# Further Facts & Figures

Half-Year Report 2024
25th of July 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.

Given these uncertainties, you are 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 conflicts, wars, pandemics, 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.

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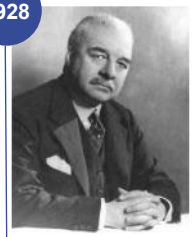
# INTRODUCTION

# UCB Story – Since 1928

## Continuous adaptation to the changing ecosystem

**1928**



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

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

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

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

**80's**

**Globalization** with acquisitions in the US, Korea, Thailand and Japan

**1987**

Zyrtec

**2000**

Keppra

**2004**

**Focus on biopharmaceuticals**
A combination of large, antibody-based molecules and small, chemically-derived molecules

**Acquisition of Celltech Group** Ltd, a leading British biotechnology company

**Divestiture of non-core business**, starting with the films and chemical divisions, followed by primary care products

**2006**

Neupro

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

**2008**

cimzia (certolizumab pegol)

VIMPAT lacosamide

**2016**

BRIVIACT

**2019**

EVENITY (romosozumab-aqqg)

Nayzilam (midazolam) nasal spray

**2021**

Bimzelx (bimekizumab)

**2022**

Fintepla

Through acquisition of Zogenix, Inc.

**2023**

RYSTIGGO (rozanolixizumab-noli)

ZILBRYSQ (zilucoplan) Injection





Note: the timeline is not proportionated.

UCB - HY 2024 Facts & Figures, July 2024

# UCB's Unique Position | Strong Start into UCB's Decade of Growth

## Differentiated Solutions

**EVENITY®** (romosozumab-aqqg) injection 105 mg/1.17 mL — **First-in-class** for **Bone Builder**

**Fintepla®** (fenfluramine) — **Unique and dual** mode of action

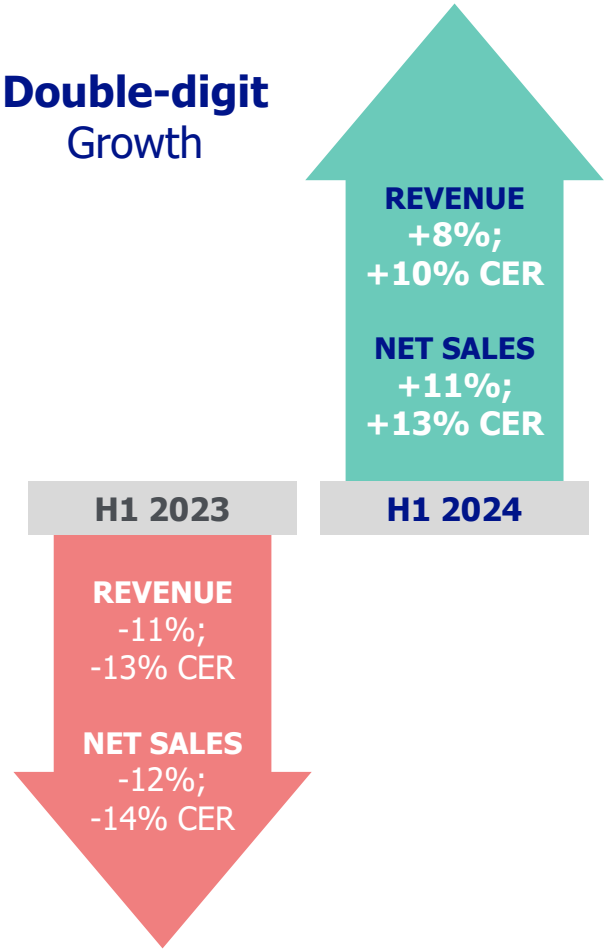
**Bimzelx®** (bimekizumab) — **First and only IL-17A & IL-17F** inhibitor

**RYSTIGGO®** (rozanolixizumab-noli) — **First** agent for **anti-AChR+ & anti-MuSK+ gMG**

**ZILBRYSQ®** (zilucoplan) Injection — **First once-daily C5** inhibitor

## H1 2024 | Delivering on our commitments

**Double-digit** Growth




### 5 Filings

U.S.
BIMZELX®
PsA | nr-axSpA | HS | AS | 320mg

### 5 Approvals

| | |
|---|---|
| Europe | RYSTIGGO® \| BIMZELX® HS |
| Japan | FINTEPLA® LGS \| BRIVIACT® |
| China | BIMZELX® AS |

### 2 Launches

| ex-U.S. | WW |
|---|---|
| RYSTIGGO® | ZILBRYSQ® |





UCB - HY 2024 Facts & Figures, July 2024

AChR+ = Acetylcholinesterase Receptor Positive; gMG = generalized Myasthenia Gravis; MUSK+ = Muscle Specific Kinase Positive; IL = interleukin; PsA = Psoriatic Arthritis; AS = Ankylosing Spondylitis; nr-axSpA = non-radiographic Axial Spondyloarthritis; HS = Hidradenitis Suppurativa; LGS = Lennox-Gastaut Syndrome; U.S. = United States; WW = worldwide; CER = Constant Exchange Rates.

# UCB HY24 Performance Marked by **Substantial Launch Investments & Significant Growth**

## H1 2024 Performance

**Double digit top-line growth driven by strong launches**

**REVENUE 2.79 bn**
+8%; +10% CER

**NET SALES 2.64 bn**
+11%; +13% CER

**€46m**[1] EVENITY®

**€154m** Fintepla®

**€215m** Bimzelx®

**€77m**[2] RYSTIGGO®

**€15m**[3] ZILBRYSQ®

**Bottom-line reflecting substantial investment behind launches**

Adj. EBITDA
23%

**652 million**
-19%; -13% CER

**Extra-financial performance highlights**

Access coverage performance Index[4]: **82% in June 2024** / **68% in 2023**

At least one of our medicines available in **24 Low- and medium-income countries**

**ESG ratings**

**Top 10% of pharma companies globally:**

**Sustainalytics: 13.7 | ISS ESG: B–**





UCB - HY 2024 Facts & Figures, July 2024

1. UCB books the net sales in Europe; 2. since July 2023; 3. since April 2024; 4. Measure of insurance coverage/reimbursement of our solutions in the 36 countries where we operate.
EBITDA = Earnings before Interest Taxes Depreciation & Amortization; bn = billion; CER = Constant Exchange Rates.

# H2 2024 & 2025 Marked by **Continued Growth & Pipeline Advancement**

**H2 2024 & 2025**
Growth
Launches
Pipeline

**Continued strong growth driven by**

EVENITY®
Fintepla®
Bimzelx®
RYSTIGGO®
ZILBRYSQ®

**Launches**

**Substantial investment** behind launches and **significant growth** of new launches

**Innovative clinical pipeline**

**Continued news flow** from innovative **clinical pipeline** in 2024 and 2025 encompassing **10 patient populations** and **10 projects**

- Submissions for one asset planned
- 4 Phase 3
- 6 Phase 2a

**H2 2024 rich in pipeline news**

# Solid Foundation & Growth Drivers Delivering Double Digit Growth

| | | HY24 - M | ACT | CER | |
|---|---|---|---|---|---|
| **Growth Drivers** | **BIMZELX®** | **215** | +>100% | +>100% | Strong performance fueled by U.S. launch and additional indications ex-U.S. First launch in HS in the UK and Germany since April 2024. |
| | **FINTEPLA®** | **154** | +51% | +51% | Recognition of FINTEPLA® as a first- and second-line therapy for DS; effective against drop seizures and especially generalized tonic-clonic seizures (GTCS) in LGS. Approved in Japan in LGS in H1 2024. |
| | **RYSTIGGO®** | **77** | N/A | N/A | Strong performance. Launched in the U.S. in July 2023 followed by Japan and Europe late 2023 / early 2024. |
| | **EVENITY®** | **46** | +94% | +93% | Strong earnings contribution into "other operating Income" line of the P&L: € 228M, +47% |
| | **ZILBRYSQ®** | **15** | N/A | N/A | Global launch since April 2024. Completed vaccination required for C5 class. |
| **Solid Foundation** | **CIMZIA®** | **997** | -2% | -1% | Volume growth (+4%), compensated by price pressure. Stronger growth than the shrinking anti-TNF market in the U.S. No biosimilar competition, neither today nor expected near-term. |
| | **BRIVIACT®** | **327** | 20% | 20% | Strong growth by continued and significant growth in all regions in which BRIVIACT® is available to patients. Approved in Japan in June 2024. Set to exceed its peak sales guidance of €600M already in 2024. |
| | **KEPPRA®** | **309** | -8% | -4% | The impact of Japan LOE tapering off. |
| | **VIMPAT®** | **172** | -16% | -13% | The impact of LOE bottomed out. |
| | **NAYZILAM®** | **53** | +26% | +26% | Double digit strong and continued growth. NAYZILAM® is outpacing the growth of the seizure cluster market. |
| | **Established Brands (EB)** | **268** | -13% | -10% | Includes NEUPRO®. |





UCB - HY 2024 Facts & Figures, July 2024
ACT = Actual; CER = Constant Exchange Rates; HS = Hidradenitis suppurativa; DS = Dravet Syndrome; LGS = Lennox-Gastaut Syndrome; M = million; LOE = Loss of Exclusivity; EB = Established Brands.

# HY 2024 Performance Highlights

## Significant growth from new launches, substantial launch investments and strong EVENITY® contribution

| | | | HY 2024 | Actual | CER |
|---|---|---|---|---|---|
| **Revenue** | **Net Sales € 2 641 (+11%; +13% CER) driven by strong growth of BRIVIACT®, FINTEPLA®, BIMZELX® and RYSTIGGO®** | | **2791** | 8% | 10% |
| **Adjusted Gross Profit** | **In-line with net sales performance, stable at 77%** | | **2 152** | 7% | 10% |
| **Total Operating Expense** **€ 1 606 M** (+23%; +24% CER) | **Marketing and selling expenses** | • Invest behind the launches of UCB's growth drivers including U.S. DTC campaign | **945** | 25% | 26% |
| | **R&D expenses** | • 10 molecules in clinical development: 4 phase 3 -and- 6 phase 2a programs,<br>• R&D ratio of 28% | **789** | 4% | 4% |
| | **General & admin expenses** | • Preparations and additional external resources for the new organization model | **121** | 16% | 17% |
| | **Other operating income** | • € 228M net contribution (+47%) from EVENITY®<br>• Sale of an established brands portfolio for €145m in Q1/2023 | **249** | -21% | -21% |
| **Adjusted EBITDA[1]** | **Adjusted EBITDA / revenue ratio 23% after 31% in H1 2023** | | **652** | -19% | -13% |
| **Profit** | **Tax Rate 16%** | • Continued and sustainable use of R&D incentives, recognition of deferred tax assets on losses driven by the launch progress | **208** | -33% | -21% |
| **Core Earnings per Share** | **Based on 190 M weighted average shares outstanding[2]** | | **2.09** | -21% | -12% |
| **ESG ratings** | **Sustainalytics: 13.7** (improved from 17.3) and **ISS ESG: B-** (improved from C+) | | | | |





1. Earnings before Interest Taxes Depreciation & Amortization. 2. Total number of shares 194.5 M. CER = Constant Exchange Rates; M = million.

# Strategically Investing Behind Launches and Securing Sustainable Growth

## Financial Guidance 2024 & 2025 confirmed

### 2024 Guidance

| Revenue expected | Adjusted EBITDA / revenue margin expected | Core EPS |
|---|---|---|
| **€ 5.5-5.7 bn** | **23.0-24.5%** | **€ 3.70-4.40[1]** |
| "At the upper end of the range" | Significant investment behind the launches | Tax rate around 15% |

**How to get there**

- Growth drivers BIMZELX®, FINTEPLA®, RYSTIGGO®, ZILBRYSQ®, EVENITY®
- Significant investment behind the launches including U.S. DTC campaign for BIMZELX®
- Strong earnings contribution from EVENITY®
- Continue to manage the tail end of the portfolio

### 2025 Guidance

| At least | Low- to mid-30s | Improved |
|---|---|---|
| **€ 6 bn top line** | **adj. EBITDA margin** | **ESG rating performance** |
| Expanding the growth | "At the lower end of the range" | Sustained ESG leadership performance |

**How to get there**

- Strong growth driven by BIMZELX®, FINTEPLA®, RYSTIGGO®, ZILBRYSQ®, EVENITY®
- Gross margin improvement thanks to product mix and the new launches
- Maximization of operating leverage and cost discipline
- EVENITY® earnings contribution by continued strong world-wide net sales growth





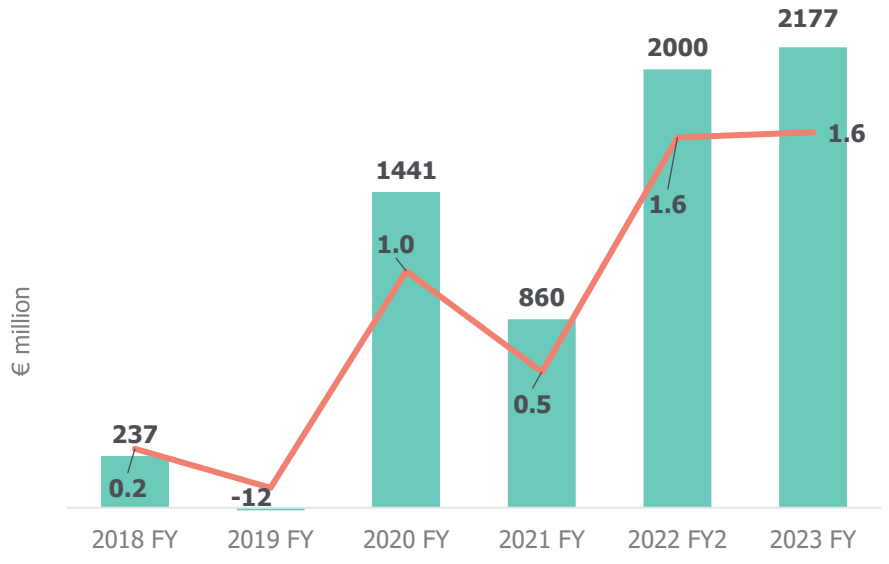
UCB - HY 2024 Facts & Figures, July 2024

1. Based on 190 M weighted average shares outstanding

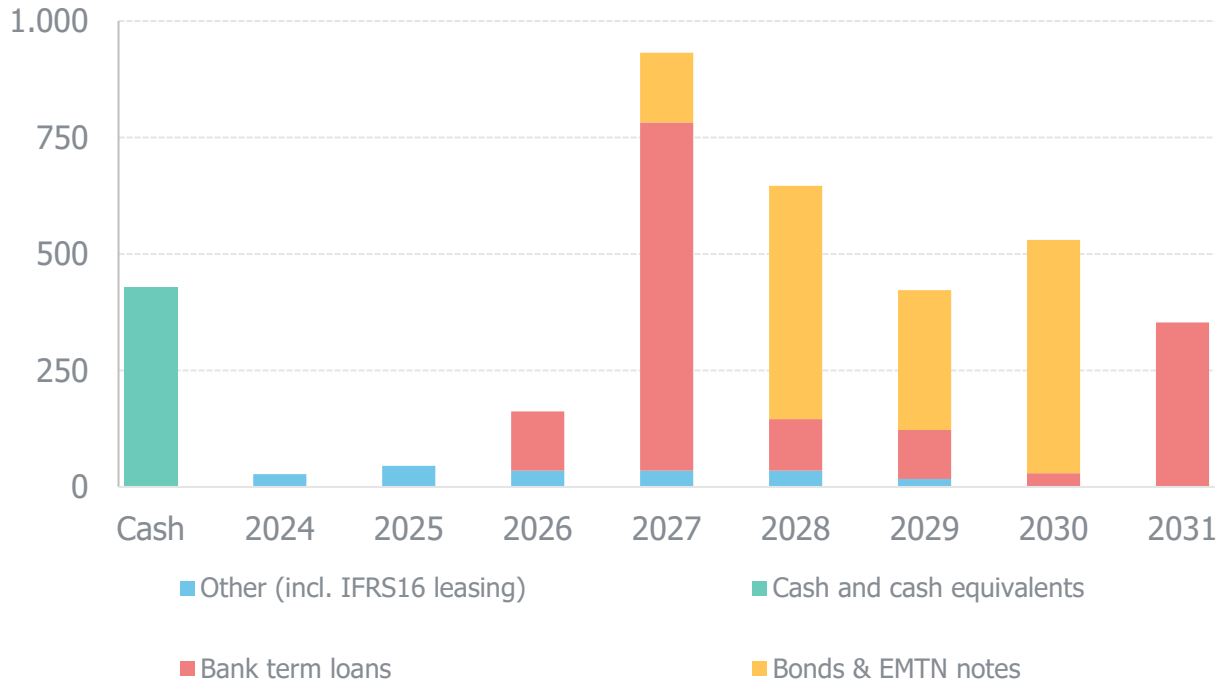
DTC = Direct to Consumer; EBITDA = Earnings before Interest Taxes Depreciation & Amortization; bn = billion; EPS = earnings per share.

# Net Debt & Debt Maturity Schedule

## Net debt / adjusted EBITDA ratio




## Debt Maturity Schedule (as of 30 June 2024, € million)



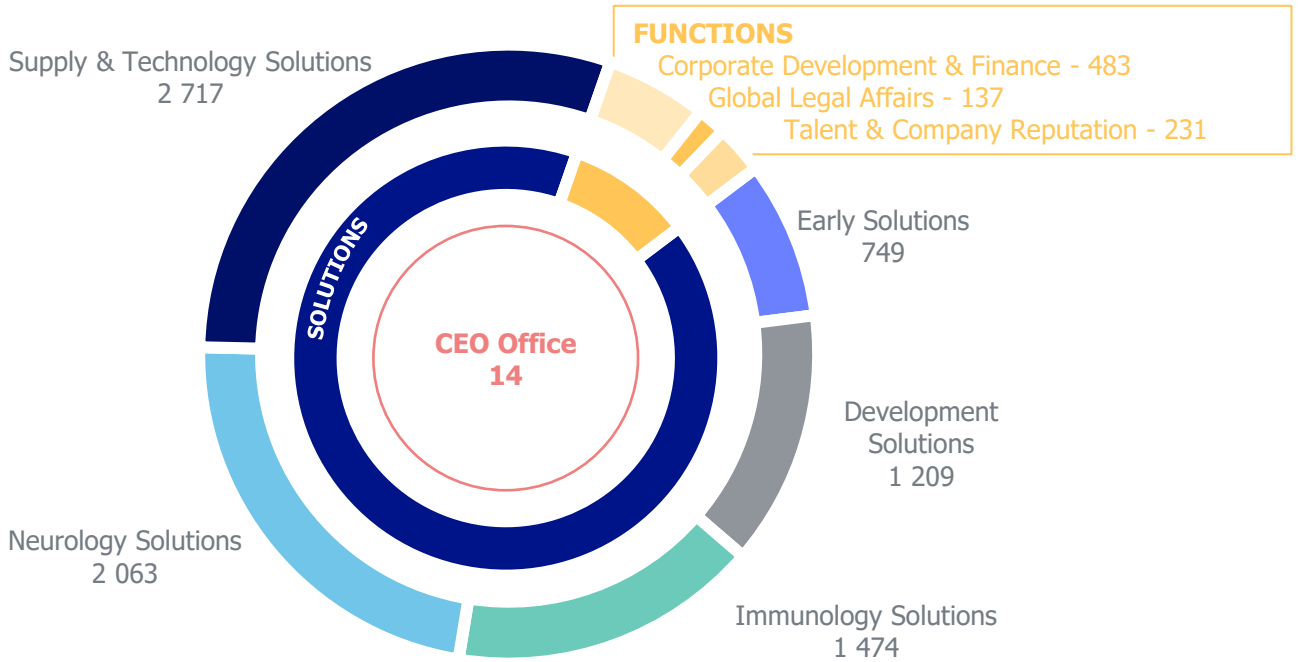


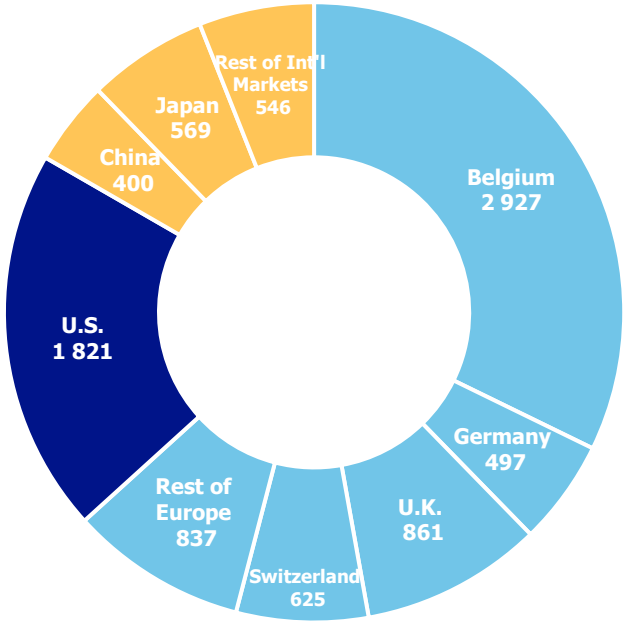


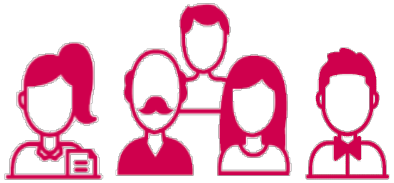

EBITDA = Earning before Interests, Taxes, Depreciation and Amortization charges - In compliance with the ESMA Alternative Performance Measures guidelines, recurring EBITDA, is renamed into "adjusted EBITDA". The calculation methodology remains unchanged.

# UCB's Organization

## Our people are key to deliver on our ambition



**9 083***
**Employees Worldwide**

**51 / 49**
**Women / Men**

**1 209**
**New colleagues**

**8.3%**
**Employee turnover**





*As of **December 2023**; CEO office consists of departments reporting directly to the CEO, including the Sustainability team and the Internal Audit team.
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# OUR INNOVATION

# UCB's Epilepsy solutions

| | KEPPRA® (levetiracetam) | VIMPAT® (lacosamide) | BRIVIACT® (brivaracetam) | NAYZILAM® (midazolam) | FINTEPLA® (fenfluramine) |
|---|---|---|---|---|---|
| | Epilepsy POS<br>Epilepsy PGTCS<br>Epilepsy myoclonic seizures | Epilepsy POS (pediatric label extension in US, Oct. 2021, and EU CHMP positive opinion, Jan. 2022)<br>POS down to 4 years in Japan and China<br>Epilepsy PGTCS | Epilepsy POS<br>Adj. therapy<br>Monotherapy (US)<br>pediatric label extension in US, Aug. 2021, and EU CHMP positive opinion, Jan. 2022) | Epilepsy seizure clusters (US - 2019) – orphan disease designation | Dravet-syndrome<br>Approved and launched in US, EU, JPN; ODD in US, EU, JP<br>Lennox-Gastaut syndrome<br>Approved and launched in US, EU; ODD in US, EU, JP |
| | **> 1.7 million** patients globally* | **> 500 000** patients globally* | **>190 000** patients globally* | **> 70 000** patients in the U.S* | **> 3 000** patients globally** |
| | Otsuka<br>(Japan – 2008-2020) | Daiichi Sankyo<br>(Japan – 2014) | | US only<br>(in-licensed from Proximagen, 2018) | Acquisition of Zogenix, Inc. in 2022 |
| | 2008 (US)<br>2010 (EU)<br>2020 (Japan) | 2022 (US & EU)<br>**2024** (Japan) | **2026** (US & EU) | **2028** (US) | **2033** (ODE US Dravet Syndrome)<br>**2032** (ODE EU & Japan Dravet Syndrome) |
| | Peak sales: € 1.3 billion (2008) | Peak sales: € 1.5 billion (2021) | Peak sales guidance: € 600 million by 2026 | | Peak sales guidance: € 800 million by 2027 |

*__MAT Q3/2023; ** As of Dec 2023__; earliest expected Loss of Exclusivity dates are indicative; CHMP = Committee for Medicinal Products for Human Use; ODD = Orphan Drug Designation; ODE = Orphan Drug Exclusivity; POS = Partial Onset Seizures, also known as focal seizures; PGTCS = Primary Generalized Tonic-Clonic Seizures; MAT = Moving Annual Total.

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# Focus on Epilepsy

**>2.5 million***
epilepsy patients under care worldwide in 2023

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

**>250** interventional studies & **>25,000** patients enrolled

**1 million** compounds per drug screening & **>6 targeted** projects in early discovery pipeline

## UCB's Portfolio of Epilepsy Solutions

Keppra® levetiracetam · VIMPAT® lacosamide · BRIVIACT® (brivaracetam) · Nayzilam® (midazolam) nasal spray · Fintepla® (fenfluramine)

## Strategic Epilepsy Investments and Partnerships

**Patient Solution Acquisitions**

ZOGENIX · ENGAGE THERAPEUTICS

**Drug Discovery Research**

Transcriptomic Big Data Library in Epilepsy

GliaPharm · PRAXIS · Handl Therapeutics · Eg Element Genomics

**Digital Health**

EYSZ · Byteflies · NextSense · NEURAVA

Inspired by patients. Driven by science.

*MAT Q3/2023. MAT = Moving Annual Total.
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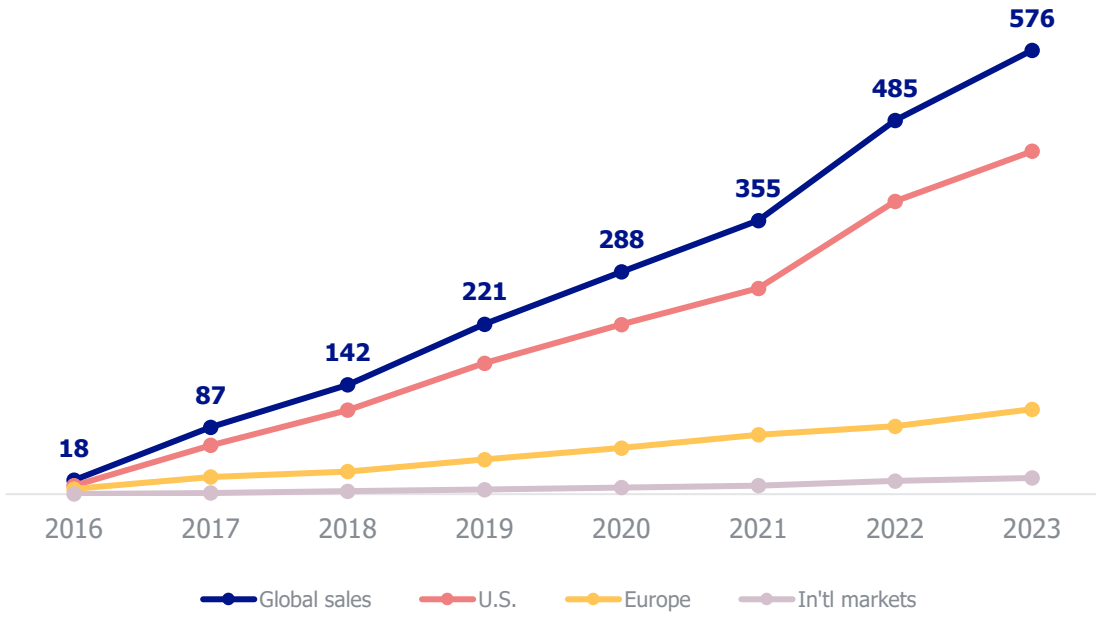
# Focus on BRIVIACT®

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

Showed **significant growth** in all regions it is available to patients (20% CER)

**Approved in Japan** in June 2024

## BRIVIACT® Net Sales




Net sales in € million, FY numbers

Inspired by patients. Driven by science.

ASM = Anti-seizure medications
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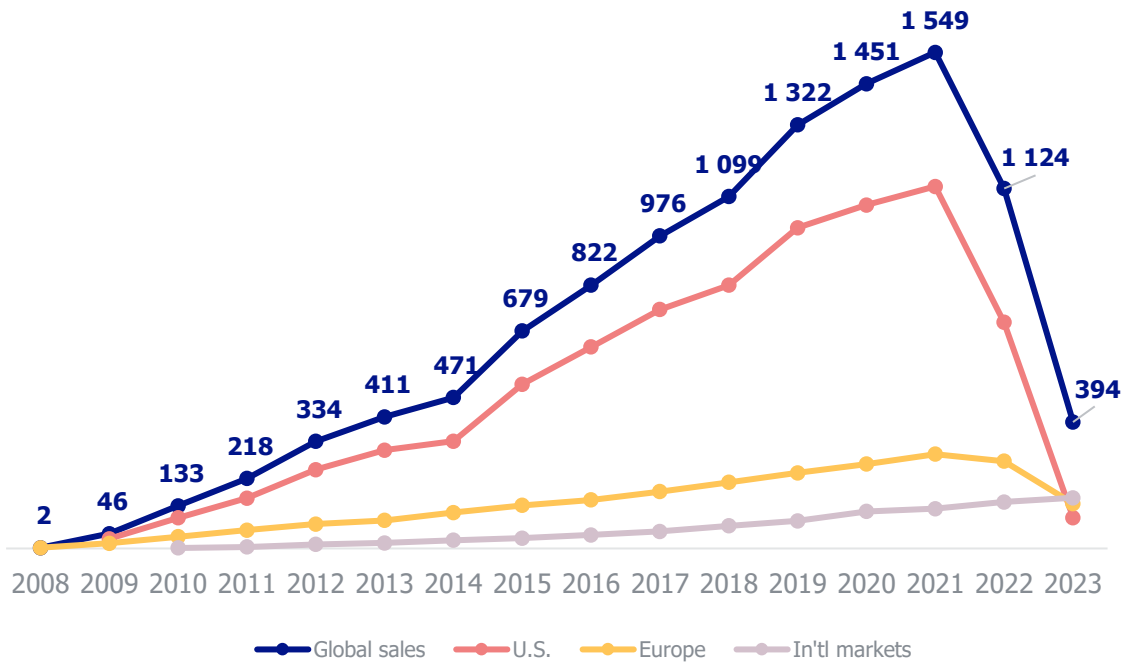
# Focus on VIMPAT®

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

**Generic** erosion has largely **bottomed** out in 2023

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

## VIMPAT® Net Sales




Net sales in € million, FY numbers

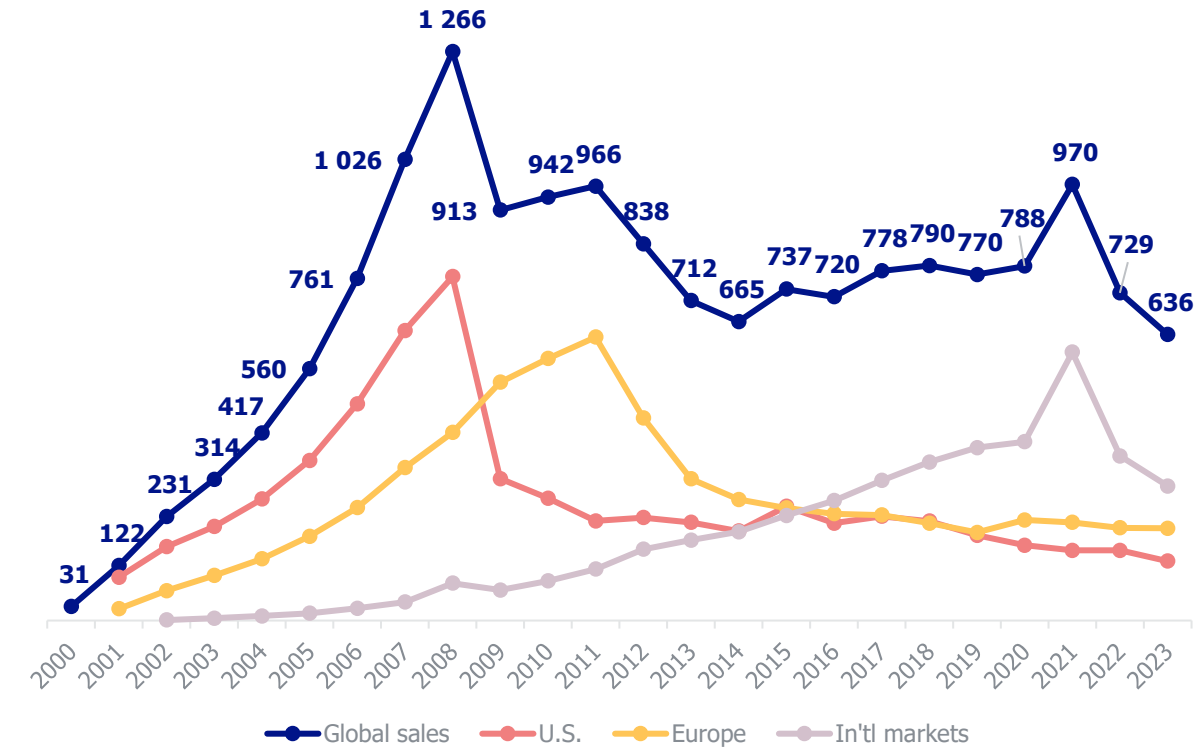
# Focus on KEPPRA®

**Inclusion** of levetiracetam in the World Health Organization Model List of **Essential Medicines (WHO EML)**

KEPPRA® is **off patent** for **more than a decade** in markets other than Japan

**Diminishing LOE effect in** 2023 in Japan

## KEPPRA® Net Sales




Net sales in € million, FY numbers

Inspired by patients. Driven by science.

LOE = Loss of Exclusivity.
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# Focus on FINTEPLA®

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

**Broadening sustainable access** to ensure **geographic equity**

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

## FINTEPLA® Indications

| Dravet Syndrome (DS) | Lennox-Gastaut Syndrome (LGS) |
|---|---|
| **~12k - 15k**<br>US, EU, JPN prevalence | **~60k - 100k**<br>US, EU, JPN prevalence |
| **>80%** of patients remain uncontrolled on existing AED regimens<br>Premature childhood mortality, primarily SUDEP, of **~20%** | 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<br>Higher risk of status epilepticus and sudden death |
| **Standard of Care**<br>Profound and sustained impact on seizures exceeding expectations of what could be possible in DS | **The New Next Option**<br>Proven efficacy on LGS's most challenging seizures. First add-on of choice for LGS |





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

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# UCB's Immunology & Bone solutions

| | BIMZELX® (bimekizumab) | CIMZIA® (certolizumab pegol) | EVENITY® (romosozumab) |
|---|---|---|---|
| | **Psoriasis**<br>Approved in over 40 countries including US<br>**Psoriatic arthritis, radiographic and non-radiographic axial Spondyloarthritis**<br>Approved in EU in June 2023 and in Japan in December 2023<br>Under regulatory review in other geographies<br>**Hidradenitis suppurativa (HS)**<br>Submissions and regulatory reviews ongoing across geographies | For patients (including women of child-bearing age) living with<br>• Rheumatoid arthritis<br>• Psoriatic arthritis<br>• Psoriasis<br>• (non-radiographic) axial Spondyloarthritis<br>• Crohn's disease (US) | EU launch progressing<br>Launched by Amgen and Astellas in Japan and by Amgen in US and ROW |
| | **> 18 000** patients globally* | **>180 000** patients globally** | **> 600 000** patients since launch globally* |
| | | Astellas (Japan – 2012)<br>Cinkate (China – 2019) | Amgen (2020) |
| | **2032** (US)***<br>**2036** (EU)<br>**2037** (Japan) | **2024** (US)<br>**2024** (EU)<br>**2026** (Japan) | **2031** (EU & Japan)<br>**2033** (US) |
| | Peak sales guidance: > € 4 billion | Peak sales guidance: > € 2 billion by 2024 – achieved already in 2022 | |





***As of December 2023; **MAT Q3/2023**; ***not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative; MAT = Moving Annual Total.
UCB - HY 2024 Facts & Figures, July 2024

# Focus on BIMZELX®

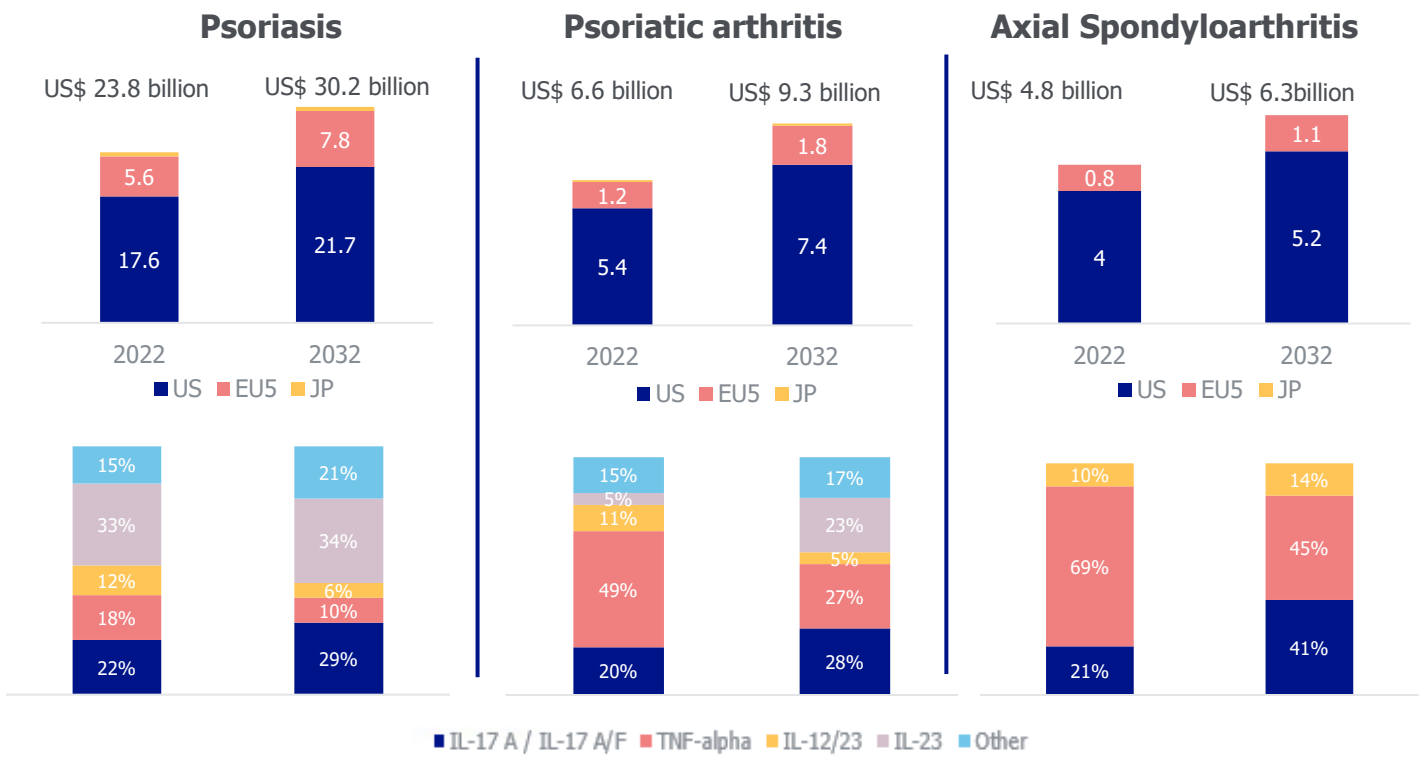
**Market leader** in psoriasis **dynamic IL-17** markets

**First and only IL-17A and IL-17F** Delivers rapid, complete and maintained skin clearance from the first dose

**Approved & launched in 2023**

- ✓ US: PSO
- ✓ Europe : PSO, PsA, axSpA & HS
- ✓ Japan : PSO, PsA, axSpA

## Focusing On Growth Markets[1]

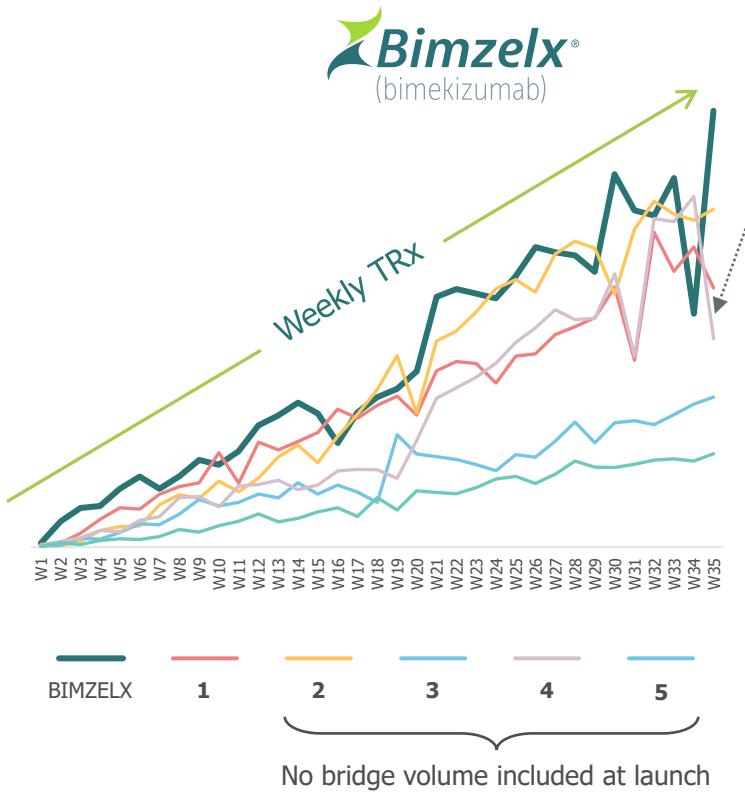



[1] Clarivate l DRG, LANDSCAPE & FORECAST, Psoriasis, December 20, 2023
Dynamic market share = Market share among switch and new patients; PSO = psoriasis; PsA = psoriatic arthritis; axSpA = axial spondyloarthritis; IL = interleukin

# BIMZELX® in U.S.: Strong Launch Execution Delivering Competitive Uptake

## BIMZELX® | Uptake in PSO

Psoriasis Launch Uptake vs. other anti-leukin antibodies[1]



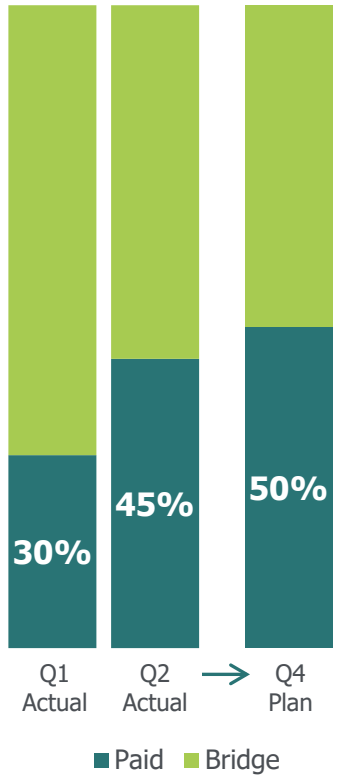

Week 34 included US holiday – 4th of July

**€85M**
Net sales in U.S. in H1 2024

**~18%**
IL-17 dynamic market share after 6 months in the U.S.

## BIMZELX® | Access & Patient reach

High portion of paid prescriptions




More than
**5 000 patients**
on BIMZELX® In the U.S., since launch

Number of **unique prescribers** as of June 2024: **> 2 200**

**Formulary access:**
BIMZELX® is covered and available for **6 out of 10 commercially insured** lives[2]

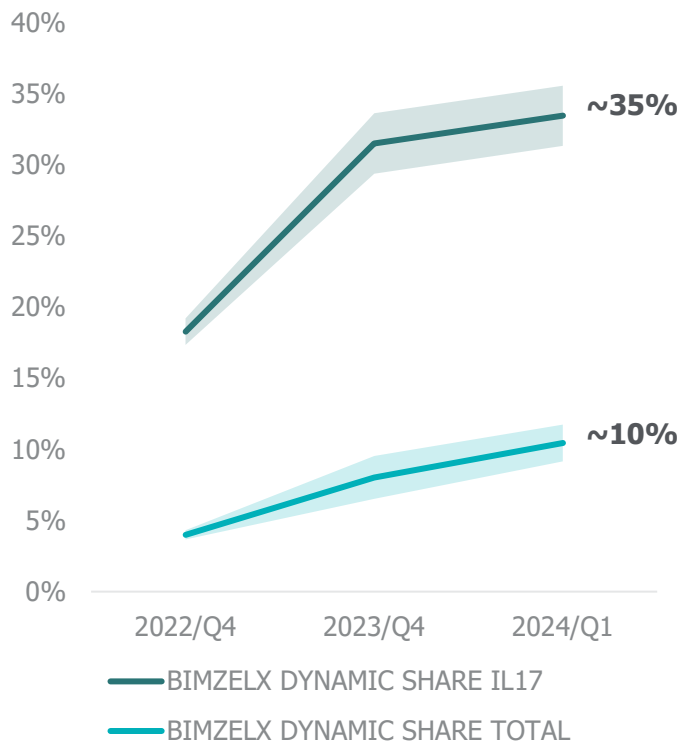




UCB - HY 2024 Facts & Figures, July 2024
1. IQVIA; 2. Double-step edit or better; PSO = Psoriasis; M = Million; IL = interleukin.

# BIMZELX® Impactful Market Growth & Patient Reach with > 35 000 Patients Treated Worldwide

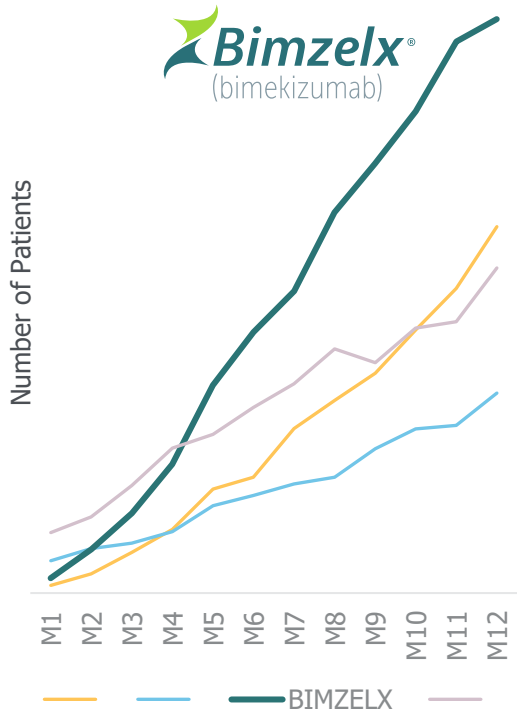
## BIMZELX® EU Market Share Evolution | PSO
**+85% patients in last 6 months**




**~4%**
Overall biologics patient share in PSO in Europe

**€105M**
Net sales Europe H1 2024[1]

## BIMZELX® in Germany | PsA & axSpA
Launch Uptake vs. other anti-interleukins[2]




**32% IL-17**
dynamic market share &
**>2 500 patients**
in PsA & axSpA
**after 12 months**





UCB - HY 2024 Facts & Figures, July 2024
1. Sales for other regions excluding Europe and U.S. are at € 25M. 2. Uptake by Rheumatologist – Number of patients from national reimbursement.
PSO = Psoriasis; PsA = Psoriatic Arthritis; axSpA = Axial Spondyloarthritis; IL = interleukin; M = Million.

# Focus on CIMZIA®

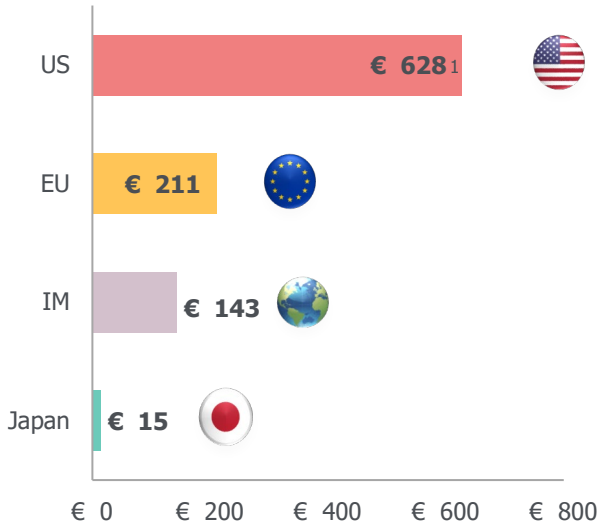
Continues to **grow** across all regions **faster** than **branded TNF-inhibitors and the anti-TNF market**

**Unique** Fc-free molecular structure drives personalized treatment for 2 targeted populations: **women of childbearing age** across indications and **RA** patients with high **RF** levels

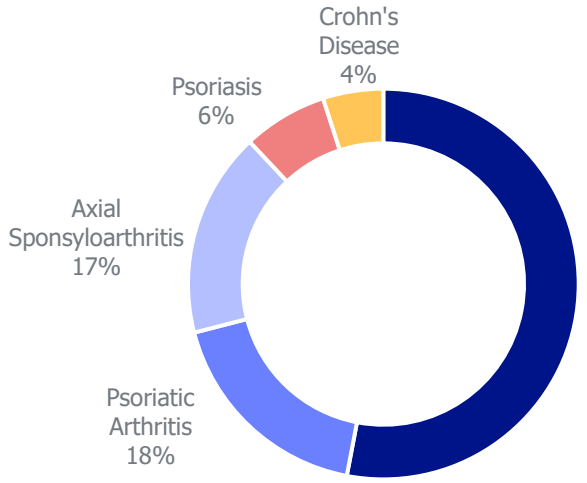
Expanded into **six indications**, including RA, ankylosing spondylitis (AS), also known as radiographic axial spondyloarthritis (r-axSpA), and non-radiographic axial spondyloarthritis (nr-axSpA), PsA, PSO, CD

## CIMZIA®

**Net Sales, by Region**
€ 997M




**Net Sales, by Segment**




In the U.S. Rheumatology market, more than 1/3 of all CIMZIA® patients are WoCBA



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

UCB - HY 2024 Facts & Figures, July 2024

# Focus on EVENITY®

**First new** osteoporosis approval since 2010

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

**First after Fracture[1]**

**Superior fracture risk reduction** when used for 12 months followed by alendronate

**Convenient**: 2 auto-injectors, once a month, for 12 months

## EVENITY® contribution to UCB's P&L

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

**Due to lower European sales compared to world-wide sales, EVENITY® over-proportionally contributes to UCB's adjusted EBITDA**





[1] 1. EVENITY SmPC. February 2023. 2. Saag KG, et al. N Engl J Med. 2017; 377: 1417–1427. 3. Langdahl BL, et al. Lancet. 2017; 390: 1585–1594. 4. Cosman F, et al. Osteoporos Int. 2022; 33: 1243–1256.; [3] EU breakeven not reached yet, hence Amgen carries 50% of the European loss; EBITDA = Earnings Before Interest, Taxes, Depreciation and Amortization; RoW = Rest of World.

# Focus on EVENITY®

## **Bone Builder Leadership** achieved in US, Japan, South Korea, Taiwan & Belgium[1]

### Worldwide

**Reach**

**> 725 000**

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

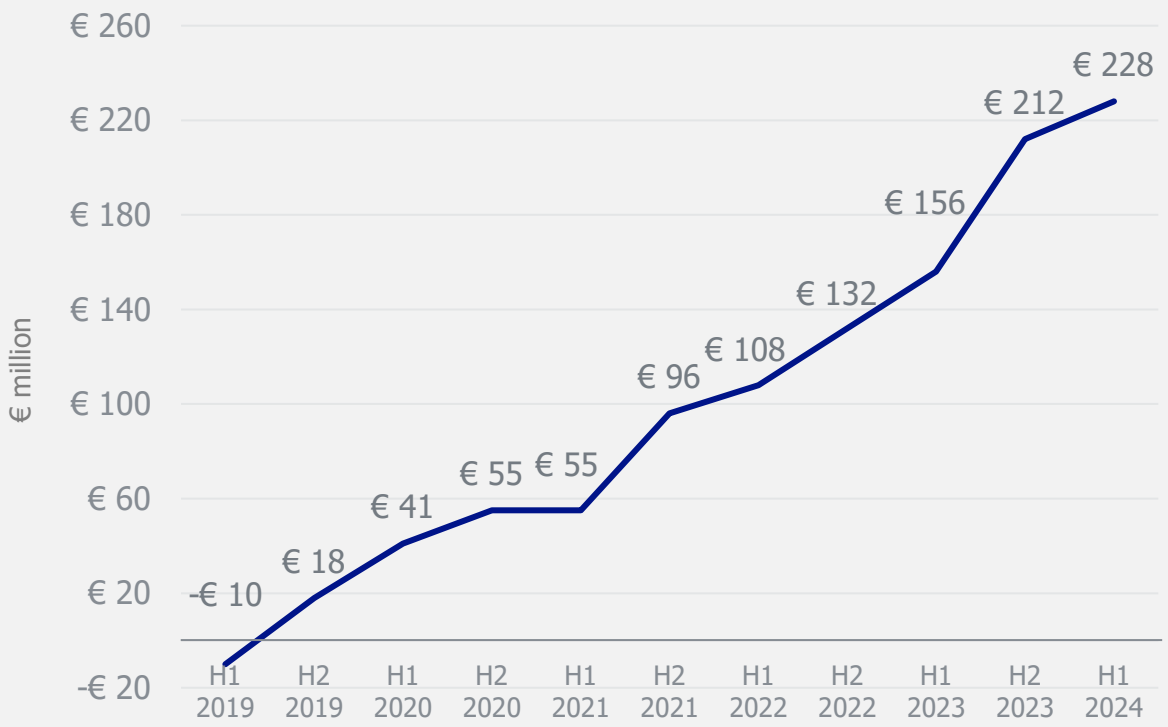
### Europe



**Market Share**

Bone Builder Leadership achieved in US, Japan, South Korea, Taiwan & Belgium. All other major markets including Europe on track for Leadership in Bone Builder Market

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








[1] As of June 2024; Patient share based on data from IQVIA on the bone builder market as of November 2023; BB = Bone Builder.
UCB - HY 2024 Facts & Figures, July 2024

# UCB's generalized Myasthenia Gravis solutions

| | **RYSTIGGO®**<br>**(rozanolixizumab)** | **ZILBRYSQ®**<br>**(zilucoplan)** |
|---|---|---|
| | Anti-FcRn antibody to address pathogenic auto-antibodies<br>AChR+ / MuSK+ patients<br>SC, at-home self-admin<br>cyclical therapy | Complement 5 inhibitor to address complement activation<br>AChR+ patients<br>SC, self-admin<br>maintenance therapy |
| | In-house product | Acquired from Ra Pharma |
| | **2033** (Japan)*<br>**2034** (EU)*<br>**2035** (US)* | **2035** (US)*<br>**2035** (EU)*<br>**2035** (Japan)* |





*Not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative;
AChR+ = Acetylcholinesterase Receptor Positive; FcRn = Neonatal Fc Receptor; MuSK+ = Muscle Specific Kinase Positive; SC = Subcutaneous.

UCB - HY 2024 Facts & Figures, July 2024

# UCB's Differentiated gMG Portfolio

## RYSTIGGO®

Impressive uptake and adoption since first launches in 2023

**Enlarging** the market for **Targeted Therapies**

First agent for **anti-AChR+** & **anti-MuSK+ gMG**

**€77M**
Net Sales in H1 2024

## ZILBRYSQ®

Compelling narrative contributing to positive momentum following April 2024 **global launches**

**24** hour

**First and only C5 inhibitor peptide, convenient daily subcutaneous self administration**

Expanding evidence base, validating effectiveness of switch from IV complement inhibitors and potential for steroid and NSIST reduction

**€ 15M Net Sales, since April 2024**

## ONWARD

PERSONALIZED SUPPORT DESIGNED TO MOVE YOU FORWARD

Award winning and pioneering Global Rare Disease Patient Support Program

**1000+ enrolled patients globally**

**Named "Best Patient Engagement, Support, or CRM Program" in the U.S. at DTC Awards**





UCB - HY 2024 Facts & Figures, July 2024

gMG = generalized myasthenia gravis; M = million; NSIST = non steroidal immunosupressant therapy.

BIMZELX®

Inspired by patients.
Driven by science.

# Bimekizumab: Clinical profile, Indications & Approvals

## ~6 000 patients included in clinical trials

### **Psoriasis** (PSO)

3x superior
Superior levels of skin clearance compared to adalimumab, ustekinumab, and secukinumab in Ph3/3B trials. Responses achieved with bimekizumab were maintained for up to one year. Long-term data showed clinical responses were maintained in vast majority of patients through 4 years of bimekizumab treatment.

Approved in over 40 countries (including EU, US, JP, CA) other submissions/ regulatory reviews ongoing

### **Psoriatic arthritis**

Improvement in signs and symptoms were demonstrated with treatment in multiple aspects of PsA for both bDMARD-naïve patients and prior TNFα-inhibitor inadequate responders and sustained for up to 4.5 years

Approved in over 35 countries (including EU, JP, CA) other submissions/ regulatory reviews ongoing

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

Sustained efficacy across the full disease spectrum of axSpA in patients with AS up to 5 years and with nr-axSpA up to 2 years

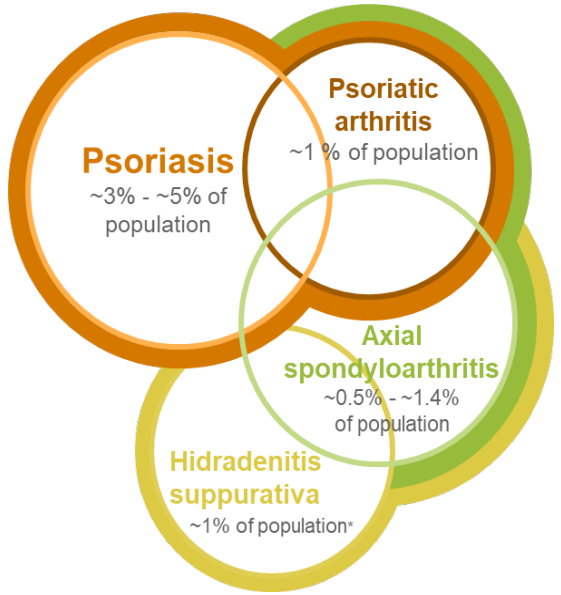
Approved in over 35 countries (including EU, JP, CA) other submissions/ regulatory reviews ongoing

### **Hidradenitis suppurativa** (HS)

Clinically meaningful improvements in HiSCR50 and more stringent endpoints of HiSCR75, HiSCR90, and HiSCR100 with improvements maintained or increased for patients from Week 16 through Week 48

Approved in EU & UK in Q2 2024, Submissions/ regulatory reviews ongoing in other countries

### Spectrum of IL-17A+F-mediated diseases




Latest data can be found here: Scientific Presentations, Abstracts, and Posters - Bimekizumab | UCB

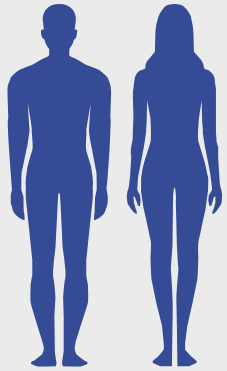




nr-axSpA = non-radiographic Axial Spondyloarthritis; AS = Ankylosing Spondyloarthritis; Bimekizumab is an investigational product in HS and is not approved for those indications by any regulatory authority in the world.

UCB - HY 2024 Facts & Figures, July 2024

# Psoriasis: High Prevalence Globally

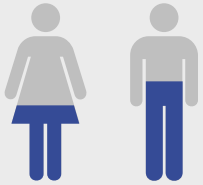


**up to**

**~3%**

**of the population[8] is affected by PSO**

## Prevalence[1]



**45%** **55%**

## Age[2,3]

**Late teens–early thirties** (type 1 PSO)

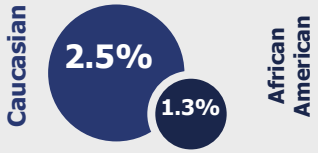
**Fifties** (type 2 PSO)


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

## Ethnicity

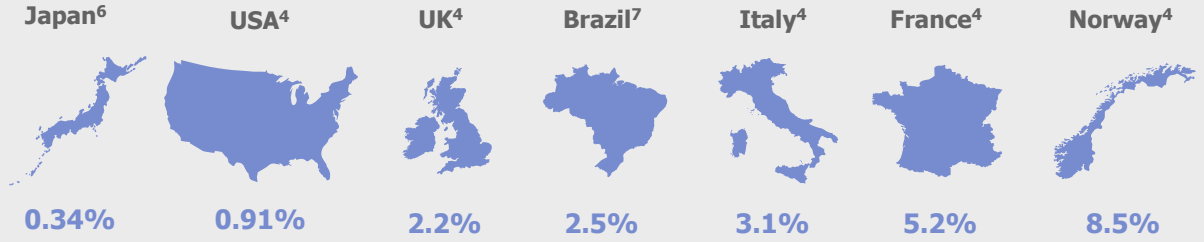
PSO more commonly affects Caucasians than other ethnic groups[4]

Prevalence according to ethnicity in the USA[5]:




## Geographic region

Reported prevalence in adults:




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



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

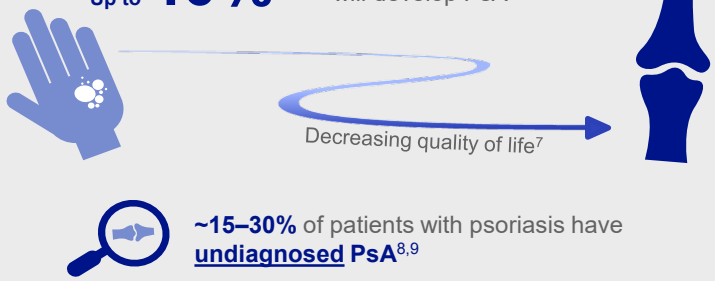
# Psoriatic Arthritis: High Unmet Need and Disease Burden

## Psoriatic arthritis (PsA)

PsA is a complex disease with a **broad range of manifestations**, including swelling of the joints, entheses, and skin psoriasis[1-3]

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

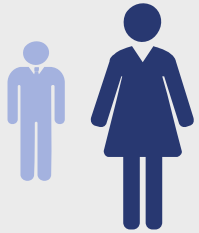

## Disease progression



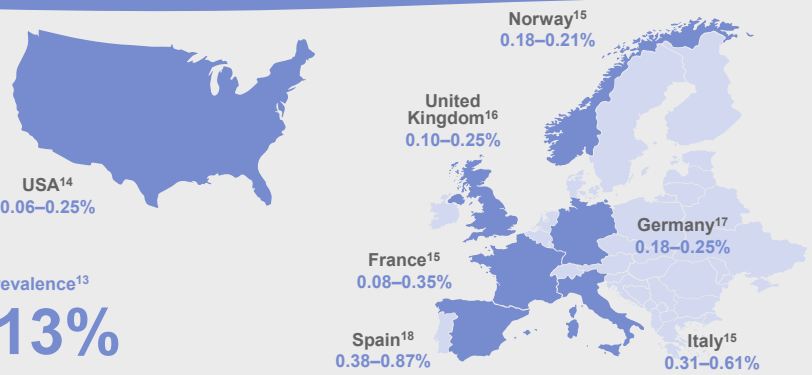

**~15–30%** of patients with psoriasis have **undiagnosed PsA**[8,9]

## Gender differences

Diagnosis is delayed[10] and outcomes are **worse in women**[11,12]



## Prevalence by geographic region




Global prevalence[13]

**~0.13%**

## Burden of disease


Approximately **1 in 3 patients achieve minimal disease activity criteria** in real-life studies with current treatments*[22]

*Based on a study of patients in cross-sectional and cohort studies (n=39) fulfilling 5 out of the 7 MDA criteria: tender joint count (TJC) ≤1; swollen joint count (SJC) ≤1; psoriasis activity and severity index (PASI) ≤1 or body surface area (BSA) ≤3; patient pain visual analogue scale (pain VAS) score ≤15; patient global disease activity (global VAS) score ≤20; health assessment questionnaire (HAQ) score ≤0.5; and tender entheseal points ≤16. 1. NHS. Psoriatic arthritis, 2019. Available at: https://www.nhs.uk/conditions/psoriatic-arthritis/. Accessed October 2020; [2] Ocampo DV et al. F1000Research. 2019;8:F1000 Faculty Rev-1665; [3] Gladman DD. F1000Research. 2016;5:2670–2670; [4] Coates LC et al. Arthritis Rheumatol. 2016;68(5):1060–1071; [5] Mease PJ and Armstrong AW. Drugs. 2014;74(4):423–441; [6] Gladman DD et al. Ann Rheum Dis. 2005;64 Suppl 2:ii14–17; [7] Kavanaugh A et al. Rheumatol Ther. 2016;3(1):91–102; [8] Villani et al. J Am Acad Dermatol. 2015;73:242–248; [9] Haroon M et al. Ann Rheum Dis. 2015;74(6):1045–1050; [10] Jovani V et al. PLoS One. 2018;13(10):e0205751; [11] Nas K et al. Ann Rheum Dis 2019; 78(Suppl 2):920–921;[12] Eder L et al. Ann Rheum Dis. 2013;72(4):578–582;[13] Scotti L et al. Semin Arthritis Rheum 2018;48(1):28–34; [14] Ogdie A and Weiss P. Rheum Dis Clin North Am 2015;41(4):545–568; [15] Alamanos Y et al. J Rheumatol. 2008;35:1354–1358; [16] Ogdie et al. Rheumatology. 2013;52(3):568–575; [17] Sewerin P et al. Ann Rheum Dis. 2019;78:286-287; [18] Pérez A et al. PLoS One. 2020;15(6):e0234556; [19] Lebwohl MG et al. J Am Acad Dermatol. 2014;70(5):871–881; [20] Salaffi F et al. Health Qual Life Outcomes. 2009;7:25; [21] Picchianti-Diamanti A et al. Qual Life Res. 2010;19:821–826; [22] Zardin-Moraes M et al. J Rheumatol. 2020;47(6):839–846.

# What is Axial Spondyloarthritis (axSpA)?

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

Key **patient** symptoms:[1]

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

Key **non-axial** symptoms:[4–8]

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

## axSpA

consists of **two subtypes**

**Both subtypes have a similar burden of disease**[9]

**Non-radiographic (nr-) axSpA**[1,2]

**Radiographic (r-) axSpA** (also known as AS)[1,2]

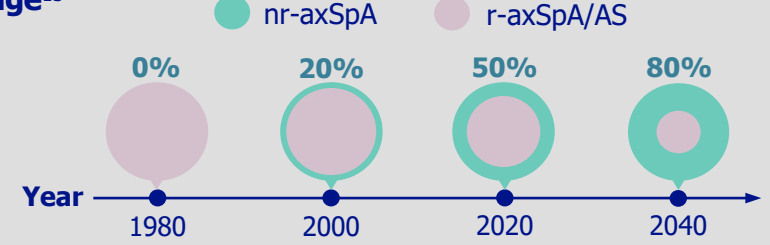
*Spinal damage progression in r-axSpA/AS*

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

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

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

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

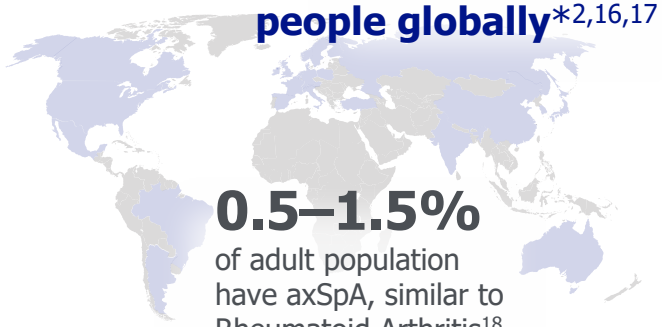



Patients experience disease onset **before the age of 45**[14]

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

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

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



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

There are **limited treatment options**

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

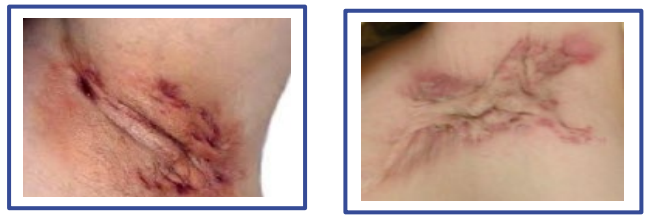


*To estimate the global population of people with axSpA, the following calculation was performed: an AS global prevalence of ~0.13%[16] was applied to a global population of ~8 billion people[17] and the figure multiplied by two, as AS patients are estimated to make up half of the total axSpA patient population.[2,16] AS = Ankylosing spondylitis; IL = interleukin; JAK = Janus kinase; NSAID = Non-steroidal anti-inflammatory drug; TNF = Tumour necrosis factor;

[1] Sieper J et al. Nat Rev Dis Primers. 2015;1:15013; [2] Proft F and Poddubnyy D. Ther Adv Musculoskelet Dis. 2018;10(5–6):129–139; [3] Schwartzman and Ruderman. Mayo Clin Proc. 2022;97(1):134–145; [4] Taurog JD et al. N Engl J Med. 2016;374(26):2563–2574; [5] Lucasson F et al. RMD Open. 2022;8(1):e001986; [6] Mease PJ et al. ACR Open Rheumatol. 2020;2(7):449–456; [7] de Winter JJ et al. Arthritis Res Ther. 2016;18(1):196; [8] López-Medina et al. Arthritis Res Ther. 2019;21(1):139; [9] Rudwaleit M et al. Arthritis Rheum. 2009;60(3):717–727; [10] Robinson PC et al. Nat Rev Rheumatol. 2021;17(2):109–118; [11] Strand V and Singh JA. J Clin Rheumatol. 2017;23(7):383–391; [12] Poddubnyy D and Sieper J. Curr Rheumatol Rep. 2019;21(9):43; [13] Adapted from Navarro-Compán V et al. Ann Rheum Dis. 2021;80(12):1511–1521; [14] National Axial Spondyloarthritis Society. Facts and Figures. Available at: https://nass.co.uk/about-as/as-facts-and-figures/. Accessed May 2023; [15] Deodhar AA. Am J Manag Care. 2019;25(17):S319–S330; [16] Akkoc and Khan. Curr Rheumatol Rep. 2020;22(9):54; [17] United Nations Population Fund. World Population Dashboard. Available at: https://www.unfpa.org/data/world-population-dashboard. Accessed May 2023; [18] Magrey MN et al. Mayo Clin Proc. 2020;95(11):2499–2508; [19] Ramiro S et al. Ann Rheum Dis. 2023;82:19–34.

# Hidradenitis Suppurativa (HS)

## Under-recognized inflammatory disease with severe impact on people living with this disease

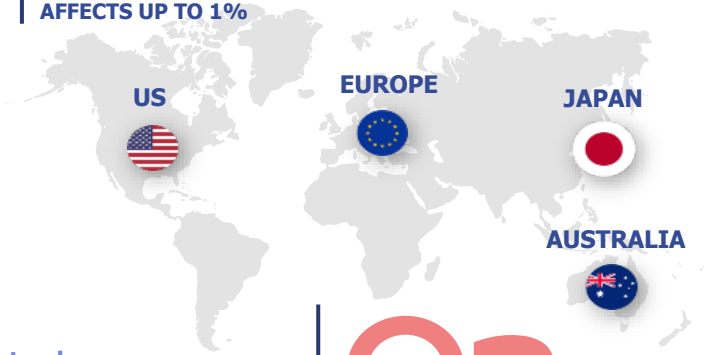


### Hidradenitis suppurativa (HS)

A debilitating, chronic, inflammatory skin disease of the hair follicle that presents with painful, inflamed lesions in the armpits, genital area, groin, buttocks/anus, and breasts resulting in painful, inflamed lesions, lumps, cysts, scarring

### PREVALENCE

**AFFECTS UP TO 1%**




### DIAGNOSIS

**Not Understood**

Significant delays in diagnosis ranging from

**3.7–23.7 yrs.**

Resulting in intense pain, progressive scarring, and psychological damage

**♀3x**

more **common in women** than men

### SEVERE IMPACT ON QOL


### MULTIPLE CO-MORBIDITIES


**OTHER CO-MORBIDITIES**

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



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

# REGULATORY & PIPELINE UPDATE

# UCB's innovation delivering industry-leading pipeline

| | PHASE 1 | PHASE 2 | PHASE 3 | TOPLINE RESULTS |
|---|---|---|---|---|
| **rozanolixizumab** (FcRn inhibitor) | | | | |
| MOG-antibody disease | | | | H2 2026 |
| Severe fibromyalgia syndrome | | Ph-2a | | H2 2024 |
| **fenfluramine** (5-HT agonist) | | | | |
| CDKL5 deficiency disorder | | | | H2 2024 |
| **doxecitine and doxribtimine** (nucleoside therapy) | | | | |
| TK2 deficiency disorder | | | | Submissions to begin end 2024 |
| **dapirolizumab pegol** (anti-CD40L antibody) | | | | |
| Systemic lupus erythematosus* | | | | Mid-2024 |
| **STACCATO® alprazolam** (benzodiazepine) | | | | |
| Stereotypical prolonged seizures | | | | H1 2026 |
| **bepranemab** (anti-tau antibody) | | | | |
| Alzheimer's disease** | | Ph-2a | | H2 2024 |
| **minzasolmin** (α-syn-misfolding inhibitor) | | | | |
| Parkinson's disease*** | | Ph-2a | | H2 2024 |
| **UCB0022** (D1 receptor positive allosteric modulators) | | | | |
| Parkinson's disease | | Ph-2a | | H1 2025 |
| **UCB9741** | | | | |
| Atopic dermatitis | | Ph-2a | | H2 2024 |
| **UCB1381** | | | | |
| Atopic dermatitis | | Ph-2a | | H2 2024 |





UCB - HY results 2024, July 2024. *In partnership with Biogen; 1st phase 3 study; **In partnership with Roche / Genentech; ***In partnership with Novartis; 5-HT = 5-hydroxytryptamin or serotonin; α-syn = alpha-synuclein; CD40L = CD40 ligand; CDKL5 = cyclin-dependent kinase-like 5; H = half-year; IL = interleukin; FcRn = Neonatal Fragment Crystallizable Receptor; MOG = Myelin Oligodendrocyte Glycoprotein; TK2 = Thymidine Kinase 2; projects not currently approved by any regulatory authority

# UCB in Oncology

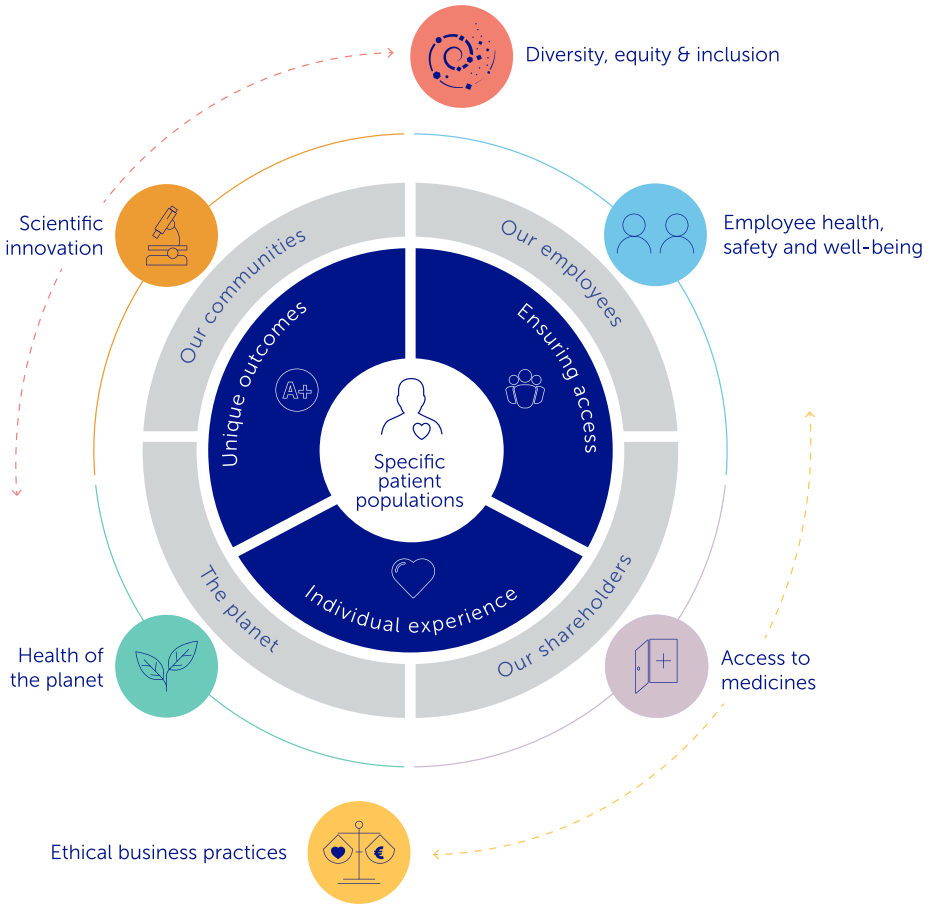
## In partnership with Cancer Research UK (announcement in March 2023)

| UCB6114 (ginisortamab) | UCB4594 |
|---|---|
| Phase 2 | Phase 1 / 2 |
| Advanced malignancies | Advanced malignancies |
| IgG4P monoclonal antibody that binds to grem-1 | Antibody targeting the immune checkpoint, human leukocyte antigen G, also known as HLA-G |
| Post 2027 | Post 2028 |

Oncology is outside of UCB's core therapeutic areas of focus, which are neurology and immunology.
However, UCB's commitment to scientific innovation combined with UCB's world-leading antibody discovery and development capabilities, has enabled UCB to take these programs forward in oncology
UCB now works with Cancer Research UK as UCB believes they provide the best possible way to progress these assets to patients.

# SUSTAINABLE BUSINESS APPROACH

# We See Sustainability as an Approach for Business Growth and Societal Impact




## Our goals


### Value for patients

We aim to bring to patients **differentiated solutions with higher predictability** of response **and in 2030, all patients who need these solutions shall have access to them in a way which is viable for patients, society and UCB.**


### Value for people at UCB and our communities

We are creating the right conditions for **all UCB employees to thrive.**

We support **vulnerable populations** in the countries where we operate.

### Value the planet

**By 2030**, we will be **carbon neutral** and we will have **reduced our water consumption** and waste production by respectively 20% and 25%.

### Value for shareholders

**By 2025**, we will **lead in 5 specific patient populations**

Our revenue are expected to reach of at **least € 6 billion** and our **adj. EBITDA margin to be in the low to mid-thirties.**

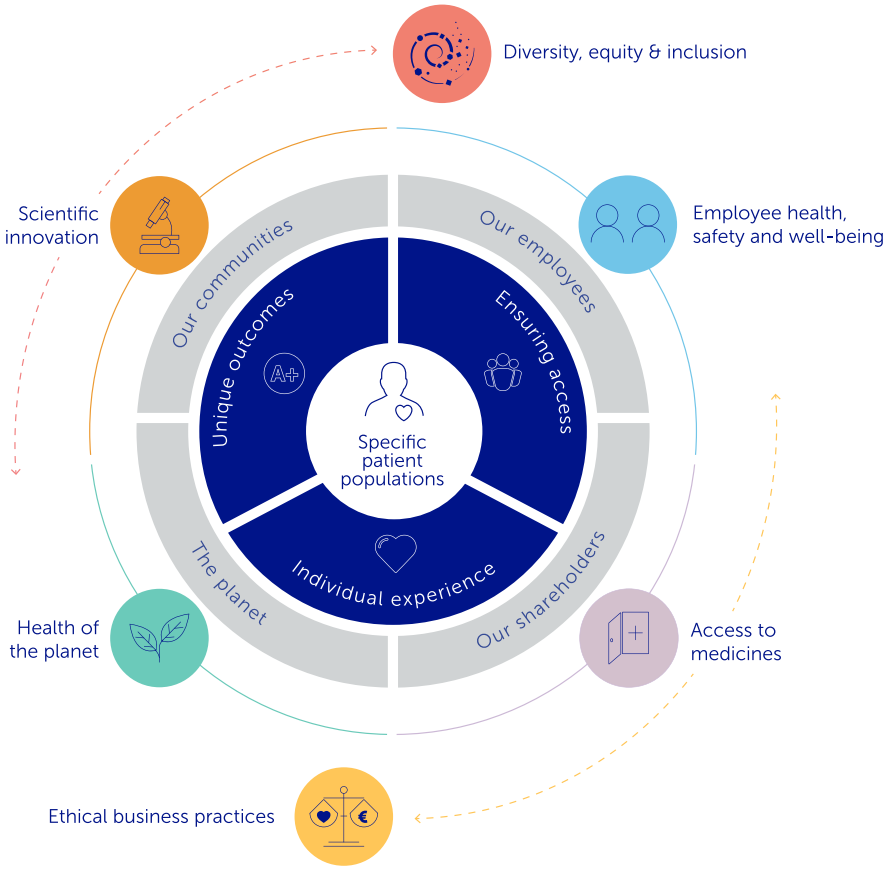
We will have **improved** significantly our **ESG rating performance**.





Data as of 31st of December 2023.
UCB - HY 2024 Facts & Figures, July 2024

# Driving Sustained Growth while making a Positive Impact on Society[1]




## Value for patients

- **>3.2 M** patients
- **68%** reimbursement coverage achieved for UCB medicines
- **50%** earlier positive decisions on reimbursement than industry benchmark

## Value for people at UCB

- **81.5%** for our Health, Safety and Wellbeing index
- **38%** women at executive level
- **70.3%** inclusion index results

## Value for our communities

- **>160** global academic non-commercial partnerships
- **210** publications
- **€9 million** distributed to 204 projects supported by the UCB Community Health Fund since 2020

## Value the planet

- **-55%** CO2 emissions we directly control vs. 2015
- **59.4%** emissions by our suppliers with Science-Based-Targets alike

## Value for shareholders – 2023 results

- **€ 5.25 bn** revenues
- **€ 1.35 bn** adjusted EBITDA
- **17.3** as Sustainalytics rating (low risk)



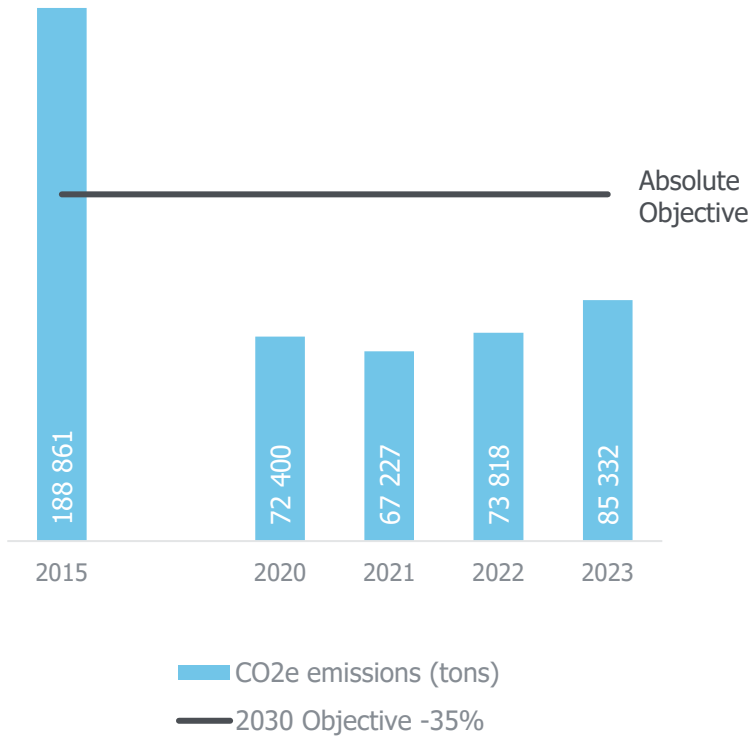


[1] Data as of 31st of December 2023.
UCB - HY 2024 Facts & Figures, July 2024

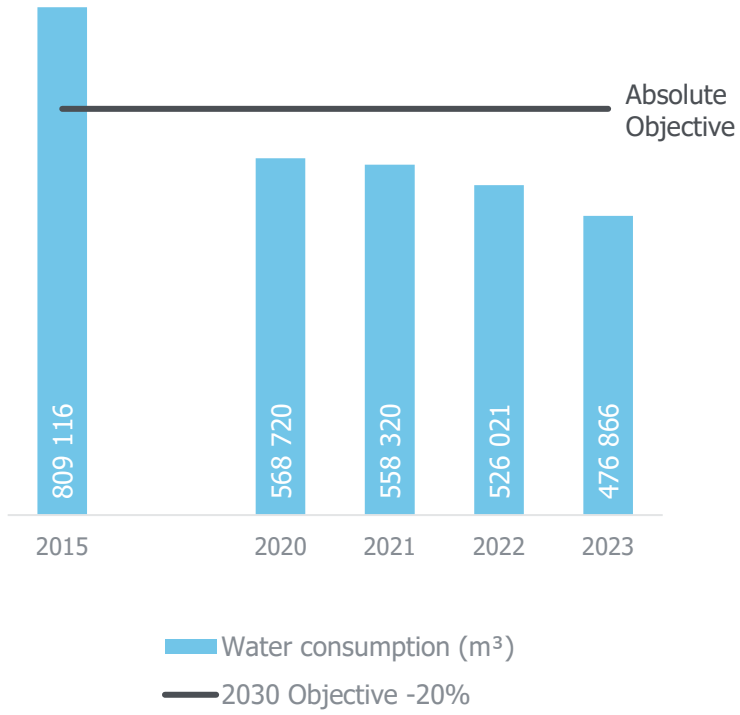
# UCB Green Strategy

Our environmental targets by 2030
Reductions in absolute numbers against 2015 baseline

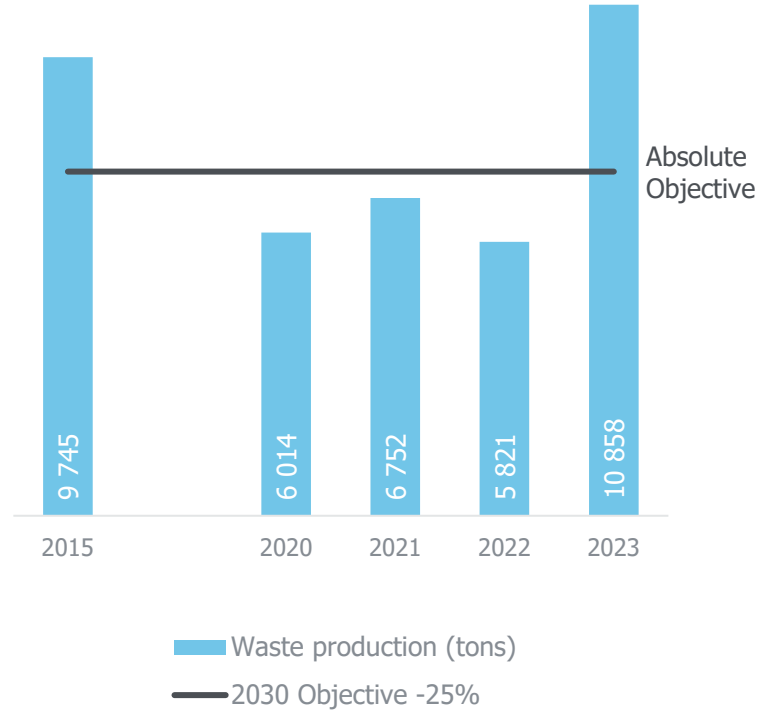
## $CO_2$ emissions - 55% since 2015




## Water consumption -41% since 2015




## Waste production +11% since 2015








As of December 2023. More details in the integrated Annual Report.
UCB - HY 2024 Facts & Figures, July 2024

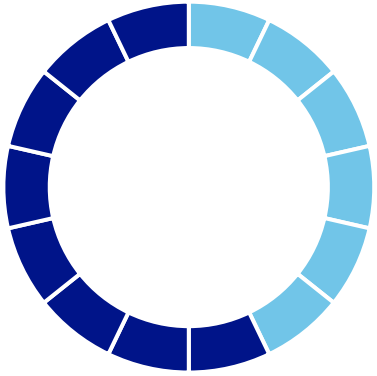
# GOVERNANCE & SHAREHOLDING

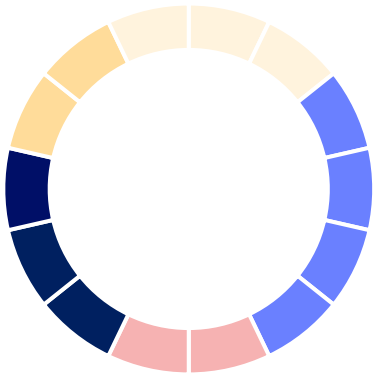
# Corporate Governance

## Board of directors & Executive committee

### Board of directors

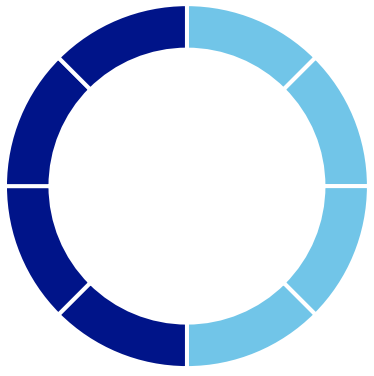
- **14 members**
  - Mandate: 4 year
  - Age limit: 70
- **6 women (43%)**
- **10 independent directors (71%)**
- **8 nationalities**

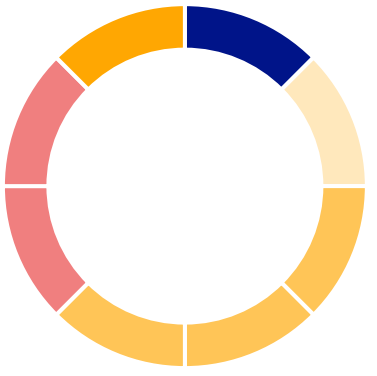



### Executive committee

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








As of July 2024. More details in the notes to the Annual General Meeting.
UCB - HY 2024 Facts & Figures, July 2024

# Corporate Governance

## Executive committee headed by Jean-Christoph Tellier

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

JL Fleurial,
CHRO

S. Dufour,
CFO

D. Waynick Johnson
General Counsel

E. Caeymaex, Chief
Commercial Officer

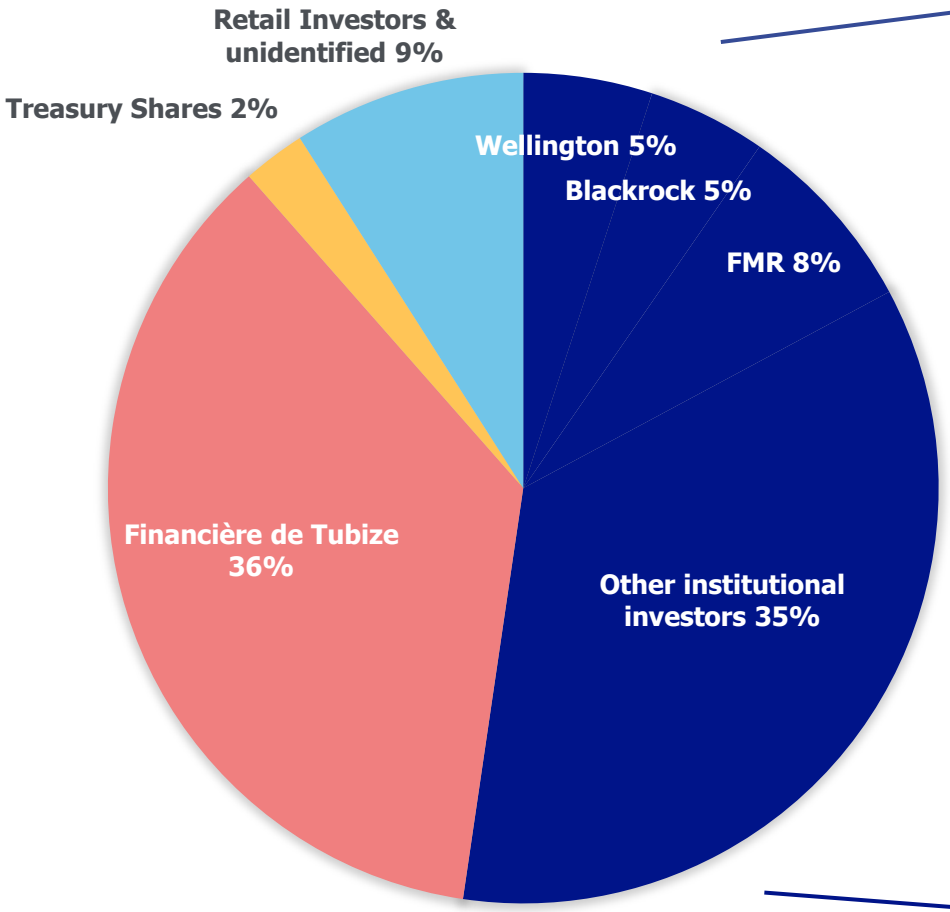
JC Tellier,
CEO

Alistair Henry,
CSO

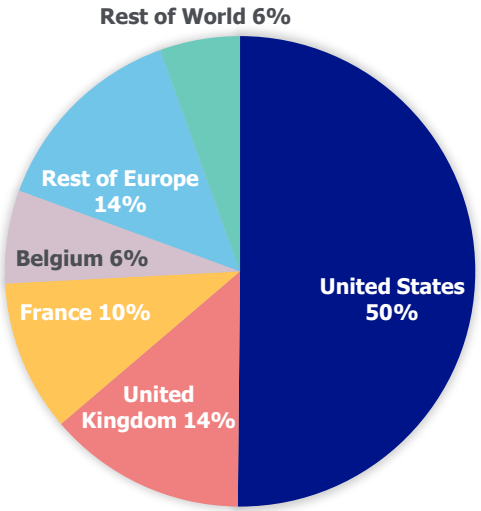
K. Lund-Jurgensen,
Supply & Technology
Solutions

Fiona du Monceau,
Executive Vice President
Patient Evidence

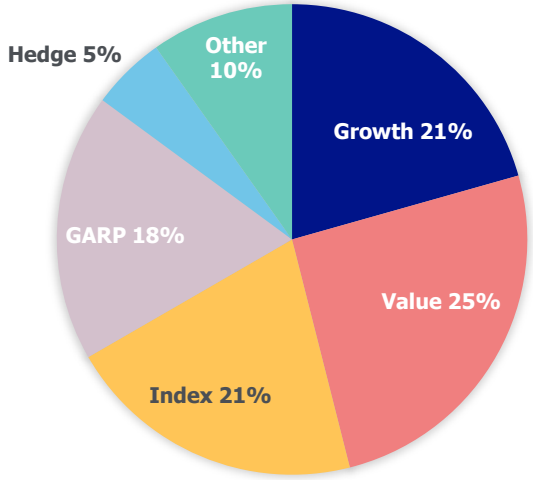
# Shareholder Distribution




Institutional investors: geographic distribution




Institutional investors: investment style








Sources: Shareholder identification (as of **31 January 2024**) and latest transparency notifications; UCB underlying ownership analysis.
UCB - HY 2024 Facts & Figures, July 2024

# FOCUS ON JAPAN

# Japan Market Environment for Innovation

## Regulation encourages innovation, prescription of Gx and restriction to change work style of HCP

**2024 Price reformation – several regulations to encourage innovation and give pressure to LLP***

- "Rapid Introduction Premium" will be granted for products that are designated for "priority review" & conduct NDA filing/approval earlier than or/within 6 months of the earliest approval in the US/EU
- Pediatric premiums will be granted for drugs approved based on pediatric clinical development simultaneously planned/conducted for adults
- Beginning in October 2024, the new coverage rule employing the "Elective Care (Sentei-Ryoyo)" mixed-billing scheme will be implemented for LLPs that meet certain conditions, requiring patients using these products to additionally bear "1/4" of the price gap from their generic versions.

**Guranteed 10 Years of Exclusivity for New Chemical Entities seeking Pediatric indication**

10 yrs for orphan / Ped. indication

- 10Yrs Market exclusivity granted during Post-Marketing Surveillance period for NMEs seeking unique dosage such as Pediatric indication regardless of patent protection

Work style reformation for HCPs expect to accelerate behavioral change of HCP gathering medical information

- HCP working hours are promoted to be managed in much stricter way by medical institute in Work style reformation for HCPs imposed in April 2024. HCP will have less time for gathering medical information in their working hours. A deeper understanding of HCP needs and behaviors will be important ever for Pharmaceutical companies.





*Long Listed Product
UCB - HY 2024 Facts & Figures, July 2024

# UCB Japan – 7 Launches

## Evolution in organization & commercial capabilities

### Growth in Size and Diversity

**# Employees** (as of Dec 2023)

580

6.4% of Global UCB

x1.4 in 5 yrs

**% Female Manager** (Expected March 2024)

21%

vs. industry average 13.5%

x1.5 in 3 yrs

50% female newly hired managers Jan 2024 – Mar 2024

### Transformation to Solo Business

**5 out of 7 planned launches have been completed in 1H 2024**

**Good start of launched products**

### Overview of approvals & launches

| Product | Approval | Launch |
|---|---|---|
| ZILBRYSQ® | Sep 2023 | Feb 2024 |
| RYSTIGGO® | Sep 2023 | Nov 2023 |
| BIMZELX® – PsA | Dec 2023 | Dec 2023 |
| BIMZELX® – axSpA | Dec 2023 | Dec 2023 |
| FINTEPLA® – LGS | Apr 2024 | Apr 2024 |
| BRIVIACT®* | Jun 2024 | |
| BIMZELX® – HS | Review ongoing | |

*BRIVIACT with Peds LOE extended to 10Yrs

# DEEP-DIVE CLINICAL PIPELINE & DISEASE AREAS

# Rozanolixizumab: Potential in Multiple IgG Autoantibody-Mediated Diseases With High Unmet Medical Need

| | Myelin oligodendrocyte glycoprotein (MOG)-antibody disease | Severe fibromyalgia |
|---|---|---|
|  | • Auto-antibodies targeting MOG leading to inflammatory demyelination in the CNS | • Pathogenic IgG accumulation in dorsal route ganglia recently associated with severe fibromyalgia |
|  | • Monophasic or relapsing course of neurological dysfunction including optic neuritis (ON), transverse myelitis (TM), and acute disseminated encephalomyelitis (ADEM)<br>• Temporary and residual permanent disability (in particular, blindness, reduced visual acuity and limited mobility, as well as residual permanent bladder issues, bowel and erectile dysfunction) | • Chronic (>3months) and widespread pain<br>• Hypersensivity to pain stimuli<br>• Chronic fatigue<br>• Sleep disturbance<br>• Cognitive impairment |
|  | ~ 1 - 4 / 100 000 | ~ 200 cases / 100 000<br>(diagnosed severe fibromyalgia) |
|  | • No approved therapy<br>• No formal treatment guidelines established | • US: pregabalin, duloxetine and milnacipan<br>• JPN&CHN : pregabalin<br>• EU: nil approved<br>G7 off-label: antidepressants, ASMs, IVIg, PLEX |





IgG = Immunoglobulin G; CNS = Central Nervous System; IV = Intravenous; LGI1 = leucine-rich-glioma inactivated-1; subQ = sub-cutaneous; ASM = Anti-Seizure Medication; PLEX = Plasma Exchange; IVIg = Intravenous immunoglobulin; Rozanolixizumab is an investigational product and is not approved for any of the above indications by any regulatory authority in the world. Rozanolixizumab requires additional studies before any conclusions for safety and efficacy can be made.
UCB - HY 2024 Facts & Figures, July 2024

# Systemic Lupus Erythematosus (SLE)

Lupus is a chronic **disease** that can cause **inflammation** in any part of your body. It's an autoimmune disease, which means that the immune system attacks healthy tissue instead of fighting infections. Lupus most commonly affects: **skin, joints, internal organs,** like your **kidneys and heart**. Because lupus affects many parts of the body, it can cause a lot of different symptoms[1].

## Mortality & Life expectancy

SLE is the **#1 cause of death** among autoimmune diseases **in women aged 15-24** in the US[2]

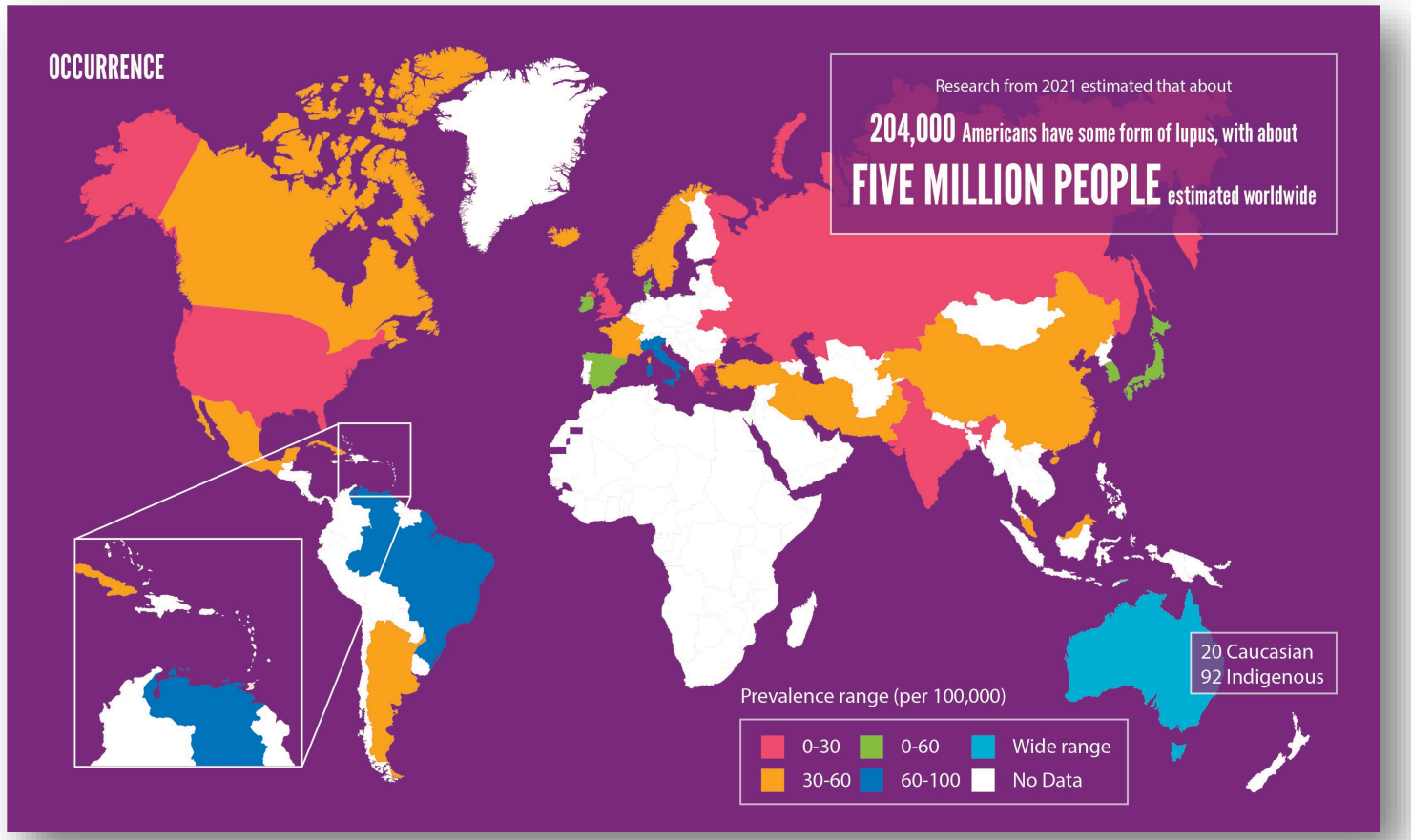
However, due to **improved** diagnosis and **disease management**, most people with lupus can expect to **live a normal life span**

## High unmet medical need

**Focus on underserved patient population**

Minorities:

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








[1] Source: Lupus Foundation of America. https://www.lupus.org/resources/what-is-lupus accessed 23 January 2024; [2] Yen EY, Singh RR. Brief Report: Lupus - An Unrecognized Leading Cause of Death in Young Females: A Population-Based Study Using Nationwide Death Certificates, 2000-2015.
UCB - HY 2024 Facts & Figures, July 2024

# SLE Disproportionately affects Underserved Populations

## Epidemiology

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

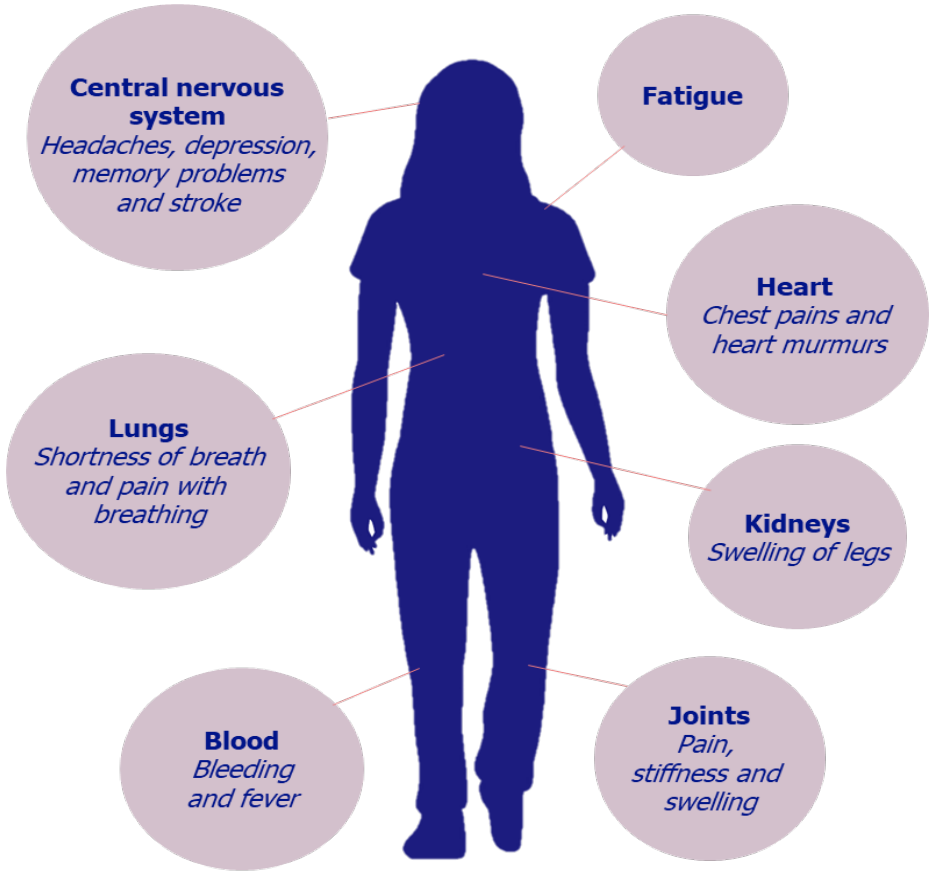
| | |
|---|---|
| **Women** | **90% are women**, of those, 50% are women of childbearing age[1] between 15-45 |
| **Certain racial/ethnic groups** | **two to three times more prevalent** among people who are African American, Asian American, Hispanic/Latino, Native American, or Pacific Islander |

**20 % of people with lupus** will have a **parent** or **sibling** who already has lupus or may develop lupus. About **5% of the children born to individuals with lupus** will develop the illness.

| | |
|---|---|
| **5 million** | People affected by SLE globally |
| **1 in 3** | Lupus patients suffer from multiple autoimmune diseases |

## 90% of people with SLE are women[1]

### Common Symptoms of SLE[2]








[1] Pons-Estel, Guillermo J et al. "Understanding the epidemiology and progression of systemic lupus erythematosus." Seminars in arthritis and rheumatism; [2] Lupus Research Alliance. Lupus Symptom Infographic. Last accessed 29 January 2024; More about lupus on https://www.ucb.com/disease-areas/Lupus; Source: https://www.lupus.org/resources/what-is-lupus accessed 23 January 2024.; *dapirolizumab pegol* is an investigational product and is not approved for any indication by any regulatory authority in the world. *dapirolizumab pegol* requires additional studies before any conclusions for safety and efficacy can be made.

UCB - HY 2024 Facts & Figures, July 2024

# Dapirolizumab Pegol Phase 3 Clinical Development Program

50/50 partnership with Biogen; topline results of 1st Phase 3 study mid-year 2024

**PHOENYCS GO**
(SL0043)
NCT04294667
**312 patients**
1 dosing regimen (dose not disclosed) vs. placebo


Primary endpoint: BICLA response @ week 48
To evaluate the ability of DZP as an add-on treatment to SOC medication to achieve clinically relevant long-term improvement of moderate to severe disease activity





Dapirolizumab pegol is an investigational product currently in clinical development and has not been approved by any health authorities worldwide.
UCB - HY 2024 Facts & Figures, July 2024

# Partnership With Novartis Leverages UCB Sciences

## Sharing high-risk, high-reward, and investments needed for disease-modifying therapies in **Parkinson's disease**

**Minzasolmin**

Potential first-in-class, small molecule, alpha-synuclein, misfolding inhibitor

**Partnered with Novartis[2]**
(December 2021)

**10m** **people are living with Parkinson's Disease (PD) worldwide[1]**

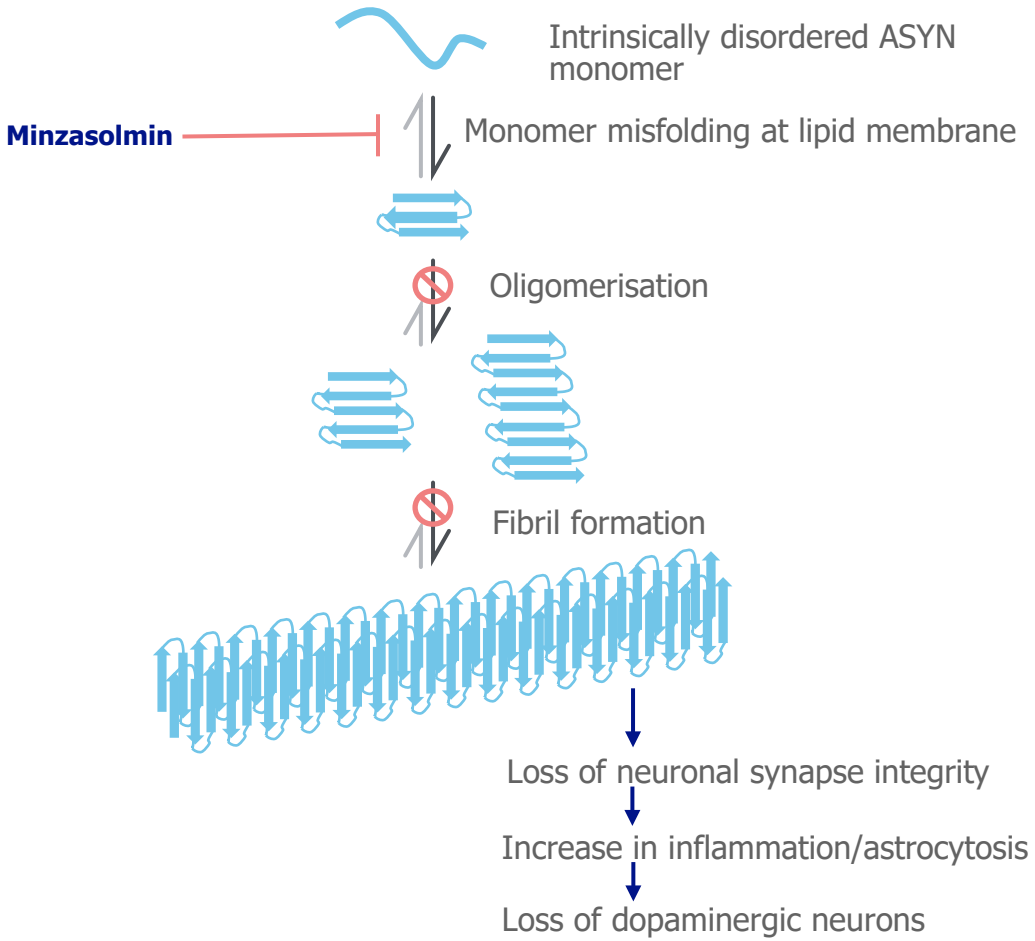
**High unmet need given lack of disease-modifying therapies**

- UCB received **upfront payment** (US$150m) and is eligible to receive further potential payments with a total consideration approaching US$1.5 bn[3]
- If approved, **commercial responsibilities** will be **split**, with UCB being the marketing authorization holder and commercial lead in **Europe** and **Japan**, and Novartis in the US and all other territories



[1] Parkinson's Foundation. Parkinson's Disease Statistics. https://www.parkinson.org/Understanding-Parkinsons/Statistics; [2] Closing of the transaction remains subject to obtaining antitrust clearances; [3] Upon receipt of certain regulatory approvals and satisfying certain development and sales related milestones; Minzasolmin is an investigational product currently in clinical development and has not been approved by any health authorities worldwide.

# Minzasolmin is an Oral Small Molecule Inhibitor of ASYN Misfolding




## Minzasolmin

- Minzasolmin is an oral small molecule that binds to **ASYN early** in the pathological aggregation process[1,2]
- Minzasolmin is thought to **prevent the initial misfolding of ASYN** that leads to fibril formation and consequent progression of PD[1–5]
- A **Phase 2** study is underway to evaluate the efficacy of Minzasolmin in slowing **disease progression** in patients with early-stage Parkinson's disease (ORCHESTRA study; PD0053; NCT04658186)[6–8]

ASYN = α-synuclein; PD = Parkinson's disease;
[1] Genius. Poster P8476 at the 73rd Annual Meeting of the AAN, Virtual Conference, 17–22 April 2021; [2] Maguire. Oral presentation OPP-093 at the 7th Congress of the EAN, Virtual, 19–22 June 2021; [3] Chen et al. PNAS. 2015; 112: E1994–E2003; [4] Cardinale et al. Int J Mol Sci. 2021; 22: 6517; [5] UCB Data on File, Investigator's Brochure, Sep 2020. [6] ClinicalTrials.gov https://clinicaltrials.gov/ct2/show/study/NCT04658186#studydesign; [7] ORCHESTRA Study https://orchestra-study.com/en-uk/about-clinical-studies/; [8] UCB Clinical Trial PD0053 https://www.ucb.com/clinical-studies/Clinical-Trials?studyId=PD0053; Minzasolmin is an investigational product currently in clinical development and has not been approved by any health authorities worldwide.

# A Phase 2, Proof-Of-Concept Study of Minzasolmin in Early Parkinson's Disease (The Orchestra Study; PD0053) is Underway

## NCT04658186[1] / EudraCT 2020-003265-19[2]


### Patients[1]

- Participants will be randomized to receive either a predefined high or low dosage of Minzasolmin or a placebo dosage.
- Adults (aged 40–75 years) with confirmed PD within 2 years of baseline visit
- Bradykinesia plus muscular rigidity and/or resting tremor
- Modified Hoehn and Yahr stage ≤2.5 at screening
- No prior medication for PD motor symptoms or likely need for symptomatic treatment within 6 months
- Has not previously participated in disease-modifying treatment studies for neurodegenerative diseases

### Primary endpoint[1]

- MDS-UPDRS Parts I-III sum score (BL–18 months)

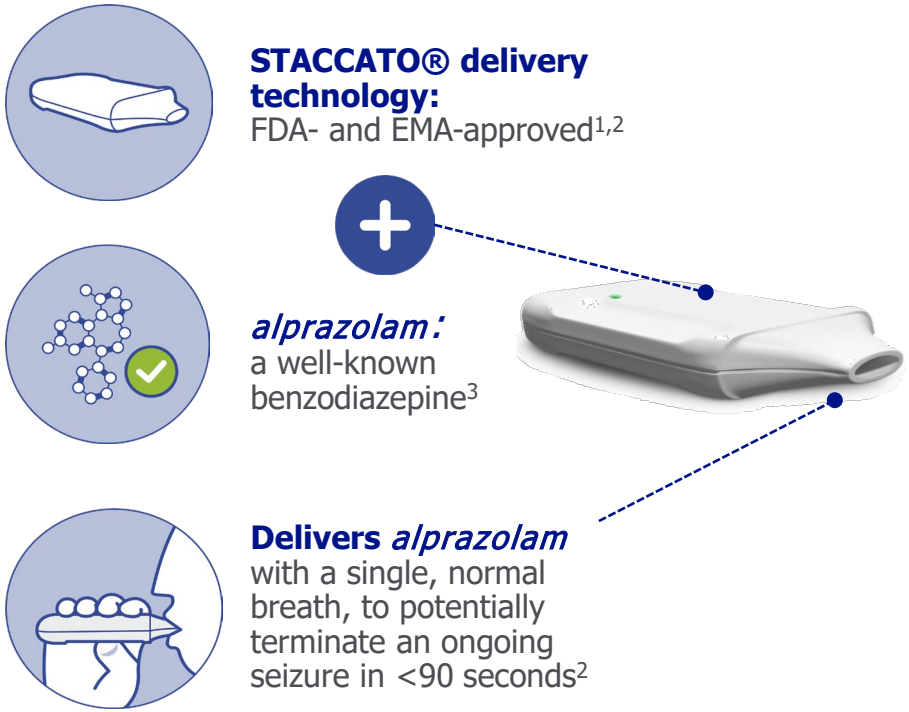
### Secondary endpoints[1]

- Clinical symptoms
  - Individual MDS-UPDRS subscale scores (BL–18 months)
  - Time to worsening of disease (BL–18 months)
  - Change in MoCA (screening–18 months)
  - Number of patients receiving symptomatic treatment
  - Time to start symptomatic treatment (BL–18 months)
- Neurodegeneration
  - Change in DaT-SPECT mean striatum SBR (screening–18 months)
- Safety: Incidence of TEAEs and SAEs; TEAEs leading to withdrawal (BL–19 months)

BL = baseline; DaT-SPECT = Dopamine Transporter Imaging with Single Photon Emission Computed Tomography; EU = European Union; MDS-UPDRS = Movement Disorder Society Unified Parkinson's Disease Rating Scale; MoCA = Montreal Cognitive Assessments; PD = Parkinson's disease; R = randomised; SAEs = Serious Adverse Events; SBR = Specific Binding Ratios; TEAEs = Treatment-emergent Adverse Events;
[1] ClinicalTrials.gov https://clinicaltrials.gov/ct2/show/study/NCT04658186; [2] EU Clinical Trials Register https://www.clinicaltrialsregister.eu/ctr-search/search?query=2020-003265-19; Minzasolmin is an investigational product currently in clinical development and has not been approved by any health authorities worldwide.

# Developing STACCATO® *alprazolam* for Rapid Cessation of an Ongoing Seizure in Patients With Stereotypical Prolonged Seizures

STACCATO® *alprazolam* is a drug-device combination for inhalation of alprazolam, administered by a patient or care giver 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 seizure termination for **20 - 30% of people** living with epilepsy
- The STACCATO® system rapidly vaporizes alprazolam to form an aerosol, with particle size designed for deep lung delivery to produce a rapid, systemic effect
- Phase 2b clinical trial completed (end 2019); **Phase 3 started Q4 2021**; **topline results in H1 2026**
- UCB to perform further clinical development, regulatory filings, launch and commercialization



STACCATO® *alprazolam* is an investigational product and is not approved for any indication by any regulatory authority in the world. STACCATO® *alprazolam* requires additional studies before any conclusions for safety and efficacy can be made.
Image is for illustrative purposes only. EMA, European Medicines Agency; FDA Food and Drug Administration.
[1] Alexza Pharmaceuticals. Staccato® One Breath Technology. Available at https://staccatoobt.com (accessed November 2020); [2] UCB. Data on file. Engage Therapeutics. It's About Time: Finding The Power to Terminate Epileptic Seizures. April 2020. Confidential Overview; [3] French JA, et al. *Epilepsia* 2019;60:1602-609.

# STACCATO® *alprazolam* Phase 3 Clinical Development Program

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

**EP0162** / NCT05077904

*A Study to Test the Efficacy and Safety of STACCATO® alprazolam in Study Participants 12 Years of Age and Older With Stereotypical Prolonged Seizures*

Maximum of 250 participants randomized to a single dose of STACCATO® *alprazolam* or placebo

Primary outcome measures:

- Treatment success for the treated seizure within 90 seconds after investigational medicinal product administration
- Treatment success for the treated seizure with no recurrence after 2 hours

**EP0165** / NCT05076617

*A Study to Test the Safety and Tolerability of STACCATO® alprazolam in Study Participants 12 Years of Age and Older With Stereotypical Prolonged Seizures*

Approximately 250 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 2024 Facts & Figures, July 2024

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

## CDKL5 Deficiency Disorder (CDD)

**~4k - 5k**
US, EU, JP prevalence

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

**>70%** of patients experience daily seizures

Many individuals at high risk of SUDEP

**Phase 3 trial ongoing** **Topline results H2 2024**

Novel, complementary MOA with demonstrated impact on refractory seizure disorders





ASM = Antiseizure medications; CDKL5 = Cyclin-dependent kinase-like 5; MOA = Mode of action; SUDEP = Sudden Unexpected Death in Epilepsy;
Sources: Specchio et al., 2022, Epilepsia; Zuberi et al., 2022, Epilepsia; Fenfluramine is an investigational product and is not approved for the indication by any regulatory authority in the world.

# CDKL5 Deficiency Disorder (CDD)

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

### Cyclin-dependent kinase like-5 (CDKL5) deficiency disorder (CDD)

CDD can manifest in a broad, complex range of clinical symptoms and severity.[3]The hallmarks are early-onset epilepsy and neurodevelopmental delay impacting cognitive, motor, speech, and visual function. In 90% of patients, early onset of seizures are observed in the first year of life, usually at six weeks of age.[4] The highly refractory nature of epilepsy in CDD puts many individuals with CDD at **high risk for SUDEP** (Sudden Unexpected Death in Epilepsy).[10]

### CDD by the Numbers

- 2.36 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% by 12 months of age [5,7,9]

### DIAGNOSIS

**Not Understood**

The cause of CDD is not known at this time. CDKL5 gene mutations have been found in children diagnosed with Infantile Spasms, West Syndrome, Lennox-Gastaut syndrome, Rett Syndrome, cerebral palsy, autism, and intractable epilepsy of unknown origin.[4]

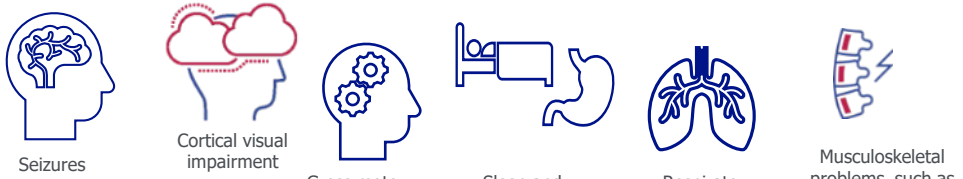
**♀4x**

more **common in girls** than boys

### Types of Seizures

- Most common initial seizure type at onset was tonic seizures, followed by infantile (or epileptic) spasms and generalized tonic-colonic seizures, and focal seizures
- Over time, epileptic spasms, followed by tonic, myoclonic, and then generalized tonic-colonic are the most common seizure types
- Infantile (epileptic) spasms, abnormal waves, irregular spikes, and developmental regression are more commonly seen in CDD (and West Syndrome) than in other early-life genetic epilepsies[9]

### 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]

### Impact on Caregivers

- Increasing child sleep disturbances also have a negative impact on caregiver emotional wellbeing[5]
- Caregivers often give up their careers in order to provide their children a wide range of treatment and multidisciplinary care to manage the symptoms of CDD[7]
- The broad range of symptoms and health conditions, diagnosis, and access to syndrome-specific family support can be considerably delayed, adversely affecting caregiver wellbeing and possibly also the family quality of life[8]



[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. Fenfluramine is an investigational product and is not approved for the indication by any regulatory authority in the world.

# Bepranemab (UCB0107, Anti-Tau Antibody)

- In July 2020, UCB entered a worldwide, exclusive license agreement with Roche and Genentech (a member of the Roche group) for the global development and commercialisation of *bepranemab* in Alzheimer's disease (AD)
- UCB will fund and perform a proof-of-concept study in AD and upon availability of the results Genentech will progress with the development of *bepranemab* or return full rights back to UCB

In AD, amyloid β peptides form plaques and pathological tau proteins misfold and form intracellular aggregates, which accumulate within the brain leading to neurodegeneration.[1,2] Clinical progression is closely linked to the progressive spread of tau pathology throughout the brain.[1]

Pathological tau aggregates or 'seeds' can spread between neurons propagating disease[3,4]

*Bepranemab* is a fully humanised, full-length IgG4 monoclonal anti-tau antibody[5] that is currently under investigation for the treatment of AD[6]

*Bepranemab* aims to reduce the progression of disease by binding extracellular pathological tau and slowing down or halting the spread of tau neuropathology[1,3,5]

AD = Alzheimer's disease; IgG = immunoglobulin G.; [1] Courade JP, *et al. Acta Neuropathol.* 2018;136:729–45; [2] Bloom G. *JAMA Neurol.* 2014;71:505–8; [3] Albert M, *et al. Brain.* 2019;142:1736–50; [4] Colin M, *et al. Acta Neuropathol.* 2020;139:3–25; [5] Buchanan T, *et al*. Presented at the International Congress of Parkinson's Disease and Movement Disorders, 2019: Abstract LBA3; [6] NCT04867616. Available at: https://clinicaltrials.gov/ct2/show/NCT04867616 (Accessed September 2021). bepranemab is an investigational product and is not approved for any indication by any regulatory authority in the world. Bepranemab requires additional studies before any conclusions for safety and efficacy can be made.

# Together (AH0003): Overview and Study Design

A Phase 2 study in people living with AD – Recruitment for this study was completed, topline results Q4 2024

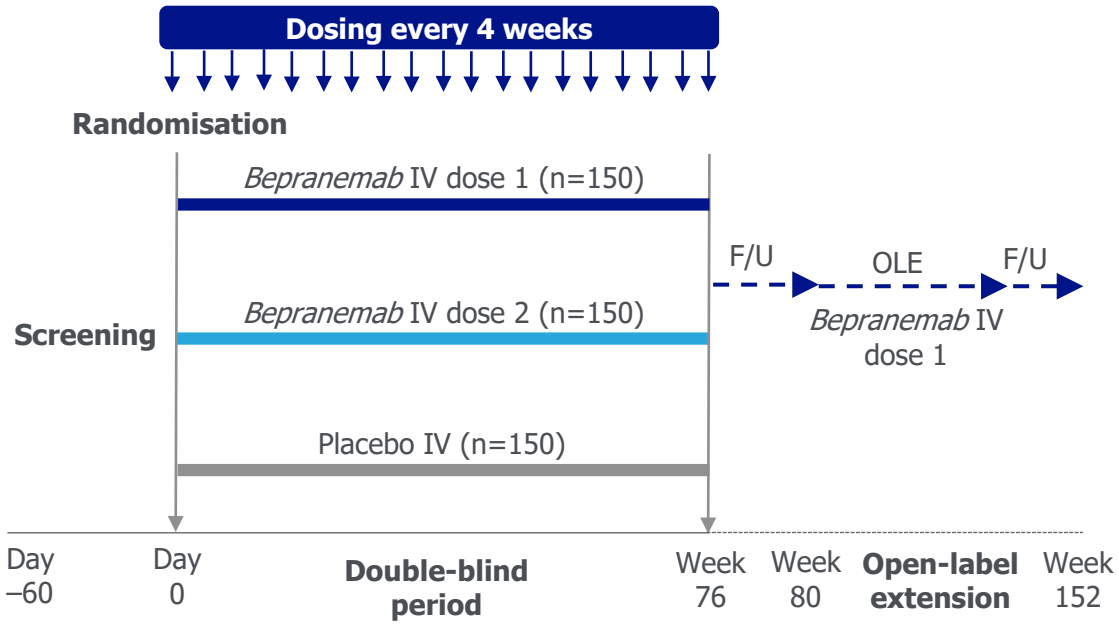
## Objective

- To evaluate the efficacy, safety, and tolerability of bepranemab in people with prodromal and mild AD[1]

## Inclusion criteria

- Prodromal or mild AD*
- MMSE score ≥20 to ≤30
- Aβ biomarker-positive (CSF or PET)
- If receiving an AD symptomatic treatment, must be stable for at least 3 months prior to screening

## Design




## Endpoints

### Primary:

- Change from baseline in CDR-SB at Week 80

### Key secondary:

- Safety and tolerability of bepranemab
- Effect on tau PET imaging at Wk 56 and Wk 80
- Change from baseline in cognitive clinical measures
- Pharmacokinetics



*Anticipated enrolled population will be approximately 40% with prodromal/MCI due to AD (n=180), and 60% with mild AD (n=270). Aβ, amyloid beta; AD = Alzheimer's disease; CDR-SB = Clinical Dementia Rating scale Sum of Boxes; CSF = Cerebrospinal Fluid; F/U = follow-up; MCI = Mild Cognitive Impairment; MMSE = Mini Mental State Examination; OLE = Open-label Extension; PET = Positron Emission Tomography; [1] NCT04867616. Available at: https://clinicaltrials.gov/ct2/show/NCT04867616 (Accessed September 2021). bepranemab is an investigational product and is not approved for any indication by any regulatory authority in the world. Bepranemab requires additional studies before any conclusions for safety and efficacy can be made; UCB, Data on file, Protocol AH0003, 2020.

# Thymidine Kinase 2 Deficiency

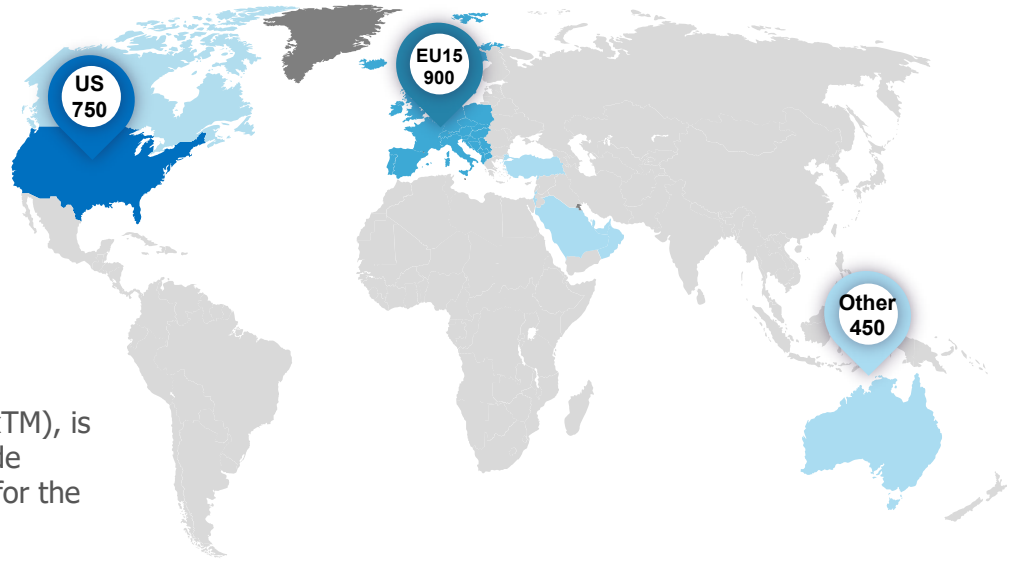
## An ultra-rare debilitating and life-threatening (often fatal) genetic mitochondrial disorder

### Thymidine Kinase 2 deficiency (TK2d)

Is a rare, inherited, debilitating, and life-threatening mitochondrial disorder that causes severe and progressive muscle weakness. Patients lose the ability to walk, eat and breathe independently

### Prevalence

There are an estimated ~2,100 TK2d patients in the targeted geographies[1]




### Treatment

There are no medicinal products approved for the treatment of Tk2d. Standard of Care is limited to supportive and palliative care aimed at preserving motor functions and preventing respiratory failure

### Mechanism of Action

Doxecitine and doxribtimine (doxTM), is an investigational deoxynucleoside substrate enhancement therapy for the treatment of TK2d

**Management Goals**

#### Infants

- Extremely poor prognosis and often fatal within a few years
- Require palliative care such as mechanical ventilation, feeding tubes and sedation
- Psychological support for parents

#### Children

- Ultimate goal is to prolong life to help reach developmental milestones (e.g. able to sit up, crawl, talk, walk)
- Ensure adequate respiratory support (if/when needed)
- Support psychological development

#### Adults

- Ultimate goal is to maintain independence for as long as possible
- Preserve muscle and respiratory function
- Ensure adequate respiratory support (if/when needed)
- Provide psychological support when needed (depression and anxiety very common)





[1] Zogenix epidemiology research 2018 and 2021; doxTM is an investigational product and is not approved for any indication by any regulatory authority in the world.
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# UCB9741 - Atopic Dermatitis (AtD)

## A Phase 2a study in people living with AtD – Results in H2 2024

A Multicenter, Double-blind, Placebo-controlled, Randomized Study

### Objective

- Evaluate the safety, PK and efficacy following repeat dosing of UCB9741 in study participants with moderate to severe AtD

### Inclusion criteria

- Participants with atopic dermatitis (AtD) aged 18-65
- Moderate or severe AtD present for at least 12 months
- Recent history of inadequate response to treatment with topical medications or topical treatments are confirmed to be otherwise medically inadvisable

### Design

| Participant Group/Arm | Intervention/Treatment |
|---|---|
| Experimental: - Intravenous UCB9741 arm. Participants receive pre-specified intravenous doses of UCB9741 | Drug: UCB9741 – Participants receive repeat dose UCB9741 during the Treatment Period |
| Placebo Comparator - Intravenous Placebo arm. Participants receive intravenous Placebo to maintain the blinding | Drug: Intravenous Placebo – Participants receive repeat dose Placebo during the Treatment Period |

### Endpoints

**Primary:**

- Incidents of TEAEs and TESAEs from Baseline through the EOS Visit (Week 18)
- ≥75% improvement vs Baseline in EASI score (EASI75) at Week 12

**Key secondary:**

- PK parameters from Baseline through Week 12
- Percent change from Baseline in EASI score at Week 12
- ≥50% improvements vs Baseline in EASI score (EASI50) at Week 12
- ≥90% improvements vs Baseline in EASI score (EASI90) at Week 12





Note: This is a Phase 1/2a study – this slide details Part B of study (2a). Refer to ClinicalTrails.Gov for Part A details.
UCB - HY 2024 Facts & Figures, July 2024

# UCB1381 - Atopic Dermatitis (AtD)

## A Phase 2a study in people living with AtD – Results in H2 2024

A Multicenter, Double-blind, Placebo-controlled, Randomized Study

### Objective

- Evaluate the safety, PK and efficacy following repeat dosing of UCB1381 in study participants with moderate to severe AtD

### Inclusion criteria

- Participants with atopic dermatitis (AtD) aged 18-65
- Moderate or severe AtD present for at least 12 months
- Recent history of inadequate response to treatment with topical medications or topical treatments are confirmed to be otherwise medically inadvisable

### Design

| Participant Group/Arm | Intervention/Treatment |
|---|---|
| Experimental: - Intravenous UCB1381 arm. Participants receive pre-specified intravenous doses of UCB1381 | Drug: UCB1381 – Participants receive repeat dose UCB1381 during the Treatment Period |
| Placebo Comparator - Intravenous Placebo arm. Participants receive intravenous Placebo to maintain the blinding | Drug: Intravenous Placebo – Participants receive repeat dose Placebo during the Treatment Period |

### Endpoints

**Primary:**

- Incidents of TEAEs and TESAEs from Baseline through the EOS Visit (Week 22)
- ≥75% improvement vs Baseline in EASI score (EASI75) at Week 12

**Key secondary:**

- PK parameters from Baseline through Week 12
- Percent change from Baseline in EASI score at Week 12
- ≥50% improvements vs Baseline in EASI score (EASI50) at Week 12
- ≥90% improvements vs Baseline in EASI score (EASI90) at Week 12





Note: This is a Phase 1/2a study – this slide details Part B of study (2a). Refer to ClinicalTrials.Gov for Part A details.
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