



Accounting for Value

2024 UCB U.S. Sustainable Access and Pricing Transparency Report



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

Letter from our leaders

At UCB, our purpose is to create value for patients now and into the future. We fulfill this purpose by elevating the lives of patients and their families through our medicines, creating positive change across society. We incorporate the individual experiences of patients and caregivers into the discovery, development and delivery of our medicines, leveraging their insights to inform our science and develop innovative and differentiated solutions.

This commitment to patients and caregivers is why we continuously innovate and invest beyond medications to accelerate discoveries, enhance the effectiveness of the health system and improve the patient journey. Through this commitment, we aim to provide affordable and equitable access for all patients who need our medicines in a way that is viable for society, our investors and UCB.

The fourth annual UCB U.S. Sustainable Access and Pricing Transparency Report showcases a year of exciting innovation and progress with eight FDA approvals within the last 18 months (new medications in seven disease areas and one new formulation). This was in addition to numerous other approvals and launches from UCB around the world.

As we continue to drive innovation, the U.S. healthcare ecosystem also continues to evolve amid significant stakeholder consolidation and shifting policy dynamics. A new presidential administration always brings about policy evolution as new healthcare priorities and agendas take shape. Amid this dynamic environment, UCB remains committed to innovating and driving positive change for the patients we serve. As such, we urge reform for pharmacy benefit managers (PBM) and support federal legislation to provide greater transparency. However, more work must be done to address PBM practices and provide meaningful relief to patients.

At UCB, patients are at the heart of everything we do, and we have long been concerned with the well-documented program integrity issues with the 340B program. We support a competitive, value-based system that will improve access and affordability for all patients and enable access to UCB's medicines for vulnerable and underserved populations. Today, however, the 340B program has become less about patients and more about boosting the bottom lines of hospitals and for-profit pharmacies. We believe covered entities and their patients – not large, for-profit contract pharmacies – should receive the benefit of discounted medicines dispensed through the 340B program.

Collaboration with patients, advocacy groups and other stakeholders is imperative. We remain committed to continuing to provide transparent pricing and value information to our stakeholders and advocating for policies that benefit the patients our medicines serve.

This report includes:

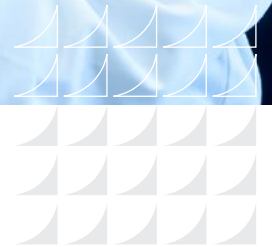
- How we are leading efforts to achieve sustainable access, i.e., affordable and equitable access in the U.S. healthcare system
- How we ensure affordable access through value-based pricing of our medicines
- How we leverage strong partnerships to drive patient health and wellbeing
- Policy reform opportunities to build a sustainable system together



Taco Van Tiel
Head of U.S.



Patty Fritz
Vice President and Head of U.S.
Corporate Affairs



This report by the numbers



119,742

Number of patients served by UCB patient assistance programs in 2024

53%

of eligible UCB clinical studies implemented Decentralized Clinical Trial model or a remote element



-7.8%

Change in net prices for 2024 (cross portfolio)

54%

Portion of UCB gross sales provided to supply chain stakeholders, including private and public payers as rebates, discounts and fees in 2024

US\$ 3.9 billion

2024 rebates, discounts and fees provided by UCB to supply chain stakeholders, including private and public payers

Access vision, strategies, goals and governance

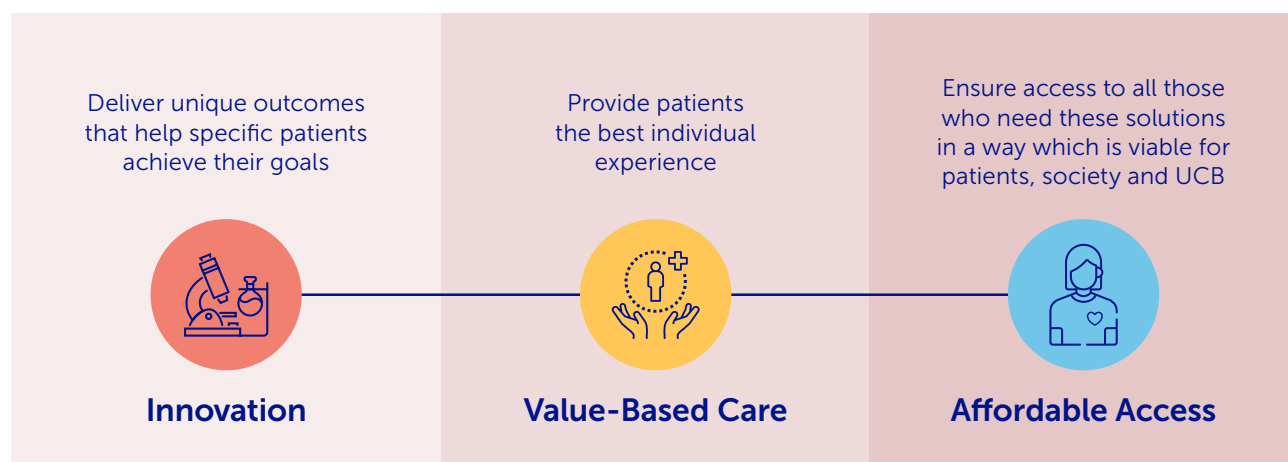
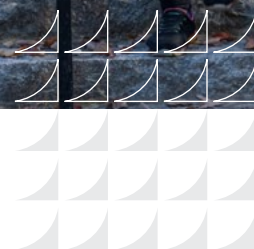
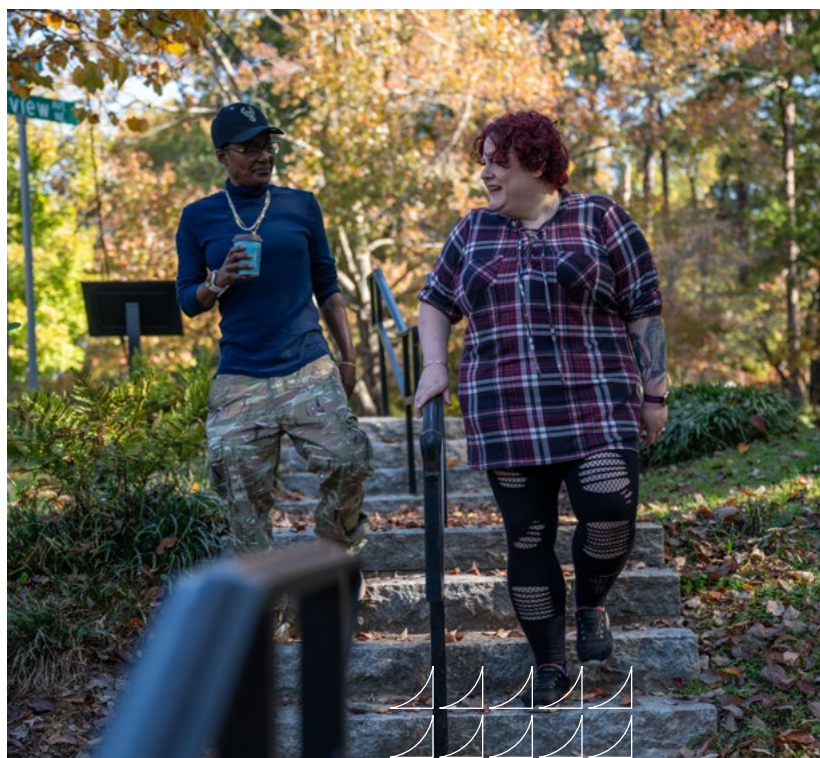
Leading efforts to achieve sustainable access in the U.S. healthcare system

We started 2024 off by announcing the commercial availability of ZILBRYSQ®, recently approved for the treatment of generalized myasthenia gravis (gMG), followed by new indications for BIMZELX® for the treatment of active psoriatic arthritis (PsA), non-radiographic axial spondyloarthritis (nr-axSpA), ankylosing spondylitis (AS), hidradenitis suppurativa (HS) and a 320 mg single-injection device. In doing this, UCB continued to innovate to meet the needs of patients – no matter how big or small the patient population.

UCB works with stakeholders throughout the health system to promote affordable and equitable access to care. Despite ongoing efforts, barriers to sustainable access still exist within our current healthcare system:

- Patients are not always able to access or afford the best medicines available for their unique conditions.
- The system does not always recognize the value of innovative medicines for specific patients.

Systemic health inequities add barriers that significantly impact the health, social and economic wellbeing of people and communities. At UCB, we aim to create sustainable impact for people living with severe diseases, and wider society by advancing science and making informed choices to address unmet patient needs, improve health equity and minimize our environmental impact. We are working together with stakeholders throughout the healthcare system to address critical gaps in care caused by health inequities.



Our strategy

Patient affordability and transparency

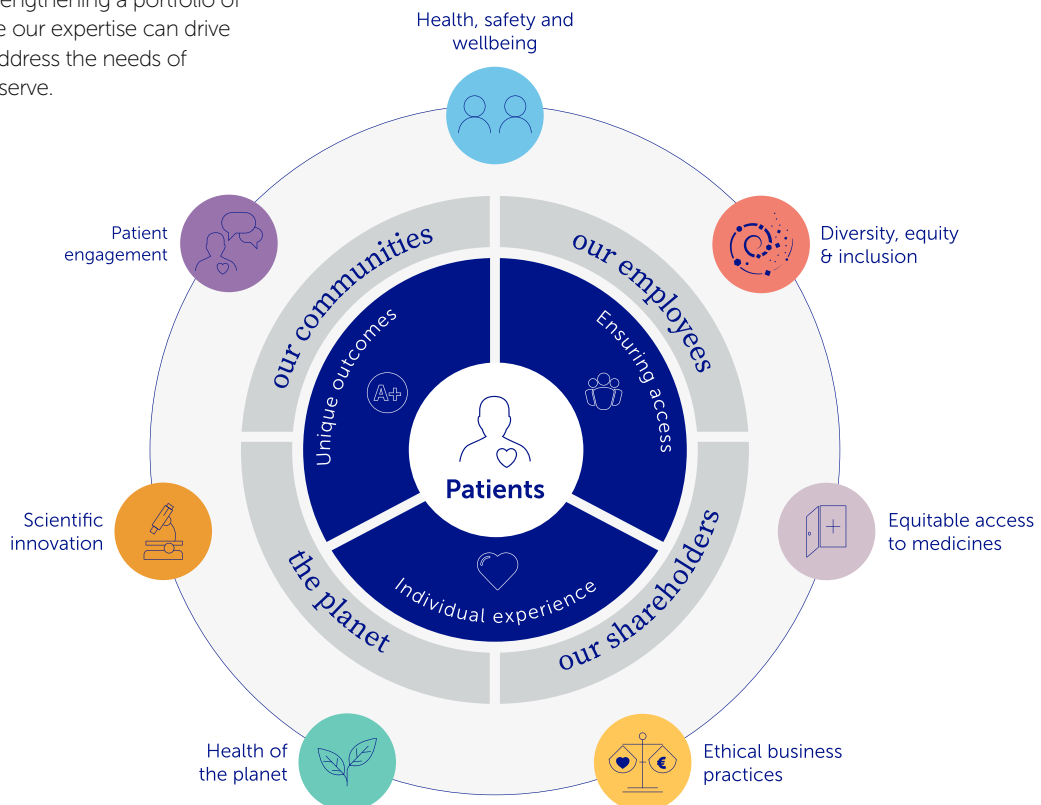
At UCB, we are defined by our purpose: to create value for patients now and into the future. We fulfil this purpose by elevating the lives of patients and their families through our medicines and creating positive change across society. That is why UCB makes information on our pricing and affordability available to patients. We provide accurate information on list price or wholesale acquisition cost (WAC), expected out-of-pocket costs across a range of coverage channels, as well as patient assistance information on our website at: [UCB-USA.com/affordability](https://www.ucb-usa.com/affordability).

Through our actions, we are dedicated to the continued evolution of an **equitable** public policy environment that recognizes and rewards **innovation**, encourages **value-based care** and promotes **affordable access** to medicines for patients.

Sustainable performance

We also see sustainability as a core requirement to enable us to continue bringing differentiated solutions to people who need them. We are committed to improving access to these solutions for all patients who need them in a way that is viable for UCB, our shareholders and society.

We work to ensure participants in UCB clinical trials are reflective of the populations who will ultimately benefit from our innovations. Our continued commitment to scientific innovation is why we reinvest around 25-30% of our revenue each year in research and development globally, building and strengthening a portfolio of solutions where our expertise can drive innovation to address the needs of the people we serve.



About UCB in the United States



1,800+
U.S. employees in 2024



US\$ 1.24 billion
(2024 U.S. economic footprint)



Approximately 75
active clinical studies



8 UCB offices
across 5 communities maintaining sites in California, Georgia, Massachusetts, North Carolina, Washington, and Washington, D.C.

Science

Differentiating with science

Our purpose is to create value for patients.
Now and into the future.

Our areas of focus



Neurology



Immunology



Rare disease

Our people



36
Countries



9,378
Employees



>3.1 million patients
use our medicines around the world



Sustainability as business approach

1928 90+ year scientific heritage

Addressing unmet needs

As a company rooted in creating solutions to improve the lives of people living with neurological and immunological conditions, we've made many scientific advances over the decades – innovations that have elevated the lives of people with severe diseases through our medicines. We incorporate the individual experiences of patients and caregivers into the discovery, development and delivery of our medicines, leveraging their insights to inform our science and develop innovative and differentiated solutions for specific patient populations, including rare patient populations, to provide a positive impact for patients and society. Our approach includes offering differentiated treatment options with great levels of patient need, including hidradenitis suppurativa, gMG, Dravet syndrome (DS) and Lennox Gastaut syndrome (LGS).

BIMZELX®, originally indicated for plaque psoriasis, was recently approved to treat four additional immune-mediated inflammatory diseases: psoriatic arthritis (PsA), non-radiographic axial spondyloarthritis (nr-axSpA), ankylosing spondylitis (AS) and hidradenitis suppurativa (HS), as well as a 320 mg single-injection device presentation that strengthens and expands administration options, increases convenience and enhances the individual patient experience.

Psoriatic arthritis (PsA) is an inflammatory musculoskeletal disease with both autoimmune and autoinflammatory features, and is characterized by inflammation, joint swelling, back pain and fatigue. It not only affects joints, but can also affect skin, nails, tendons and ligaments. About 30% of people with psoriasis may develop PsA¹.

Nr-axSpA and AS are chronic, immune-mediated inflammatory conditions that are known together as axial spondyloarthritis (axSpA), a painful condition that primarily affects the spine and the joints linking the pelvis and lower spine (sacroiliac joints). With nr-axSpA, there is no visible damage on an x-ray to the spine or sacroiliac joints. Both nr-axSpA and AS cause joint pain, stiffness, inflammation and a decreased quality of life. High disease activity can lead to irreversible structural damage to the spine and sacroiliac joints¹.

HS is a chronic, recurring, painful and often debilitating inflammatory skin disease. The main symptoms are nodules, abscesses and pus-discharging fistulas (channels leading out of the skin) which typically occur in the armpits, groin and buttocks. People with HS experience flare-ups of the disease as well as severe pain, which can have a major impact on quality of life¹.

Over the last year and a half, we received FDA approval for RYSTIGGO® and ZILBRYSQ® for gMG, offering the community the opportunity to benefit from a choice of two new targeted therapies, each with a distinct mechanism of action. We also offer patients the first targeted therapy for MuSK-positive patients, and the first subcutaneous self-administered injection, offering patients an option to administer their medication at home. Now, we can offer physicians and patients a portfolio of medicines in gMG with two different mechanisms of action and two different methods of administration.

Myasthenia gravis (MG) is a rare, chronic, autoimmune, neuromuscular condition where the body's immune system mistakenly targets the connection between the nerves and the muscles. Affecting 100–350 cases per 1 million people, MG impacts and interferes with the daily lives of people living with MG, friends, family members and caregivers².

FINTEPLA®, our treatment for seizures associated with Dravet syndrome (DS) and Lennox Gastaut syndrome (LGS) in patients 2 years of age and older, continues to make a difference in the lives of people living with these conditions. LGS is a severe childhood-onset developmental and epileptic encephalopathy characterized by drug-refractory seizures with high morbidity, as well as serious impairment of neurodevelopmental, cognitive and motor functions. LGS affects an estimated 30,000–50,000 patients in the U.S.³ and has far-reaching effects beyond seizures, including issues with communication, psychiatric symptoms, sleep, behavioral challenges and mobility.⁴ DS is a severe form of epilepsy marked by frequent treatment-resistant seizures; significant cognitive, behavioral and motor impairments that persist into adulthood; and an increased risk of premature mortality. Seizures generally begin in infancy, between three and nine months⁵.

For additional information on UCB, visit:

- [U.S. Public Policy Platform](#)
- [UCBCares Patient and Provider Resources](#)
- [Affordability Information](#)
- [Sustainability as Our Business Approach](#)
- [U.S. Innovation](#)
- [Diversity Equity, and Inclusion at UCB](#)
- [UCB-USA.com](#)



“At UCB, our work isn’t only about delivering therapeutic solutions to those whose health will benefit from them. It extends to empowering people through support offerings, advocacy, access and affordability programs, education, community support and advances in technology. We continue to reimagine how we care for patients, leveraging today’s expertise for a better tomorrow.”

Brad Chapman,
Head of U.S. Epilepsy
and Rare Syndromes

1 UCB-USA. About UCB in Rheumatology. <https://www.ucb-usa.com/Disease-Areas/Rheumatology>. Last accessed: December 2024.

2 Punga AR, et al. Epidemiology, diagnostics, and biomarkers of autoimmune neuromuscular junction disorders. *Lancet Neurol.* 2022;21(2):176-88.

3 Data on file, Zogenix, Inc. 2021.

4 LGS Foundation. LGS Characteristics and Major Concerns Survey. <https://www.lgsfoundation.org/wp-content/uploads/2021/08/2019-PFDD-Caregiver-Survey-1.pdf>. Last accessed: November 2024.

5 International League Against Epilepsy. DRAVET SYNDROME (DS). <https://www.epilepsydiagnosis.org/syndrome/dravet-overview.html>. Last accessed: December 2024.

Solution

Driving value through results

Delivering affordable and equitable access for patients while accounting for value

Acting with focus and care, we are creating sustainable value for society and making real improvements in the lives of the people we serve. This includes our commitment to an inclusive approach to research as well as equitable access to ensure our medicines remain as accessible as possible, now and into the future.

The value of a medicine comes in many forms, including the overall impact a treatment has on people living with severe diseases, their caretakers and the healthcare system. To respond to specific needs to optimize patients' experiences, we offer comprehensive support services to help patients and their caregivers who may face barriers to accessing or affording needed medicines.

Close collaboration with stakeholders

One way we do this is through working with stakeholders throughout the health system to promote affordable and equitable access to care for people living with severe diseases. As part of this commitment, we support the patient community in advancing policies designed to remove impediments to providers' ability to prescribe the most appropriate therapy and that preserve manufacturers' ability to provide assistance to patients who cannot afford needed medicines. We recognize that urgent, collaborative action is needed to build a healthier, more equitable world together.

Adapting to the policy environment

When it comes to the broader U.S. healthcare system, we closely monitor and adapt to policy changes to ensure patient access to innovative therapies is not interrupted, while advocating in parallel for a policy environment that puts patients first.

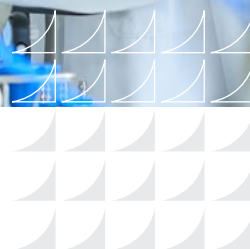
Pricing responsibly

We work to overcome barriers to sustainable patient access to our medicines in communities, customized to the specific health ecosystem. As part of this, we follow a set of foundational pricing principles, which are rooted in the belief that responsible pricing can contribute to increasing global health and create value for all patients who need our medicine, including small populations with high unmet needs like rare diseases, now and into the future.

As part of UCB's pricing principles, net prices generally do not increase each year by more than the Consumer Price Index for All Urban Consumers (CPI-U), a metric that represents the percent change over time of the price of specific goods and services in the U.S. Any increase in price is tied to the value UCB's products bring to patients and society. Exceptional net price increases above CPI-U are linked to meaningful increase in patient or societal value. The CPI-U baseline is determined by a combination of Bureau of Labor Statistics data and Federal Open Market Committee (FOMC) forecast.

“We can anticipate unmet needs in a person's care journey because we understand how a patient may struggle and where gaps exist in the healthcare system. By collaborating with patients, their families and other stakeholders in the healthcare ecosystem, we can help elevate lives through our medicines and our solutions to benefit patients and society as a whole.”

Taco van Tiel,
Head of U.S.



Patient support

People are at the heart of all that we do. We offer assistance programs that aim to help patients achieve their best lives, beyond their disease needs.

For patients prescribed one of our medicines, we provide tailored patient support programs that offer a suite of tools, programs and resources designed to help patients with access, affordability and treatment support throughout their treatment journeys. Patients are paired with coordinators who offer additional support.

Our other key assistance programs include:

UCBCares: Patients should never feel alone or left with unanswered questions about medications they have been prescribed. UCBCares is a dedicated service providing support to patients, caregivers and healthcare professionals throughout the treatment journey.

When contacting UCBCares, patients and their families interact with specialists who are caring, ready to listen and prepared to help. The UCBCares team can be reached [online](#) or by phone at 1-844-599-CARE (2273) to help with questions about UCB products, clinical trials or our assistance programs.

Patient Assistance: While UCB advocates for policy changes that will help to improve patient access and affordability, we understand patients need assistance to obtain their medications right now.

Through UCB Patient Assistance, we provide certain medications at no cost to eligible and qualified patients who otherwise have no access to the UCB medications prescribed by their physician.

UCB Population Health Resources: Population health is an important aspect of understanding the needs of people living with severe diseases and seeking solutions to address those needs. Our population health teams work with a wide range of stakeholders to help address challenges facing groups of individuals and their health outcomes. View our [online resources](#) to learn more about UCB's initiative.

Figure 1 – Patients Benefitting from UCB Patient Assistance Programs

	2019	2020	2021	2022	2023	2024
Patients Benefitting from UCB Patient Assistance Programs	72,803	84,754	100,214	95,583	90,246 ¹	119,742

Acting with focus and care, in 2024 we delivered impact to the people and communities we serve through our cornerstone initiatives providing patients with personalized support.

For gMG patients (RYSTIGGO® and ZILBRYSQ®) and people living with seizures as a result of DS and LGS (FINTEPLA®), we offer patient support through [ONWARD™](#), a program providing personalized support throughout the patient’s course of treatment. As part of the program, eligible patients receive important resources and support including a dedicated Care Coordinator, assistance with reviewing insurance coverage and potential financial assistance options, treatment tracking, ongoing treatment support, and always-available online tools.

Patients taking BIMZELX® or CIMZIA® can enroll in the [BIMZELX Navigate®](#) or [CIMplicity®](#) patient support programs, respectively. These programs provide personalized treatment resources and support options, including streamlined medication access and financial assistance for eligible patients, and a dedicated Nurse Navigator who can answer patients’ questions about insurance coverage, medication shipment status and more, in addition to providing injection training for eligible patients.

And beyond the disease-specific support, we are proud to have offered [UCBCares®](#) to patients for 10 years. UCBCares is a helpline offered by UCB to people living with chronic diseases who are on a UCB medication, and their healthcare professionals.

UCB also offers assistance for uninsured and underinsured patients through our Patient Assistance Program, which provides specific UCB medications at no cost to eligible and qualified patients.

We also work to ensure our medicines are accessible to those who need them by considering patient out-of-pocket costs when negotiating formulary access with payers and offering patient assistance programs for eligible patients. For future launches, we use an internal pricing framework to continue ensuring that our pricing reflects the value our medicines provide to specific populations with unmet needs.

Our work cannot and does not stop with developing treatments. We know that empowering patients means ensuring they have support to access and afford new medications. We have built a comprehensive suite of support services, based on our experiences with patients and feedback from the dermatologic community, to help us respond to specific needs throughout the patient journey.”

Brittany Blair,
Head of Patient Strategy
and Solutions, Immunology

¹ Number updated from 2023 report.

UCB portfolio pricing for sustainable value – 2019-2024

We strive to promote a healthcare system that provides affordable and equitable access for all patients who need our medicines.

Guided by our pricing principles, we follow a value-based pricing approach to support access to our medicines. As a reflection of our principles, our average discount rate increased by 2.5 percentage points, with UCB's 2024 discounts at an all-time high of 54%. That means UCB decreased our cross-portfolio list prices by over half as part of negotiations with health insurers and statutorily required government discounts. We provided \$3.9 billion in rebates, discounts and fees to private payers and government programs as well as providers, distributors and others.

The portion of discounts UCB pays to Medicaid (14%) reflects the supplemental rebates that states negotiate directly with manufacturers. Medicaid discounts, along with discounts from Medicare programs (17%) and other public insurance programs, result in 30% of all discounts going towards programs critical to many older and low-income Americans.

The rebates, discounts and fees paid by UCB to middlemen also reflect some important misaligned incentives in our current U.S. health system that prioritize robust concessions from manufacturers to payers. We provide these discounts or rebates to payers and pharmacy benefit managers (PBMs) to support and improve access for patients who need and would benefit from our medicines.

In the current U.S. healthcare system, UCB believes that rebates and discounts should translate to lower cost-sharing and greater affordability for patients. Unfortunately, discounts and rebates are not always used by payers to decrease out-of-pocket costs for patients. More can be done to ensure these discounts are passed to patients at the pharmacy counter.

Figure 2 – UCB U.S. Product Portfolio Pricing % Change, 2019-2024

	2019	2020	2021	2022	2023	2024
U.S. Product Portfolio % Change vs. Prior Year²						
List Price Change ³ (WAC)	6.4%	4.9%	4.0%	6.3%	5.7%	5.0%
Net Price Change ⁴	3.6%	-2.5%	-2.3%	-3.3%	0.4%	-7.8%
U.S. Product Portfolio						
Avg. Discount ⁵ (%)	39.4%	42.2%	45.2%	48.9%	51.5%	54.1%

² Annual percent change vs. prior year was calculated at a product level and weighted across the company's U.S. Product Portfolio.

³ Represents the year-over-year change in the average list price or wholesale acquisition cost (WAC).

⁴ Represents the year-over-year change in average net price, which is WAC less rebates, discounts and returns, as provided by UCB Finance.

*Data Note: The 2024 net price change percentage excludes sales realized through the BIMZELX Navigate® Bridge program.

⁵ Weighted average annual discount is calculated by dividing the sum of annual rebates, discounts and returns by annual gross sales.

Data Note: Rebates, discounts, and returns are estimated by the company and methodologies used may differ from those used by other companies. This data is not audited and should be read in conjunction with the company's filings with the Financial Services and Markets Authority (FSMA). UCB implemented its pricing principles and the realization took place between 2019 and 2020, which is reflected in the data.

Figure 3 – Patients Benefiting from UCB Products in the U.S.

	2019	2020	2021	2022	2023	2024
U.S. Patients Served by UCB Products ¹	321,986	334,942	417,834	312,403	297,450	232,531

Despite the constraints of the current system, we aim to create value for patients by helping them access the medicines they need to enable them to live their best lives, whatever that means for them.

To ensure our medicines are as accessible as possible, we continue to urge reform for pharmacy benefit managers (PBMs), support federal legislation to provide greater transparency of PBMs, and advocate for the delinking of fees in Medicare Part D from the list prices. These changes would help ensure that middlemen’s practices don’t create barriers to medicine access or artificially inflate prices.

Further, UCB has long been concerned with the well-documented program integrity issues with the 340B program. Current lack of transparency and oversight has led to resource diversion and discount duplication. We advocate for policy changes that support the goals of the 340B program to help underserved populations and continue to comply with our obligations to offer drugs at 340B prices to covered entities.

UCB works within the current system, providing robust negotiated rebates and discounts, to ensure that patients have access to needed medications, while simultaneously working to positively change that system to improve patient affordability of and access to all medicines. For example, the BIMZELX Navigate® Bridge program provides BIMZELX® (*bimekizumab-bkzx*) to eligible patients for \$15 per dose for up to two (2) years or until the patient’s commercial insurance plan approves coverage for the drug, whichever comes first.

“At the heart of our commitment to addressing gaps in care lies innovation. That’s why our focus at UCB is developing and providing treatments so that people living with rheumatic or dermatologic diseases, particularly those who have struggled with treatment options, can strive to live their best lives, tackling the activities that once felt like a burden.”

Camille Lee,
Head of U.S. Immunology

¹ Based on YTD Average U.S. data through October/November aggregated for U.S. marketed products BIMZELX® (*bimekizumab-bkzx*), BRIVIACT® (*brivaracetam*), CIMZIA® (*certolizumab*), EVENITY® (*romosozumab-aqqg*), FINTEPLA® (*fenfluramine*), KEPPRA® (*levetiracetam*), NAYZILAM® (*midazolam*), RYSTIGGO® (*rozanolixizumab-noli*), and ZILBRYSQ® (*zilucoplan*).

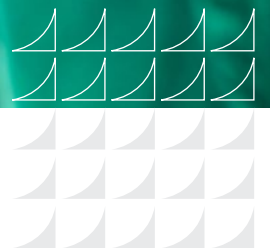
UCB perspectives: leveraging strong partnerships to drive access and value

Discovering new solutions propels patient care forward. At UCB, we work every day to discover and deliver differentiated solutions to give people impacted by severe diseases more options that help them live the best life they can, whatever that means for them. We strive to undertake initiatives beyond medicines to accelerate discoveries, enhance the effectiveness of the health system and improve the patient journey.

Value-Driven Care

Collaborating with Patient Communities

UCB understands that regular engagement with the people who use our medicines, healthcare professionals and advocacy and professional organizations is an important aspect of our work to advance policies that support value-driven care and help people living with severe diseases. Every day, we work to ensure that people living with severe diseases have the best individual experience while promoting access to value-driven care, meaning high-quality, affordable care. Patients can experience frustration when they face access barriers, but through our work with advocacy organizations such as the [National Psoriasis Foundation](#) and the [Global Health Living Foundation](#), we are focused on changing the status quo to help people living with severe diseases live the best life they can – as they define it.





“We believe in a world without barriers to equitable healthcare access, so that people living with severe disease have the freedom to live the best life they can. UCB is committed to an evidence-based approach that enables us all to do our part in identifying and solving disparities that are barriers to equitable health outcomes for individuals and within the communities where they live.”

Patty Fritz,
Head of U.S. Corporate Affairs

Collaborating with patient communities

We acknowledge that the ingenuity and expertise we bring to this challenge is only one piece of an ongoing dialogue with the communities we serve and the shared goal of greater access. Therefore, we establish partnerships to help further our purpose, allowing us to focus on our strengths, make the right strategic decisions for the people we serve and ensure our work has the greatest possible impact.

Regular engagement with the people who benefit from our medicines, healthcare professionals, advocacy and professional organizations is an important aspect of our work to advance policies that support value-driven care and help people living with severe diseases. Our ambition is to continuously innovate to develop unique solutions that create the best individual experience for patients. This also means ensuring access for all who need these solutions, in a way which is viable for UCB, for patients, for communities and for society.

We are also in our second year supporting the HS Coalition, an independent, multi-stakeholder coalition of patient advocates and healthcare professionals convened by UCB and aimed at addressing health inequities in HS. As a part of our commitment to bringing solutions to people living with severe disease, UCB also collaborated with The Health Policy Partnership to publish a comprehensive report titled “[Call to Action: Improving the Lives of People with Hidradenitis Suppurativa](#).” This report communicates the condition’s significant impact and advocates for change by highlighting policy and system barriers to better HS care. We also hosted the inaugural UCB HS Summit in August of this year, fostering discussions among patients, caregivers, advocacy leaders and healthcare providers to better understand the HS treatment journey and identify unmet needs.

We launched the UCB Myasthenia Gravis Scholarship™ to empower individuals with MG or immediate family members to pursue educational or career goals. The scholarship, which builds on the company’s success of the UCB Family Epilepsy Scholarship Program™ will award recipients with \$10,000 to help ease the costs associated with education in trade skills, college courses or any other discipline.

People

Succeed Together

Each year, UCB strives to enhance the lives of people, especially individuals with severe neurological, immunological and rare conditions. We are committed to an evidence-based approach to health equity that enables us to do our part in identifying and solving the disparities that are barriers to equitable health outcomes for individuals and within the communities where they live. Key to this is our cornerstone collaborations with partners and health systems.

We are proud to be entering our second full year of the Better Research, Information and Data Generation for Empowerment (BRIDGE) program to advance practical and action-oriented solutions to overcome information gaps that affect women's health. BRIDGE is a voluntary, multidisciplinary group of physicians, researchers, patients and women's health advocates working to empower women with chronic diseases with evidence-based, accessible information to make shared decisions about their treatment during their reproductive health journey.

In September, we partnered with BlackDoctor.org to bring together a group of diverse voices and leaders from across the healthcare, social justice and academic sectors for the Third Annual Health Equity Expo. Civil rights advocate and global humanitarian Martin Luther King III delivered keynote remarks on the intersection of health equity and social justice, emphasizing the need to address the root causes of health disparities to ensure equitable access to care for historically underserved populations and communities.

UCB is also championing numerous programs to promote diversity in clinical trials. UCB recently worked with industry leaders as a member company of TransCelerate to launch their Sponsor Toolkit Program for Diversity, Equity and Inclusion of Participants in Clinical Trials as one part of their ongoing program to enhance diversity in clinical trials. Along with other peer pharmaceutical companies and clinical research organizations, UCB also partnered with Tufts Center for the Study of Drug Development to conduct a study to characterize and examine the relationship between investigative site personnel diversity and study participant diversity.

Health Equity

Population Health

At UCB, we are committed to taking action to bridge gaps and facilitate equitable care. For UCB, our connection with the people we serve goes beyond medicines. Our commitment spans from [diversity and inclusion in clinical trials](#) to using data-driven approaches and collaborating with our partners. Solving a problem as systemic as racial disparities in healthcare will require an earnest commitment from all stakeholders.

Population health is an important aspect of understanding the needs of people living with severe diseases. Our [population health](#) teams work with a wide range of stakeholders – healthcare professionals, integrated delivery networks, academics, patients and caregivers, and more – to help address challenges facing groups of individuals and their health outcomes. UCB has prioritized [creating resources](#) across therapeutic areas to improve population health – including those from historically underserved communities.

“At UCB, ethical business practices are a key component of our sustainability commitment. We have worked hard in recent years to reinforce ethical behaviors and decision-making in all areas of the organization.”

Anisa Dhalla,
Head of U.S. Ethics
and Compliance



A dynamic health system

While achieving broad, systemic change in the complex U.S. healthcare system is challenging, a public policy environment that supports innovation and value-based care benefits both patients and the entire healthcare ecosystem. A new presidential administration always brings about policy evolution as new healthcare priorities and agendas take shape. Amid this dynamic environment, UCB remains committed to innovating and driving positive change for the patients we serve. We will continue to work across the healthcare ecosystem – with patients, payers, providers, caregivers and policymakers – to understand patient needs and advocate for policies that put patients first. Our sustainable business approach reinforces our goal to address unmet medical needs through innovating and investing in differentiated solutions. In parallel, we need policy solutions that recognize and reward innovation, encourage value-based care and promote affordable access to medicines for people who need them.

Improving Patient Affordability

At UCB, our decisions are guided by the trust placed in us by patients, their families and caregivers, healthcare providers, payers and partners across the healthcare system. We advocate for policy and system changes that similarly prioritize patient needs.

Inflation Reduction Act:

While the Inflation Reduction Act (IRA) includes important Medicare Part D affordability measures, such as out-of-pocket spending caps, its implementation raises concerns about long-term innovation, particularly in rare disease treatment. The IRA's narrow rare disease exclusion from eligibility for Medicare price negotiation – limited to single-indication products – could discourage development of treatments for multiple rare conditions. We advocate for expanding this exclusion for subsequent indications as long as they continue to address rare conditions. This, and clarifying negotiation timelines, protect rare disease innovation while maintaining patient affordability.

PBM Reform:

Meaningful healthcare reform necessitates examining the entire prescription drug supply chain to improve equitable access and affordability while preserving innovation for severe diseases. Currently, pharmacy benefit managers (PBMs) employ practices that can increase patient costs and limit access, such as restricting co-pay assistance or preventing it from counting toward deductibles and out-of-pocket maximums. We support congressional efforts to increase transparency and reform PBM practices, including transitioning from percentage-based fees to flat fees for manufacturer charges. These changes would help ensure that middlemen's practices don't create barriers to medicine access or artificially inflate prices.

340B Program:

UCB supports the original intent of the 340B program to help underserved patients. We continue to comply with obligations under the program to offer medicines at 340B prices to covered entities to ensure that they have access to products at the discounted prices in support of their service to 340B Program patients. However, UCB has long been concerned with the well-documented 340B program integrity issues arising from contract pharmacy arrangements. Current lack of transparency and oversight has led to resource diversion and discount duplication. We advocate for policy changes that ensure 340B benefits reach vulnerable patients directly through covered entities, rather than through for-profit contract pharmacies which profit from the program. Enhanced transparency and oversight would help direct more resources to patient care while continuing to support covered entities that rely on the program to provide care to vulnerable patients.

Prescription Drug Affordability Boards:

State prescription drug affordability boards (PDABs) aim to address medication spending at the state level. While UCB remains committed to pricing our medications based on the value it brings to patients, health systems and society, these boards could potentially compromise both patient access and medical innovation.

Preserving the Provider-Patient Relationship

UCB supports healthcare providers' ability to choose the best medicine for an individual patient's treatment needs and goals while minimizing unnecessary administrative burdens or treatment restrictions (such as prior authorization requirements).

Patients should have access to a range of affordable, quality health plan options that permit patient assistance from manufacturers and offer robust patient protections. To that end, UCB supports policy reforms that require co-pay assistance from manufacturers to count toward a patient's deductible and out-of-pocket maximum (e.g., co-pay accumulator and maximizer bans), or at least limit the use of those programs across all health plans.

We also want to ensure patient health plans provide formulary access to innovative, specialty medicines. We have come so far – developing treatments that have transformed the standard of care for patients with rare conditions and diseases. However, excluding specialty medicines from covered benefits can be detrimental to patients.

Of particular concern is step therapy, a mechanism used by payers to require patients to "step through" or "try and fail" on one or more treatments before getting access to the most appropriate treatment, as determined by the patient and their healthcare provider. We join with patient communities in actively supporting policy reforms to address step therapy, including federal and state-level step therapy override legislation. Within individual states, UCB has also piloted a program to create resources to educate and assist providers when navigating step therapy override processes to help enable patient access to the most appropriate therapy.

At UCB, we remain dedicated to the continued evolution of a public policy environment that preserves patient-provider shared decision-making and simultaneously recognizes and rewards innovation and encourages value-based care while promoting affordable access to medicines for patients.

“We remain steadfast in our ambition to deliver a portfolio of differentiated solutions to create patient value. We continue to listen to the individual experiences of people living with a rare disease in order to learn about the gaps in their care and support. We remain committed to the discovery, development and delivery of our solutions that are differentiated to accommodate diverse needs.”

Kimberly Moran, Ph. D.,
Head of U.S. Rare Disease



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

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