

UCB VIRTUAL CAPITAL MARKETS CALL

Strengthening the evidence
for the long-term benefits
of BIMZELX[®] in hidradenitis
suppurativa (HS) - EADV
2026

1 October 2026



Inspired by patients.
Driven by science.

INTENDED FOR FINANCIAL ANALYSTS AND INSTITUTIONAL INVESTORS



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Agenda

Yvonne Naughton Head of Investor Relations, UCB	Welcome
Emmanuel Caeymaex Executive Vice President, Head of Patient Evidence	BIMZELX®: Expanding Evidence, Reinforcing Confidence
Dr. Amit Garg Professor & Founding Chair, Department of Dermatology, Zucker School of Medicine at Hofstra/Northwell Professor, Center for Health Innovations & Outcomes Research, Feinstein Institutes for Medical Research	Key takeaways from data presented at EADV- Bimekizumab long term impact on tunnels and potential to prevent disease progression in HS
All	Q&A session

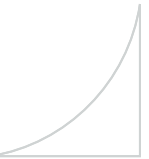




Emmanuel Caeymaex

Executive Vice President, Head of Patient Evidence

BIMZELX[®]: Expanding Evidence, Reinforcing Confidence



BIMZELX® first and only approved IL-17A and IL-17F inhibitor

EXECUTION EXCELLENCE IN ACTION



Expanding the global reach

>50

countries
approved

>148k

patients
worldwide¹

>270k

patient years of
exposure

5

distinct indications
approved²

4

additional indications
under study³



IL-17 Dynamic Share (Global)

PsO

>35%

RHEUM

>30%

HS

~45%

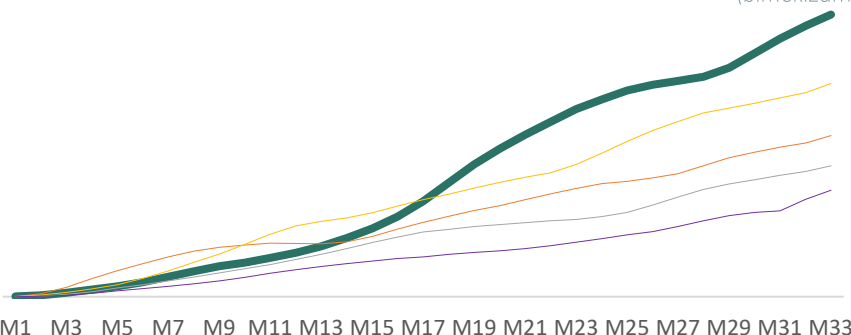


Patient adoption outpacing analogues

All indications

Total BIMZELX® patients, R3M through Jul-26

Bimzelx®
(bimekizumab)



BIMZELX® outpacing market growth⁴

YoY patient growth vs. total market (R3M – Jun-26 vs. Jun-25)

PsO – 10x



PsA – >20x



HS – ~8x



Bimzelx Market

1. As of June 2026; 2. PsO, HS, PsA, AxSpA (AS, nr-axSpA); 3. PPP, pediatric PsO, pediatric HS, JIA; 4. R3M patient share net change YoY; source: SOB through June 2026; R3M = rolling 3 months; YoY = year-on-year.

Generating unrivalled body of evidence for BIMZELX®

DEMONSTRATES SUPERIOR EFFICACY ACROSS PSORIATIC DISEASES					
Design	BE SURE (N=478)	BE VIVID (N=567)	BE RADIANT (N=743)	4 th SUPERIORITY STUDY BE BOLD* (N=435)	
	Pivotal 56-week	Pivotal 52-week	Phase 3b 48-week		1 First in PsA vs. IL-23
	Adalimumab	Placebo / Ustekinumab	Secukinumab		2 Superior ACR50 vs. risankizumab
	Primary endpoint(s)				3 Rapid onset from Week 4, sustained through Week 24
	PASI 90 at Week 16 86% with bimekizumab vs. 47% with adalimumab <i>P</i> <0.001. IGA 0/1 at Week 16 85% with bimekizumab vs. 57% with adalimumab <i>P</i> <0.001.	PASI 90 at Week 16 85% with bimekizumab vs. 5% with placebo, <i>P</i> <0.001. 50% with ustekinumab, <i>P</i> <0.001. IGA 0/1 at Week 16 84% with bimekizumab vs. 5% with placebo, <i>P</i> <0.001. 53% with ustekinumab, <i>P</i> <0.001.	PASI 100 at Week 16 62% with bimekizumab vs. 49% with secukinumab <i>P</i> <0.001.	ACR50 at Week 16 49.1% with bimekizumab vs. 38.0% with risankizumab <i>P</i> =0.0058.	4 Comparable safety, same rate of treatment discontinuations
	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; PsA = Psoriatic Arthritis.

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



Inspired by patients.
Driven by science.

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

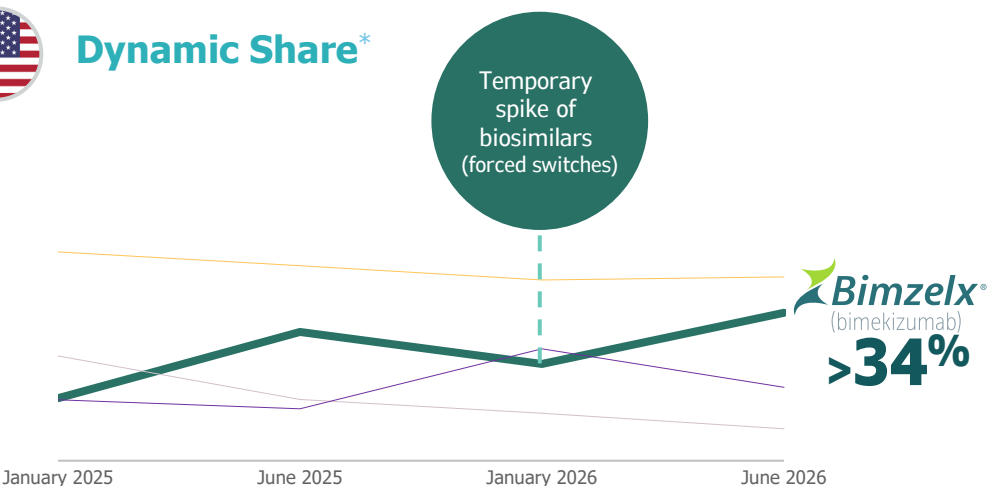
INTENDED FOR FINANCIAL ANALYSTS AND INSTITUTIONAL INVESTORS

Moving towards leadership in HS with BIMZELX®

BIMZELX Uptake in HS & Market Dynamics



Dynamic Share*



Future Likelihood to Rx BIMZELX®

% of HCPs 'very likely' to Rx in next 3 months**

84% ↑ 7%

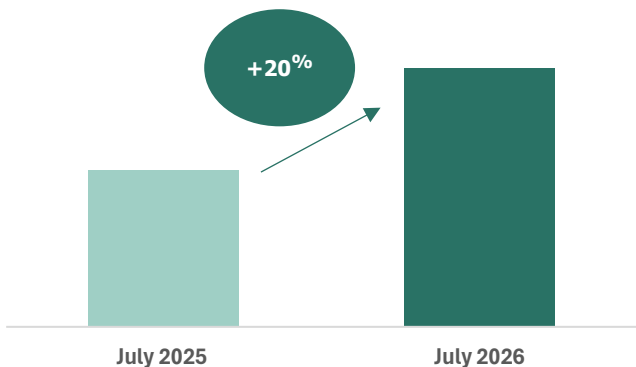


IL-17 Dynamic Share in HS***



HS Market growth - YoY

Number of patients R3M



UCB's ambition towards long-term alteration of HS disease trajectory

MUTUALLY REINFORCING DRIVERS OF INHIBITION OF DISEASE PROGRESSION IN HS

EARLIER IS BETTER

Earlier initiation may increase the potential for deep response

Greater achievement of complete inflammatory-lesion resolution (IHS4-100) and draining-tunnel resolution, with potential for long-term inflammatory remission

DISEASE TRAJECTORY ALTERNATION

Evidence supports the potential to address disease progression

First evidence of a treatment for HS reducing the number of all total tunnels: strengthening the evidence for the impact of BIMZELX® on HS disease progression

DURABLE BENEFIT

Three-year outcomes demonstrate sustained patient benefit

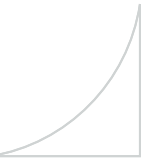
Long-term improvements extend across signs, symptoms and quality-of-life outcomes, including pain, itch, odour and drainage



Dr Amit Garg

Professor & Founding Chair, Department of Dermatology,
Zucker School of Medicine at Hofstra/Northwell
Professor, Center for Health Innovations & Outcomes
Research, Feinstein Institutes for Medical Research

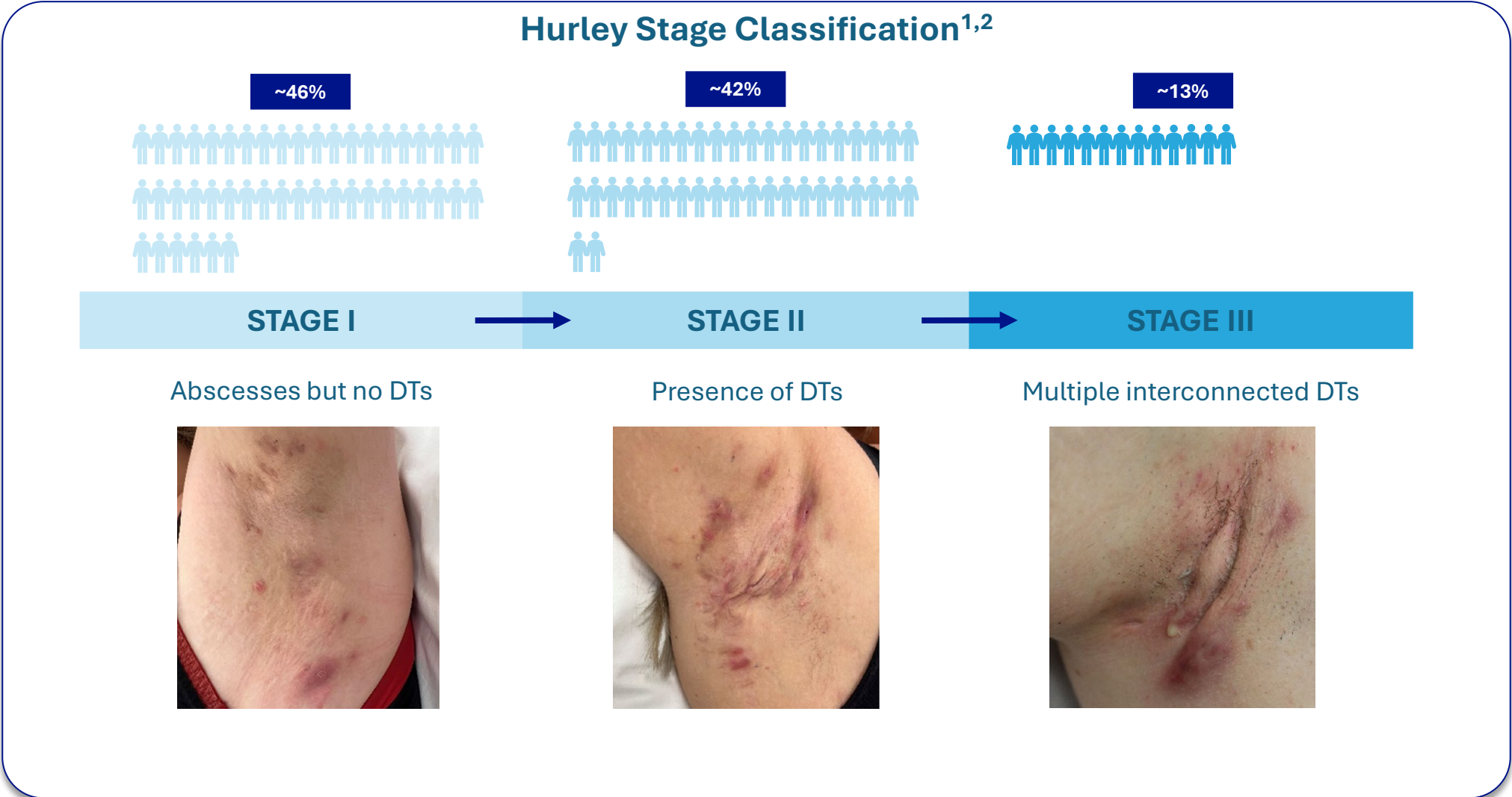
**Key takeaways from data presented at
EADV - Bimekizumab long term impact on
tunnels and potential to prevent disease
progression in HS**



Disclosures

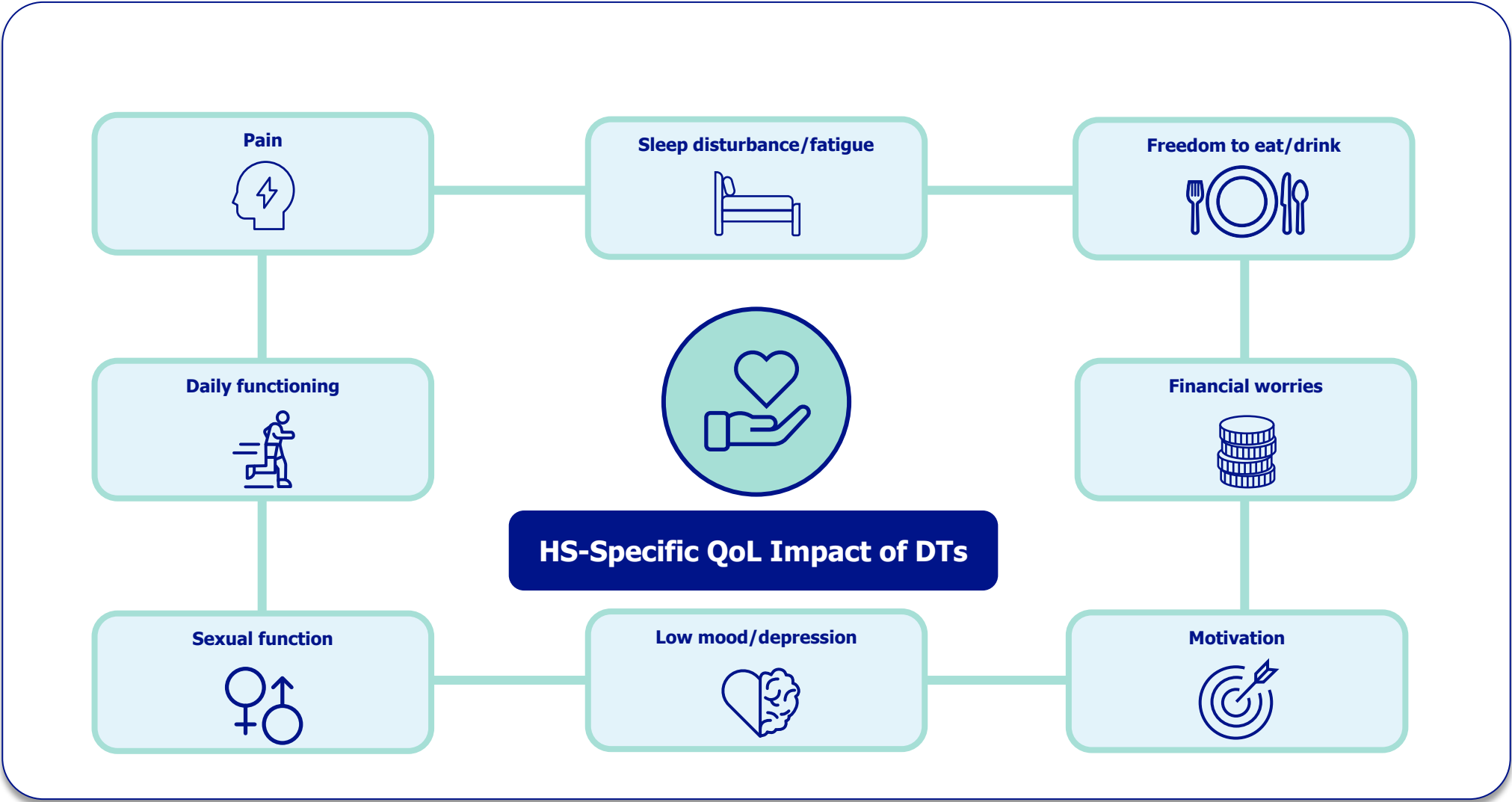
Speaker is advisor for AbbVie, Almirall, Bluefin Biomedicine, Boehringer Ingelheim, Immunitas Therapeutics, Incyte, Insmed, Navigator Medicines, Novartis, Oruka Therapeutics, Otsuka Pharmaceutical, Pfizer, Priovant, Sun Pharma, Takeda, UCB, Zura Bio and receives honoraria; receives research grants from AbbVie, UCB and CHORD COUSIN Collaboration (C3); co-copyright holder of the Hidradenitis Suppurativa Investigator Global Assessment (HS-IGA©), HIdradenitis suppurativa DrainagE (HIDE©) and Hidradenitis Suppurativa Quality of Life (HiSQOL©) instruments.

Drainage tunnels cause structural damage indicative of HS disease progression



Images from Koerts NDK, et al. DT= draining tunnel. **1.** Vanlaerhoven AMJD, et al. Dermatology. 2018;234(5-6):232-233; **2.** Koerts NDK, et al. Clin Dermatol. 2023;41(5):601-610.

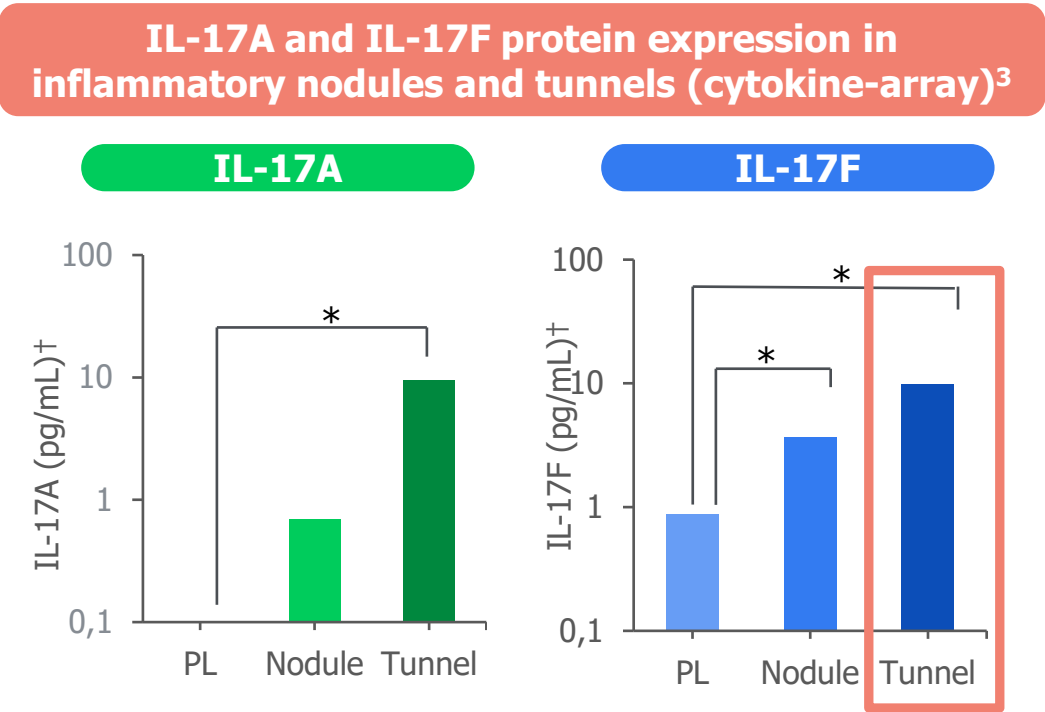
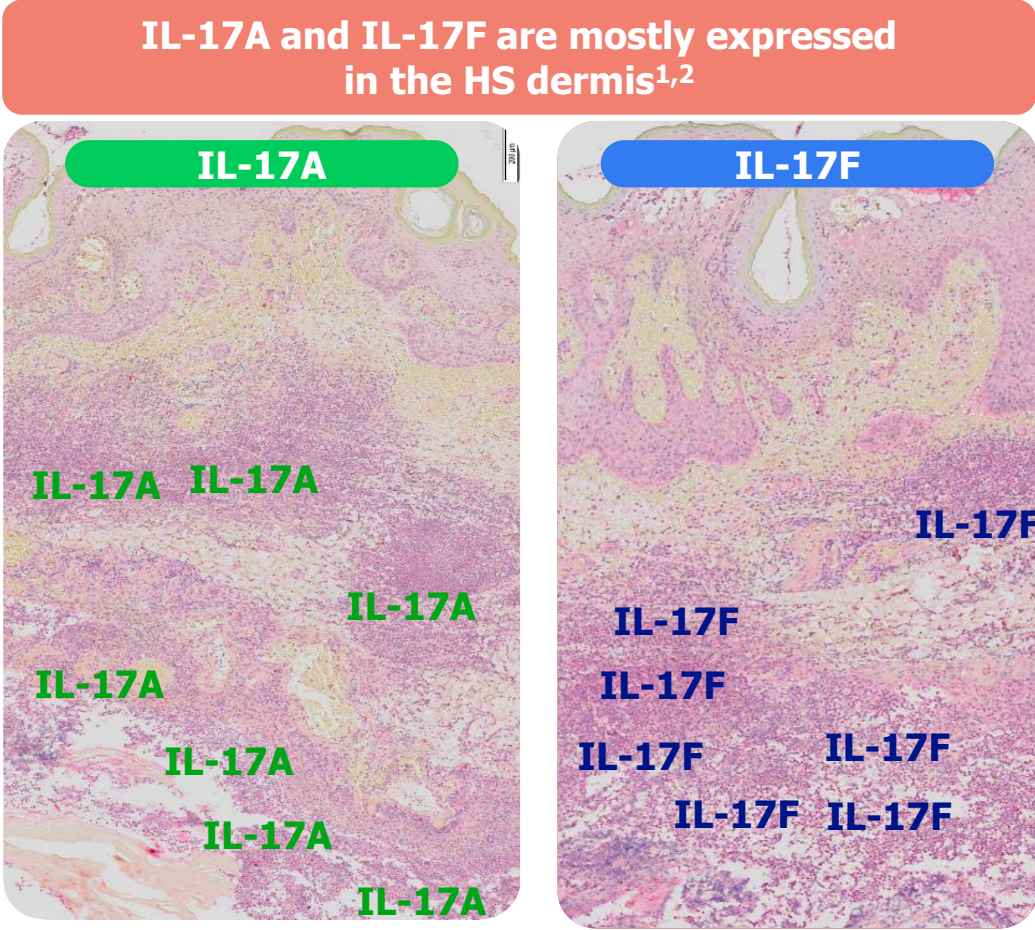
Drainage tunnels are associated with increased negative impact on HS-specific QoL



QoL: quality of life. Ingram JR, et al. J Eur Acad Dermatol Venereol. 2025;39(8):1431–1441.

IL-17F plays an important role in HS

IL-17A and IL-17F are highly expressed in nodules and tunnels of patients with HS¹⁻³



Enhanced expression of IL-17A, IL-17F
and their target genes were observed in HS lesional tissue,
including tunnels¹⁻³

* p<0.05. Data represent mean ± standard error of the mean n=4 (mRNA) and n=6 (protein) biopsy lysate samples for each tissues. †Scales are logarithmic where intervals increase exponentially. Total RNA from HC skin donors with no known history of skin disease was purchased from AMSBIO and BioIVT. Lesional HS skin biopsies were purchased from Discovery Life Sciences as FFPE blocks from which total RNA was purified. Targeted semi-quantitative PCR was used to evaluate the expression of 144 inflammatory mediators. Net MFI was calculated for each sample and data were normalised to the geometric mean of the net MFI for the housekeeping genes ACTB and GAPDH. Statistical differences between gene expression levels were determined using Student's T-tests with significance conferred at p<0.05. Data are expressed as mean ± SEM. HC, healthy control; HS, hidradenitis suppurativa; IL, interleukin; PL, peri-lesional. Images adapted from reference 2. Figure adapted from reference 3. 1. Navrazhina K, et al. Br J Dermatol. 2020;182:1045–7. 2. Rastrick J, et al. Br J Dermatol. 2025;192(4):660-671. 3. Reich K, et al. 2024. EADV. Poster P0016.

Focus on 4 BIMZELX® posters at EADV 2026

Poster Number: P1334

Bimekizumab Efficacy on **IHS4 Response Levels and Draining Tunnels** by HS Disease Duration Over 3 Years: Data from BE HEARD EXT



Poster Number: P1348

Bimekizumab **Improves Draining Tunnel Outcomes in Patients with Moderate to Severe HS** Regardless of Prior Biologic Use: 3-year Data from BE HEARD



Poster Number: P1389

Bimekizumab Treatment **Reduces Tunnels** in Patients with Moderate to Severe Hidradenitis Suppurativa: **Pooled 1-year** Results from BE HEARD I&II



Poster Number: P1344

Bimekizumab Effect on **Health-related Quality of Life and Symptoms** over 3 Years: Data from BE HEARD EXT



Bimekizumab Efficacy on IHS4 Response Levels and Draining Tunnels by HS Disease Duration Over 3 Years: Data from BE HEARD EXT

Thrasyvoulos Tzellos, Christopher J. Sayed, Christos C. Zouboulis, Valentina Dini, Irina Turchin, Koremasa Hayama, Bartosz Lukowski, Christina Crater, Nicola Tilt, Afsaneh Alavi

Poster Number: P1334

Objectives:

- To report the impact of disease duration since diagnosis on IHS4 outcomes and DTs in patients with moderate to severe HS treated with bimekizumab over 3 years (148 weeks)

IHS4

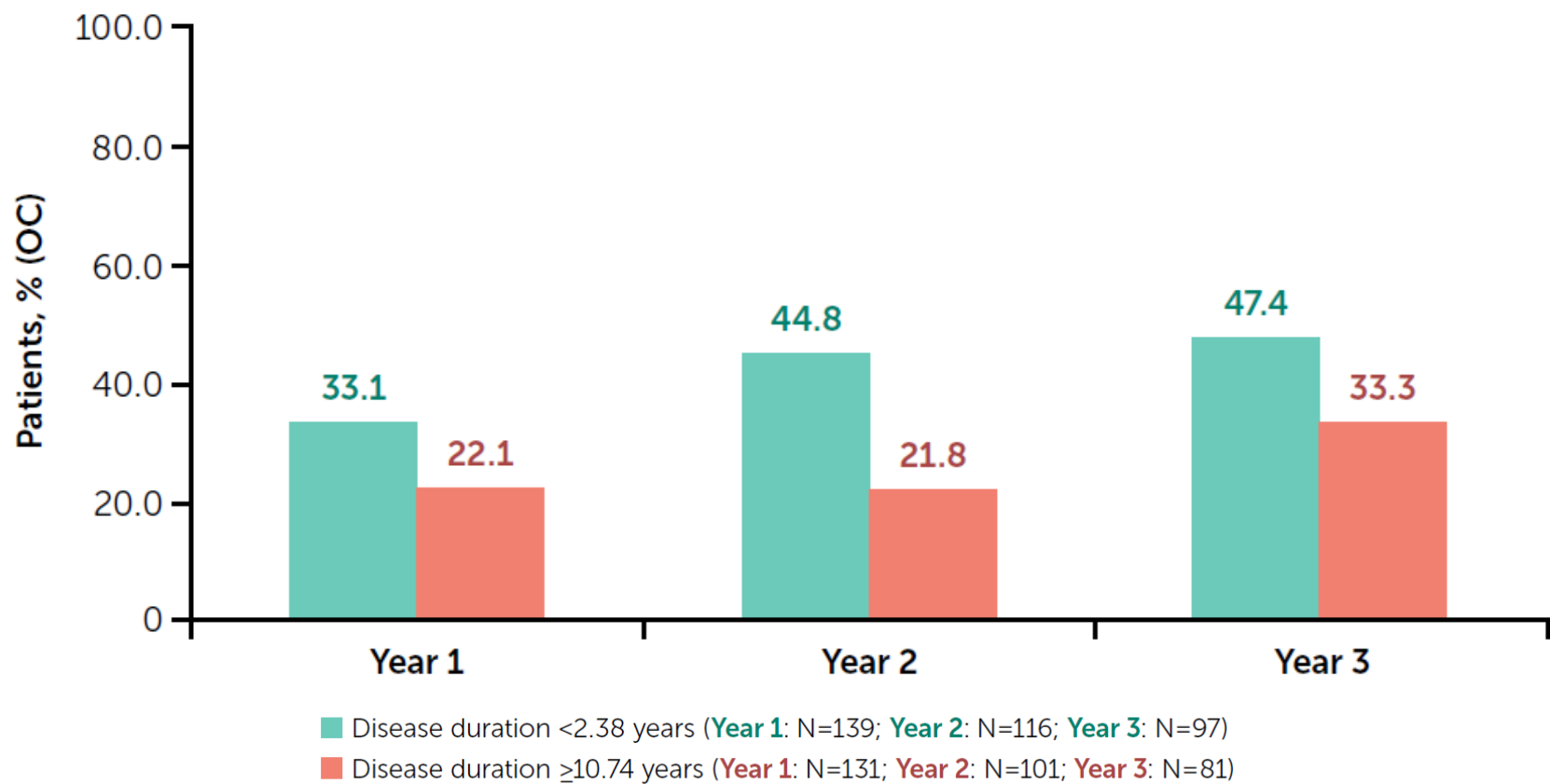
- The clinician-rated International HS Severity Score System (IHS4) evaluates disease severity based on the number of inflammatory nodules, abscesses and draining tunnels (DTs)

Methods:

- Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446 NCT04242498) and BE HEARD EXT (NCT04901195), for patients with moderate to severe HS.
- Data are reported for patients randomised to bimekizumab 320 mg from baseline in BE HEARD I&II who subsequently entered BE HEARD EXT and continued to receive bimekizumab (Bimekizumab Total).
- Outcomes include:
 - IHS4 responses at Year 1 (Week 48), 2 (Week 96) and 3 (Week 148) by lowest (<2.38 years) and highest (≥ 10.74 years) quartiles of baseline disease duration since HS diagnosis.
 - The proportion of patients achieving DT categories (0, 1–2, 3–5, >5) by baseline disease duration quartiles over 3 years.

Sustained IHS4-100 responses across disease duration quartiles

IHS4-100 response levels by lowest and highest baseline disease duration quartiles since HS diagnosis at Years 1, 2 and 3 (OC)

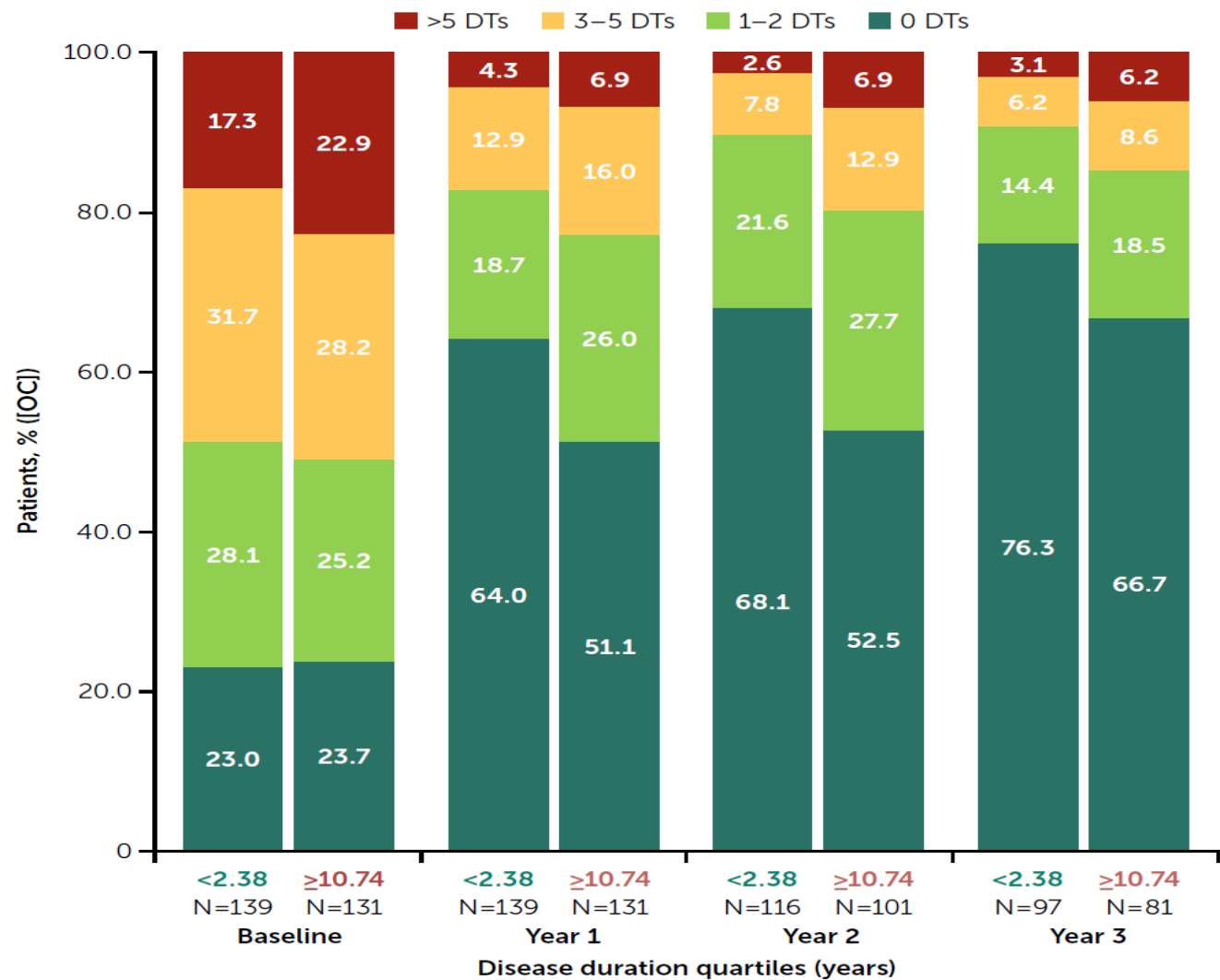


- Bimekizumab demonstrated sustained clinically meaningful improvements in IHS4 over 3 years, regardless of disease duration.
- Patients with shorter disease duration since HS diagnosis had better outcomes than those with longer disease duration, emphasising the benefit of earlier treatment

N represents number of patients with a non-missing lesion count assessment in the given week, and percentages are calculated accordingly. All content on this slide is from Tzellos T et al. EADV 2026. Poster P1334.

Sustained draining tunnels clearance

Draining tunnel categories by lowest and highest baseline disease duration quartiles since HS diagnosis at Years 1, 2 and 3 (OC)



N represents number of patients with a non-missing lesion count assessment in the given week, and percentages are calculated accordingly. All content on this slide is from Tzellos T et al. EADV 2026. Poster P1334.

Bimekizumab Improves Draining Tunnel Outcomes in Patients with Moderate to Severe HS Regardless of Prior Biologic Use: 3-year Data from BE HEARD

Antonio Martorell, Jennifer Hsiao, Falk G. Bechara, Christos C. Zouboulis, Melinda Gooderham, Takuya Miyagawa, Bartosz Lukowski, Christina Crater, Nicola Tilt, Martina L. Porter

Poster Number: P1348

Background:

- Delays in initiating biologic treatment beyond the therapeutic 'window of opportunity' may lead to an increase in DT counts, thereby exacerbating this progression.
 - Use of a greater number of prior biologic therapies may also reduce biologic responsiveness.

Objectives:

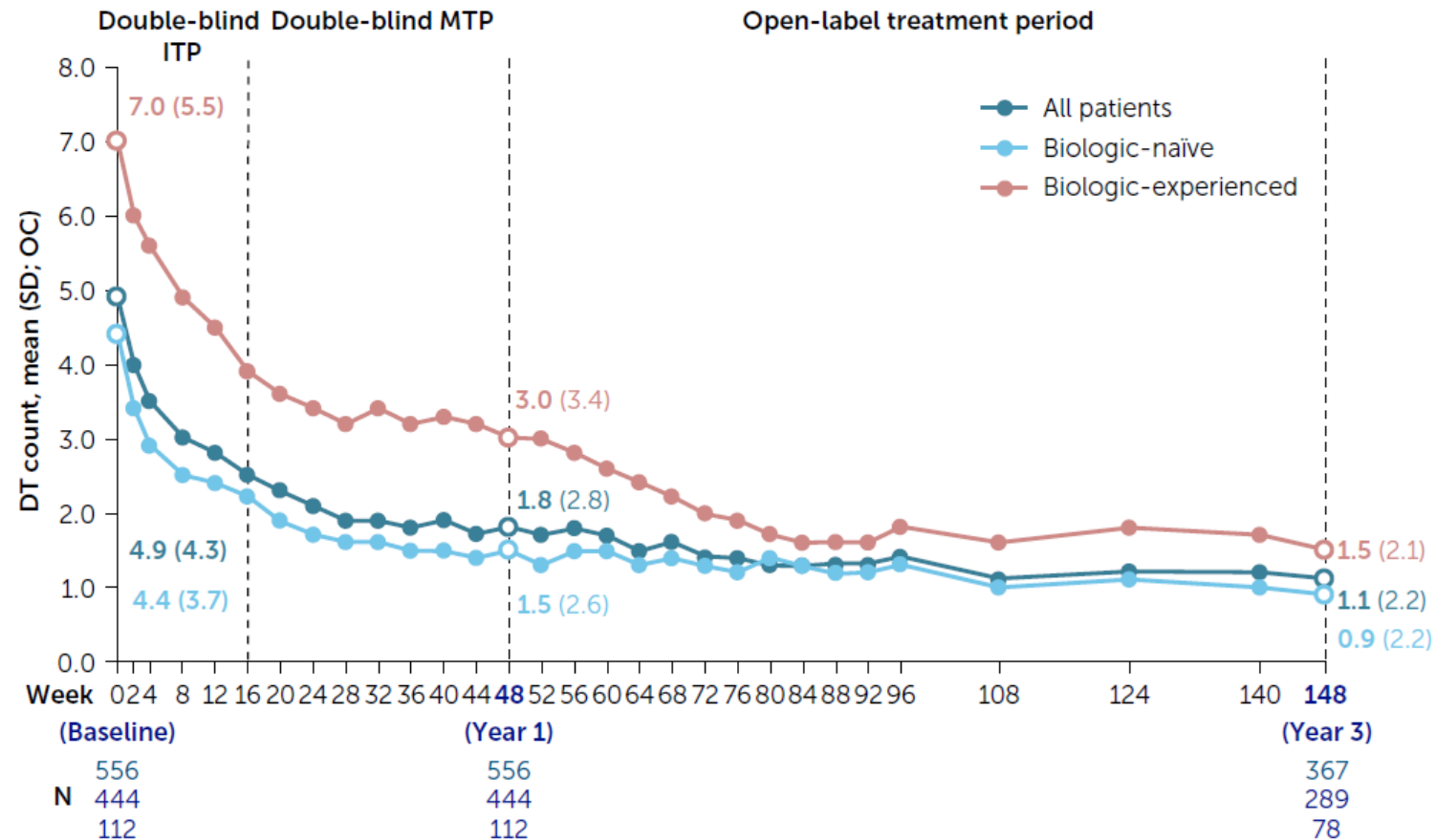
- To report the impact of bimekizumab on DT outcomes in patients with moderate to severe HS over 3 years (148 weeks), including in prior biologic use patient subgroups.

Methods:

- Data were pooled from the phase 3 BE HEARD I&II (NCT04242446, NCT04242498) trials and their open-label extension, BE HEARD EXT (NCT04901195) for patients with moderate to severe HS.
- Data are reported for patients randomised to bimekizumab 320 mg from baseline in BE HEARD I&II who subsequently entered BE HEARD EXT and continued to receive bimekizumab (Bimekizumab Total).
 - Data are also stratified by prior biologic use for HS (biologic-naïve or biologic-experienced).
- The following outcomes are reported:
 - Mean (standard deviation [SD]) DT count for all patients and those with ≥ 1 baseline DT over 3 years;
 - Patients with ≥ 1 DT at baseline achieving DT counts of 0, 1–2, 3–5 or >5 at baseline, Year 1 and Year 3;
 - Patients with 1–2, 3–5 or >5 DTs at baseline achieving a DT count of 0 (DT=0) at Year 1 and Year 3.

Notable reductions in DT counts, greater achievement in biologic-naïve

Mean DT count in patients with ≥ 1 DT at baseline over 3 years (OC)

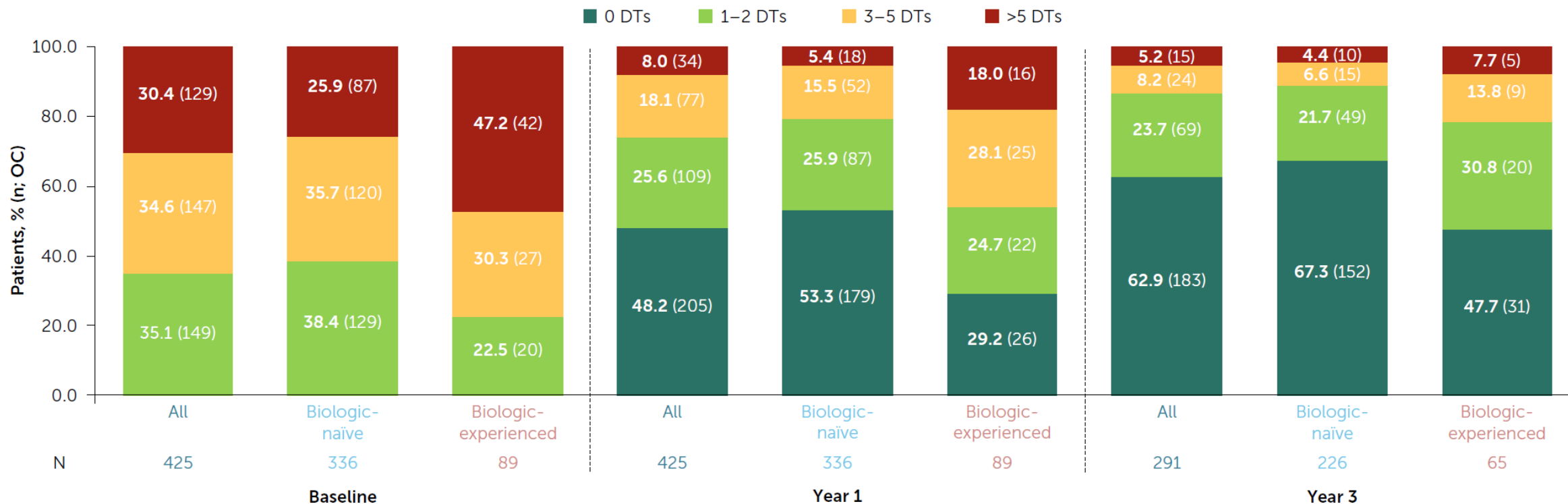


- Mean DT counts were generally higher in biologic-experienced versus biologic-naïve patients with ≥ 1 DT at baseline over 3 years.

N represents number of patients with a non-missing draining tunnel count assessment in the given week. All content on this slide is from Martorell A et al. EADV 2026. Poster P1348.

>2 out of 3 biologic-naïve patients achieved zero DT at year 3

Patients with ≥ 1 DT at baseline achieving 0, 1–2, 3–5 or >5 DTs at baseline, Year 1, and Year 3 (OC)



- In patients with ≥ 1 DT at baseline:

- The proportion of patients with >5 DTs reduced from baseline to Year 3, with greater initial reductions seen in biologic-naïve versus biologic-experienced patients.
- Similarly, at Year 3, over two thirds of biologic-naïve patients achieved DT=0, compared with approximately half of those who were biologic-experienced.

Bimekizumab Treatment Reduces Tunnels in Patients with Moderate to Severe Hidradenitis Suppurativa: Pooled 1-year Results from BE HEARD I&II

Falk G. Bechara, Hadar Lev-Tov, Tarannum Jaleel, Hessel H. van der Zee, John R. Ingram, Georgios Kokolakis, Takeo Maekawa, John W. Frew, Bartosz Lukowski, Christina Crater, Nicola Tilt, Amit Garg

Poster Number: P1389

Objectives:

- To report the impact of BKZ on achievement of total tunnel (TT)- and DT-free status in patients with moderate to severe HS from the BE HEARD I&II trials to 1 year (48 weeks).

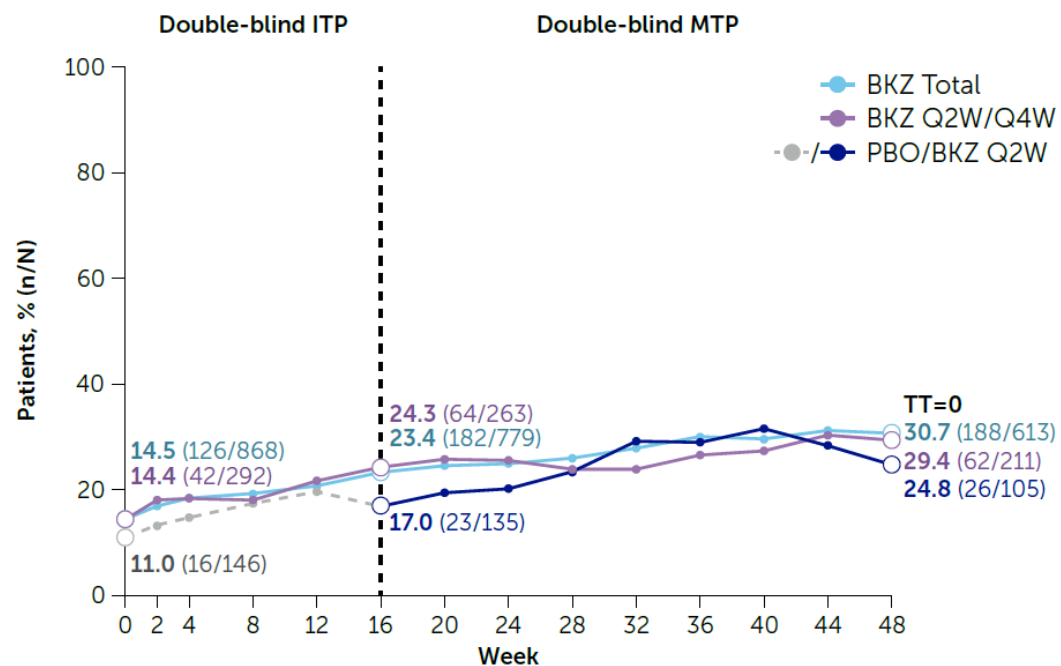
Methods:

- Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498), for patients with moderate to severe HS.
- Adults were randomised 2:2:2:1 (initial/maintenance periods) to BKZ 320 mg Q2W/Q2W, BKZ Q2W/Q4W, BKZ Q4W/Q4W or placebo (PBO)/BKZ Q2W.
 - Of 1,014 patients, 868 were in the BKZ Total group, 292 were randomised to BKZ Q2W/Q4W and 146 were randomised to PBO/BKZ Q2W.
- Percentage of patients achieving TT or DT counts of zero (TT=0 or DT=0, respectively), mean (standard deviation [SD]) change from baseline (CfB) in TT and DT counts and percentage of tunnels that were draining (DTs/TTs) are reported to Year 1.

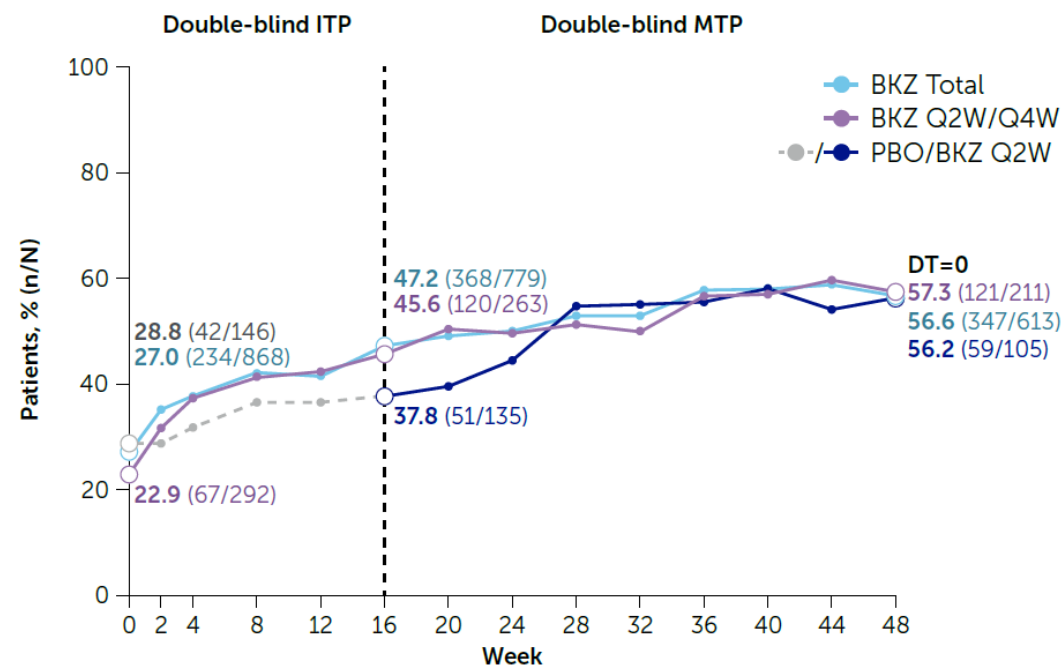
1 out of 3 patients achieve 0 total tunnels at year 1

Proportions of patients with TT=0 and DT=0 up to 1 year (OC)

A) TT=0



B) DT=0



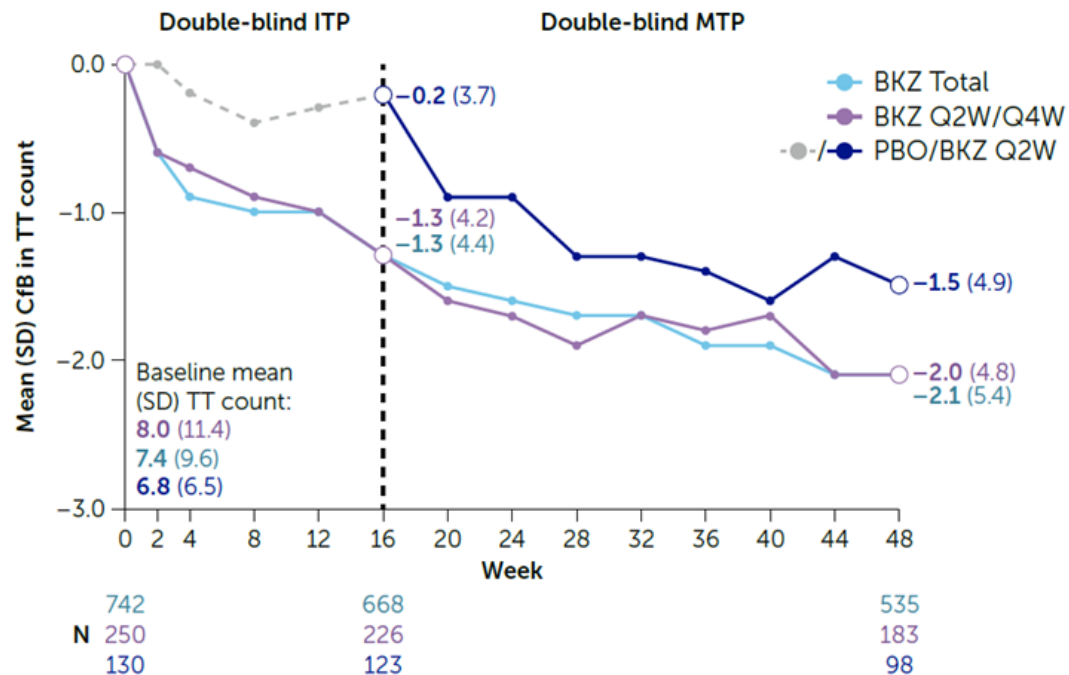
- At Year 1, >50% of patients had zero DTs and ~30% of patients had zero tunnels at all (TT=0).

N represents the number of patients with a non-missing total tunnel or draining tunnel count assessment at the given week. All content on this slide is from Bechara FG et al. EADV 2026. Poster P1389.

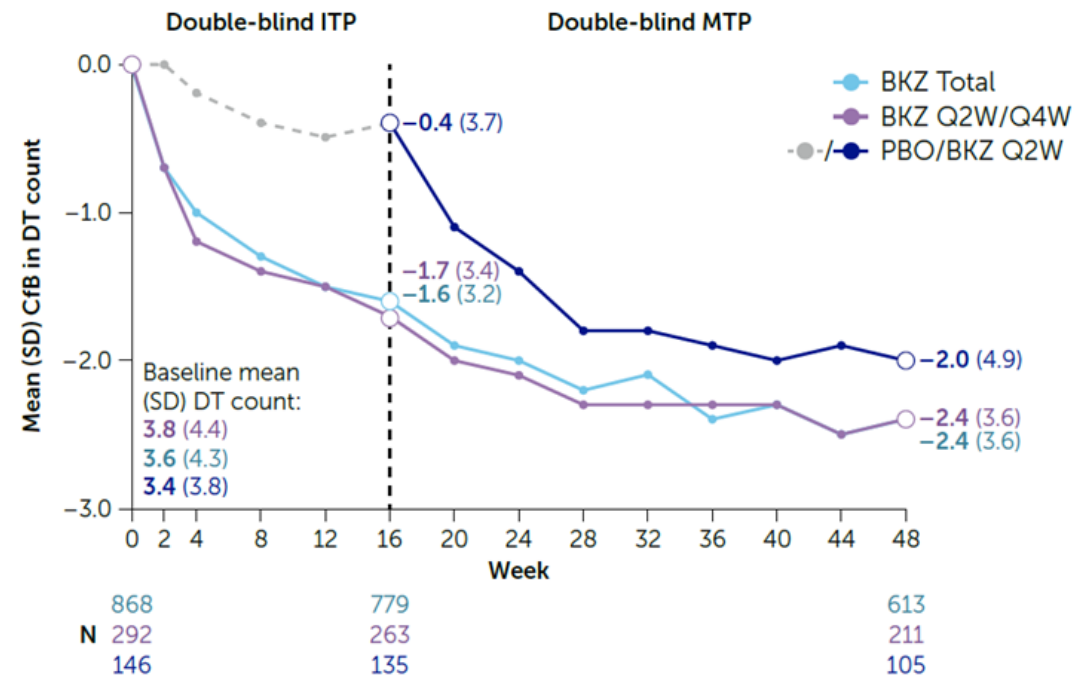
Reduction in both total tunnel and draining tunnel count

Mean (SD) CfB in TT count and DT count up to 1 year (OC)

A) TT count



B) DT count



- In BKZ Total patients at Year 1, mean TT count was reduced by 2.1 and mean DT count was reduced by 2.4. Results were similar in the BKZ Q2W/Q4W group.
 - In the PBO/BKZ Q2W group at Week 16, mean TT count was reduced by 0.2 and mean DT count was reduced by 0.4. By Year 1 after switching to BKZ, mean TT count was reduced by 1.5 and mean DT count was reduced by 2.0.

Bimekizumab Effect on Health-related Quality of Life and Symptoms over 3 Years: Data from BE HEARD EXT

Jacek C. Szepietowski, Raj Chovatiya, Sylke Schneider-Burrus, Pablo Fernandez-Peñas, Ali Shahbaz, Hideki Fujita, Jérémy Lambert, Evelina van Ree, Bengt Hoepken, Nicola Tilt, Vivian Y. Shi

Poster Number: P1344

Objectives:

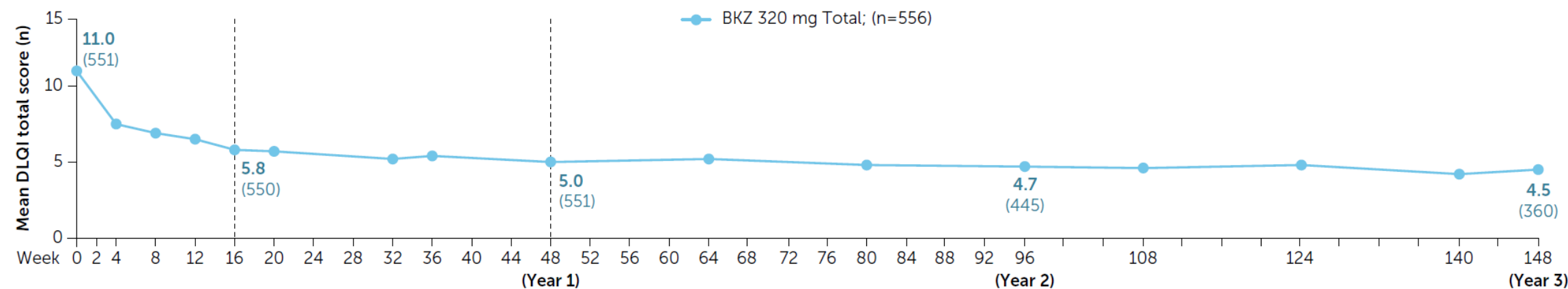
- To report the impact of bimekizumab (BKZ) on patient-reported HRQoL and HS symptoms in patients with moderate to severe HS through 3 years of treatment.

Methods:

- Data were pooled from the phase 3 BE HEARD I&II trials (NCT04242446, NCT04242498) and their open-label extension, BE HEARD EXT (NCT04901195).
- Data are reported for 1,014 patients in the BE HEARD I&II trials, 868 were randomised to BKZ at baseline.
 - Of those, 556 patients completed Year 1 (Week 48) and entered BE HEARD EXT; 447 and 367 patients remained at Year 2 (Week 96) and Year 3 (Week 148), respectively.
- HRQoL outcomes are reported to Year 3 (Week 148):
 - Dermatology Life Quality Index (DLQI) total score and the proportions of patients achieving DLQI scores.
 - HS Quality of Life (HiSQOL) response rates
 - HiSQOL total score change from baseline.
- HS symptoms are reported to Year 3:
 - HS Symptom Questionnaire (HSSQ) mean item scores for skin pain, itch, smell or odour and drainage or oozing.

Improved DLQI sustained through 3 years

Mean DLQI total score over 3 Years (OC)

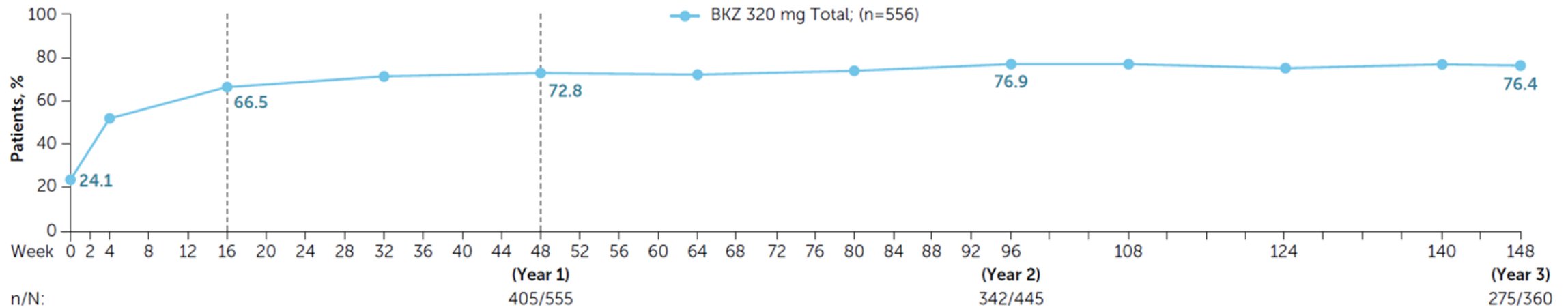


- From baseline to Year 1, the mean DLQI total score decreased from a 'very large impact' (11–20) to 'no/small impact' (0–5). This reduction was maintained to Year 3.

n represents the number of patients with a DLQI total score assessment in the given week. All content on this slide is from Szepietowski JC et al. EADV 2026. Poster P1344.

More patients achieving minimal HS impact on Quality of Life

Proportion of patients achieving HiSQOL total score ≤ 14 over 3 years (OC)



- The proportion of patients reporting no/mild impact of HS on their HRQoL (HiSQOL total score ≤ 14) at baseline increased to Year 1 and was maintained through Year 3.

HiSQOL total score ≤ 14 : no/mild impact of HS on HRQoL. n/N: denominator represents number of patients with a HiSQOL total score assessment in the given week, and percentages were calculated accordingly. All content on this slide is from Szepietowski JC et al. EADV 2026. Poster P1344.

Conclusions

Sustained improvements in resolution of inflammation lesions (IHS4-100) over 3 years, with greater benefit in patients with **shorter disease duration** since HS diagnosis, emphasising the **benefit of earlier treatment** with bimekizumab

Notable and sustained DT count reductions through 3 years of bimekizumab treatment across all subgroups, with **greater improvements in biologic-naïve, supporting early intervention to help prevent disease progression**

Treatment with bimekizumab resulted in **reductions in all tunnels types**, maintained to 1 year, which **may demonstrate prevention of disease progression**

Bimekizumab delivered sustained **improvements in HRQoL and key HS symptoms** through 3 years, supporting durable disease control and **reduced disease burden**.



Q&A

Dr Amit Garg

Professor & Founding Chair, Department of Dermatology, Zucker School of Medicine at Hofstra/Northwell
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Thank you



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