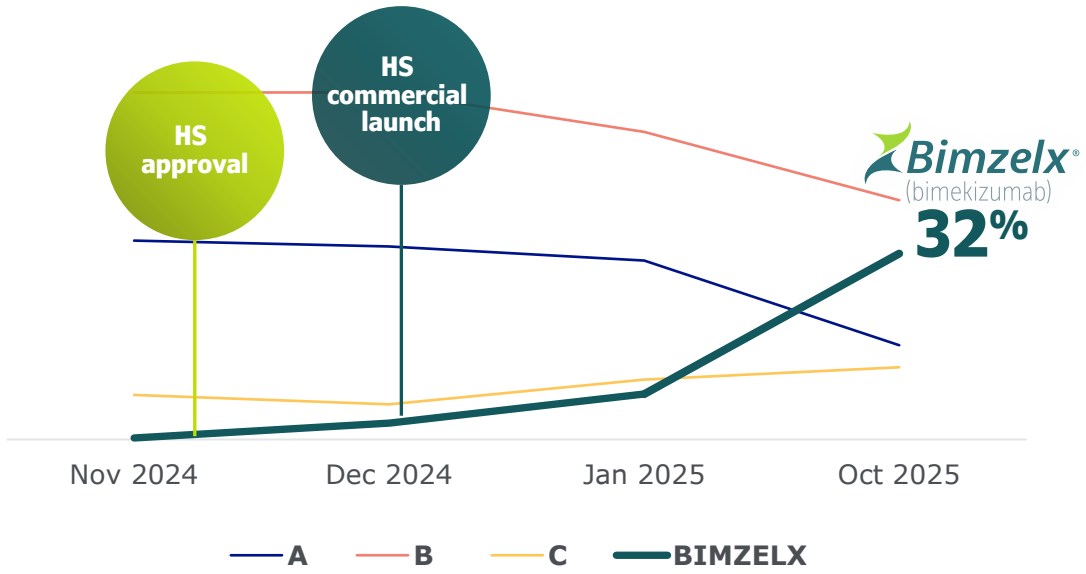
* In IL-17 market; ** Effective as of 1st Jan 2026; bn = billion; HS = hidradenitis suppurativa; IL = interleukin; M = million; PSO = psoriasis; Rheum = Rheumatology indications including Ankylosing Spondylitis, non-radiographic Axial Spondyloarthritis and Psoriatic Arthritiss; R3M = rolling 3-month average

UCB – FY 2025 Facts & Figures, February 2026

Strengthening BIMZELX® leadership in hidradenitis suppurativa care

BIMZELX® UPTAKE IN HS

DYNAMIC PATIENT SHARE >32% IN 10 MONTHS[1]

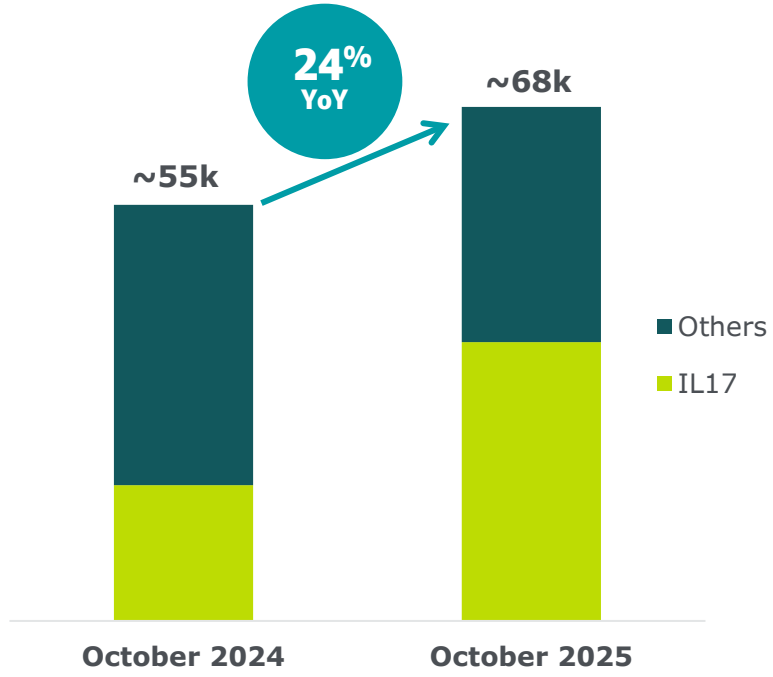


BIMZELX dynamic share reached (IL-17)

- **40%** Germany
- **70%** Spain
- **50%** Japan[2]

GLOBAL HS MARKET PERFORMANCE & OUTLOOK

TOTAL PATIENTS ON BIOLOGICS[3]



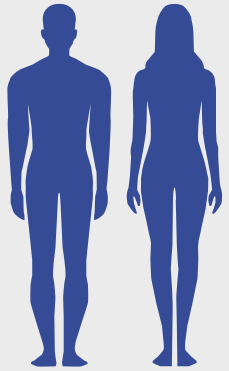
HS MARKET GROWTH PROJECTION

2025–2030: **Mid-teens CAGR** expected, leading to **~$5bn**

1. Source: IQVIA Source of Business by Indication Tracking – October 2025 - Patient volume across HS, All Specialty; 2. Entire HS biologic market; 3. Total biologic share; R3M, IQVIA Source of Business by Indication Tracking – October 2025; Indication = HS, All Specialties, includes US, Japan, France, Germany and Spain; CAGR = Compound Annual Growth Rate; HS = hidradenitis suppurativa; IL = Interleukin; R3M = rolling 3-month average; YoY = year-over-year

Proprietary and Confidential Property of UCB

Psoriasis: High Prevalence Globally

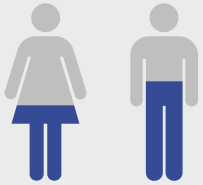


up to

~3%

of the population[8] is affected by PSO

Prevalence[1]



45% **55%**

Age[2,3]

Late teens–early thirties (type 1 PSO)

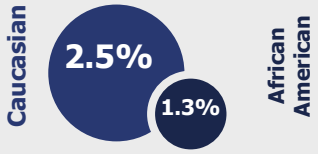
Fifties (type 2 PSO)

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

Ethnicity

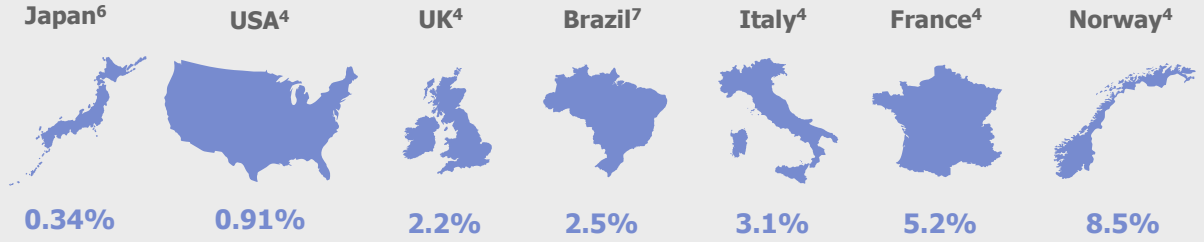
PSO more commonly affects Caucasians than other ethnic groups[4]

Prevalence according to ethnicity in the USA[5]:



Geographic region

Reported prevalence in adults:



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

Proprietary and Confidential Property of UCB

[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.

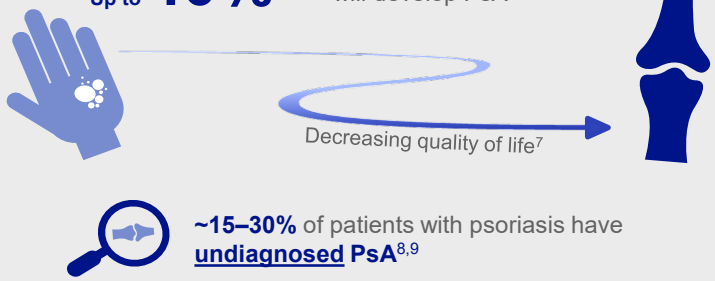
Psoriatic Arthritis: High Unmet Need and Disease Burden

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]

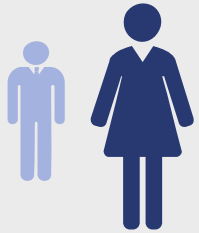
Disease progression



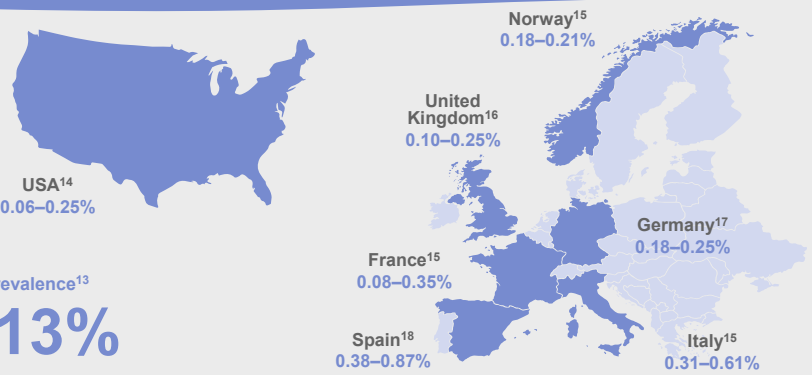
~15–30% of patients with psoriasis have **undiagnosed PsA**[8,9]

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.

Proprietary and Confidential Property of UCB

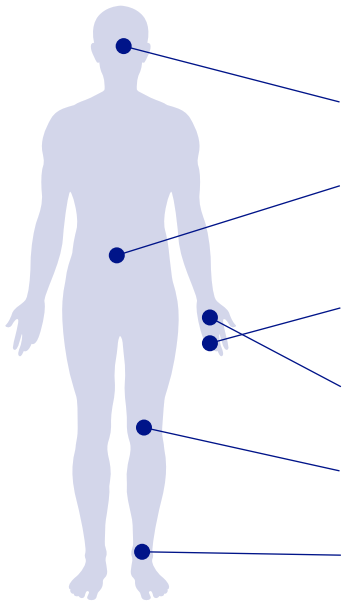
This document is for proactive use (GL-N-DA-RH-2000026) © UCB Biopharma SRL, 2021. All rights reserved.

What is Axial Spondyloarthritis (axSpA)?

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

Key **patient** symptoms:[1]

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



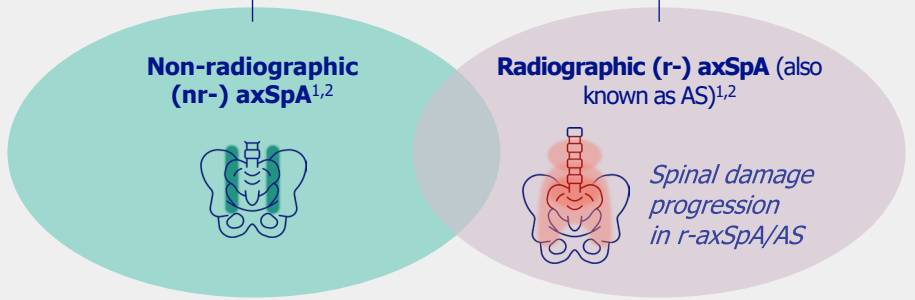
Key **non-axial** symptoms:[4–8]

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

axSpA

consists of **two subtypes**

Both subtypes have a similar burden of disease[9]

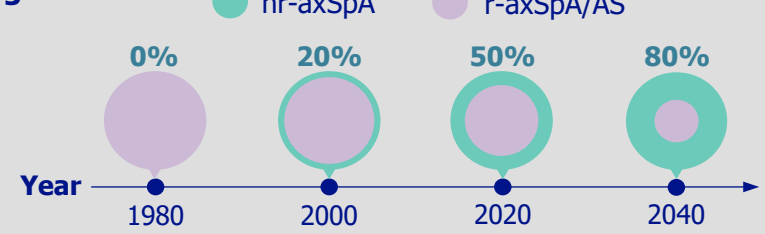


Structural SIJ damage progression from nr-axSpA to r-axSpA[1,2]

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

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

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

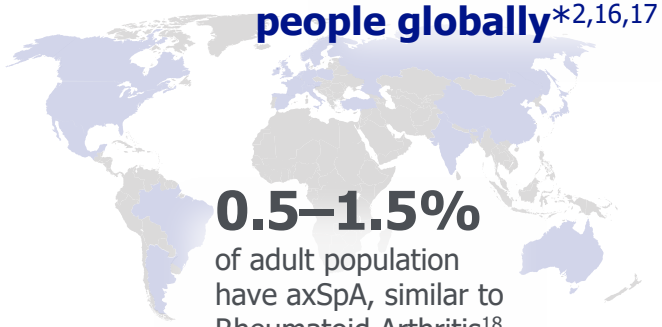


Patients experience disease onset **before the age of 45**[14]

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

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

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



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

There are **limited treatment options**

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

Proprietary and Confidential Property of UCB

*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;

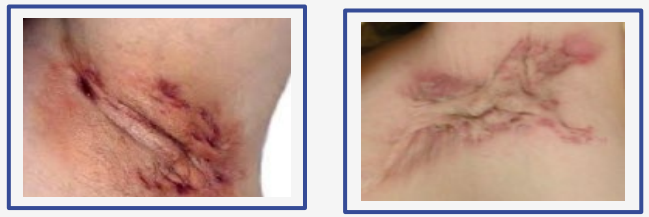
[1] Sieper J et al. Nat Rev Dis Primers. 2015;1:15013; [2] Proft F and Poddubnyy D. Ther Adv Musculoskelet Dis. 2018;10(5–6):129–139; [3] Schwartzman and Ruderman. Mayo Clin Proc. 2022;97(1):134–145; [4] Taurog JD et al. N Engl J Med. 2016;374(26):2563–2574; [5] Lucasson F et al. RMD Open. 2022;8(1):e001986; [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.

Inspired by patients. Driven by science.

© UCB Biopharma SRL, 2023. All rights reserved.

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 (as pictured above), 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

Proprietary and Confidential Property of UCB

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.

Bimekizumab: Clinical profile, Indications & Approvals

>6 800 patients included in clinical trials[1]

Psoriasis (PsO)

- Superior skin-clearance vs. adalimumab, ustekinumab & secukinumab (3 Ph3/3B trials)
- Responses with bimekizumab sustained up to 5 years
- Switchers achieved comparable response, regardless of prior therapy

Approved in **50** countries (including EU, US, UK, JP, CA)

Psoriatic arthritis (PsA)

- Improvements across multiple PsA domains
- Effective in bDMARD-naïve and TNFα-inhibitor inadequate/intolerant patients
- Responses maintained up to 3 years

Approved in **50** countries (including EU, US, UK, JP, CA)

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

- Long-term efficacy in AS (5 yrs) and nr-axSpA (2 yrs)

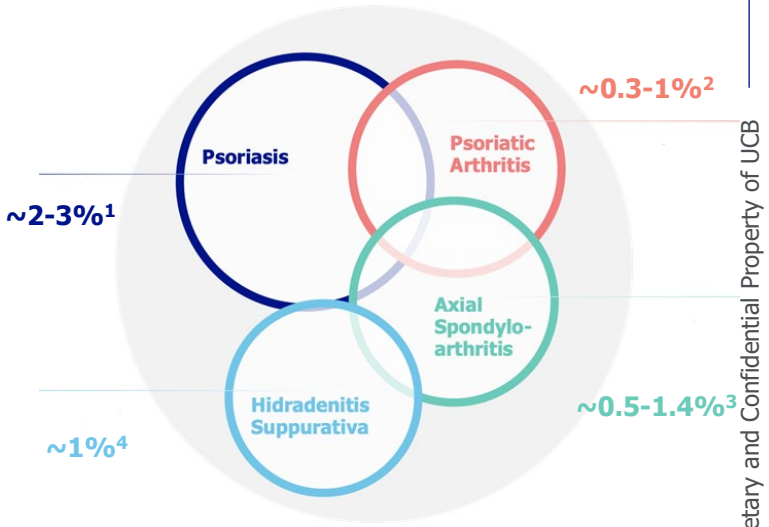
Approved in **51** countries (including EU, US, UK, JP, CA, CN)

Hidradenitis suppurativa (HS)

- Clinically meaningful HiSCR50/75 at Week 16
- Responses improved at 1 year and maintained to 3 years
- Increasing responses at higher thresholds (HiSCR90/100)

Approved in **46** countries (including EU, US, UK, JP)

Spectrum of IL-17A+F-mediated diseases



Proprietary and Confidential Property of UCB

References right hand figure: 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.

BIMZELX® 5-year data in PsO and 3-year data in HS

Plaque Psoriasis

Bimekizumab efficacy from treatment initiation through 5 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[2], high rates of clinical and health-related quality-of-life responses were achieved rapidly and were highly durable in the long-term through 5 years[1]

>6 out of 10

patients **achieved PASI 100 at year 5[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 5-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[3]

Pooled data from three trials and their open-label extension found that, among Week 16 responders, high clinical responses were maintained through 5 years of bimekizumab 320 mg treatment[2]

>8 out of 10

patients who achieved **PASI90 at Week 16,** maintained **response to year 5[2±]**

~7 out of 10

patients who achieved **PASI100 at Week 16,** maintained **response to year 5[±]**

Bimekizumab safety and tolerability in moderate to severe plaque psoriasis:

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

Bimekizumab was well-tolerated, with no unexpected safety findings.

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

Hidradenitis suppurativa

3-Year Data in Patients with Hidradenitis Suppurativa

Clinical improvements at Year 1 were **maintained** or **further improved** through **3 years** of treatment

Efficacy and health-related quality of life outcomes were **maintained through 3 years** of treatment.

No new safety signals were observed with bimekizumab and the **safety profile over 3 years was consistent** with findings from BE HEARD I&II and studies of bimekizumab in other indications.[4,6–8]

Impact on Draining Tunnels

Draining tunnel and **health-related quality of life** improvements were also **maintained** through **3 years**.

These data highlight the depth and durability of response to bimekizumab treatment in patients with moderate to severe hidradenitis suppurativa.

± - modified non-responder imputation; BKZ Total; Source: 1. Blauvelt A. 2025 AAD. Oral Presentation; 2. OLE2 only conducted in US and Canada; 3. Blauvelt A, et al. Bimekizumab efficacy and safety through 5 years in patients with moderate to severe plaque psoriasis in the US and Canada; Andrew Blauvelt,1 Saakshi Khattri,2 Phoebe Rich,3 Ronald: 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.; 4. Ingram JR, Bimekizumab 3-year efficacy and safety in patients with HS: results from BE HEARD I&II and EXT; 5. Garg A, Bimekizumab lesion resolution over 3 years in HS: Results from BE HEARD I&II and BE HEARD EXT; 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.

Proprietary and Confidential Property of UCB

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

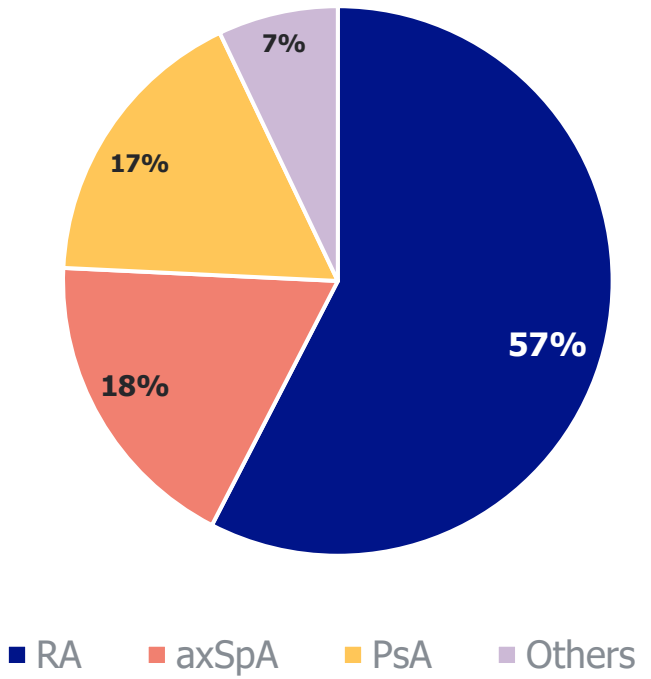
Strong performance
reporting volume growth in the US and Europe compensated by price decline pressure.

No CIMZIA biosimilars expected **before 2030**

CIMZIA®

Cimzia net sales per indication

RA is the largest Revenue contributor with 57%



Proprietary and Confidential Property of UCB

RA = Rheumatoid Arthritis; RF = RhEU5matoid Factor; PsA = Psoriatic Arthritis; PSO = Psoriasis, CD = Crohn's Disease

UCB – FY 2025 Facts & Figures, February 2026

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

Proprietary and Confidential Property of UCB

[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.

Focus on EVENITY®

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

Worldwide

Reach

1.3M

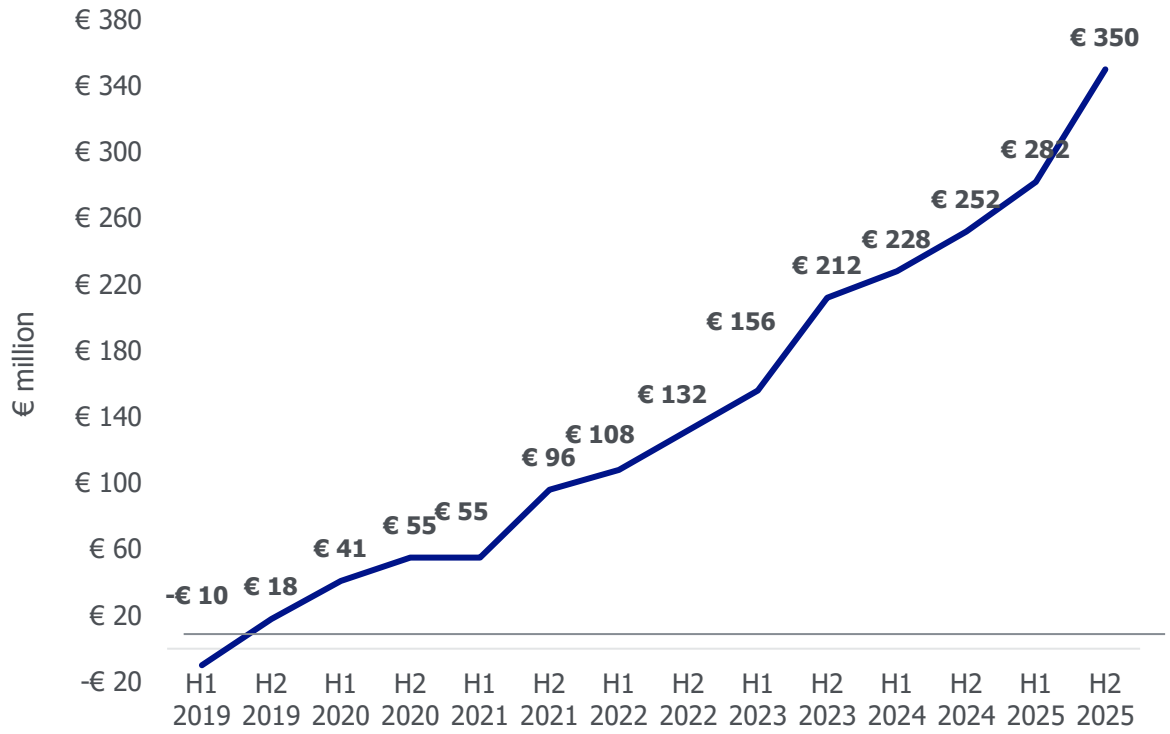
patients at high risk of fracture treated since launch[1]

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

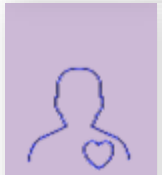
Net Contribution from EVENITY® to UCB's P&L



Proprietary and Confidential Property of UCB

[1] As of November 2025; Patient share based on data from IQVIA on the bone builder market as of March 2025; BB = Bone Builder
UCB – FY 2025 Facts & Figures, February 2026

UCB's generalized Myasthenia Gravis solutions

	RYSTIGGO®	ZILBRYSQ®
	• Anti-FcRn antibody blocker to address pathogenic MG-auto-antibodies • Anti-AChR ab+ / anti-MuSK ab+ gMG adult patients • Subcute, HCP administration and at-home self-admin (ex-US) • Cyclical therapy	• Complement 5 inhibitor to address pathological complement activation • Anti AChR+ gMG adult patients • Subcute, daily, self-admin • Maintenance therapy
	• **> 2 400** patients globally*	• **> 1 300** patients globally*
	• In-house product	• Acquired from Ra Pharma
	• **2034** (EU)** • **2035** (US)** • **2037** (Japan)	• **2035** (US)** • **2035** (EU)** • **2040** (Japan)

Proprietary and Confidential Property of UCB

*As of October 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 – FY 2025 Facts & Figures, February 2026

Advancing targeted therapies in high-need rare indications

RYSTIGGO®
rozanolixizumab

ZILBRYSQ®
(zilucoplan) Injection

First & only company offering a unique dual-therapy portfolio

Unique positioning

Tailored to patient needs

ONWARD
PERSONALIZED SUPPORT DESIGNED TO MOVE YOU FORWARD

Customer excellence

30+ countries approved	**~3,700** patients treated	**>€500M** combined net sales

Proprietary and Confidential Property of UCB

1. patient counts from our Specialty Pharmacy (Anovo data) compared to DS and LGS patient populations; DS = Dravet Syndrome; LGS = Lennox-Gastaut Syndrome; gMG = generalized Myasthenia Gravis

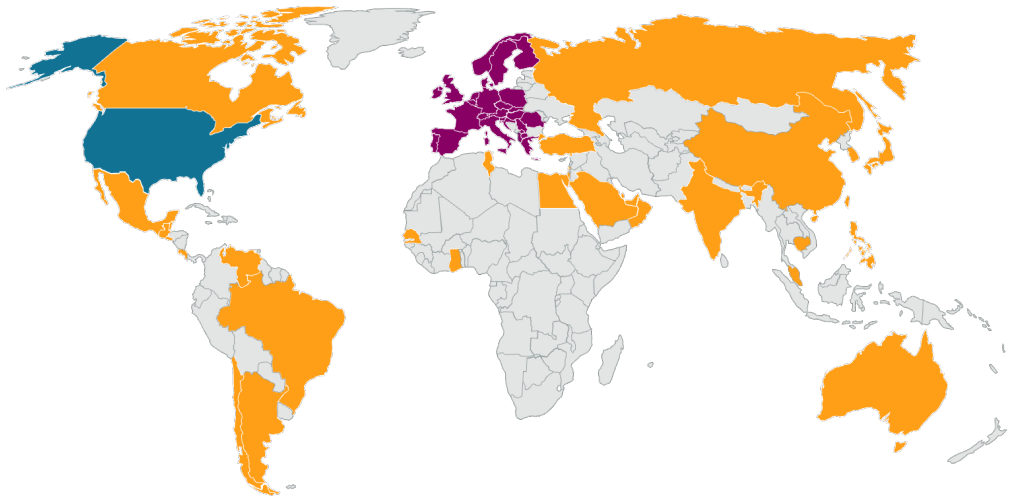
UCB – FY 2025 Facts & Figures, February 2026

KYGEVVI: Changing the course of TK2d with proven survival impact

kygevvi™ **first and only approved**

treatment for adult and pediatric patients

Thymidine Kinase 2 deficiency*



First and only approved treatment for adult and pediatric TK2d patients–**Approved in the US since Nov 2025, positive CHMP opinion Jan 2026**

First UCB asset for an **ultra-rare disease**
First drug in UCB's portfolio **to improve survival,** while also **improving the symptoms of TK2d**

Agile commercial execution **with launch planned in Q1 2026 in the U.S.**

Proprietary and Confidential Property of UCB

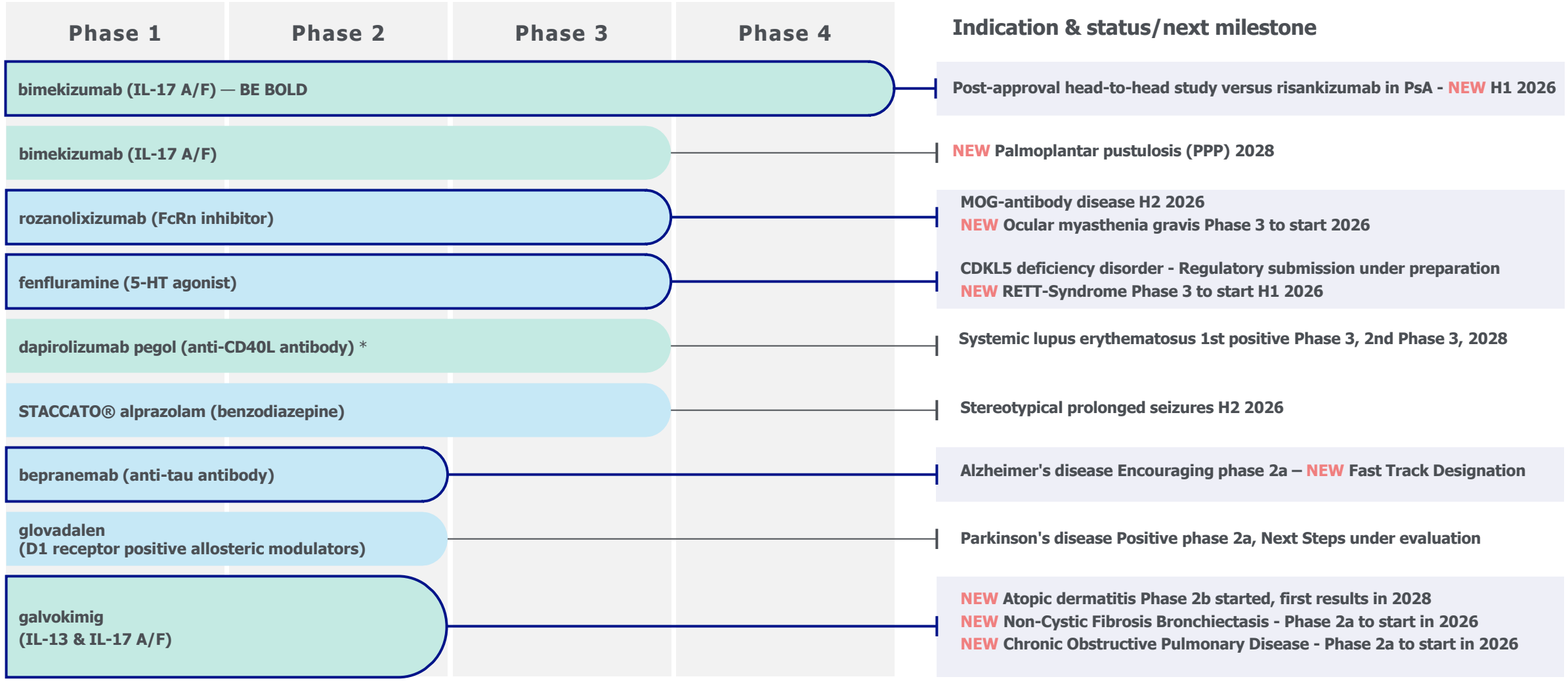
*An ultra-rare debilitating and life-threatening (often fatal) genetic mitochondrial disease estimated to affect approximately 2,000 patients globally;
CHMP =Committee for Medicinal Products for Human Use

UCB – FY 2025 Facts & Figures, February 2026

REGULATORY & PIPELINE UPDATE

Proprietary and Confidential Property of UCB

Rich pipeline to deliver innovation into the future



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; D1 = Dopamine-1; H = half-year; IL = interleukin; FcRn = Neonatal Fragment Crystallizable Receptor; MOG = Myelin Oligodendrocyte Glycoprotein; PPP = palmoplantar pustulosis; Projects not currently approved by any regulatory authority

UCB – FY 2025 Facts & Figures, February 2026

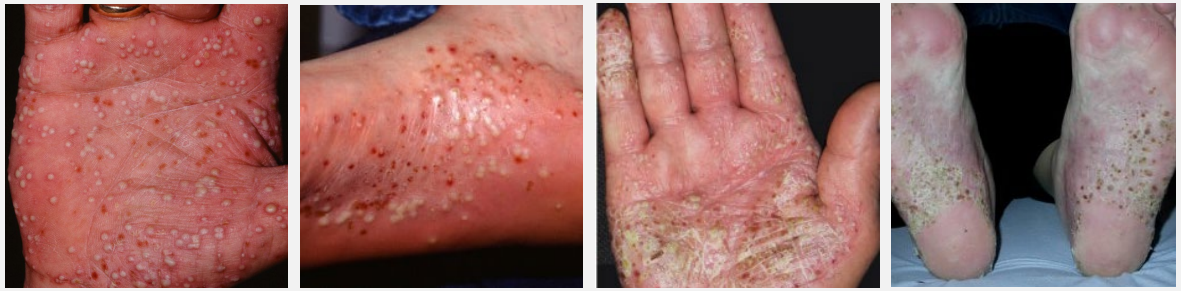
DEEP-DIVE CLINICAL PIPELINE & DISEASE AREAS

Proprietary and Confidential Property of UCB

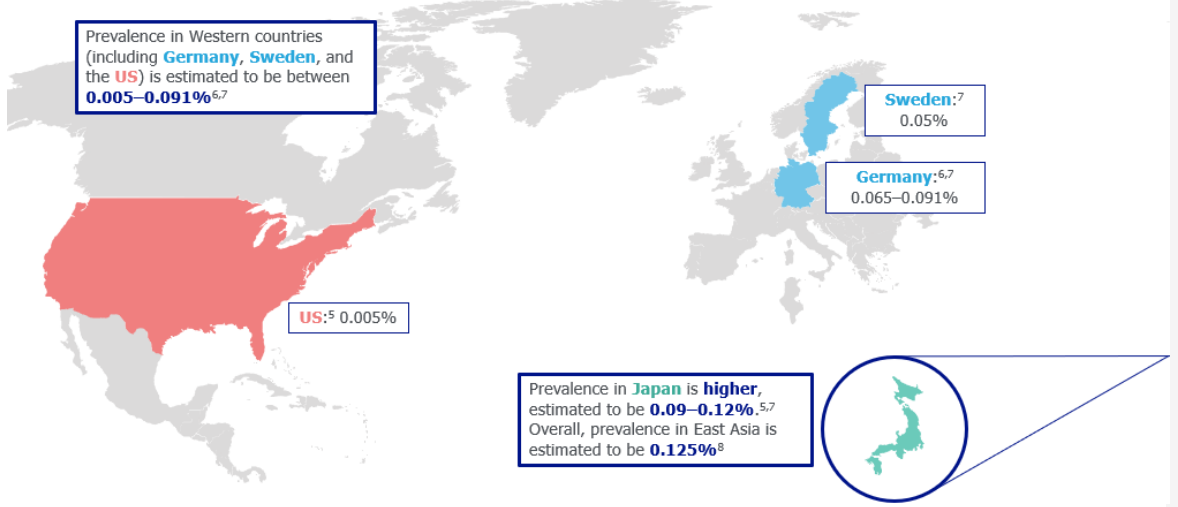
Palmoplantar Pustulosis (PPP)

PPP is a rare **chronic, inflammatory, dermatological** condition which manifests as sterile neutrophilic pustules on palms and/or soles of patients[1-3]

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



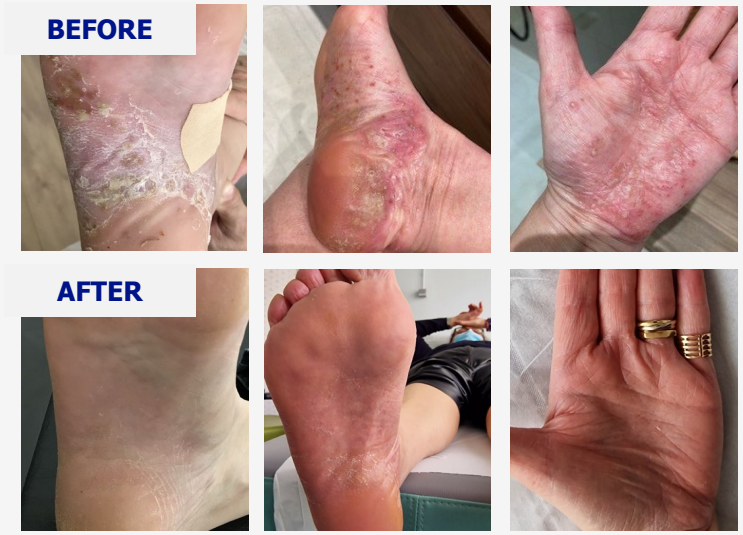
PPP is a rare disease,[5] with studies across the world reporting prevalence estimates ranging from **0.005–0.12%[6–8]**



In a case series report

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

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



UNMET MEDICAL NEED

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

Approved systemic treatments globally

Acitretin (GER)[7]

Approved systemic treatments in Japan[8]

Guselkumab
Risankizumab
Brodalumab
Apremilast

Proprietary and Confidential Property of UCB

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

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

	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: plaque (~75%) and guttate psoriasis • Thinner plaques, less scaling than adults • Distribution may include face, scalp, flexures, diaper area (infants) • Triggers: infections (e.g., streptococcal throat), skin trauma, stress	• Similar qualitative clinical features in the pediatric 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 but impacts QOL; higher BMI linked to greater BSA involvement and more severe psoriasis • Pediatric psoriasis associated with ↑ metabolic syndrome (up to 30%) • 10–15% of children show features of atopic dermatitis	• As for the equivalent adult conditions, comorbidities may include **uveitis, psoriasis, and IBD**	• Limited data on pediatric HS comorbidities; reported associations include obesity, acne, pilonidal disease, depression • Obesity less common in pediatric HS than in adults • Children with HS show more hormonal imbalances vs. adults • HS has a high psychosocial impact in adolescence (school performance, self-esteem, peer relationships)

Proprietary and Confidential Property of UCB

Atopic Dermatitis – High Prevalence

Atopic dermatitis is the **most common, chronic, inflammatory skin condition** characterised by itchy and painful skin lesions. The unpredictable nature of disease means that patients may have alternating periods of flares and remission, or persistent chronic symptoms[1,3]

The **prevalence of atopic dermatitis is high,** affecting up to **20% of children** and up to **10% of adults**[3]

Atopic dermatitis can result in **psychological distress, sleep disturbances, stigmatization, impaired QoL, poor school or work performance**[3]

Burden of disease ranks **15th worldwide for nonfatal diseases** and **first for skin diseases**; one in six people experience clinical depression, and one in eight experience suicidal ideation[3]

Often **associated with other allergic conditions such as asthma and hay fever**[4]

Proprietary and Confidential Property of UCB

QoL, quality of life.

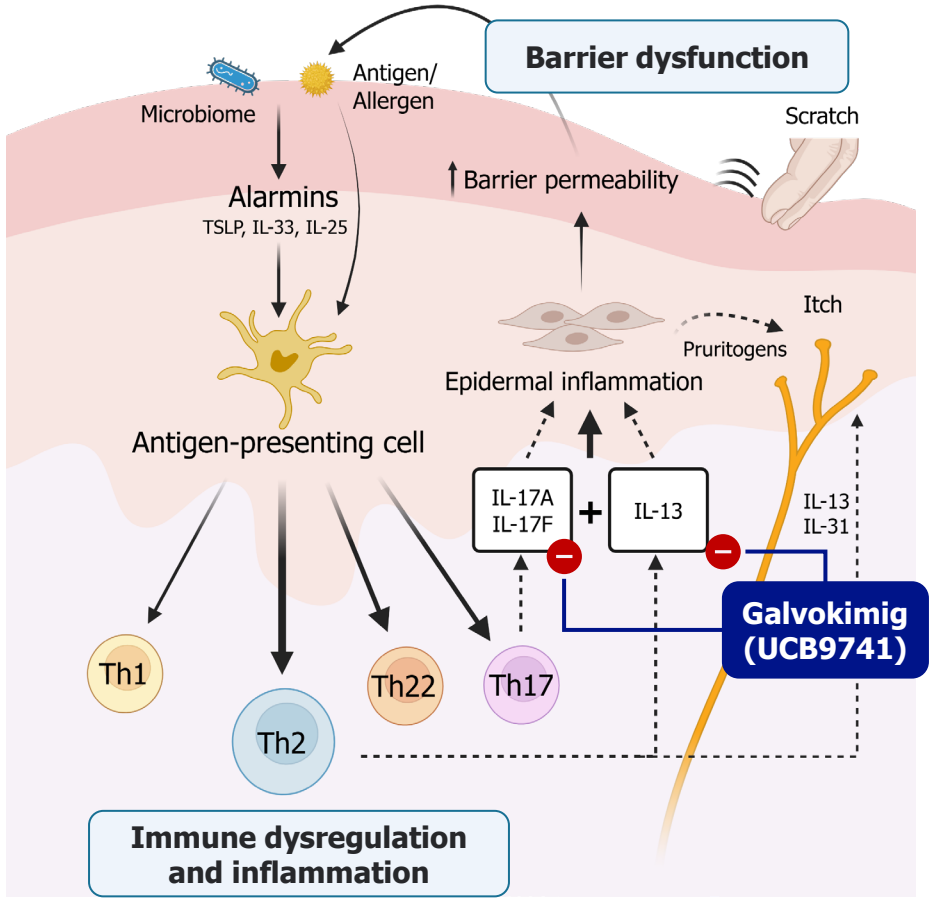
1. Bakker D, et al., J Allergy Clin Immunol. 2023;151:1163-1168. 2. Savva M, et al., Front Biosci (Landmark ed). 2024;29:84. 3. Global Report on Atopic Dermatitis 2022. Available at: https://www.eczemacouncil.org/assets/docs/global-report-on-atopic-dermatitis-2022.pdf. Accessed April 2025. 4. Pullerits T, et al. Respir Med. 2021;176:106250.

Galvokimig : underlying mechanisms of atopic dermatitis (AD)

- While the role of IL-13 in the pathophysiology of **AD** is well established, recent advancements have revealed involvement of additional immune pathways[1,2]
- Elevated *IL17A* and *IL17F* gene expression has been shown in AD lesional vs non-lesional tissue[3]
- IL-17A and IL-17F have been shown to synergize with IL-13 *in vitro* to induce downstream cytokines (e.g., IL-19 and IL-24)[3]
- **Combined IL-13, IL-17A, and IL-17F inhibition** with a single agent may improve treatment outcomes in AD[1]
- **Galvokimig** (UCB9741) is a multispecific antibody addressing disease heterogeneity beyond Th2 biology by inhibiting IL-13, IL-17A, and IL-17F

A Phase 2a Proof-of-Concept (PoC) study has been conducted to report the 12-week efficacy and 18-week safety results of galvokimig from the UP0089 study in participants with moderate-to-severe AD

Mechanism of AD pathogenesis[2,3]

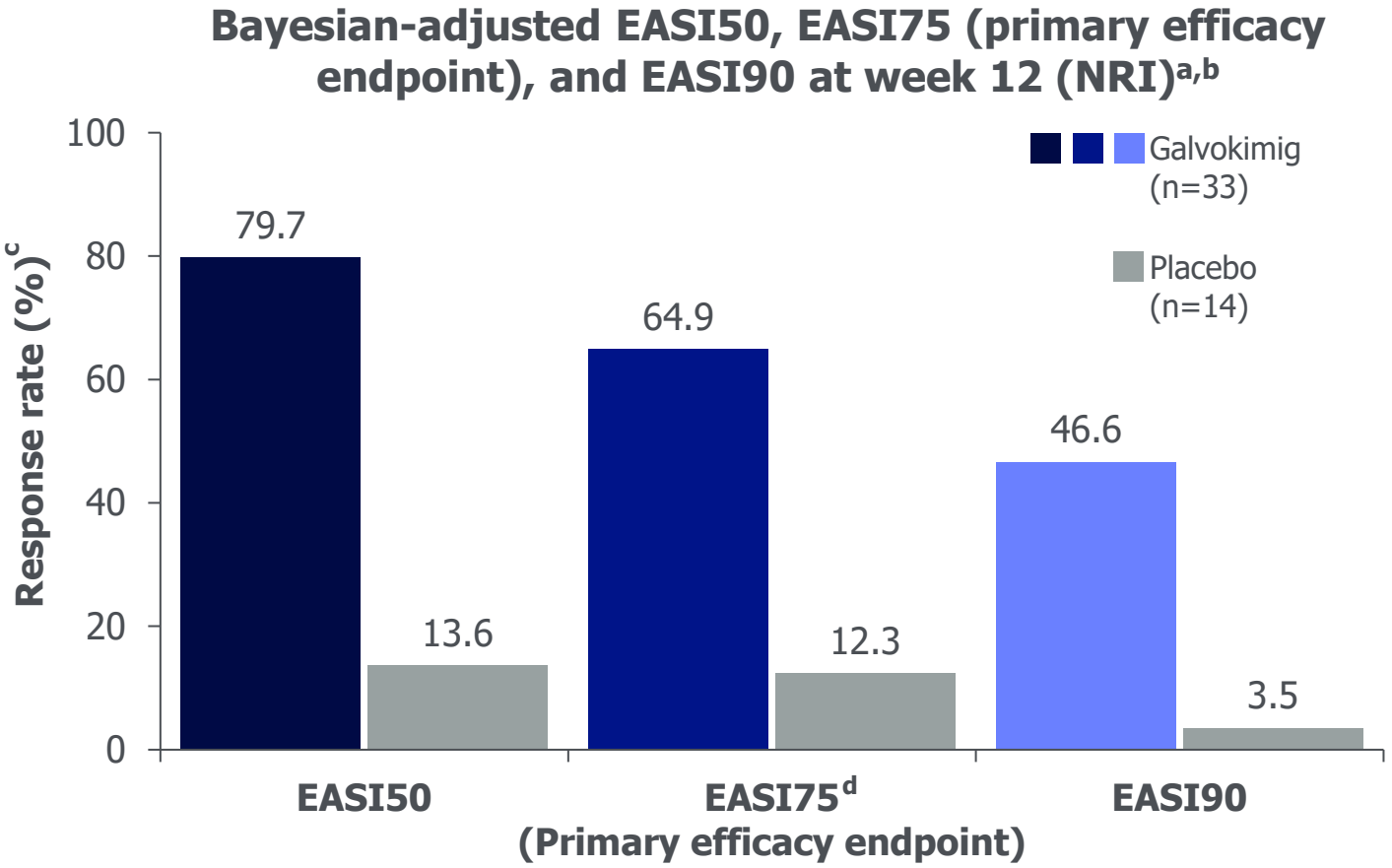


AD, atopic dermatitis; IL, interleukin; Th, T helper cell; TSLP, thymic stromal lymphopoietin.

1. Bieber T *et al. J Eur Acad Dermatol Venereol.* 2022;36:1432-1449; **2.** Langan SM, Irvine AD and Weidinger S. *Lancet.* 2020;396:345-360; **3.** Stanyon S *et al.* Poster presented at ESDR 2025; 10–13 September 2025; Antwerp, Belgium. Poster 20.

Proprietary and Confidential Property of UCB

Galvokimig showed clinically meaningful skin clearance at week 12 in the PoC Phase 2a study



Encouraging **12-week skin-clearance** with an acceptable risk-benefit profile, supporting **differentiated potential**

Phase 2b launched: Defining optimal subcutaneous dosing with topline results expected in 2028

Atopic Dermatitis

In addition to the phase 2b dosing study in Atopic Dermatitis, two new phase 2a studies will be started in 2026 in **Chronic Obstructive Pulmonary Disease (COPD)** and **Non-Cystic Fibrosis Bronchitis (NCFB)**

Respiratory

Proprietary and Confidential Property of UCB

[a] Estimates in the full analysis set based on a Bayesian augmented control logistic regression analysis that adjusted for baseline EASI score and immunoglobulin E levels while taking into account historical placebo data; the NRI approach was used for intercurrent events and missing data; **[b]** Bayesian-adjusted difference of 65.1 for EASI50, 52.1 for EASI75, and 42.8 for EASI90; **[c]** Bayesian-adjusted response rate; **[d]** Posterior probability difference >0.999; EASI, Eczema Area and Severity Index; EASI50, 50% reduction in Eczema Area and Severity Index score; EASI75, 75% reduction in Eczema Area and Severity Index score; EASI90, 90% reduction in Eczema Area and Severity Index score; NRI, non-responder imputation; NRS, numerical rating scale.

Rozanolixizumab MOGAD

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 treatment guidelines recently published, not established globally yet
- **Rozanolixizumab: only FcRN P3 clinical trial ongoing.**

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.

Proprietary and Confidential Property of UCB

Rozanolixizumab oMG

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

ocular Myasthenia Gravis **(oMG)**

- Proposed indication: the treatment of ocular myasthenia gravis (oMG) in adult patients who are anti-AChR-positive, anti-MuSK-positive, or seronegative.

- Double vision and palpebral ptosis are the most common and burdensome signs and symptoms of ocular MG.
  - Double vision often worsens with fatigue and significantly impacts QoL and ADL (e.g. driving, reading, working)
  - Droopy eyelids is a very common complaint that causes both functional issues and social stigma due to its visibility
  - Clinical course over the first 3 years may be critical in determining disease generalisation to gMG**.** Early treatment may delay or prevent progression to gMG

- Prevalence: The annual incidence of **ocular MG** is 1.13 per 100,000 people

- Recent international MG guidelines incorporate recommendations for the oMG management.
- Treatment goals should include, minimise patients' symptoms and possibly prevent the generalisation of the disease with minimal side effects and restore and maintain vision function in primary and downward gazes, the directions of gaze most associated with satisfactory QoL.
- Pyridostigmine is the only licensed treatment for MG that includes oMG; other conventional treatments include CS and NSISTs
- **Rozanolixizumab: P3 clinical trial planned – FPFV expected Q2 2026** (Argenx Ph3 read out in H126 and Gefurulimab start Ph3 in 2026)

Proprietary and Confidential Property of UCB

ADL, activities of daily living; HCP, healthcare professional; MG, myasthenia gravis; QoL, quality of life.

UCB Biopharma. Data on file (oMG Treatment Journey: Global Research: US, DE & JP). September 2025; Grob D, et al. Muscle Nerve. 2008;37:141–149; Wong SH. Ann Indian Acad Neurol. 2022;25(Suppl2):S91–S93; Behbehani R, et al. Eye Brain. 2023;15:1–13; Tanveer S, et al. Cureus. 2024;16(3):e56337.; Kupersmith MJ, et al. Arch Neurol. 2003;60(2):243–248;Li M, et al. Ther Adv Neurol Disord. 2019; 12:1756286419876521; 3. Menon D, et al. Neurology. 2024;103:e209722; Monsul NT, et al. J Neurol Sci. 2004;217:131–133.
UCB – FY 2025 Facts & Figures, February 2026

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

CDKL5 Deficiency Disorder (CDD)

~2 in 100k live births
US, EU, JP incidence

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

Up to **80%** of patients experience daily seizures

Almost 3/4 of caregivers identify seizures as the most challenging symptom

GEMZ phase 3 trial completed, positive study & on track for submission, Q1 2026
Unique, complementary MOA with demonstrated impact on refractory seizures

Proprietary and Confidential Property of UCB

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.
UCB – FY 2025 Facts & Figures, February 2026

Fintepla; 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 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 2012 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
- Up to 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]
- Almost 3/4 of caregivers identify seizures as the most challenging symptom
- 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 are **epileptic or infantile spasms, tonic seizures, or generalized tonic-colonic 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 delays are more commonly seen in CDD (and Infantine Epileptic Spasms Syndrome) than in other early-life genetic epilepsies[9]

Proprietary and Confidential Property of UCB

Fintepla; There is a need for new effective medications to relieve the burden and QoL impact of **RETT**

- **Unmet needs**[1-4]

No disease-modifying therapies
Whilst gene therapies are being explored in Ph1/2 development for RTT, at present there is no cure or disease-modifying treatment available

Seizure management
There is a lack of seizure medications that are sufficiently effective for RTT, and most have side effects that exacerbate symptoms

Communication
Many patients are non-verbal which can have a profound QoL impact on both patients and caregivers

Psychiatric & behavioural health
Anxiety, irritability, and mood disturbances are common but under-treated due to communication barriers and lack of tailored psychiatric care

Sleep & respiratory issues
Sleep-disordered breathing and irregular awake breathing* are common but poorly understood and managed, with pulmonology referrals often not readily accessible

Motor skill loss
Motor skill loss is irreversible with current treatments; no therapies are able restore lost motor function or prevent its decline

Feeding & GI difficulties
Chewing and swallowing is challenging for many patients, with many requiring gastrostomy/GJ tubes

Caregiver burden & fragmented care services
A multisystem burden creates substantial caregiver burden, and families also often struggle with fragmented care across specialties (neurology, gastroenterology, pulmonology, orthopaedics, etc.)

With a lack of drugs approved for RTT, treatment remains focused on managing symptoms and there is a demand for new treatment options that target the underlying cause of disease in order to improve quality of life and prognosis for patients

Proprietary and Confidential Property of UCB

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]

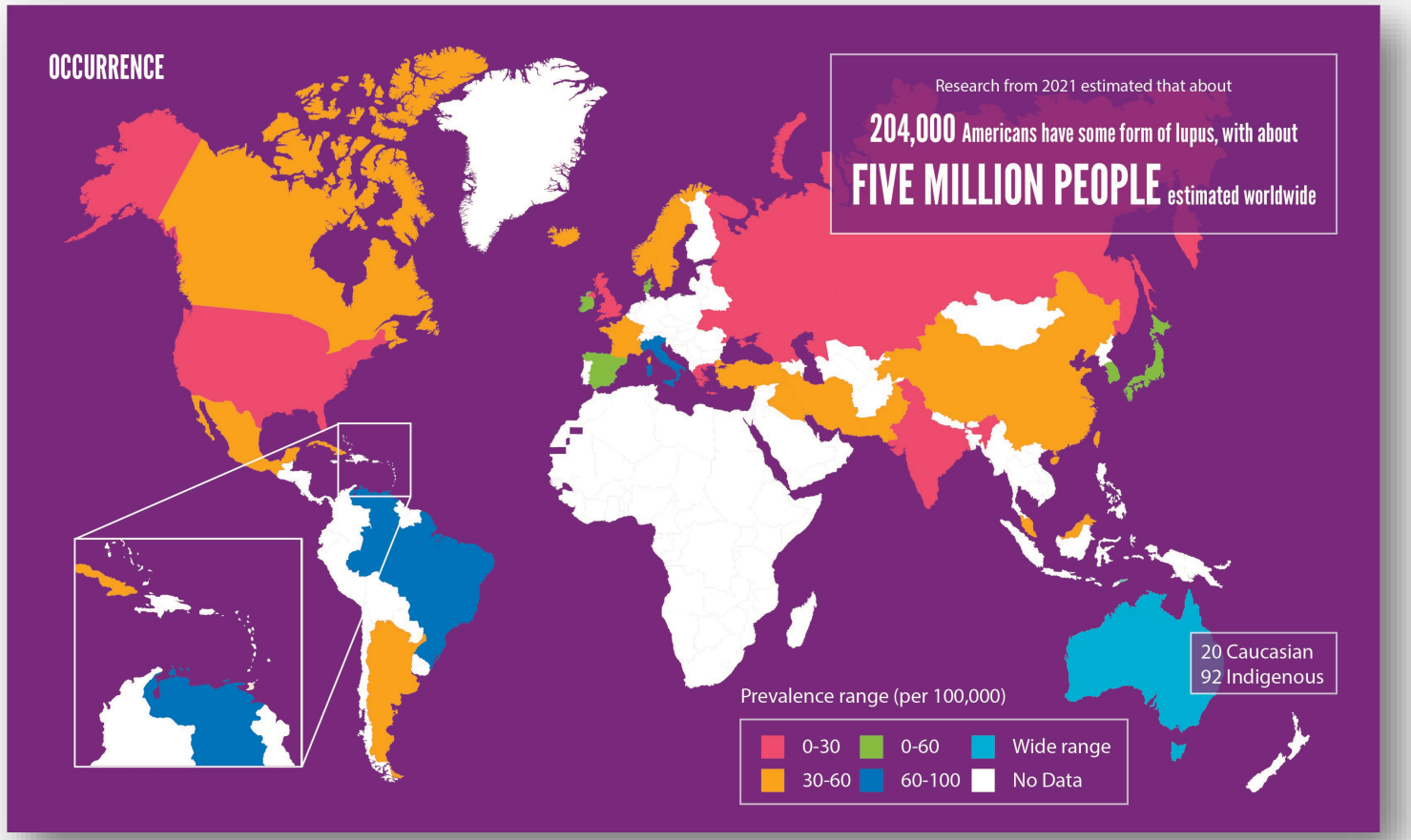
However, due to **improved** diagnosis and **disease management**, most people with lupus can expect to **live a normal life span**

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



Proprietary and Confidential Property of UCB

[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 2025 Facts & Figures, February 2026

SLE Disproportionately affects Specific Populations

Epidemiology

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

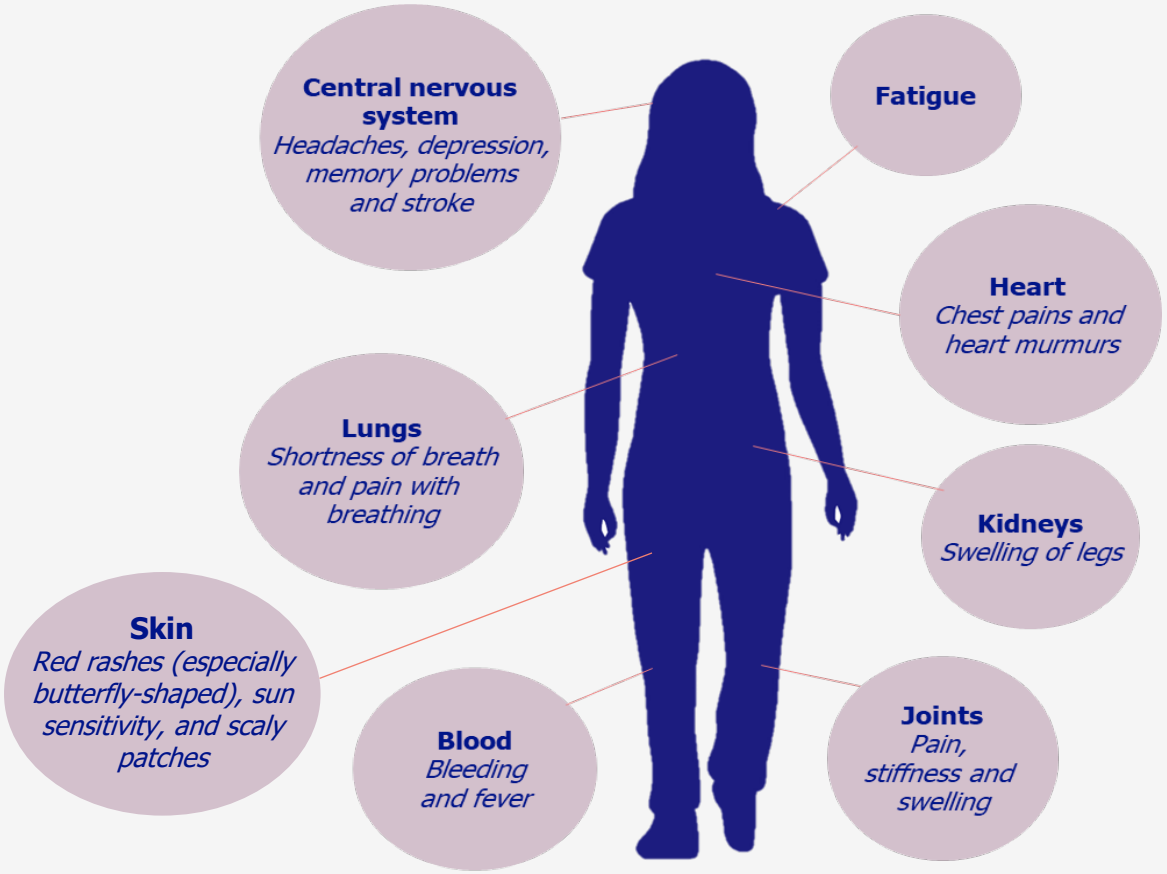
Women	**90% are women**, of those, 50% are women of childbearing age[1] between 15-45
Racial/ ethnic groups	**Two to three times more prevalent** among people who are African American, Asian American, Hispanic/Latino, Native American, or Pacific Islander

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]

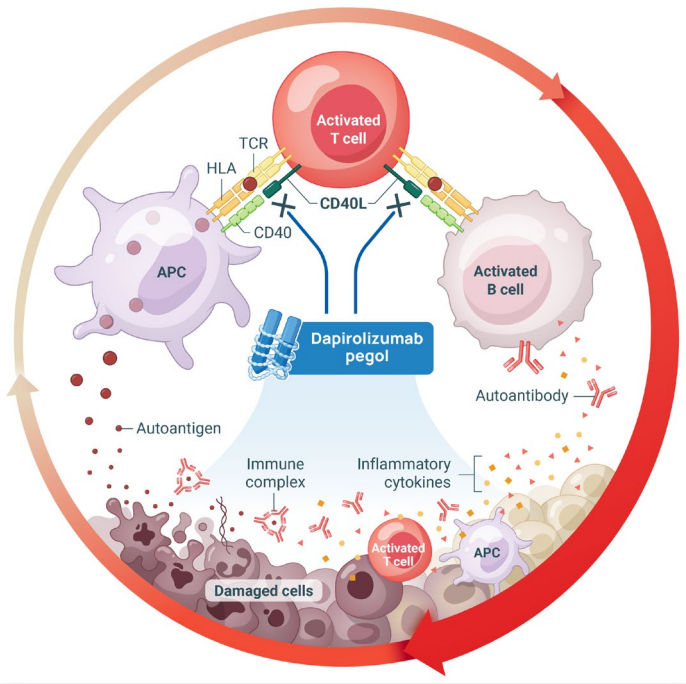


Proprietary and Confidential Property of UCB

[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**

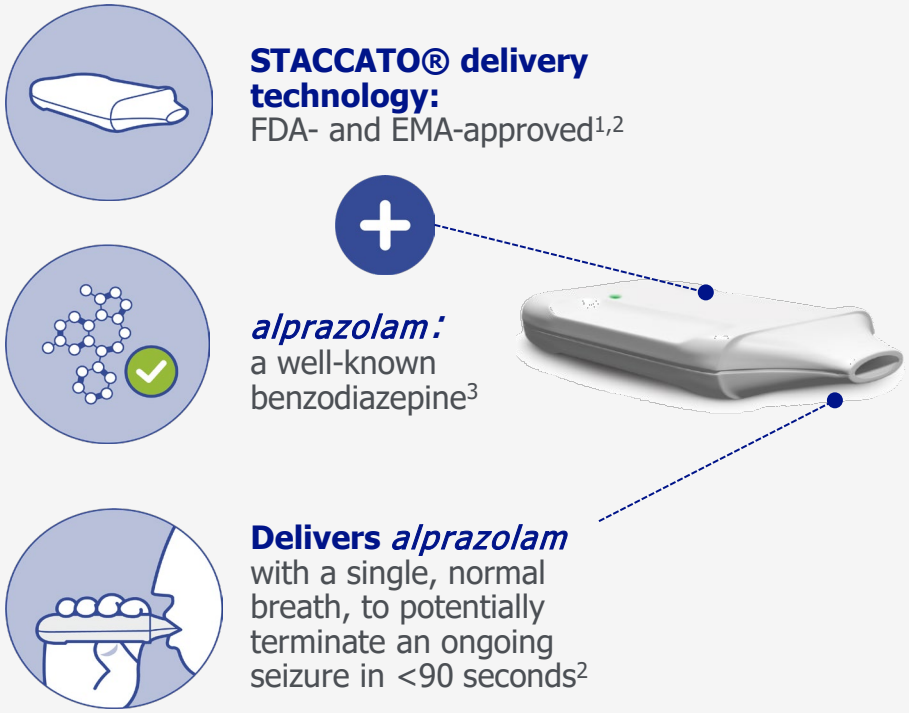
Second Confirmatory Phase 3 study started, Top line results 2028

Proprietary and Confidential Property of UCB

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 – FY 2025 Facts & Figures, February 2026

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 H2 2026
- UCB to perform further clinical development, regulatory filings, launch and commercialization

Proprietary and Confidential Property of UCB

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:

Proprietary and Confidential Property of UCB

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 – FY 2025 Facts & Figures, February 2026

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)

Proprietary and Confidential Property of UCB

Bepranemab (UCB0107, Anti-Tau Antibody)

FAST TRACK DESIGNATION granted by FDA in February 2026

UCB reported the primary results from the TOGETHER, Phase 2 study of bepranemab in people with MCI to mild AD, at the CTAD congress, Q4 2024[1], and OLE primary results at CTAD Q4 2025.

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. Placebo-controlled and long-term safety results showed a bepranemab safety profile comparable to placebo.

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.

Proprietary and Confidential Property of UCB

Bepranemab - 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]

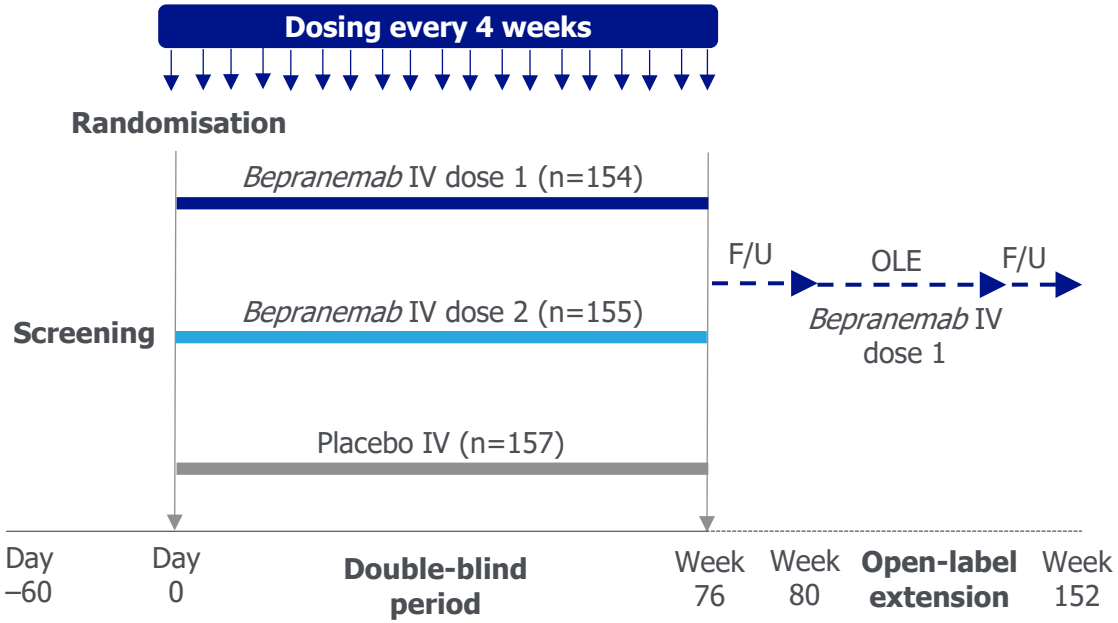
Inclusion criteria

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

Key exclusion criteria

- Tx with disease modifying therapies
- Other cognitive disorders
- Pathological findings on imaging

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.

Proprietary and Confidential Property of UCB

Bepranemab - 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 total population treatment benefit on the primary endpoint, as measured by change from Baseline in CDR-SB score

Bepranemab had an acceptable safety profile in placebo-controlled and OLE assessments, with no evidence of imaging abnormalities

Consistent treatment benefit was observed in primary and all secondary outcome measures in a predefined subgroup with low tau burden at Baseline, which was maintained over the open-label extension period

Taken together, the results from AH0003 signal a specific subpopulation with early AD and low tau accumulation as those patients that stand to benefit the greatest from treatment with bepranemab

Proprietary and Confidential Property of UCB

Barton M, et al. Data presented at CTAD 2024. Barton M, et al. *JPAD. 2025: 12 supplement 1; 7-8.*
UCB – FY 2025 Facts & Figures, February 2026

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
2027-2028	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.

Proprietary and Confidential Property of UCB

SUSTAINABLE BUSINESS APPROACH

Proprietary and Confidential Property of UCB

We advance sustainable impact for a healthier future

Value for patients

- **>3.1 M** patients
- **78%** reimbursement coverage achieved for UCB medicines
- **43%** earlier positive decisions on reimbursement than industry benchmark

Value for people at UCB

- **81.2%** for our Health, Safety and Wellbeing Index
- **71.8%** Inclusion Index results

Value for our communities

- **196** partnerships in research
- **177** scientific publications
- **€6.2 million** for more than 60 nonprofit organizations worldwide

Value the planet

- **-36%** CO_2e emissions compared to 2019 baseline (Scope 1, 2 and 3 emissions, except category 3.1)
- **-22%** in water withdrawal
- **78%** of our suppliers, by emissions, with CO_{2e} target aligned with SBTi

Value for shareholders

- **€ 7.7 B** revenue
- **€ 2.6 B** adjusted EBITDA

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

Sustainalytics
13.7
(2024: 13.7)

MSCI
AA
(2024: AA)

ISS ESG
B-
(2024: B-)

CDP
Water Security: **A-** (2024: A-)
Climate Change: **A** (2024: A-)

Proprietary and Confidential Property of UCB

Data as of 31st of December 2025.

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

By 2045

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

-90%

Neutralize any remaining emissions

Proprietary and Confidential Property of UCB

[1] UCB's absolute targets were updated to align with a 2019 climate. 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.

GOVERNANCE & SHAREHOLDING

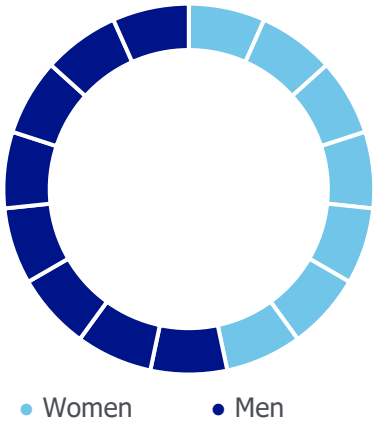
Proprietary and Confidential Property of UCB

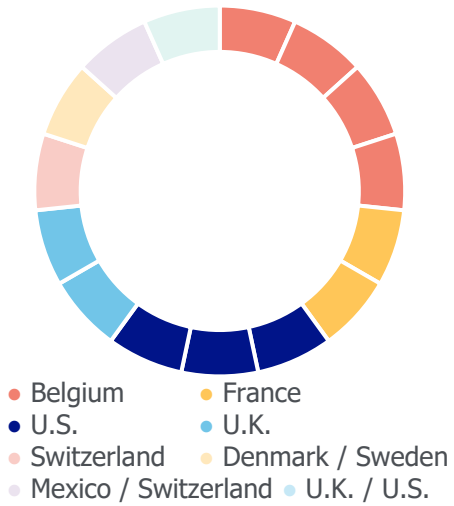
Corporate Governance

Board of directors & Executive committee

Board of directors

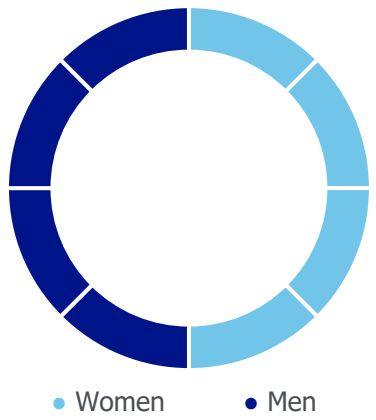
- **15 members**
  - Mandate: 4 year
  - Age limit: 70
- **6 women (40%)**
- **10 independent directors (66%)**
- **8 nationalities**

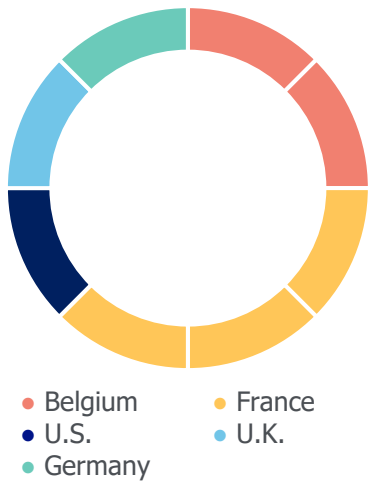




Executive committee

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





Proprietary and Confidential Property of UCB

As of January 2026. More details in the notes to the Annual General Meeting.
UCB – FY 2025 Facts & Figures, February 2026

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,
Executive Vice President
Patient Evidence

JC Tellier,
CEO

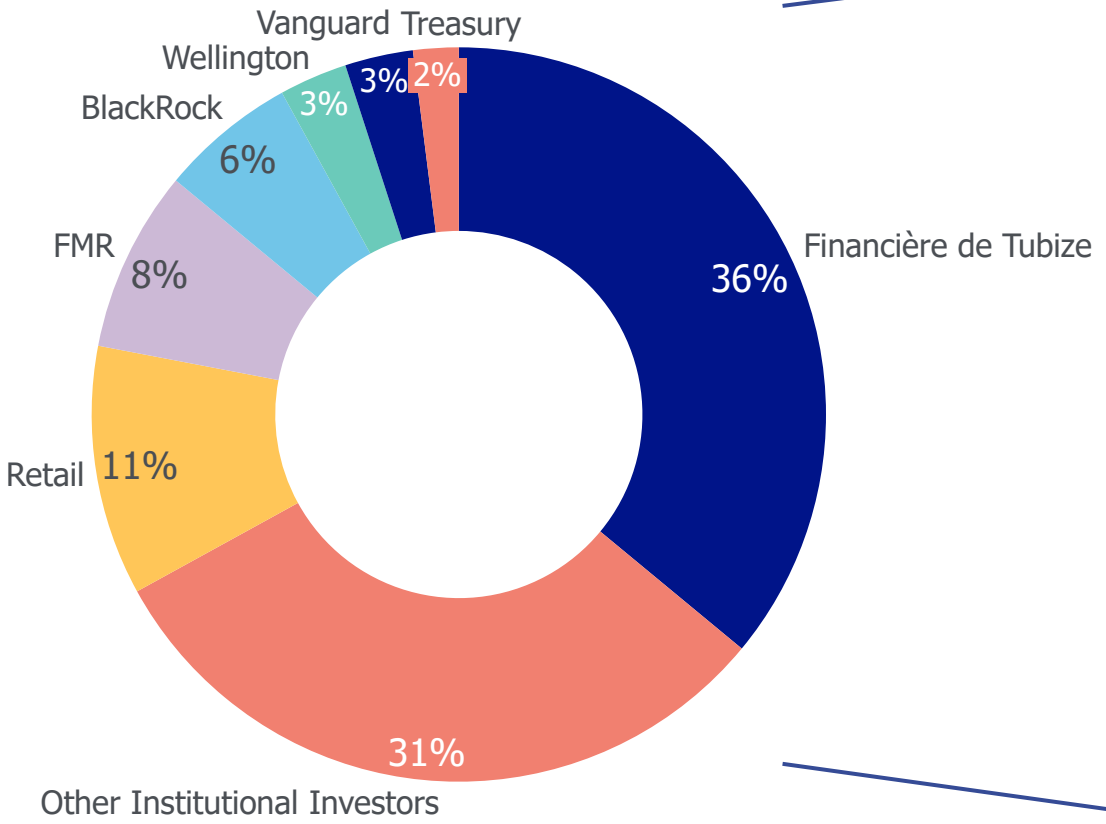
A. Henry,
CSO

K. Lund-Jurgensen,
Executive Vice President
Patient Supply

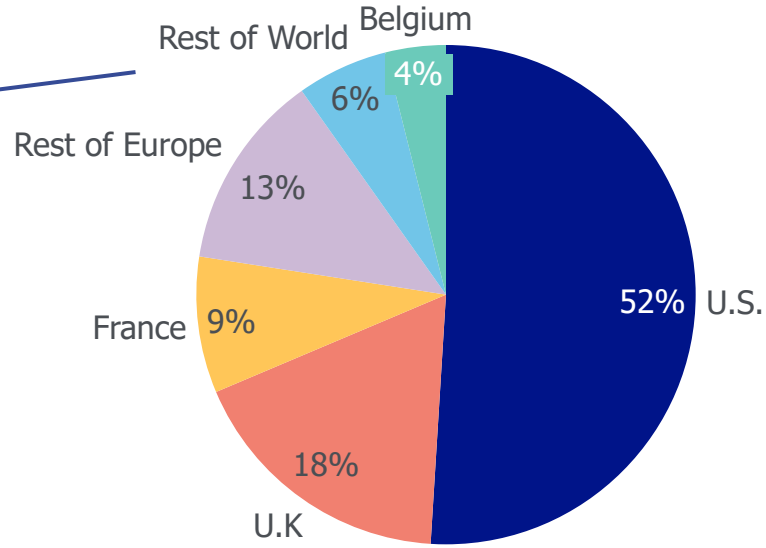
F. du Monceau,
CCO

Proprietary and Confidential Property of UCB

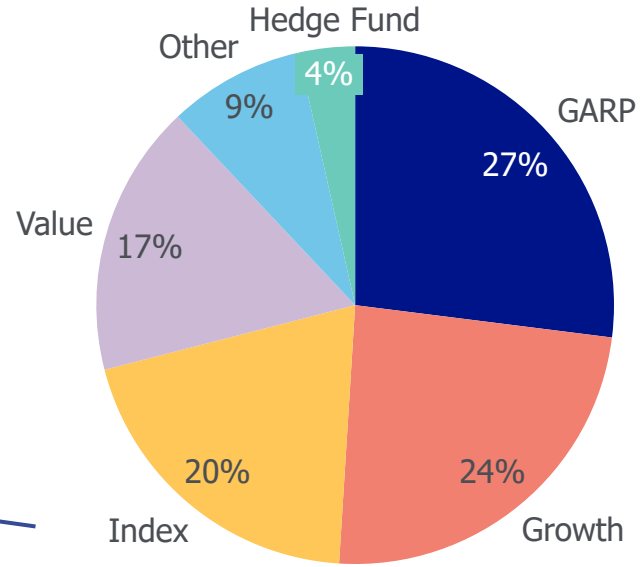
Shareholder Distribution



Institutional investors:
geographic distribution



Institutional investors:
investment style



Proprietary and Confidential Property of UCB

Sources: Shareholder identification (as of **13 February 2026**) and latest transparency notifications; UCB underlying ownership analysis.
UCB – FY 2025 Facts & Figures, February 2026

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

Diyana Mishu
Investor Relations Manager
Phone: +32 2 559 7446
E-mail: diyana.mishu@ucb.com

Yifei (Faye) Wu
Investor Relations Assistant
Phone: +32-2-559 9087
E-mail: yifei.wu@ucb.com

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

Available on the App Store

ANDROID APP ON Google play

Proprietary and Confidential Property of UCB