HY 2026 Report

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.

INTRODUCTION

UCB story – since 1928

Continuous adaptation to the changing ecosystem

1928

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

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

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

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

Globalization with acquisitions in the U.S., Korea, Thailand and Japan

80's

1987

Zyrtec

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

2004

2000

Keppra

2006

Neupro

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

cimzia (certolizumab pegol)

VIMPAT lacosamide

2008

EVENITY (romosozumab-aqqg)

Nayzilam (midazolam) nasal spray

2019

2016

BRIVIACT

2021

Bimzelx (bimekizumab)

Fintepla

Through acquisition of Zogenix, Inc.

2022

2023

RYSTIGGO (rozanolixizumab-noli)

ZILBRYSQ (zilucoplan) Injection

2024

2026

kygevvi

The timeline is not proportionated.

Successfully delivering today

Strong H1 performance

REVENUE	€4.3bn	+22% (+27% CER)
NET SALES	€4.1bn	+23% (+28% CER)
EBITDA MARGIN	40.7%	+1000 bps

>50% of **NET SALES** generated by our **5** growth drivers

Upgraded 2026 financial guidance

Revenues*	**Low-teens % to mid-teens %**
Adjusted EBITDA*	**Mid-teens % to low-twenties %**

Unique position of strength with long exclusively ahead

Patent Protection**

* Expected to grow at Constant Exchange Rate; ** Patent protection in the U.S.. Bimzelx® date assumes patent term extension is granted; bn = billion; CER = Constant Exchange Rates.

Actively shaping the next phase of growth to raise standard of care

BIMZELX® Evidence of superior profile

BE BOLD

First in PsA vs. IL-23

4th Head-to-head

	BE SURE (N=478)	BE VIVID (N=567)	BE RADIANT (N=743)	4th SUPERIORITY STUDY BE BOLD (N=435)
Design	Pivotal | 56-week	Pivotal | 52-week	Phase 3b | 48-week	Phase 3b | 24-week
Comparator(s)	Adalimumab	Placebo / Ustekinumab	Secukinumab	Risankizumab
	SUPERIORITY CONFIRMED	SUPERIORITY CONFIRMED	SUPERIORITY CONFIRMED	SUPERIORITY CONFIRMED

Superior ACR50 vs. risankizumab

Rapid onset from Week 4, sustained through Week 24

Comparable safety with same rate of treatment discontinuations

Advancing internal pipeline

BIMZELX® — **HS:** adolescent **Ph3** recruitment completed ahead; **Data H1 2027**

FINTEPLA® — **CDD:** filed; **Rett syndrome:** **Ph3** initiated Q2 2026

bepranemab — **Ph2** to start H1 2027

galvokimig — **Ph2 COPD and NCFB** initiated Q3 2026

Building next generation pipeline

CandiD THERAPEUTICS

NEURONA THERAPEUTICS

ANTENGENE

IMIDomics™

Adding differentiated next-generation treatments across modalities & mechanisms

CDD = CDKL5 deficiency disorder 5; COPD = Chronic Obstructive Pulmonary Disease; HS = hidradenitis suppurativa; IL = interleukin; NCFB = non-cystic fibrosis bronchiectasis; PsA = Psoriatic Arthritis.
UCB – HY Results 2026, July 2026

BIMZELX® confidence reflected in revised peak sales potential

€7bn+

1

Execute with excellence

High-impact field execution

AI-powered targeting & engagement

Strategic access expansion

2

Evidence-based, durable & real-world impact

4 head-to-head superiority wins

Superior vs. 4 major drug classes in psoriatic diseases

Multi-year efficacy data

5-year PSO

4-year PsA

3-year HS and AS

3

Expand across indications

5 approved indications

PPP launch expected to expand BIMZELX reach

Pediatric & adolescent expansion in progress

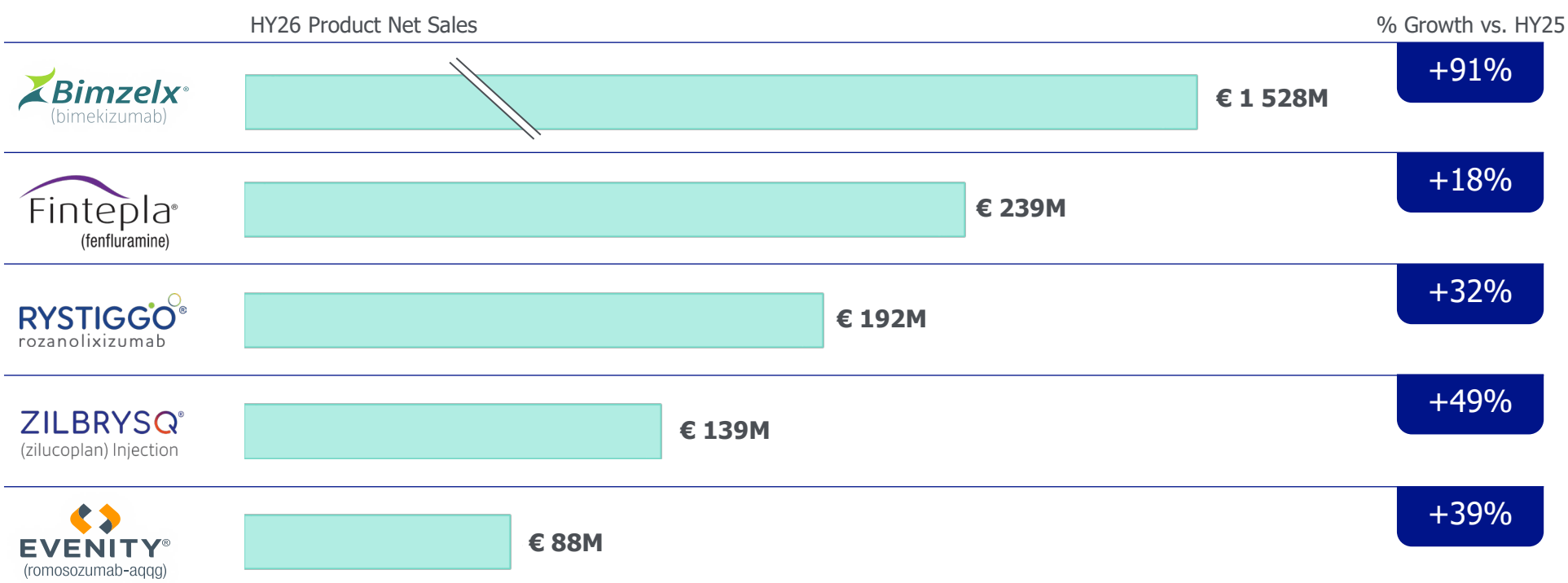
These levers reinforce sustainable BIMZELX growth momentum

AS = Ankylosing Spondylitis; HS = hidradenitis suppurativa; PsA = Psoriatic Arthritis; PSO = Psoriasis; PPP = palmoplantar pustulosis.

Accelerating growth, delivering strong performance

5 GROWTH DRIVERS

>50%
OF TOTAL NET SALES



STRONG FUNDAMENTALS

cimzia (certolizumab pegol)
€ 954M
-1% vs. HY25

BRIVIACT (brivaracetam)
€ 327M
-13% vs. HY25
LOE in the U.S. Feb 2026

Advancing on our sustainability journey

Among the World's Top 100 Most Sustainable Companies
#78 globally, #4 in the pharmaceutical industry*

M = Million; * TIME & Statista

Strong H1 2026 results and execution

			HY26*	Actual	CER
Revenue	**Net Sales € 4 088M** (+23%; +28% CER)		**4 270**	22%	27%
Adjusted Gross Profit	**Margin 82% after 79%** - Driven by favorable product mix, benefiting from prior year GTN adjustment Improving access comes with pricing pressure expected to impact FY gross margin		**3 500**	27%	33%
Total OPEX[1] € 1 888M (+2%; +5% CER)	**Marketing and selling expenses**	Continued and disciplined investments behind UCB's growth drivers	**1 233**	6%	11%
	R&D expenses	R&D expected to increase in H2 (including impact of acquisitions, phasing)	**913**	6%	8%
	General & admin expenses	Accelerated digital transformation programs	**135**	20%	21%
	Other operating income	**€ 379M** net contribution (+34%) from EVENITY®	**394**	34%	41%
Adjusted EBITDA[2]	**Adjusted EBITDA / revenue ratio 40.7% after 29.6% in HY 2025**		**1 736**	68%	79%
Net Financial expenses	**€ 69 M after €78 M,** expected to increase following recent debt-financed acquisitions. Net debt/adjusted EBITDA at 0.8x as of June 2026 (net debt of € 2.8 billion).		**69**	-12%	-37%
Profit	**Tax Rate 15%**		**1 111**	>100%	>100%
Core EPS[3]	Based on 191 million weighted average shares outstanding		**6.84**	94%	>100%

*€M; 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; GTN = Gross to Net.

Strong execution supports upgraded 2026 financial guidance*

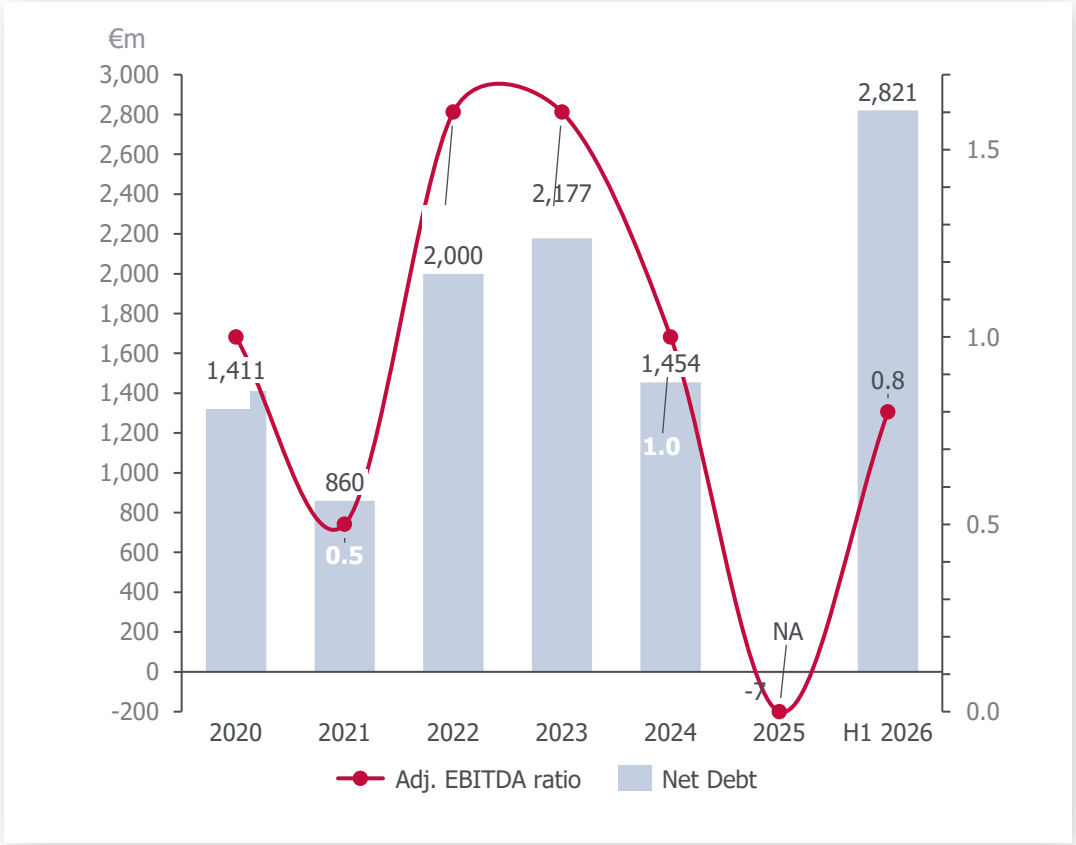
GUIDANCE		KEY DRIVERS
Revenues expected to grow (at CER)	**Low-teens % to mid-teens %** Raised from: High single-digit % to low double-digit	• Strong performance of **5 growth drivers** • **BIMZELX® access expansion** & **net pricing erosion** • **BRIVIACT® LOE**
Adjusted EBITDA expected to grow (at CER)	**Mid-teens % to low-twenties %** Raised from: High single-digit % to mid-teens %	• Continued **investment behind 5 growth drivers** • **Pipeline advancement** and integration of recent acquisitions **(Neurona & Candid)** • **EVENITY®** contribution

Adjusted basis** **for adjusted EBITDA**: mid-twenties % to low-thirties % (raised from High teens % to mid-twenties %)
Tax rate: 15%
FX sensitivity: if 30-June-2026 rates persist: **~–2 ppts** revenue; **~–6 ppts** adjusted EBITDA growth

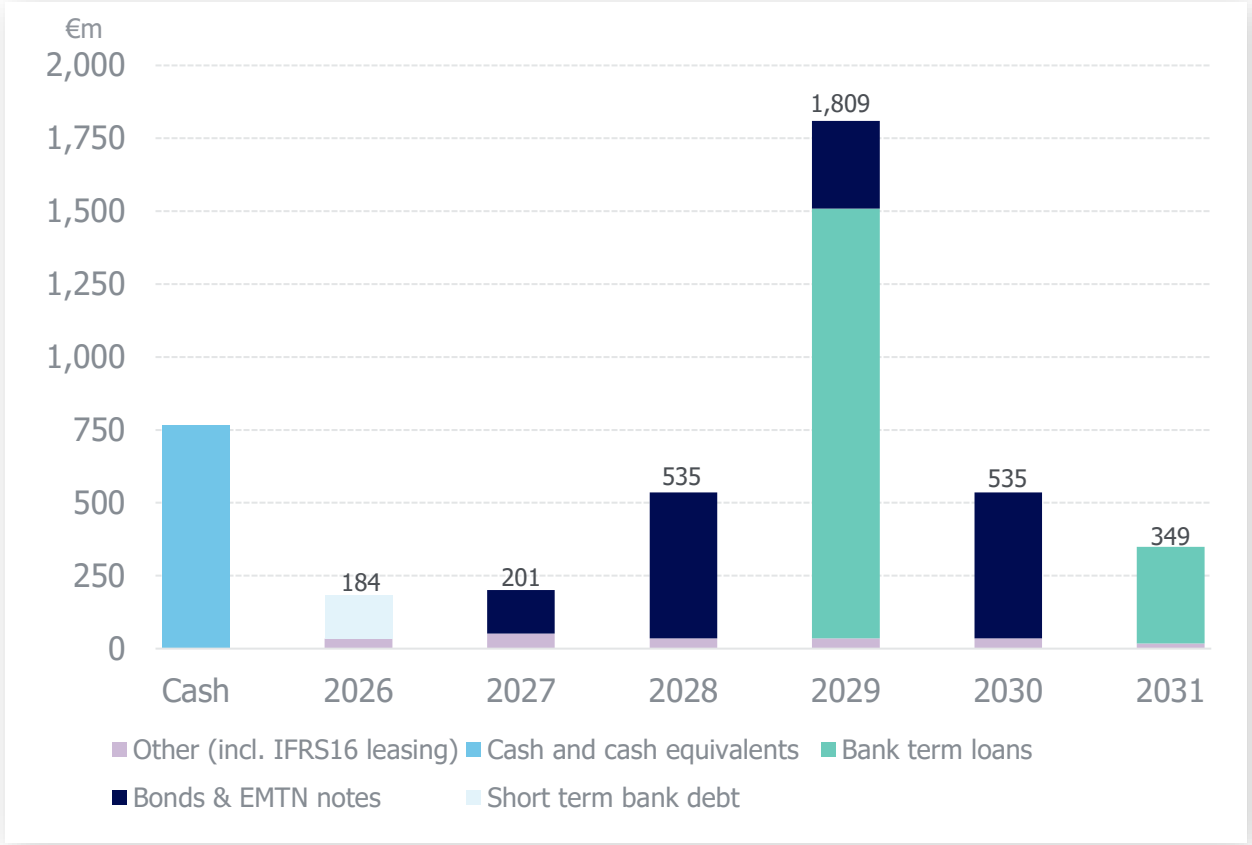
* The guidance excludes the potential impact of U.S. tariffs and any implications related to a Most Favoured Nation (MFN) pricing arrangement, as no final outcomes have been determined at this stage. ** Excludes the benefit from a sale of established brands and one-off expenses linked to resolution of contractual arrangements; CER = Constant Exchange Rate; EBITDA = Earnings before Interest Taxes Depreciation & Amortization; EPS = Earnings per Share; 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 30th June 2026)



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*

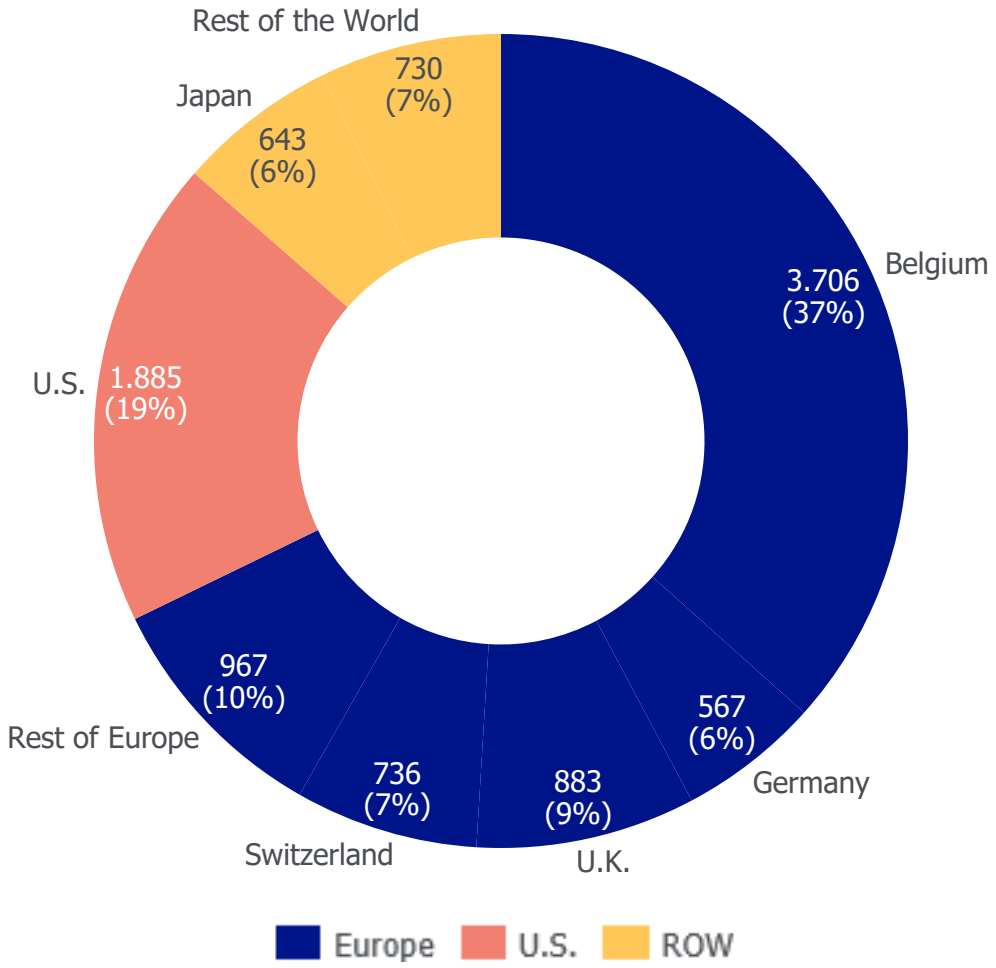
Our people are key to deliver on our ambition

10 117
Employees Worldwide

739
New colleagues

50.5 / 49.5
Women / Men

7.2%
Employee turnover



*As of end of year 2025

UCB – HY 2026 Facts & Figures, July 2026

EXTERNAL INNOVATION

Expanding the horizon of what's possible for patients

Advancing towards treatment-free remission & disease modification

Modalities

FcRn inhibitors	Immune Cell Modulators	Dual Cytokine Inhibitors	Combinatorial Biology	T-Cell Engagers
RYSTIGGO® rozanolixizumab	dapirolizumab pegol	Bimzelx® (bimekizumab)	galvokimig	Cizutamig ATG-201*

* Licensed from Antengene

Strengthening UCB's immunology ambition towards immune reset

Potential game changer across multi-indications

Cizutamig
BCMA × CD3 T cell engager

CandiD THERAPEUTICS

Best-in-class potential
T-cell Engager

Strategic fit
Adds TCE capability next to Antengene license; expands immune reset

Early efficacy
Phase 1 signals across diseases

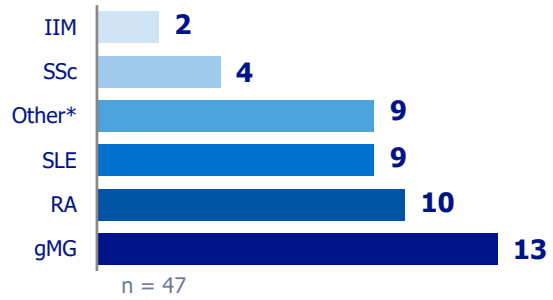
Favorable safety
Outpatient; no ICANS, low CRS

2026 catalyst
Ph 2 planned in MG and SARD-ILD to initiate end of 2026

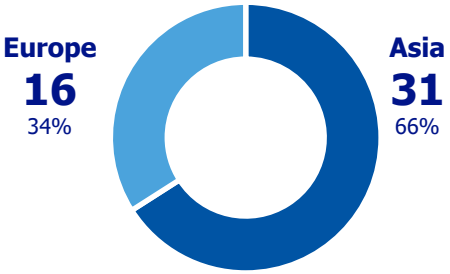
Market opportunity
Multiple indications

Data presented at EULAR 2026[1] in autoimmune disease

Patients by autoimmune diagnosis



Geographic distribution



Favorable safety[1]

- No Grade >2 CRS
- No deaths reported
- No ICANS

1. As presented at EULAR 2026; * Specific immune mediated conditions undisclosed; BCMA = B cell maturation antigen; CRS = cytokine release syndrome; gMG = generalized myasthenia gravis; ICANS = Immune Effector Cell-Associated Neurotoxicity Syndrome; IIM = idiopathic inflammatory myopathy; RA = rheumatoid arthritis; SLE = systemic lupus erythematosus; SSc = systemic sclerosis; SARD-ILD = systemic autoimmune rheumatic disease associated interstitial lung disease; TCE = T-Cell Engager.

Strategic rationale for acquiring Candid Therapeutics

Enables a **diversified immunology portfolio** combining **targeted immune reset and broad inflammation control** to deliver more durable, biology-driven outcomes in severe immune-mediated diseases

Cizutamig, **currently in multiple Phase 1 studies**, is positioned as a potential best-in-class BCMA T-cell engager for autoimmune diseases and brings a **highly experienced TCE and bispecific antibody development team**

Candid's BCMA-targeted development strategy has the **potential to span multiple diseases** characterized by autoantibody-driven pathology offering the opportunity for deep, durable immune reset

Candid provides the opportunity **to establish a presence in the field of BCMA-based TCEs** and to acquire critical immune-reset experience in B cell depletion across multiple patient populations

Note: BCMA = B-cell Maturation Antigen; TCE = T-Cell Engager

UCB – HY 2026 Facts & Figures, July 2026

Advancing UCB's epilepsy leadership towards disease modification

Potential game changer in refractory epilepsy

Rezanecel

GABA interneuron cell therapy

NEURONA THERAPEUTICS

First-in-class potential
Cell therapy for MTLE with disease modifying potential

Strategic fit
Builds on 30-year epilepsy leadership

Early efficacy & durability
~40 patients in phase 1/2, single procedure, long-lasting benefit

Safety No SAEs related to cells or procedure[2,3]

Regulatory momentum
RMAT / PRIME designations

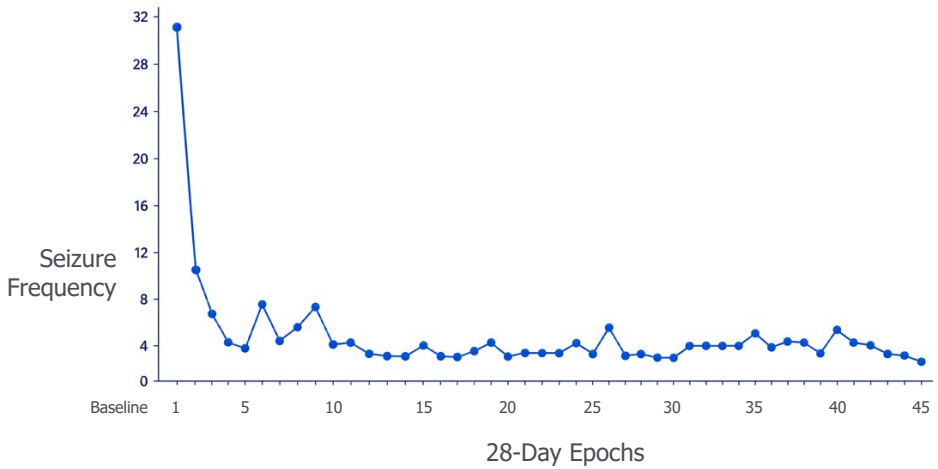
Next catalyst
Ph 3 start planned H1 2027

Market opportunity
c. 600K patients in U.S., Japan & Europe

Data presented in 2026

First patient treated: change from 32 disabling seizures a month[1]

Single dose



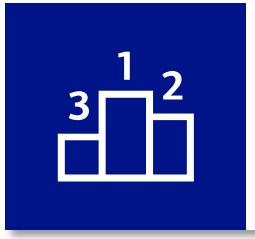
Median seizure reduction across different patient populations[2-4]

Patient population	4-6 months		7-12 months		13+ months	
Unilateral MTS	**80%**	(n=9)	**89%**	(n=9)	**89%**	(n=9)
Unilateral without MTS	**100%**	(n=3)	**83%**	(n=1)	**67%**	(n=1)
Bilateral without MTS	**64%**	(n=4)	**65%**	(n=2)	**100%**	(n=1)

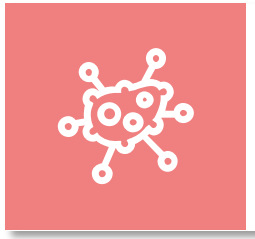
Inspired by patients. Driven by science.

MTLE = mesial temporal lobe epilepsy; MTS = Mesial Temporal Sclerosis; PRIME = Priority Medicines designation (European Medicines Agency, EU); RMAT = Regenerative Medicine Advanced Therapy designation (FDA, United States). 1. CIRM presentation February 2026; 2. AAN 2026 conference presentation- cut off March 2026; 3. Neurona press release April 2026; 4. Data on file.

Strategic Rationale for Acquiring Neurona Therapeutics

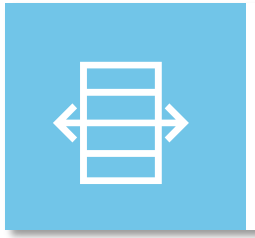


Fully aligned with UCB's **long term growth priorities**. Neurona Therapeutics is highly complementary and builds on our **30-year heritage and leadership as an innovator in epilepsy**



It **accelerates** our entry into **next generation disease-modifying therapies** - regenerative medicines, taking us to the next level of our **patient value strategy**- differentiated medicines with the potential to go beyond treating symptoms to disease modification

NTRX-001 an allogenic **potential first-in-class cell therapy** provides the possibility for patients to be seizure free with a **single dose without the limitations of current standard of care**, resective surgery, laser ablation or therapeutic neurostimulation



Built on a **novel regenerative cell therapy platform**, enabling potential long-term repair of dysfunctional neural networks **across multiple neurological disorders**

Rezanecel – EPIC Phase 3 study design[1]

Neurona Therapeutics Phase 3 study in drug-resistant MTLE – enrolment planned H2 2026

Objective

- To assess the efficacy and safety of one-time administration of NRTX-1001 cell therapy to the hippocampus of participants with drug-resistant MTLE

Inclusion criteria

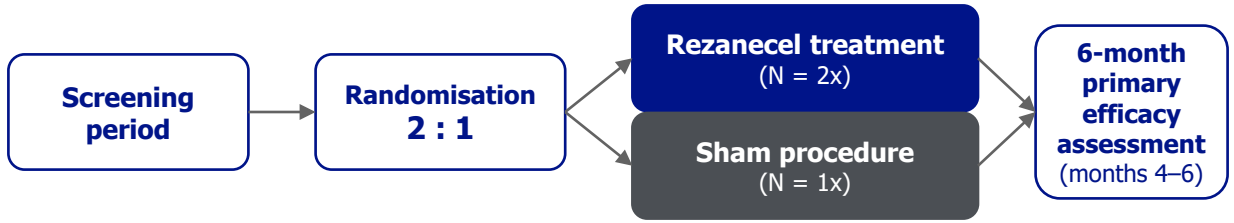
- Adults, 18–75 years, inclusive
- Focal seizures clinically defined as MTLE (unilateral and bilateral, with or without MTS)
- Drug-resistant: seizures uncontrolled despite adequate trials of ≥2 ASMs at appropriate, tolerated doses
- Currently on stable doses (≥1 month) of approved ASMs

Key exclusion criteria

- Seizure focus outside the hippocampus
- Epilepsy due to other medical conditions and/or progressive neurologic disease
- Prior temporal lobe resection or laser ablation
- Primary or secondary immunodeficiency
- Status epilepticus or PNES in the past 3 years

Design

Multicentre, double-blind, randomised, sham-controlled study



- Screening: 3-month historical baseline + ≥10-week prospective seizure diary (average ≥2 disabling seizures per 28-day period)
- Immunosuppression begins 1 week pre-treatment; discontinuation begins at month 12
- All participants receive the Low Dose of cells and may eventually receive NRTX-1001; planned start of enrolment H2 2026

Endpoints

Primary:

- Difference in the median percentage change from baseline of disabling seizure frequency between NRTX-1001 and sham treatment at months 4–6 after surgery

Key secondary:

- ≥50% Seizure Reduction Responders (Active vs. Sham)
- ≥75% Seizure Reduction Responders (Active vs. Sham)

Assessments (both arms):

- AE reporting and immune-system monitoring
- Seizure diary, EEG, brain imaging
- Neuropsychological tests

Disabling seizures include focal aware with objective signs, focal impaired awareness, and focal to bilateral tonic-clonic. ASM = antiseizure medication; EEG = electroencephalography; MTLE = mesial temporal lobe epilepsy; MTS = mesial temporal sclerosis; PNES = psychogenic non-epileptic seizures. Phase 3 studies: NTE001 & NTE002; supporting open-label Phase 1/2: NCT05135091 (unilateral), NCT06422923 (bilateral). RMAT designation (FDA, Jun 2024); PRIME designation (EMA, Oct 2025). All clinical data reported as of 09 March 2026. Source: 1. Neurona Therapeutics – AAN 2026 poster, clinicaltrials.gov #NCT05135091

UCB'S INNOVATION

UCB's five growth drivers

	Bimzelx® (bimekizumab)	RYSTIGGO®	ZILBRYSQ® (zilucoplan) Injection	Fintepla® (fenfluramine)	PrEVENITY® romosozumab injection
	• Psoriasis – Approved in 50 countries • Psoriatic arthritis, radiographic and non-radiographic axial Spondyloarthritis – Approved in 51 countries • Hidradenitis suppurativa (HS) – Approved in EU April 2024, in Japan September 2024, in the U.S. November 2024, and in China March 2026 (47 countries in total)	• Anti-FcRn antibody blocker to address pathogenic MG-auto-antibodies • Anti-AChR ab+ / anti-MuSK ab+ gMG adult patients • SC, HCP administration and at-home self-admin (ex-U.S.) • Cyclical therapy	• Complement 5 inhibitor to address pathological complement activation • Anti-AChR+ gMG adult patients • SC, daily, self-admin via PFS (Prefilled pen approved in EU in Apr 2026) • Maintenance therapy	• Dravet syndrome – Approved and launched in U.S., EU, JPN; ODD in U.S., EU, JP • Lennox-Gastaut syndrome – Approved and launched in U.S., EU; ODD in U.S., EU, JP	• Progressing bringing EVENITY to the patients in EU • Launched by Amgen and Astellas in Japan and by Amgen in U.S. and ROW
	>135 000 patients globally [1]	**>2 800** patients globally [2]	**>1 300** patients globally [2]	**>16 000** patients globally [3]	**>1.5 million** patients since launch globally [3]
	Bioray (China – 2024)	In-house product	Acquired from Ra Pharma	Acquisition of Zogenix, Inc. in 2022	Amgen (2020)
	2035 (RDP – U.S.)[4] 2036 (EU) 2037 (Japan)[4]	2034 (EU)[4] 2037 (U.S.)[4] 2037 (Japan)	2035 (U.S.)[4] 2035 (EU)[4] 2040 (Japan)	2030 (EU)[4] 2032 (Japan) 2033 (U.S.)	2031 (EU) 2031 (Japan) 2033 (U.S.)
	Peak sales guidance: >€7 billion			**Peak sales guidance: €800 million by 2027**	

1. As of November 2025; 2. As of June 2026; 3. Since launch; 4. Not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative. RDP = Regulatory Data Protection; AChR+ = Acetylcholine Receptor positive; FcRn = Neonatal Fc Receptor; MuSK+ = Muscle Specific Kinase positive; SC = Subcutaneous; PFS = Prefilled syringe; ODD = Orphan Drug Designation.

BIMZELX® clinical profile, indications & approvals

Approved in >50 countries, accumulated over 135,000 patients successfully treated in across PSO, PsA, axSpA and HS, representing over 300,00 patient-years exposure

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 **51** countries (including EU, U.S., UK, JP, CA, CN)

Psoriatic Arthritis (PsA)

- Improvements across multiple PsA domains
- Effective in bDMARD-naïve and TNFα-inhibitor inadequate/intolerant patients
- Responses maintained up to 3 years
- Superiority of joint symptom improvement vs. risankizumab (BE BOLD)

Approved in **50** countries (including EU, U.S., UK, JP, CA)

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

- Long-term efficacy in AS (5 yrs) and nr-axSpA (3 years)

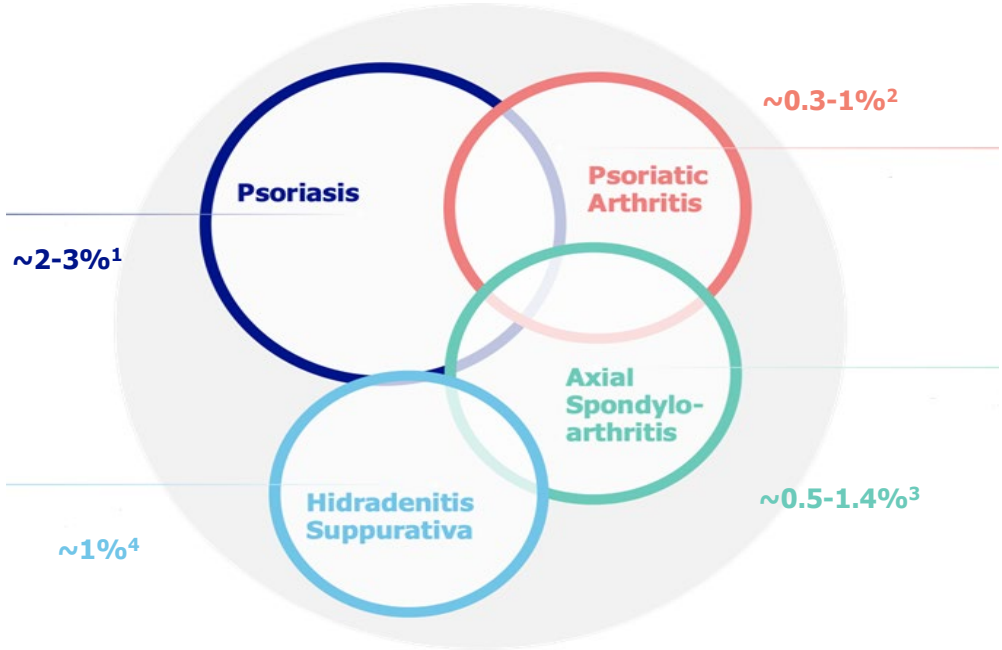
Approved in **51** countries (including EU, U.S., UK, JP, CA, CN)

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 **47** countries (including EU, U.S., UK, JP, CA, CN)

Spectrum of IL-17A+F-mediated diseases



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.
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BIMZELX® demonstrated superior efficacy in 4 head-to-head trials in psoriatic disease

4th Superiority study

	BE SURE (N=478)	BE VIVID (N=567)	BE RADIANT (N=743)	BE BOLD* (N=435)
Design	Pivotal 56-week	Pivotal 52-week	Phase 3b 48-week	Phase 3b 24-week study
Comparator(s)	**Adalimumab**	Placebo / **Ustekinumab**	**Secukinumab**	**Risankizumab**
Primary endpoint(s)	**PASI 90 at Week 16** **86%** with bimekizumab vs. 47% with adalimumab *P<0.001* **IGA 0/1 at Week 16** **85%** with bimekizumab vs. 57% with adalimumab *P*<0.001	**PASI 90 at Week 16** **85%** with bimekizumab vs. 5% with placebo, *P*<0.001 50% with ustekinumab, *P*<0.001 **IGA 0/1 at Week 16** **84%** with bimekizumab vs. 5% with placebo, *P*<0.001 53% with ustekinumab, *P*<0.001	**PASI 100 at Week 16** **62%** with bimekizumab vs. 49% with secukinumab *P*<0.001	**ACR50 at Week 16** **49.1%** with bimekizumab vs. 38.0% with risankizumab *P*=0.0058
	SUPERIORITY CONFIRMED	**SUPERIORITY CONFIRMED**	**SUPERIORITY CONFIRMED**	**SUPERIORITY CONFIRMED**

Bimekizumab was administered at a dose of 320 mg Q4W in the initial treatment Phase (Weeks 0-16). Each 320 mg dose is given as two subcutaneous injections of 160 mg each. Primary or coprimary endpoints.
PASI: Psoriasis Area and Severity Index. IGA: investigators Global Assessment *BKZ and RZB at approved doses

Driving growth with BIMZELX® through commercial momentum

BIMZELX® Global

Performance

>50 countries approved

>135k patients worldwide

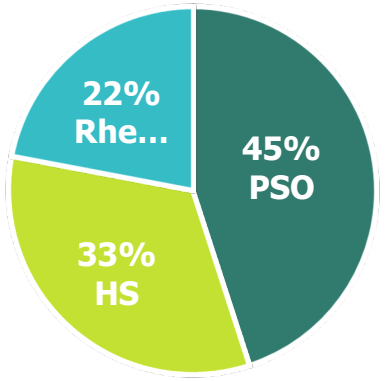
>€1.5bn

~2x net sales H1 2026 vs. H1 2025

IL-17 Dynamic Share

- PSO >35%
- RHEUM >30%
- HS ~45%

Net Sales Split

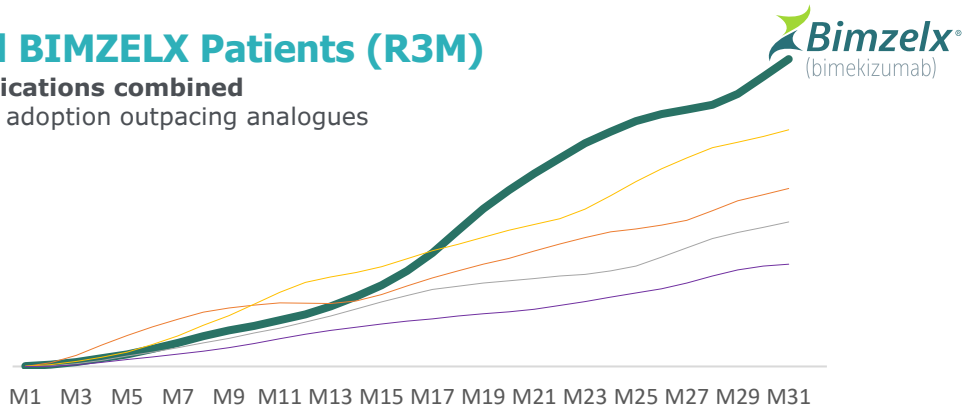


BIMZELX® U.S.

Total BIMZELX Patients (R3M)

All indications combined

Patient adoption outpacing analogues



Access Enhancement

~80%

commercial lives have access to BIMZELX® **across all indications**

& vast majority of Medicare and Medicaid patients

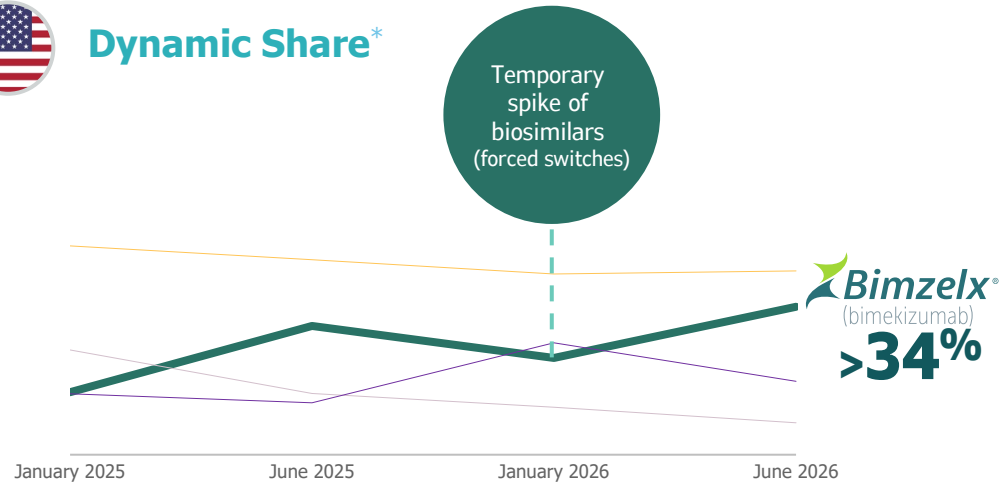
Improved mix, towards **earlier line coverage**

bn=billion; HS=hidradenitis suppurativa; PSO = Psoriasis; Rheum = AS/nr-axSpA/PsA; R3M = rolling 3-month average, BIMZELX data include all patients, with data cut-off through May 2026. Competitor data include patients treated for approved BKZ indications.

Moving towards leadership in HS with BIMZELX®

BIMZELX Uptake in HS

Dynamic Share*



IL-17 Dynamic Share in HS**

ITALY	SPAIN	JAPAN***
>60%	>55%	>70%

Our Leadership Ambition in HS

LEAD **First and best in HS**
Move from disease control toward inhibition of disease progression

GROW **Expand the HS market**
Broaden the pool of dermatologists treating HS with biologics and the patients receiving them

Global market potential of HS****

~$5bn by 2030
Mid-teens CAGR

* Source: IQVIA Source of Business by Indication Tracking, June 2026, monthly average; ** IQVIA / MIDAS volumes, with IQVIA LRx patient insights and UCB patient calculation methodology applied; *** Entire HS biologic market; **** systemic market includes biologics + JAKs + PDE4 + BTKi; CAGR = Compound Annual Growth Rate; HS = hidradenitis suppurativa; IL = interleukin.

Focus on BIMZELX®

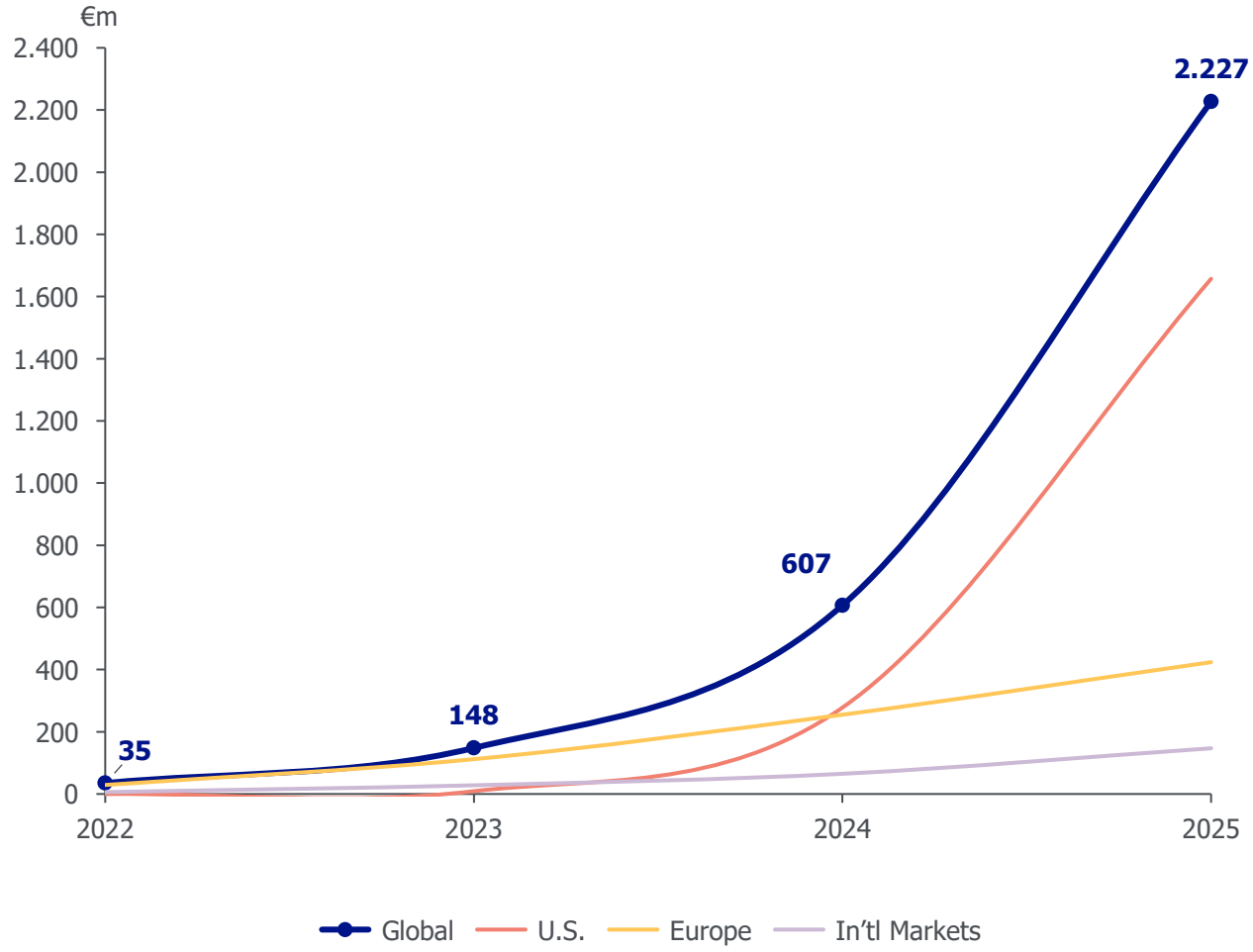
First and only IL-17A and IL-17F that delivers fast, deep, and durable responses

Superior profile confirmed in **4 head-to-head studies** against **4** different modes of action across psoriatic diseases

Approvals in >51 countries incl.

- ✓ More than **135k patients**
- ✓ More than €**1.5 billion net sales** in H1 2026

Bimzelx ® net sales



IL = Interleukin

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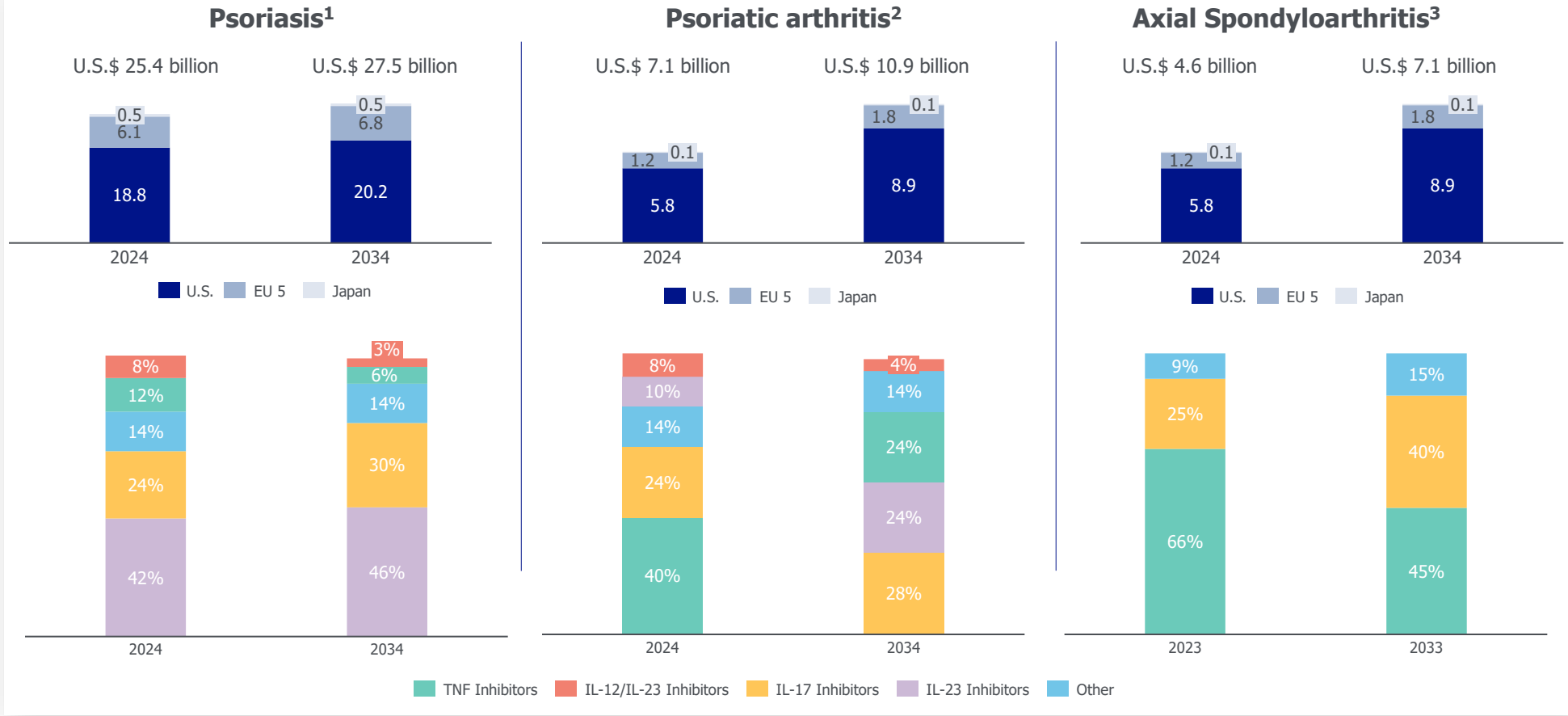
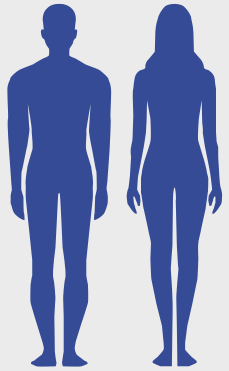
Focus on BIMZELX®

Focusing on growth markets



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 – HY 2026 Facts & Figures, July 2026

Psoriasis: high prevalence globally

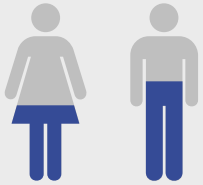


up to

~3%

of the population[8] is affected by psoriasis

Prevalence[1]



45% **55%**

Age[2,3]

Late teens–early thirties (type 1 PSO)

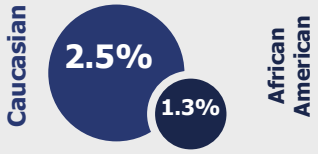
Fifties (type 2 PSO)

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

Ethnicity

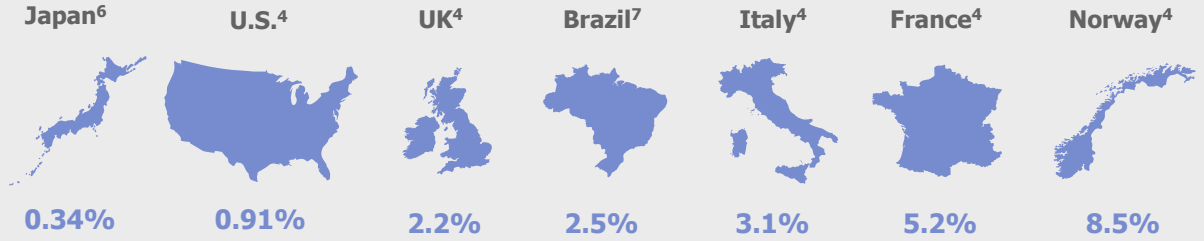
PSO more commonly affects Caucasians than other ethnic groups[4]

Prevalence according to ethnicity in the U.S.[5]:



Geographic region

Reported prevalence in adults:



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

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

UCB – FY 2026 Facts & Figures, February 2026

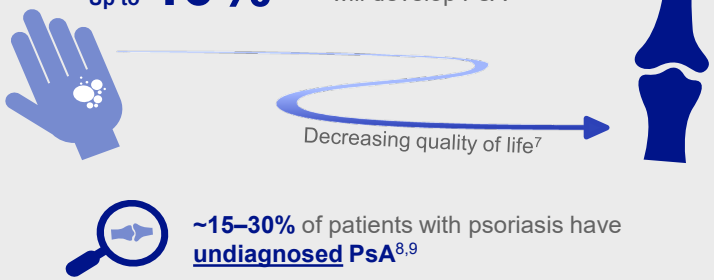
Psoriatic Arthritis: high unmet need and disease burden

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]

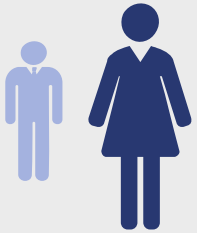
It is associated with **six key disease domains**[4]

Disease progression

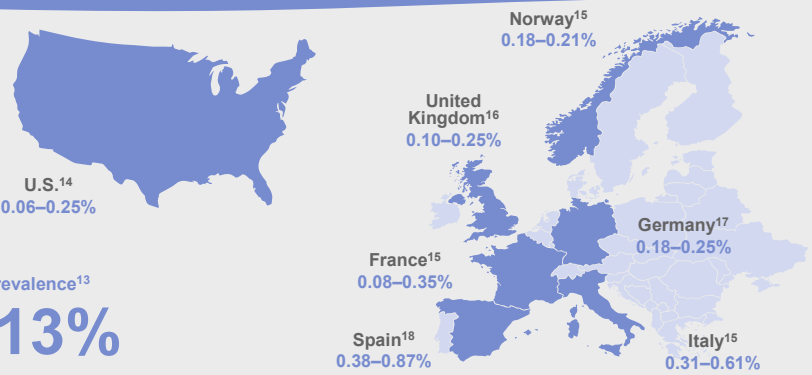


Gender differences

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.

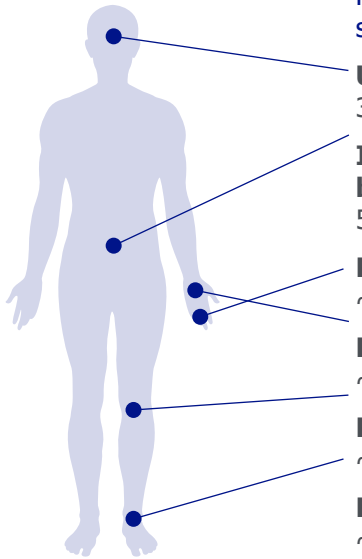
Axial Spondyloarthritis (axSpA)

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]

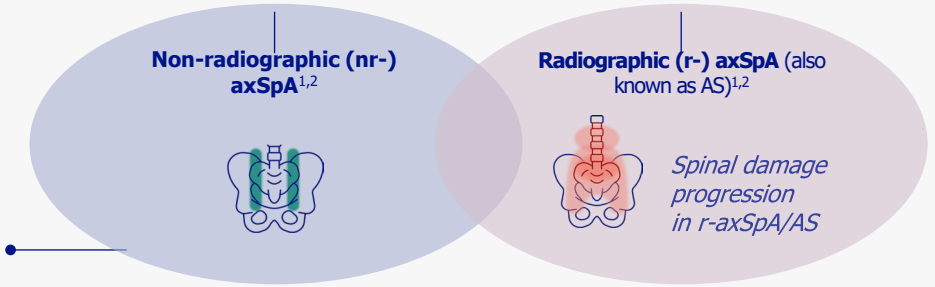


- **Uveitis** 30–40%
- **Inflammatory bowel disease (IBD)** 5–10%
- **Psoriasis** ~10–27%
- **Dactylitis** ~6%
- **Peripheral arthritis** ~40%
- **Enthesitis** ~25%

axSpA

u

Both subtypes have a similar burden of disease[9]

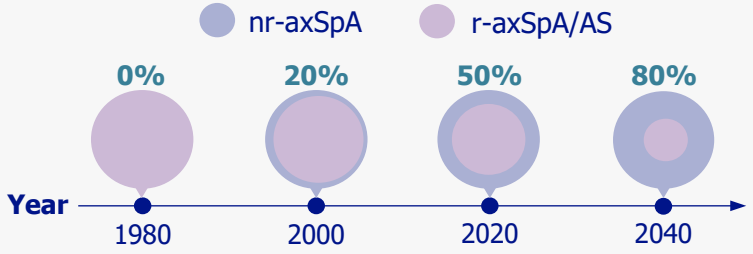


Structural SIJ damage progression from nr-axSpA to r-axSpA[1,2]

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]

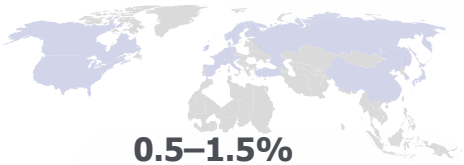


Patients experience disease onset **before the age of 45**[14]

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]

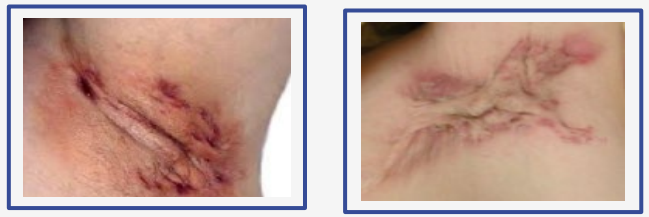
*To estimate the global population of people with axSpA, the following calculation was performed: an AS global prevalence of ~0.13%[16] was applied to a global population of ~8 billion people[17] and the figure multiplied by two, as AS patients are estimated to make up half of the total axSpA patient 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.**

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 years

Resulting in intense pain, progressive scarring, and psychological damage

♀3x

more **common in women** than men

SEVERE IMPACT ON QOL

MULTIPLE CO-MORBIDITIES

OTHER CO-MORBIDITIES

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

Source: Zouboulis et al, J Eur Acad Dermatol Venereol 2015;29:619-44; Alikhan et al, J Am Acad Dermatol 2019;81:76–90; Jemec GBE et al, N Engl J Med 2012;366:158–64; Garg A et al, JAMA Dermatol 2017;153:760–4; Phan et al. Biomedical Dermatology (2020) 4:2; Calao M et al, Plos One 2018;13:1–23; Canadian Hidradenitis Suppurativa Foundation. What is HS? http://hsfoundation.ca/en/what-ishs/. Accessed 2020-03-26.; Amit et al.Journal of the American Academy of Dermatology, Volume 82, Issue 2, 366 – 376; Kluger N et al, Skin Appendage Disord 2017;3:20–7.
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BIMZELX® 5-year data in psoriasis 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**.

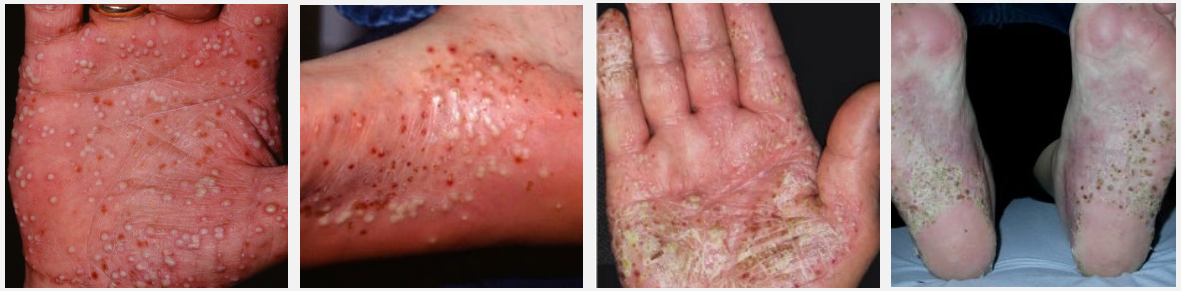
These data highlight the depth and durability of response to bimekizumab treatment in patients with moderate to severe hidradenitis suppurativa.

± - modified non-responder imputation; BKZ Total; Source: 1. Blauvelt A. 2025 AAD. Oral Presentation; 2. OLE2 only conducted in U.S. and Canada; 3. Blauvelt A, et al. Bimekizumab efficacy and safety through 5 years in patients with moderate to severe plaque psoriasis in the U.S. 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.

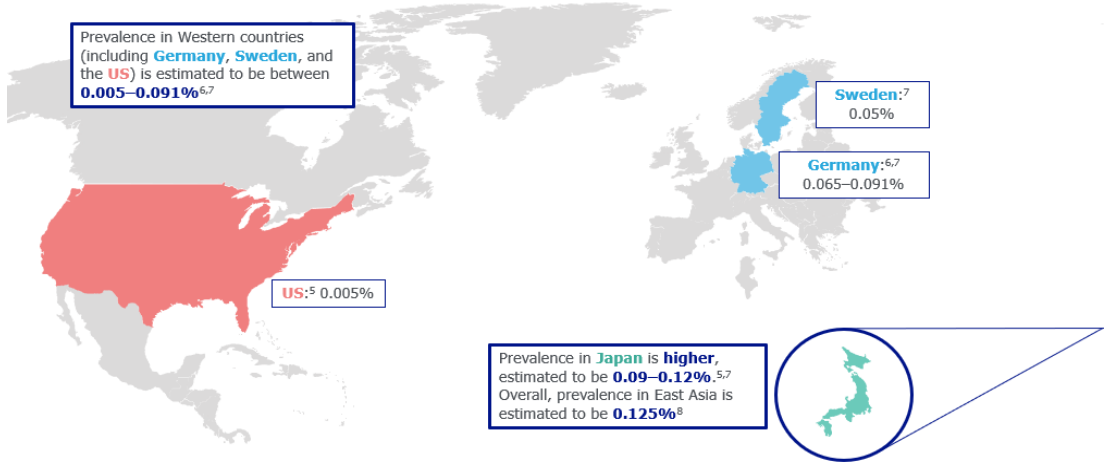
BIMZELX®: Palmoplantar Pustulosis (PPP)

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]



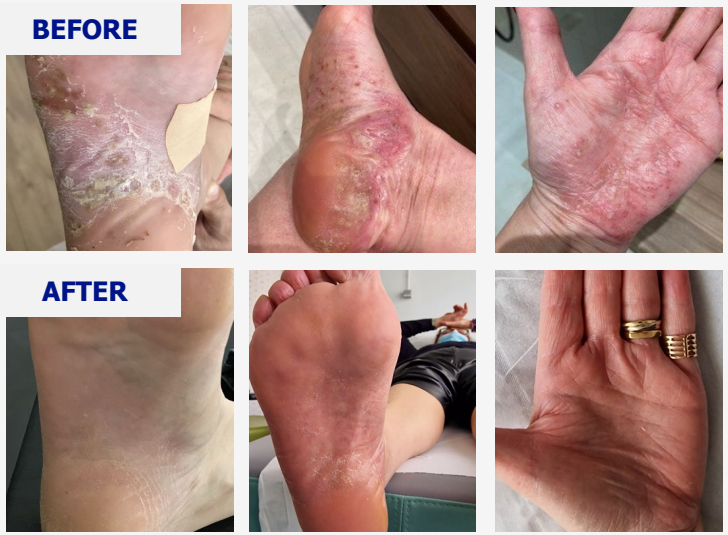
PPP is a rare disease[5], with studies across the world reporting prevalence estimates ranging from **0.005–0.12%[6–8]**



In a case series report

17/21 patients achieved **complete skin clearance with BKZ** (PPP-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 U.S.. Currently **no guidelines or established standard of care**[7,8]

Approved systemic treatments globally

Acitretin (GER)[7]

Approved systemic treatments in Japan[8] and South Korea[9]

Guselkumab
Risankizumab
Brodalumab
Apremilast

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; 9. Nam KH, Kim YS. J Clin Med. 2025;14(10);3273; PPP = Palmoplantar Pustulosis

Bimekizumab – BE SEEN study design

Phase 3 study in participants with palmoplantar pustulosis (PPP)

Objective

- To evaluate the efficacy and safety of bimekizumab vs placebo in participants with PPP[1]

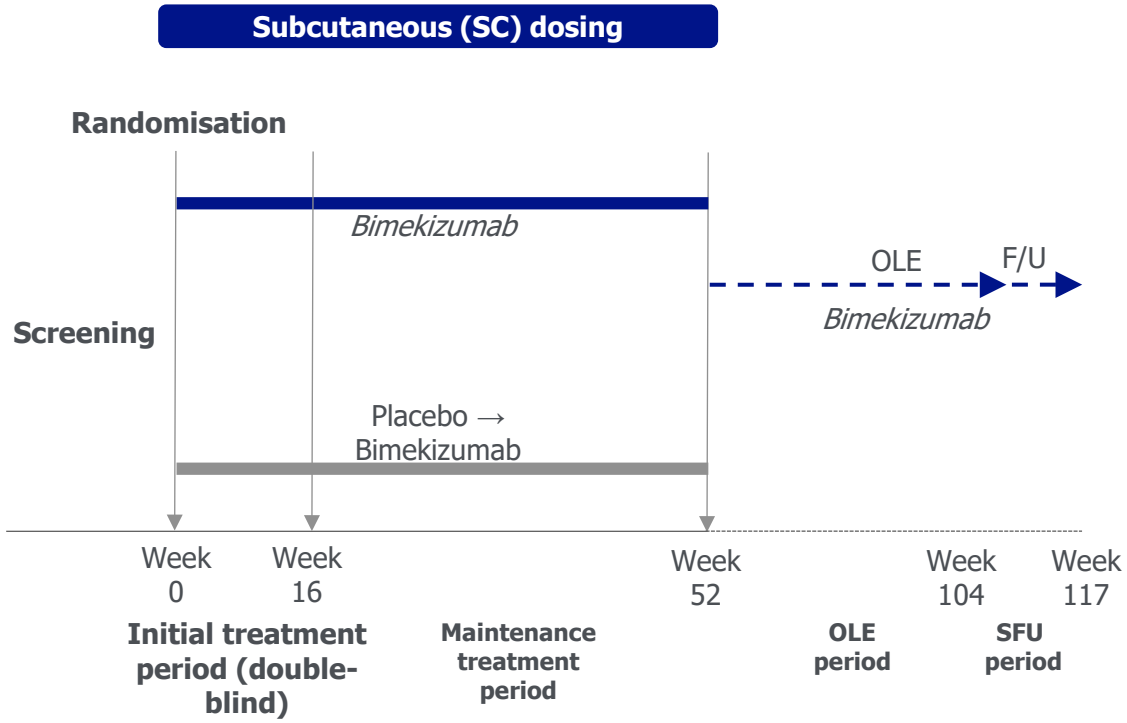
Inclusion criteria

- Adults ≥18 years of age
- PPP diagnosis for ≥24 weeks before Screening
- PPPASI ≥12 and PPP-IGA ≥3 (at Screening and Baseline)
- Candidate for systemic therapy or phototherapy

Key exclusion criteria

- Other psoriasis forms or hand eczema
- Drug-induced (pustular) psoriasis
- Prior IL-17A/IL-17F inhibitor use

Design



Endpoints

Primary:

- PPP-IGA 0/1 response at Week 16

Key secondary:

- PPPASI50/75/90 response at Week 16
- PPPASI50 and PPP-IGA 0/1 response at Week 8
- Change from baseline in DLQI and PPP pain (NRS) at Week 16
- Incidence of treatment-emergent adverse events (safety)

*Estimated enrolment of approximately 320 participants; randomised, double-blind, placebo-controlled with open-label extension. DLQI = Dermatology Life Quality Index; F/U = follow-up; IGA = Investigator Global Assessment; IL = interleukin; NRS = Numerical Rating Scale; OLE = Open-Label Extension; PPP = palmoplantar pustulosis; PPPASI = Palmoplantar Pustulosis Area and Severity Index; SC = subcutaneous; SFU = safety follow-up TEAE = treatment-emergent adverse event.[1] NCT07219420. Available at: https://clinicaltrials.gov/study/NCT07219420 (Accessed July 2026). bimekizumab is an investigational product and is not approved for any indication by any regulatory authority in the world. Bimekizumab requires additional studies before any conclusions for safety and efficacy can be made; UCB Biopharma SRL, Protocol PPP001.

BIMZELX®: Pediatric PSO, JIA subtypes (ERA & JPsA), HS

	Pediatric Psoriasis	Pediatric JIA subtypes 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)

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

34	**>4100**	**>€330M**
countries approved	patients treated	combined net sales

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 – HY 2026 Facts & Figures, July 2026

Rystiggo – 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 recently published treatment guidelines not yet established globally
- **Rystiggo is the only FcRN Phase 3 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 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.
UCB – HY 2026 Facts & Figures, July 2026

Rystiggo – MOGAD study design

Phase 3 study in adult participants with MOG antibody-associated disease (MOGAD)

Objective

- To evaluate the efficacy, safety and tolerability of rozanolixizumab in adults with MOGAD[1]

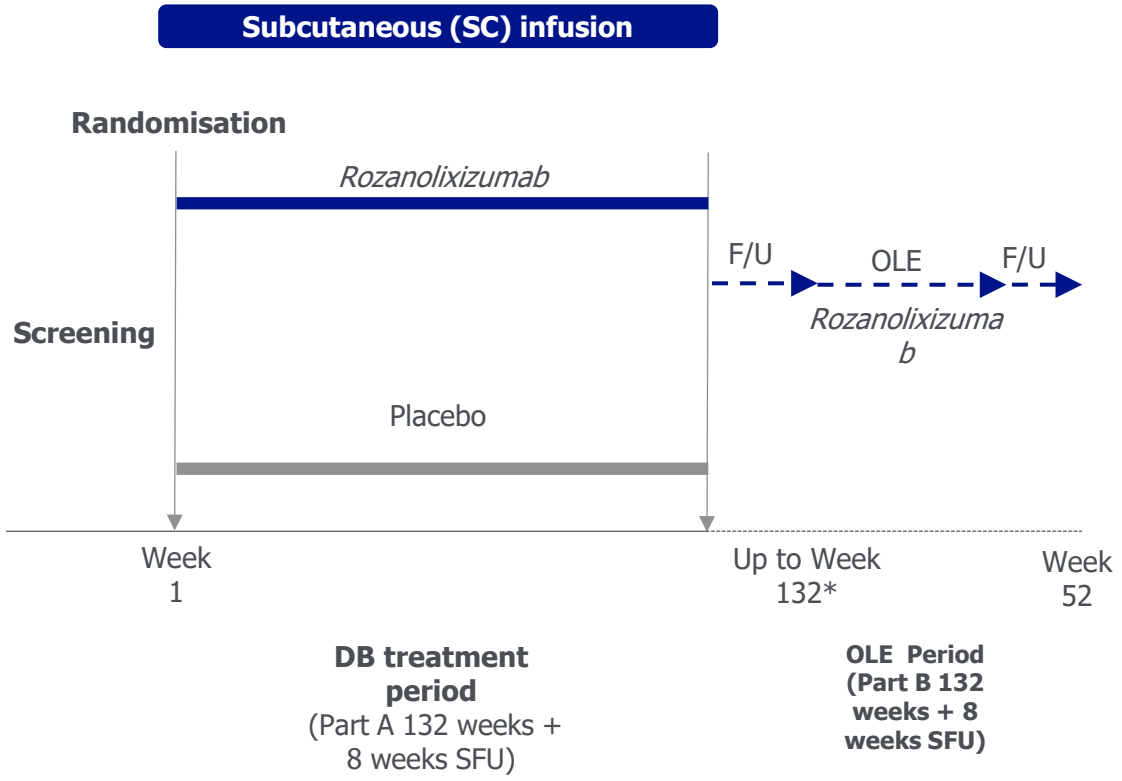
Inclusion criteria

- Adults 18–89 years of age
- Confirmed MOGAD per published diagnostic criteria
- Relapsing MOGAD with positive serum MOG-Ab (CBA); ≥1 relapse in 12 months
- Clinically stable at Screening

Key exclusion criteria

- Other autoimmune disease (e.g. MS, AQP4+ NMOSD)
- Active infection or primary immunodeficiency
- AQP4-antibody positive or IgG ≤5.5 g/L

Design



Endpoints

Primary:

- Part A: Time to first adjudicated relapse (TTFR)
- Part B: TEAE incidence during OLE

Key secondary:

- Change from Baseline in low-contrast monocular visual acuity (worst eye)
- Disability by EDSS score at EDB/EWD visit
- Number of MOGAD-related inpatient hospitalisations

Key exploratory:

- Annualised relapse rate (ARR) during DB and OLE periods

*The DB treatment period continues until a confirmed relapse or up to approximately 132 weeks (up to approximately 204 weeks in isolated cases). Enrolment of 113 participants (actual); randomised, double-blind, placebo-controlled with an open-label extension period. Ab = antibody; AQP4 = aquaporin-4; ARR = annualised relapse rate; CBA = cell-based assay; DB = double-blind; EDB = End of Double-Blind; EDSS = Expanded Disability Status Scale; EWD = Early Withdrawal; F/U = follow-up; IgG = immunoglobulin G; MOG = myelin oligodendrocyte glycoprotein; MOGAD = MOG antibody-associated disease; MS = multiple sclerosis; NMOSD = neuromyelitis optica spectrum disorder; OLE = open-label extension; SC = subcutaneous; SFU = Safety follow up; TEAE = treatment-emergent adverse event; TTFR = time to first relapse.[1] NCT05063162. Available at: https://clinicaltrials.gov/study/NCT05063162 (Accessed July 2026). Rozanolixizumab is an investigational product and is not approved for any indication by any regulatory authority in the world. Rozanolixizumab requires additional studies before any conclusions for safety and efficacy can be made; UCB Biopharma SRL, Protocol MOG001.

UCB – HY 2026 Facts & Figures, July 2026

Rystiggo – ocular Myasthenia Gravis

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

- Proposed indication: the treatment of ocular myasthenia gravis 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 generalization 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, minimizing 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
- **Phase 3 oMG trial initiated in Q2 2026**

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; Menon D, et al. Neurology. 2024;103:e209722; Monsul NT, et al. J Neurol Sci. 2004;217:131–133; ADL = Activities of Daily Living; HCP = Healthcare Professional; MG = Myasthenia Gravis; QoL = Quality of Life. CS = Corticosteroids; NSISTs = Non-Steroidal Immunosuppressive Therapies (or Treatments)
UCB – HY 2026 Facts & Figures, July 2026

Rystiggo – MyVision study design

Phase 3 study in adult participants with ocular myasthenia gravis (oMG)

Objective

- To evaluate the efficacy, safety and tolerability of rozanolixizumab vs placebo in adults with oMG[1]

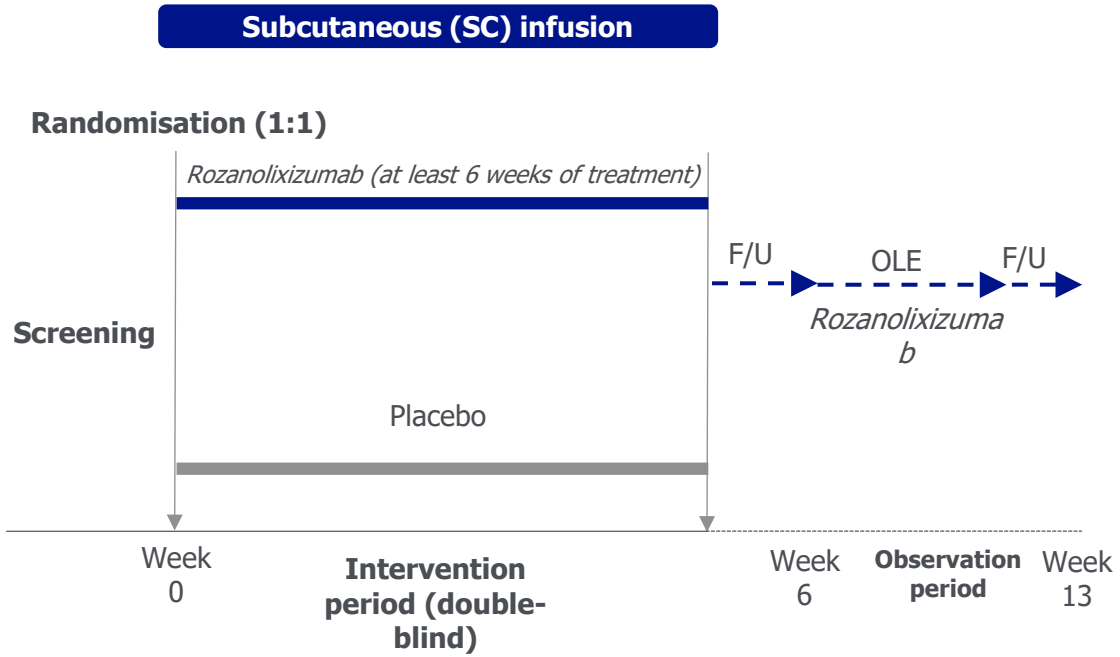
Inclusion criteria

- Adults ≥18 years of age
- MGFA Class I with ocular weakness
- oMG with AChR or MuSK autoantibodies (or documented absence)
- MGII ocular score ≥6 (PRO); body weight ≥35 kg

Key exclusion criteria

- Prior FcRn inhibitor treatment
- Other causes of ptosis or diplopia
- Active infection or malignancy

Design



Endpoints

Primary:

- Change from Baseline at Day 43 in MGII ocular score (PRO)

Key secondary:

- Change at Day 43 in MGSPRO ocular muscle weakness score
- Change at Day 43 in MG-QoL15r and MG-ADL ocular scores
- Change at Day 43 in MGII ocular score (examination)
- Incidence of TEAEs (safety; up to Week 13)

*Estimated enrolment of approximately 120 participants; randomised (1:1), double-blind, placebo-controlled with the opportunity to transition to an open-label extension. AChR = acetylcholine receptor; F/U = follow-up; FcRn = neonatal Fc receptor; MG-ADL = Myasthenia Gravis Activities of Daily Living; MG-QoL15r = Myasthenia Gravis Quality of Life 15-item Scale (revised); MGFA = Myasthenia Gravis Foundation of America; MGII = Myasthenia Gravis Impairment Index; MGSPRO = Myasthenia Gravis Symptoms Patient-Reported Outcome; MuSK = muscle-specific kinase; oMG = ocular myasthenia gravis; OLE = open-label extension; PRO = patient-reported outcome; SC = subcutaneous; TEAE = treatment-emergent adverse event.[1] NCT07463521. Available at: https://clinicaltrials.gov/study/NCT07463521 (Accessed July 2026). Rozanolixizumab is an investigational product and is not approved for any indication by any regulatory authority in the world. Rozanolixizumab requires additional studies before any conclusions for safety and efficacy can be made; UCB Biopharma SRL, Protocol MG0038.

Focus on EVENITY® partnered with Amgen

Pr EVENITY MD romosozumab injection

Sclerostin inhibitor:
only treatment
with a **dual effect on bone**,
increasing bone formation and
decreasing bone resorption[1]

Superior fracture risk reduction
when used for
12 months followed by
alendronate vs alendronate alone[1,2]

Convenient:
2 s.c. injections, once a month,
for 12 months[1]

EVENITY® contribution to UCB's P&L

		UCB		Amgen	Astellas
+	**Net sales**	European sales		U.S. & RoW sales + intercompany sales to Japan	In-market sales Japan
-	**Cost of goods**	European sales		U.S. & RoW sales + intercompany sales to Japan	Intercompany sales to Japan
-	**Operating expenses**	European sales and costs for future UCB market launches		U.S. & RoW sales and costs for future Amgen market launches	Japanese sales
+/-	**Other operating income/expense**	50% of profit outside Europe minus 50% of EU profit/loss[3]	⟷	50% of EU profit/loss[3] minus 50% of profit outside Europe	
=	**Adj. EBITDA includes**	50% of worldwide profit		50% of worldwide profit	

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

1. EVENITY SmPC. February 2023; 2. Saag KG, et al. N Engl J Med. 2017; 377: 1417–1427..; 3. EU breakeven not reached yet, hence Amgen carries 50% of the European loss; EBITDA = Earnings Before Interest, Taxes, Depreciation and Amortization; RoW = Rest of World.
UCB – HY 2026 Facts & Figures, July 2026

Focus on EVENITY®

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

Worldwide

Reach

➢ **1.5M**

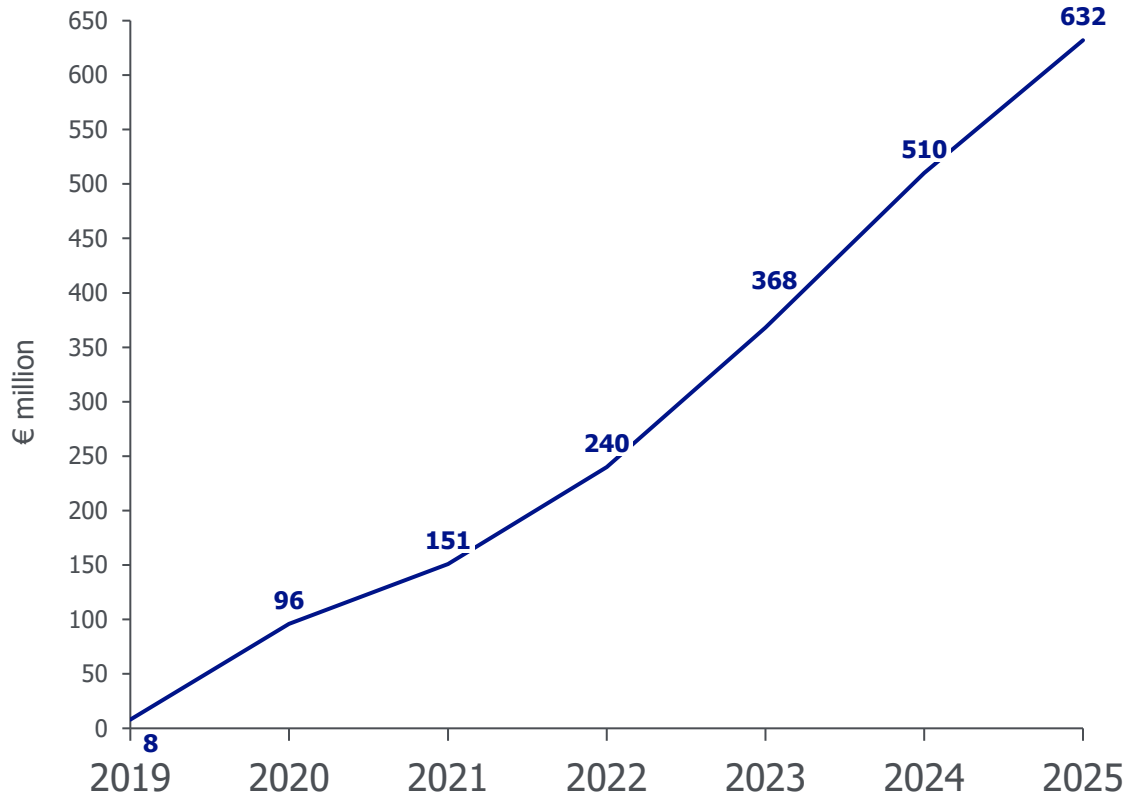
patients at high risk of fracture treated since launch[1]

Europe

Market share

Bone builder leadership achieved in several markets, including U.S., Japan, South Korea, Taiwan, Belgium, Denmark, Canada and Brasil. Other major markets including Europe on track for leadership in bone builder market

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



1. As of June 2026; Patient share based on data from IQVIA on the bone builder market as of March 2025; BB = Bone Builder; M = million

Focus on FINTEPLA®

Fintepla® (fenfluramine)

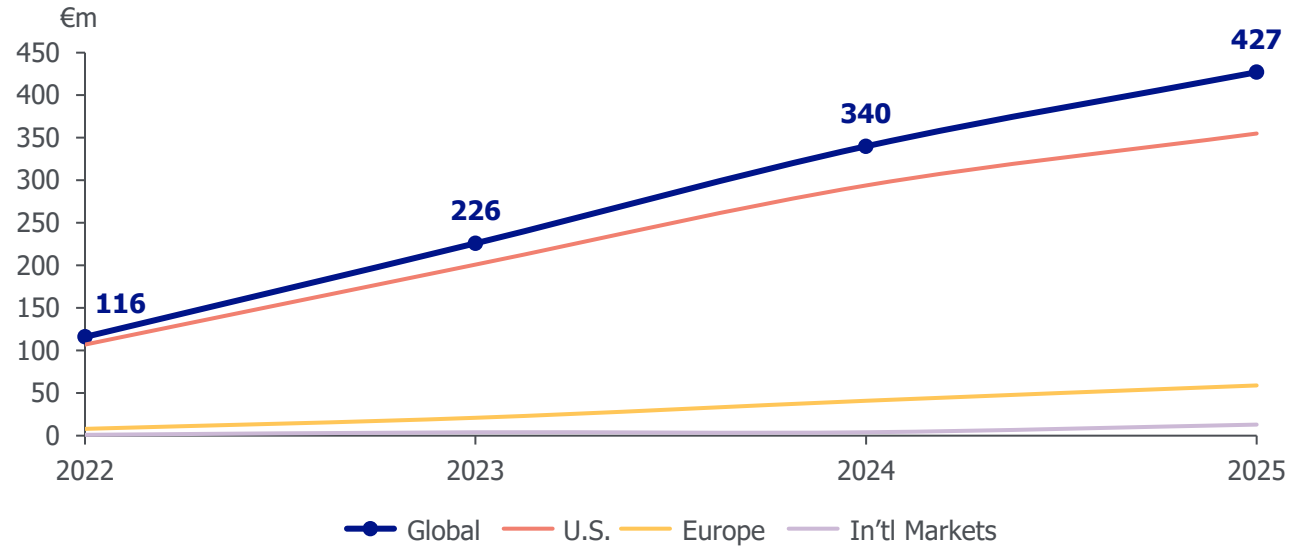
Evolution from multiple DEEs to Neurodevelopmental disorders (NDD) with unique, multimodal mechanism of action with **transformative non-seizure and seizure outcome potential**

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

>16k patients treated and **>239m net sales** with a **18% YoY** growth

FINTEPLA® net sales



FINTEPLA® indications	**Dravet Syndrome (DS)**	**~15k - 16k** U.S., 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** U.S., 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

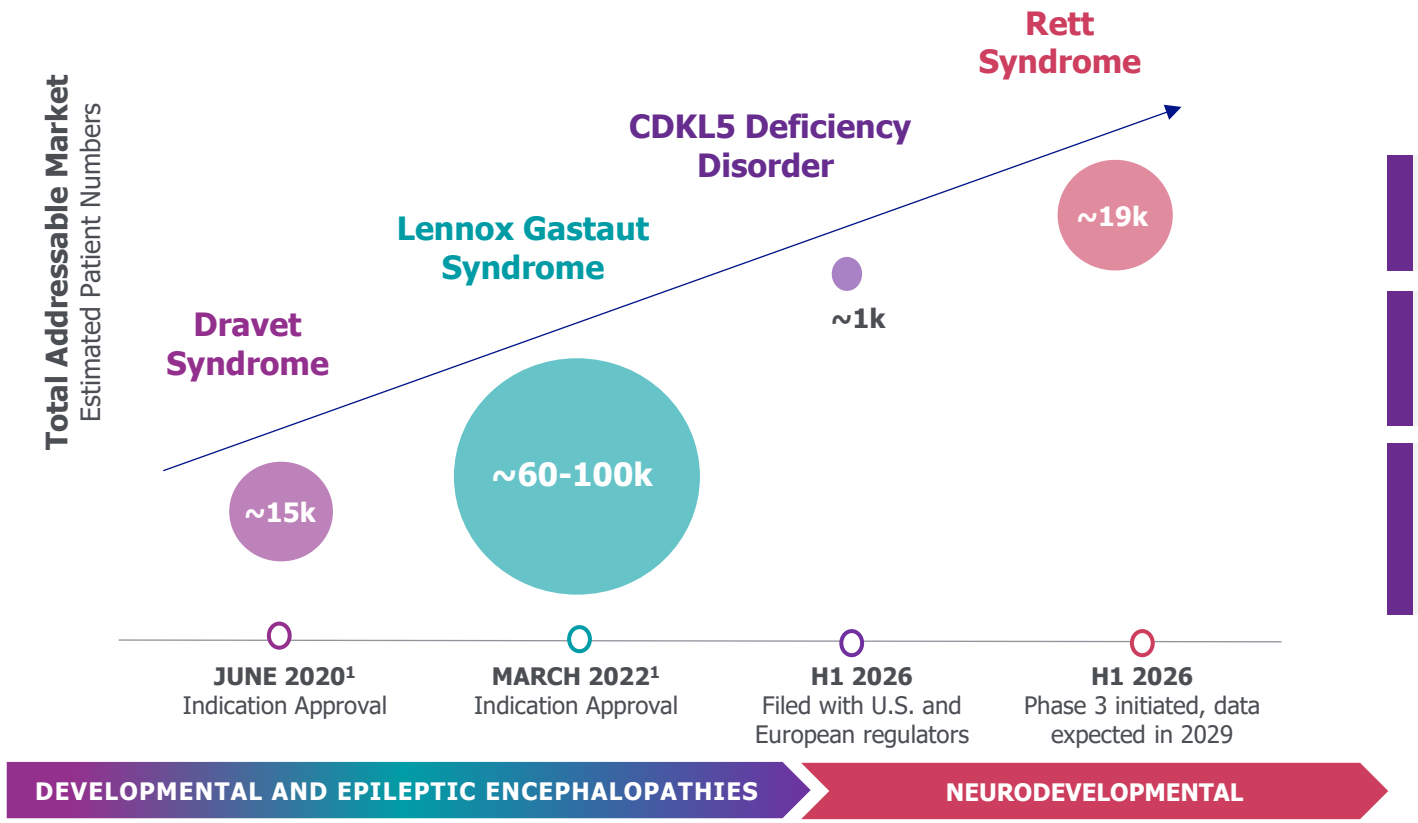
ASM = Anti-Seizure Medication; DEE = Developmental and Epileptic Encephalopathy; SUDEP = Sudden Unexpected Death in Epilepsy

UCB – HY 2026 Facts & Figures, July 2026

FINTEPLA growing beyond developmental and epileptic encephalopathies

Fintepla® (fenfluramine)

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

1. 1st approvals in U.S.; CDKL5 = Cyclin-Dependent Kinase-Like 5; DEE = Developmental and Epileptic Encephalopathies; MOA = Mode of Action

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Disease background: CDKL5 deficiency disorder (CDD)

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

CDD by the numbers

- 1.7 - 2.4 estimated incidence per 100,000 live births
- <1,000 individuals with CDD in the world are known to patient registries
- >80% of children experience daily seizures
- 6 weeks median age at onset of seizures, 90% experience seizures ≤ 3 months (median 6 weeks)[5,7,9]
- CDD has been recognized as a distinct syndrome since 2004; the ICD-10 code [G40.42] introduced in 2020

Diagnosis

- The cause of CDD is a pathogenic variant in the CDKL5 gene
- CDD was commonly misdiagnosed as Rett Syndrome prior to 2004

♀ 4x

more **common in girls** than boys

Severe impact on QoL

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

Cortical visual impairment

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

Sleep and gastrointestinal disturbances reported in 87% of patients

Respiratory symptoms like aspiration and lower respiratory tract infections

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

"With the diagnosis came the reality that motherhood, for me, would be intertwined with caregiving and that the intensity of caregiving would remain far after the baby and toddler years."
— Marissa Bishop, Rare Revolution Magazine

"When we joined the gene therapy coalition, we finally saw a roadmap for our daughter. Science plus community equals hope."
— Parent advocate, U.S., CDKL5 Community Hub

"I accepted that things weren't going to be how I thought, and I embraced what life is."
— CDKL5 parent caregiver, IFCR – Finding Your New Normal

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

Fenfluramine demonstrated impact for individuals with CDD, an ultra rare Developmental and Epileptic Encephalopathy (DEEs)

Primary endpoint of change in countable motor seizures frequency (CMSF)

The change from baseline was significantly greater in the fenfluramine treated group compared to the placebo group with **an estimated median difference of >50%**

Patients with countable motor seizures reduced by half or more compared with the start of the study

Fenfluramine **45.2%**

Placebo **4.5%**

Change in any type of seizure (all seizures)

Fenfluramine **–43.7%**

Placebo **–4.0%**

Change in generalized tonic-clonic seizures (seizures with body jerking/shaking, stiffening, and loss of consciousness)

Fenfluramine **–61.5%**

Placebo **–13.5%**

This difference was not statistically significant, potentially because there were fewer patients with this seizure type at the start of the study

On average, the number of days gained with NO countable motor seizures in a month

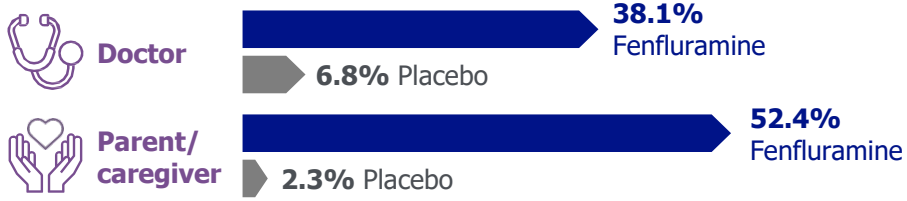
Fenfluramine **6.4 days**

Placebo **0.1 days**

Statistical significance was not assessed

How was overall health improved?

How many people with CDD were "much better" or "very much better" as rated by the doctor and caregiver at the end of the study?



Researchers calculated this difference to be statistically significant. At the end of the study more patients receiving fenfluramine were rated as "much better" or "very much better" by both doctor and caregiver compared with placebo.

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Rett syndrome – moving beyond DEE to neurodevelopment disorders that have highest unmet need with little competition today

Broad and unique mechanism of action

Non-seizure benefits demonstrated (incl. in healthy volunteers)

Realise potential beyond epilepsy

Rett syndrome

- Rett syndrome is a neurodevelopmental disorder for which patients require life-long care
- Currently, there is one FDA-approved treatment, Daybue, which has shown limited clinical benefits and is currently under review by the EMA
  - Promising gene therapies are, however, in development
- By using a primary endpoint measuring all symptoms (not seizures), we aim for an indication to serve Rett patients with or without seizures

ODD = Orphan Drug Designation; IND = Investigational New Drug; FPI = First Patient In

UCB – HY 2026 Facts & Figures, July 2026

Fintepla – Rett syndrome study design

Phase 3 study initiated, data expected in 2029

Objective

- To evaluate the efficacy and safety of fenfluramine hydrochloride vs placebo in participants with Rett syndrome (RTT)[1]

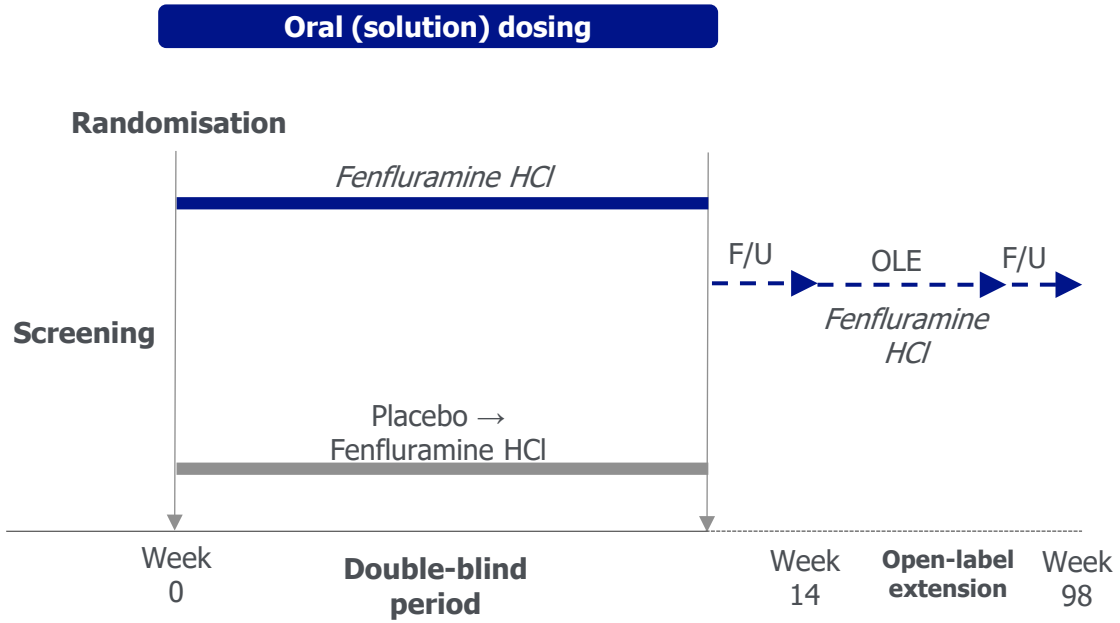
Inclusion criteria

- Aged 5 to 35 years (inclusive)
- Typical/classic RTT with documented MECP2 mutation
- RTT-CSS rating of 10–36 and CGI-S ≥4 (at Screening and Baseline)
- Postregression for ≥6 months before Screening

Key exclusion criteria

- History of malignancy within past 5 years
- Exclusionary cardiac abnormality (ECHO/ECG)
- >4 concomitant ASMs

Design



Endpoints

Primary:

- Change from Baseline to Week 14 in RSBQ Total Score
- CGI-C at Week 14

Key secondary:

- Change from Baseline to Week 14 in PROMIS-SD score (sleep)
- Change from Baseline to Week 14 in ORCA score (communications ability)
- CaGIC-Seizure score at Week 14
- Safety and tolerability

*Estimated enrolment of approximately 200 participants; randomised, double-blind, placebo-controlled, parallel group with open-label extension. ASM = antiseizure medication; CaGIC = Caregiver Global Impression of Change; CGI-C/CGI-S = Clinical Global Impression of Change/Severity; ECG = electrocardiogram; ECHO = echocardiogram; F/U = follow-up; HCl = hydrochloride; MECP2 = methyl-CpG-binding protein 2; OLE = Open-Label Extension; ORCA = Observer-Reported Communication Ability; PROMIS-SD = Patient-Reported Outcomes Measurement Information System–Sleep Disturbance; RSBQ = Rett Syndrome Behaviour Questionnaire; RTT = Rett syndrome; RTT-CSS = RTT Clinical Severity Scale; TEAE = treatment-emergent adverse event.[1] NCT07503444. Available at: https://clinicaltrials.gov/study/NCT07503444 (Accessed July 2026). fenfluramine hydrochloride is investigational for Rett syndrome and is not approved for this indication by any regulatory authority in the world; UCB Biosciences, Inc., Protocol EP0247.

UCB's strong foundation

	cimzia (certolizumab pegol)	Keppra levetiracetam	VIMPAT lacosamide	BRIVIACT (brivaracetam)	Nayzilam (midazolam) nasal spray
	• For patients (including women of child-bearing age) living with: • Rheumatoid arthritis • Psoriatic arthritis • Psoriasis • (non-radiographic) axial Spondyloarthritis • Crohn's disease (U.S.)	• Epilepsy POS • Epilepsy PGTCS • Epilepsy myoclonic seizures	• Epilepsy POS (pediatric label extension in U.S., 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 (U.S.) • Pediatric label extension in U.S., Aug. 2021, and EU CHMP positive opinion, Jan. 2022	• Epilepsy seizure clusters and acute repetitive seizures (U.S. – 2019) – orphan disease designation (2009)
	>233 000 patients globally [1]	**>1.1 million** patients globally [2]	**>408 000** patients globally [2]	**>300 000** patients globally [2]	**>16 000** patients in the U.S. [2]
	Astellas (Japan – 2012–2025) Cinkate (China – 2019)	Otsuka (Japan: 2008–2020)	Daiichi Sankyo (Japan: 2014)		U.S. only (in-licensed from Proximagen, 2018)
	2024 (U.S.) 2024 (EU) 2026 (Japan)	2008 (U.S.) 2010 (EU) 2020 (Japan)	2022 (U.S. & EU) 2024 (Japan)	2026 (U.S.) 2026 (EU) 2034 (Japan)[3]	2028 (U.S.)
	Peak sales guidance: >€2 billion by 2024 – achieved already in 2022	**Peak sales: €1.3 billion (2008)**	**Peak sales: €1.5 billion (2021)**	**Peak sales guidance: €600 million by 2026, already achieved in 2024**	

1. MAT Q3/2025; 2. Moving Annual Total (MAT) Q1/2026; 3. LoE in Japan is predicated on RDP exclusivity and its Paediatric extension; earliest expected Loss of Exclusivity dates are indicative. POS = Partial Onset Seizures (focal seizures); PGTCS = Primary Generalized Tonic-Clonic Seizures; CHMP = Committee for Medicinal Products for Human Use; MAT = Moving Annual Total.
UCB – HY 2026 Facts & Figures, July 2026

Focus on CIMZIA®

Unique Fc-free PEGylated antibody fragment drives personalized treatment for 2 targeted populations: **women of childbearing age** across indications and **RA** patients with high **RF** levels (EU label update in April 2026)

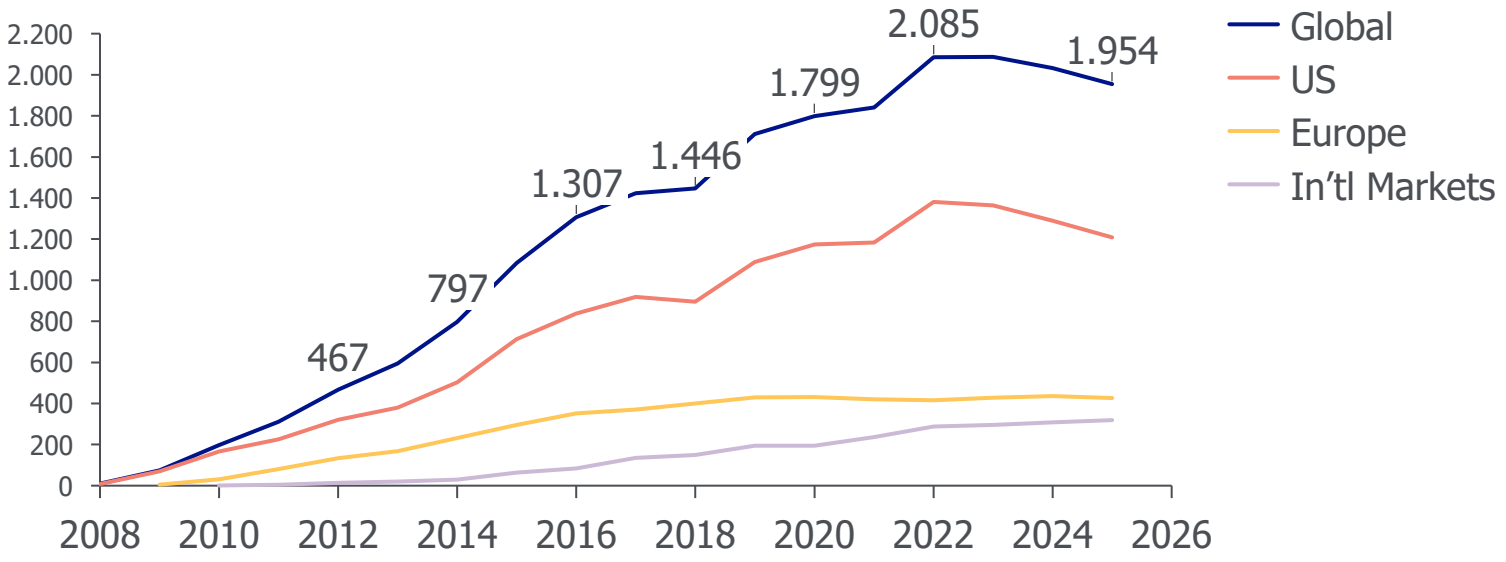
Expanded into **seven indications**, including RA, ankylosing spondylitis (AS), also known as radiographic axial spondyloarthritis (r-axSpA), and non-radiographic axial spondyloarthritis (nr-axSpA), PsA, PSO, CD

Price pressure is increasing due to among others 340B rules in the U.S. (estimated in the high single-digit range) and is **not** expected to be offset by **volume growth**.

No CIMZIA biosimilars expected **before 2030**

CIMZIA® net sales by indication

RA is the largest contributor with 56% (2026 May YTD)



Indication split

57% RA	**18%** axSpA
17% PsA	**7%** Others

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

UCB – HY 2026 Facts & Figures, July 2026

Focus on Epilepsy: recognized leadership position

>1.8 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 **>43% of epilepsy patients** in the U.S. ,**>30%** Japan and **> 45% 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

Acquisitions

ZOGENIX · ENGAGE THERAPEUTICS · NEURONA THERAPEUTICS

Drug Discovery Research

Transcriptomic Big Data Library in Epilepsy

GliaPharm · Handl Therapeutics · Eg Element Genomics

Digital Health

EYSZ · Byteflies · NextSense · NEURAVA

1. MAT Q1 2026; MAT = Moving Annual Total. 2. IQVIA for EU and JP, US: factorized IQVIA NPA data MIDAS MAT Q4 2025
UCB – HY 2026 Facts & Figures, July 2026

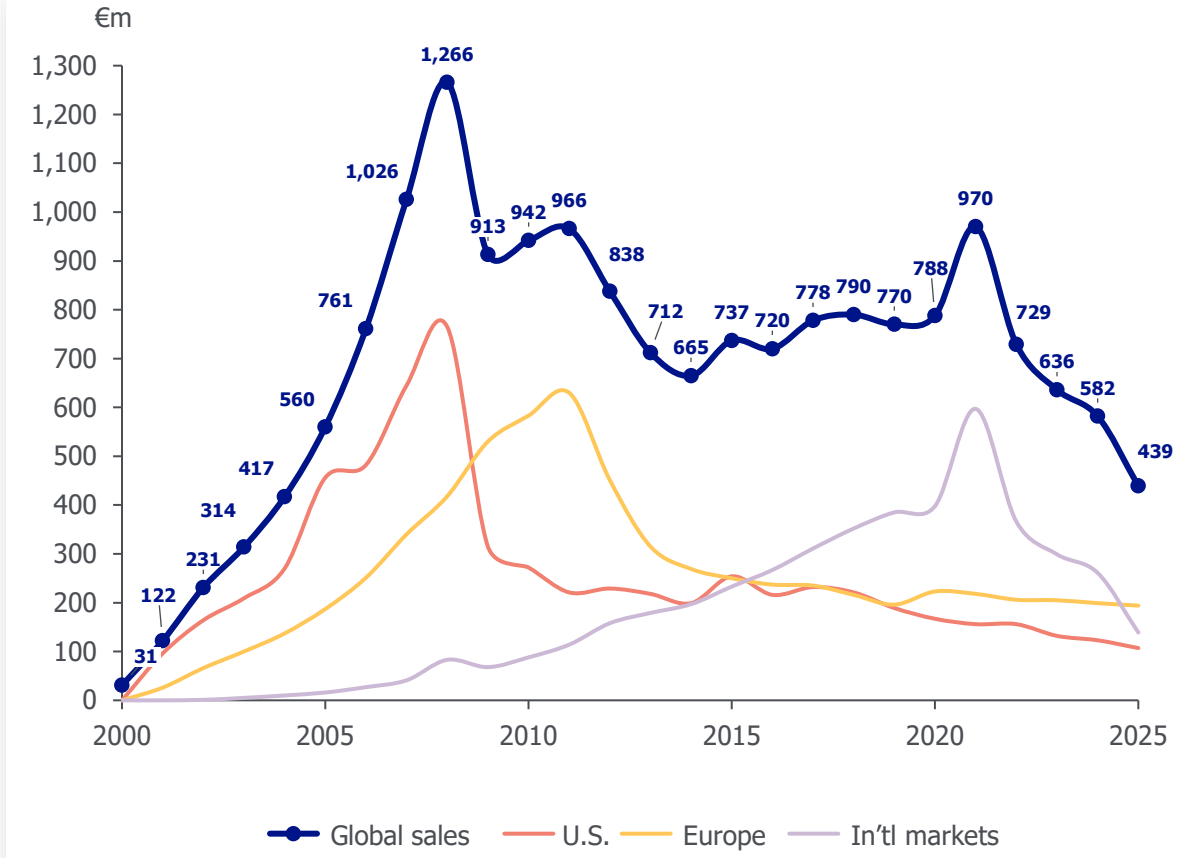
Focus on KEPPRA®

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



LOE = Loss of Exclusivity

UCB – HY 2026 Facts & Figures, July 2026

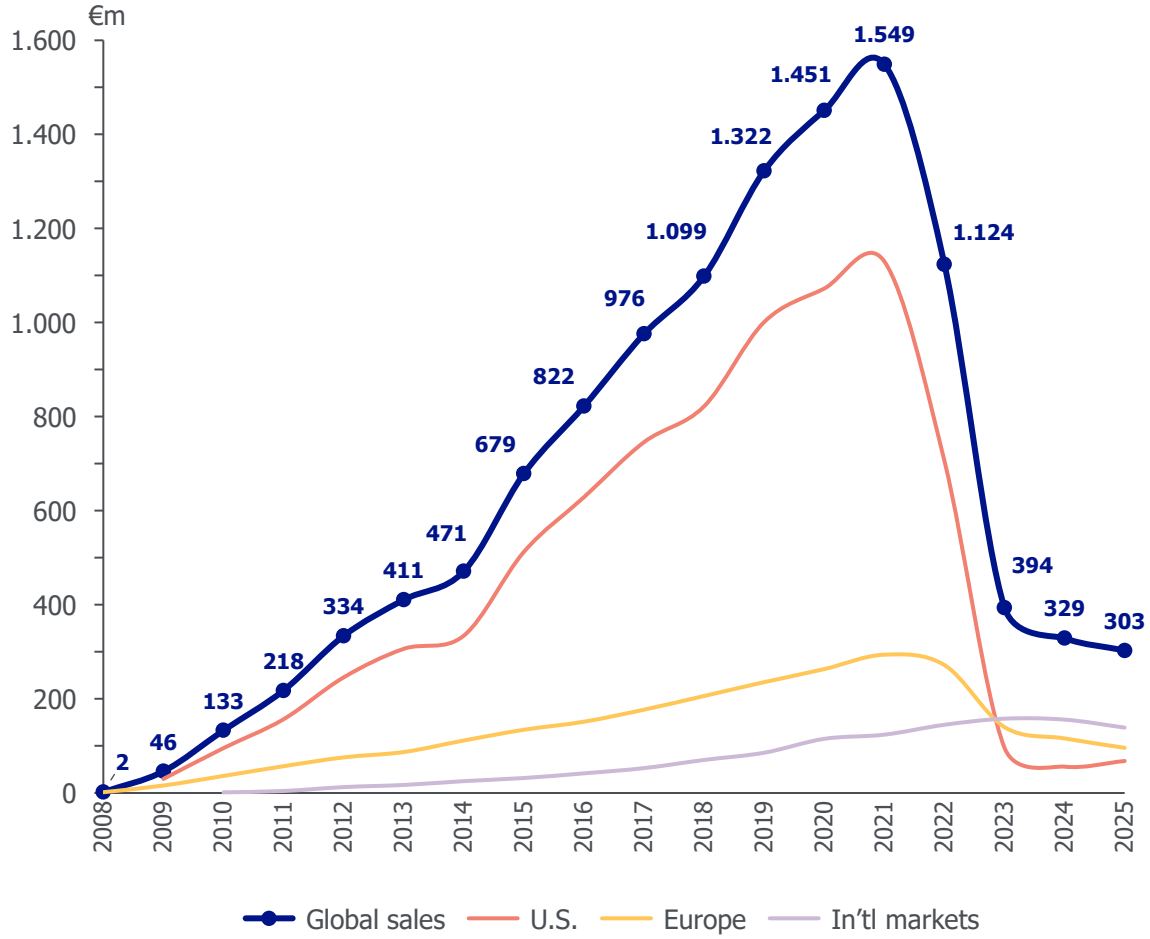
Focus on VIMPAT®

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

Vimpat **Japan** performing well, but pricing and generic pressures (since Dec 2025)

Peak sales met in 2021 of **€1.5 billion**

VIMPAT® net sales



LOE = Loss of Exclusivity

UCB – HY 2026 Facts & Figures, July 2026

Focus on BRIVIACT®

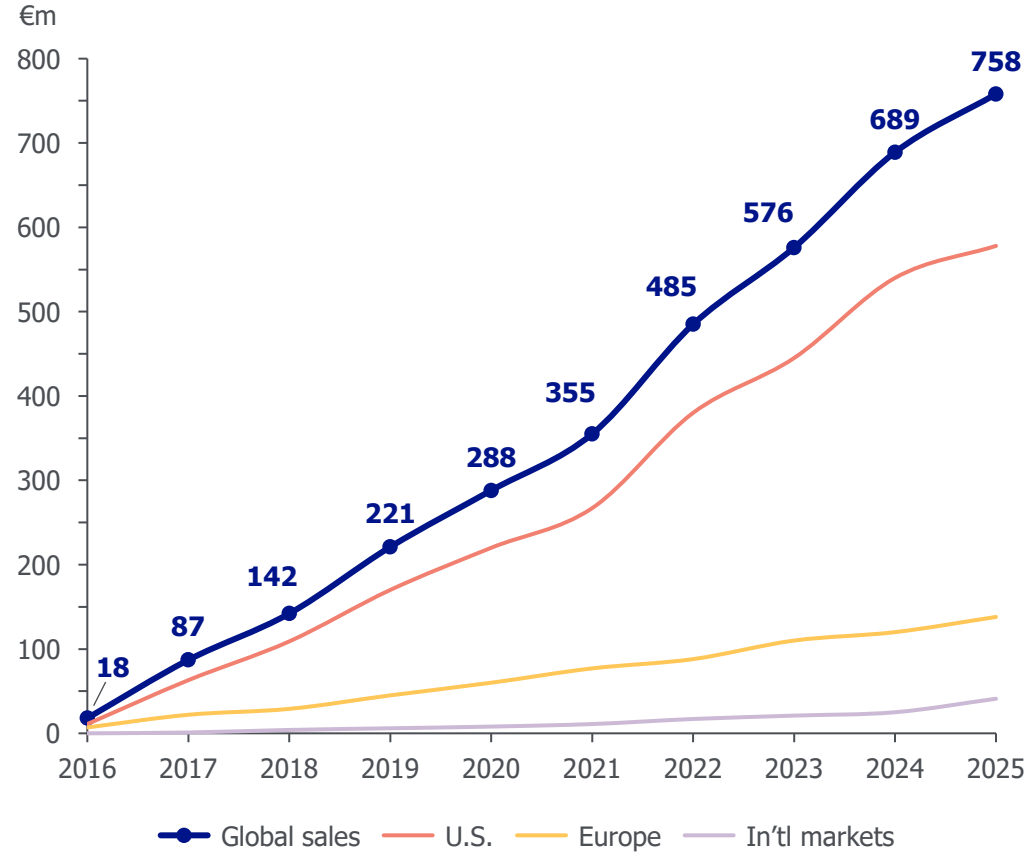
BRIVIACT (brivaracetam)

BRIVIACT® is the **leading** branded **anti-seizure medication**[1] **for focal onset seizures**

Expected **loss of exclusivity impact**: ~80% U.S. volume erosion and ~50% European volume erosion within 12 months

Approved in Japan in June 2024 and launched in August 2024

BRIVIACT® net sales



Focus on NAYZILAM®

Nayzilam® IV (midazolam) nasal spray

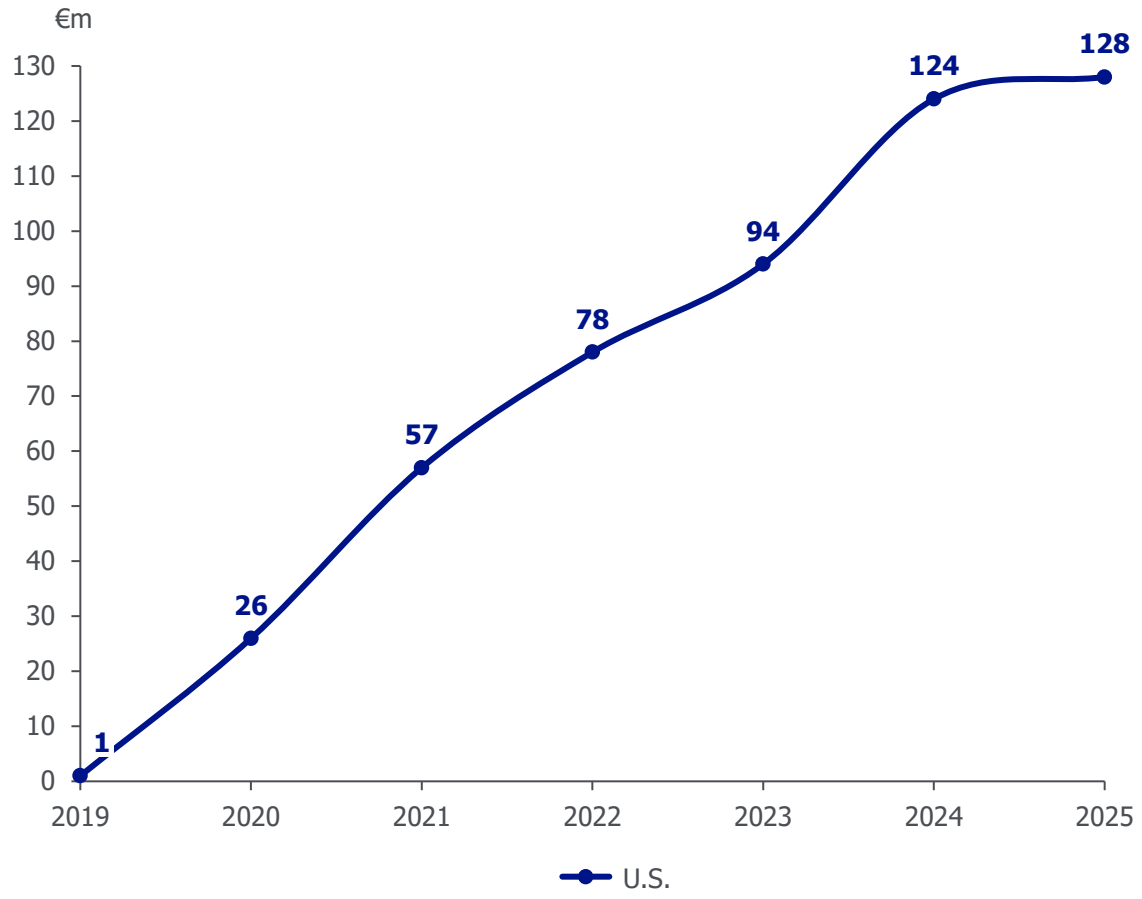
Sustained growth of NAYZILAM® since launch in 2019

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

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

The strong growth is driven by a more **targeted go-to-market strategy** and **optimized positioning** that leverages its **unique** role as a rescue medication.

NAYZILAM® net sales



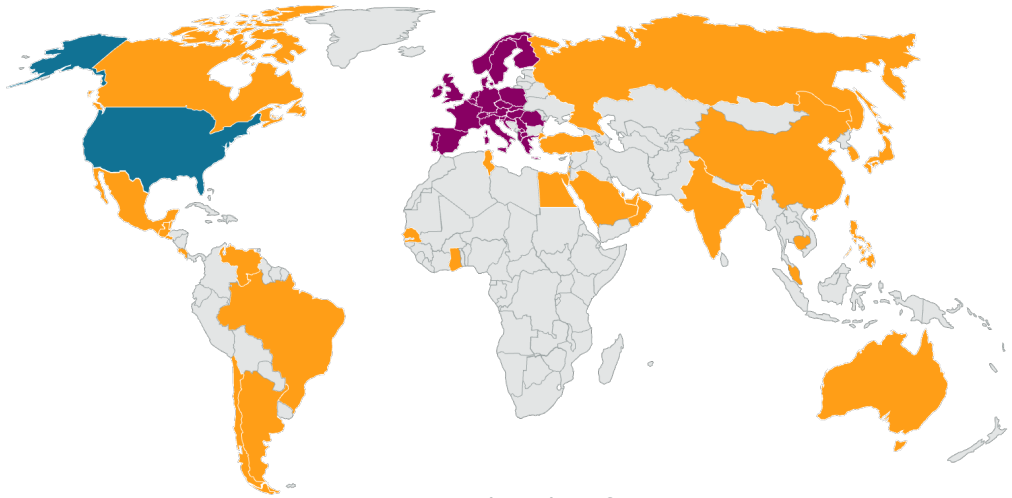
KYGEVVI changing the course of TK2d with proven survival impact

kygevvi

first and only approved

treatment for adult and pediatric patients

Thymidine Kinase 2 deficiency



Estimated number of patients

U.S.[1]	EU5[1]	RoW[1]
>500	>500	~500

Approved in the U.S. and EU since Nov 2025 and Mar 2026 respectively

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 on going in the U.S. and planned in Q3 2026 in EU**

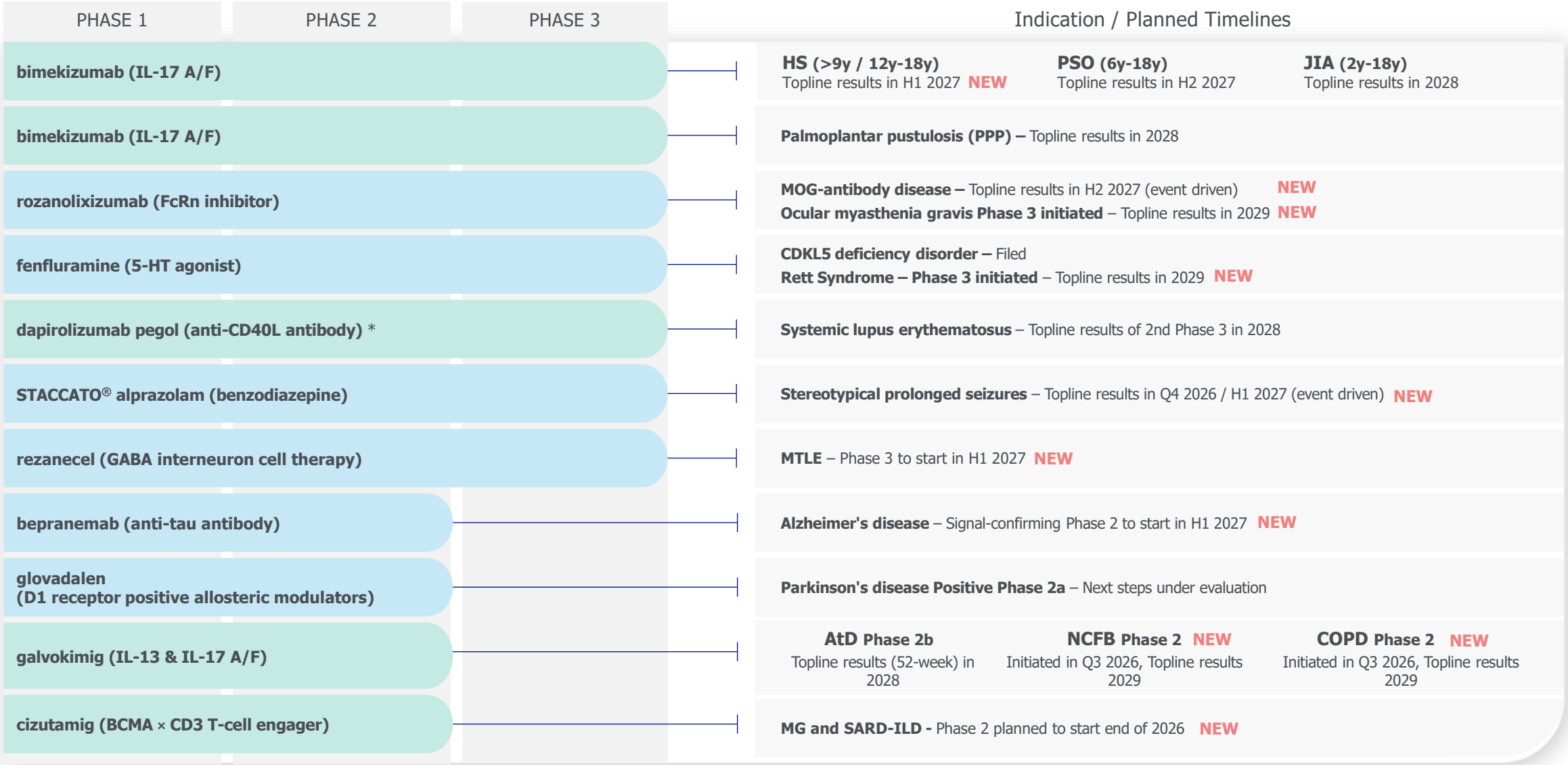
1. Ma et al poster ISPOR 2023

UCB – HY 2026 Facts & Figures, July 2026

DEEP-DIVE CLINICAL PIPELINE & DISEASE AREAS

UCB's Pipeline | H1 2026

Immunology | Neurology



* In partnership with Biogen; 5-HT = 5-hydroxytryptamine or serotonin; AtD = Atopic dermatitis; CD40L = CD40 ligand; CDKL5 = cyclin-dependent kinase-like 5; COPD = Chronic Obstructive Pulmonary Disease; NCFB = Non-Cystic Fibrosis Bronchiectasis; FcRn = Neonatal Fragment Crystallizable Receptor; H = half-year; HS = hidradenitis suppurativa; IL = interleukin; JIA = Juvenile idiopathic arthritis; MG = myasthenia gravis; MTLE = mesial temporal lobe epilepsy; MOG = Myelin Oligodendrocyte Glycoprotein; PPP = palmoplantar pustulosis;; PSO = Psoriasis; SARD-ILD = systemic autoimmune rheumatic disease associated interstitial lung disease Projects not currently approved by any regulatory authority.

Atopic Dermatitis (AD) – high prevalence

Atopic dermatitis is the **most common, chronic, inflammatory skin condition** characterized 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]

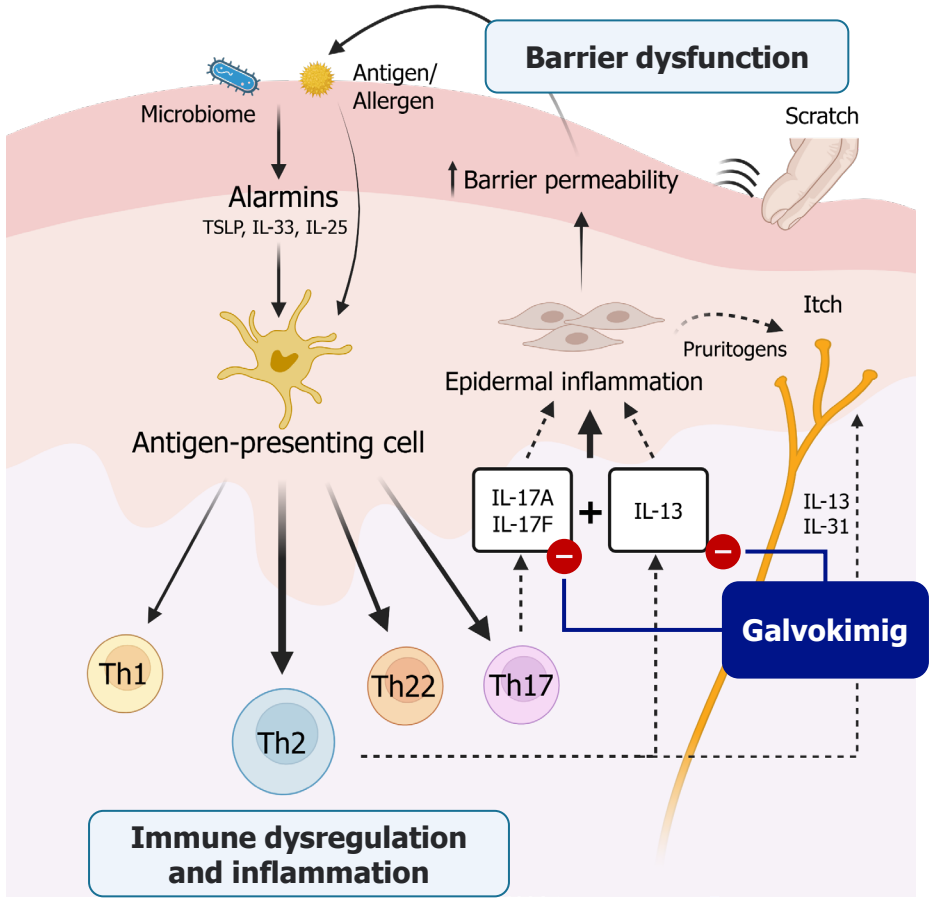
Burden of disease ranks **15th worldwide for nonfatal diseases** and **first for skin diseases**; one in six people experience clinical depression, and one in eight experience suicidal ideation[3]

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; QoL = Quality of Life
UCB – HY 2026 Facts & Figures, July 2026

Galvokimig: underlying mechanisms of Atopic Dermatitis

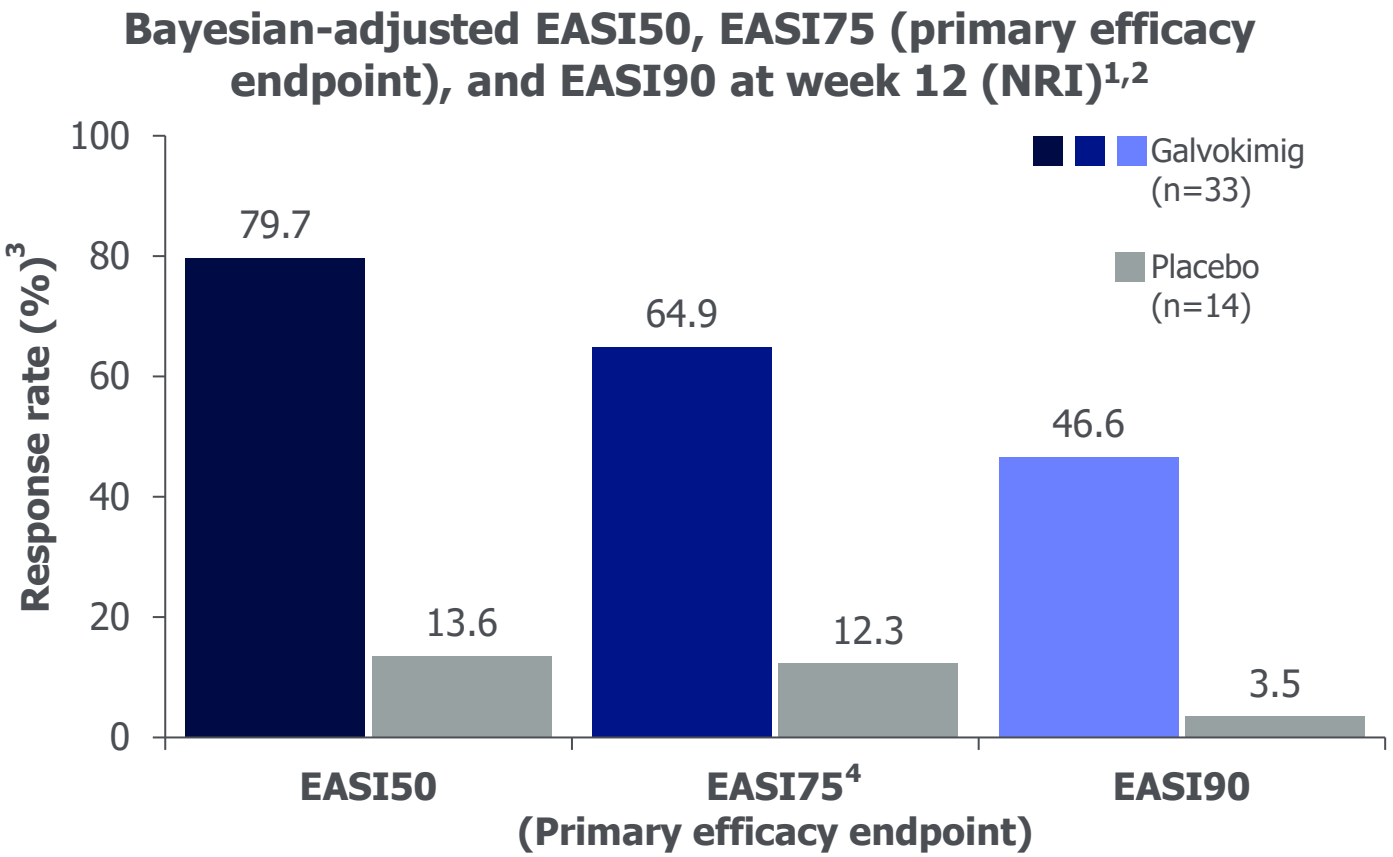
- While the role of IL-13 in the pathophysiology of **Atopic Dermatitis** is well established, recent advancements have revealed involvement of additional immune pathways[1,2]
- Elevated *IL17A* and *IL17F* gene expression has been shown in Atopic Dermatitis lesional vs. non-lesional tissue[3]
- IL-17A 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 Atopic Dermatitis[1]
- **Galvokimig** is a multi-specific antibody-based therapeutic design to address disease heterogeneity beyond Th2 biology by inhibiting IL-13, IL-17A, and IL-17F

Mechanism of Atopic Dermatitis pathogenesis[2,3]



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; IL = Interleukin; Th = T Helper Cell; TSLP = Thymic Stromal Lymphopoietin
UCB – HY 2026 Facts & Figures, July 2026

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



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

Phase 2b initiated: Defining optimal subcutaneous dosing with topline 52-week data expected in 2028

Atopic Dermatitis

1. 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; 2. Bayesian-adjusted difference of 65.1 for EASI50, 52.1 for EASI75, and 42.8 for EASI90; 3. Bayesian-adjusted response rate; 4. 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
UCB – HY 2026 Facts & Figures, July 2026

Galvokimig – Atopic Dermatitis study design

Phase 2b dose-ranging study in participants with moderate-to-severe atopic dermatitis

Objective

To evaluate the dose-response of galvokimig vs placebo in moderate-to-severe atopic dermatitis (AtD)[1]

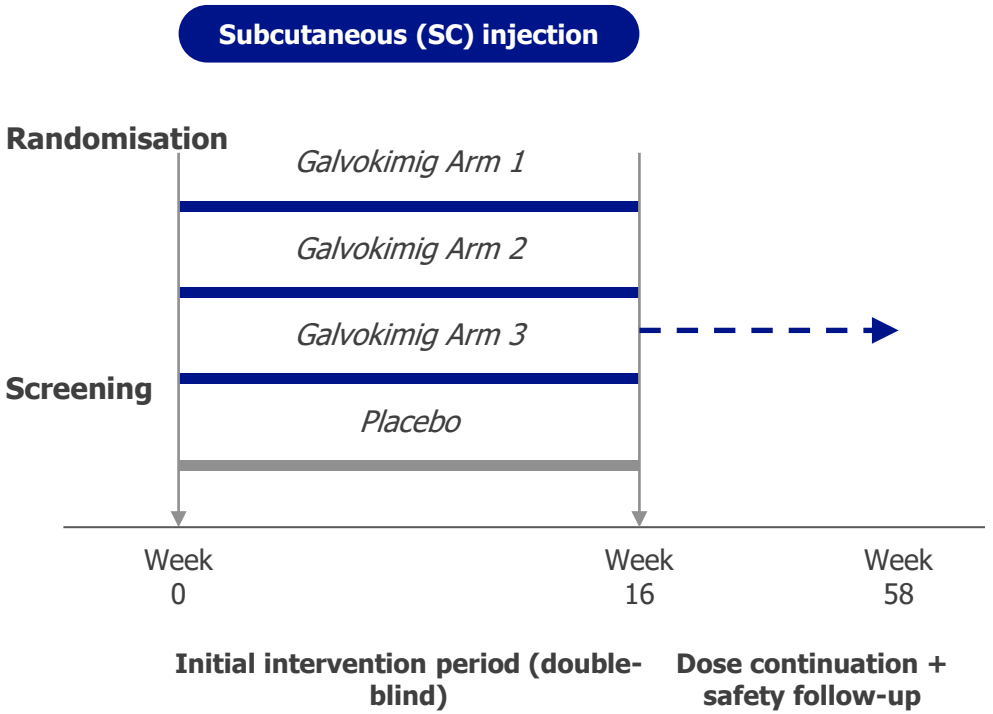
Inclusion criteria

- Adults ≥18 years of age
- Chronic AtD ≥1 year; vIGA ≥3; EASI ≥16
- PP-NRS ≥4; ≥10% BSA involvement
- Inadequate response to / inadvisable topicals; systemic candidate

Key exclusion criteria

- Other active dermatologic disease (e.g. psoriasis)
- Personal/family history of IBD
- Prior galvokimig or IL-13 biologic safety event

Design



Endpoints

Primary:

- EASI-75 response at Week 16

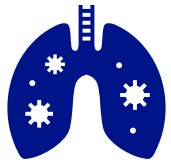
Key secondary:

- vIGA response at Week 16
- Change from baseline in PP-NRS at Week 16
- Incidence of TEAEs (up to Week 58)
- Incidence of serious TEAEs (up to Week 58)

*Estimated enrolment of approximately 160 participants; Phase 2, multicentre, randomised, double-blind, placebo-controlled, parallel-group, dose-ranging study. AtD = atopic dermatitis; BSA = body surface area; EASI = Eczema Area and Severity Index; EASI-75 = ≥75% improvement in EASI; IBD = inflammatory bowel disease; IL = interleukin; PP-NRS = Peak Pruritus Numerical Rating Scale; SAE = serious adverse event; SC = subcutaneous; TB = tuberculosis; TEAE = treatment-emergent adverse event; vIGA = validated Investigator Global Assessment.

[1] NCT07277660. Available at: https://clinicaltrials.gov/study/NCT07277660 (Accessed July 2026). Galvokimig (UCB9741) is an investigational product and is not approved for any indication by any regulatory authority in the world. Galvokimig requires additional studies before any conclusions for safety and efficacy can be made; UCB Biopharma SRL, Clinicaltrials.gov, #NCT07277660

Chronic Obstructive Pulmonary Disease (COPD)

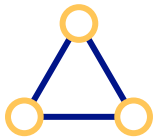


People living with COPD **experience difficulty breathing, wheezing, chronic cough** (sometimes with sputum) and **feeling tired**. It results in an accelerated **decline in lung function** often resulting in exacerbations of disease that can result in hospitalisation and overall premature mortality.

Global prevalence ranges between 7-13% dependent on diagnostic method and population age. Prevalence is **higher in current or previous smokers affecting more than 400M people globally.**

COPD is **the third leading cause of death** globally, with around **3.23 million deaths per year**[1]. Despite availability of treatment options including biologics for COPD patients, many still experience frequent exacerbations, progressive decline in lung function and impaired QoL.

Exacerbations of disease significantly impact quality of life with COPD **limiting normal physical exertion**, **ability to work and socialise**.



Often associated with other co-morbidities including **cardiovascular disease, diabetes, asthma, bronchiectasis, anxiety and depression**. At least one comorbidity is experienced by **>80% of patients** with COPD. COPD has a high healthcare cost due to hospital admissions, outpatient and primary care appointments.

1. Li et al. Respirology 2023; 28(1):29-36

UCB – HY 2026 Facts & Figures, July 2026

Galvokimig – SCALA study design

Phase 2 study in participants with moderate-to-severe COPD with chronic bronchitis

Objective

- To evaluate the efficacy and safety of galvokimig vs placebo on time to first AECOPD

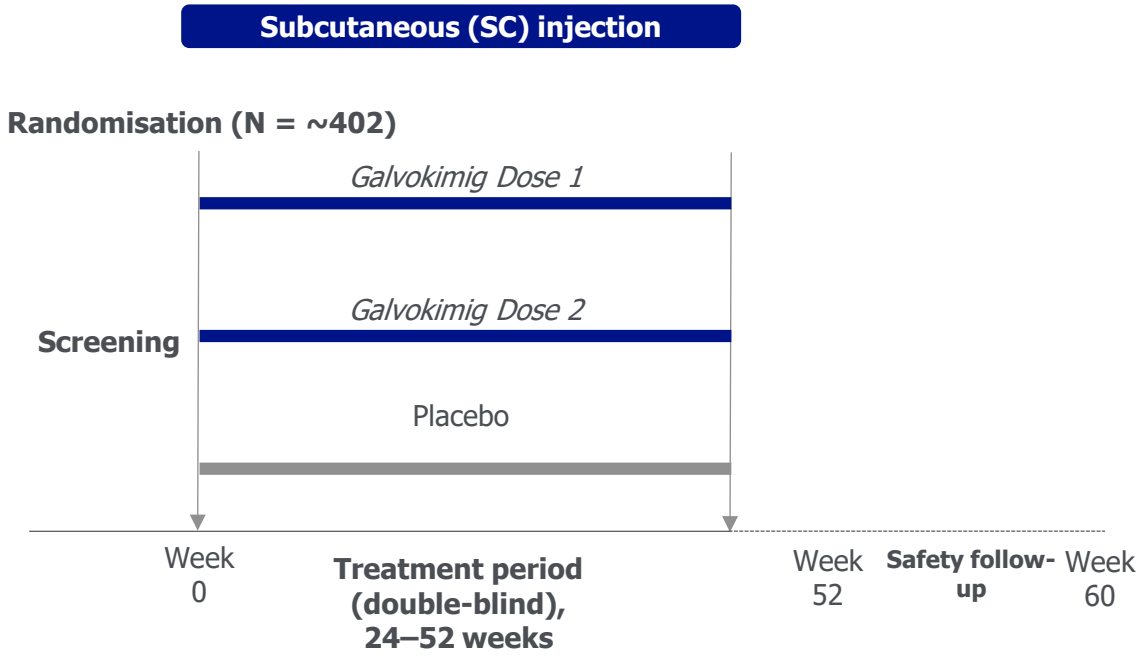
Inclusion criteria

- Adults 40–80 years of age
- Moderate-to-severe COPD with chronic bronchitis
- Stable inhaled therapy (LABA+LAMA ±ICS) ≥3 months
- High exacerbation risk; CAAT ≥15; ≥10 pack-years

Key exclusion criteria[1]

- Non-COPD lung disease
- Uncompensated heart failure or MI within 12 months
- Inflammatory bowel disease (IBD)

Design



Endpoints

Primary:

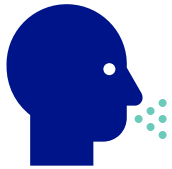
- Time to first moderate or severe AECOPD (up to Week 60)

Key secondary:

- Pre-bronchodilator FEV1 at Week 24
- Annualised rate of moderate/severe AECOPD up to Week 52
- Change from baseline in SGRQ-C at Week 24 (≥4-point responders)
- Incidence of TEAEs and SAEs (safety) up to Week 60

* Phase 2, multicentre, randomised, double-blind, placebo-controlled, parallel-group study. 1. AECOPD = acute exacerbation of COPD; BD = bronchodilator; CAAT = Chronic Airways Assessment Test; COPD = chronic obstructive pulmonary disease; FEV1 = forced expiratory volume in 1 second; F/U = follow-up; ICS = inhaled corticosteroid; LABA = long-acting β2 agonist; LAMA = long-acting muscarinic antagonist; MI = myocardial infarction; SAE = serious adverse event; SC = subcutaneous; SGRQ-C = St. George's Respiratory Questionnaire-COPD; TEAE = treatment-emergent adverse event. 1. For the full list of exclusion criteria, please refer to https://clinicaltrials.gov (Accessed July 2026). Galvokimig (UCB9741) is an investigational product and is not approved for any indication by any regulatory authority in the world. Galvokimig requires additional studies before any conclusions for safety and efficacy can be made; UCB Biopharma SRL,
UCB – HY 2026 Facts & Figures, July 2026

Non Cystic Fibrosis Bronchiectasis (NCFB)

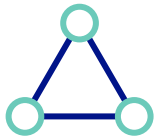


People with NCFB live with **chronic cough with sputum production**, **shortness of breath, wheezing, reduced lung function, chest pain, fatigue and recurrent respiratory infections**.

Prevalence is estimated at around **680 cases per 100 000 adults**. Incidence and prevalence **increase with age** and are **higher in women**.

Characterized by **permanent bronchial dilatation and severe bronchial inflammation and mucus production** with fluctuations of disease. Frequent exacerbations can accelerate the **progressive structural damage** to the lungs and decline in lung function and **increased mortality risk**.

More than half of patients with NCFB **experience two or more exacerbations annually** with **severe exacerbations requiring hospitalisation and IV antibiotics**. Limited approved therapies with high unmet needs for patients.



NCFB is associated with multiple comorbidities, including other respiratory diseases such as **asthma and COPD** as well as **cardiovascular disease, autoimmune diseases such as rheumatoid arthritis and psychological disorders (anxiety & depression)**.

Galvokimig – ATMOS study design

Phase 2 study in participants with non-cystic fibrosis bronchiectasis (NCFB)

Objective

- To evaluate the efficacy and safety of galvokimig vs placebo in participants with NCFB

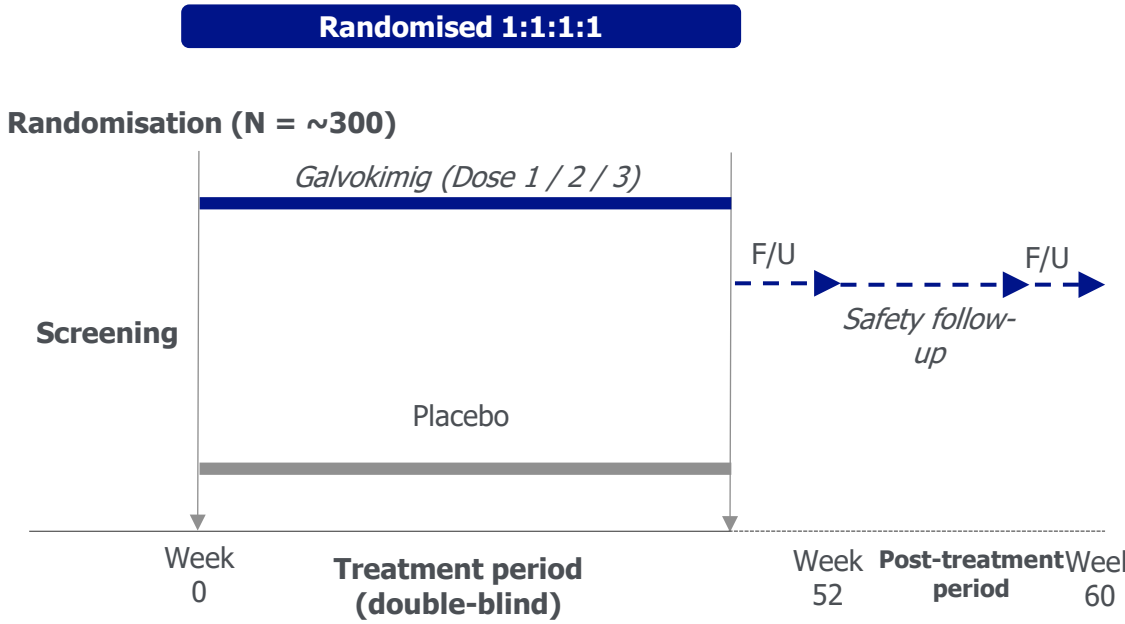
Inclusion criteria

- Adults 18 to ≤80 years of age
- Documented NCFB confirmed by HRCT
- ≥2 moderate/severe exacerbations in past year (or 1 severe in 6 months)
- Post-BD FEV_1 ≥30% predicted

Key exclusion criteria[1]

- Personal or family history of inflammatory bowel disease
- Primary diagnosis of COPD or asthma
- Prior lung transplantation

Design



Endpoints

Primary:

- Time to first moderate or severe pulmonary exacerbation (Week 52)

Key secondary:

- Annualised rate of pulmonary exacerbations (Week 52)
- Post-BD FEV_1 at Week 24
- Change from baseline in QOL-B Respiratory Symptoms domain at Week 24
- Incidence of treatment-emergent adverse events (safety)

*Phase 2, multicentre, randomised, double-blind, placebo-controlled, parallel-group study of 24 to 52 weeks' treatment; participants randomised 1:1:1:1 to galvokimig (3 doses) or placebo. BD = bronchodilator; COPD = chronic obstructive pulmonary disease; FEV_1 = forced expiratory volume in 1 second; F/U = follow-up; HRCT = high-resolution computed tomography; NCFB = non-cystic fibrosis bronchiectasis; QOL-B = Quality of Life Questionnaire-Bronchiectasis; TEAE = treatment-emergent adverse event. 1. For the full list of exclusion criteria, please refer to https://clinicaltrials.gov Study NCFB01 (ATMOS). Galvokimig is an investigational product and is not approved for any indication by any regulatory authority in the world. Galvokimig requires additional studies before any conclusions for safety and efficacy can be made; UCB Biopharma SRL, Protocol NCFB01.

Galvokimig: a novel mechanism of action with potential to address unmet needs in respiratory disease

COPD

- **COPD is a heterogenous inflammatory disease resulting in progressive structural damage to the lungs.** Type 3 neutrophilic inflammation and mixed Type 2 / Type 3 disease represent a major unaddressed axis that current treatments do not directly target.
- **Current COPD** advanced therapies are **primarily EOS-guided and Type 2-focused** which may leave some patients with **limited** treatment options.
- **Galvokimig is currently the only COPD pipeline asset directly blocking both Type 2 and Type 3 inflammation** at the effector cytokine level. Dual targeting of Type 2 & Type 3 inflammatory pathways may address both eosinophilic and neutrophilic inflammation with the potential to improve treatment outcomes.

NCFB

- **NCFB is a chronic, progressive disease** driven by a self-sustaining infection-inflammation cycle, with mortality, hospitalization and exacerbation burden comparable to / exceeding COPD and asthma.
- NCFB is driven by a dominant neutrophilic Type 3 arm with a co-existing Type 2 inflammatory component.
- Galvokimig is currently the only asset simultaneously blocking both **Type 2** and **Type 3** inflammation at the effector cytokine level.
- Dual targeting of Type 2 & Type 3 inflammatory pathways may address both eosinophilic and neutrophilic inflammation with the potential to improve treatment outcomes.

Systemic Lupus Erythematosus (SLE)

Lupus is a chronic (long-term) disease that can cause inflammation and pain in any part of your body. It's an autoimmune disease, which means that your immune system — the body system that usually fights infections — attacks healthy tissue instead. 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 signs and symptoms[1].

Mortality & life expectancy

SLE is **among the leading causes of death** in U.S. females aged 15–24 years and was reported as the 10th leading cause of death overall in this age group[2]

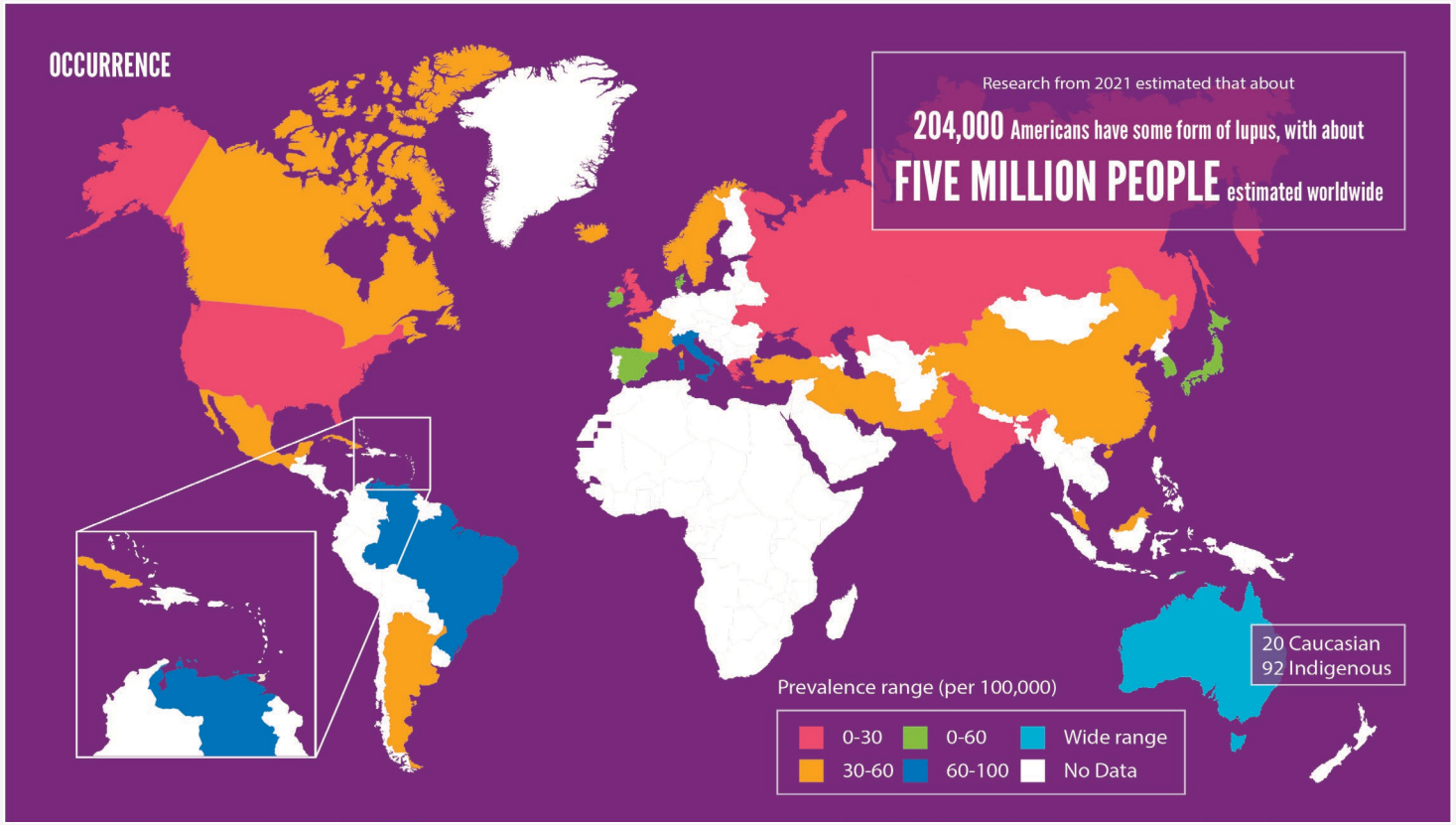
Primary causes of mortality in patients with **SLE** are **infections** and **premature cardiovascular disease**.

High unmet medical need

Focus on every patient population

Minorities:

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



1. Lupus Foundation of America. https://www.lupus.org/resources/what-is-lupus accessed July 2026; 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.

Systemic Lupus Erythematosus (SLE)

A devastating disease with limited treatment options; 90% of people with SLE are women[7]

SLE is a multi-factorial, systemic, autoimmune disease that can affect multiple organ systems[1]

Many people live with active SLE that **cannot be controlled with the current standard of care**[2]

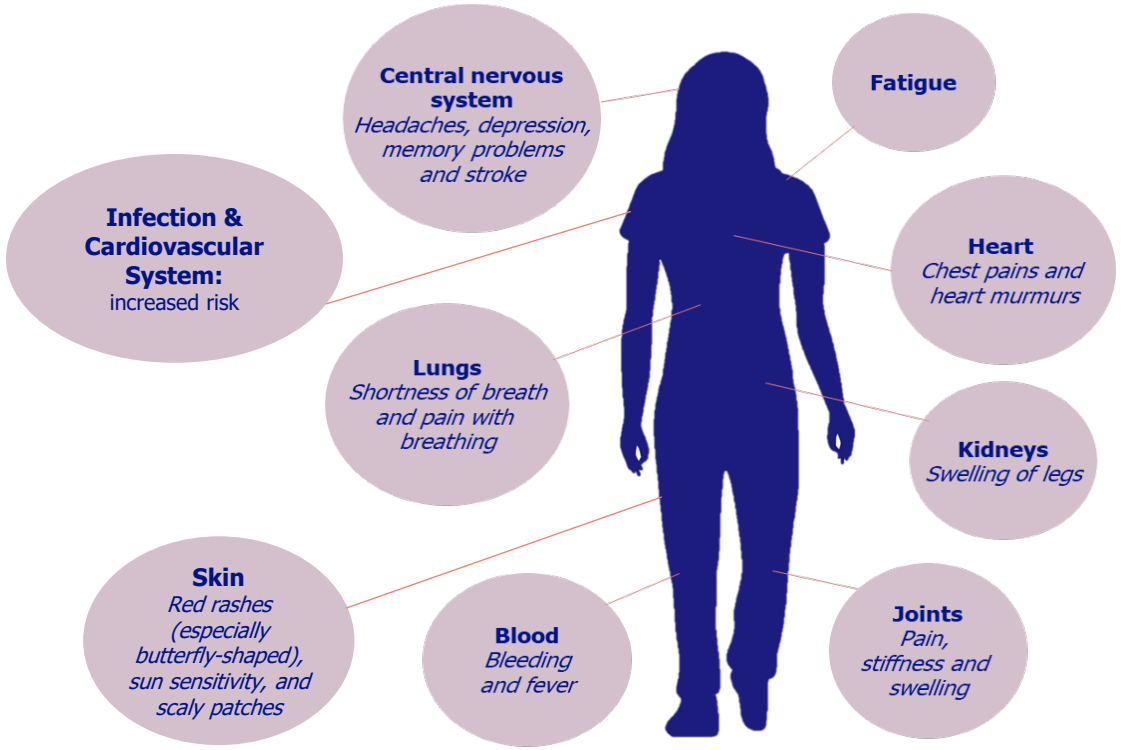
SLE patients may have to stay on glucocorticoid therapies for long periods, contributing to organ damage[3,4,5]

33-55% of SLE patients end up with **permanent organ damage** within 5 years of diagnosis[6]. First causes of mortality in SLE are infections and cardiovascular diseases, **due to both disease activity and therapies used to treat SLE**

In addition, patients with SLE often deal with **chronic fatigue**, which can severely **impact their quality of life**[1,2]

90% of people with SLE are women[7]
In pregnancy, SLE is associated with **higher rates of mortality** and morbidity[8,9]

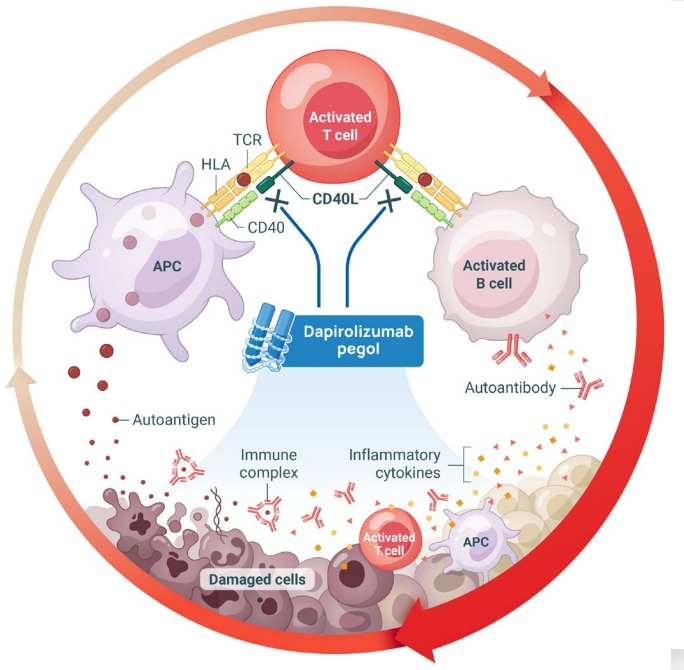
Common symptoms of SLE[8]



1. Fanourakis A, Tziolos N, Bertsias G, et al. Update on the diagnosis and management of systemic lupus erythematosus. Ann Rheum Dis. 2021;80(1):14-25; 2. Gyori N, Giannakou I, Chatzidionysiou K, et al. Disease activity patterns over time in patients with SLE: analysis of the Hopkins Lupus Cohort. Lupus Sci Med. 2017;4(1):e000192; 3. Fanourakis A, Bertsias G. Changing paradigms in the treatment of systemic lupus erythematosus. Lupus Sci Med. 2019;6(1):e000310; 4. Little J, Parker B, Lunt M, et al. Glucocorticoid use and factors associated with variability in this use in the Systemic Lupus International Collaborating Clinics Inception Cohort. Rheumatology (Oxford). 2018;57(4):677-87; 5. Apostolopoulos D, Morand EF. It hasn't gone away: the problem of glucocorticoid use in lupus remains. Rheumatology (Oxford). 2017;56(suppl_1):i114-i22. Available here; 6. Fernández de Larrinoa I, Lozaano M, Fernández-Cid C, et al. Preventing organ damage in systemic lupus erythematosus: the impact of early biological treatment. Expert Opin Biol Ther. 2022;22(7):821-9; 7. Lupus Research Alliance. Lupus Symptom Infographic. Last accessed 29 January 2024. Seminars in arthritis and rheumatism; 8. 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 on 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 was only the 3rd agent to deliver a positive global Phase 3 study in SLE

Compelling Phase 3 data showing **consistency of efficacy across multiple endpoints**[1]

- Statistically and clinically **significant improvement across organ systems** as measured by BICLA **at week 48**
- DZP showed **consistent improvements in fatigue,** a common and debilitating symptom of systemic lupus erythematosus (SLE)
- 50% less severe disease flares[2]
- Greater proportion of patients **successfully tapered corticosteroid use**[2]

Generally **well-tolerated safety profile**

Second confirmatory Phase 3 study started, top line results 2028

Dapirolizumab pegol is being developed in collaboration with Biogen; 1. Compared to SOC plus placebo at week 48; 2. 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; Flares as measured by BILAG ; BICLA = British Isles Lupus Assessment Group-based Composite Lupus Assessment; DZP = Dapirolizumab Pegol; SLE = Systemic Lupus Erythematosus; SOC = Standard of Care
UCB – HY 2026 Facts & Figures, July 2026

Dapirolizumab pegol – PHOENYCS FLY study design

Phase 3 study in participants with moderately to severely active systemic lupus erythematosus (SLE)

Objective

- Evaluate the efficacy and safety of dapirolizumab pegol (DZP) added to standard of care (SOC) vs placebo added to SoC in moderate-to-severe SLE[1]

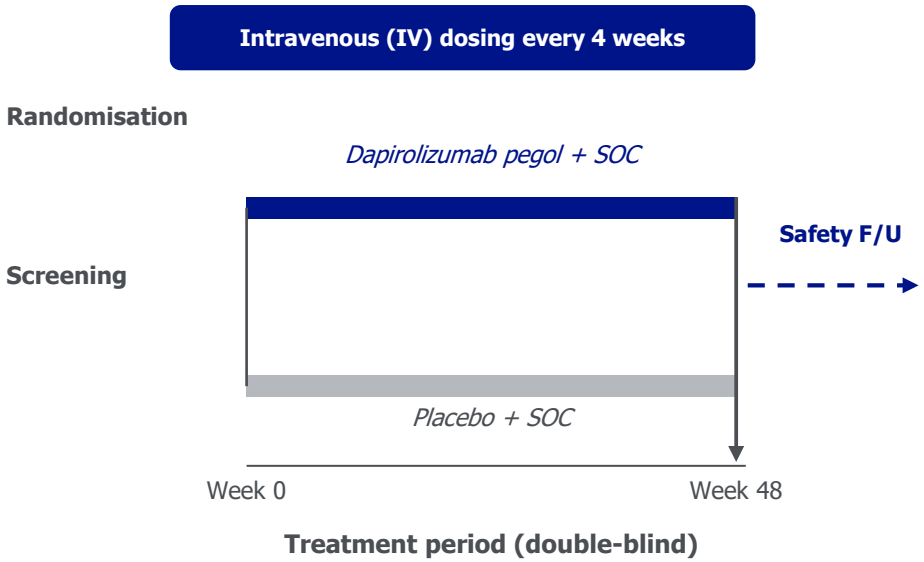
Inclusion criteria

- Adults ≥16 years of age (≥18 years in China)
- SLE diagnosed ≥24 weeks before Screening; 2019 EULAR/ACR criteria
- BILAG-2004 Grade A in ≥1 / Grade B in ≥2 organ systems; SLEDAI-2K ≥6
- Stable standard of care (SOC) medication

Key exclusion criteria

- Mixed connective tissue disease/overlap syndrome
- HIV, immunodeficiency or active infection
- Malignancy history; severe renal failure
- Prior dapirolizumab pegol exposure

Design



Endpoints

Primary

- BICLA response at Week 48

Key secondary

- SRI-4 response at Week 48
- Severe BILAG flare-free through Week 48
- LLDAS at Week 40, maintained at Weeks 44 & 48
- Glucocorticoid dose reduction (>7.5 to ≤7.5 mg/day) by Week 36, maintained to Week 48
- Change from baseline in FACIT-Fatigue / FATIGUE-PRO at Week 48
- Incidence of treatment-emergent adverse events (safety)

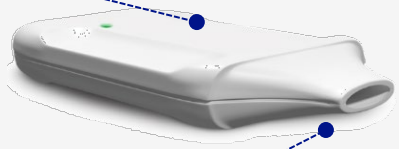
Randomised, double-blind, placebo-controlled, parallel-group study; estimated enrolment ~450 participants across ~280 sites in ~31 countries. BICLA = BILAG-based Composite Lupus Assessment; BILAG = British Isles Lupus Assessment Group; DZP = dapirolizumab pegol; EULAR/ACR = European Alliance of Associations for Rheumatology/American College of Rheumatology; FACIT = Functional Assessment of Chronic Illness Therapy; F/U = follow-up; IV = intravenous; LLDAS = Low Lupus Disease Activity State; SLE = systemic lupus erythematosus; SLEDAI-2K = SLE Disease Activity Index 2000; SOC = standard of care; SRI-4 = SLE Responder Index-4. 1. NCT06617325. Available at: https://clinicaltrials.gov/study/NCT06617325 (Accessed July 2026).
Dapirolizumab pegol is an investigational product and is not approved for any indication by any regulatory authority in the world; UCB Biopharma SRL, Protocol SL0044.

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
- 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 completed end of 2019
  Phase 3 top line results planned Q4 2026 - H1 2027 (event driven)

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

STACCATO® *alprazolam* Phase 3 clinical development program

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

EP0162 / NCT05077904

A study to test the efficacy and safety of STACCATO® alprazolam in participants ≥12 years with stereotypical prolonged seizures

Estimated enrollment 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

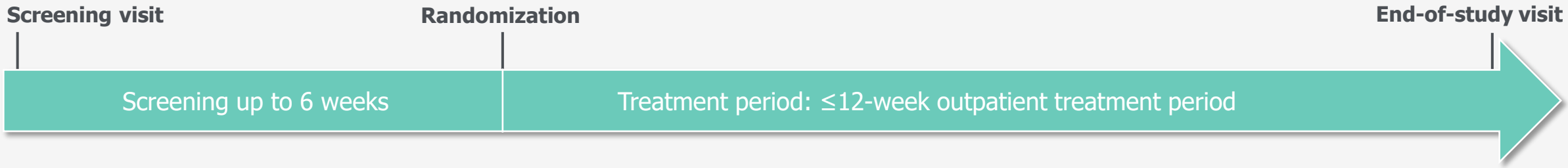
A study to test the safety and tolerability of STACCATO® alprazolam in participants ≥12 years with stereotypical prolonged seizures

c. 300 participants will be treated with STACCATO® *alprazolam*

Primary safety objective:

- Frequency of adverse events (all adverse events, serious and those leading to discontinuation)

EP0162 study periods



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

UCB – HY 2026 Facts & Figures, July 2026

Glovadalen – 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 presented In MDS. UCB is evaluating next steps for the development program.

Clinical development program: ATLANTIS Phase 2a (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

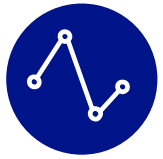
Key secondary:

- 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)

Glovadalen: Key Findings from ATLANTIS Phase 2a

The ATLANTIS Phase IIa trial established proof-of-concept for glovadalen in managing Parkinson's disease with significant motor fluctuations

Glovadalen demonstrated a favorable safety and tolerability profile, with no significant increase in dopaminergic-related adverse events or dyskinesias at tested doses



Glovadalen showed favorable pharmacokinetics and a clear exposure–response relationship with key efficacy outcomes

The ATLANTIS study supports the proof-of-mechanism for glovadalen as a potential first-in-class oral therapy for Parkinson's disease

MDS late breaking presentation, September 2025
UCB – HY 2026 Facts & Figures, July 2026

Bepranemab (anti-tau antibody) – Fast Track Designation granted by FDA in February 2026

UCB reported the primary results from the TOGETHER, Phase 2a study (PoC) of bepranemab at CTAD 2024, Phase 2 to be initiated in H1 2027

Given these promising results

The pathophysiology of AD is characterized 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 neighboring 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

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; 4. Albert 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); AD = Alzheimer's Disease; IgG = Immunoglobulin G.; 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

Bepranemab – TOGETHER study design

Phase 2a 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]

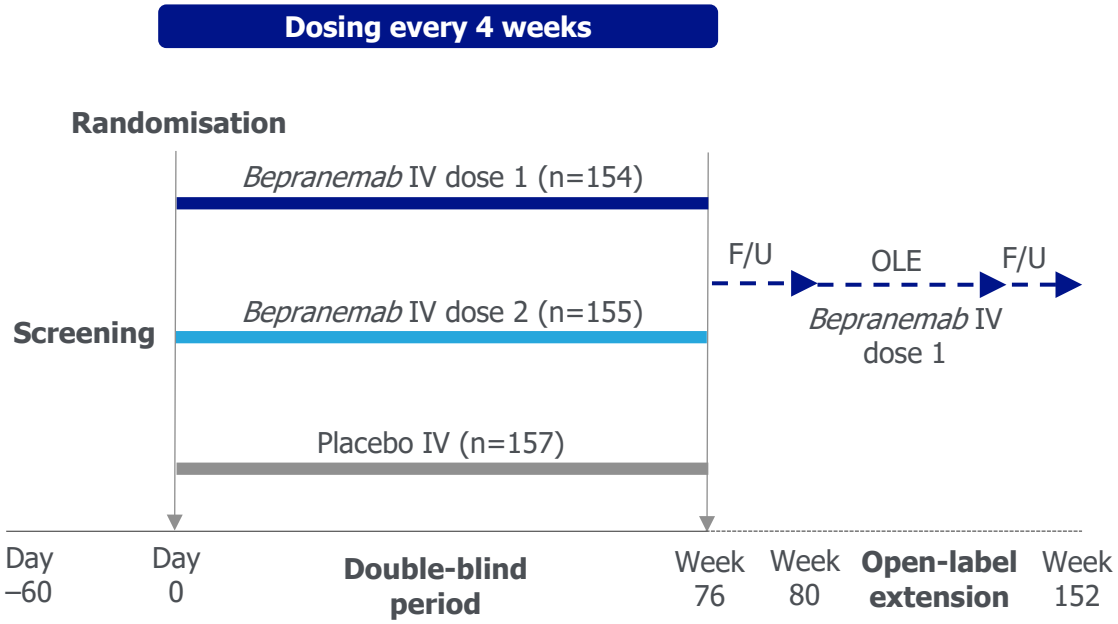
Inclusion criteria

- Prodromal or mild AD[1]
- 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

1. Anticipated enrolled population will be approximately 40% with prodromal/MCI due to AD (n=180), and 60% with mild AD (n=270); [1]NCT04867616. Available at: https://clinicaltrials.gov/ct2/show/NCT04867616 (Accessed September 2021); 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; 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

Bepranemab – TOGETHER study 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 at an optimal intervention stage, early in AD progression where tau accumulation is low, as those patients that stand to benefit the greatest from treatment with bepranemab

Barton M, et al. Data presented at CTAD 2024. Barton M, et al. JPAD. 2025: 12 supplement 1; 7-8.

UCB – HY 2026 Facts & Figures, July 2026

Scientific innovation & progress: Oncology-linked antibody discoveries

Partnership with Cancer Research UK since 2023, extended 2026

UCB6114 (ginisortamab)[1]	UCB4594[2]
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 first results (Step A ongoing PoC) 2029 PoC results (Step B)	Post 2028

Oncology is outside of UCB's core therapeutic areas of focus- neurology and immunology
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 works with Cancer Research UK as UCB believes they provide the best possible way to progress these assets to patients.

1. Clinicaltrials.gov # NCT04393298 2. Clinicaltrials.gov # NCT06380816

SUSTAINABLE BUSINESS APPROACH

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 – 2026 H1 results

- **€ 4.27 B** revenue
- **€ 1.74 B** adjusted EBITDA

Advancing on our sustainability journey

Sustainalytics
Low risk
(2025: Low risk)

MSCI
AA
(2025: AA)

ISS ESG
B
(2025: B-)

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

Among the World's Top 100 Most Sustainable companies
#78 globally, #4 in the pharmaceutical industry*

Data as of 31st of December 2025. * TIME and Statista

UCB – HY 2026 Facts & Figures, July 2V026

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

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

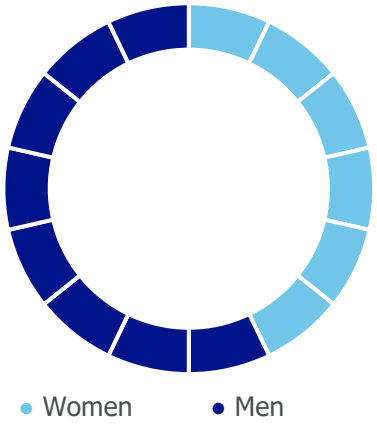
GOVERNANCE & SHAREHOLDING

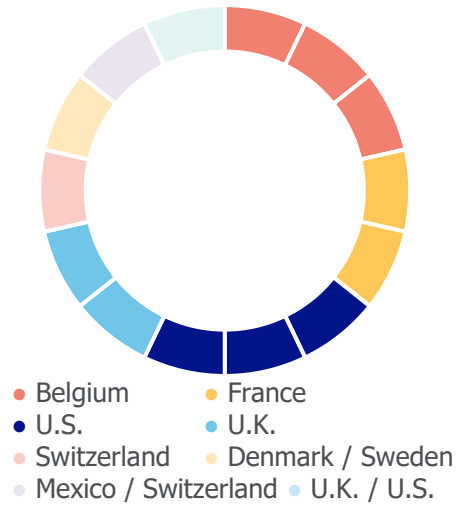
Corporate Governance

Board of directors & Executive committee

Board of directors

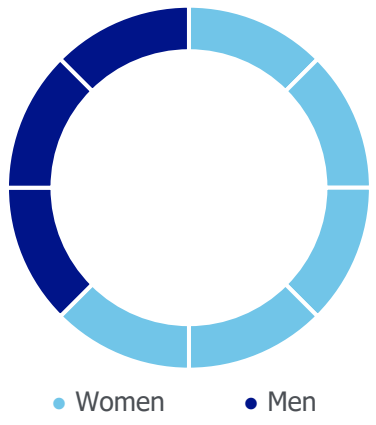
- **14 members**
  - Mandate: 4 year
  - Age limit: 70
- **6 women (40%)**
- **9 independent directors (64%)**
- **8 nationalities**

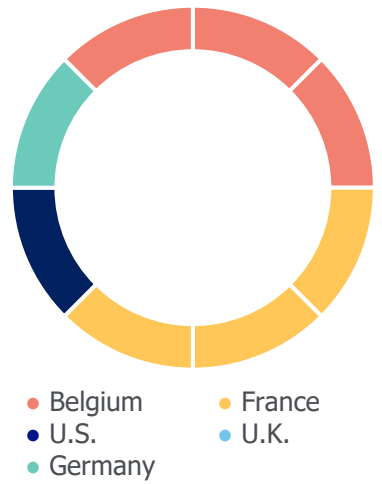




Executive committee

- **8 members**
  - Jean-Christophe Tellier, CEO since 2015
- **3 women (38%)**
- **4 nationalities**





Post AGM 2026. More details in the notes to the Annual General Meeting.

Corporate Governance

Board of directors & Executive committee

- **8 members**
- **3 women (38%)**
- **4 nationalities**

JL Fleurial,
Executive Vice President
Chief Human Resources Officer

S. Dufour,
Executive Vice President
Chief Financial Officer

D. Waynick Johnson
Executive Vice President &
General Counsel

E. Caeymaex,
Executive Vice President
Patient Evidence

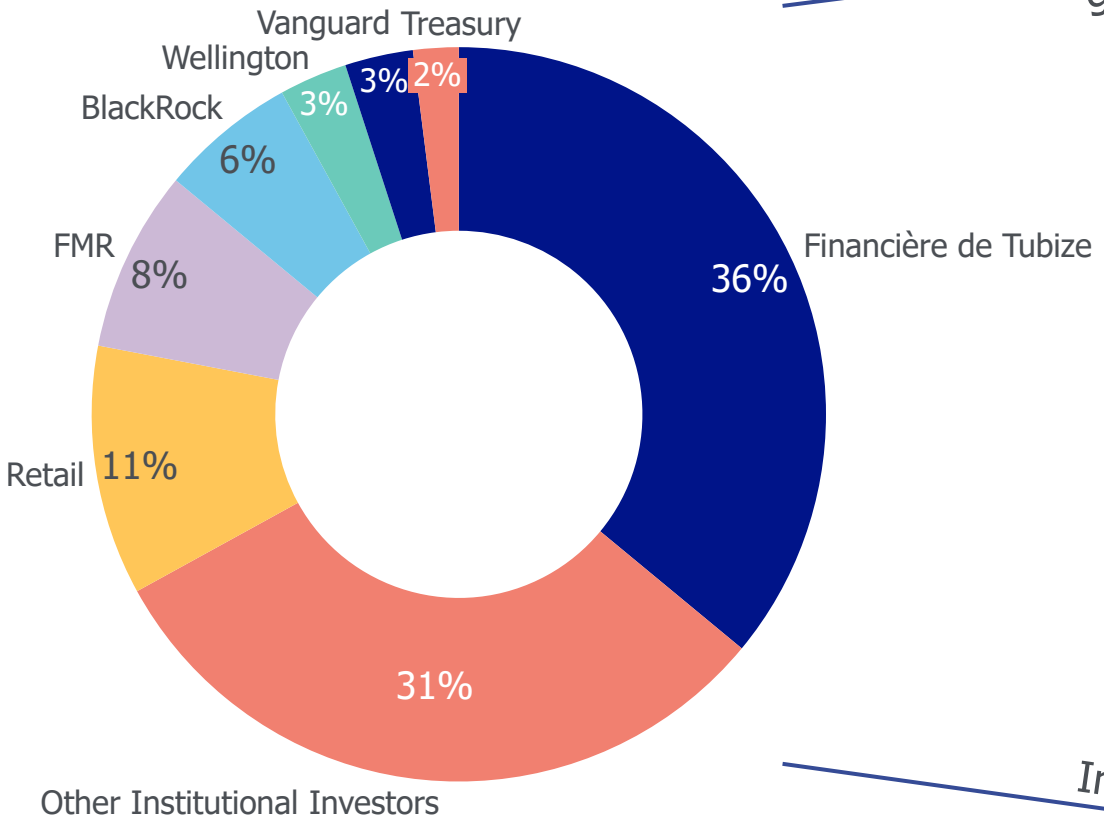
JC Tellier,
Chief Executive Officer &
Chairman of the Executive
Committee

A. Henry,
Executive Vice President &
Chief Scientific Officer

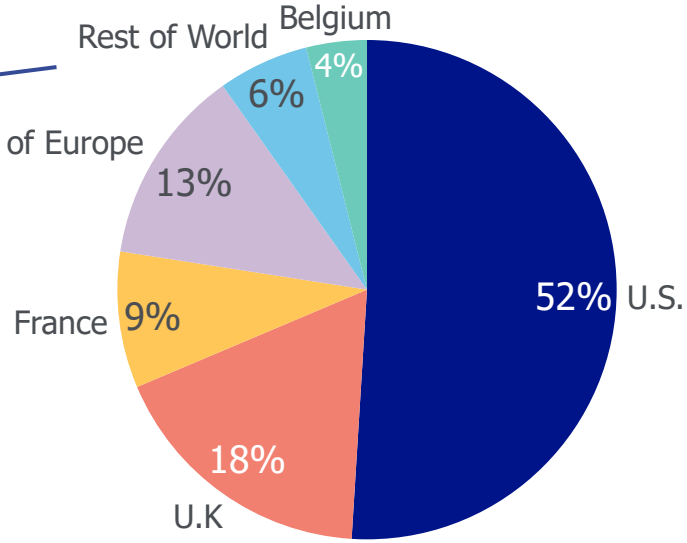
J. Marbehant,
Executive Vice President
Patient Supply

F. du Monceau,
Executive Vice President
Chief Commercial
Officer

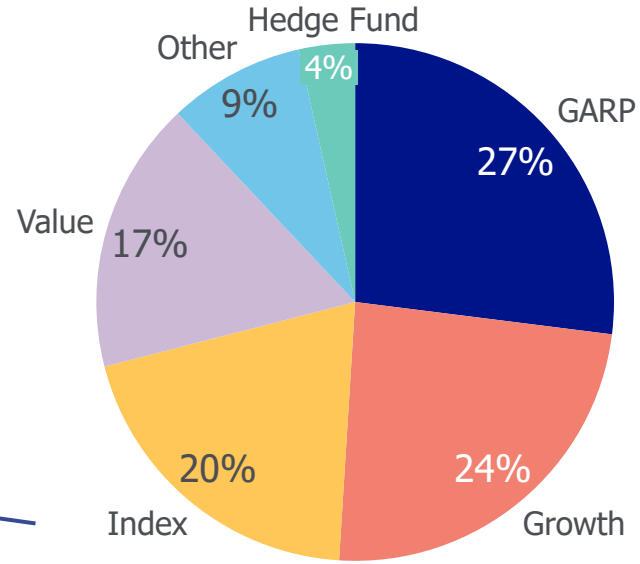
Shareholder distribution



Institutional investors geographic distribution



Institutional investors investment style



Sources: Shareholder identification (as of **30 January 2026**) and latest transparency notifications; UCB underlying ownership analysis.

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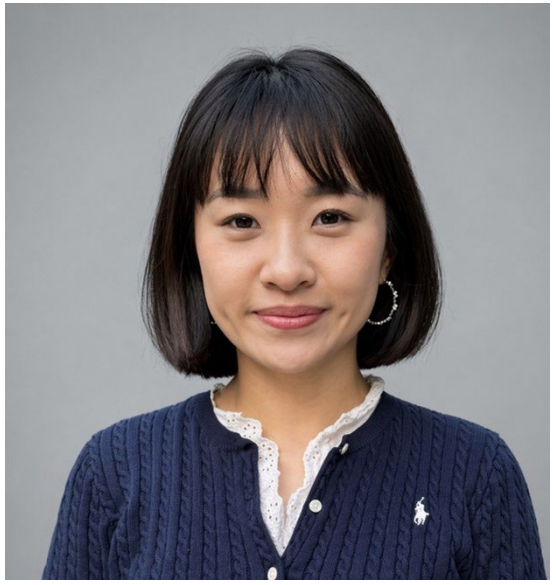

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