UCB VIRTUAL BRIEFING

UCB's gMG Portfolio
RYSTIGGO® & ZILBRYSQ®

Capital Market Call
12th June 2024

Inspired by patients.
Driven by science.

Disclaimer & Safe harbor

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

Important factors that could result in such differences include but are not limited to: global spread and impacts of wars and pandemics, changes in general economic, business and competitive conditions, the inability to obtain necessary regulatory approvals or to obtain them on acceptable terms or within expected timing, costs associated with research and development, changes in the prospects for products in the pipeline or under development by UCB, effects of future judicial decisions or governmental investigations, safety, quality, data integrity or manufacturing issues; potential or actual data security and data privacy breaches, or disruptions of our information technology systems, product liability claims, challenges to patent protection for products or product candidates, competition from other products including biosimilars, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in tax laws or the administration of such laws, and hiring and retention of its employees. There is no guarantee that new product candidates will be discovered or identified in the pipeline, or that new indications for existing products will be developed and approved. Movement from concept to commercial product is uncertain; preclinical results do not guarantee safety and efficacy of product candidates in humans. So far, the complexity of the human body cannot be reproduced in computer models, cell culture systems or animal models. The length of the timing to complete clinical trials and to get regulatory approval for product marketing has varied in the past and UCB expects similar unpredictability going forward. Products or potential products which are the subject of partnerships, joint ventures or licensing collaborations may be subject to disputes between the partners or may prove to be not as safe, effective or commercially successful as UCB may have believed at the start of such partnership. UCB's efforts to acquire other products or companies and to integrate the operations of such acquired companies may not be as successful as UCB may have believed at the moment of acquisition. Also, UCB or others could discover safety, side effects or manufacturing problems with its products and/or devices after they are marketed. The discovery of significant problems with a product similar to one of UCB's products that implicate an entire class of products may have a material adverse effect on sales of the entire class of affected products. Moreover, sales may be impacted by international and domestic trends toward managed care and health care cost containment, including pricing pressure, political and public scrutiny, customer and prescriber patterns or practices, and the reimbursement policies imposed by third-party payers as well as legislation affecting biopharmaceutical pricing and reimbursement activities and outcomes. Finally, a breakdown, cyberattack or information security breach could compromise the confidentiality, integrity and availability of UCB's data and systems.

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Clinical Notes. *Minimal Symptom Expression (MSE):* For rozanolixizumab (Rystiggo), MSE was an exploratory endpoint and not controlled for multiplicity. For zilucoplan (Zilbrysq), MSE was specified as a secondary efficacy endpoint in the RAISE study. Accordingly, MSE results in Rystiggo and Zilbrysq studies should be interpreted with caution. *Mechanisms of Action (MOA)*. As is common with many medications and drugs on the market, the precise mechanism through which Rystiggo and Zilbrysq exert therapeutic effect in gMG is unknown. Product data derived from primary endpoint, secondary endpoint, tertiary endpoint, exploratory analysis, and/or post hoc analysis.

Agenda

Antje Witte Head of Investor Relations, UCB	**WELCOME**
Kimberly Moran PhD, MBA, CDP Head of US Rare Diseases	**INTRODUCTION: UCB IN GENERALIZED MYASTHENIA GRAVIS**
Michelle Mackechnie PhD Global Medical Indication Lead Myasthenia Gravis	**UCB'S GENERALIZED MYASTHENIA GRAVIS PORTFOLIO: RECENT DATA SNAPSHOTS (AAN)**
Dr. Suraj Muley Professor, Clinical Scholar, Neurology Faculty, College of Medicine, Phoenix, Arizona	**EXPERIENCE WITH RYSTIGGO® & ZILBRYSQ® IN CLINICAL SETTING**
	Q & A Session

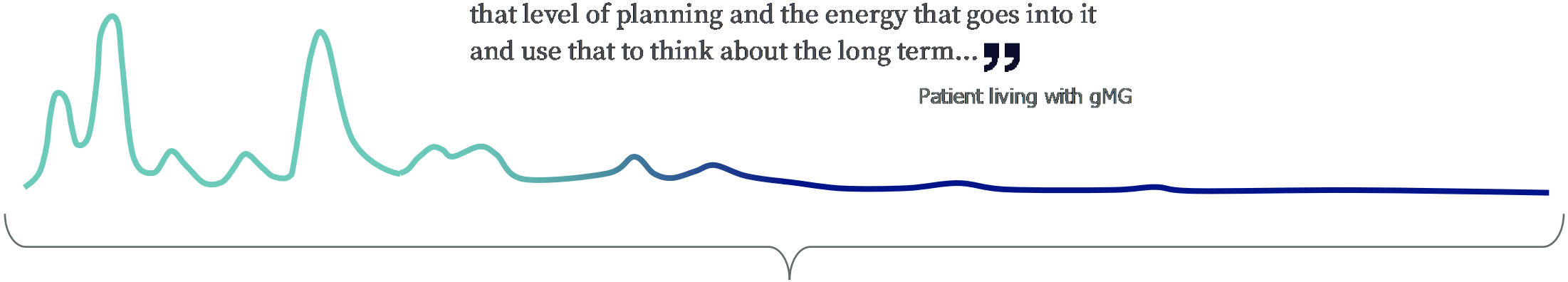
INTRODUCTION

Kimberly Moran
PhD, MBA, CDP
Head of US Rare Diseases

UCB in generalized Myasthenia Gravis (gMG)

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

Lack of disease control → Disease control



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

rozanolixizumab and zilucoplan

Two treatments targeted to the underlying gMG disease pathophysiology

Two distinct mechanisms of action

Targeting pathogenic autoantibodies and the complement pathway

Clinically meaningful data in a broad patient population

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

Rapid administration in the home or hospital setting

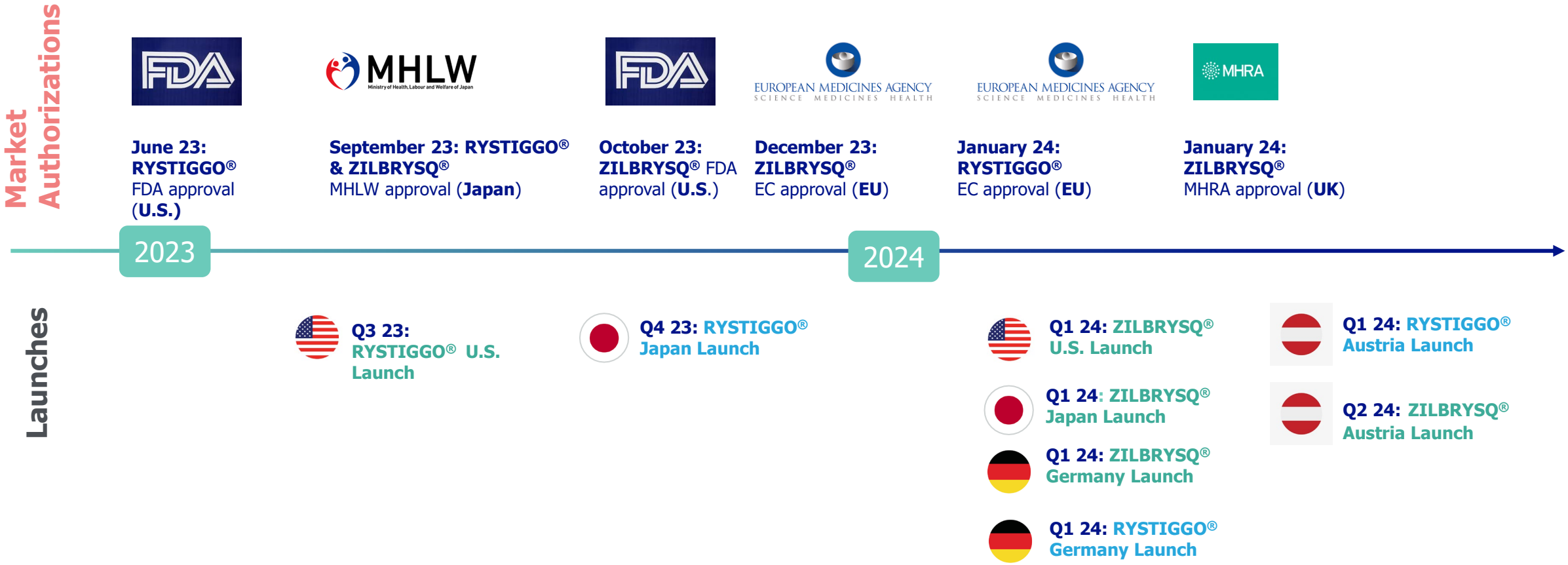
SC infusion (rozanolixizumab) and SC injection (zilucoplan)

Differentiated portfolio to serve individual patient needs

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

UCB's Differentiated GMG Portfolio: Strong Launch Trajectory

- **RYSTIGGO® & ZILBRYSQ® market authorization in >20 countries**
- **EU Early Access Program underway in several countries**

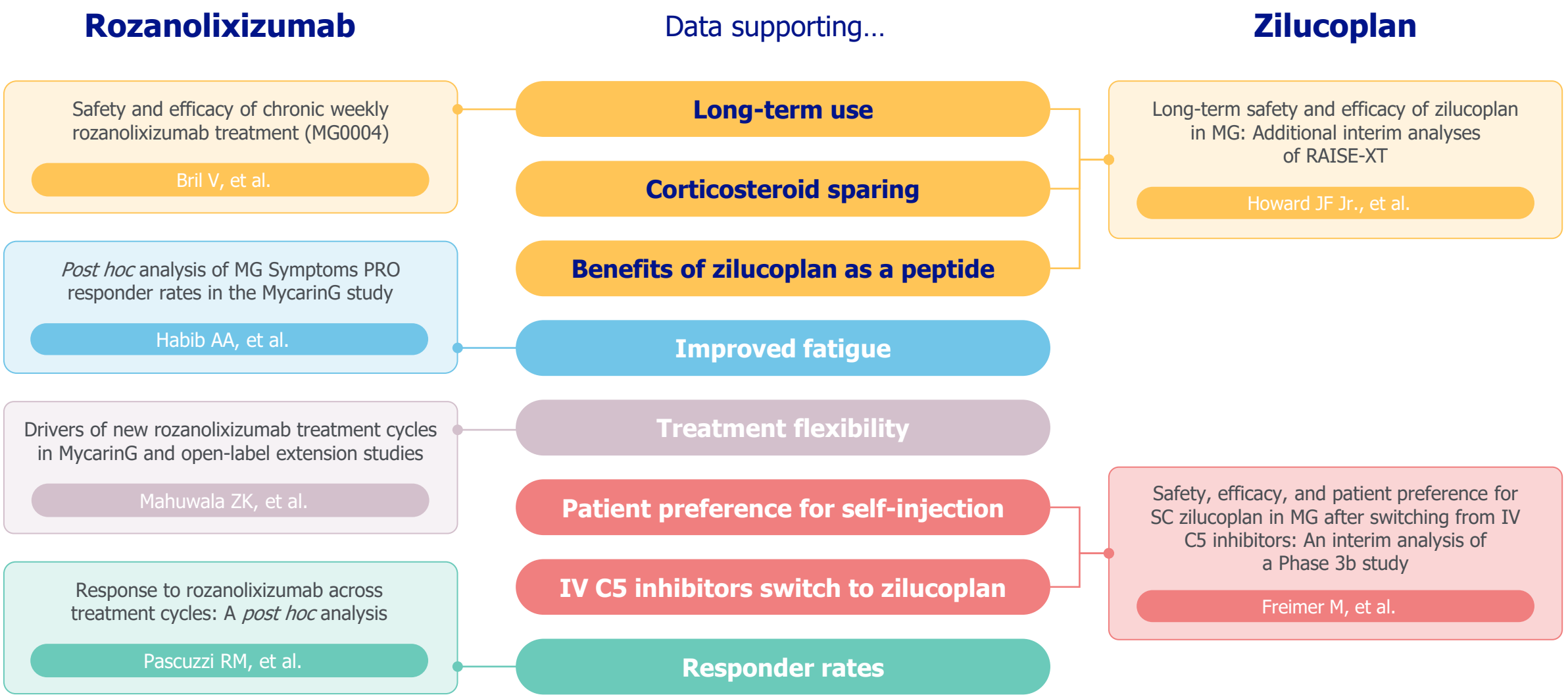


UCB'S gMG PORTFOLIO: RECENT DATA (AAN)

Michelle Mackechnie
PhD
Global Medical Indication Lead
Myasthenia Gravis

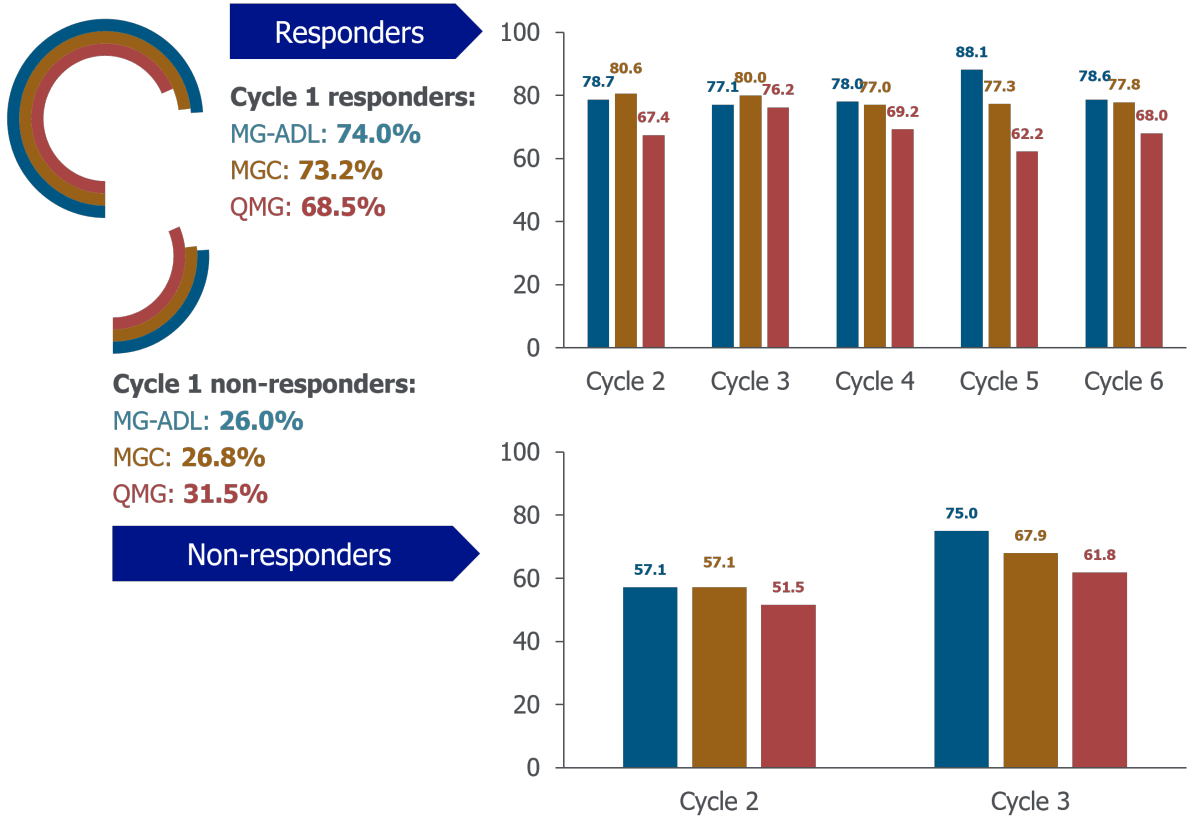
Inspired by patients.
Driven by science.

Advancing the science with the UCB portfolio at AAN 2024



AAN, American Academy of Neurology; C5, complement component 5; IV, intravenous; MG, myasthenia gravis; PRO, patient-reported outcome; SC, subcutaneous.

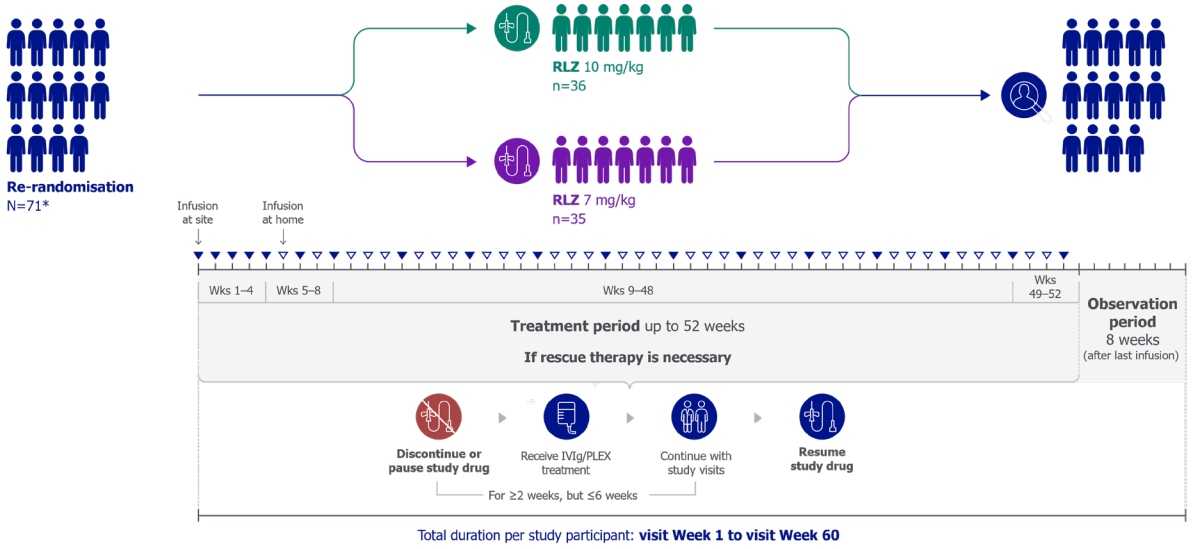
High responder* rates across subsequent cycles of rozanolixizumab



- The **majority** of patients were responders after the first cycle of rozanolixizumab
- MG-ADL, MGC and QMG response rates remained high across subsequent treatment cycles
- **>50%** of the non-responders to Cycle 1 achieved a response to a subsequent treatment cycle

*Response to rozanolixizumab was defined as an improvement from baseline of ≥2.0 points in MG-ADL score and ≥3.0 points in MGC and QMG scores at the end of each cycle (Day 43).
MG-ADL, Myasthenia Gravis Activities of Daily Living; MGC, Myasthenia Gravis Composite; QMG, Quantitative Myasthenia Gravis.
Pascuzzi RM, et al. Poster presented at AAN 2024. P10-11-005.

In MG0004, chronic weekly dosing study, the long-term safety and tolerability of rozanolixizumab was reinforced

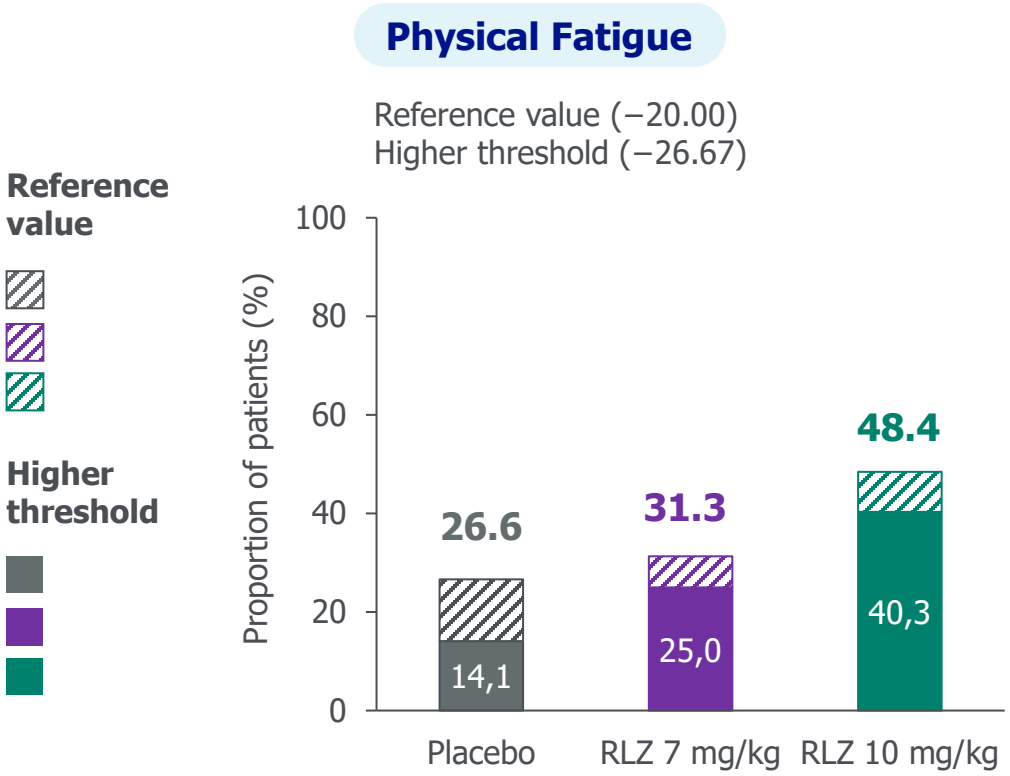


- In this Phase 3 OLE chronic weekly study, rozanolixizumab was **generally well tolerated**, with a safety profile consistent with repeated cycles
- **No serious, severe or opportunistic infections**, and no infections led to study discontinuation
- **No** clinically relevant reductions in albumin observed

*Patients could switch dose from 10 mg/kg to 7 mg/kg and vice versa at the investigator's discretion.
MG, myasthenia gravis; IVIg, intravenous immunoglobulin; OLE, open-label extension; PLEX, plasma exchange; RLZ, rozanolixizumab.
Bril V, et al. Poster presented at AAN 2024. P4-14-017.

Rozanolixizumab is the only targeted therapy that has demonstrated clinically meaningful improvement in physical fatigue

Patients (N=200) achieving a meaningful improvement* from baseline to Day 43[1]

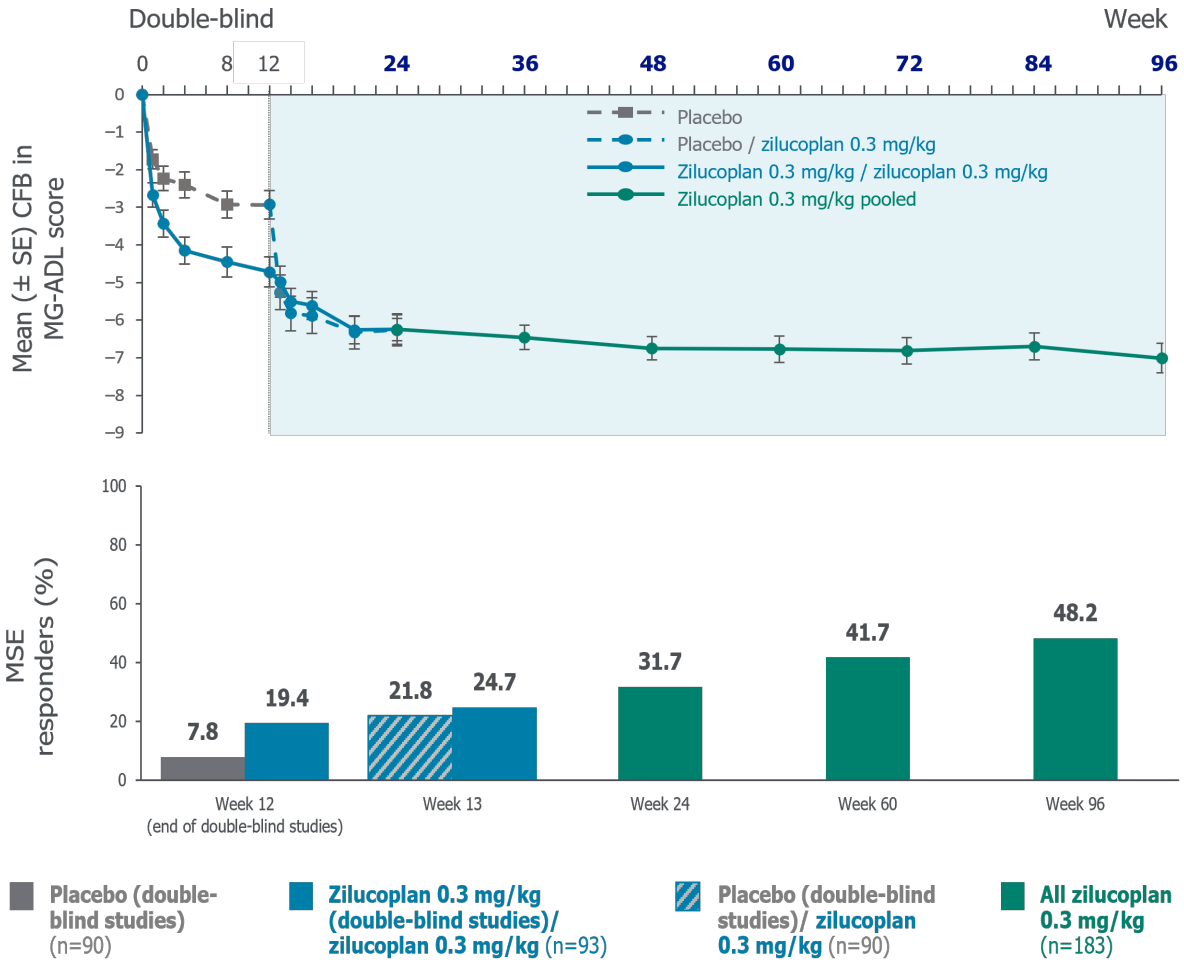


- **Physical fatigue** has been identified as one of the most salient symptoms for patients with gMG[2]
- Recent gMG clinical guidelines suggest that **better recognition and understanding of fatigue** is needed[3]
- The MG Symptoms PRO was developed to provide a more granular measurement of MG symptoms than existing measures, including **physical fatigue[4]**
- A higher percentage of patients had clinically meaningful improvements in **Physical Fatigue** with rozanolixizumab vs placebo[1]

*Defined using the preliminary reference value and the higher (most stringent) threshold of the range of values for each scale.
MG, myasthenia gravis; PRO, patient-reported outcome; RLZ, rozanolixizumab.

1. Habib AA, et al. Poster presented at AAN 2024. P4-11-001; 2. Hartford CA, et al. Neurol Ther. 2023;12(6):2079–2099; 3. Wiendl H, et al. Ther Adv Neurol Disord. 2023;16:17562864231213240; 4. Cleanthous S, et al. Orphanet J Rare Dis. 2021;16(1):457.

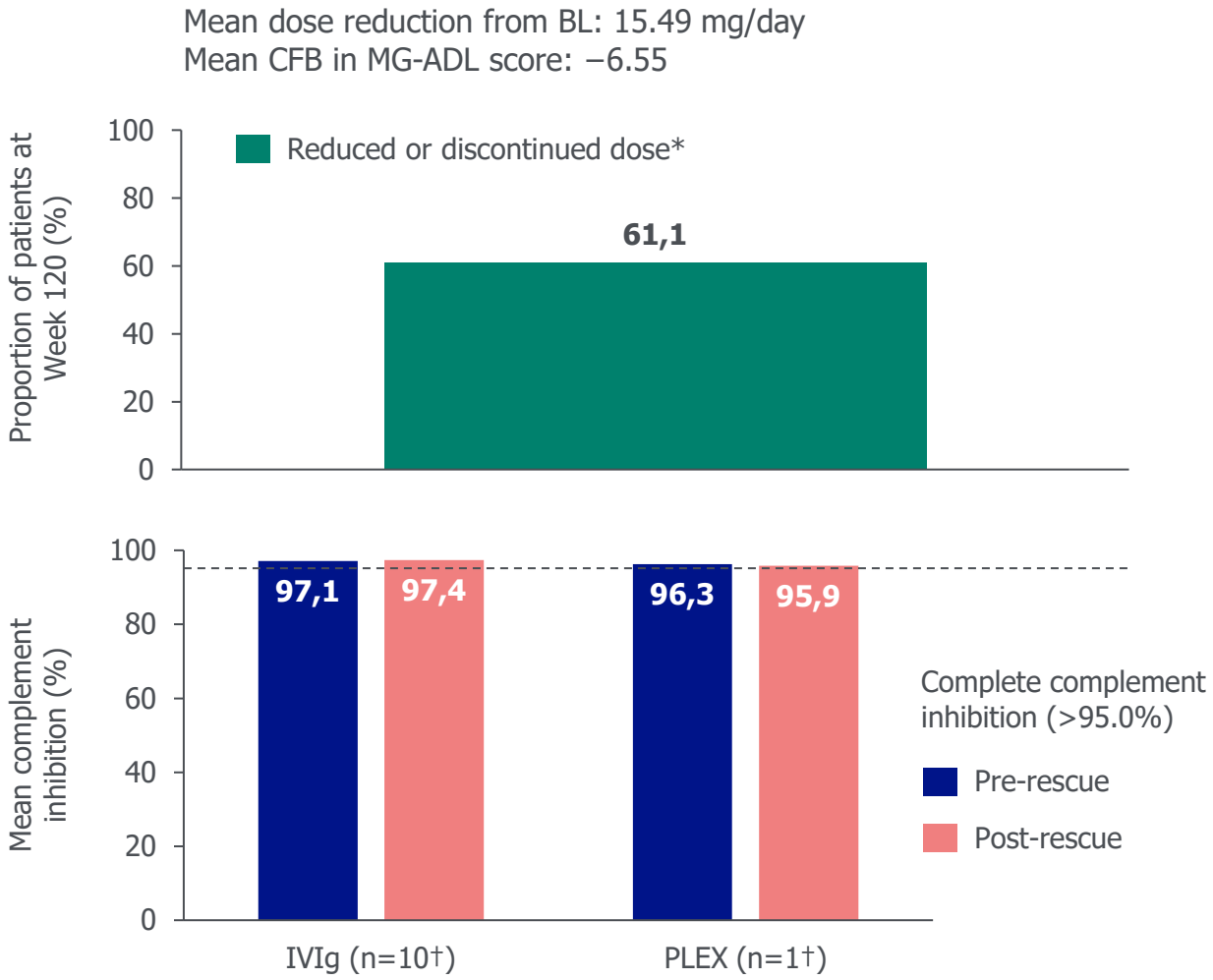
Sustained long-term efficacy and favourable safety profile for zilucoplan



- **Favourable safety profile** for zilucoplan demonstrated for up to 5 years*
- **Sustained symptom improvement** through to Week 96
- **High and sustained responder rates** through to Week 96
- Almost **50%** of patients achieved **MSE** by Week 96

*Median duration of exposure: 1.8 years (range: 0.11–5.1).
CFB, change from baseline; MG-ADL, Myasthenia Gravis Activities of Daily Living; MSE, minimal symptom expression; SE, standard error.
Howard JF Jr., et al. Presentation at AAN 2024. S15:002.

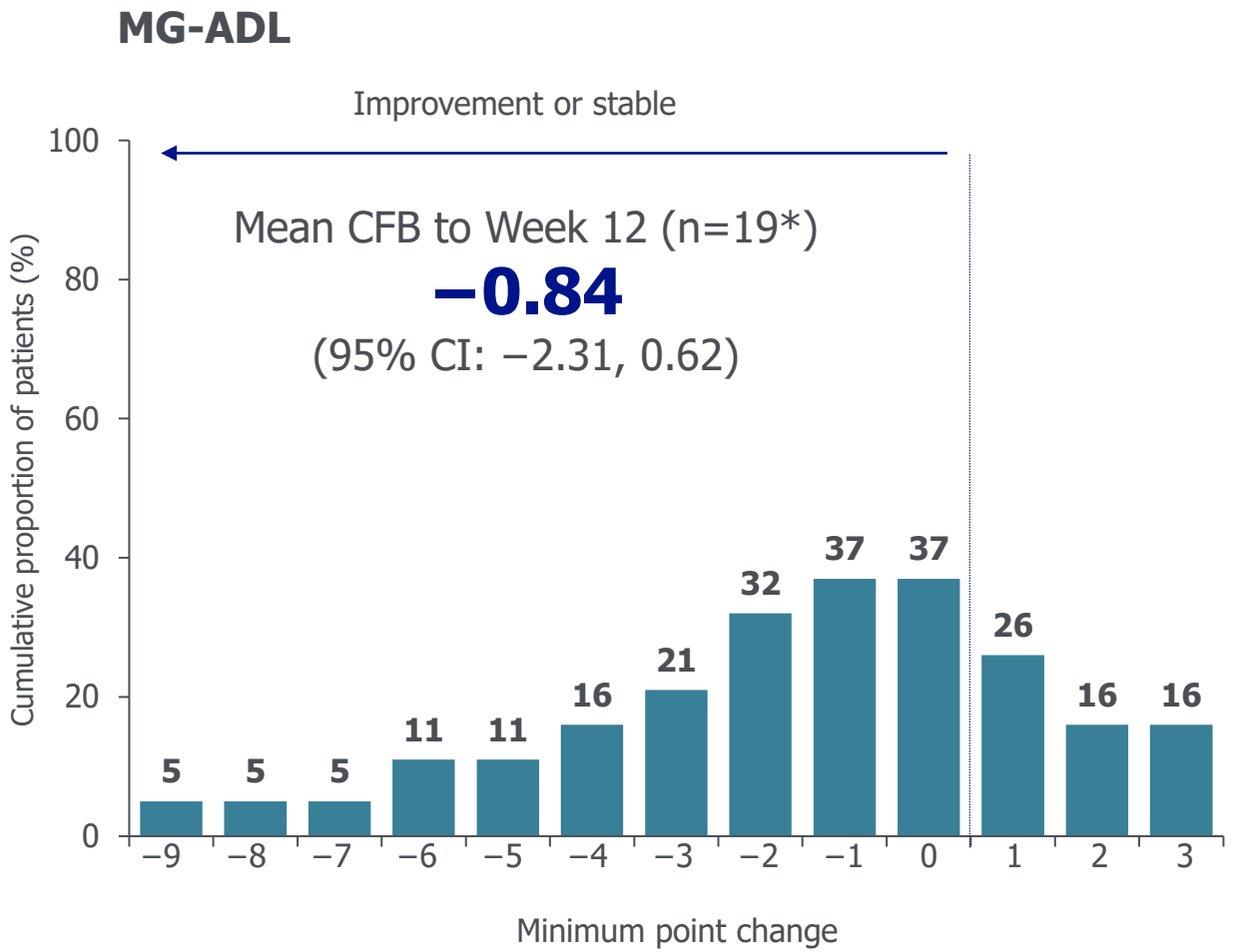
Corticosteroid reduction or discontinuation and concomitant use of IVIg and PLEX with zilucoplan



- **60%** of **patients reduced or discontinued corticosteroid dose** during zilucoplan treatment with maintained efficacy
- **Complete complement inhibition** was maintained during concomitant use of zilucoplan with IVIg and PLEX without the need for supplemental dosing

*Among patients receiving corticosteroid treatment at double-blind BL (N=54). Data cutoff: November 11, 2023. †Events with available data. Complement activity was measured by sRBC lysis assay, with post-administration measurement taken up to 1 day after rescue treatment. Data cutoff: September 8, 2022.
BL, baseline; CFB, change from baseline; MG-ADL, Myasthenia Gravis Activities of Daily Living; MSE, minimal symptom expression; IVIg, intravenous immunoglobulin; PLEX, plasma exchange; sRBC, sheep red blood cell. Howard JF Jr., et al. Presentation at AAN 2024. S15:002.

First data reported from Phase 3b switch study supporting SC zilucoplan self-injection



- Zilucoplan demonstrated **favourable safety profile** upon switch as previously observed in clinical studies
- Upon switching from an IV C5 inhibitors to SC zilucoplan, symptoms either remained **stable or improved in 3 out of 4 patients**
- **80%** patients preferred SC zilucoplan to IV C5 inhibitors and reported higher treatment satisfaction

*18 patients completed Week 12; data for one patient who discontinued after Week 8 are included in the Week 12 analysis visit (next scheduled assessment following discontinuation).
C5, complement component 5; IV, intravenous; MG-ADL, Myasthenia Gravis Activities of Daily Living; SC, subcutaneous.
Freimer M, et al. Poster presented at AAN 2024. P10-11-006.

Data builds on the evidence supporting the efficacy and safety profiles of the UCB portfolio in gMG

Providing more choices for patients living with gMG

Rozanolixizumab

- First and only anti-FcRn indicated in a broad gMG adult population – including anti-AChR Ab and anti-MuSK Ab[1]
- Consistent efficacy improvements at Day 43 in all MG-specific outcomes – improvements observed as early as 1 week after the first infusion[1]
- Clinically meaningful improvements in fatigue[2]
- ~10% of patients had a treatment-free interval of <4 weeks[4]
- Well tolerated[1,5]

+

Zilucoplan

- Clinically meaningful improvements at week 12 with decreases in MG symptoms observed within 1 week.[6]
- Sustained long-term efficacy with high responder rates[7]
- Favourable long-term safety[7]
- Corticosteroid sparing with maintained efficacy[7]
- Clinically meaningful, sustained improvements in fatigue severity[8]
- Unique benefits of C5 inhibitor peptide[7]
- Patient preference for SC over IV C5 inhibitor administration[9]

A differentiated targeted portfolio to serve patients' individual needs

AChR Ab, autoantibodies against acetylcholine receptor; C5, complement component 5; FcRn, neonatal Fc receptor; (g)MG, (generalised) myasthenia gravis; IV, intravenous; MuSK Ab, autoantibodies against muscle-specific tyrosine kinase; SC, subcutaneous.

1. Bril V, et al. Lancet Neurol. 2023;22:383–394; 2. Habib AA, et al. Poster presented at AAN 2024. P4-11-001; 3. Pascuzzi RM, et al. Poster presented at AAN 2024. P10-11-005; 4. Vissing J, et al. Poster presented at EAN 2023. Poster EPO-412; 5. Bril V, et al. Poster presented at AAN 2024. P4-14-017; 6. Howard JF Jr., et al. Lancet Neurol. 2023;22:395–406; 7. Howard JF Jr., et al. Presentation at AAN 2024. S15:002; 8. Weiss MD, et al. J Neurol. 2024;271:2758–2767; 9. Freimer M, et al. Poster presented at AAN 2024. P10-11-006.

EXPERIENCE WITH RYSTIGGO® & ZILBRYSQ® IN CLINICAL SETTING

Dr. Suraj Muley

Professor, Clinical Scholar, Neurology Faculty, College of Medicine, Phoenix, Arizona

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Driven by science.

Q&A – your questions, please