Further Facts & Figures

UCB's Decade+ of Growth
Elevating lives of people
through our medicines

"Investors' Book"

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

Disclaimer & safe harbor

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

Important factors that could result in such differences include but are not limited to: global spread and impacts of wars, pandemics and terrorism, the general geopolitical environment, climate change, changes in general economic, business and competitive conditions, the inability to obtain necessary regulatory approvals or to obtain them on acceptable terms or within expected timing, costs associated with research and development, changes in the prospects for products in the pipeline or under development by UCB, effects of future judicial decisions or governmental investigations, safety, quality, data integrity or manufacturing issues, supply chain disruption and business continuity risks; potential or actual data security and data privacy breaches, or disruptions of our information technology systems, product liability claims, challenges to patent protection for products or product candidates, competition from other products including biosimilars or disruptive technologies/business models, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in tax laws or the administration of such laws, and hiring, retention and compliance 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, the public is cautioned not to place any undue reliance on such forward-looking statements. These forward-looking statements are made only as of the date of this document, and do not reflect any potential impacts from the evolving event or risk as mentioned above as well as any other adversity, unless indicated otherwise. The company continues to follow the development diligently to assess the financial significance of these events, as the case may be, to UCB.

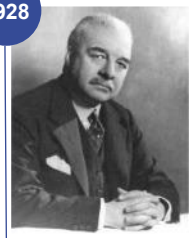
UCB expressly disclaims any obligation to update any forward-looking statements in this document, either to confirm the actual results or to report or reflect any change in its forward-looking statements with regard thereto or any change in events, conditions or circumstances on which any such statement is based, unless such statement is required pursuant to applicable laws and regulations.

INTRODUCTION

UCB Story – Since 1928

Continuous adaptation to the changing ecosystem

1928



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

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

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

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 (levetiracetam)

2004

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

Acquisition of Celltech Group Ltd, a leading British biotechnology company

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

2006

Neupro

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

2008

cimzia (certolizumab pegol)

VIMPAT (lacosamide)

2016

BRIVIACT

2019

EVENITY (romosozumab-aqqg)

Nayzilam (midazolam) nasal spray

2021

Bimzelx (bimekizumab)

2022

Fintepla

Through acquisition of Zogenix, Inc.

2023

RYSTIGGO® (rozanolixizumab-noli)

2024

ZILBRYSQ® (zilucoplan) Injection

Note: the timeline is not proportionated.

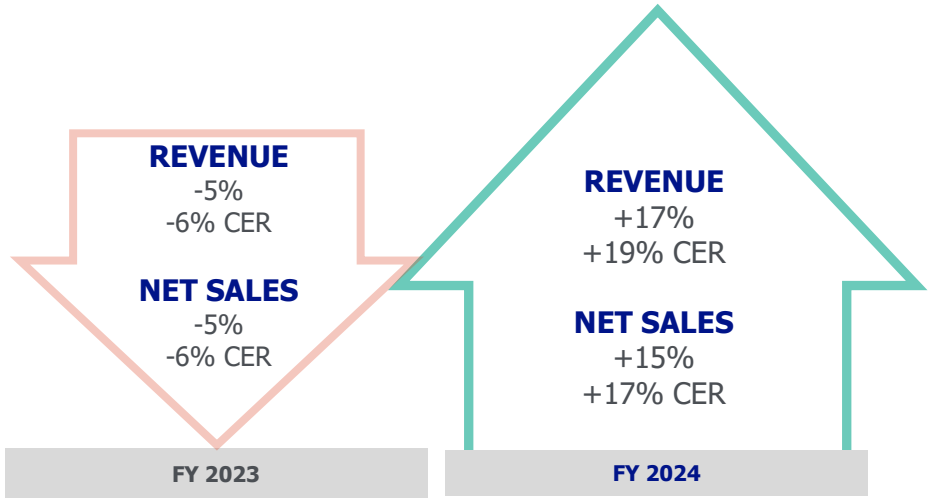
UCB – FY 2024 Facts & Figures, February 2025

Strong Launch Execution Driving Company Growth

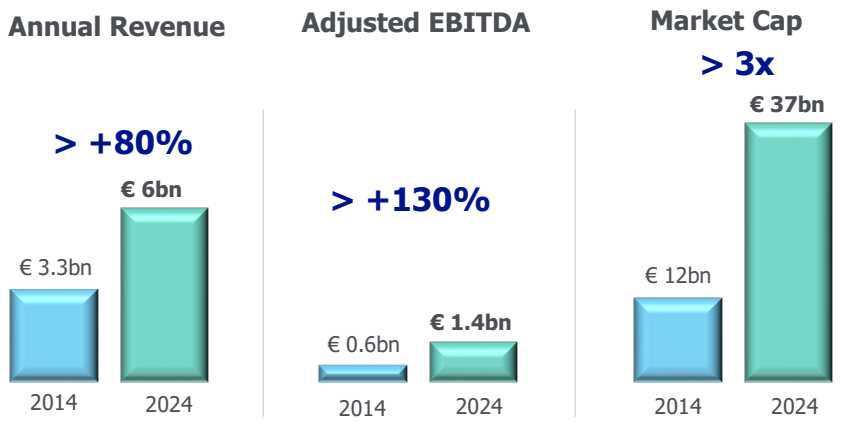
Net sales from the Five Growth Drivers
tripled to > € 1.3bn up from €450m in 2023

Bimzelx® (bimekizumab)	**First and only IL-17A & IL-17F** inhibitor
RYSTIGGO® rozanolixizumab	**First agent** for **anti-AChR+** & **anti-MuSK+** gMG
ZILBRYSQ® zilucoplan	**First and only once-daily** subcutaneous C5 inhibitor
Fintepla® (fenfluramine)	**Foundational** therapy in DS, a **recognized option** in LGS
EVENITY® (romosozumab-aqqg)	Only **sclerostin-inhibitor & leader in Bone-Builder**

FY 2024
A year of **execution**



10 Years of Strong Growth and Value Creation…
with more to come

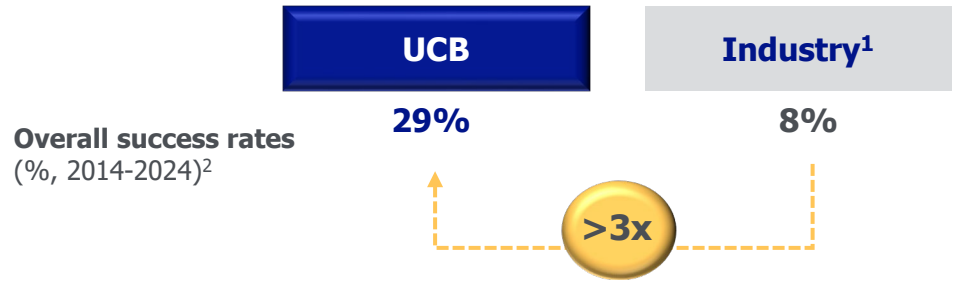


AChR+ = Acetylcholinesterase Receptor Positive; CER = Constant Exchange Rates; DS = Dravet Syndrome; EBITDA = Earnings before Interest Taxes Depreciation & Amortization; gMG = generalized Myasthenia Gravis; IL = interleukin; LGS = Lennox-Gastaut Syndrome; MUSK+ = Muscle Specific Kinase Positive.

Breakthrough Innovation Progress

R&D and Regulatory Achievements

Industry-leading R&D Productivity



Overall success rates
(%, 2014-2024)[2]

Multiple approvals in key regions for key growth drivers

Bimzelx® (bimekizumab)
9 approvals:
All indications in U.S., EU, Japan

RYSTIGGO® rozanolixizumab
Approved in **EU**

Fintepla® (fenfluramine)
Approved in **Japan in LGS**

2024 Innovation Progress

DAPIROLIZUMAB PEGOL
Systemic Lupus Erythematosus
Positive results 1st Ph-3, presented at **ACR, 2nd Ph-3 started**

UCB9741/GALVOKIMIG
Atopic Dermatitis
Positive proof of concept data, to be presented at an upcoming scientific conference

DOXECITINE AND DOXRIBTIMINE
(TK2d)
Filed by the US - with **granted priority review** - & the European authorities

BEPRANEMAB
Alzheimer's Disease
Encouraging Ph-2a data presented at **CTAD**

ROZANOLIXIZUMAB
AIE
Phase 2a did **not show efficacy, safety in line** with previous report terminated

MINZASOLMIN
Parkinson's Disease
Primary and secondary clinical endpoints not met terminated

ROZANOLIXIZUMAB
severe fibromyalgia syndrome
Phase 2a did not meet **predefined criteria for progression** - terminated

NEUROLOGY
IMMUNOLOGY

1. IQVIA: Global Trends in R&D 2024: Activity, productivity, and enablers (period 2010-2023); 2. Phase 1 to Submission; CTAD = Clinical Trials on Alzheimer's Disease conference; ACR = American College of Rheumatology; TK2 = thymidine Kinase 2 deficiency; AIE = autoantibody-positive autoimmune encephalitis.

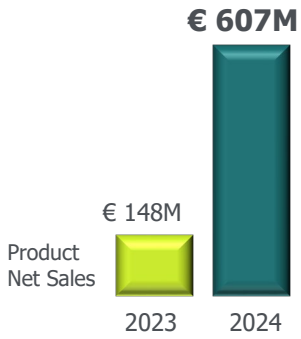
Strong Launch Execution & Extra-Financial Performance

Net Sales of € 5.6 bn: +15%; +17% CER

Bimzelx® (bimekizumab)

Available for all indications in key markets
Peak Sales of >€ 4bn (2030)

>4X



Fintepla® (fenfluramine)

Increased patient reach
Peak Sales of >€ 800m (2027)

+50%

RYSTIGGO® rozanolixizumab

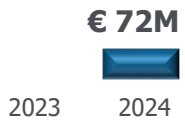
Launch acceleration leading to strong performance in 2024

>10x

ZILBRYSQ™ zilucoplan

Launched globally since April 2024, achieving new patients starts

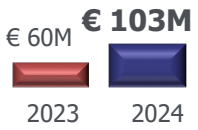
Launched in 2024



EVENITY® (romosozumab-aqqg)

>900k patients reached*
Net partner contribution of € 481M, +31%

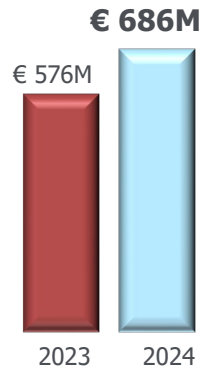
+71%



BRIVIACT®

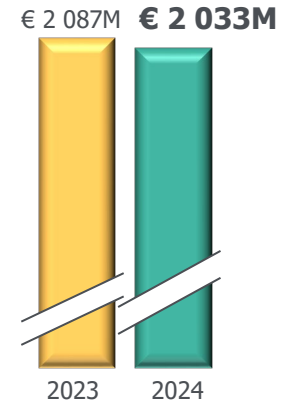
Net sales of € 686m, reaching its peak sales two years ahead of 2026

+19%



cimzia® (certolizumab pegol)

>€ 2bn net sales for the third consecutive year, capturing volume growth and price pressure



Advancing on our **Sustainability journey**

Improved access to our medicines

SBTi validation for our **ambitious Net Zero Targets**

Sustainalytics ranking: UCB #1
Biotechnology sector
CDP: A- score
climate and water security

*Since launch; **Access Coverage Performance index which measures attainment and retention of market access (defined by negotiated reimbursement listing or a negotiated managed access program) coverage for UCB products, improved from 68% to 82%; SBTi= Science Based Targets initiative.

Delivering Topline Growth & Investing behind Execution

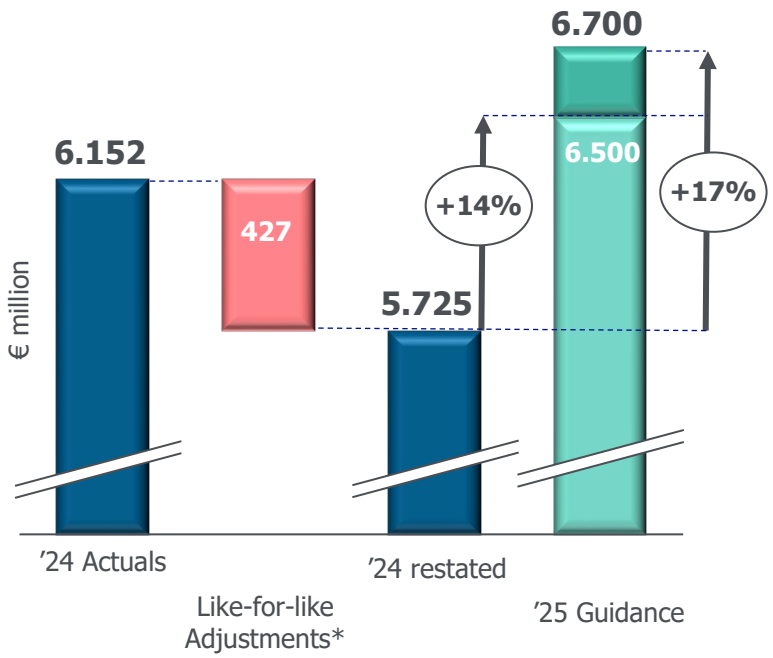
			FY 2024	Actual	CER
Revenue	**Net Sales € 5 613m (+15%; +17% CER)** - strong launch execution **Other revenue € 461m (+50%; +50%)** - sale of rights to 2 established brands, minzasolmin termination		**6 152**	17%	19%
Adjusted Gross Profit	**Margin 78.3% after 76.8%** - Favorable product mix driving gross margin expansion		**4 819**	19%	22%
Total OPEX[1] € 3 564m (+23%; +23% CER)	**Marketing and selling expenses**	Strong investment in launches, incl. DTC and dedicated sales force for HS	**2 075**	30%	30%
	R&D expenses	Continued investments in UCB's innovative R&D pipeline; R&D ratio 29%	**1 781**	9%	9%
	General & admin expenses	One-time, additional resources for the new organization model & LTI	**272**	18%	18%
	Other operating income[2]	€ 481m net partner contribution (+31%) from EVENITY®	**564**	0%	0%
Adjusted EBITDA[3]	**Adjusted EBITDA / revenue ratio 24.0% after 25.7% in 2023**		**1 476**	9%	18%
Profit	**Tax Rate 8%** **(adjusted tax rate 14%)**	Double-digit revenue growth, higher operating expenses and significant contribution from the gain on disposals	**1 065**	>100%	>100%
Core EPS[4]	Based on 190 million weighted average shares outstanding		**4.98**	19%	32%

1. Operating expenses; 2. Sale of established brands portfolio for €145m in 2023 booked under this line; 3. Earnings before Interest Taxes Depreciation & Amortization; 4. Core EPS= Earnings Per Share adjusted for the after-tax impact of to be adjusted items, the financial one-offs, the after-tax contribution from discontinued operations and the net amortization of intangibles linked to sales, total number of shares 194.5 M; CER = Constant Exchange Rates; DTC = Direct to Consumer; HS = Hidradenitis Suppurativa; LTI = long-term incentives; m = million.

Progressing on our Decade+ of Growth

Delivering strong growth, innovation and improved profitability

Like for like, expected **revenue to** increase between **+14% and +17% y-o-y**



2025 Financial Guidance**

€ 6.5-6.7bn
REVENUE

- **Underlying** top line growth of 14%-17%
- **Strong growth** driven by BIMZELX®, FINTEPLA®, RYSTIGGO®, ZILBRYSQ®, EVENITY®, BRIVIACT®, despite impact of 340B and IRA across portfolio.
  CIMZIA® volume growth expected to be overcompensated by pricing pressure

30%
Adj. EBITDA MARGIN

- Continued **gross margin improvement**
- **Operating Leverage improvement,** continued growth of marketing and sales expenses driven by top-line growth and relatively stable R&D expenses
- Continued **EVENITY® earnings contribution**

€ 6.80-7.40
CORE EPS

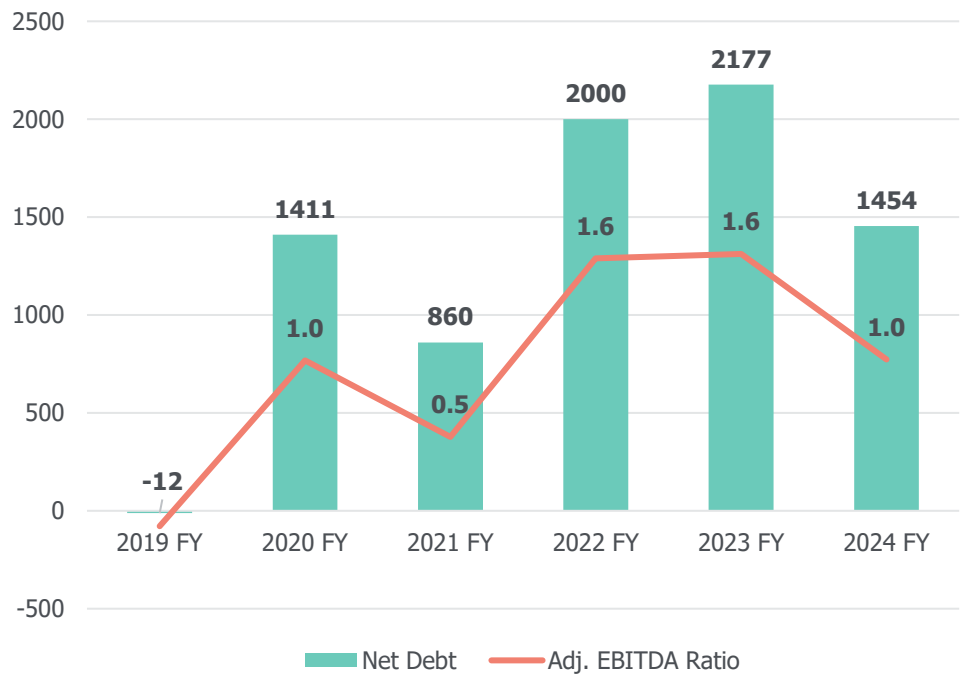
- **Tax Rate ~15%****
- **190M weighted average shares** outstanding

bn= billion; EBITDA = Earnings before Interest Taxes Depreciation & Amortization; EPS = Earning per Share; IRA = Inflation Reduction Act; y-o-y= year-over-year; * Adjustments = contribution to topline from divestments (proceeds and net sales) + Minzasolmin termination; ** Based on current rules and regulations

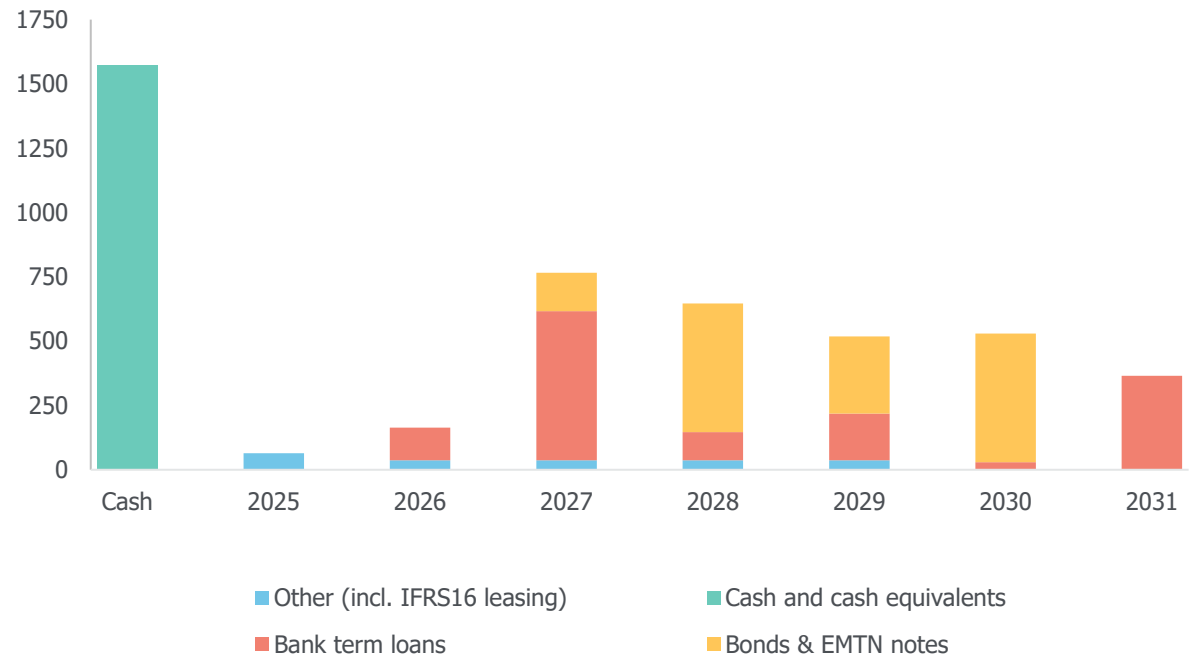
UCB – FY 2024 Facts & Figures, February 2025

Net Debt & Debt Maturity Schedule

Net debt / adjusted EBITDA ratio



Debt Maturity Schedule (as of 31 December 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

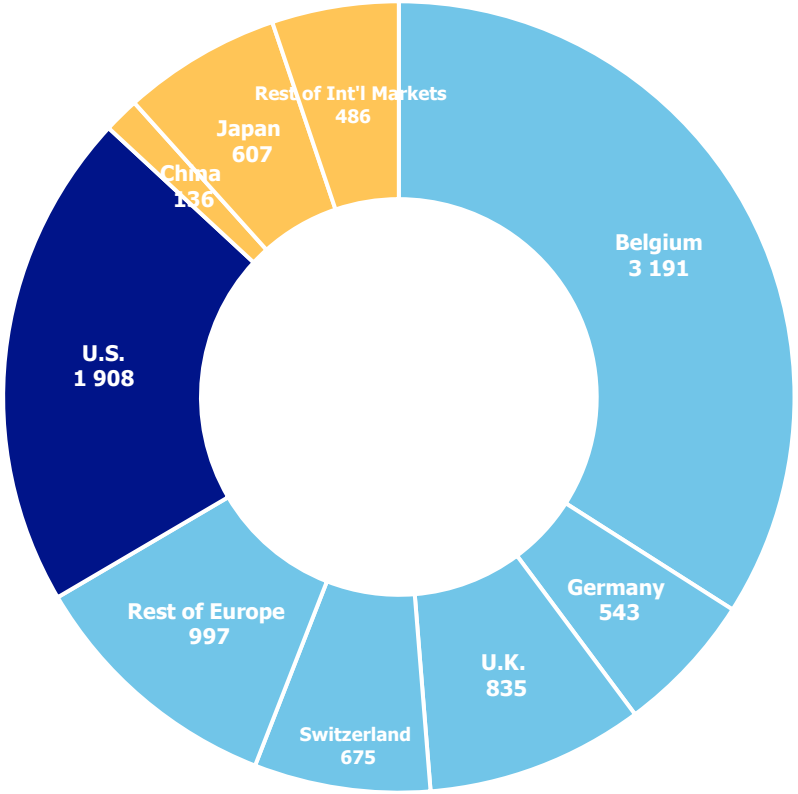
> Our people are key to deliver on our ambition

9 378*
Employees Worldwide

1 817
New colleagues

51 / 49
Women / Men

9.5%
Employee turnover



*As of **December 2024**; CEO office consists of departments reporting directly to the CEO, including the Sustainability team and the Internal Audit team.

UCB – FY 2024 Facts & Figures, February 2025

OUR INNOVATION

UCB's Epilepsy solutions

Keppra® levetiracetam	VIMPAT® lacosamide	BRIVIACT® (brivaracetam)	Nayzilam® (midazolam) nasal spray	Fintepla® (fenfluramine)
• Epilepsy POS • Epilepsy PGTCS • Epilepsy myoclonic seizures	• Epilepsy POS (pediatric label extension in US, Oct. 2021, and EU CHMP positive opinion, Jan. 2022) • POS down to 4 years in Japan and China • Epilepsy PGTCS	• Epilepsy POS • Adj. therapy • Monotherapy (US) • pediatric label extension in US, Aug. 2021, and EU • CHMP positive opinion, Jan. 2022)	• Epilepsy seizure clusters (US - 2019) – orphan disease designation	• Dravet-syndrome – Approved and launched in US, EU, JPN; ODD in US, EU, JP • Lennox-Gastaut syndrome – Approved and launched in US, EU; ODD in US, EU, JP
• **>1.8 million** patients globally*	• **>570 000** patients globally*	• **>230 000** patients globally*	• **>93 000** patients in the U.S.**	• **>7 600** patients globally*
• Otsuka (Japan – 2008-2020)	• Daiichi Sankyo (Japan – 2014)		• US only (in-licensed from Proximagen, 2018)	• Acquisition of Zogenix, Inc. in 2022
• 2008 (US) • 2010 (EU) • 2020 (Japan)	• 2022 (US & EU) • 2024 (Japan)	• **2026** (US) • **2026** (EU) • **2032** (Japan)	• **2028** (US)	• **2030** (EU)*** • **2032** (Japan) • **2033** (US)
• Peak sales: € 1.3 billion (2008)	• Peak sales: € 1.5 billion (2021)	• Peak sales guidance: € 600 million by 2026		• Peak sales guidance: € 800 million by 2027

*MAT Q3/2024; ** As of December 2024; ***not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative; CHMP = Committee for Medicinal Products for Human Use; ODD = Orphan Drug Designation; POS = Partial Onset Seizures, also known as focal seizures; PGTCS = Primary Generalized Tonic-Clonic Seizures; MAT = Moving Annual Total.
UCB – FY 2024 Facts & Figures, February 2025

Focus on Epilepsy

>2.5 million*
epilepsy patients under care worldwide in 2024

UCB-originated epilepsy medicines touching the lives of **>40% of epilepsy patients** in the U.S. and Europe and of **~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 10/2024 MAT = Moving Annual Total.
UCB – FY 2024 Facts & Figures, February 2025

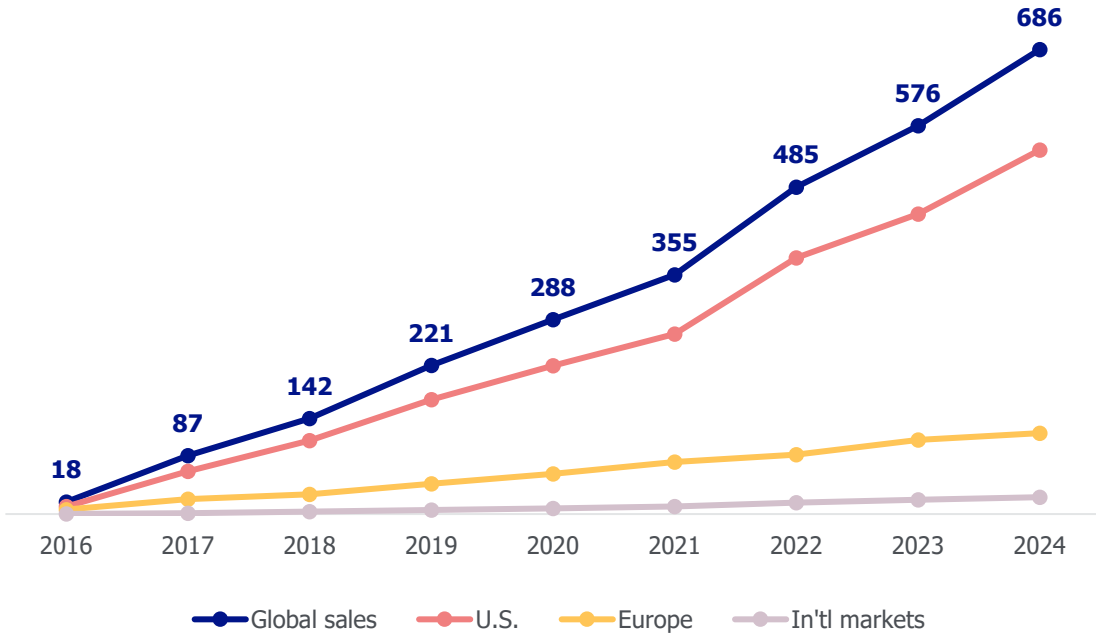
Focus on BRIVIACT®

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

Showed **significant growth** (19.6% CER), reaching peak sales target of **€600 million two years ahead of target**

Approved in Japan in June 2024 and launched in August 2024

BRIVIACT® Net Sales



Net sales in € million, FY numbers

Inspired by patients. Driven by science.

ASM = Anti-seizure medications
UCB – FY 2024 Facts & Figures, February 2025

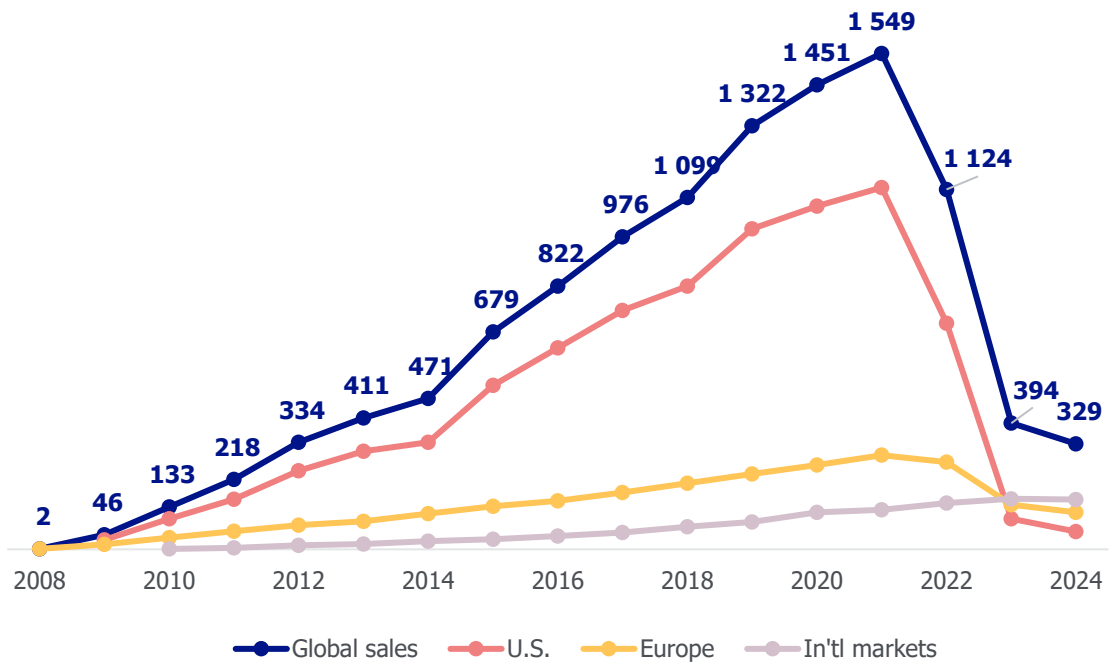
Focus on VIMPAT®

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

Generic erosion is expected in late 2025 in Japan

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

VIMPAT® Net Sales



Net sales in € million, FY numbers

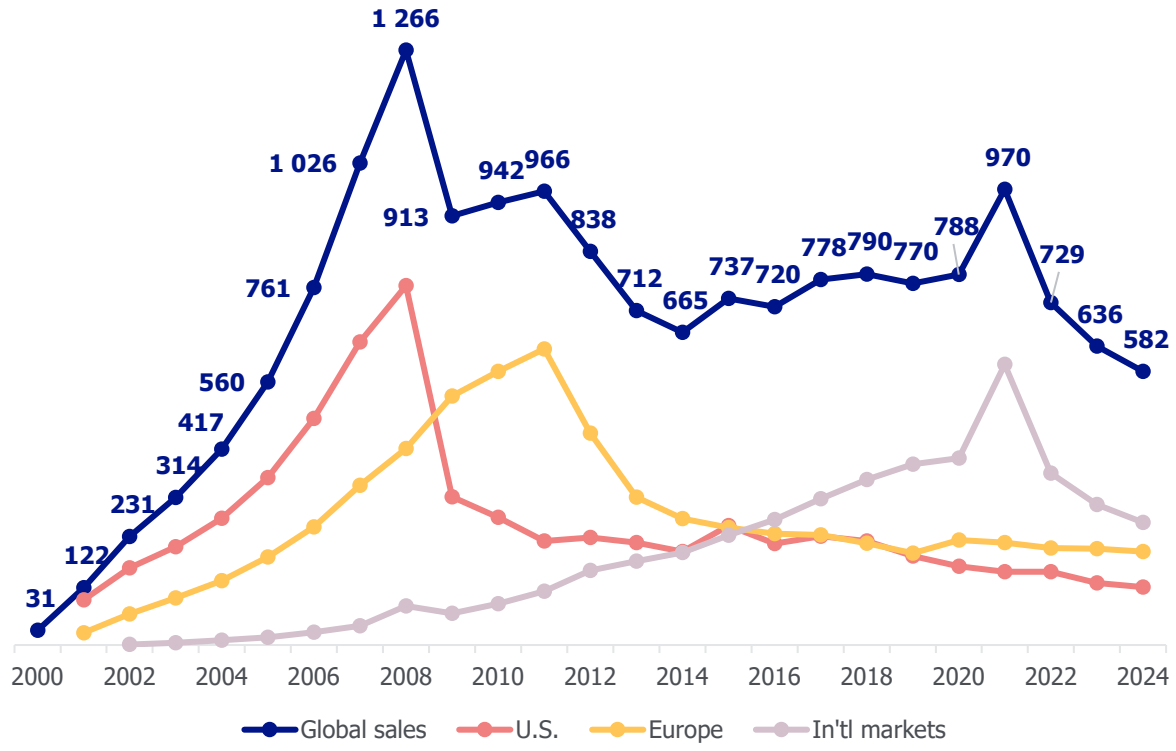
Focus on KEPPRA®

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

LOE = Loss of Exclusivity.

UCB – FY 2024 Facts & Figures, February 2025

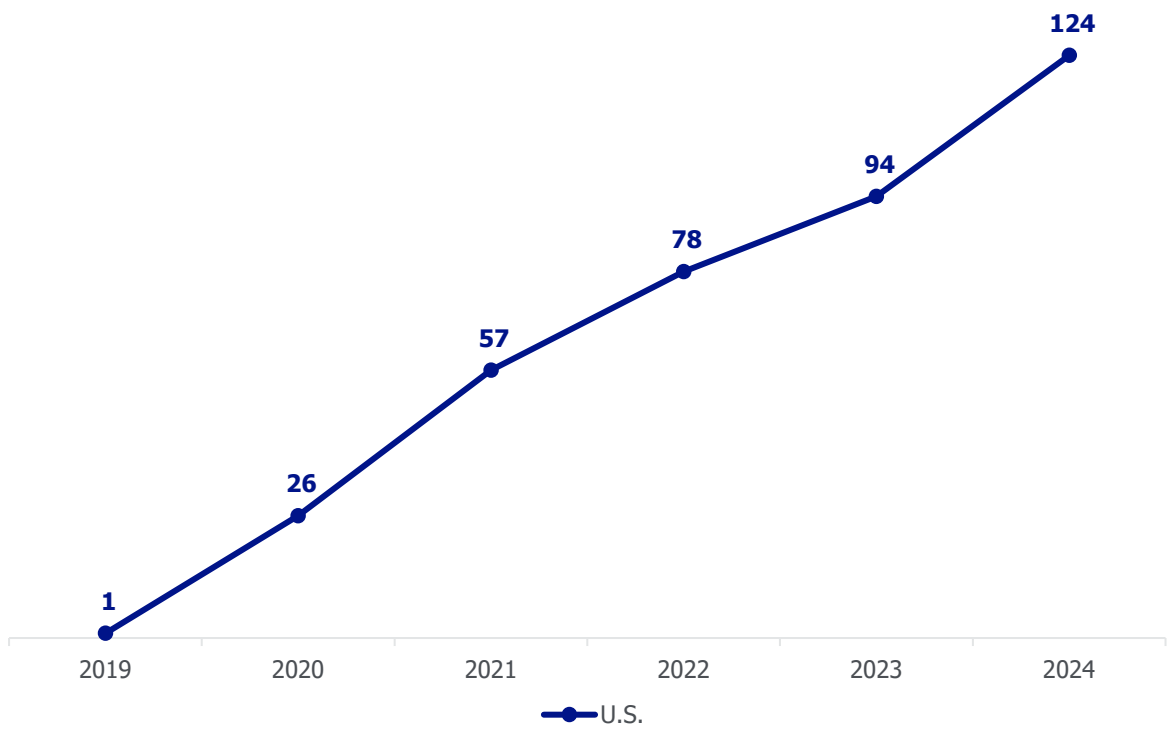
Focus on NAYZILAM®

Sustained growth of NAYZILAM® since launch in 2019 (33% CER)

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

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

NAYZILAM® Net Sales



Net sales in € million, FY numbers

LOE = Loss of Exclusivity.
UCB – FY 2024 Facts & Figures, February 2025

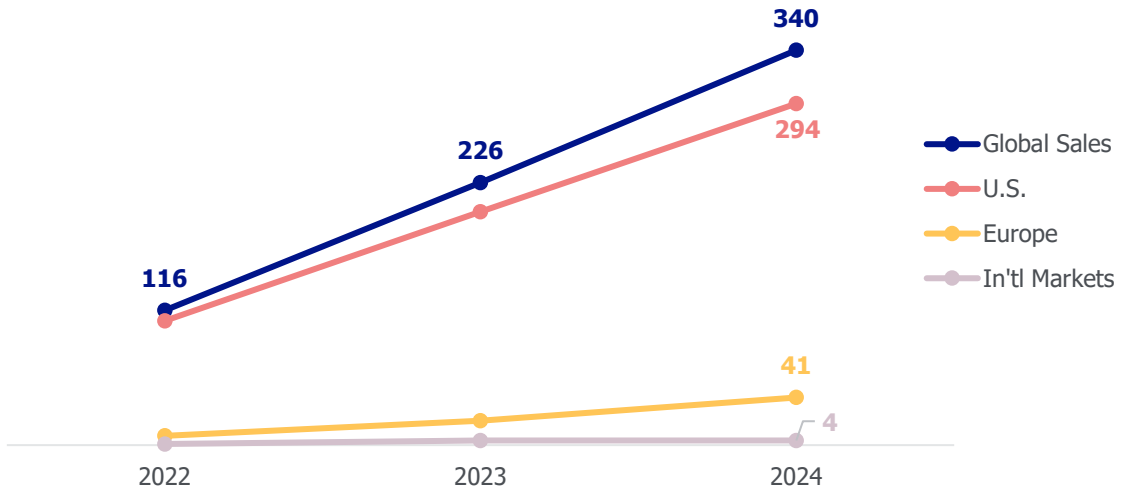
Focus on FINTEPLA®

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

Foundational therapy in DS and **Recognized option** in LGS

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

FINTEPLA® Net Sales



FINTEPLA® Indications			
	Dravet Syndrome (DS)	**~12k - 15k** US, EU, JPN prevalence	**>80%** of patients remain uncontrolled on existing AED regimens Premature childhood mortality, primarily SUDEP, of **~20%**
	Lennox-Gastaut Syndrome (LGS)	**~60k - 100k** US, EU, JPN prevalence	Vast majority of patients on multi-drug treatment regimens of **2-5** ASMs as they experience multiple types of seizures, that change in type and frequency throughout life Higher risk of status epilepticus and sudden death

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

UCB – FY 2024 Facts & Figures, February 2025

UCB's Immunology & Bone solutions

	Bimzelx® (bimekizumab)	cimzia® (certolizumab pegol)	Pr EVENITY™ MD romosozumab injection
	• **Psoriasis** - Approved in over 47 countries • **Psoriatic arthritis, radiographic and non-radiographic axial Spondyloarthritis –** Approved in over 40 countries • **Hidradenitis suppurativa (HS)** – Approved in EU in April 2024, in Japan in September 2024 and in the US in November 2024.	For patients (including women of child-bearing age) living with: • Rheumatoid arthritis • Psoriatic arthritis • Psoriasis • (non-radiographic) axial Spondyloarthritis • Crohn's disease (US)	• EU launch progressing • Launched by Amgen and Astellas in Japan and by Amgen in US and ROW
	• **> 49 700** patients globally*	• **>220 000** patients globally**	• **> 930 000** patients since launch globally**
	• **Bioray** (China – 2024)	• **Astellas** (Japan – 2012) • **Cinkate** (China – 2019)	• **Amgen** (2020)
	• **2035** (RDP - US)*** • **2036** (EU) • **2037** (Japan)***	• **2024** (US) • **2024** (EU) • **2026** (Japan)	• **2031** (EU) • **2031** (Japan) • **2033** (US)
	• Peak sales guidance: > € 4 billion	• Peak sales guidance: > € 2 billion by 2024 – achieved already in 2022	

Inspired by patients. Driven by science.

*As of October 2024; **MAT Q3/2024; *** As of November 2024; ***not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative; MAT = Moving Annual Total; RDP = regulatory data protection.
UCB – FY 2024 Facts & Figures, February 2025

Focus on BIMZELX®

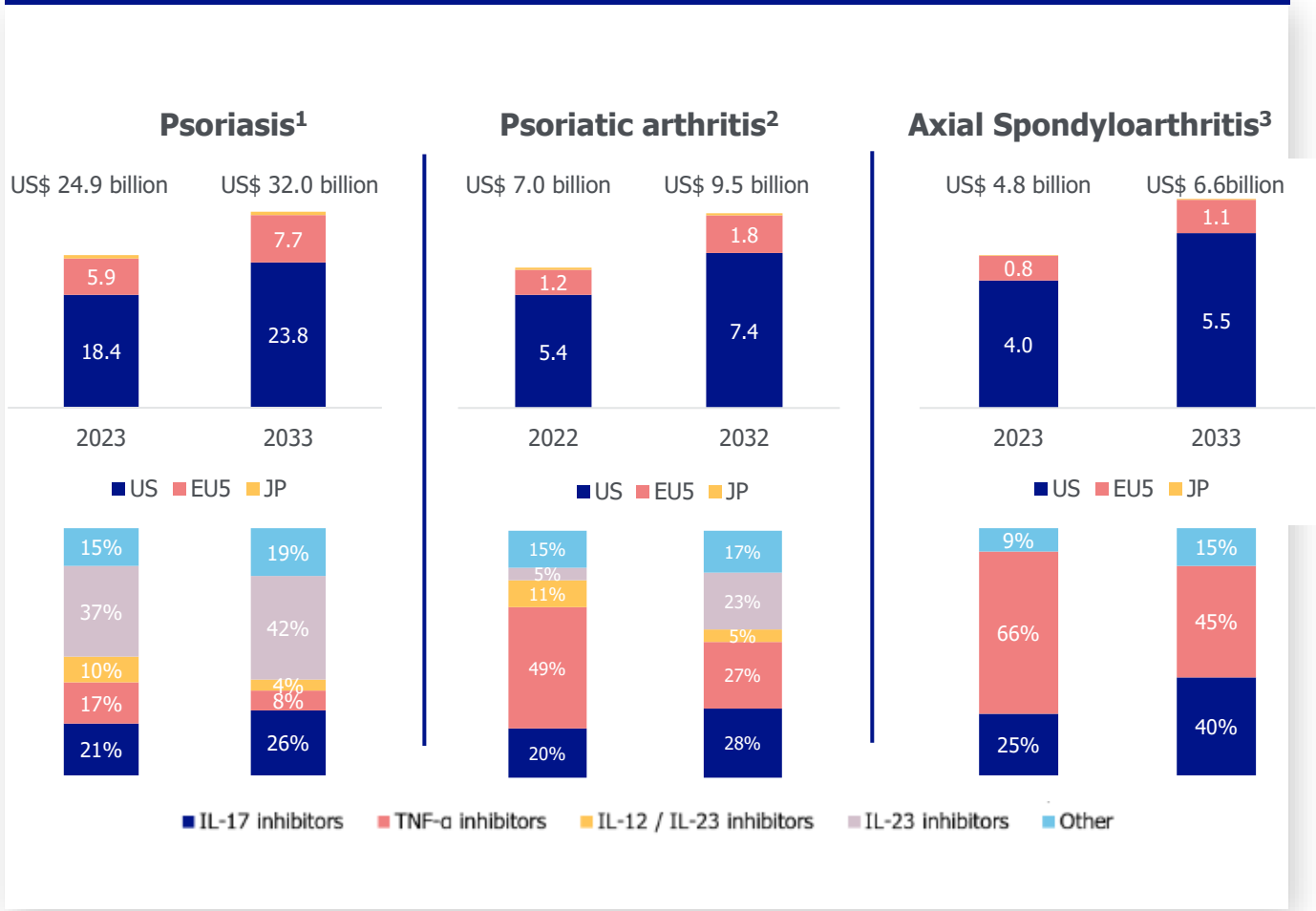
Market leader in dynamic IL-17 markets, in psoriasis and rheumatology indications in key markets

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

Approvals in 48 countries incl.

- ✓ US: PSO, PsA, nr-axSpA, AS, HS
- ✓ Europe : PSO, PsA, nr-axSpA, AS, HS
- ✓ Japan : PSO, PsA, nr-axSpA, AS, HS

Focusing On Growth Markets



[1] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Psoriasis, December 12, 2024; [2] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Psoriatic Arthritis, December 19, 2023; [3] Clarivate I DRG, DISEASE LANDSCAPE & FORECAST (G7), Axial Spondyloarthritis, November 4, 2024; Dynamic market share = Market share among switch and new patients; PSO = psoriasis; PsA = psoriatic arthritis; nr-axSpA = non-radiographic axial spondyloarthritis; AS = ankylosing spondylitis; HS = Hidradenitis Suppurativa; IL = interleukin

Strong Launch Execution, Expanded Patient Access

PSORIASIS

Our Launch Performance in PSO

≥25%
IL-17 Dynamic market share
after 1 year

~9K
Number of **Patients**
(Dec24)

~5K
Number of **unique prescribers**

Our Access Performance in PSO

8 out of 10 commercially insured lives* & vast majority of Medicare & Medicaid patients

Very favourable commercial coverage among all IL-17s with **zero exclusions****

	BEFORE	As of JAN25
A	DSE	1ST LINE
B	DSE	SSE
C	EXCLUDED	DSE

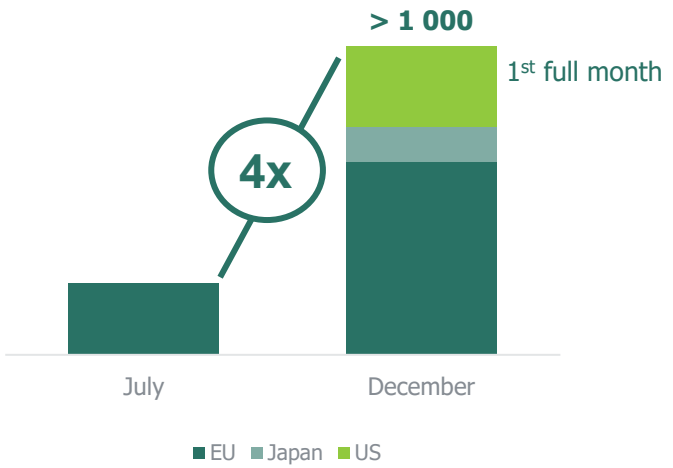
HIDRADENITIS SUPPURATIVA

Launch Performance

HS Approvals

- **Nov** '24
- **Sep** '24
- **Apr** '24

HS Patients on BIMZELX®



First long-term data
presented from an IL-17 class***

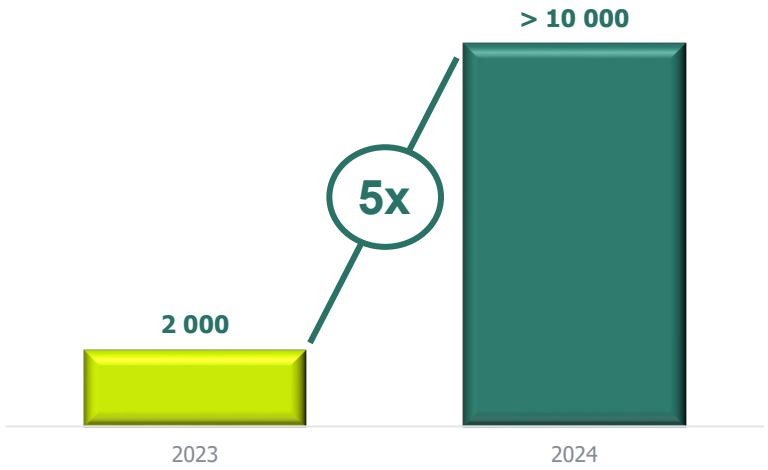
Maintained improvement
in the severity of disease, reductions in draining tunnel count and improvements in health-related quality of life***

IL = interleukin; HS = Hidradenitis Suppurativa; PSO = Psoriasis; 1st Line = no prior biologic steps required; SSE = single step edit; DSE = double step edit; * Paid-to-Bridge ratio target of 50/50 by Q4 2024 exceeded; ** Commercial coverage across top payers;; *** 2-y data presented at (European Academy of Dermatology & Venereology) EADV in September 2024

Strong Launch Execution Cross Rheum Patient Populations

RHEUMATOLOGY | PsA • AS • nr-axSpA

Our Launch Performance
Patient Numbers



Our Access Performance

Favourable commercial coverage among all IL-17s with **zero exclusions***

	BEFORE	As of JAN25
A	EXCLUDED	DSE
B	DSE	SSE
C	EXCLUDED	DSE

Vast majority of Medicare & Medicaid
patients with access to BIMZELX®

Our Impact - IL-17 Dynamic market share

≥50%

≥32%

AS = Ankylosing Spondylitis; IL = interleukin; nr-axSpA = non-radiographic Axial Spondyloarthritis; PsA = Psoriatic Arthritis; 1st Line = no prior biologic steps required; SSE = single step edit; DSE = double step edit; * Commercial coverage across top payers.

UCB – FY 2024 Facts & Figures, February 2025

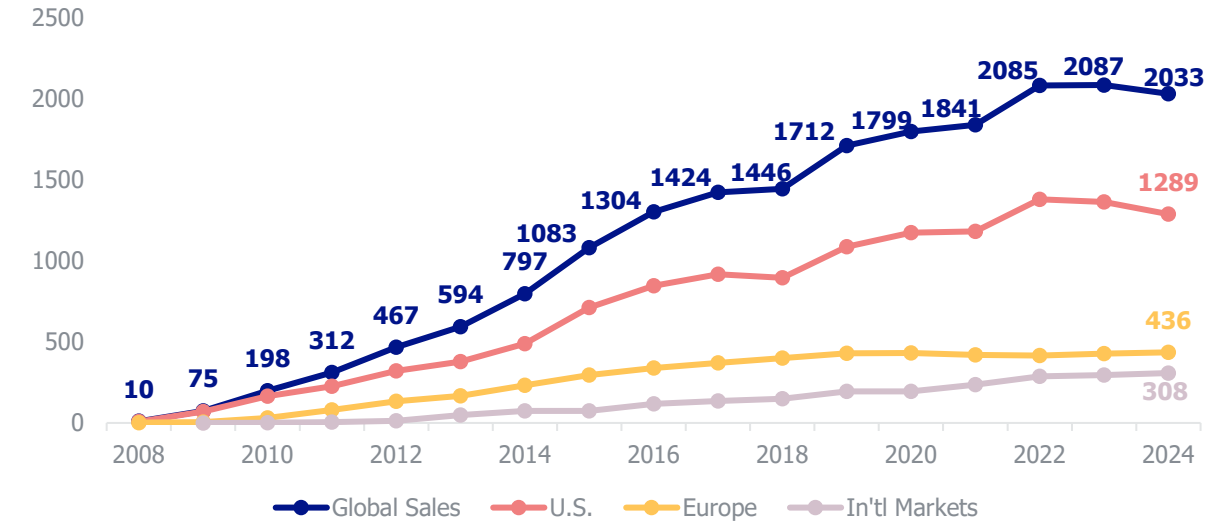
Focus on CIMZIA®

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

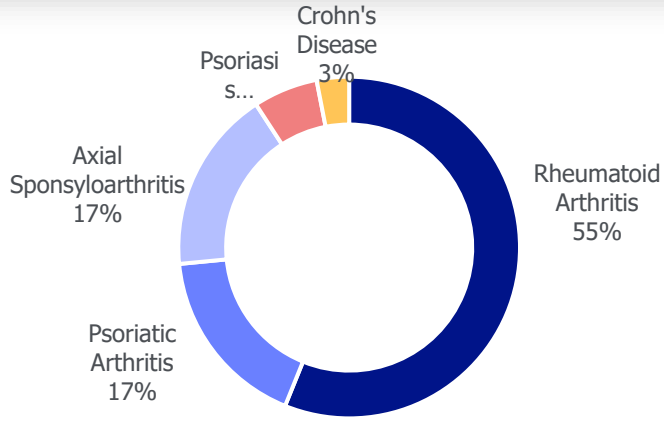
Unique Fc-free molecular structure drives **personalized treatment** for 2 targeted populations: **women of childbearing age** across indications and **RA** patients with **High Rheumatoid Factor levels**

Expanded into **7 indications**, following the new approval of pJIA in US, on top of RA, AS, also known as radiographic axial spondyloarthritis (r-axSpA), and nr-axSpA, PsA, PSO, CD

CIMZIA® Net Sales[2]



CIMZIA® 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; WoCBA = Women of Child-Bearing Age; RA = Rheumatoid Arthritis; RF = Rheumatoid Factor; PsA = Psoriatic Arthritis; PSO = Psoriasis, CD = Crohn's Disease. pJIA: polyarticular Juvenile Idiopathic Arthritis; AS = ankylosing spondylitis; nr-axSpA = non-radiographic axial spondyloarthritis; [2] Prior to 2014, U.S. numbers include Canada

UCB – FY 2024 Facts & Figures, February 2025

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

[1]EVENITY SmPC. February 2023. 2. Saag KG, et al. N Engl J Med. 2017; 377: 1417–1427. 3. 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.
UCB – FY 2024 Facts & Figures, February 2025

Focus on EVENITY®

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

Worldwide

Reach

> 930 000

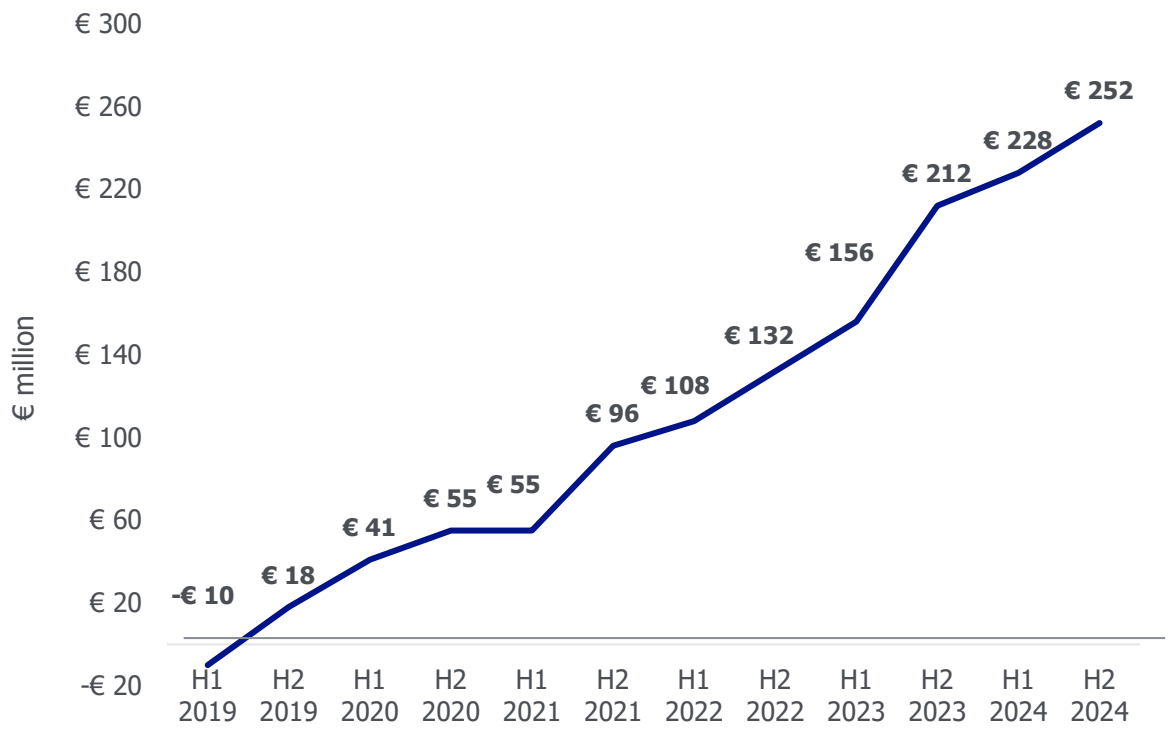
patients at high risk of fracture reached since launch[1]

Europe

Market Share

Bone Builder Leadership achieved in several markets, including US, Japan, South Korea, Taiwan, Belgium, Denmark & Canada. Other major markets including Europe on track for Leadership in Bone Builder Market

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



[1] As of Nov 2024; Patient share based on data from IQVIA on the bone builder market as of September 2024; BB = Bone Builder.
UCB – FY 2024 Facts & Figures, February 2025

UCB's generalized Myasthenia Gravis solutions

RYSTIGGO®	ZILBRYSQ®
• Anti-FcRn antibody to address pathogenic auto-antibodies • AChR+ / MuSK+ patients • SC, at-home self-admin • Cyclical therapy	• Complement 5 inhibitor to address complement activation • AChR+ patients • SC, self-admin • Maintenance therapy
• **>1,200** patients globally*	• **>550** patients globally*
• In-house product	• Acquired from Ra Pharma
• **2033** (Japan)** • **2034** (EU)** • **2035** (US)**	• **2035** (US)** • **2035** (EU)** • **2035** (Japan)**

*As of December 2024**Not including potential patent term extension; earliest expected Loss of Exclusivity dates are indicative;
AChR+ = Acetylcholinesterase Receptor Positive; FcRn = Neonatal Fc Receptor; MuSK+ = Muscle Specific Kinase Positive; SC = Subcutaneous.

UCB – FY 2024 Facts & Figures, February 2025

Strong Launch Execution Around the Globe, Meeting Patients' Needs

RYSTIGGO®	ZILBRYSQ®

First and only company with differentiated gMG **portfolio**

RYSTIGGO® rozanolixizumab

> 1 200 patients*

in **> 30** countries**

Broad and robust efficacy[1,2]

Significant symptom improvement in Physical Fatigue and Muscle Weakness Fatigability[2]

ZILBRYSQ™ zilucoplan

> 560 patients*

in **> 30** countries**

Sustained[3]
Proven efficacy up to 120 weeks

Empowerment[4,5]
Control in the patients' hands with a self-administered injection

* As of November 2024; ** Marketing Authorization; 1. RYSTIGGO EU SmPC. Accessed February 2025, 2. Bril V, et al. Safety and efficacy of rozanolixizumab in patients with generalised myasthenia gravis (MycarinG): a randomised, double-blind, placebo-controlled, adaptive phase 3 study. Lancet Neurol. 2023;22(5):383-94, 3. Howard J, Long-term safety and efficacy of zilucoplan in generalized myasthenia gravis: 120-week interim analysis of RAISE-XT, AANEM Annual Meeting & MGFA Scientific Session; Savannah, GA, USA; October 15–18, 2024, 4. ZILBRYSQ EU SmPC. Accessed February 2025, 5. Howard JF Jr, Vissing J, Gilhus NE, et al. Zilucoplan: an investigational complement C5 inhibitor for the treatment of acetylcholine receptor autoantibody-positive generalized myasthenia gravis. Expert Opin Investig Drugs. 2021;30(5):483–93; gMG = generalized Myasthenia Gravis.

BIMZELX®

Inspired by patients.
Driven by science.

Bimekizumab: Clinical profile, Indications & Approvals

~6 589 patients included in clinical trials

Psoriasis (PSO)

Superior levels of skin clearance compared to adalimumab, ustekinumab, and secukinumab in 3 Ph3/3B trials. Responses achieved with bimekizumab were maintained up to 4 years. Patients who switched to bimekizumab achieved similar levels of response regardless of prior comparator.

Approved in over 45 countries (including EU, US, UK, 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 priinadequate responders and were sustained for up to 4 yearsor TNFα-inhibitor

Approved in over 40 countries (including EU, US, UK, 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

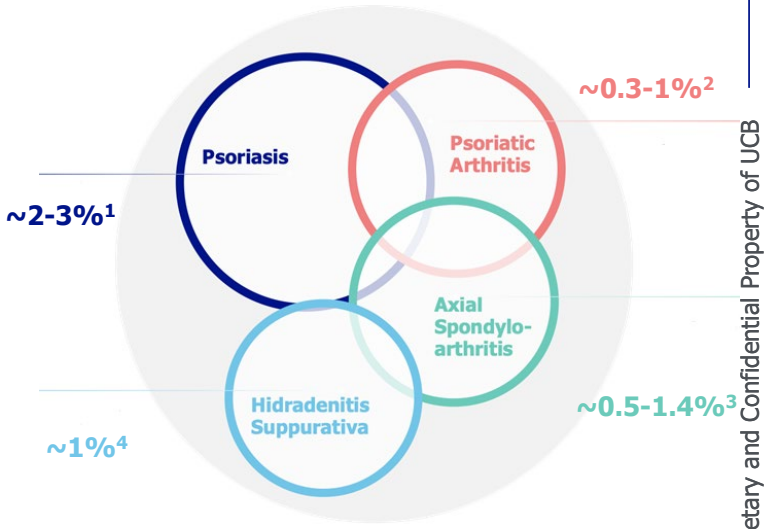
Approved in over 40 countries (including EU, US, UK, JP, CA) other submissions / regulatory reviews ongoing

Hidradenitis suppurativa (HS)

Clinically meaningful improvements in HiSCR50 and more stringent endpoints of HiSCR75, HiSCR90, and HiSCR100 which were maintained or increased from Week 16 up to 2 years

Approved in EU, US, UK, JP other submissions / regulatory reviews ongoing in other countries

Spectrum of IL-17A+F-mediated diseases

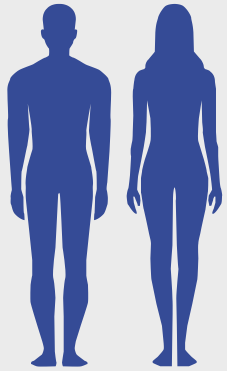


References: 1. National Psoriasis Foundation. Statistics. Available at: https://www.psoriasis.org/content/statistics. Last accessed: Sept 2024; 2. Gladman DD, et al. Ann Rheum Dis. 2005; 64 (Suppl 2): ii14-7. 3. Reveille JD. AM J Med Sci. 2013; 345(6):431-36. 4. Sabat R, Jemec GBE, Matusiak L, et al. Hidradenitis suppurativa. Nat Rev Dis Primers. 2020;6(1):18.

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 – FY 2024 Facts & Figures, February 2025

Psoriasis: High Prevalence Globally

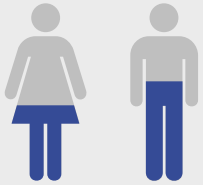


up to

~3%

of the population[8] is affected by PSO

Prevalence[1]



45% **55%**

Age[2,3]

Late teens–early thirties (type 1 PSO)

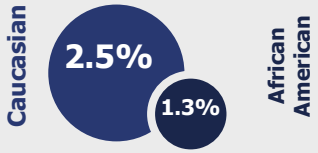
Fifties (type 2 PSO)

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

Ethnicity

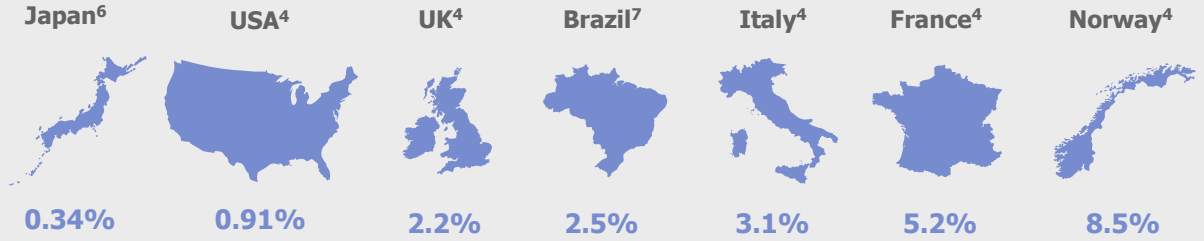
PSO more commonly affects Caucasians than other ethnic groups[4]

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.

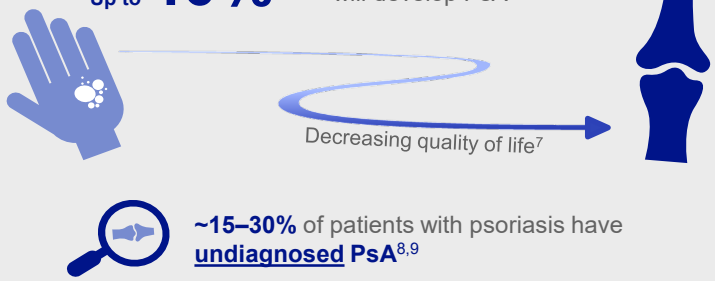
Psoriatic Arthritis: High Unmet Need and Disease Burden

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]

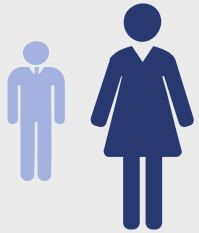
Disease progression



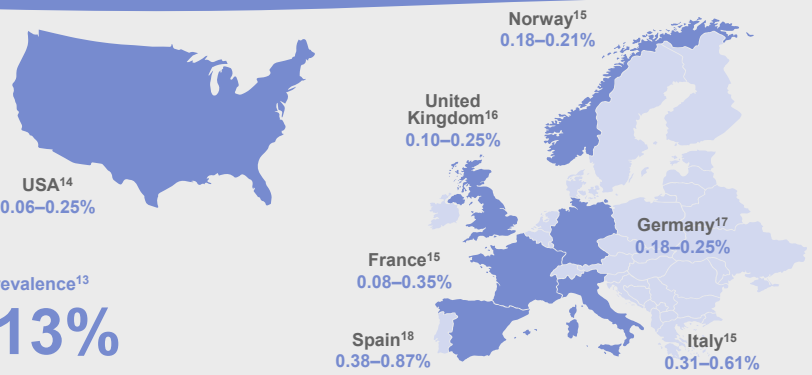
~15–30% of patients with psoriasis have **undiagnosed PsA**[8,9]

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]

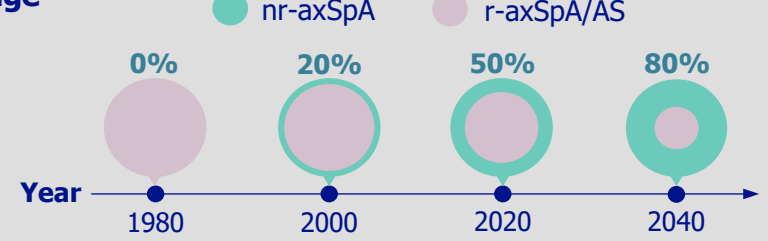
Spinal damage progression in r-axSpA/AS

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]

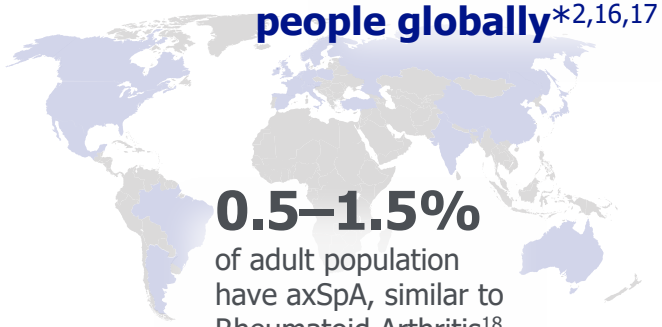


Patients experience disease onset **before the age of 45**[14]

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**

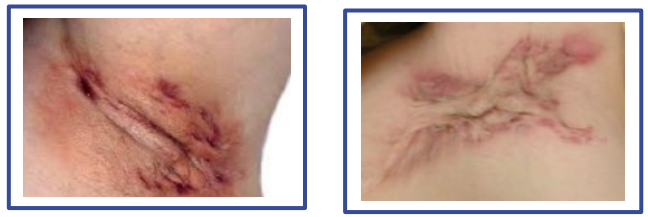
- **1st line:** NSAIDs[19]
- **2nd/3rd line:** TNF inhibitors, IL-17 inhibitors, and JAK inhibitors[19]

*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

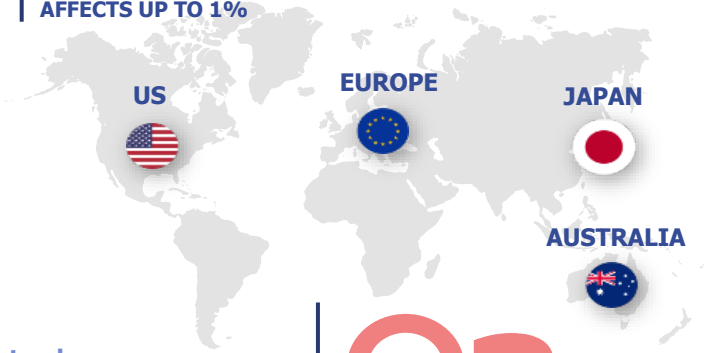


Hidradenitis suppurativa (HS)

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.
UCB – FY 2024 Facts & Figures, February 2025

BIMZELX® in PsO and HS – 2024 Capital Market Calls Summary

Plaque Psoriasis

Bimekizumab efficacy from treatment initiation through 4 years in patients with moderate to severe plaque psoriasis:

A comprehensive, long-term, pooled analysis from BE BRIGHT[1]

In patients who received BKZ and enrolled in the OLE, high rates of clinical and health-related quality-of-life responses were achieved rapidly and were highly durable in the long-term through 4 years[1]

>6 out of 10

patients **achieved PASI 100 at year 4[1±]**

PASI 90, PASI 100, PASI ≤2, BSA ≤1% and DLQI 0/1 response rates were consistent in the subset of patients enrolled in the OLE who received BKZ 320 mg Q4W to Week 16 then Q8W thereafter, the approved dosing regimen for the majority of patients with plaque psoriasis[1]

Bimekizumab 4-year maintenance of responses in Week 16 responders with moderate to severe plaque psoriasis:

Results from the BE BRIGHT open-label extension phase 3 trial[2]

Pooled data from three trials and their open-label extension found that, among Week 16 responders, high clinical responses were maintained through 4 years of bimekizumab 320 mg treatment[2]

~9 out of 10

patients who achieved **PASI90 at Week 16,** maintained **response to year 4[2±]**

>7 out of 10

patients who achieved **PASI100 at Week 16,** maintained **response to year 4[2±]**

Bimekizumab safety and tolerability in moderate to severe plaque psoriasis:

Pooled analysis from up to 4 years of treatment in 5 phase 3/3b clinical trials

Bimekizumab demonstrated good tolerability and a consistent safety profile over 4 years in patients with moderate to severe plaque psoriasis[3]

EAIRs of TEAEs remained consistent or decreased with longer bimekizumab exposure, with no new safety signals observed[3]

Hidradenitis suppurativa

2-Year Data in Patients with Hidradenitis Suppurativa

First presentation of 2-year bimekizumab data from the phase 3 BE HEARD I&II trials and the open-label extension BE HEARD EXT.[4,5]

Efficacy and health-related quality of life outcomes were **maintained through 2 years** of treatment.

No new safety signals were observed with bimekizumab and the **safety profile over 2 years was consistent** with findings from BE HEARD I&II and studies of bimekizumab in other indications.[4,6–8]

The data highlights the **durability and consistency** of bimekizumab treatment in patients with moderate to severe HS.

First-time long-term data are presented from an IL-17A and IL-17F inhibitor.

Impact on Draining Tunnels

Patients treated with BKZ demonstrated clinically meaningful reductions in DT count to 48 weeks

From baseline to week 48, the proportion of patients with no DTs increased, while the proportion of patients with >5 DT decreased

People with DTs experience a high disease burden and DTs are a large contributor to the significant impact of HS on a patients QoL. These data highlight the potential positive impact BKZ can have on a patient's daily routine and QoL.

± - modified non-responder imputation; BKZ Total; Source: 1. Strober B. 2024 AAD. Oral Presentation. 2. Blauvelt A, et al. Bimekizumab 4-year maintenance of responses in Week 16 responders with moderate to severe plaque psoriasis: Results from the BE BRIGHT open label extension phase 3 trial. Abstract at the 2024 American Academy of Dermatology Annual Meeting, San Diego, CA, U.S., March 8–12, 2024. 3. Gordon KB, et al. Bimekizumab safety and tolerability in moderate to severe plaque psoriasis: Pooled analysis from up to 4 years of treatment in 5 phase 3/3b clinical trials. Abstract at the 2024 American Academy of Dermatology Annual Meeting, San Diego, CA, U.S., March 8–12, 2024. 4. Kimball AB. Lancet 2024;403:2504–19 (NCT04242446, NCT04242498); 5. BE HEARD EXT: https://clinicaltrials.gov/study/NCT04901195; 6. Reich K. N Engl J Med 2021;385:142–52; 7. Merola JF. Lancet 2023;401:38–48; 8. van der Heijde D. Ann Rheum Dis 2023;82:515–26.

REGULATORY & PIPELINE UPDATE

Pipeline Progress in 2025 - Important Clinical Development Milestones

2025

DOXECITINE & DOXRIBTIMINE
Nucleoside therapy – **TK2 Deficiency Disorder**

To improve survival + daily activity
Filed in US & EU – feedback by end 2025

FENFLURAMINE
5-HT agonist – **CDKL5 Deficiency Disorder**
Novel, complementary MoA demonstrated impact on refractory seizures
PHASE 3 - first results H1 2025

BEPRANEMAB
Anti-tau antibody – **Alzheimer's Disease**
Pre-defined patient subgroups with consistent treatment benefit across multiple outcome measures
Positive PHASE 2a - next steps under evaluation

UCB9741 / GALVOKIMIG
IL-17A & IL-17F and IL-13 – **Atopic Dermatitis**

Innovative bispecific antibody
Positive PHASE 2a - next steps under evaluation

UCB1381 / DONZAKIMIG
IL-13 & IL-22 – **Atopic Dermatitis**

Innovative bispecific antibody
PHASE 2a - first results H2 2025

UCB0022 / GLOVADALEN
D1 receptor positive allosteric modulators – **Parkinson's Disease**
Preserved physiological chronicity of dopamine release
PHASE 2a - first results H1 2025

NEUROLOGY IMMUNOLOGY

2026 & BEYOND

ALPRAZOLAM / STACCATO®
Benzodiazepine – **Stereotypical Prolonged Seizures**
Major advances in epilepsy research
PHASE 3 - first result H1 2026

ROZANOLIXIZUMAB
FcRn inhibitor – **MOG-antibody Disease**
No approved therapy and no formal treatment guidelines established
PHASE 3 - first results H2 2026

BIMEKIZUMAB / BIMZELX®
IL-17A & IL-17F – **Psoriatic Arthritis (PsA)**
BE BOLD | Superiority Head-to-head study versus risankizumab, an IL-23 inhibitor
Post-approval PHASE 4 - first results H2 2026

DAPIROLIZUMAB PEGOL*
Anti-CD40L antibody – **Systemic lupus erythematosus (SLE)**
To address the multiple manifestations of SLE
Second PHASE 3 - first results in 2028

*In partnership with Biogen; 5-HT = 5-hydroxytryptamin or serotonin; 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.

Scientific Innovation & Progress : Oncology-Linked Antibody Discoveries

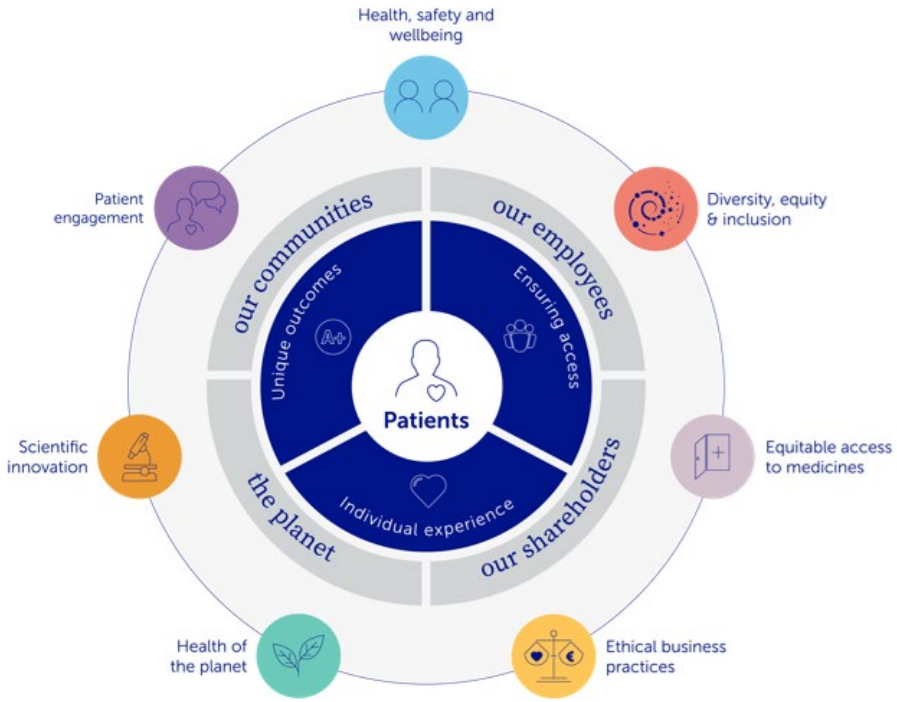
In partnership with Cancer Research UK (announcement in March 2023)

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

By 2030, we will have **reduced our water consumption** and **waste production** by respectively 15% and 18%.

Our **CO_2 emissions** will be reduced in our Scope 1 & 2 and Scope 3 by 73% and 48% respectively.

Value for shareholders

In 2025, UCB will continue to invest to offer potential new solutions for people living with severe diseases. For 2025, UCB is aiming for an increase of revenues to the range of € **6.5 – € 6.7 billion**., adjusted EBITDA, is expected to reach **30% of revenue.**

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

We advance sustainable impact for a healthier future

Value for patients

- **>3.1 M** patients
- **82%** reimbursement coverage achieved for UCB medicines
- **55%** earlier positive decisions on reimbursement than industry benchmark

Value for people at UCB

- **64.1%** for our Health, Safety and Wellbeing index
- **41/59%** gender representation at executive level
- **70.7%** inclusion index results

Value for our communities

- **160** partnerships in research
- **174** scientific publications
- **€4.9 million** for more than 60 nonprofit organizations worldwide

Value the planet

- **-33%** CO_2e emissions compared to 2019 baseline (Scope 1, 2 and 3 emissions, except category 3.1)
- **-19.8%** in water withdrawal
- **68%** of our suppliers, by emissions, with CO_{2e} target aligned with SBTi

Value for shareholders – 2024 results

- **€ 6.15 B** revenue
- **€ 1.47 B** adjusted EBITDA

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

Sustainalytics rating:	MSCI rating:	ISS ESG rating:	CDP rating:
13.7 (2023: 17.3)	AA (2023: AA)	B- (2023: C+)	Water Security: A- *(2023: B)* Climate Change: A- *(2023: A-)*

[1] Data as of 31st of December 2024.
UCB – FY 2024 Facts & Figures, February 2025

We are committed to protecting our planet and achieving net-zero

We have set[1] absolute targets to minimize our environmental footprint

By 2030

Scope 1 & 2	Scope 3	Water	Waste
CO_{2e} reduction	CO_{2e} reduction	Withdraw	Generation
-73%	**-48%**	**-15%**	**-18%**

By 2045

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

-90%

Neutralize any remaining emissions

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

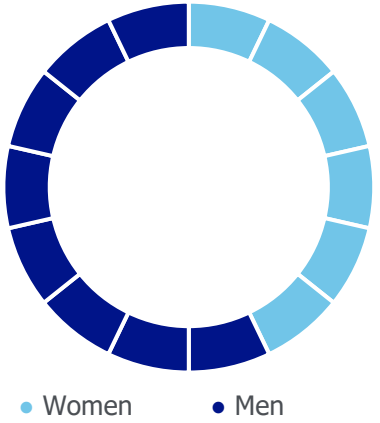
GOVERNANCE & SHAREHOLDING

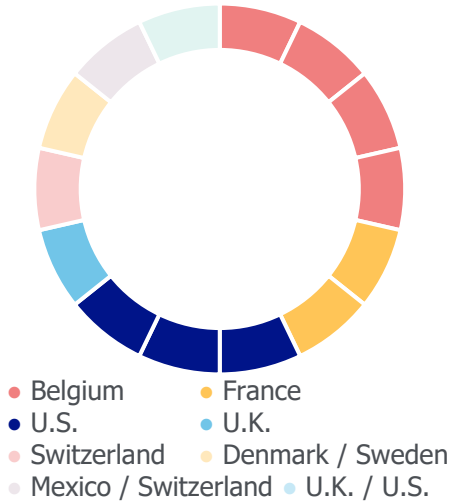
Corporate Governance

Board of directors & Executive committee

Board of directors

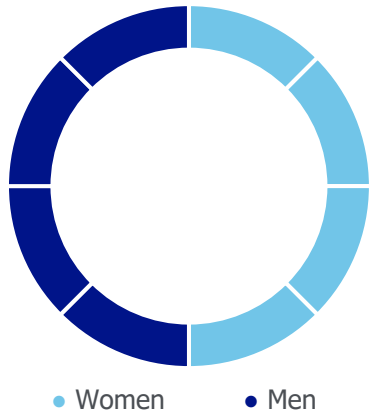
- **14 members**
  - Mandate: 4 year
  - Age limit: 70
- **6 women (43%)**
- **10 independent directors (71%)**
- **8 nationalities**

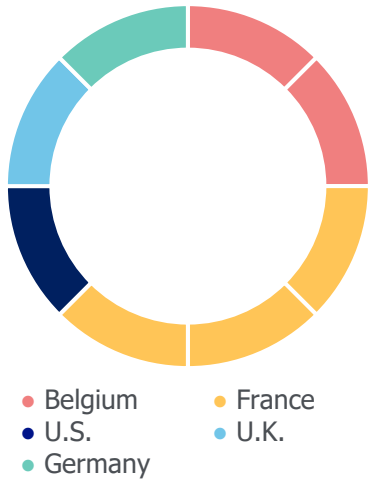




Executive committee

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





As of January 2025. More details in the notes to the Annual General Meeting.
UCB – FY 2024 Facts & Figures, February 2025

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

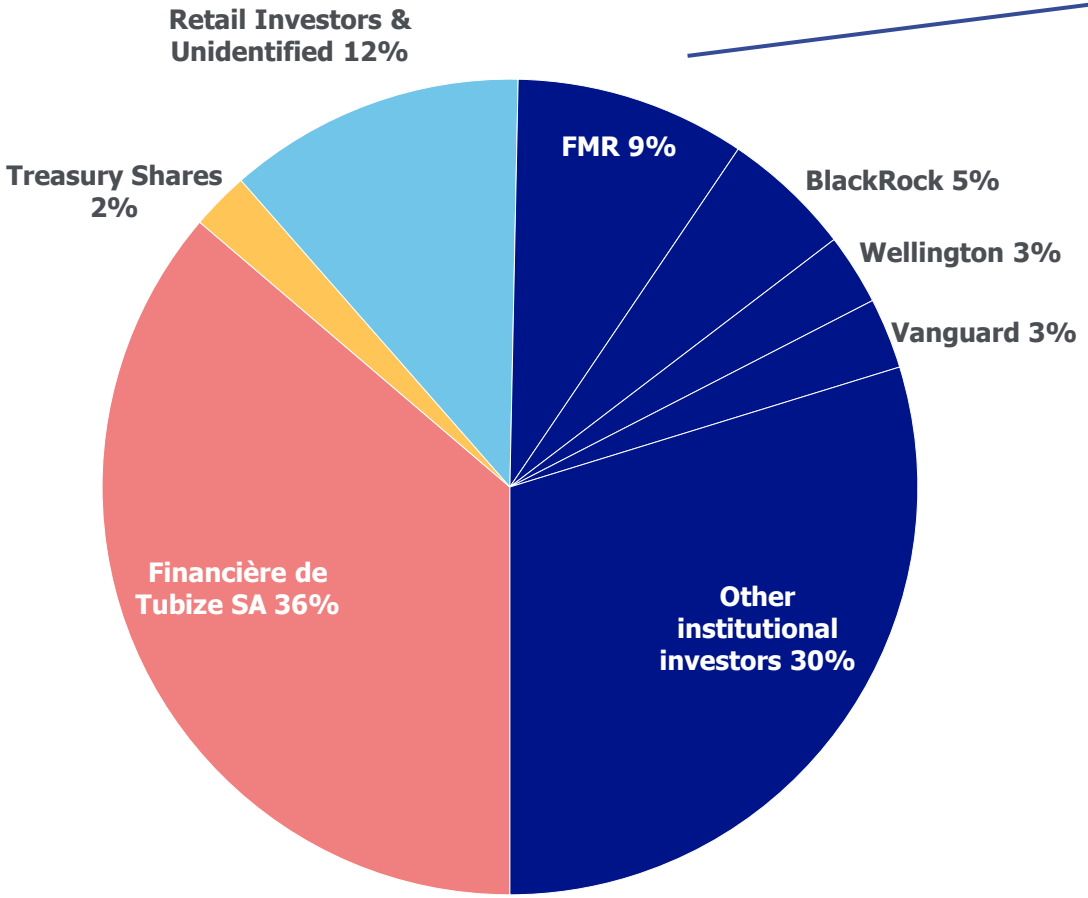
Alistair Henry,
CSO

K. Lund-Jurgensen,
Executive Vice President
Patient Supply

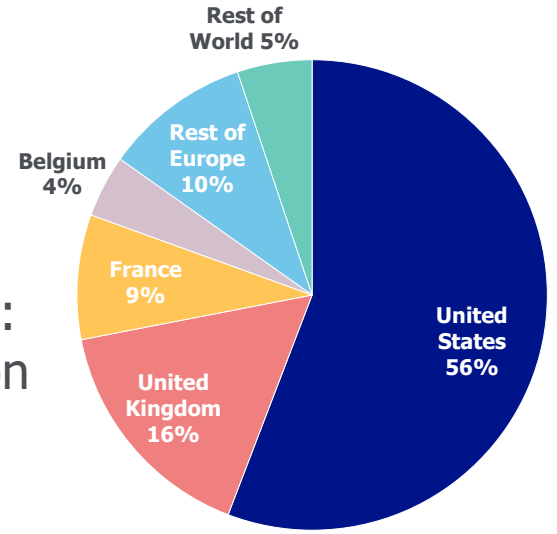
Fiona du Monceau,
Executive Vice President
Patient Evidence

As of January 2025. More details in the integrated Annual Report.
UCB – FY 2024 Facts & Figures, February 2025

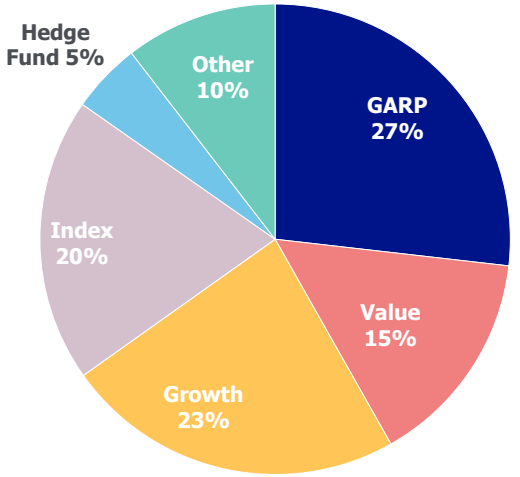
Shareholder Distribution



Institutional investors: geographic distribution



Institutional investors: investment style



Sources: Shareholder identification (as of **31 January 2025**) and latest transparency notifications; UCB underlying ownership analysis.
UCB – FY 2024 Facts & Figures, February 2025

DEEP-DIVE CLINICAL PIPELINE & DISEASE AREAS

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

Myelin Oligodendrocyte Glycoprotein Antibody-associated Disease (MOGAD)

- Auto-antibodies targeting MOG leading to inflammatory demyelination in the CNS[1]

- Monophasic or relapsing course of neurological dysfunction including optic neuritis, transverse myelitis, acute disseminated encephalomyelitis, and cerebral cortical encephalitis[1]
- Temporary and/or residual permanent disability (i.e., blindness, reduced visual acuity, limited mobility, bladder issues, bowel and erectile dysfunction, and cognitive disability)[1]

- Prevalence: ~ 0.51 – 3.42 / 100 000[2]

- International MOGAD diagnostic criterial published in 2023[1]
- No approved therapy and no formal treatment guidelines established
- Rozanolixizumab: P3 clinical trial ongoing – results expected H2 2026

[1]Banwell B, et al. *Lancet Neurol*. 2023;22(3):268-282.; [2]Hor JY, Fujihara K. *Front Neurol*. 2023;14:1260358; Acronyms: MOGAD = Myelin Oligodendrocyte Glycoprotein Antibody-associated Mediated Disease; MOG = myelin oligodendrocyte glycoprotein; CNS = central nervous system; *Rozanolixizumab* is an investigational humanized monoclonal antibody that specifically binds to human neonatal Fc receptor (FcRn). It has been designed to block the interaction of FcRn and IgG, inhibiting IgG recycling and inducing the removal of pathogenic IgG autoantibodies. Rozanolixizumab is not approved for any of the above indications by any regulatory authority in the world.
UCB – FY 2024 Facts & Figures, February 2025

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]

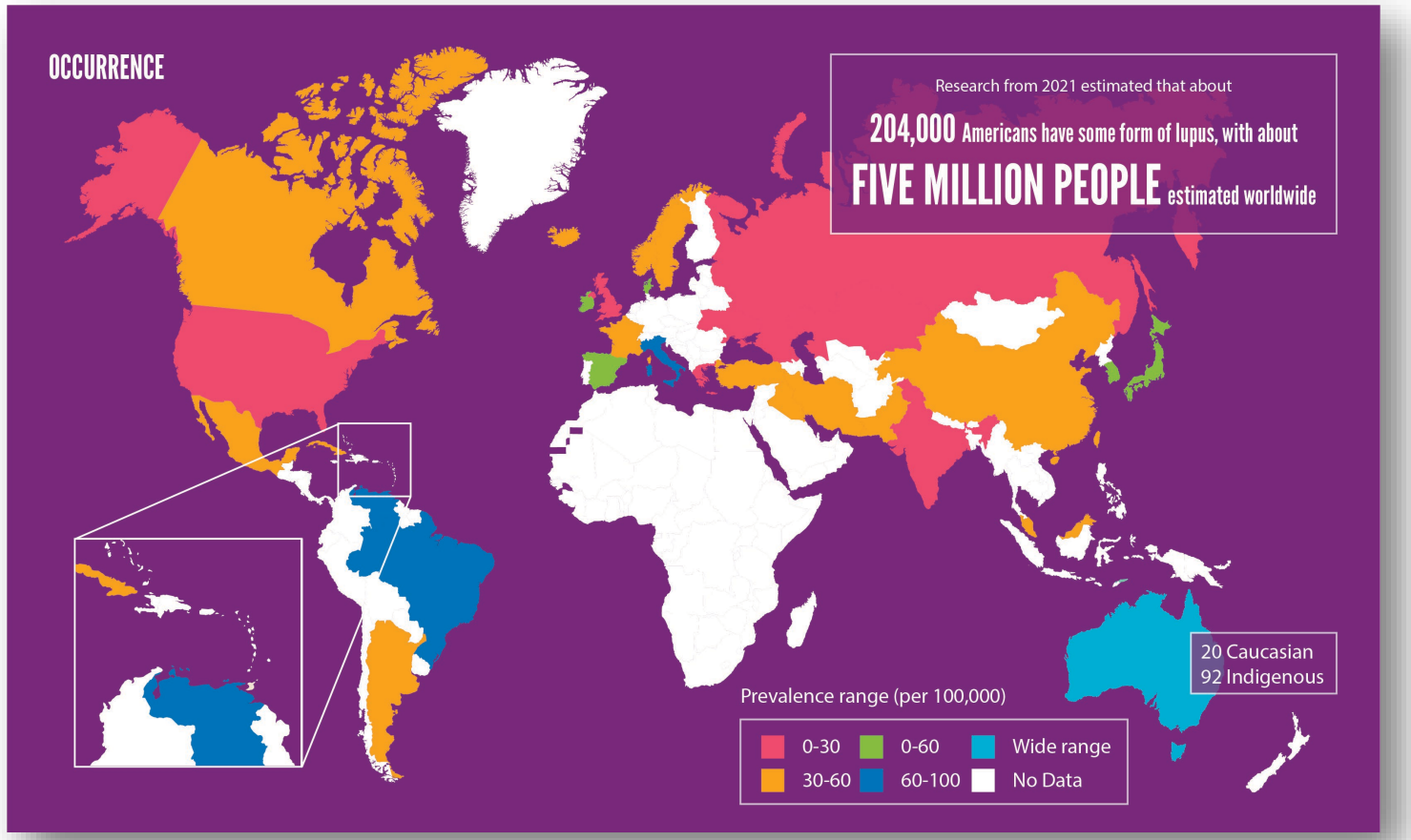
However, due to **improved** diagnosis and **disease management**, most people with lupus can expect to **live a normal life span**

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



Inspired by patients. Driven by science.

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

UCB – FY 2024 Facts & Figures, February 2025

SLE Disproportionately affects Underserved Populations

Epidemiology

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

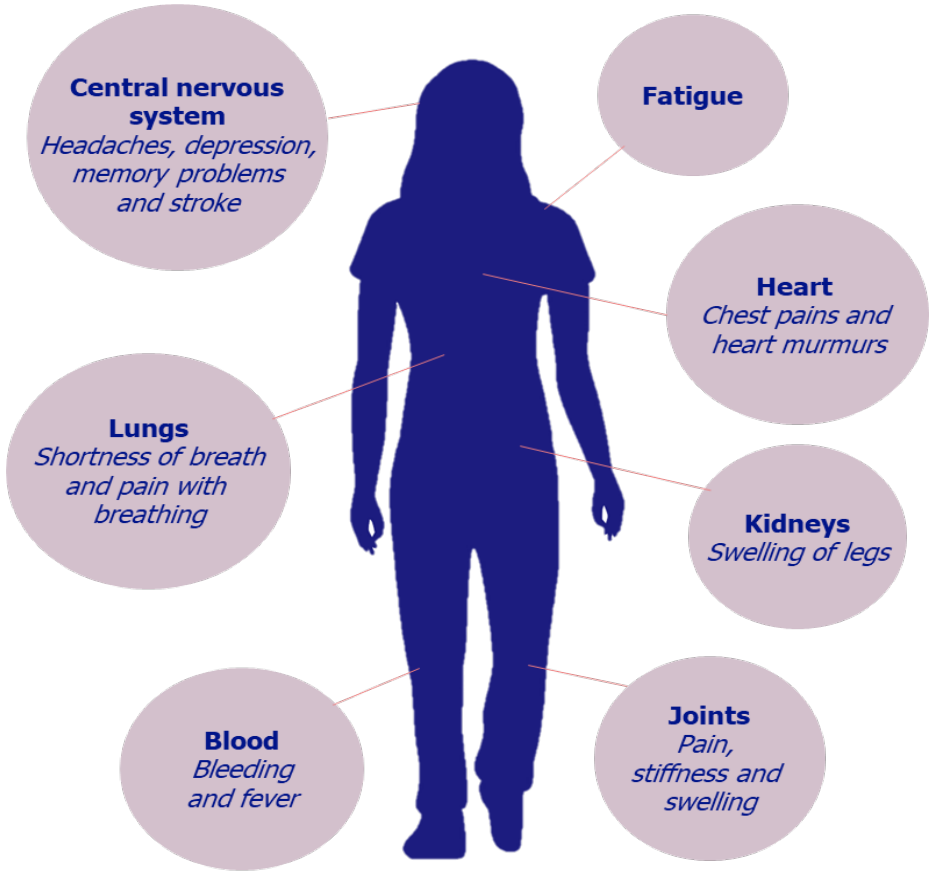
Women	**90% are women**, of those, 50% are women of childbearing age[1] between 15-45
Racial/ ethnic groups	**Two to three times more prevalent** among people who are African American, Asian American, Hispanic/Latino, Native American, or Pacific Islander

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]

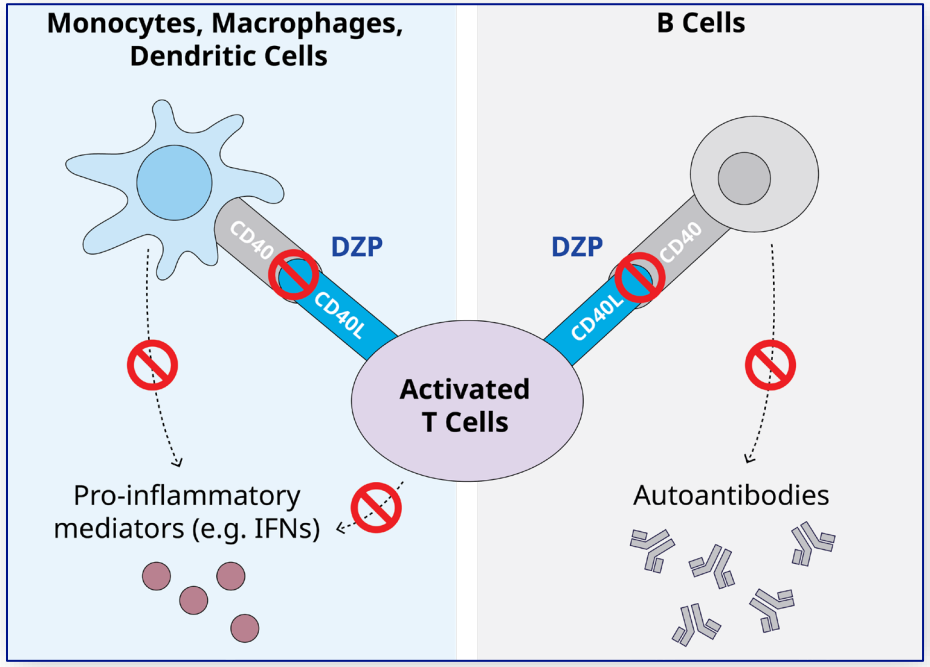
Common Symptoms of SLE[2]



[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.

Positive Phase 3 data supports Dapirolizumab pegol's potential to be a first-in-class biologic in SLE

Novel FC free anti CD40L with a broad mechanism of action, upstream of key modulators of SLE immunopathology



DZP is only the 3rd agent to deliver a positive global Phase 3 study in Lupus

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

- Statistically and clinically **significant improvement across organ systems** as measured by BICLA
- 50% less severe disease flares†
- Greater proportion of patients **successfully tapered corticosteroid use**†

Generally **well-tolerated safety profile**

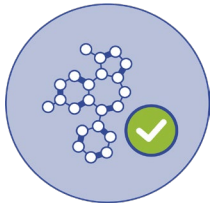
Second Confirmatory Phase 3 study started, Top line results 2028

Note: Dapirolizumab pegol is being developed in collaboration with Biogen; *Compared to SOC plus placebo at week 48; BICLA = British Isles Lupus Assessment Group-based Composite Lupus Assessment; DZP = dapirolizumab pegol; SLE = systemic lupus erythematosus; SOC = standard of care; Flares as measured by BILAG); †Because statistical significance was not reached for the first key secondary endpoint, analyses for subsequent key secondary endpoints are descriptive and have nominal p-values
UCB – FY 2024 Facts & Figures, February 2025

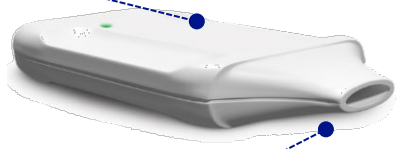
Developing STACCATO® *alprazolam* for Rapid Termination of an Ongoing Seizure in Patients at risk of prolonged seizures

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

Primary outcome measures:

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

EP0165 / NCT05076617

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

Approximately 350 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 – FY 2024 Facts & Figures, February 2025

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 H1 2025**

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]

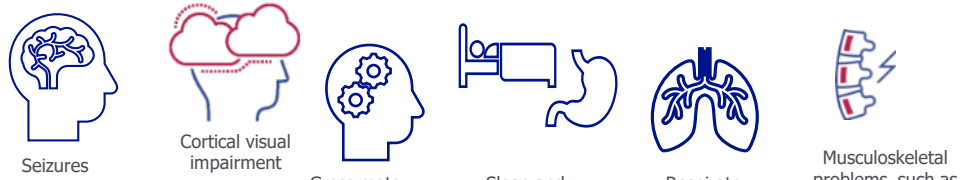
♀4x

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)

UCB reported the primary results from the TOGETHER, Phase 2 study of bepranemab in people with prodromal to mild AD, at the CTAD congress, Q4 20241

Given these promising results, UCB is considering the optimal path for the development of bepranemab.

In AD, amyloid β peptides form plaques and pathological tau proteins misfold and form intracellular aggregates, which accumulate within the brain leading to neurodegeneration.[2,3] Clinical progression is closely linked to the progressive spread of tau pathology throughout the brain.[2]

Pathological tau aggregates or 'seeds' can spread between neurons propagating disease[4,5]

Bepranemab is a fully humanised, full-length IgG4 monoclonal anti-tau antibody[5] that is currently under investigation for the treatment of AD[1,6]

Bepranemab aims to reduce the progression of disease by binding extracellular pathological tau and slowing down or halting the spread of tau neuropathology[1,4,6]

AD = Alzheimer's disease; IgG = immunoglobulin G.; 1. Barton M, et al. JPAD. 2025: 12 supplement 1; 7-8. 2. Courade JP, *et al. Acta Neuropathol.* 2018;136:729–45;3 Bloom G. *JAMA Neurol.* 2014;71:505–8; 4Albert M, *et al. Brain.* 2019;142:1736–50; 5 Colin M, *et al. Acta Neuropathol.* 2020;139:3–25; 6. NT04867616. Available at: https://clinicaltrials.gov/ct2/show/NCT04867616 (Accessed September 2021). bepranemab is an investigational product and is not approved for any indication by any regulatory authority in the world. Bepranemab requires additional studies before any conclusions for safety and efficacy can be made.

The TOGETHER Study (AH0003): Overview and Design

A Phase 2 study in people living with AD – primary results reported Q4 2024

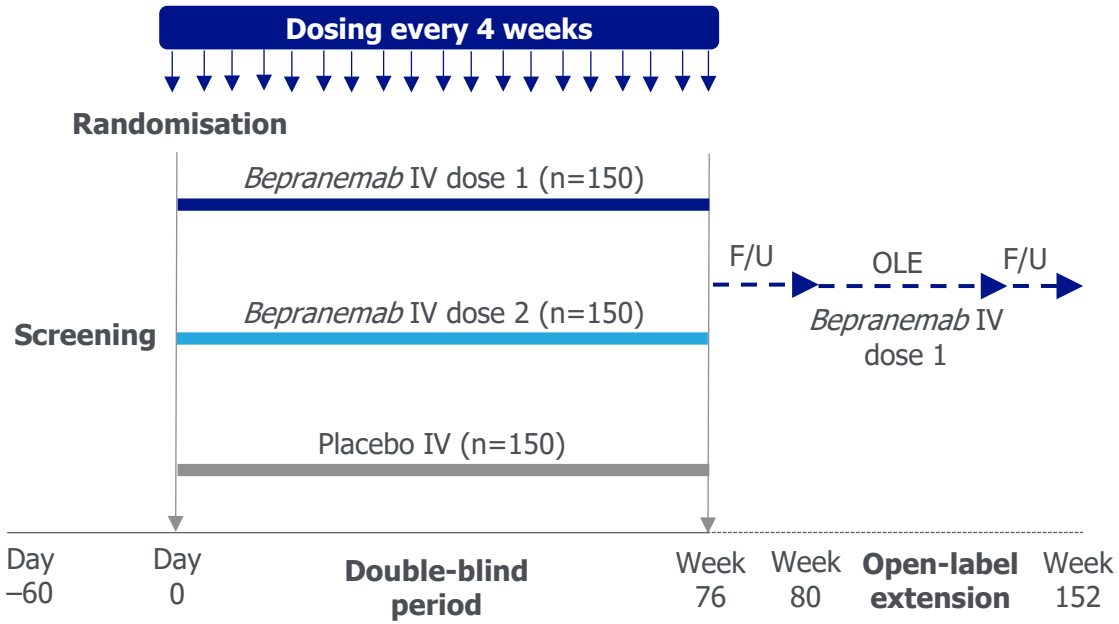
Objective

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

Inclusion criteria

- Prodromal or mild AD*
- MMSE score ≥20 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.

The TOGETHER Study (AH0003): Primary results

- TOGETHER is the first study to show biological and clinical effect of a tau-targeting therapy
- In the full study population, bepranemab reduced the rate of tau accumulation and slowed cognitive decline (as shown by effect on ADAS-Cog 14)
  - Bepranemab did not provide a treatment benefit as measured by change from Baseline in CDR-SB total score, the primary endpoint
- Bepranemab had an acceptable safety profile with no evidence of imaging abnormalities
- Consistent treatment benefit was observed in primary and all secondary outcome measures, in two predefined subgroups, with low tau burden at Baseline, and for APOε4 non-carriers
- Furthermore, a *post hoc* analysis identified:
  - A subpopulation with high tau at Baseline AND APOε4 carriers that may be less sensitive to bepranemab treatment
  - A subpopulation with EITHER low tau at Baseline OR APOε4 non-carriers that may be highly responsive to bepranemab as evidenced by the nominal significance and numerical superiority across all endpoints

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

UCB – FY 2024 Facts & Figures, February 2025F

Thymidine Kinase 2 Deficiency

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

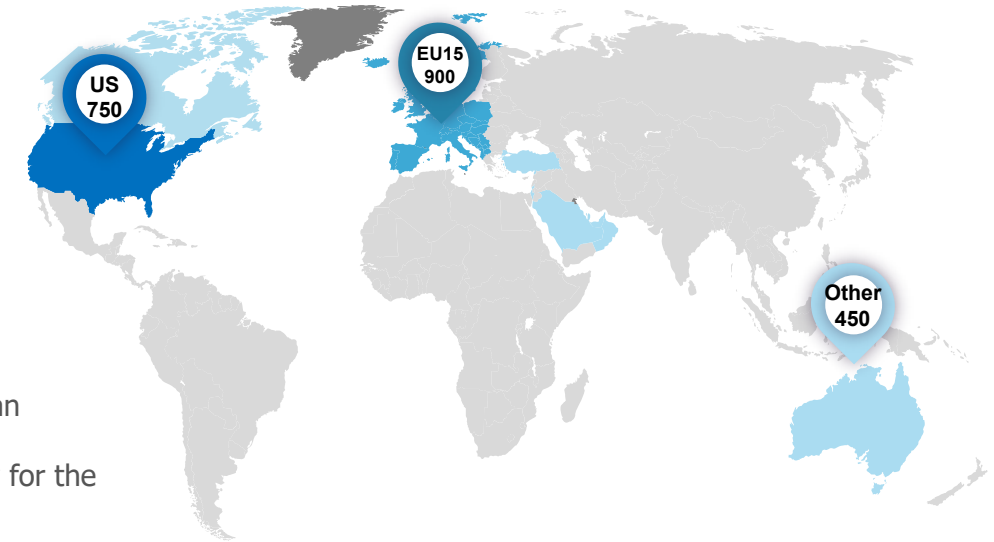
Accepted for review by the European and U.S. authorities - US priority review, US Rare Pediatric Disease Designation and US Orphan Drug Designation have been granted

Thymidine Kinase 2 deficiency (TK2d)

Is an ultra-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. TK2d often results in premature death

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 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; Doxecitine and doxribtimine is an investigational product and is not approved for any indication by any regulatory authority in the world.
UCB – FY 2024 Facts & Figures, February 2025

Glovadalen (UCB0022) – Parkinson's Disease (PD)

A Phase 2a study in people living with advanced PD – Results in H1 2025

Objective

- Evaluate the Efficacy, Safety, Tolerability, and Pharmacokinetics of UCB0022 in Study Participants With advanced Parkinson's Disease (ATLANTIS)

Inclusion criteria

- Participants with PD aged 35-85
- Diagnosed with PD ≥5 years before the Screening Visit
- Participants with significant daily motor fluctuations
- Participants responsive to levodopa and currently receiving treatment with oral daily doses of levodopa combination

Design

Participant Group/Arm	Intervention/Treatment
Experimental: - Orally administered glovadalen arm. Participants receive pre-specified orally administered as tablet doses of glovadalen	Drug: glovadalen – Participants receive repeat dose of UCB0022 at pre-specified time points during the Treatment Period
Placebo Comparator – Orally administered Placebo arm. Participants receive matching placebo orally administered as tablet during the Treatment Period	Drug: Orally administered Placebo – Participants receive placebo orally administered as tablet at pre-specified time points during the study

Endpoints

Primary:

- Change from Baseline to Visit 9 (Day 70) in the average number of hours/day of OFF time, as assessed by the study participant-completed Hauser PD symptoms diary over 3 consecutive days

Key secondary:

- Incidence of treatment-emergent adverse events (TEAEs)
- Incidence of treatment-emergent serious adverse events (SAEs)
- Incidence of TEAEs leading to withdrawal from the study
- Average Ctrough of glovadalen and its active N-desmethyl-glovadalen metabolite at Visit 9 (Day 70)

Galvokimig (UCB9741) - IL-13/IL-17 antibody - Atopic Dermatitis (AtD)

Positive Phase 2a study in people living with AtD – to be presented at upcoming scientific meeting - Next steps under evaluation

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 – FY 2024 Facts & Figures, February 2025

Donzakimig (UCB1381) - IL-13/IL-22 antibody - Atopic Dermatitis (AtD)

A Phase 2a study in people living with AtD – Topline results in H2 2025

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.
UCB – FY 2024 Facts & Figures, February 2025

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