United Therapeutics
A PUBLIC BENEFIT CORPORATION

Corporate Responsibility and Public Benefit Report

FY 2025

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This Corporate Responsibility and Public Benefit Report primarily highlights some of our sustainability efforts during FY2025. Throughout this Report, we also call out 2026 highlights. This Report is not a comprehensive description of all our efforts during the reporting period.

Forward-Looking Statements

This Corporate Responsibility and Public Benefit Report (this Report) contains forward-looking statements made pursuant to the safe harbor provisions of Section 21E of the Securities Exchange Act of 1934 and the Private Securities Litigation Reform Act of 1995 (**PSLRA**). These statements, which are based on our beliefs and expectations as to future outcomes, include, among others, statements and opinions about our future operating results, business plans, objectives, pipeline advancements, benefits of our products, and corporate responsibility or public benefit matters, including information or aspirations regarding sustainability and the environment, employees, philanthropy, supply chain, ethics and governance, cybersecurity and data privacy, and any others that contain the words believe, seek, aim, strive, endeavor, expect, anticipate, intend, estimate, should, could, may, will, plan, or similar expressions, and any other statements contained or incorporated by reference into this Report that are not historical facts. These forward-looking statements are subject to certain risks and uncertainties, such as technological advancements, energy prices, government incentives, stakeholder engagement, and those described in our periodic reports filed with the Securities and Exchange Commission (**SEC**) that could cause actual results to differ materially from anticipated results. These statements may also be based on historical or current goals, targets, aspirations, commitments, or estimates; standards for measuring progress that are still developing; diligence, processes, and internal controls that continue to evolve; certifications, representations, or data provided or reviewed by third parties, including information from acquired entities that may be incomplete, subject to ongoing review, pending integration into our reporting processes, or unable to be integrated into our processes; and on assumptions that are subject to change in the future. Forward-looking statements are not guarantees or promises that any such goals, targets, aspirations, commitments, strategies, or expectations will be met or maintained. Consequently, such forward-looking statements are qualified by the cautionary statements, cautionary language, and risk factors set forth in our periodic reports and documents filed with the SEC, including our most recent Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, and Current Reports on Form 8-K. We claim the protection of the safe harbor contained in the PSLRA for forward-looking statements. We are providing this information as of the date of publication of this Report and assume no obligation to update or revise the information contained in this Report whether as a result of new information, future events, or any other reason. Inclusion of information in this Report is not an indication that the subject or information is material to United Therapeutics' business or operating results, our stakeholders, or our impacts on other parties or corporate responsibility matters, in each case under U.S. securities or any other law or requirement that may be applicable to us. Website references and hyperlinks provided throughout this Report are provided for convenience only, and the content on the referenced websites is not incorporated by reference into this Report, nor does it constitute a part of this Report.

Message From Our Founder and CEO

At United Therapeutics (**UT**), **From Breakthrough to Benefit** isn't merely a slogan. In fact, it's deeply personal. My wife, Bina, and I started UT in 1996 because our daughter, Jenesis, was diagnosed with pulmonary arterial hypertension. Those early days were difficult and uncertain. They also taught me something I still carry with me: When patients and families are counting on you, you keep going. You stay curious. You question authority. You move quickly from theoretical to practical science. You don't give up.

That's why the number of people we serve means so much to me. Behind every number is someone navigating appointments, side effects, insurance hurdles, and the everyday courage it takes to keep showing up. I'm humbled by our brave patients, and I'm grateful to the teams who bring enthusiasm, creativity, and persistence to meeting unmet medical needs so that we can help provide a brighter future for patients and their families.

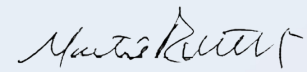
I also feel real excitement, because our breakthroughs are accelerating. In 2025, we advanced **16 clinical trials**, each one a disciplined test of an idea we believe could matter for patients. And in a seven-month period spanning 2025-2026, we saw extraordinarily positive readouts for **three pivotal phase 3 studies**. It is a profound honor to witness the powerful impact of scientific innovation realized for patients in need. Results like these don't happen by accident; they reflect years of persistence, rigor, and learning. They strengthen my resolve that we must keep moving with urgency and integrity, unlocking new hope, and turning promising science into accessible benefit for people who are waiting.

Our organ manufacturing program work can sound like science fiction until you see it become science fact. We have to be bold and unconventional, because the needs are so great. Every step forward is built on the selfless contributions of organ donors, and on patients and families willing to try something new when options are few. Whether we are expanding the number of lungs available for transplant through innovations like *ex vivo* lung perfusion, or advancing bioengineering and xenotransplantation technologies, we are working to unlock new possibilities for care and hope toward a world where suitable organs are available for every person who needs one.

That mindset of innovation with purpose also shapes how we build. In 2027, we expect to commission and begin operating ***Warp-10***, our mass timber pharmaceutical manufacturing facility that is designed to meet current good manufacturing practices and to drive toward zero carbon. For me, this is more than a construction milestone. It's a reflection of our care about our patients, our people, and our planet and the deep links between them. If we are serious about creating a brighter future for health, we must also be serious about our resilience in the face of environmental uncertainty, and about operating sustainably to mitigate negative impacts and manage future risks.

For me, serving unmet needs now, building toward a transformational future, and doing so sustainably are inseparable. They are how we live our public benefit purpose: to use science for people, create business value based on core values, and do this work with integrity. Thank you for supporting this mission, whether you are a patient, a healthcare professional, a partner, an investor, or a *Unitherian*, which is what we call our UT employees. I hope you feel proud of what your engagement makes possible, because we are doing good, and we're doing it together.

Onward!



Dr. Martine Rothblatt
Chairperson and CEO

Our Purpose

Our Business and Purpose

Founded by our CEO, Martine Rothblatt, to discover a cure for her daughter's life-threatening rare disease, pulmonary arterial hypertension (**PAH**), UT transforms the treatment of rare diseases and pioneers alternatives to expand the supply of transplantable organs.

From our innovative therapies to our groundbreaking manufactured organs, we are bold and unconventional. We aim to move quickly from scientific theory to practical technologies that can save lives.

Saving lives drives our decisions. In 2021, with overwhelming shareholder support, UT became the first publicly traded biotechnology company organized as a public benefit corporation (**PBC**), aligning our legal form with our aspiration to turn scientific breakthroughs into benefits for patients and long-term value for stakeholders.

In about 40 U.S. states and territories, companies can incorporate as a PBC. In Delaware, being a PBC means when making decisions, directors are required to balance the interests of shareholders, the interests of stakeholders materially affected by the PBC's conduct (such as patients, employees, and members of the communities where the company operates), and pursuit of the corporation's public benefit purpose.

Our **public benefit purpose** is to **provide a brighter future for patients through a) the development of novel pharmaceutical therapies and b) technologies that expand the availability of transplantable organs**. Our first purpose helps delay or avoid the need for a transplant, while the second purpose seeks to enable a patient to receive a transplant when they need one.

To deliver on that purpose, we focus on our impact on patients, on our *Unitherians*, and on the planet.

Becoming a PBC reflects who we are and what we stand for: putting patients first. It aligns our corporate structure with our values and our focus on patients, employees, the planet, and shareholders. We believe that serving patients well helps create long-term value, strengthens trust, and attracts great people to our mission.

In many ways, 2025 was a year of building — strengthening the foundation that will carry us into our 30th anniversary year that began in June 2026. This Report summarizes our ambitions and progress toward these aims.

2025 Year in Review

Data as of December 31, 2025, unless otherwise noted

Approximately

17,000 patients

being treated with our therapies, including 179 people who received a transplant following our centralized *ex vivo* lung perfusion (**EVLP**) service in 2025

Advanced 16 clinical trials,

with significant breakthrough results that we believe have the possibility to further benefit the lives of patients living with pulmonary hypertension (**PH**), those with pulmonary fibrosis (**PF**), and others living with end-stage liver disease

$3.18 billion

annual revenue, representing 11% growth compared to 2024

Approximately

1,400 employees

across 15 locations

~$2.27 million

in revenue per employee, which ranks third among our compensation peer group[1]

3.5% voluntary turnover rate

compared to a 10% industry average[2]

Made progress on a new

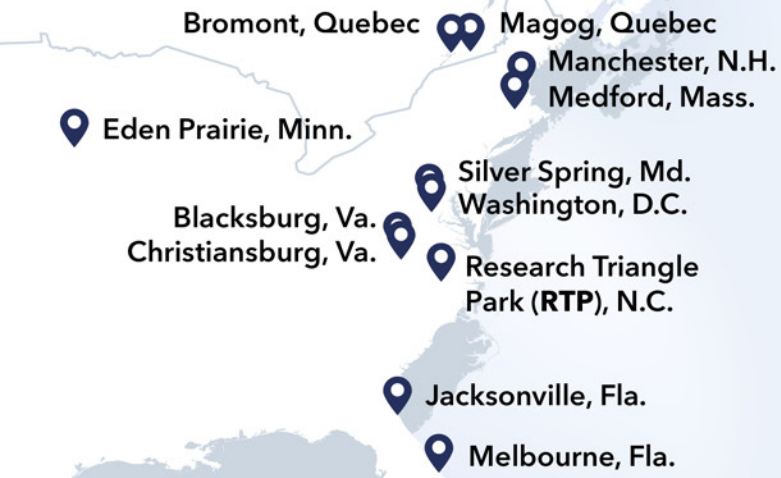
mass timber

pharmaceutical manufacturing facility called Warp-10, designed to expand our manufacturing and packaging capacity, **while cutting operational and embodied carbon**

1. See our compensation peer group in our 2026 Notice of Annual Meeting of Shareholders and Proxy Statement, page 45.
2. Industry data from Aon/Radford Turnover study; data published December 2025 | U.S. Life Sciences: Biotech/Pharma | Date range for 2025 industry data is June 2024–June 2025.

Where We Operate

We have two headquarters: one in Silver Spring, Md., and one in Research Triangle Park, N.C. We have offices in five countries, with our most significant operations located in the United States. Selected locations include:



Recent Awards and Recognition Highlights

Fortune Great Place to Work®
2026 ninth consecutive award

Forbes America's Best Companies 2025®
inaugural list

Forbes Global 2000
2025 first award

Time World's Most Impactful Companies
2026 first award

Fortune Best Workplaces in BioPharma™
2025 (Large) sixth award

Fortune Best Workplaces for Women™
2025 (Large) third award

Fortune Best Workplaces for Parents™
2025 (Large) fourth award

Fortune 100 Best Companies to Work For®
2026 second award

Our Principal Subsidiaries*

IVIVA, A UNITED THERAPEUTICS COMPANY

LUNG BIOENGINEERING™, A UNITED THERAPEUTICS COMPANY

miromatrix, A UNITED THERAPEUTICS COMPANY

THYMMUNE THERAPEUTICS, A UNITED THERAPEUTICS COMPANY

Unither BIOELECTRONICS

*In July 2026, UT acquired Thymmune Therapeutics. Thymmune's lead candidate, THY-100, targets congenital athymia, an ultra-rare, life-threatening condition in which infants lack a functional thymus. THY-100 has potential applications in transplant tolerance.

Our Focus

We seek to develop life-extending therapies and technologies for patients in two core areas: rare disease and end-stage organ disease.

The defining characteristics of patients being treated with our therapies are twofold: Their conditions are rare and life-threatening. While we continue to develop and commercialize therapies for these conditions, we view organ manufacturing as a complementary solution for a broad array of diseases, many of which, such as PH, have proven incurable to date through more traditional pharmaceutical and biologic therapies.

Rare Disease

U.S. Prevalence (people)

PAH
~50,000

PPF[3]
~200,000

PH-ILD
~60,000

Neuroblastoma
~800

IPF[3]
~100,000

3. UT is seeking to expand the clinical use of its therapies into Idiopathic pulmonary fibrosis **(IPF)** and progressive pulmonary fibrosis **(PPF)**. See Product Innovation and Clinical Trials for more.

Commercial Products

Tyvaso® and **Tyvaso DPI®** are inhaled prostacyclin analogues approved by the U.S. Food and Drug Administration (**FDA**) to treat pulmonary arterial hypertension (**PAH**) and PH associated with interstitial lung disease (**PH-ILD**) (WHO Group 3) to improve the ability to exercise. They are:

- The first products approved to treat PH-ILD, and
- The most prescribed prostacyclin therapies in the United States

Important Safety Information (ISI): https://www.unither.com/research-and-medicine/tyvaso

TYVASO (treprostinil) INHALATION SOLUTION
TYVASO DPI (treprostinil) INHALATION POWDER

We also manufacture and commercialize a therapy approved by the FDA to treat neuroblastoma, a rare form of pediatric cancer.

Unituxin® is the first and most prescribed antibody therapy for high-risk neuroblastoma in the United States.

ISI: https://www.unither.com/research-and-medicine/unituxin

Unituxin (dinutuximab) Injection

Remodulin® is approved by the FDA to diminish symptoms associated with exercise in patients with PAH.

- It is the most prescribed parenteral prostacyclin in the United States, and
- It has been recommended in PAH treatment guidelines since 2003

ISI: https://www.unither.com/research-and-medicine/remodulin

REMODULIN (treprostinil) Injection

Orenitram® is an orally-administered prostacyclin analogue approved by the FDA to treat patients with PAH to delay disease progression and improve exercise capacity.

ISI: https://www.unither.com/research-and-medicine/orenitram

orenitram treprostinil EXTENDED-RELEASE TABLETS

Adcirca® is a Phosphodiesterase 5 inhibitor **(PDE5i)[4]** approved by the FDA for treatment of PAH to improve exercise ability.

ISI: https://www.unither.com/research-and-medicine/adcirca

adcirca tadalafil tablets 20mg

4. PDE5is are a type of drug that can affect blood flow and how cells communicate in the body.

Organ and Organ Alternative Manufacturing

U.S. Organ Transplant Data[5]

49,000+
Organ transplants performed in 2025

~13
Number of people who die each day waiting for transplant

~1.9%
Increase in organ transplants performed (2025/2024)

~103,000
Number of people on the U.S. national transplant waiting list

At UT, we strive to help address the gap between the need and the availability of suitable organs for transplant.

We are innovating solutions that we believe will soon help save even more lives through our xenotransplantation efforts and our work in regenerative medicine for allogeneic and autologous[6] organ alternatives. In addition, through our EVLP service, we are increasing the number of organs available for transplant today. This work helps build scientific knowledge that informs our organ and organ alternative research and development efforts.

Organs and Organ Alternatives

The ultimate solution for many patients with PH and other life-threatening diseases is a cure through organ transplantation. We are innovating to help address the gap between the need for, and the availability of, suitable organs for transplant.

We are advancing clinical xenotransplantation with our gene-edited porcine organ programs, including the **world's first** human clinical trial of a manufactured xeno-organ product – our **UKidney™**.

We are progressing the science of manufactured organ alternatives through our bioartificial liver and kidney alternative research at our **Miromatrix** and **IVIVA** subsidiaries, and through development of engineered lung lobe alternatives at our **Regenerative Medicine Laboratory**.

Our **Organ Manufacturing Group** is working to achieve a longer-term vision to supply **3D-printed organ alternatives for those who need them**.

5. According to the U.S. Health Resources and Services Administration **(HRSA)**, one new person joins the organ transplant list approximately every eight minutes. Source: "United States reaches milestone of one million organ transplants." www.hrsa.gov/optn/news-events/news/united-states-reaches-milestone-one-million-organ-transplants Accessed April 2026.
6. "Auto" means self and "allo" means other. The cells used in our autologous organ alternatives will come from the same person who will get the transplant, so the patient is their own donor. The cells used in allogeneic organ alternatives are from a person other than the patient.

Our 2025 PBC Goals, Corporate Responsibility, and Resilience Priorities

As a PBC, we are required to report to our shareholders on how we are advancing our public benefit purpose and the interests of our stakeholders. We align our PBC goals with three pillars — **Our Patients**, **Our People**, and **Our Planet**.

Recognizing the fact that our work affects and is affected by the world, and that there is significant overlap between our PBC goals, objectives, metrics, and our corporate responsibility and resilience topics, we align our PBC framework with our corporate responsibility-related priorities. In the Reporting Indexes to this Report, we provide an update on our PBC metrics. UT disclosures reference the Global Reporting Initiative (**GRI**) Standards and selected indicators from the Sustainability Accounting Standards Board (**SASB**) standard for our industry and the Task Force on Climate-related Financial Disclosures (**TCFD**). This Report also references the United Nations Sustainable Development Goals (**UN SDGs**) we see as most relevant to our business.

This Report summarizes our ambitions and progress toward our PBC purpose, goals, and objectives. We invite readers interested in or needing more details to explore additional information on our Corporate Responsibility website and the other resources referenced at the end of this document.

For information about how UT established its corporate responsibility and resilience priorities, which in peer reports are sometimes referred to as "material" environmental, social, or governance topics, please see our Corporate Responsibility and Resilience Topic Prioritization Approach, available on our Corporate Responsibility website.

Our PBC, Corporate Responsibility, and Resilience Priorities

The following chart illustrates our alignment of our PBC framework and top corporate responsibility and resilience priorities.

Our Purpose

To provide a brighter future for patients through the development of novel pharmaceutical therapies and technologies that expand the availability of transplantable organs

Our Key Stakeholders

Our Patients	Our People	Our Planet

Our PBC Goals

Address Unserved Needs	No Patient Left Behind	Be a Destination Employer	Operate Sustainably

Our PBC Key Metrics

Address Unserved Needs	No Patient Left Behind	Be a Destination Employer	Operate Sustainably
• Number of patients on therapy • R&D milestones, including clinical trial results, regulatory approvals, and progress on R&D projects	• Patient Assistance Programs (**PAPs**) • Reliable supply: Inventory and supply chain reliability	• Voluntary turnover • Inclusion and belonging as measured by surveys • Employee engagement as measured by surveys	• New construction site net-zero energy when feasible • Environmental data (e.g., energy, water, and waste) • Greenhouse gas (**GHG**) emissions and climate accounting • Sustainable packaging

Priority Corporate Responsibility and Resilience Topics

Address Unserved Needs / No Patient Left Behind	Be a Destination Employer	Operate Sustainably
• Clinical trial practices • Healthcare provider awareness and education • Pipeline innovation • Product affordability and accessibility • Product quality and patient safety • Responsible marketing and advertising • Supplier product quality and compliance	Talent attraction, engagement, and development	Carbon risk and opportunities, GHG emissions Resource use management (energy, water, and waste)

Our Practices

Key Enablers: Governance, Compliance Culture and Ethics, Data Privacy and Security, and Enterprise Risk and Organizational Resilience
PRIORITY TOPICS: Ethics and Compliance, Risk, and Crisis Management

Our Patients

2025 Highlights

We are patient-centric. Creating a brighter future for our patients is our top ambition, which is why we align two of our four PBC goals – **Address Unserved Needs** and **No Patient Left Behind** – with our patients. It is also why we align several priority corporate responsibility topics with this important stakeholder group.

Address Unserved Needs

We aim to conduct the most insightful clinical trials with our medicines in areas of high unmet medical need.

No Patient Left Behind

We aim to ensure that all patients who are appropriate for use of our medicines can access them, regardless of their financial situation.

~17,000

patients started or continued treatment on our therapies, including 179 patients who received a transplant following our centralized EVLP service

~40,000

eligible patients received support from our patient assistance programs since 2010

16

clinical trials progressed with more than **3,000** volunteer participants; three pivotal studies successfully unblinded in 2025 and 2026, delivering exceptional results

Zero

findings related to good manufacturing practices (**GMP**) at UT-owned facilities that would prevent use or approval of our products

At Least Two-years

of inventory of nebulized Tyvaso, Remodulin, and Orenitram finished drug product to help meet patient needs

$550 million

or ~17% of total revenues invested in R&D in 2025

"I believe we achieve the best outcomes when we care for people not simply as patients on our therapies, but as whole individuals with unique journeys, challenges, and goals. Patient centricity means meeting patients and caregivers with compassion, clear guidance, and meaningful support – empowering them to feel informed, supported, and never alone throughout their rare disease journey. It is a privilege to be able to have a meaningful impact for so many patients and their loved ones."

Tom Marinello
VP, Patient Relations

Product Innovation and Clinical Trials

We are patient-centric. We love people. We love science. We love using science to help people.

Our product portfolio helps to address the critical and unmet needs of patients with rare diseases and end-stage organ disease.

Pulmonary Hypertension and Pulmonary Fibrosis

With a focus on rare lung diseases, most of our currently FDA-approved therapies are concentrated in PAH and PH-ILD. We are actively working to develop new therapies for these conditions, and improve existing therapies in ways that enhance convenience, safety, and patient outcomes.

We also have a robust pipeline focused on expanding our products into new indications, such as in pulmonary fibrosis, and to develop and launch new products. See our pipeline (https://pipeline.unither.com/) or the Clinical Trials section of this Report for more information about these advancements.

About Pulmonary Hypertension

PH is a type of high blood pressure that affects the arteries in the lungs and the right side of the heart.

PAH is one rare form of PH that affects the blood vessels in the lungs and is characterized by increased pressure in the pulmonary arteries, which are the blood vessels leading from the heart to the lungs. The elevated pressure in the pulmonary arteries strains the right side of the heart as it pumps blood to the lungs. This eventually leads to right heart failure and death.

PH-ILD is a rare and serious progressive disease that results from a combination of high blood pressure in the lungs – caused by narrowing of the blood vessels, which forces the heart to work harder – and one or more of a group of progressive lung disorders that cause lung tissue to stiffen, making it harder to breathe.

About Pulmonary Fibrosis

Pulmonary fibrosis (**PF**) is a rare, chronic, progressive lung disease characterized by scarring of the lung tissue, which makes it difficult to breathe and reduces oxygen intake. PH is a well-known complication of fibrotic lung disease.

IPF is one form of PF for which the exact causes of the scarring of the lung tissue are unknown. This scarring is irreversible, making it difficult for oxygen to enter the blood, causing increased breathlessness, dry cough, and reduced mobility.

PPF is similar to IPF, though it is a complication of various interstitial lung diseases (**ILDs**) other than IPF, such as connective tissue disease-associated ILD, chronic hypersensitivity pneumonitis, environmental exposures (e.g., asbestos, silica), and unclassifiable ILDs.

The only known cure for these diseases is a lung transplant.

Oncology Therapy

Neuroblastoma is a childhood cancer that starts in immature nerve cells called neuroblasts. Neuroblastoma tumors can occur anywhere in the body, although most occur in the abdomen. Some tumors may go away on their own, while others may metastasize throughout the body. It is the most common cancer in infants under the age of one. Children diagnosed with low- and intermediate-risk neuroblastoma may receive chemotherapy and surgery. Outcomes are typically good and most children go on to live healthy, cancer-free lives.

Children diagnosed with high-risk neuroblastoma, which affects approximately 40-50% of new patients, can be more aggressive and harder to treat. It has a higher risk of coming back after treatments, which usually include chemotherapy, surgery, stem cell transplant, radiation, and antibody therapy. Unituxin was the first antibody therapy approved by the FDA to treat children with high-risk neuroblastoma.

Learning your child has been diagnosed with neuroblastoma can be devastating. **United Therapeutics Oncology** is dedicated to the care of children with neuroblastoma and providing support to their caregivers, siblings, and other family members throughout treatment.

UT celebrated the 10th anniversary of FDA approval of *Unituxin* in 2025

Organ Research and Development

According to the U.S. Health Resources and Services Administration, around 103,000 Americans are currently waiting for an organ transplant, with thousands dying each year as they wait to receive a transplant. Almost 90,000 patients are waiting for kidneys, close to 10,000 for livers, over 3,400 for hearts, and almost 1,000 for lungs. Many more patients suffering from end-stage organ failure are ineligible for the organ transplant waiting list but could benefit from a readily available supply of organs on demand.

Our organ and organ alternative manufacturing efforts consist of three platforms: xenotransplantation, allogeneic regenerative medicine, and autologous regenerative medicine. These platforms encompass four different organs and organ alternatives – kidneys, hearts, livers, and lungs. These groundbreaking programs are intended to address the ongoing shortage of transplantable organs for patients with end-stage organ disease.

In addition, through our EVLP service, we are working to increase the number of lungs available for transplant today, while also building knowledge to further our organ and organ alternative research and development efforts. Meanwhile, we are investing in new services to help ease the administrative burden associated with organ procurement and transportation and engaging with academic centers and researchers at the forefront of transplant science.

Three Platforms with Four Organs and Organ Alternatives

Xenotransplantation

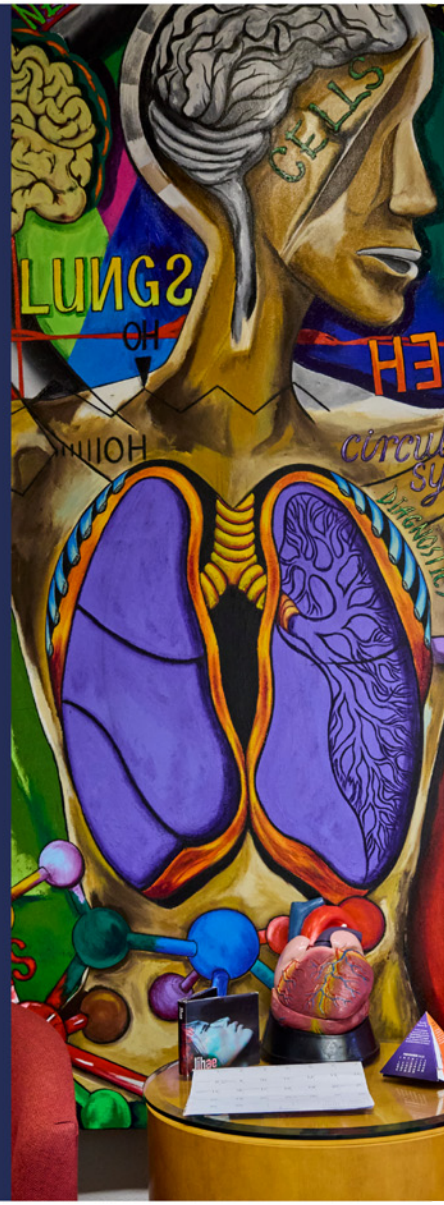
UKidney™ | UThymoKidney™ | UHeart™

Allogeneic Regenerative Medicine

miroliverELAP® | mirokidney® | miroliver® | ULobe™

Autologous Regenerative Medicine

IVIVA Kidney | ULung™



Improving the Existing Human Transplant System

More than 3,000 human lung transplants were performed in the United States in 2024, according to the Organ Procurement and Transplantation Network (**OPTN**). Yet, only about 18-25% of donated lungs in the U.S. are used for transplant. The reason? Among other factors, lungs are fragile, and how the donor lived or died affects the suitability of any organ for transplant and whether a transplant surgeon will accept the organ for their patient-recipient.

Since 2014, we have been developing technologies and services with the goal of increasing the number of human donor lungs for transplantation by enabling advanced assessment of those organs that would not have been used for transplant without the use of EVLP technology. For example, the FDA granted pre-market approval in June 2026 to UT's **LungFX™** device for use in centralized EVLP for the reassessment of the suitability of procured donor lungs for transplantation.

Our team also helps organ procurement organizations (**OPOs**) and transplant centers by facilitating movement of organs from donor to recipients. For example, our **OrganVue™** software is designed to enable practitioners to remotely engage with our Clinical Specialists and make in-depth, real-time clinical evaluations of donor lung viability – at any time, from any location.

Enabling the Future Organ Transplant System

As severe as the shortage of tolerable, transplantable organs is today, we know that even if we could solve the challenges associated with the supply of tolerable, transplantable organs for all who need them today, we would not be able to close the gap between supply and need. The fact is this: The ecosystem of organ donation is not yet ready to receive an unlimited supply of organs. There are not enough transplant centers and transplant surgeons everywhere there is a need.

This is why our Lung Bioengineering team sponsored **The Lung Transplant Growth Collaborative** in collaboration with the Institute for Healthcare Improvement. In alignment with the OPTN's commitment to expanding access, this collaborative aims to grow lung transplant volumes in the U.S. by developing and testing changes that could dramatically improve the availability of transplant services, maximizing the gifts of donation.

A (Very) Brief History of Organ Transplantation

The history of organ transplantation is older than you might think. The first verifiably documented skin transplant happened in 1869. The first successful transplant of a kidney from a living donor happened in 1954. Fast-forward a decade, and research and scientific breakthroughs in immunosuppression helped advance transplantation work of kidneys and other organs from brain-dead donors into living recipients, which in turn led to the creation of the National Organ Transplant Act of 1984.

The work our teams are doing today builds on these early achievements and seeks to accelerate this life-saving science to make sure that no patient gets left behind. Ever.

"The promise of xenotransplantation is the promise of hope for our patients. A hope for the future that for too long has been uncertain. It is hope turned to possibility turned to reality. Our patients can dream again about graduations, weddings … about life. Hope should not have to be rationed."

Dr. Jayme Locke, VP and Chief Medical and Surgical Officer, Product Development – Xenotransplantation Interview with CNN in 2025

Xenotransplantation

Xenotransplantation is the transplantation of living cells, tissues, or organs across species. UT is developing porcine-organ xenotransplantation technologies to help meet unmet human medical needs. In 2020, we received FDA approval for **GalSafe™** pigs for food, and as a source of materials for potential biomedical uses. GalSafe pigs have a single gene edit that disrupts the gene responsible for the production of "alpha-gal," a sugar on the surface of cells that can cause immediate rejection of an organ by the human immune system.[1]

Highlights

- In 2026, the FDA granted clearance to UT to proceed with an investigational study (known as *EXPRESS*) of its UHeart organ derived from a pig with 10-gene edits.
- In 2025, we launched the world's first human clinical trial of a xeno-organ product, UKidney, and we secured Investigational New Drug (**IND**) clearance for our UThymoKidney.
- In 2024, we opened our first designated pathogen free (**DPF**) facility to supply cGMP[2] xenografts for clinical trials, with capacity up to 125 organs per year, and have since broken ground on two more.
- Since 2022, we've supported 12 transplants of investigational, gene-edited UKidney, UThymoKidney, and UHeart into living patients and deceased organ donors, with family consent.

Allogeneic Regenerative Medicine

Through our regenerative medicine and bioartificial bioengineering programs, we seek to engineer organs using porcine organ scaffolds combined with human donor (allogeneic) cells to produce human-like organs.

Highlights

- In 2025, we fully enrolled the phase 1 study of miroliver*ELAP*, the first bioengineered alternative organ. Positive 2026 results led the FDA to grant regenerative medicine advanced therapy (**RMAT**) designation for treating acute liver failure.
- Our Regenerative Medicine Lab produces ~2 trillion human lung cells annually to support 200+ bioengineered organ alternatives for preclinical and transplantation studies.

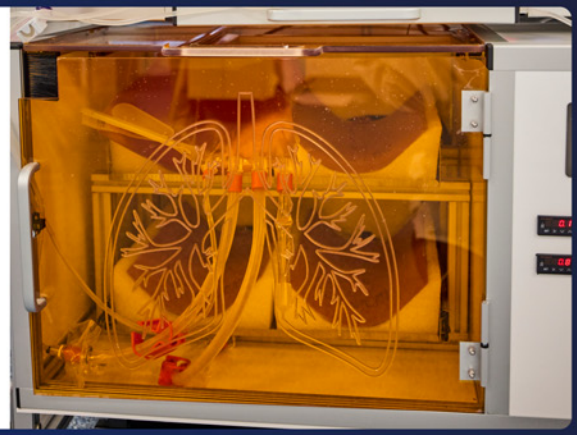
1. Boyle, Patrick. "How pig organs made their way into humans: The slow advance to transplant kidneys and hearts." Association of American Medical Colleges. February 23, 2022. https://www.aamc.org/news/how-pig-organs-made-their-way-humans-slow-advance-transplant-kidneys-and-hearts. Accessed June 2026.
2. cGMP = current Good Manufacturing Practices. These are manufacturing practices and controls that are designed to ensure that manufactured products are consistently produced and controlled according to set quality standards.

Autologous Regenerative Medicine

The immune system rejects what it sees as "foreign," so most organ transplants (allo- or xeno-) require immunosuppressive drugs. In our autologous regenerative medicine program, we engineer organ alternatives from patient-derived induced pluripotent stem cells (**iPSCs**) – mature cells reprogrammed to form nearly any cell type. Our goal is personalized therapeutics that may avoid immunosuppression and potentially support multiple grafts over a patient's lifetime.

Highlights

- Using 3D Systems' technologies, we have created an ultra-detailed 3D-printed lung scaffold.
- Our IVIVA subsidiary is developing implantable bioartificial kidneys, building on 20 years of peer-reviewed research from animal models to human scale function.



EVLP – Increasing the Number of Lungs Suitable for Transplant Today

Between 75% and 82% of donor lungs are not used due to concerns about viability, logistical constraints, or complexities in the transplant process. Since 2014, we have been developing technologies and services with the aim of increasing the number of human donor lungs used for transplant.

In addition to conducting EVLP, our Lung Bioengineering (**LBE**) centralized-service model is designed to provide 24/7, year-round procurement, transport, and logistics support to help practitioners navigate the complicated terrain of transplantation.

Highlights

- We have facilitated more than 600 successful transplantations of human donor lungs following our EVLP service, serving 179 patients in 2025 alone.
- Our OrganVue software enables practitioners to work remotely with LBE Clinical Specialists to assess donor lung viability in real time.

Learn More

Miromatrix:
https://www.miromatrix.com/

IVIVA:
https://ivivamedical.com/

Lung Bioengineering:
https://www.lungbioengineering.com/

Clinical Trials

Clinical trials assess the safety and efficacy of our medicines, medical devices, and transplantable organs and organ alternatives. Clinical trials in rare diseases face challenges because of small patient populations, among other factors. We are grateful to the patient-volunteers who make our clinical trials possible.

Nearly 3,000 patient-volunteers participated in 16 clinical trials in 2025. Regulatory inspections of our clinical trials resulted in zero required voluntary or official actions or monetary fines.

2025-2026 Progress – Pharmaceutical Therapies

We completed enrollment of our *ADVANCE OUTCOMES* study of ralinepag for PAH. This study was successfully unblinded in early 2026, delivering exceptional, highly statistically significant efficacy results. If approved by the FDA, we believe ralinepag has the potential to become a preferred prostacyclin therapy for PAH.

Additionally, we unblinded the *TETON-2* study of nebulized Tyvaso for patients with IPF, which met its primary endpoint and several important secondary endpoints. Its companion study, *TETON-1*, was successfully unblinded in early 2026, with results surpassing the impressive *TETON-2* results. We plan to seek FDA approval to add IPF to the labeled indications for nebulized Tyvaso; if approved, we believe that nebulized Tyvaso has the possibility to offer a transformative therapy for this terrible condition. We are also conducting a third pivotal study, *TETON-PPF*, of nebulized Tyvaso in patients with progressive pulmonary fibrosis.

2025-2026 Progress – Organ Alternatives

We took a major step forward in our organ programs in 2025, from science fiction to science fact, when we completed the initial transplant in our *EXPAND* clinical trial of our UKidney – the world's first human clinical trial of a xeno-organ product, which is derived from a gene-edited source pig.

Additionally, we fully enrolled our phase 1 study of our liver assist product known as miroliver*ELAP* in 2025, the first-ever bioengineered alternative organ, announcing positive results in 2026, which resulted in the FDA granting RMAT designation for miroliver*ELAP* for treatment of acute liver failure.

And we secured Investigational New Drug (**IND**) clearance for the *EXTEND* clinical trial of our UThymoKidney, which opened for enrollment in 2026.

The People Behind These Breakthroughs

Milestones such as these are possible because of the efforts of the tenacious *Unitherians*, who are bringing these aspirations to reality. They are also possible because of the patients and their families who agree to participate in clinical trials, the thousands of donors and their families who have selflessly donated organs for transplant, and the handful of patients and families who have agreed to try our investigational-stage organs. We are humbled by their courage and grateful for their trust.

Sam Popa, Senior Director, Clinical Services - EVLP

Ethics and Access

Information about our clinical trials is listed on www.clinicaltrials.gov as required by law. We are committed to conducting our trials in compliance with laws, regulations, and guidelines for the protection of human subjects, including guidelines issued by the International Council for Harmonisation: Good Clinical Practice (**ICH-GCP**). We conduct inspections and audits related to our clinical trials and are subject to periodic external audits by health authority inspectors.

Our teams understand that non-medical factors, such as education and awareness, can influence health outcomes, and that the more aware and educated healthcare professionals (**HCPs**) and patients are about these diseases, the more effectively we can reach underserved populations. That is why we believe our patient education and empowerment efforts, HCP support, and training for nurses and pharmacists in specialty pharmacies (**SPs**) are critical to providing effective management of the diseases we cover. Just as important is HCP knowledge and awareness of clinical trial opportunities for their patients. We continue to work with HCPs to increase awareness of our clinical trials.

Spotlight

Innovations for Impact

In Silico Science

Employees working at the UT Computational Laboratory for In silico[3] Molecular Biology (**CLIMB**) are "like meteorologists," explains **Joe Bender**, Ph.D., Senior Director of CLIMB. The key difference is that his team's analysis and predictions are focused not on the skies above, but on the mysteries within. "We are trying to build a digital model of a human lung that is so faithful to the biology of an actual human lung that the FDA approves its use to inform the design of our 3D-printed lungs."

Lungs are complex. So, how does a team address the question of creating a virtual lung? The short answer: break it down into smaller problem sets and do the math.

"You can't assume in this work that you will capture all the biology of a living lung," explained CLIMB team member **Josua Aponte-Serrano**, Ph.D. "So, we must think like those who built the first aircraft. I imagine they asked themselves, 'What is the closest approximation to a bird wing that can enable humans to fly?' We ask ourselves a similar question. What is the equivalent in [the functionality of] a lung? That is what we are modelling."

The team also uses computational math to simulate treatments and predict safety and efficacy outcomes to help identify the most likely positive pathways for clinical trial designs.

The potential benefits of *in silico* research are numerous. Its methods can potentially contribute to cost- and time-efficient *in vivo* studies, enhance probabilities of successful results of these efforts, and reduce the consumption of certain resources, which may have multiple other beneficial ethical and environmental effects.

Hydrogen-Powered Helicopters for Organ Delivery

Every minute counts in organ transport. Flight and ground delays can slam the viability window shut while a recipient waits for a life-saving organ.

Founded in 2017 in Bromont, Quebec, our wholly-owned subsidiary **Unither Bioelectronics** has hit a series of breakthrough milestones on its mission to develop solutions that are safely integrated into national airspace systems, zero-operational emission, scalable, and economically viable.

"What I find the most inspiring about my current role is the opportunity to apply my expertise to drive meaningful, tangible outcomes – specifically, helping to save lives through the adoption of transformative technologies now emerging within the business aviation sector," **Mikaël Cardinal**, VP, Program Management, Organ Delivery Systems, explained in an interview with the National Business Aviation Association (**NBAA**), upon winning NBAA's Top 40 Under 40 recognition for Innovation and Technology. "I firmly believe we are standing at a pivotal point in aviation history, on the cusp of a paradigm shift in how business aviation can deliver critical, life-saving medical cargo to those in need."

In 2025, Unither Bioelectronics achieved a major proof-of-concept: its first hydrogen fuel cell-powered helicopter flight. The modified Robinson R44 helicopter demonstration is part of *Project Proticity*, which is a joint Unither Bioelectronics-Robinson Helicopter Company initiative to develop zero-emission hydrogen-electric helicopters for medical and organ delivery missions.

Learn More

Discover how Dr. Joe Bender and team members are using "math like a microscope" to try to help advance UT's 3D-printed lung alternative program: https://corporateresponsibility.unither.com/impact-stories/virtual-lungs

Unither Bioelectronics: https://www.unither.aero/en/

3. *In silico* biology refers to the use of computers to perform biological studies.

Patient Safety and Product Quality

Protecting and improving patient health and quality of life is our core objective and reinforced through our public benefit purpose.

Our first two compliance principles – **WE DO THE RIGHT THING** and **WE ARE PASSIONATE FOR PATIENTS** – link to this core objective, and inspire us to strive toward the following:

- We get the right products, to the right patients, for the right reasons
- We manufacture with the highest quality standards
- We promptly communicate information about adverse events and complaints related to our products
- We proactively observe, assess, and implement required measures to mitigate their effects on patients and improve patients' overall quality of life

All *Unitherians* are responsible for safeguarding each patient's health, product quality, and helping achieve compliance with UT's policies and standards.

Zero product recalls
in 2025

Global Patient Safety and Vigilance

We monitor the use of our therapies throughout the product lifecycle globally, starting from development programs, now encompassing our organ manufacturing work, through post-approval, to identify potential side effects and/or product issues, and institute risk minimization measures designed to maintain a positive benefit-risk balance. We strive to adhere to best practices in accordance with the latest editions of relevant regulatory and international standards, which include the following:

- Good Pharmacovigilance Practices and Pharmacoepidemiologic Assessment, FDA
- Good Pharmacovigilance Practices, European Medicines Agency (**EMA**)
- Safety Guidelines, International Council for Harmonisation (**ICH**)
- Patient Safety, World Health Organization (**WHO**)
- Council for International Organizations of Medical Sciences (**CIOMS**)

We provide mandatory training to our employees and third-party collaborators to help provide for the proper identification, rapid collection, and reporting of adverse events and product complaints related to the use of our therapies.

Christine Ellis is one of our leaders advancing our Global Patient Safety work. A former pediatric nurse, she's long been committed to serving patients – a dedication that brought her to UT. She said, "Our mission to safeguard patient safety and provide a favorable benefit-risk balance is at the core of everything we do. Accountability, creativity, agility, and ethics guide our everyday work."

Christine Ellis
Associate Xeno and Translational Safety Director, Global Patient Safety

Our Patient Safety, Governance, and Operations

To achieve rapid evaluation of signals[4] and decision making related to risk minimization measures, we have established a safety governance structure that operates under a comprehensive and strict set of standards.

Patient safety and safety risk management are at the core of our Patient Safety practice.

Our Patient Safety team regularly monitors reported adverse events and product complaints to identify potential risks that could trigger risk minimization measures.

We direct people to report suspected adverse impacts by contacting United Therapeutics at 1-866-458-6479, by writing us at drugsafety@unither.com, by contacting the FDA at 1-800-FDA-1088, or by visiting www.fda.gov/medwatch. Information provided to us is treated in accordance with our Privacy Statement, which is available on our website.

4. A signal is defined as "information that arises from one or multiple sources (including observations and experiments), which suggests a new potentially causal association, or a new aspect of a known association, between an intervention and an event or set of related events, either adverse or beneficial, which would command regulatory, societal, or clinical attention, and is judged to be of sufficient likelihood to justify verificatory and, when necessary, remedial actions." This definition was adopted by the Council for International Organizations of Medical Sciences in 2010 (https://cioms.ch/publications/product/glossary-of-ich-terms-and-definitions/).

Clinical Trial Safety

Clinical trials evaluate the efficacy and safety of medicinal products. They are essential in bringing effective new medicines and treatments to patients and their healthcare providers. Our formal safety governance processes and procedures are designed to seamlessly incorporate evaluation of safety of our patients during clinical trials. The cross-functional PSMT conducts regular reviews of safety data from clinical trials and makes informed decisions as part of this integrated approach. In addition, our R&D groups are required to submit information to regulatory health authorities for products that require regulatory review, including the results of clinical trials and other documentation related to the safety and efficacy of our products. We also conduct systematic audits related to our clinical trials programs to support compliance with best practices and regulatory requirements.

We are extending these proven principles to our organ programs. A robust, internally governed, three-tier **Organovigilance** framework has been established that is designed to proactively and systematically evaluate patient safety risks associated with organ therapies. This structured model comprises the Xeno Safety Risk Management Matrix Team (**XSRMMT**), the Xeno Safety Management Team (**XSMT**), and the Xeno Safety Review Committee (**XSRC**), each with defined roles in risk identification, assessment, and oversight.

Currently, the framework operates within the clinical trial setting; however, its scope is designed to expand seamlessly as patients receiving UT organs and organ alternatives transition beyond the trial phase, supporting sustained vigilance and long-term patient safety.

Anti-Counterfeiting and Package Serialization

Counterfeit medicines pose a serious health risk. We manufacture and fill most of our own therapies, which are to be solely used under medical prescription and only purchased through a healthcare institution or specialty pharmacies. This aids in maintaining control and traceability over our products.

We also have an internal process and use a digital system for the prevention, detection, and communication of counterfeit medicines that is designed to comply with the Drug Supply Chain Security Act. We accomplish this with serialization through the application of a unique identifier on packaging at various levels – from the smallest salable unit up to the pallet level. At shipment, we exchange data with supply chain partners to help maintain a chain of custody for the drug product.

Our other labeling and packaging control measures include procedures around handling, storage, and distribution of products, and maintenance of safety data sheets for our products. Labels, printed inserts, promotions, and marketing materials are to be prepared in accordance with our own internal standards and regulatory requirements. All approved commercial products sold by United Therapeutics in the U.S. and all UT-licensed products sold outside of the U.S. are serialized.

~99% completion

Completion rate within the required timeframe for initial and annual adverse event training among new hires and current *Unitherians* – including full-time, part-time, and contingent employees – and external contractors, consultants, and vendors.

We Strive to do the Right Thing Through:

- Transparent communication channels between our internal teams and Quality Management System Programs to provide a complete view of product quality concerns
- Extensive training of our laboratory and manufacturing personnel on GxP requirements. GxP refers to GMP as well as Good Clinical Practices (**GCP**), Good Distribution Practices (**GDP**), Good Laboratory Practices (**GLP**), Good Tissue Practices (**GTP**), and Good Vigilance Practices (**GVP**)
- Completion of safety data reviews and management plans for proposed clinical trials at the outset of each study to enable adherence to UT standards and the International Council for Harmonization Guideline for Good Clinical Practice (**ICH-GCP**)
- Internal and external inspections and audits of our manufacturing sites by United Therapeutics and major regulatory health authorities such as the FDA, the EMA, and the Japanese Pharmaceuticals and Medical Devices Agency to support quality system norms and regulatory compliance
- Ongoing monitoring of patient safety in the field through post-marketing surveillance and prescriber and consumer reports to help identify potential safety concerns quickly
- Training, auditing, and monitoring of third parties, such as contract service providers, clinical sites, and suppliers, to encourage a uniform and proactive approach to patient safety across our value chain
- Working to protect the personal data entrusted to us by patients, healthcare professionals, and other stakeholders

Quality Operations

We are committed to leading industry practice through our **GxP** Quality and Compliance program, supported by a digital Quality Management System. Our Global Quality Policy, along with supporting policies and standard operating procedures, establishes guidelines designed to ensure quality, safety, and efficacy in the marketing and distribution of products.[5]

Our **Quality Policy** covers all full- and part-time employees and extends to relevant contractors, sub-contractors, and temporary labor. Suppliers that could affect the quality and safety of our products are required to comply with GMP regulations, enforced by the FDA, and have their own Quality Policy, which is expected to be reviewed during qualification and subsequent monitoring.

100% completion

All new hires – including full-time, part-time, and contingent employees – completed required GMP training, and all *Unitherians* who directly perform or support GMP-related activities completed annual GMP training in accordance with internal requirements and applicable FDA regulations.

Quality Policy Statement

Unitherians [United Therapeutics' employees] are committed to providing safe and effective therapeutic products to enrich the quality of life for our patients. We will continually achieve our mission through improving scientific innovation, enhancing the quality management system, complying with regulatory requirements, and meeting the expectations of our customers.

GP-001 Revision 02

01/06/2023

Sam Mancuso
Quality Management System Representative
Senior Vice President, Global Quality

1/6/2023

Dr. Martine Rothblatt
Chairperson and Chief Executive Officer

5. We maintain systems, processes, and training designed to adhere to FDA GMP standards and are committed to improvement, striving to apply cGMP across our manufacturing operations.

Our Quality Organization

Our quality organization is composed of several different teams with different focus areas to help us maintain our high level of quality operations. Responsibilities include, but are not limited to, the following:

Quality Teams	Areas of Responsibility
Quality Assurance (QA) teams • Program Quality • Quality Engineering • Quality Operations	• Review product raw material and component specifications and controls in both manufacturing processes and final products to help assure the quality standards for safety and efficacy of each lot • Review production processes to comply with best manufacturing practices and drive ongoing improvements • Review master and executed records or Certificates of Compliance generated internally or externally to include ownership of documents for products manufactured on our behalf • Review supplier Certificates of Analysis to ensure that results meet label claims and specifications • Review test data reports to ensure accuracy of results • Design and review methods and protocols, including assurance procedures and reports • Approve product, raw material, or component specifications, test data, reports, and qualification/validation protocols, and sign and communicate release of the same for shipment
Quality Control (QC) team	• Inspect and test incoming materials, in-process materials, and finished product
GxP Compliance group	• Includes experts in GCP, GDP, GLP, GMP, GTP, and GVP • Responsible for establishing, implementing, and maintaining processes, infrastructure, tools, and resources for the QMS, and maintaining and leading the promotion, awareness, training, and remediation of regulatory quality throughout the organization • Conduct audits of external service providers and internal functions

Our QA methods encompass all corporate operations. All departments, such as but not limited to, Medical Device Design and Development, Fill/Finish, Production Materials, and QC are responsible for adhering to GxP/Quality System Regulations (**QSRs**) and our internal procedures while performing GxP/QSR activities in a manner that enables us to incorporate and design quality into our products. Ongoing training and development is meant to provide employees with the tools to successfully fulfill their responsibilities while meeting our high quality and safety standards. We routinely evaluate our quality systems and processes at various levels of our organization to monitor key performance and quality indicators.

Onsite Inspections, Audits, and Testing

We conduct audits in accordance with the GxPs relevant to the work. Our GxP Compliance team is responsible for auditing our suppliers, service providers, distributors, and internal functions to verify that they are qualified to meet global regulations and our own standards. Our GxP team also works closely with our Environmental Health, Safety, and Sustainability (**EHSS**) team in completing product stewardship and industrial hygiene audits and testing across our facilities.

Corrective and Preventive Action Program

Our Corrective and Preventive Action (**CAPA**) program has established methods to complete the following:

1. Analyze processes, work instructions, quality and audit reports, quality records, service records, patient complaints, returned product, and other sources of quality data to identify existing and potential causes of nonconforming product or other quality issues
2. Investigate the causes of nonconformities or other quality issues
3. Identify actions needed to correct and prevent the recurrence of nonconformities or other quality issues
4. Verify or validate that CAPAs have the intended effect and no unintended adverse effects
5. Notify QA and QC leaders about nonconformities or quality issues to enable regular improvement

All full- and part-time employees, contractors, subcontractors, and temporary labor are required to initiate CAPA requests upon confirmation of quality issues. Designated individuals are assigned responsibility for coordinating, documenting, and monitoring the CAPA process.

Our Supply Chain

We maintain a robust GxP Quality and Compliance program covering those aspects of our supply chain that could impact the quality and safety of our products. Raw material vendors and service providers are pre-qualified to support our clinical and commercial business operations. Supplier audits focus on quality and safety aspects of the products and services supplied. After initial assessment and qualification, we periodically re-evaluate supplier compliance with GMP norms and quality standards at a frequency defined in internal procedures. For example, we conduct remote or onsite audits of certain qualified suppliers if there is a high impact level of product or service provided, if there have been issues with product or service quality, and/or if there have been changes that may result in increased potential risk (e.g., change in manufacturing location).

Our QMS provides guidance and best practices based on the current editions of applicable regulator standards, including the following:

- 21 FDA Code of Federal Regulations (**CFR**) Part 11 Electronic Records, Electronic Signatures
- 21 CFR Parts 210 and 211
- 21 CFR Part 314.81 Other postmarketing reports
- 21 CFR Parts 600 to 680 covering biological product cGMPs
- 21 CFR Part 803 Medical Device Reporting
- 21 CFR Part 4 Regulation of Combination Products
- 21 CFR Part 7 Subpart C Recalls (including Product Corrections)
- 21 CFR Parts 820.20 Management Responsibility, 820.30 Design Controls, 820.50 Purchasing Controls, and 820.100 Corrective and Preventive Action
- 21 CFR Part 830 Unique Device Identification
- International Council for Harmonization (ICH) Guidelines Q7, Q9, Q10, and Q11
- U.S. Pharmacopeia (USP) General Chapter <7>
- USP or U.S. Pharmacopeia–National Formulary (USP-NF) Compendia associated with specific material and/or product testing requirements

We also take into consideration the following international regulations as they apply to our facilities, processes, and products, and we align as appropriate and necessary to contractual agreements with non-U.S. partners:

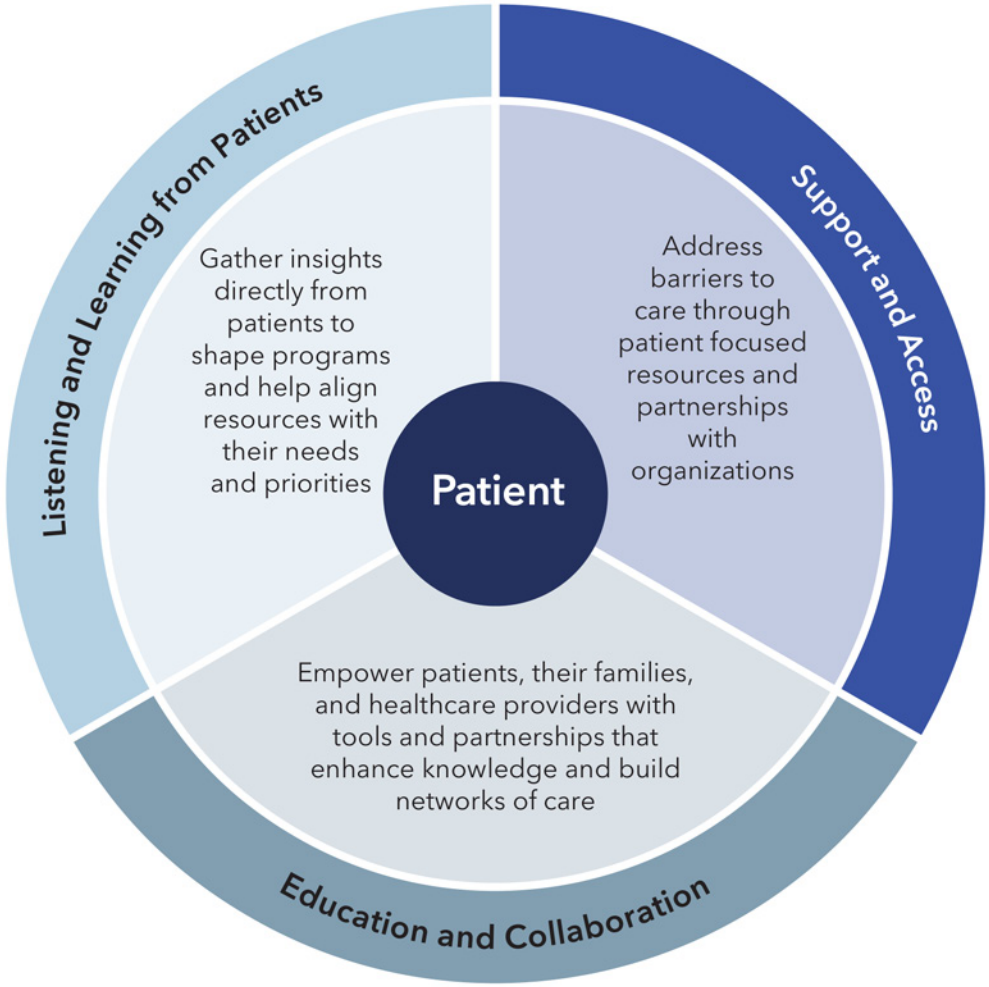
- EudraLex – Volume 4 – EU Guidelines for Good Manufacturing Practices for Medicinal Products for Human and Veterinary Use, Part 1 and Part 2, and applicable Annexes
- Guidelines on Good Distribution Practice for Medicinal Products for Human Use (2013/C 343/01)
- Health Canada Therapeutics Products Programme Guidelines – Good Manufacturing Practices
- European Pharmacopeia (EP) Compendial Requirements
- Japanese Pharmacopeia (JP) Compendial Requirements

Additional regulation requirements are incorporated into our QMS as deemed applicable and necessary to support our work.

Patient Centricity

In 2025, we continued to enhance our patient advocacy and patient support programs – establishing more proactive integrated strategies that align efforts across our operations. Our advocacy vision is to become a leader in patient-driven healthcare while fostering access and innovation. This work aligns with three domains, as illustrated below.

Our Patient-Centric Engagement Model



Patient Story

When **Thekla** was diagnosed with PAH, she wanted to learn everything about it. "Learning from others' experiences empowered me to be more proactive about my health," said Thekla. "The more we learn about this disease, the more hope I have for the future."

For more about Thekla and other patient and caregiver stories, see: https://www.pahinitiative.com/living-with-pah/pah-patient-empowerment

Education and Collaboration

Our patient-centric objective is to advance early diagnosis and awareness in partnership with patient organizations and HCPs. In service of this objective, we provide free educational resources to help patients, their caregivers and families, and their HCPs to build knowledge and help them embark on these plans together.

Two of our flagship educational programs are focused on rare diseases that are part of UT's therapeutic focus — PAH and other forms of PH, and neuroblastoma, a rare pediatric cancer.

Advancing Patient Care in PAH: Our *PAH Initiative* (**PAHI**) provides education and resources for adults affected by PAH. These materials are unbranded, condition-specific, and have proven to be helpful to the more than **10,000 patients** and caregivers **over 6,000 HCPs** who visit the PAHI website monthly.

Key programs include *PAHI Ambassadors*, who are patients who inspire and share their own experiences with other patients through articles and videos; the *PAH Today* semi-annual magazine; the *PAH Today National Broadcast Series* featuring insights and perspectives on the latest approaches to managing PAH; and Patient Voices meetings to collect and enable the team to integrate patient feedback into our programs and materials. PAHI also curates content featuring national broadcasts with experts and maintains social media pages on Facebook, Instagram, and YouTube.

In 2025, the team launched a new drive to expand its Spanish language materials in collaboration with highly respected medical professionals, scientists, and patient advocates.

While the focus of our PAHI is on people living with PAH, we also provide clinically useful information, disease education, and practical tools and resources to educate HCPs and support their delivery of care by expert guidelines to help improve the lives of their patients. These include:

- Information on the diagnosis, treatment, and ongoing monitoring of PAH, including the use of frequent echocardiographic monitoring of right heart parameters
- An in-depth discussion of the pathophysiology of PAH
- Data showing the importance of risk assessment in determining prognosis
- Risk calculators to support assessment of risk status
- Information on treatment approaches
- Education to support ongoing monitoring

Resources include videos and podcasts by experts in PAH, recent academic publications about PAH, training through a comprehensive educational curriculum, and more.

New in 2025, the PAHI team launched a Virtual Reality (VR) Program and enhanced its *Right Heart Center* tools to help HCPs better understand PAH, recognize it earlier, and support effective disease management for their patients.

Immersive learning can make a real difference. According to recent studies, VR learners completed training up to four times faster than classroom learners and felt more confident applying what they learned. For the PAHI team, VR can help expand education, deepen engagement, and bring high-quality scientific information to more clinicians.

BRAVING NEUROBLASTOMA

Pediatric Cancer Education: While UT is best known for our leadership in PH and transplant innovation, our goal to address unserved medical needs extends beyond PH. Through our oncology division, we are working to support children with high-risk neuroblastoma – an aggressive pediatric cancer often diagnosed at an advanced stage. Our dedication to these patients and their families is deeply personal; many Unitherians, including our founder, have experienced the devastation of a serious childhood illness in their own families. This drives us to provide resources that are not only medically informative but also emotionally supportive.

Our Neuroblastoma*info* website is an established hub for families, offering unbranded educational tools, including the *Skivolo Book Series* – a developmentally appropriate storybook collection for children facing neuroblastoma starring a charming red panda named *Skivolo*.

In 2025, we brought our *Skivolo* characters to life with the launch of *Skivolo's World* on YouTube, a playful and heartfelt animated series designed to help children with medical complexities explore big feelings, build resilience, and feel seen through stories that reflect their unique experiences.

Skivolo's World

As a rare pediatric cancer, many families whose children have been diagnosed with neuroblastoma feel isolated. United Therapeutics Oncology has been helping this community for decades by providing resources to patients and their families. We knew that an animated series could have the ability to translate complicated information and experiences into a language that children could understand. So, we created ***Skivolo's World*** in collaboration with child psychologists and child life specialists, as well as the talented teams at **3Megos** and **The Character Shop**. It's a unique series that delivers coping and treatment information in an age-appropriate and digestible format. The objectives is that when families see a character dealing with the same rare condition, they not only feel supported and part of a community, but they also develop tools to help them better navigate the journey. That said, the series was designed to be inclusive of families dealing with any serious pediatric condition. The animated format allows us to bring to life relatable characters who deliver important information through entertainment.

Since its launch, *Skivolo's World* has generated strong engagement, with more than 1 million views and nearly **93,000 subscribers**, making it close to the top 1% of all YouTube channels by number of subscribers. Additional no-cost resources for patients, their caregivers, and HCPs are available on Neuroblastoma*info*.com.

Support and Access

United Therapeutics Cares™

One of our public benefit objectives is that no patient gets left behind. Yet non-adherence to prescribed therapies remains a widespread challenge that can harm patients' health, including patients prescribed UT therapies. That challenge helped inspire ***United Therapeutics Cares***, which completed its first full year in 2025.

Bringing together many of the pre-existing United Therapeutics support teams UT is already known for, along with several new teams and capabilities, our new, unified ***United Therapeutics Cares*** program provides ongoing, one-on-one education and support for adults diagnosed with PAH or PH-ILD who have been prescribed a UT medication.

Led by Tom Marinello, VP of Patient Relations, and staffed by a dedicated team of *Unitherians, United Therapeutics Cares* provides comprehensive patient support. As of the publication of this Report, **at least 75% of newly prescribed patients have elected to enroll**.

>40,000

Number of patients supported by our dedicated teams since 2010.

Upon enrollment into the *United Therapeutics Cares* program, a *Patient Navigator* is paired with the patient from the time the initial prescription is written all the way through their therapy shipment, initiation, training, and beyond. The navigator builds a relationship with the patient, getting to know their specific needs and then tailoring a support plan designed to best meet them. *Patient Navigators* work closely with a team of *United Therapeutics Cares* professionals to help support, clarify, and streamline the patient treatment journey.

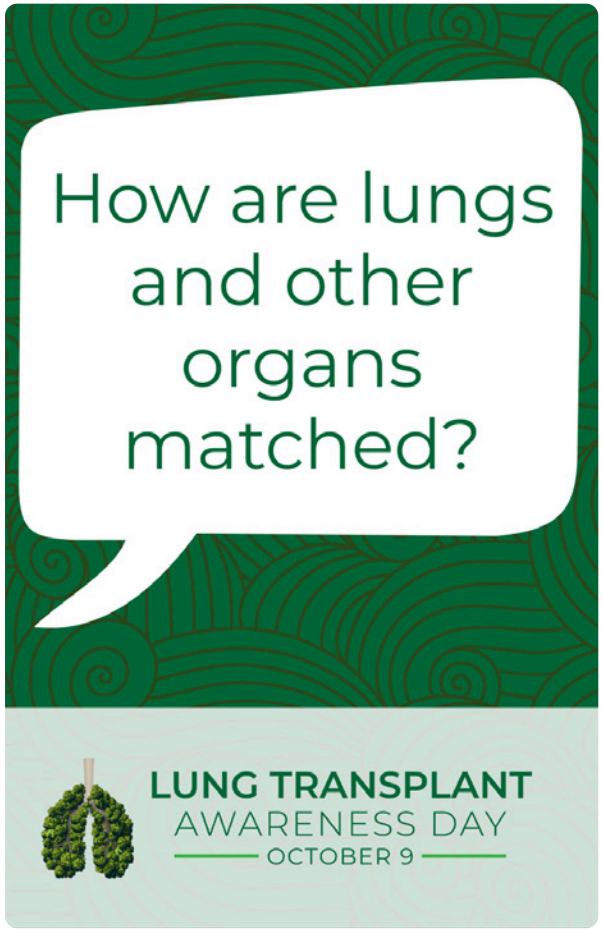
These include *Access and Affordability Specialists* who review patient insurance plans and assist with coverage options like copay and financial assistance programs; *Therapy Access Managers* who work directly with HCPs to educate on access requirements specific to the patient's insurance plan; and *Nursing Teams* who help prescribers, their staff, and SPs learn how to use our products to equip them to better serve patients on UT therapies. Learn more: https://corporateresponsibility.unither.com/impact-stories/supporting-patients

~75%

Newly prescribed patients who have enrolled in *United Therapeutics Cares*.

Listening and Learning From Patients

Building on the patient-engagement activities described above, UT is strengthening relationships with advocacy groups to co-create educational content and embed patient perspectives throughout the R&D and delivery of care development process – from early research to post-launch activities.



For example, by paying attention to gaps in the patient journey – such as the need to better connect disease communities to lung transplant education – the team helped bring together a seemingly disparate group of organizations around shared priorities, leading them to establish **Lung Transplant Awareness Day on October 9**.

Throughout 2025, UT grew its "listening first" mindset, now engaging a broad network of advocacy groups, medical societies, and healthcare professionals. The strongest message throughout this work is that patients want to be heard, informed, and treated as true partners – from shaping education and clinical development to receiving clear, understandable trial results. By learning directly from patients and advocacy leaders, the team is supporting UT in building more responsive programs, deeper trust, and better support across the patient journey.

Learn More

United Therapeutics Cares:
https://unitedtherapeuticscares.com/

PAH Initiative:
https://www.pahinitiative.com/

Neuroblastoma*info*:
https://www.neuroblastoma-info.com/

"Patients are at the heart of our work and inspire how we work to move science forward. By listening with care and partnering closely with patients, caregivers, and patient advocacy organizations, we can better understand what matters most to them. These insights help guide the development of medicines that can make a meaningful, positive difference in patients' lives."

Sandra Rivas-Fuentes
Patient Advocacy Director

Spotlight:

Innovations for Patients

Big Ideas – Not a Moment, a Journey

In 2020, UT launched *The Big Idea*, a company-wide open innovation challenge designed not just to celebrate – but to accelerate – our culture of innovation. Held every other year, the program reflects our ethos of "running like hell down the corridors of indifference," said **Shola Oyewole**, founder of the initiative, VP of Digital Innovation, and a 25+ year *Unitherian*.

Participants are eligible for up to $100,000 in pilot funding to bring bold ideas to life. Finalists present in a Shark Tank–style pitch, broadcast to all *Unitherians*, before a panel of five judges comprising members of our Board of Directors and UT senior executives.

Since its launch, *The Big Idea* has generated numerous pilots and scaled initiatives, contributed to three patents, and driven innovations that have positively impacted thousands of patients. Just as importantly, its influence extends well beyond the winning teams.

As Shola noted, "Even teams not selected by the panel have taken their ideas forward through sprints – securing support from their leaders and advancing them independently." This ripple effect continues to strengthen UT's culture of innovation, turning participation into sustained momentum.

In early 2026, two teams were awarded first-prize funding to prototype innovations centered on patient needs.

Building on this success, UT has expanded *The Big Idea* into an open innovation invitation. Through collaboration with **American University's College of Arts and Sciences**, *The Big Idea Open Innovation Challenge* brings real-world biotechnology challenges into the classroom – aiming to engage and inspire the next generation of innovators while extending UT's impact beyond its walls. *The Big Idea* is no longer a program – it is an engine for innovation, talent development, and patient impact across UT and beyond.

Tools for Early Risk Identification

UT is collaborating with **Tempus AI, Inc.** to develop and evaluate machine learning tools for identifying patients at risk for PH.

The collaboration aims to validate an algorithm to analyze noninvasive 12-lead electrocardiogram (**ECG**) results to predict PH risk and identify patients to be further evaluated by clinicians, potentially cutting the typical two-year delay in clinical diagnosis.

Learn More

For more on using AI for PH diagnosis:
https://www.businesswire.com/news/home/20240625657815/en/Tempus-Announces-Collaboration-with-United-Therapeutics-to-Study-Use-of-AI-to-Detect-Patients-at-Risk-for-Pulmonary-Hypertension

Market Access and Pricing

We consider the benefits to patients, society, and the healthcare system in our pricing approach. This includes consideration of our long-term investments into our R&D efforts, which are essential to make progress toward our PBC purpose.

Our work began in and remains focused on the U.S. and Canadian markets, where we have a track record of contributing to increased disease awareness and providing safe, effective, and quality medicines for appropriate patients, regardless of their socioeconomic status or background. We work with distributors in certain other regions globally where they have the expertise to secure authorization for distribution.

In the U.S., many independent and third-party health plans pay for patient use of our commercial products. In 2025, UT developed the following pricing principles to guide our pricing approach in the U.S.

Our Pricing Principles

United Therapeutics is focused on innovation and to discovering medicines that help address the impact of serious diseases on patients and their families. In support of this mission, our pricing discussions and related decisions are guided by the following principles:

1. Maximizing the impact of our products on improving the lives and well-being of patients with rare diseases and end-stage organ diseases;
2. Taking into consideration the therapeutic benefits to patients and the benefits to the broader healthcare system in addressing rare diseases and end-stage organ diseases;
3. Providing appropriate patient and provider access to our products, where those products are medically indicated – including access to therapies for eligible patients in the U.S. who lack insurance or cannot otherwise access the therapies;
4. Maintaining our ability to continue to invest in, and drive development of, innovative therapies that have the potential to dramatically improve the lives and well-being of patients with rare diseases and end-stage organ diseases, including through ongoing investments in robust R&D; and
5. Meeting patient demand for our current therapies through infrastructure investment aimed at supporting and/or expanding the manufacturing of our products.

Our People

2025 Highlights

As a public benefit corporation, one of our core objectives is to **Be a Destination Employer** — a place where exceptionally smart, mission-driven people are inspired to do their best work and thrive.

Be a Destination Employer

We aim for United Therapeutics to be a destination employer by creating a mission-centric and inclusive environment where *Unitherians* are inspired by the challenging work ahead of us and the opportunity to grow and advance their careers.

3.5%

voluntary turnover at UT, compared with a **10%** industry average; since 2020, our turnover rate has remained on average about half the industry benchmark[1]

Nine consecutive years

as a **Great Place to Work®** (2026), with recognition as one of the **Fortune 100 Best Companies to Work For®**

95%

of participating *Unitherians* agreed that UT is a Great Place to Work in 2026; since 2018, that figure has remained above 90%

60%

of leaders participated in one of UT's leadership development programs and **45%** of *Unitherians* received professional development

"People spend a meaningful part of their lives at work, and we don't take that commitment for granted. At UT, we know *Unitherians* have a choice in where they invest their time and talents. Because our work is both inspiring and demanding, we are focused on investing in our people through thoughtful benefits, opportunities to grow, and by working to create a workplace where they can thrive."

Holly Hobson
VP, Human Resources

1. Industry data from Aon/Radford Turnover study; data published December 2025 | U.S. Life Sciences: Biotech/Pharma | Date range for 2025 industry data is June 2024–June 2025

Inclusion and Belonging Programs

We firmly believe that being a great place to work means being an inclusive place to work.

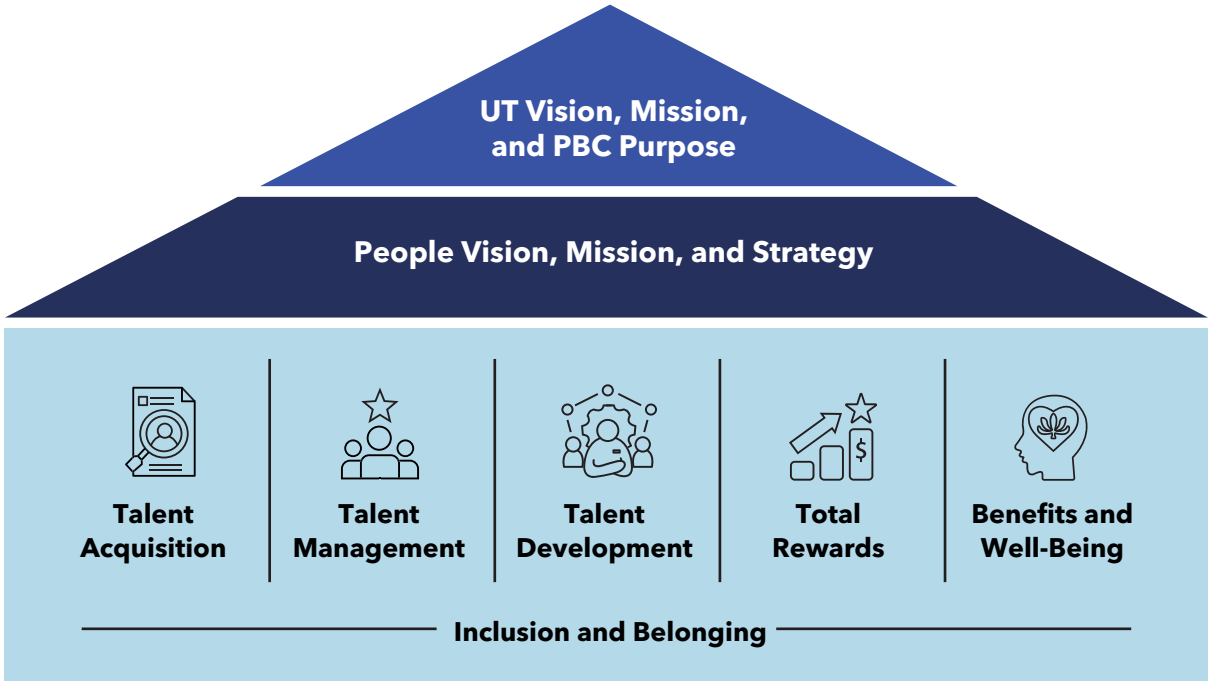
We recognize and value the array of differences represented by our current and future *Unitherians*. We believe we are more innovative, more creative, and make better decisions to serve our patients because of our different perspectives.

Inclusion and belonging is at the heart of our five Core Values, clearly defining the expectations for all *Unitherians*:

- We treat others with respect;
- We seek varying perspectives and viewpoints and listen with the intent to understand;
- We value and leverage our rich and diverse experience and talents; and
- We share information and expertise to partner and work together to achieve goals.

Our intention is to cultivate an inclusive and high-performing culture where *Unitherians* thrive and feel valued and respected.

The model and sections that follow provide some highlights about these programs.



2026 Great Place to Work survey responses

95% of *Unitherians*

say UT is a great place to work

96% are proud

to tell others they work at UT

UT hosted Bring Your Parents to Work Day in 2025

Talent Acquisition, Management, and Development

Our culture is unique, so we make a point to be transparent about our purpose, approaches to work, and growth objectives when engaging with prospective job candidates. In every candidate interaction, we strive for open and honest communication, and we seek to regularly improve our recruitment efforts to help us find the next generation of *Unitherians*, wherever they may be.

When a new *Unitherian* joins the team, we seek to prepare them for long-term success. We believe learning should be continuous, employee-driven, manager-supported, customized to the individual based on strengths and development needs, and blended using different modalities. We align with a **70/20/10 training model**, which holds that individuals gain 70% of their knowledge from on-the-job experiences, 20% from interactions with others such as through mentoring, and 10% from formal educational events.

We shape our training plans, learning journeys, and course offerings with input collected from people leaders, trends, and areas we have identified that require focus. We also customize courses to address specific team needs, covering topics such as team dynamics, communication, influencing without authority, and inclusion.

Developing the Next Generation of Talent: Internships and Co-ops

UT's intern program helps us nurture early-career talent by providing meaningful, hands-on experience and mentorship. We employed 48 interns and co-ops in 2025, with 40% in R&D across six locations and 12 departments.

Intern and co-op feedback was strongly positive in 2025: 100% reported they would recommend UT's internship program and that it met their goals and expectations, and 94% said they would consider joining UT in the future.

2,000 hours

Voluntary learning: About **50%** of UT employees and interns completed nearly **2,000** hours of LinkedIn Learning and DePaul University courses.

99% to 100% of employees

Compliance training: Completion remained strong, with **99% to 100%** of employees, contingent workers (including interns), and relevant contractors, consultants, and vendors completing instruction in the following areas:

- UT's Code of Conduct
- Adverse Events
- GMP
- Global Anti-Bribery and Anti-Corruption
- Data Privacy
- Incident Management
- Organizational Resilience
- Preventing Harassment and Discrimination
- AI Governance and Oversight

Talent Management and Development: Enabling Our People, Enabling the Business

UT's talent management and development programs are about enabling results – aligning how we engage and develop Unitherians to reach their career aspirations and potential with the business results we seek to achieve.

Individual Enablement

Talent development at UT is designed to strengthen professional skills, expand leadership capabilities, and enhance team effectiveness. **The following programs are available to full-time employees, and talent and professional development are also available to part-time employees who work at least 20 hours a week.**

EDUCATION ASSISTANCE/ TUITION REIMBURSEMENT

Voluntary tuition reimbursement program offering up to **$15,000 per year and $45,000 over an employee's career** at UT for eligible employees pursuing a degree or certificate program with manager approval.

TALENT DEVELOPMENT PROGRAMS

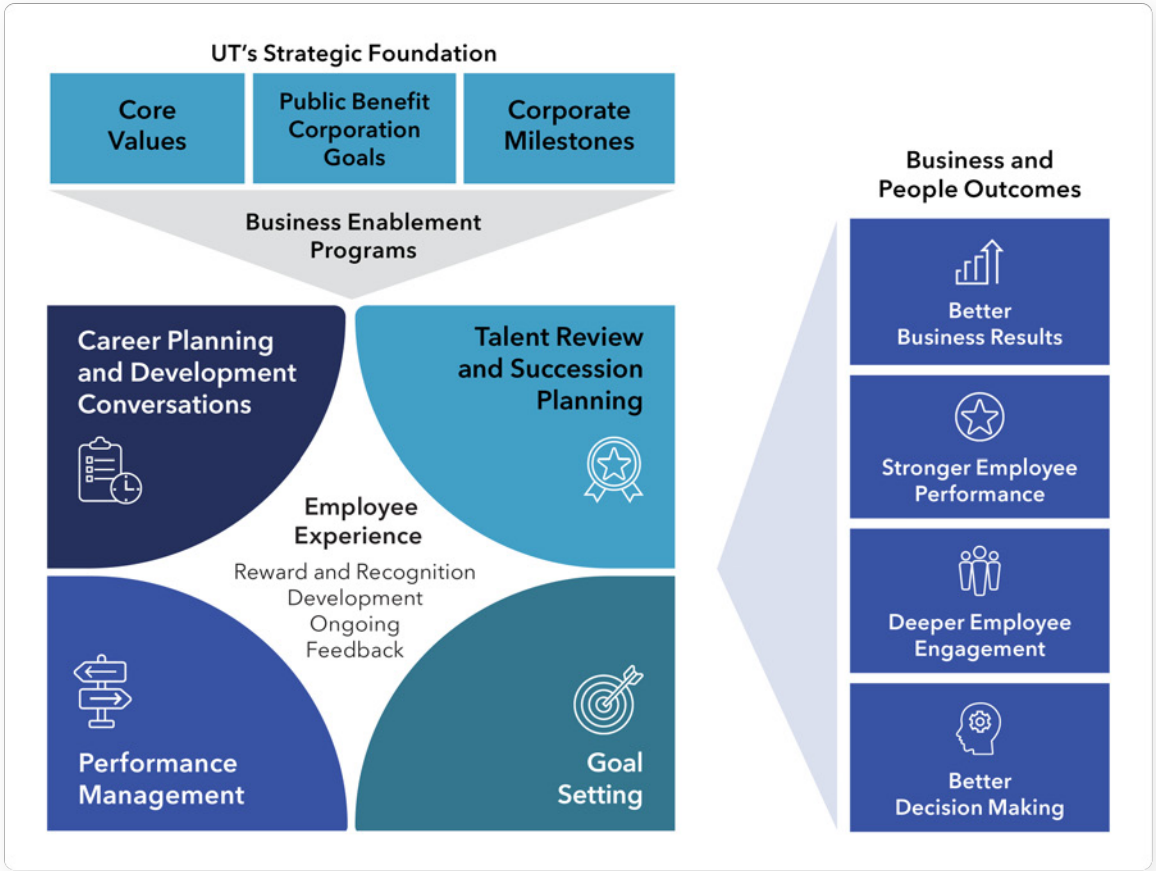
Nearly half of eligible *Unitherians*, including interns, participated in voluntary on-demand and virtual instructor-led training offered internally, through DePaul University and on LinkedIn, to build professional skills and business capabilities.

LEADERSHIP DEVELOPMENT PROGRAMS

60% of leaders participated in one of UT's four leadership development programs focused on different stages of career progression: *Aspiring Leaders*, *Emerging Leaders*, *New Managers*, and *United to Lead* – UT's signature leadership program.

Business Enablement

UT's business enablement programs are designed to provide leaders with insights and tools to better align talent with strategy, make smarter decisions, and unlock the full potential of our people. This approach builds on practices long implemented at UT; our enablement programs are about being intentional and consistent to help drive better results, stronger performance, and deeper engagement across the organization. **All managers at UT receive orientation to and ongoing coaching in UT's business enablement approach**, illustrated below.



Total Rewards

Our total rewards program is designed to attract, retain, and develop our workforce, which is why we continue to enhance our programs related to financial security, physical and mental health, family well-being, and other aspects of holistic wellness.

93%

of participating *Unitherians* in the Great Place to Work survey said that UT's benefits and well-being programs support their needs in their current stage of life.

Beginning January 1, 2026, *Unitherians* can use up to **16 hours of paid leave** to volunteer in clinical trials.

UT joined the **Champions for Change Paid Time Off Initiative** in 2025, a national effort sponsored by the Foundation for Sarcoidosis Research to reduce work-related barriers to clinical trial participation.

Well-Being Benefits and Amenities Snapshot

Overview of Key United Therapeutics Employee Benefits

United Therapeutics offers **more than 30 benefits and amenities** programs.

For example, all Unitherians – full-time and part-time, including those who work less than 20 hours per week – are eligible for paid time off and company holidays, onsite nursing rooms and breast milk shipping for traveling parents, subsidized childcare (subject to limited availability, with priority for full-time employees), the Employee Assistance Program, pet wellness benefits, corporate discounts, recognition programs, and onsite food and fitness amenities where available.

Unitherians who work full time or part-time employees who work at least 20 hours per week are eligible for all of the above, plus many core benefits, including our equity programs; our 401(k); medical and prescriptions (including hearing aids, unlimited in-vitro fertilization (**IVF**), and GLP-1), dental, and vision coverage; health savings accounts; pregnancy and postpartum support; and certain additional family resources such as backup child or eldercare.

Full-time *Unitherians* are eligible for these plus additional benefits, such as a living wage target of at least **$75,000 per year**, flexible spending accounts, paid parental and other extended leave, short- and long-term disability coverage, voluntary supplemental life insurance, and adoption and surrogacy assistance.

"Many workplaces don't offer coverage of IVF," **Sam Olinger**, Lead Talent Acquisition Partner shared. Sam and her husband conceived their two children using IVF. "We joke that our babies are UT babies. Anywhere else," she continued, "and I think we would either not have the family we have, or we might have gone bankrupt starting our family!"

UT's Zero net energy preschool building, RTP, N.C.

Safe and Healthy Workplaces

At UT, we are dedicated to supporting the well-being of our employees. We seek to be a global leader in protecting our people, partners, contractors, and communities in a safe and environmentally sustainable manner.

We continue to see strong interaction with our incident reporting and investigation module that was implemented in 2023 through our overall environmental health, safety, and sustainability management (**EHSS**) system. Through web-based access to this module, employees can report hazards, near misses, and incidents with greater ease. The data trends aid in concentrating global initiatives to reduce hazards, and we believe our data illustrates the success of this system in fostering a culture of reporting with open communication and clear reporting procedures.

Overview of Our Safety Program

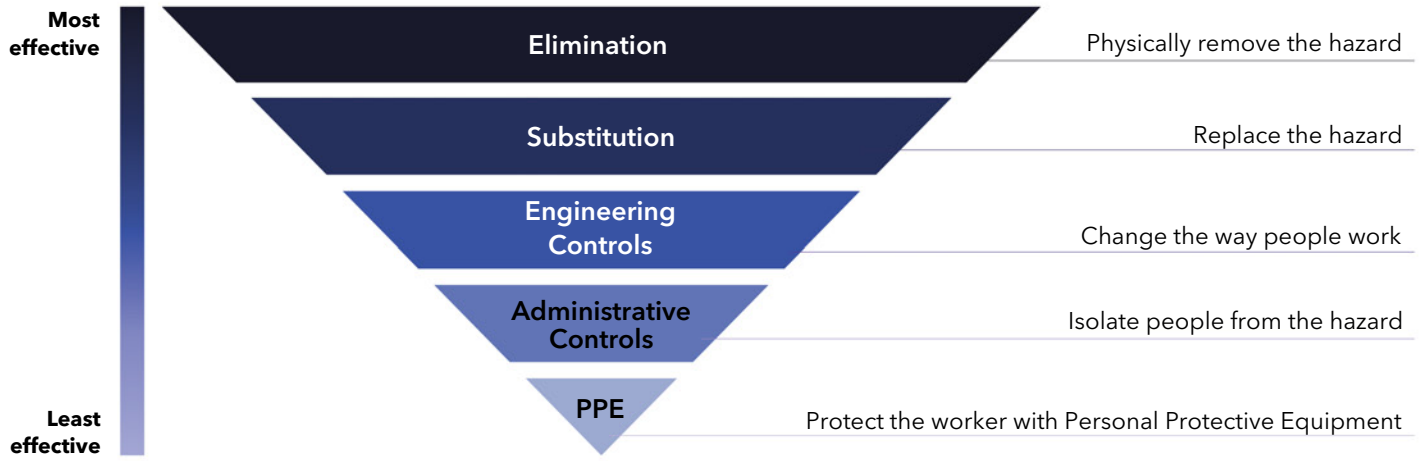
The heart of our safety program is prevention. We encourage employees at all levels to contribute actively to our positive safety culture by promoting employee participation on our safety-focused committees and other collaborative initiatives.

Our aim is to eliminate hazards and reduce safety risks where we work. We use the hierarchy of controls, developed by the National Institute for Occupational Safety and Health (**NIOSH**), for controlling workplace hazards and protecting employees.

Our integrated EHSS management system helps us control risks, manage centralized reporting, and oversee key aspects of safety and health. Focusing on leading rather than lagging safety indicators enables employees to take preventative action to address or eliminate a hazard beforehand. Ongoing improvement is key to our safety program.

Our leaders are expected to incorporate health and safety engineering practices into current processes and future projects. We are dedicated to working to mitigate risks across our global business operations, where **we aim to foster a zero-incident culture** while consistently meeting EHSS objectives and targets.

NIOSH Hierarchy of Controls



Source: NIOSH, https://www.cdc.gov/niosh/hierarchy-of-controls/about/

Train to Empower

To establish a common baseline across functions, we provide regular safety training to employees, and in-depth, role-based training where applicable.

In line with our 70/20/10 training model at UT, we take an integrated approach to training, using multiple methods including on-the-job training, shorter micro-learnings, and online modules.

An important objective of our safety program is to help people identify risks and empower employees to speak up. We support several voluntary, employee-run safety committees that were established to facilitate safety conversations across departments and locations. These safety committees seek to empower everyone at UT to create and maintain a safe and healthy workplace by reducing risk and preventing injuries.

Identify and Eliminate

Internal and external auditors routinely audit our health and safety programs and performance. We regularly assess health-related risks to employees, contractors, and visitors, and seek to proactively manage those risks across our operations.

For example, we complete periodic industrial hygiene monitoring studies across our business units. Data from these studies are tracked using our industrial hygiene module within our overall EHSS management system, allowing us to monitor industrial hygiene for our employees and our environment.

98% of employees

responding to the Great Place to Work survey agree that UT is a physically safe place to work.

UT Occupational Safety and Health Data

Metric	2025	2024	2023
Number of fatalities at UT	0	0	0
Number of recordable injuries and illnesses at UT	9	10	11
UT recordable injury and illness rate per 100 workers	0.61	0.91	1.20
Average industry recordable injury and illness rate per 100 workers	1.40	1.70	1.60

Industry data based on annual U.S. Bureau of Labor Statistics Injuries, Illnesses, and Fatalities averages for the pharmaceutical preparation manufacturing industry.

Improve

We prioritize spotlighting and amplifying leading practices that become part of our safety culture. For example, in 2024, we enhanced EHSS communications in safety committees across our enterprise by discussing a focused safety topic at each quarterly meeting. This helps strengthen the sharing of safety best practices throughout each UT site.

The EHSS team conducts periodic collaborative reviews of EHSS training programs and standard operating procedures (**SOPs**) with more than 50 people leaders in Operations and R&D to continually enhance our curricula and support documentation. This shared improvement process aims to enhance our audit readiness, our safety culture, and employee accountability.

A *Unitherian*: "Safety, healthcare, and wellness support demonstrates that UT cares about my well-being."

100% completion

All new hires – including full-time, part-time, and contingent employees – completed required training on Incident Management covering near-misses, occupational illnesses, and environmental releases.

Unitherians, family, and friends in North Carolina joined the second annual Hope Walk/Run for Team PHenomenal Hope, supporting the pulmonary hypertension community

Our Planet

2025 Highlights

We believe that acting sustainably and being aware of our environmental impacts are crucial to achieving our purpose and goals related to our planet, which is why our goal is to **Operate Sustainably**.

Operate Sustainably

We aim to mitigate our environmental impacts and operate in a sustainable fashion

Environmental data trends

Maintained four LEED Gold and Platinum certified properties

representing 20% of our total square footage

Expanded electric vehicle (EV) charging by nearly 29%,

increasing the total capacity to 108 ports across our locations

Diverted ~62%

of our waste from landfill at our two headquarters locations, including approximately 187,600 pounds of food waste through composting and excluding incineration without energy recovery

Greenhouse gas (GHG) emissions and climate disclosures

Enhanced disclosures on climate-related risks and opportunities

Sustainable packaging

Reduced annual plastic use in Tyvaso (treprostinil) Inhalation Solution packaging by up to

65%

compared with the previous packaging

New construction site net-zero energy where feasible

Building onto our ~7-MW

onsite solar capacity, generating more than 5-MW hours of renewable electricity

Built with lower embodied carbon materials at *Warp-10*,

a pharmaceutical manufacturing facility using mass timber that is expected to begin operations in 2027

“At United Therapeutics, our values aren’t aspirational – they’re operational. This is evident in the buildings we design and construct. Our facilities are physical expressions of who we are: spaces where the science of producing life-sustaining therapies and a focus on the health of our planet are not competing priorities, but the same priority.”

Thomas Kaufman
VP, Corporate Real Estate

Sustainable Operations

EHSS at United Therapeutics serves as the foundation for our efforts to protect the environment and advance sustainable operations across our global footprint. Through our EHSS programs, we prioritize pollution prevention, responsible resource use, and the protection of air, water, and land, while actively managing environmental impacts such as waste and GHG emissions. These efforts support our focus on environmental stewardship, regulatory compliance, and long-term climate resilience. At the same time, we uphold our responsibility to protect the health and safety of our employees by working to identify and reduce workplace risks. Together, these efforts enable us to advance life-saving therapies in a manner that safeguards natural ecosystems and supports a more sustainable future.

EHSS Policy Statement

At UT, we acknowledge the interconnectedness of life, including how human well-being and the environment are linked. We are committed to complying with all applicable local, state, and federal environmental, health, and safety obligations. Our commitment to social and environmental responsibility is embedded in our public benefit purpose and compels us to advance life-saving therapies in a responsible way that protects our employees, patients, customers, suppliers, neighbors, and the environment. This EHSS policy applies to all employees and contractors at United Therapeutics locations.

Health and Safety. We are dedicated to the well-being of our employees. We aim to eliminate hazards and reduce safety risks where we work. Employees are required to complete annual refresher health and safety training, and we provide employees access to our health and safety policies, procedures, and programs through an integrated environmental health, safety, and environmental sustainability management system.

Environmental Responsibility. We prioritize pollution prevention – on land, in water, and in air – and strive to use energy and natural resources efficiently. This involves installing onsite renewable energy wherever feasible, composting, recycling, repurposing, responsibly disposing of hazardous and nonhazardous waste, minimizing water use, and returning water to the environment in equal or better quality than we received it.

Climate. We monitor and manage our GHG emissions, and implement strategies that bolster climate resilience through the innovative design of our facilities, including the expansion of our site net-zero energy and LEED-certified building portfolio.

Continuous Improvement. We strive to improve our EHSS programs and performance by reporting our progress, both internally and externally. We are dedicated to mitigating risks across our global business operations, where **we aim to foster a zero-incident culture** while consistently meeting EHSS objectives and targets.

We are committed to developing the highest-quality therapies that improve the lives of our patients while valuing the well-being of our people and communities. Through innovative collaboration and shared commitment to our people and environment, we can create a healthier and more sustainable world for future generations.

EHSS 520.01 - Policy Statement, Version 1

Sustainable Facilities

Buildings are estimated to account for about 39% of global energy-related carbon emissions.[1] To reduce our impact, we pursue site net-zero energy facilities where feasible. We also aim to reduce embodied carbon[2], increasingly incorporate biophilic design,[3] and evaluate opportunities for retrofits and/or renovations in existing facilities to secure efficiencies where possible.

This focus drives our Corporate Real Estate (**CRE**) team to work with partners on innovative, leading-edge facilities.

At the same time, we often weigh trade-offs to meet urgent patient needs. When relevant, we prioritize cGMP requirements, which require strict and often energy-intensive environmental controls. Sustainability goals can also conflict: for example, improving energy efficiency may require additional insulation with higher embodied carbon.

We apply the same attention to renovations by diverting as much material from landfills as we can and prioritizing use of third-party certified eco-labeled interior materials.

1. See https://worldgbc.org/climate-action/embodied-carbon/ for more information about the carbon footprint of buildings.
2. A net-zero energy site generates at least as much renewable energy as it consumes annually. Site net-zero energy and site net-zero operational carbon are equivalent. A site net-zero embodied carbon building reduces to zero the emissions from material supply, manufacturing, transportation, and construction or installation. https://worldgbc.org/thecommitment/commitment-glossary/
3. Biophilic design incorporates natural elements, shapes, lighting, and other features to connect the building occupants with nature.

UT's Green Building Journey

It all began in 2003 when we installed our first 92 kW photovoltaic (**PV**, or solar) system on our first manufacturing facility in Silver Spring, Md. Since then, we have:

Constructed four Gold or Platinum-level LEED-certified properties, representing about 20% of our square footage

Helped protect local ecosystems with a pollinator field at our RTP, N.C., campus that supports six apiaries

Improved energy performance across much of our portfolio with **reflective "cool" roofing**

Built with lower carbon materials at *Warp-10*, a pharmaceutical manufacturing facility using **mass timber** that is expected to begin operations in 2027

Prioritized onsite solar generation in new construction projects

Strengthened resilience with one onsite microgrid with backup battery energy storage at our LEED Gold warehouse called *Phase Five* in RTP, N.C.

Supported climate resilience through **one acre of green roof** and a **specialized catch basin** at the *Unisphere* that help reduce heat island effects and manage stormwater runoff

Expanded access to cost-effective cleaner transportation for EV-owning *Unitherians* with **108** no-fee EV charging ports across our campus locations

Generated renewable energy with approximately **7-MW** of onsite PV capacity, helping green UT operations and our local grids

Advanced five sites designed to approach site net-zero energy or net-zero embodied carbon, including the LEED Platinum, Net Zero Energy certified *Unisphere* in Silver Spring, Md., and LEED Gold certified *Phase Five*

Multiple UT facilities have received Facility of the Year Awards from the International Society for Pharmaceutical Engineering (**ISPE**) for innovative buildings, including the 2024 honorable mention for UT's Phase Five cGMP warehouse and logistics center designed for high efficiency and low embodied carbon.

Spotlight:

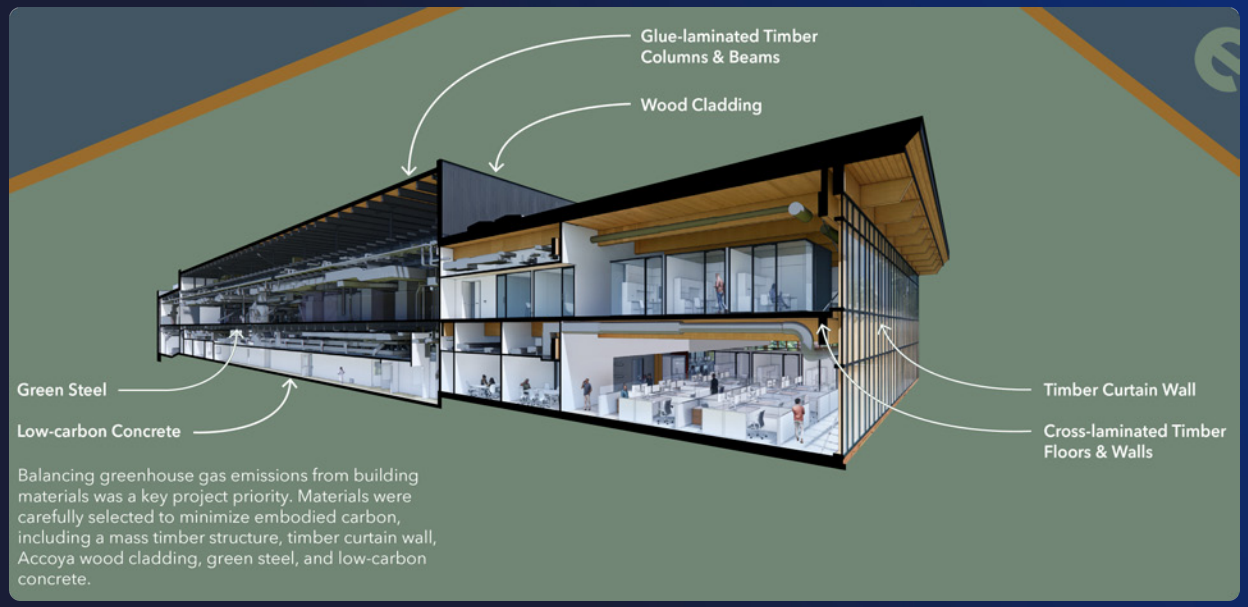
Drawing Strength From Living Systems

Our latest sustainable facility project – what we call *Warp-10* – is a mass timber[4] pharmaceutical manufacturing facility where we intend to manufacture ralinepag DPI (**RalDPI**) and package Tyvaso DPI.

This facility is pushing the boundaries of what is possible in green construction. From biophilic design elements that connect our people with nature to being designed to cover nearly 40% of our energy use with onsite renewable energy and striving toward net-zero embodied carbon, *Warp-10* is a testament to our focus on sustainable innovation to better serve our patients' needs.

In 2025, we celebrated a major milestone with the topping off ceremony. This tradition marks the placement of the final structural b, symbolizing the completion of the structural phase.

From the first blueprint to today, *Warp-10* has been a true team effort. We're proud of our sustainable innovation in pharmaceutical manufacturing, and we are grateful to our partners Ewing Cole, CRB, McAdams, and DPR Construction for their unwavering dedication to *Warp-10*.



Balancing greenhouse gas emissions from building materials was a key project priority. Materials were carefully selected to minimize embodied carbon, including a mass timber structure, timber curtain wall, Accoya wood cladding, green steel, and low-carbon concrete.

Learn More

Watch our latest progress video here: https://bit.ly/3I8mluy

Read more about this facility in our Impact Story: https://corporateresponsibility.unither.com/impact-stories/tree-house

4. Mass timber products are engineered wood products that are created by attaching smaller pieces of wood together to create larger structural elements. A building that uses engineered wood as a primary load-bearing structure is mass timber. According to the Mass Timber Institute at the University of Toronto, estimates indicate that one cubic meter of mass timber sequesters one metric ton of CO_2, while every ton of manufactured cement produces about half a ton of CO_2. See https://academic.daniels.utoronto.ca/masstimberinstitute/ for more information.

Our Approach to Climate

We prioritize onsite technologies, including solar, geoexchange wells where feasible, and other greener building practices, to manage emissions while supporting growth. We plan to expand onsite power generation beyond our current ~7-MW solar capacity and continue managing energy contracts across our portfolio. We also expect to evaluate market-based solutions for potential integration into our sustainability plans.

We are developing a robust, data-driven plan and policies to mitigate our carbon footprint and better understand climate-related business risks. We have collected our energy activity data and calculated Scope 1 and Scope 2 inventory in a centralized software platform, in alignment with the Greenhouse Gas Protocol Corporate Accounting and Reporting Standard (**GHG Protocol),** and have begun evaluating our broader climate impact, including Scope 3 emissions. We intend to disclose GHG data where required by applicable regulations.

In 2024 and early 2025, business leaders and subject matter experts, including our VP, Risk Management, worked with a third-party environmental consultant to assess climate-related risks and opportunities. The analysis did not include a comprehensive supply chain review. Our assessment appears in the TCFD Report at the end of this document.

Ecosystem Impact Management

We believe the health of the ecosystems we live in is important to achieve our mission. Our environmental policies are designed to align with ISO 14001 and other applicable environmental laws and regulations. We seek to prioritize pollution prevention in our operations. Our aim is to safeguard natural resources, including clean air and water.

Clean Air

At UT, we have a special connection to breathing. We strive to do our part to help keep the air in the communities where we operate as clean and healthy as possible. For our new facilities, we prioritize installing cleaner-burning natural gas engines instead of diesel where feasible.

Water Stewardship

We partner with our water and wastewater authorities. Our manufacturing facilities are designed to use water responsibly and operate within regulatory requirements.

We have an outstanding track record in meeting wastewater discharge standards, and we continue to improve water management practices. We have consistently earned water stewardship awards at our Silver Spring, Md., co-headquarters for multiple consecutive years, receiving the **Washington Suburban Sanitary Commission Gold Pretreatment Award for consistent compliance again in 2025**.

Responsible Waste Management

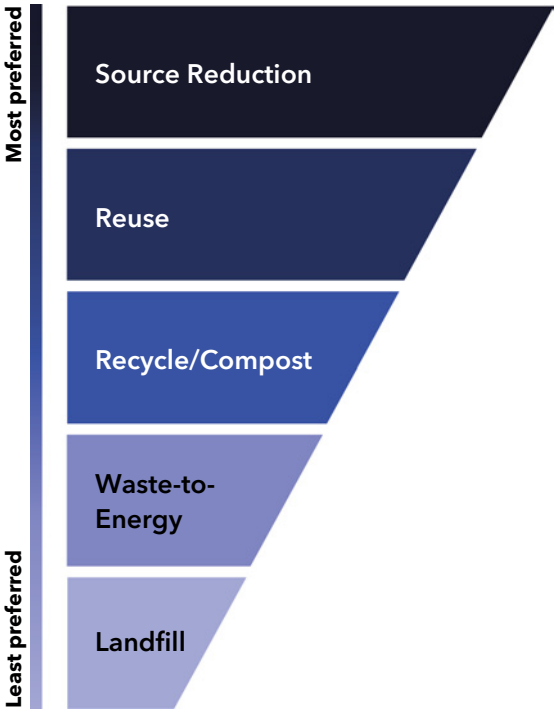
Waste management is a key aspect of our sustainability efforts. We seek to manage and reduce waste in alignment with a waste management hierarchy.

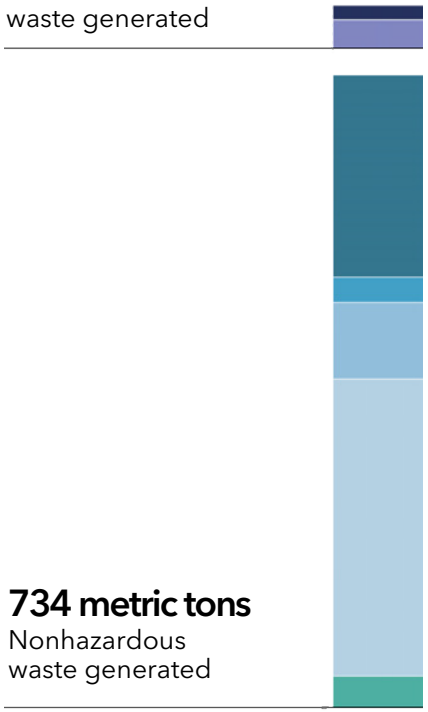
We collaborate with our waste management providers and our facilities and operations teams to better manage regulated waste through compliant container storage and labeling, careful packaging, maintaining accurate waste profiles, and shipping to audited storage and treatment facilities. We strive to practice waste reduction through container reuse, landfill-free disposal where feasible, and waste-to-energy treatment where appropriate for the material.

We also aim to cut office waste and extend onsite composting. In 2026, we expanded cafe composting from three to four sites; about **62%** of *Unitherians* work out of these locations.

We have divided our waste into two categories: hazardous and nonhazardous. Hazardous waste is defined as highly regulated or high-risk waste streams that need to be neutralized, treated, or destroyed to address hazards. Nonhazardous waste includes all other operational waste and municipal waste generated by our offices, labs, and other work sites. Non-operational waste, such as construction and demolition debris, are excluded as they are not directly associated with the production of our products.

Waste Management Hierarchy





2025 Waste Metrics[5]

Hazardous waste generated (Metric Tons)	**56**
Waste-to-energy (**WTE**)	33%
Recycled	0%
Incinerated without energy recovery	66%
Landfill	0%
Nonhazardous waste generated (Metric Tons)	**734**
WTE	5%
Recycled	47%
Composted	12%
Incinerated without energy recovery	4%
Landfill	32%
Total waste generated (Metric Tons)	**790**

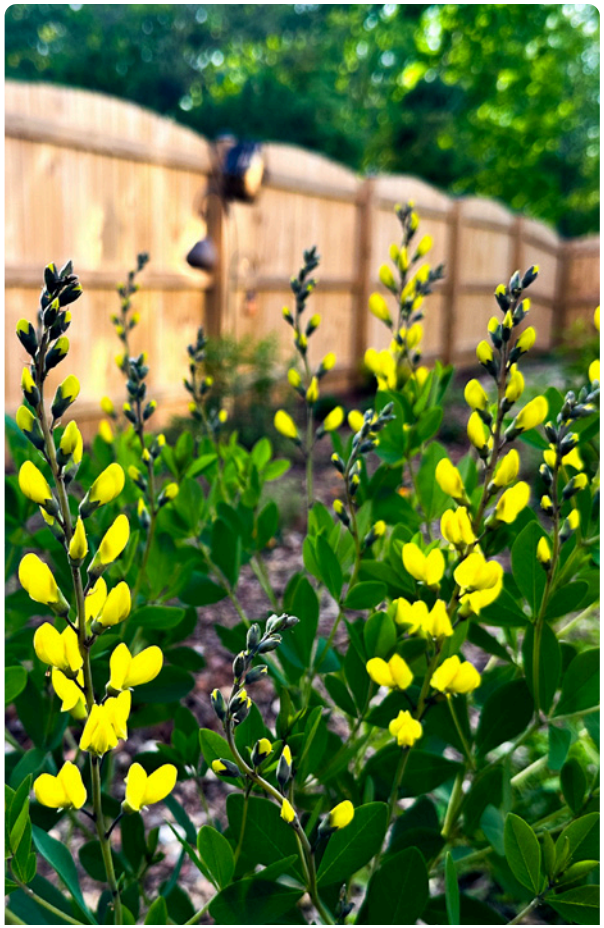
5. Data covers our headquarter locations in Silver Spring, Md., and RTP, N.C. Due to the rounding of individual values, rows may not aggregate to the provided totals.

Other Sustainability Initiatives

Beyond our decarbonization efforts, internal environmental management, and regulatory alignment, we continue to look for other avenues to adopt sustainable practices, programs, and policies. Here are some examples:

- We apply **green chemistry** principles in our pharmaceutical R&D designed to reduce environmental impacts across our processes. See the Spotlight story on page 53 for details about a recent green chemistry initiative.
- Our CRE team prioritizes **sustainable renovations**. In an internal renovation completed in 2026, UT recycled nearly 39 tons of waste and sent 4 tons to landfill – about a **90% diversion rate** – avoiding ~19 metric tons of GHG emissions. For context, the U.S. EPA reports that, at best, ~76% of U.S. construction and demolition waste is diverted from landfill.
- Our **package redesign** was fully implemented in 2025, securing benefits of using up to 73% less packaging material compared to previous formats, using up to 65% less plastic, decreasing estimated GHG emissions by 80%, and reducing material costs by 70%. (https://corporateresponsibility.unither.com/impact-stories/when-less-is-more)
- We participate in the Pharmaceutical Product Stewardship Work Group (**PPSWG**) **MyOldMeds** program, which gives patients an easy, safe, and sustainable way to dispose of unwanted, unused, or expired medicines. (https://myoldmeds.com/)
- We have **108 no-fee EV charging station**s across our sites and are installing additional chargers to help make electric and hybrid commuting more convenient and affordable for *Unitherians*
- Our RTP campus is home to six beehives installed by **Bee Downtown**, alongside the newly reseeded Piedmont Prairie that uses native species to help enhance local biodiversity – and feeds the bees!
- We offer SmartBenefits® for *Unitherians* in the DC-metro area to support **lower carbon commuting via local public transit**.

Our Global Medical Affairs team launched a Garden Club that connects team members by planting the same seeds in their own home gardens and sharing progress – sometimes through pictures, often in conversation. This photo, shared by a Garden Club member during our 2026 Earth Month challenge, shows a *Unitherian's* foray into pollinator gardening.



Spotlight

Patient-Centric and Environmentally Preferable

Since our founding, UT has held a clear conviction: Improving human health shouldn't come at the planet's expense, and responsible innovation is a competitive strength.

Hitesh Batra, Ph.D., VP of Chemical R&D and Production

"As a PBC, we are committed to creating a brighter future for patients while recognizing the deep connections between human health and environmental stewardship," said **Dr. Hitesh Batra**, VP of Chemical R&D and Production. "Applying green chemistry principles aligns with our purpose – and it is simply the right strategic choice for long-term impact."

As we prepare for commercial-scale manufacturing of ralinepag, our R&D team completely redesigned the manufacturing route by applying Green Chemistry principles to simplify execution, eliminate unnecessary operations, improve throughput, and reduce manufacturing scale-up risk.

Patient safety is paramount: The redesigned process (patent application filed March 2025) delivers the same quality as the legacy route while preventing pollution at the source. It reduces hazardous substances, increases batch output, lowers GHG emissions, and decreases potential occupational health and safety risks for employees – supporting safer operations and stronger manufacturing readiness.

The redesigned ralinepag process shows what deliberate, science-driven innovation can deliver: fewer hazardous inputs and operations, less waste and energy use, and improved operator safety without compromising quality. By rethinking the route end to end, our team prevented impurities from forming in the first place while improving yield, shortening cycle time, and boosting reliability for patients and efficiency for the business.

For a rare disease therapy like ralinepag, where volumes may be modest but the impact on patients is profound, these improvements matter.

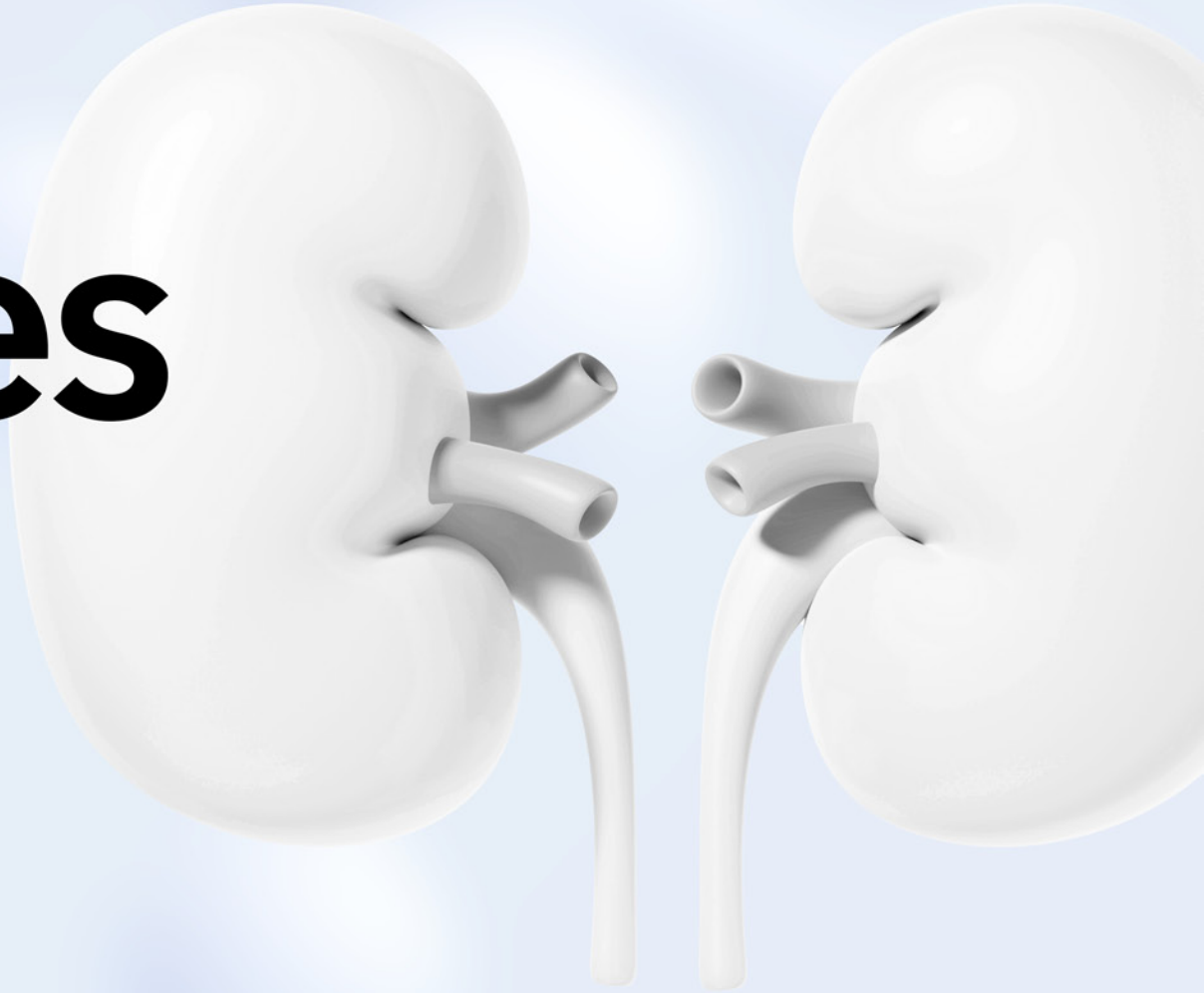
Prevention, the first of the 12 Principles of Green Chemistry, played a central role in our team's redesign of the ralinepag manufacturing process.

Unit operations cut from **nine steps to six**

Reduces chemical inputs by about **24%**

Produces on average **55%** less waste

Our Practices



Governance

We believe our corporate governance practices have helped us maintain our focus on our public benefit purpose. Our Board of Directors operates through a culture of independent thought and intelligent conversation on critical topics. We have taken a year-round view of corporate governance, adopted leading practices in several areas, and have a robust semiannual shareholder outreach practice led by two of our independent directors.

We welcomed **Dr. Kevin Tracey** to the Board of Directors upon his appointment in January 2026. Dr. Tracey is President, CEO, and the Karches Family Distinguished Chair in Medical Research at the Feinstein Institutes for Medical Research, Professor of Molecular Medicine and Neurosurgery at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, and Executive Vice President, Research, at Northwell Health.

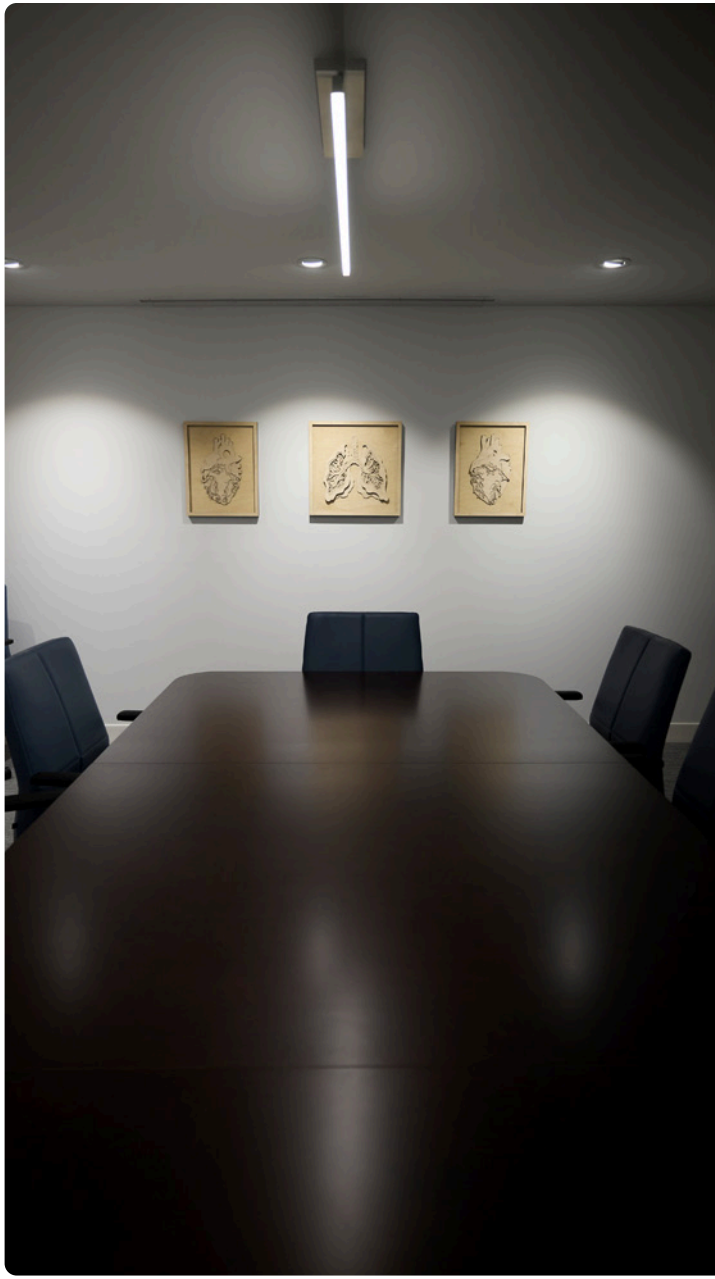
"Dr. Tracey is a stellar addition to our Board, continuing our strong track record of board refreshment," said **Christopher Causey**, Chairperson of the Nominating and Governance Committee of United Therapeutics' Board of Directors. "Dr. Tracey brings invaluable scientific insight and operational healthcare experience to our Board."

In July 2026, we appointed **Dr. Victor Dzau** to the Board of Directors. Dr. Dzau completed a 12-year tenure as President of the National Academy of Medicine and formerly served as Chancellor for Health Affairs at Duke University,

President and CEO of the Duke University Health System, and Chairman of Medicine at Harvard and Stanford Universities.

"I am excited to add Dr. Dzau's voice to our boardroom, and look forward to benefiting from his deep knowledge, experience, and insights in our industry and the healthcare system as a whole," said Christopher Causey. "Dr. Dzau's addition to our Board is the latest step in our concerted Board refreshment effort, as we work to provide oversight and support of a company working on transforming patient care."

We also thank **Professor Raymond Dwek** for more than 20 years of service. Professor Dwek retired from the Board as of our Annual Meeting of Shareholders on June 26, 2026.

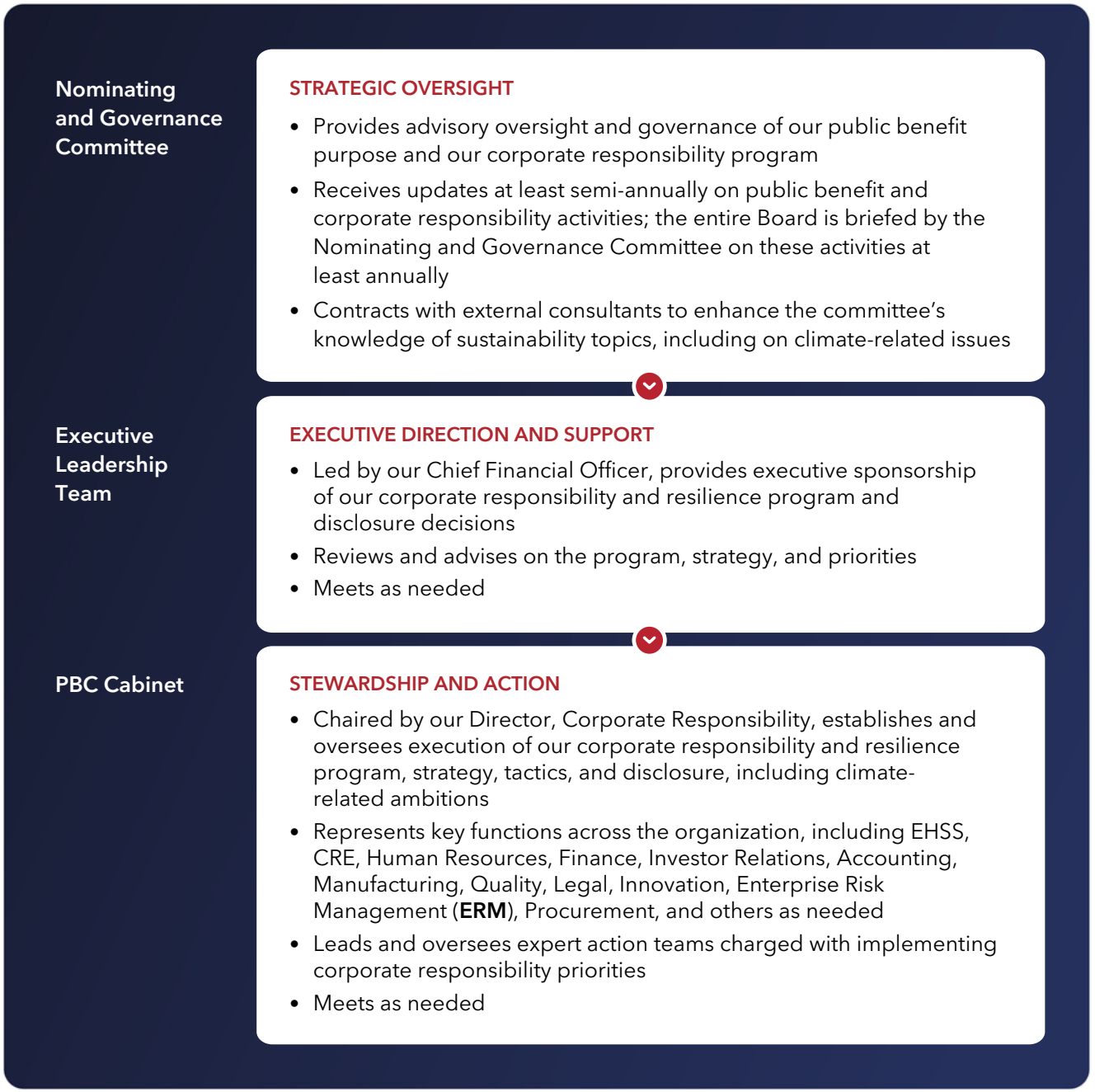


PBC Governance

We have an active, engaged, and deeply skilled Board of Directors that oversees our key business strategies and objectives, our risk management process, and our compliance program. Our Board's Nominating and Governance Committee has formal oversight of our corporate responsibility and resilience program and PBC goal setting, performance assessment, and reporting.

The chart to the right illustrates our PBC and corporate responsibility governance model, which we sometimes use interchangeably with the term "sustainability."

Please see the TCFD Report for additional detail about the NomGov Committee's oversight of our environmental impacts and efforts.



Board Risk Oversight

We take risk oversight seriously. Each of our Board committees is responsible for specific areas of risk, providing guidance and oversight to our management team and their efforts to identify and mitigate the risks most relevant to our company.

NOMINATING AND GOVERNANCE COMMITTEE

Key Risk Oversight Area: ERM system; corporate compliance program; and PBC and environmental and social sustainability activities, including climate-related risks

AUDIT COMMITTEE

Key Risk Oversight Area: Auditing, accounting, and financial matters, as well as cybersecurity

COMPENSATION COMMITTEE

Key Risk Oversight Area: Compensation programs, as well as other human capital priorities

Useful Resources

For additional details about our Board and our corporate governance and business practices, please visit these resources:

Proxy Statement

https://ir.unither.com/~/media/Files/U/United-Therapeutics-IR/documents/annual-and-proxy/2026-proxy-statement.pdf

Annual Report

https://otp.tools.investis.com/clients/us/united_therapeutics/SEC/sec-show.aspx?Type=html&FilingId=19181251&CIK=0001082554&Index=10000

Corporate Governance website

https://ir.unither.com/corporate-governance

Ethics and Compliance

We prioritize acting with integrity and the highest ethical standards in everything we do. The UT Compliance Program provides structure, governance, and resources to help embed our ethical policies and behaviors across our operations and business relationships.

Speak up!

Unitherians are encouraged to contact their manager or the Compliance Team to address any compliance-related questions or to raise compliance concerns. Employees may also file a report using EthicsPoint, a comprehensive and confidential reporting tool that maintains a 24/7/365 anonymous phone line.

Learn More

- Code of Conduct
- Consumer Health Data Privacy Policy
- Transparency in Payments
- Corporate Giving

We are committed to ethical marketing and sharing important medical information to inform patients, HCPs, and stakeholders. Our Sales and Marketing teams provide education about our products and FDA-approved labels. Under our policies, we prohibit off-label promotion, and sales staff are expressly prohibited from responding to questions about off-label information.

Our Compliance Principles revolve around the overarching tenet that **WE DO THE RIGHT THING**. Other principles we expect compliance with include:

We are **passionate** for patients

- We get the right products, to the right patients, for the right reasons
- We manufacture to the highest quality standards
- We promptly report adverse events and product complaints

We **respect** privacy

- We protect the privacy of our patients, caregivers, customers, and employees
- We use and share information carefully and sensibly
- We avoid and disclose conflicts of interest

We **don't pay to play**

- We operate with the highest standards of integrity
- We don't use money or favors to inappropriately advance business objectives
- We only interact for appropriate and legitimate purposes

We communicate **ethically** and **honestly**

- We communicate at the right time, to the right people, with the right message
- We communicate in an honest, transparent, and accurate way
- We document our books, records, and actions with integrity and attention to detail

Promotional Communications Policy

All promotional materials must be approved by the Promotional Review Board (**PRB**), led by Regulatory Affairs and composed of representatives from Global Medical Affairs and the Legal Department. The PRB may escalate issues to the President, Chief Medical Officer, Chief Compliance Officer, and Deputy General Counsel for final decision.

Promotional information regarding UT products is required to be truthful, balanced, not misleading, and consistent with FDA labeling. It is expected to describe safety information fully and accurately and must be approved by the PRB prior to use.

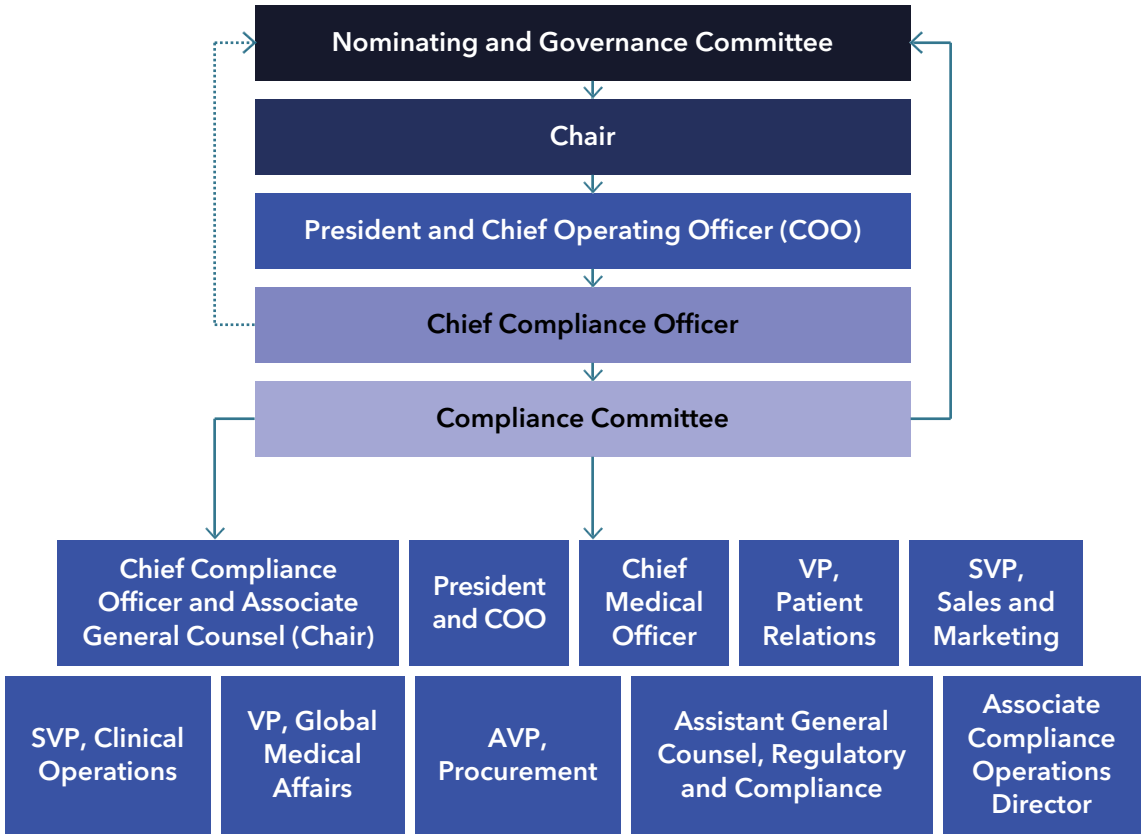
Sales and Marketing teams, including new hires, receive training on ethical drug commercialization, helping them to understand our policies and relevant laws before promoting products. Our teams receive ongoing training and are monitored to confirm compliance.

Other key policies in addition to our Promotional Communications Policy include:

- Global Anti-Bribery and Anti-Corruption
- Conflict of Interest
- Fair Competition, Anti-trust
- Grants and Other Third-Party Support
- Charitable Contributions

Our Compliance Model

Our Compliance Committee oversees our compliance activities, including the administration of our Code of Conduct and compliance program. It is chaired by our Chief Compliance Officer and composed of senior executives. Twice a year, our Chief Compliance Officer reports to our Nominating and Governance Committee on the activities of the Compliance Committee and Compliance Department.



Our Code of Conduct and Compliance Program

We foster a culture of ethics and compliance through required adherence to our Code of Conduct, as well as written policies and standard operating procedures (**SOPs**). We provide annual training on our Code of Conduct and other key policies, and conduct monitoring and auditing to assess compliance. Our Board, employees, and relevant vendors also receive compliance-related training specific to their roles at UT.

The Code applies to all employees, full-time and part-time, including temporary workers and officers, and directors of United Therapeutics and its subsidiaries worldwide. Key topics of our Code of Conduct include anti-discrimination and anti-harassment, employee health and safety, scientific integrity, fraud prevention, bribery and corruption, confidentiality and privacy, marketing promotion, distribution and sales of our products, public disclosure, conflict of interest, insider trading, grants and other third-party support, and government interaction.

Our Code of Conduct serves as a foundational tool to help employees do the right thing in their day-to-day operations. The biotechnology industry is dynamic and ever-changing, and no one can assume that the right course of action is always clear. Our Code, with support from our existing principles, policies, and procedures, provides guidelines for our decisions and actions.

100% completion

All new hires – including full-time, part-time, and contingent employees – completed required training on UT's Code of Conduct, our Global Anti-Bribery and Anti-Corruption Policy, and other compliance programs.

Data Privacy and Security

At UT, **WE RESPECT PRIVACY**. Gathering and using certain personal information from various sources, including patients, clinical trial participants, customers, HCPs, and *Unitherians*, is essential to our mission and operations. We work to protect the privacy of this information. We do this through data privacy and cybersecurity programs designed to protect personal information, supported by ongoing training and awareness for our *Unitherians*.

Dedicated Data Privacy Email

Our employees, patients, and other third parties can reach us for any data privacy requests or questions at privacyoffice@unither.com.

Cybersecurity Governance and Process

We use a "defense-in-depth" cybersecurity strategy designed to protect information assets through multiple layers of controls while supporting patient-focused research and development innovation. This approach extends to systems leveraging artificial intelligence (**AI**), to help design, deploy, and monitor such technologies in accordance with our cybersecurity standards.

BOARD AUDIT COMMITTEE

Oversight: The Senior Director of Information Security, Risk, and Compliance provides written reports to the Chair of the Audit Committee each quarter and leads a discussion with the full Audit Committee and independent auditor annually.

EXECUTIVE LEADERSHIP

Strategy Development: The Senior Director of Information Security, Risk, and Compliance reports directly to the Chief Information Officer, who in turn reports to the Chief Operating Officer. This structure supports alignment of cybersecurity strategy is aligned with enterprise priorities, regulatory expectations, and overall risk management objectives. Executive leadership remains actively engaged and aligned with United Therapeutics' cybersecurity approach.

CYBERSECURITY MANAGEMENT

Strategy Execution and Operational Management: The Information Security Team leverages the National Institute of Standards and Technology (**NIST**) Cybersecurity Framework. The Data Privacy Office, Legal team, and Information Technology operations teams, led by the Senior Director of Information Security, Risk, and Compliance, collaborate on implementing proper controls for data protection and data use, and the secure deployment of emerging technologies, including AI. Information Technology security team members have industry-leading security certifications such as Certified Information Systems Security Professional, Certified in Risk and Information Systems Control, and Certified Information Privacy Manager.

Responsible Use of AI

United Therapeutics uses AI technologies in support of both scientific innovation and operational efficiency. We apply a risk-based cross-functional governance approach to AI use cases, informed by our data privacy, cybersecurity, legal and compliance programs, to help us implement AI in a secure, ethical, and compliant manner. Key elements of this approach include:

- Risk-based, cross-functional oversight of AI use cases
- Appropriate validation and human oversight
- Ongoing monitoring and periodic reassessment of higher-risk AI uses

Our Cybersecurity Processes

Our cybersecurity program is organized around four pillars:

- Continuous Monitoring
- Training and Awareness
- Business Resilience
- Identifying and Mitigating Cyber Risk

The team implements our business resilience efforts in collaboration with Enterprise Risk Management, maintaining a Disaster Recovery Program to identify critical business systems, real-time replication, and periodic recovery testing. We also maintain cyber insurance coverage that extends to data privacy and data security events.

Our practices are aligned with frameworks such as the International Organization for Standardization (**ISO**) 27005 model, Control Objectives for Information and Related Technologies (**COBIT**), and Committee of Sponsoring Organizations of the Treadway Commission (**COSO**) frameworks to manage cyber risk.

United Therapeutics Information Expert (**UTIE**) is UT's custom AI system developed for *Unitherians* to find accurate, relevant answers to questions about company policies, procedures, and services across departments.

100% completion

All new hires, including full-time, part-time, and contingent employees, completed required training on Data Privacy and AI Governance and Oversight.

Enterprise Risk Management and Organizational Resilience

The ERM Program is an important aspect of our corporate strategy, and we use a variety of methods to help us appropriately manage our enterprise risks. The Organizational Resilience (OR) Program is a central component of our risk management strategy designed to assess, mitigate, and respond to key operational risks across the enterprise.

100% completion

All new hires – including full-time, part-time, and contingent employees – completed required training on Organizational Resilience, launched in 2026.

Our ERM Governance and Operations

Effective ERM starts with clarity around risk strategy and governance, with the following roles and responsibilities of key stakeholders.

BOARD NOMINATING AND GOVERNANCE COMMITTEE

Oversight: Our VP of Risk Management provides periodic and annual reports to our Nominating and Governance Committee of the Board. In its oversight role, the committee:

- Maintains awareness of the enterprise risks facing UT and provides guidance
- Oversees ERM activities

EXECUTIVE SPONSORS

Strategy Development: Our VP of Risk Management consults with our executive sponsors to confirm strategic alignment on corporate objectives and business needs. Executive sponsors:

- Include our CEO, President and COO, CFO, General Counsel, Deputy General Counsel, and EVP, Strategic Development
- Maintain alignment between the ERM assessment and corporate objectives
- Review ERM outputs and oversee ERM Program Management team
- Co-develop any additional risk mitigation strategies, with oversight of the Nominating and Governance Committee, with risk owners[1]

ENTERPRISE RISK PROGRAM MANAGEMENT

Strategy Execution and Operational Management: The ERM Program Management team:

- Oversees execution of our ERM Program
- Reviews and assesses corporate risks with appropriate stakeholders including risk owners and interviewees[2]
- Promotes transparency across the enterprise and facilitates risk-informed decision-making through various reporting mechanisms
- Regularly reviews and seeks opportunities for improvement of the ERM Program and function

1. **Risk owners:** Co-develop risk mitigation strategy with executive sponsors and drive the execution of risk mitigation tactics and escalate challenges or concerns, as needed
2. **Interviewees**: Include functional leaders as well as key employees in critical areas to identify and review risks impacting their business area for consideration as potential enterprise risks

Our ERM Program Methodology and Approach

Our risk management program provides a systematic, continual, holistic approach for identifying and mitigating risks that could affect our ability to meet our corporate objectives. It provides criteria to conduct risk assessments grounded in defined thresholds for escalation, which are routinely tracked and monitored. This framework enables timely notification to management of critical issues and significant trends, and implementation of corrective and preventative actions by:

- Assisting in identifying and assessing a broad array of risks that could negatively impact our ability to meet our corporate objectives, including emerging issues such as climate-related risks and political risks
- Engaging our functional leaders to identify and prioritize risks and maintain appropriate ownership and accountability of those enterprise risks
- Providing our executive leadership and Board with key information regarding enterprise risks, priorities, and trends to support risk-informed action and decision-making
- Facilitating the development and implementation of appropriate risk mitigation actions

The program is ongoing, operates on an annual cycle corresponding with four phases – plan, discover, report, and manage – and is aligned to leading frameworks and standards such as COSO as well as guidance issued by the ISO.

Phase I: Plan	Phase II: Discover	Phase III: Report	Phase IV: Manage
Timing: Q3 each calendar year	Q4 each calendar year	Q4-Q1 each calendar year	Beginning of Q2 each calendar year and ongoing
Stakeholders Involved: • ERM Program Management • Executive Sponsors	• ERM Program Management • Interviewees	• ERM Program Management • Executive Sponsors • Nominating and Governance Committee	• ERM Program Management • Executive Sponsors • Risk Owners
Key Objectives: • Confirm strategic alignment on our corporate objectives and business needs for the year ahead, with longer-term consideration of up to seven years based on the risk topic • Update ERM tools in preparation for Discover and Report phases	• Identify and assess current and emerging enterprise risks	• Draft, refine, and finalize Summary Report • Calibrate and align around top enterprise risks with Executive Sponsors • Conduct readout during Q1 Nominating and Governance Committee Meeting and Q1 Board of Directors Meeting	• Develop and execute functional risk response plans • Provide updates on risk mitigation actions to Executive Sponsors and Nominating and Governance Committee • Close out ERM Program year

Our Organizational Resilience Program

Organizational resilience is the ability of the organization to survive and prosper in the face of sudden disruptions or crises. Our OR program is designed toward the following outcomes:

- Promote and enhance the safety and security of our employees, their families, physical assets, and the communities in which we operate
- Continue, recover, and restore critical business processes and systems following a disruption
- Safeguard the interests of our patients and the integrity and continuity of our operations
- Protect our public reputation, shareholder value, and standing as an industry leader
- Be aligned and operate consistently with NIST and ISO guidance and industry best practices

We maintain numerous organizational resilience plans, including the following:

- **Corporate Crisis Management**
- **Business Continuity Plans**
- **Disaster Recovery Plans**
- **Global Emergency (Contingency) Plans**
- **Aviation Response Plan**
- **Pandemic/Infectious Disease Plan**

To accomplish this, we have developed a comprehensive set of safety, security, and risk management plans, processes, and procedures to assess, mitigate, and respond to risks and recover from crises. These resources, and the dedicated *Unitherians* who execute and support organizational resilience, aim to facilitate the rapid, efficient, and cost-effective recovery of our critical operations, and put us in a position to react quickly, decisively, and cooperatively to any crisis or emergency. Our OR framework includes the following four components:

Crisis Management	Focuses on command, control, and communications during and immediately following a disruptive event. Crisis management planning documentation is reviewed, assessed, and updated every two years.
Business Continuity	Defines recovery actions for our facilities and processes to restore critical business functions and mitigate the impact of disruptions. Business continuity planning documentation is reviewed, assessed, and updated at minimum every two years for every UT facility.
Disaster Recovery	Facilitates the recovery of information technology applications and systems affected by a disruption according to defined recovery times. Disaster recovery planning documentation is reviewed annually and updated as needed.
Emergency Management	Provides guidelines for immediate response actions to protect lives, property, the community, and the environment. Emergency management planning documentation is reviewed annually and updated as needed.

Supply Chain

Delivering on our purpose requires strong practices across our operations and strong relationships with a wide range of suppliers. We continue to learn, measure, and strengthen how we manage our impacts on people and the environment as expectations, risks, and opportunities evolve.

We are working on evaluating and implementing responsible, ethical, risk-informed, and environmentally sustainable purchasing practices. These practices are designed to comply with global laws, industry standards, internal policies and controls, business rules, and global regulatory requirements while supporting risk- and resilience-based decision-making. To support these efforts, a cross-functional team, led by our Global Procurement team, is establishing requirements for a coordinated Third-Party Oversight approach, including centralized technology, policies, and procedures designed to enable the company to better identify, assess, and mitigate risks that arise from business interactions with third parties across multiple risk areas.

This effort builds on work already underway. For example, our Global Safety Program team facilitates training, auditing, and monitoring of third parties, such as contract service providers, clinical sites, and suppliers, to encourage a uniform and proactive approach to patient safety across our value chain. Our Quality Organization conducts audits in accordance with the GxPs relevant to the work. Our GxP Compliance team is responsible for auditing our suppliers, service providers, distributors, and internal functions to verify that they are qualified to meet global regulations and our own standards.

Climate Risk and Opportunity in our Supply Chain

UT recognizes that climate-related factors may have both direct and indirect impacts on its business operations, financial performance, and long-term strategy. Our Corporate Responsibility and ERM teams are working to systematically evaluate potential supply chain risks due to climate-related events, which will be integrated into our TCFD analysis in the future. Our supply chain strategy also supports business continuity and patient access.

Delivering Uninterrupted Supply

A cornerstone of our PBC objectives is maintaining sufficient inventory to provide uninterrupted patient supply. We target at least two years of nebulized Tyvaso, Remodulin, and Orenitram inventory. Our *Phase Five* warehouse and logistics center supports this inventory goal, and our *Warp-10* manufacturing facility described on page 49 is expected to help us ramp up supply for new products on the horizon.

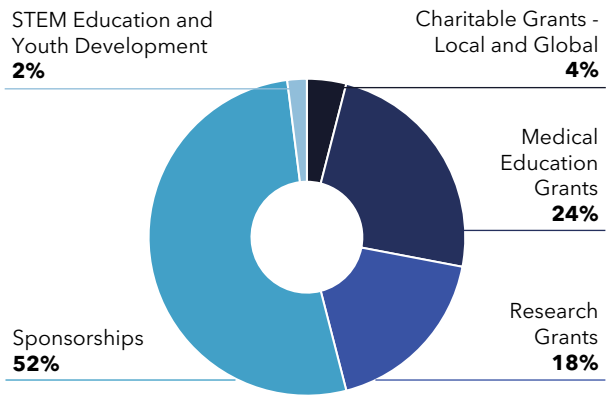
Grants and Giving

As part of our promise to patients, we fund innovative research projects related to our therapeutic areas of focus as well as organ transplantation. We also believe in the importance of funding initiatives offered by medical societies, hospitals, and patient organizations, including those organizations that host conferences, health and wellness fairs, and patient education events.

We strive to be a good neighbor and a good corporate citizen; we also provide funding, in-kind donations, and direct service opportunities for employees with many organizations, including those that benefit local communities, support youth, and advance science, technology, engineering, and math (**STEM**) education.

In 2025, we provided approximately **$11 million** in grants, sponsorships, and financial donations to almost **190** organizations, including organizations with which we've had longstanding engagements, and newer involvements linked to our strategic imperatives and purpose. These organizations include: H2CanFly, to drive the advancement of non-conventional hydrogen and electric propulsion technologies, requisite airport infrastructure, and essential certification pathways (see Spotlight: Innovations for Patients on page 33); the 2025 FIRST Championship Student Ambassador Sponsorship; Transplants.org; the American Thoracic Society; the Pulmonary Fibrosis Foundation; and Evan's Victory Against Neuroblastoma Foundation, Inc. This total includes $100,000 research grants to three winners of our flagship **Jenesis Awards Program™** in 2025 (plus, a 2024 grantee received his award in 2025).

We also continued to support local community colleges through in-kind donations of equipment and materials no longer useful to UT but suitable for use in educational programs. And, *Unitherians* again volunteered their time together to support local organizations like Habitat for Humanity, Story Tapestries, and others.



Advancing Innovation: UT's Jenesis Awards Program

Named for **Jenesis Rothblatt**, UT's Inspirational Founder and Ambassador, the Jenesis Awards Program builds on **Martine and Bina Rothblatt's** original mission to advance research toward a cure for PAH. The program includes the **Jenesis Innovative Research Awards™** and **Jenesis Trailblazer Awards™**, supporting early-career investigators and recognizing leaders in PH, IPF, and lung disease research.

Since launching in 2018, the program has supported 22 researchers with grants of up to $100,000 for a one-year period, and, since 2022, has recognized eight clinicians and researchers through its Trailblazer and Emerging Trailblazer categories. As 2022 awardee **Dr. Vineet Agrawal** at the Vanderbilt University Medical Center shared, the award "catalyzed my research" and supported him at a "very vulnerable time" in his career.

Highlights of *Unitherians* Volunteering in the Community

UT's Annual Community Service Day continues to be a cornerstone initiative within our culture of giving back. In partnership with Activate Good, the 2025 RTP Community Service Day brought employees together for a high-impact, onsite volunteer experience focused on supporting local communities.

About **200** *Unitherian* volunteers assembled nearly 2,000 kits across projects focusing on pre-K learning, classroom hygiene, winter-break stockings, and holiday snacks, which directly support children and their families in the communities in which we live and work.

In addition to the centrally organized service day, individual teams sponsor activities meaningful to *Unitherians*, including the following:

Learn More

UT Corporate Giving:
https://www.unither.com/about-us/corporate-giving

UT Jenesis Awards:
https://www.unither.com/medical-professionals/sponsorships-and-grants/jenesis-awards-program

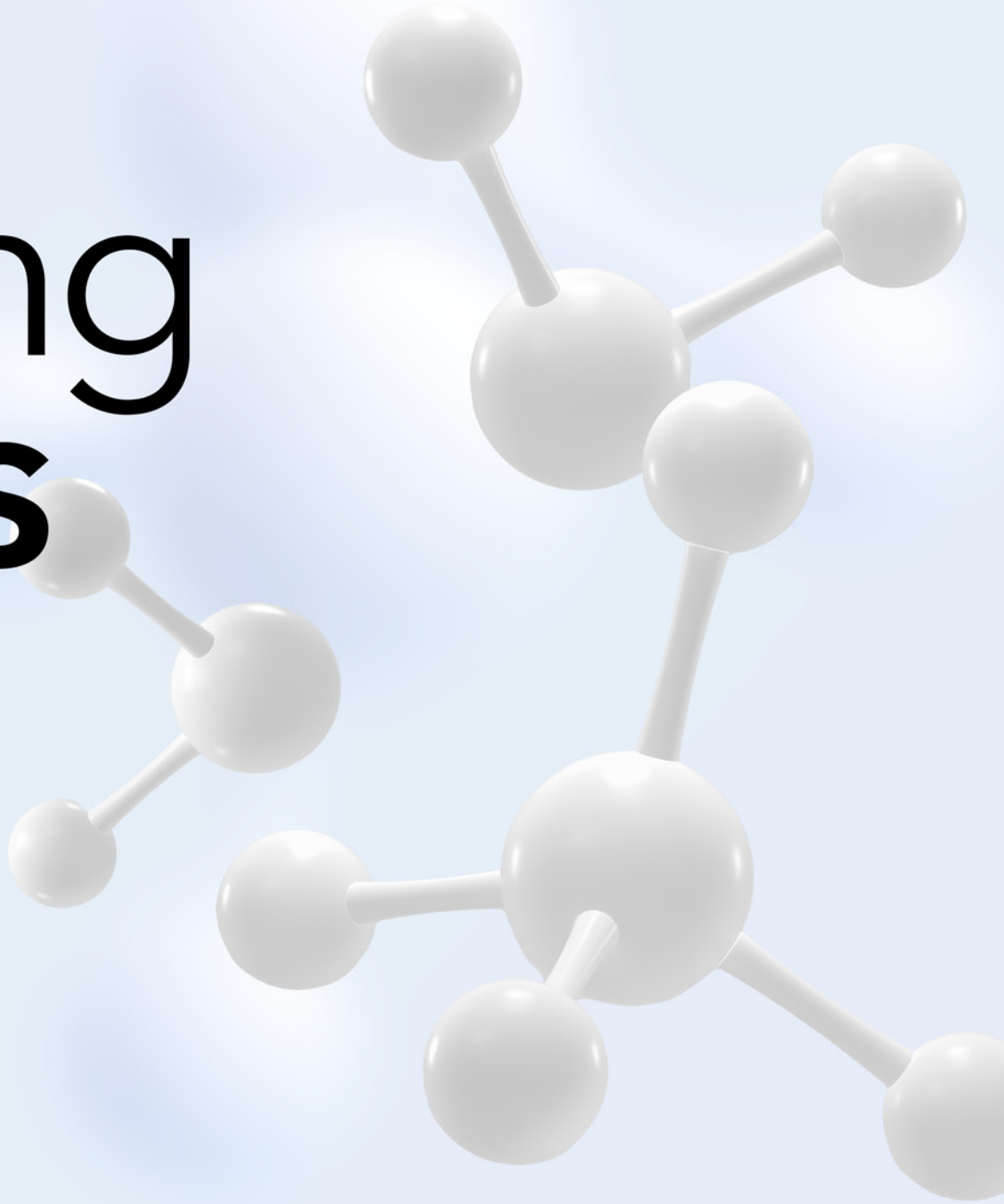
UT participates in the **Children's Flight of Hope** program, which helps offset travel costs for children who must fly to receive critical medical care. In addition to transportation support, each child receives a personally assembled care package – in this case thoughtfully prepared by our UT team – to provide comfort during their journey.

Much like the medicines we develop, these care packages reflect our efforts to make a meaningful difference and supporting patients and families when they need it most.

Multiple UT offices organize **Toys for Tots** and food drives during year-end holidays, such as our **Organ Manufacturing Group** in Manchester, N.H.

November is PH Awareness Month; *Unitherians* came out in force in 2025, proudly participating in the second annual Hope Walk/Run for **Team PHenomenal Hope**, an organization that raises awareness and support for the pulmonary hypertension community.

Reporting Indexes



About This Report and Stakeholder Engagement

As part of our commitment to disclosing our corporate responsibility and environmental and social sustainability efforts and ambitions, we published our first Corporate Responsibility (**CR**) Report in 2020. This is our seventh annual CR report and fourth annual PBC Report. This Report references Global Reporting Initiative (**GRI**) Standards and selected indicators from the Sustainability Accounting Standards Board (**SASB**) and the Task Force on Climate-related Financial Disclosures (**TCFD**); both SASB and TCFD are now managed by the International Sustainability Standards Board (**ISSB**).

Please note that information contained in this Report does not constitute a guarantee, commitment, or promise with regard to business activities, performance, or future results and is not intended to create legal rights or obligations. This Report may contain, or incorporate by reference, public information not separately reviewed, approved, or endorsed by United Therapeutics (**UT**), and no representation, warranty, or undertaking is made by UT as to the accuracy, reasonableness, or completeness of such information. For more information, please see the Forward-Looking Statements of this Report.

The United Nations Sustainable Development Goals (**UN SDGs**) continue to inform our corporate responsibility and resilience priorities. We have identified these UN SDGs as most aligned with our priorities and public benefit purpose.

In addition to the FY2025 Report, we include cross-references to the following core UT websites and our other public filings, available on our Investor Relations website and at sec.gov:

Corporate website:
https://www.unither.com/home

Corporate Responsibility website:
https://corporateresponsibility.unither.com/

Investor Relations website:
https://ir.unither.com/

Unless otherwise noted, the reporting period for this Report is January 1, 2025, to December 31, 2025, and data covers all employees and operations. Certain metrics and figures throughout the report are approximations and may vary from actual metrics due to rounding.

Below are some of the ways that we actively engage with our broad range of stakeholders – patients, patient organizations, employees, healthcare professionals (**HCPs**), investors, governmental entities, community groups, and the planet and its denizens.

Stakeholder Group	How We Engage
Patients and Their Families	We have several programs through which we deliver support to patients and their families, and collect information that helps inform our priorities, including: • *PAH Initiative*, an ever-expanding resource designed to educate and support those diagnosed with PAH as well as their caregivers (https://www.pahinitiative.com/) • Neuroblastoma*info*, a growing resource to educate and support children diagnosed with neuroblastoma and their families (https://www.neuroblastoma-info.com/) • *United Therapeutics Cares*, our dedicated support team for insurance coverage, financial assistance, and other questions (https://unitedtherapeuticscares.com/)
Patient Organizations (POs)	Financial support for and engagement with POs to better serve patient needs collectively, which helps UT and our partners in the following areas: • Identify and address unmet needs among a wide variety of patients • Gather patient insights to integrate into strategic organizational decisions • Co-create educational materials to improve therapy literacy and adherence • Raise awareness about clinical trials For more, see: https://www.unither.com/patients/patient-organizations
Employees	• Town halls • Regular company-wide emails and mailings from senior leadership • Performance management programs • Annual employee surveys • Open door policy for ongoing, informal engagement

Stakeholder Group	How We Engage
Healthcare Professionals and Healthcare Organizations	• Interactions through our corporate website and through the *PAH Initiative*, Neuroblastoma*info*, and *United Therapeutics Cares* • Participation in a wide range of public forums to communicate safety and efficacy of our treatments • Through advisory boards and other programs to learn the views of HCPs • Through the training we offer to nursing or specialty pharmacy (**SP**) staff on our products and treatments
Investors	• Quarterly earnings conference calls open to investors and available on our website • Participation in sell-side conference presentations • Annual Meeting of Shareholders • Investor Relations website • Meetings with large institutional investors and other shareholders, including direct shareholder engagement by our Lead Independent Director/Chair of the Compensation Committee and Chair of the Nominating and Governance Committee • In 2025, we reached out twice to shareholders that collectively held over 70% of our outstanding shares, and we held meetings with eight shareholders that collectively held 21% of our outstanding shares
Governmental Entities	• In-depth discussions on our sustainable building and environmental, health, safety, and other sustainability practices
Community Groups and the Planet	• Volunteering and financial support • Tours of, and presentations on, the *Unisphere*, *Phase Five*, and our other net-zero energy and LEED-certified properties

Our FY2025 PBC Key Metric Summary

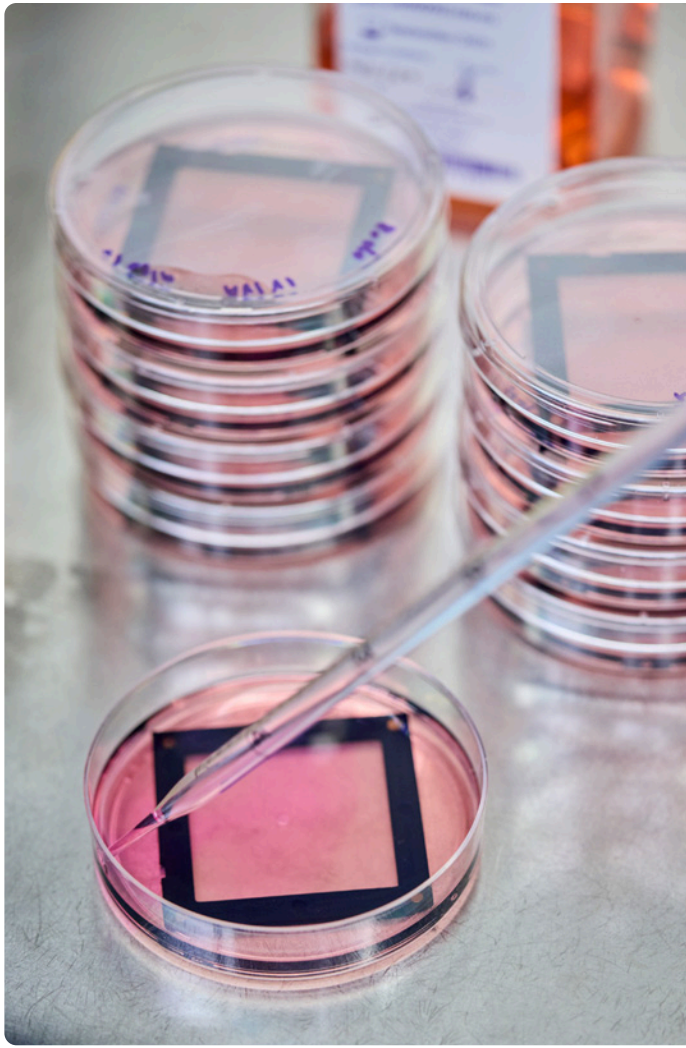
Since our founding, we have operated with a patient-driven mission, strong values, and a long-term vision. In 2021, we converted our company from a traditional Delaware corporation into a Delaware public benefit corporation (**PBC**). This aligns our legal form with our longstanding focus on serving our patients and other stakeholders, and, we believe among other benefits, enhances our ability to create superior and sustainable value for our shareholders.

A Delaware PBC is distinct from a traditional corporation in two primary ways:

- A PBC adopts a public benefit purpose in its certificate of incorporation that is intended to have positive effects on a category of persons, entities, or communities affected by our operations other than solely shareholder financial interests.
- In making decisions, directors of a PBC are required to balance the interests of shareholders, the interests of stakeholders materially affected by the PBC's conduct, and pursuit of the corporation's public benefit purpose.

Our public benefit purpose is to provide a brighter future for patients through the development of novel pharmaceutical therapies and technologies that expand the availability of transplantable organs. Our first purpose helps delay or avoid the need for a transplant, while the second purpose enables a patient to have a transplant when they need one.

To achieve our purpose, we seek to make positive impacts on patients, on our people, whom we call *Unitherians*, and on the planet. The chart on the following pages illustrates some ways in which we do so.



OUR FY2025 PBC KEY METRIC SUMMARY

Our PBC Goals		Key Metrics	2025 Highlights	Report References
Our Patients	**Address Unserved Needs** We aim to conduct the most insightful clinical trials with our medicines in areas of high unmet medical need.	Number of patients being treated with our therapies	>17,000 patients started or continued treatment on our therapies, including 179 patients who received a lung transplant following our centralized EVLP service	Page 11
		R&D milestones, including clinical trial results, regulatory approvals, and progress on R&D projects	$550 million or ~17% of total revenues invested in R&D in 2025 16 clinical trials progressed with more than 3,000 volunteer participants; three pivotal studies successfully unblinded in 2025 and 2026, delivering exceptional results	
	No Patient Left Behind We aim to ensure that all patients who are appropriate for use of our medicines can access them, regardless of their financial situation.	Patient Assistance Programs (**PAPs**)	>40,000 eligible patients received support from our patient support programs since 2010	Page 11
		Reliable supply: Inventory and supply chain reliability	Zero findings related to good manufacturing practices (**GMP**) at UT-owned facilities that would prevent use or approval of our products At least two years of inventory of nebulized Tyvaso, Remodulin, and Orenitram to help meet patient needs	
Our People	**Be a Destination Employer** We aim for United Therapeutics to be a destination employer by creating a mission-centric and inclusive environment where *Unitherians* are inspired by the challenging work ahead of us and the opportunity to grow and advance their careers.	Voluntary turnover	3.5% voluntary turnover at UT, compared with a 10% industry average; since 2020, our turnover rate has remained about half the industry benchmark[1]	Page 36
		Employee engagement as measured by surveys	Nine consecutive years as a Great Place to Work® (2026), with recognition as one of the Fortune 100 Best Companies to Work For®	
		Inclusion and belonging programs	95% of participating *Unitherians* agreed that UT is a Great Place to Work in 2026; since 2018, that figure has remained above 90% 60% of leaders participated in one of UT's leadership development programs and 45% of *Unitherians* received professional development	

1. Industry data from Aon/Radford Turnover study; data published December 2025 | U.S. Life Sciences: Biotech/Pharma | Date range for 2024 industry data is June 2024–June 2025

OUR FY2025 PBC KEY METRIC SUMMARY

Our PBC Goals		Key Metrics	2025 Highlights	Report References
Our Planet	**Operate Sustainably** We aim to mitigate our environmental impact and operate in a sustainable fashion.	New construction site net-zero energy where feasible	**New construction site net-zero where feasible:** Maintained 7 MW onsite solar energy capacity, generating more than 5 MW of renewable electricity Built with lower embodied carbon materials at *Warp-10*, a pharmaceutical manufacturing facility using mass timber that is expected to begin operations in 2027	Page 46
		Environmental data trends (e.g., energy, water, waste)	**Environmental data trends:** Maintained four LEED Gold and Platinum certified properties representing 20% of our total square footage Diverted ~49% of our municipal unregulated office waste from landfill at our two headquarters locations, including approximately 187,600 pounds of food waste through composting Expanded EV charging by nearly 29%, increasing the total capacity to 108 ports across our locations	
		Greenhouse gas (GHG) emissions and climate disclosure Develop initial climate risk and opportunity assessment by end of 2025	**GHG emissions and climate disclosures:** Enhanced disclosures on climate-related risks and opportunities	
		Sustainable packaging	**Sustainable packaging:** Reduced annual plastic use in Tyvaso (treprostinil) Inhalation Solution packaging by up to 65% compared with the previous packaging	

GRI Standards

GRI is an international independent standards organization that helps businesses, governments, and other organizations understand and communicate their impacts on various issues. We have applied the GRI Sustainability Reporting Standards as an identification and cross-reference tool to make meaningful data accessible to our stakeholders. The "FY2025 Report" refers to United Therapeutics Corporation's (**UT**) FY 2025 Corporate Responsibility and Public Benefit Report, available here: https://corporateresponsibility.unither.com/

In addition to the FY2025 Report, we include cross-references to the following core UT websites and our other public filings, available on our Investor Relations website and at sec.gov:

Corporate website: https://www.unither.com/home

Corporate Responsibility website: https://corporateresponsibility.unither.com/

Investor Relations website: https://ir.unither.com/

Statement of use	Information cited in this GRI content index covers the period January 1, 2025, through December 31, 2025, with reference to the GRI Standards.
GRI 1 used	GRI 1: Foundation 2021

GRI Standard	Disclosure	Location
GRI 2: General Disclosures 2021	2-1 Organizational details	United Therapeutics Corporation is a publicly traded (**Nasdaq: UTHR**), public benefit corporation incorporated in Delaware. Co-headquarters at Silver Spring, Md. and Research Triangle Park, N.C. **FY2025 Report: Our Business and Purpose** (starting on pg. 3) **2025 Form 10-K: Item 1. Business – Overview** (pg. 3), **Item 2. Properties** (starting on pg. 48) **Corporate website:** unither.com
	2-2 Entities included in the organization's sustainability reporting	**2025 Form 10-K:** Exhibit 21

GRI Standard	Disclosure	Location
GRI 2: General Disclosures 2021	2-3 Reporting period, frequency and contact point	**Reporting period:** January 1, 2025, through December 31, 2025, our 2025 fiscal year. In some cases, we include data and information about programs and activities relevant to our business priorities that occurred in the 2026 fiscal year, as noted. **Reporting cycle:** Annual **Publication date of the Report:** September 10, 2026 **Contact point for questions regarding this Report:** https://ir.unither.com/contact-ir or communications@unither.com
	2-4 Restatements of information	None.
	2-5 External assurance	Not applicable.
	2-6 Activities, value chain and other business relationships	UT is the first publicly traded biotech or pharmaceutical company to take the form of a public benefit corporation. Our public benefit purpose is to provide a brighter future for patients through the development of novel pharmaceutical therapies and technologies that expand the availability of transplantable organs. At the same time, we seek to provide our shareholders with **superior financial performance and our communities with earth-sensitive energy utilization**. **FY2025 Report: Our Business and Purpose** (starting on pg. 3) **2025 Form 10-K: Item 1. Business** (starting on pg. 3) **Corporate website > About Us:** https://www.unither.com/home
	2-7 Employees	**FY2025 Report: Our People > 2025 Highlights** (pg. 36)
	2-8 Workers who are not employees	Contingent workers make up ~5% of UT's workforce, and we do not experience seasonal variations of our workforce.
	2-9 Governance structure and composition	**FY2025 Report: Governance** (starting on pg. 55) **2026 Proxy Statement: Our Corporate Governance** (starting on pg. 11) **Investor Relations website > Corporate Governance:** https://ir.unither.com/corporate-governance

GRI Standard	Disclosure	Location
GRI 2: General Disclosures 2021	2-10 Nomination and selection of the highest governance body	**2026 Proxy Statement: Our Corporate Governance > Board Composition and Refreshment** (starting on pg. 11)
	2-11 Chair of the highest governance body	**2026 Proxy Statement: Board Structure and Operations** (starting on pg. 21)
	2-12 Role of the highest governance body in overseeing the management of impacts	**FY2025 Report: PBC Governance** (pg. 56) **2026 Proxy Statement: Risk Oversight** (starting on pg. 24) **Committee Charter Documents:** https://ir.unither.com/corporate-governance
	2-13 Delegation of responsibility for managing impacts	Program or functional area owners are responsible for managing any environmental and social impacts within their domains. For more information, see: **FY2025 Report: Governance** (starting on pg. 55)
	2-14 Role of the highest governance body in sustainability reporting	**FY2025 Report: Governance** (starting on pg. 55)
	2-15 Conflicts of interest	**FY2025 Report: Ethics and Compliance** (starting on pg. 58) **Code of Conduct:** https://www.unither.com/codeofconduct **2026 Proxy Statement: Our Corporate Governance > Board Composition and Refreshment** (starting on pg. 11)
	2-16 Communication of critical concerns	See response to **indicator 2-15**. In addition to the resources listed there, see the following: • **FY2025 Report: Global Patient Safety and Vigilance** (pg. 21) • **FY2025 Report: Our Practices** (starting on pg. 54) • **2026 Proxy Statement: Shareholder Engagement** (pgs. 26-27)
	2-17 Collective knowledge of the highest governance body	**2026 Proxy Statement: Board Skills** (pg. 14), **2026 Director Nominees** (starting on pg. 15), **Board Education** (pg. 27)

GRI Standard	Disclosure	Location
GRI 2: General Disclosures 2021	2-18 Evaluation of the performance of the highest governance body	**2026 Proxy Statement: Our Corporate Governance > Board Composition and Refreshment** (starting on pg. 11) **Nominating and Governance Committee Charter:** https://ir.unither.com/~/media/Files/U/United-Therapeutics-IR/documents/corporate-governance/nominating-and-governance-committee-charter-4-24-2025.pdf **Corporate Governance Guidelines:** https://www.unither.com/corpgovcguidelines
	2-19 Remuneration policies	We pay employees a minimum full-time base salary of $62,500 (with a total target of approximately $75,000 per year including each employee's bonus opportunity), well above all applicable minimum wage levels. **2026 Proxy Statement: Non-Employee Director Compensation** (starting on pg. 28), **Executive Compensation** (starting on pg. 31)
	2-20 Process to determine remuneration	See response to **indicator 2-19**.
	2-21 Annual total compensation ratio	**2026 Proxy Statement: Pay Ratio** (pg. 63)
	2-22 Statement on sustainable development strategy	**FY2025 Report: Our 2025 PBC Goals, Corporate Responsibility, and Resilience Priorities** (starting on pg. 8)

GRI Standard	Disclosure	Location
GRI 2: General Disclosures 2021	2-23 Policy commitments	**FY2025 Report: Our 2025 PBC Goals, Corporate Responsibility, and Resilience Priorities** (starting on pg. 8), **Patient Safety and Product Quality** (starting on pg. 21), **Quality Operations – Quality Policy Statement** (pg. 25), **Our Pricing Principles** (pg. 34), **Sustainable Operations – EHSS Policy Statement** (pg. 47), **Ethics and Compliance** (starting on pg. 58), **Data Privacy and Security** (starting on pg. 61), and **Enterprise Risk Management and Organizational Resilience** (starting on pg. 63) Also see the following, available through https://www.unither.com/: • **Animal Welfare Policy:** https://www.unither.com/animalwelfare • **Our Code of Conduct:** https://www.unither.com/codeofconduct • **Our Corporate Governance Guidelines:** https://www.unither.com/corpgovcguidelines • **Our Privacy Policy:** https://www.unither.com/privacy • **Our Consumer Health Data Privacy Policy:** https://www.unither.com/consumerhealthdata • **Equal Opportunity Employer Policy:** https://www.unither.com/careers/equal-opportunity-employer
	2-24 Embedding policy commitments	See response to **indicator 2-23**.
	2-25 Processes to remediate negative impacts	**FY2025 Report: Patient Safety and Product Quality** (starting on pg. 21), **Our 2025 PBC Goals, Corporate Responsibility, and Resilience Priorities** (starting on pg. 8), **Our Practices** (starting on pg. 54), and **TCFD Report** (starting on pg. 94)
	2-26 Mechanisms for seeking advice and raising concerns	We have multiple mechanisms available to UT employees, patients, providers, and others, such as listed in the "How We Engage" table (starting on pg. 71). **FY2025 Report: Our Practices** (starting on pg. 54), which covers our internal *Speak Up!* resources, including online reporting resources and an anonymous reporting hotline and our data privacy contact; **Patient Safety and Product Quality** (starting on pg. 21), which covers reporting of adverse events

GRI Standard	Disclosure	Location
GRI 2: General Disclosures 2021	2-27 Compliance with laws and regulations	**FY2025 Report: Ethics and Compliance** (starting on pg. 58), **Patient Safety and Product Quality** (starting on pg. 21), **Overview of Our Safety Program** (starting on pg. 41), and **Ecosystem Impact Management** (starting on pg. 50) **2025 Form 10-K: Item 1. Business – Governmental Regulation** (starting on pg. 21), **Environmental Matters and Human Capital** (starting on pg. 29), **Item 1A. Risk Factors** (starting on pg. 32), **Item 8. Financial Statements and Supplementary Data – Note 14. Litigation** (starting on pg. F-34) Also see (available through https://www.unither.com/): • **Our Code of Conduct:** https://www.unither.com/codeofconduct • **Our Privacy Policy:** https://www.unither.com/privacy • **Our UK Tax Strategy:** https://www.unither.com/UKTaxStrategy • **Our Conflict Minerals Disclosure:** https://ir.unither.com/~/media/Files/U/United-Therapeutics-IR/documents/corporate-governance/2025-conflict-minerals-disclosure-5-29-2025.pdf • **Our California Compliance Program Declaration:** https://www.unither.com/CalifComplianceDeclaration • **Information for Vermont Prescribers of Prescription Drugs:** https://www.unither.com/VermontPrescribersInfo • **Our Consumer Health Data Privacy Policy:** https://www.unither.com/consumerhealthdata • **Equal Opportunity Employer Policy:** https://www.unither.com/careers/equal-opportunity-employer
	2-28 Membership associations	We maintain strategic memberships in local, regional, national, and international associations and/or organizations unique to biopharma, environmental, regional, and community-oriented matters.

GRI Standard	Disclosure	Location
GRI 2: General Disclosures 2021	2-29 Approach to stakeholder engagement	Shareholder engagement is a core part of our corporate governance process, and includes direct involvement from our Board. Engagement with other relevant stakeholders occurs throughout our organization at the business unit level. **2026 Proxy Statement: Shareholder Engagement** (pgs. 26-27) **FY2025 Report: Our 2025 PBC Goals, Corporate Responsibility, and Resilience Priorities** (starting on pg. 8), **About This Report and Stakeholder Engagement** (starting on pg. 70)
	2-30 Collective bargaining agreements	None.
GRI 3: Material Topics 2021	3-1 Process to determine material topics	**FY2025 Report: Our 2025 PBC Goals, Corporate Responsibility, and Resilience Priorities** (starting on pg. 8), **About This Report and Stakeholder Engagement** (starting on pg. 70) **UTHR Environmental and Social Prioritization 2026:** https://www.unither.com/corpresponsibilitypriorities
	3-2 List of material topics	**FY2025 Report: Our 2025 PBC Goals, Corporate Responsibility, and Resilience Priorities** (starting on pg. 8) **UTHR Environmental and Social Prioritization 2026:** https://www.unither.com/corpresponsibilitypriorities
	3-3 Management of material topics	**FY2025 Report: Our Business and Purpose** (starting on pg. 3), **Our 2025 PBC Goals, Corporate Responsibility, and Resilience Priorities** (starting on pg. 8), **PBC Governance** (pg. 56)
GRI 201: Economic Performance 2016	201-1 Direct economic value generated and distributed	**2025 Form 10-K: Item 8. Financial Statements and Supplementary Data** (starting on pg. F-1) **FY2025 Report: 2025 Year in Review** (pg. 4)
	201-2 Financial implications and other risks and opportunities due to climate change	**FY2025 Report: TCFD Report** (starting on pg. 94)
	201-3 Defined benefit plan obligations and other retirement plans	**2025 Form 10-K: Item 8. Financial Statements and Supplementary Data – Note 11. Employee Benefit Plans** (starting on pg. F-30) As of December 31, 2025, 93.4% of eligible *Unitherians* participated in our U.S. 401(k) plan.

GRI Standard	Disclosure	Location
GRI 202: Market Presence 2016	202-1 Ratios of standard entry level wage by gender compared to local minimum wage	We pay all employees a minimum full-time base salary of $62,500 (with a total of approximately $75,000 per year including each employee's bonus opportunity), well above all applicable minimum wage levels. We do not break out this information by demographics. See the following for more information: • **2026 Proxy Statement: Pay Ratio** (pg. 63) • **FY2025 Report: Our People** (starting on pg. 35)
GRI 203: Indirect Economic Impacts 2016	203-1 Infrastructure investments and services supported	UT's philosophical approach to infrastructure development is to benefit the larger community in addition to UT. See **FY2025 Report: Our Planet** (starting on pg. 45). Our organ transplant ecosystem support illustrates the services we provided that provide public benefit. See **FY2025 Report: Organ Research and Development** (starting on pg. 14). Taken alongside our corporate philanthropy in **FY2025 Report: Our Practices > Grants and Giving** (starting on pg. 67), we believe we are making a positive contribution to the communities we serve.
	203-2 Significant indirect economic impacts	See response to **indicator 203-1**. In addition to their direct impacts, we believe that these activities contribute indirectly and positively to economic outcomes throughout our patient and local communities.
GRI 204: Procurement Practices 2016	204-1 Proportion of spending on local suppliers	Where feasible, we emphasize selection of vendors and service providers located in the county or state where a facility project is located to lower the embodied carbon of the material. In addition, many of our ~600 pre-qualified cGMP suppliers are based in North America.
GRI 205: Anti-corruption 2016	205-1 Operations assessed for risks related to corruption	**FY2025 Report: Ethics and Compliance** (starting on pg. 58)
	205-2 Communication and training about anti-corruption policies and procedures	See response to **indicator 205-1**. 100% completion: All new hires – including full-time, part-time, and contingent employees – completed required training on UT's Code of Conduct, our Global Anti-Bribery and Anti-Corruption Policy, and other compliance programs.
	205-3 Confirmed incidents of corruption and actions taken	Zero incidents.

GRI Standard	Disclosure	Location
GRI 206: Anti-competitive Behavior 2016	206-1 Legal actions for anti-competitive behavior, anti-trust, and monopoly practices	**2025 Form 10-K: Item 8. Financial Statements and Supplementary Data – Note 14. Litigation** (starting on pg. F-34)
GRI 207: Tax 2019	207-1 Approach to tax	We actively monitor our adherence to applicable tax laws, regulations, and disclosure requirements across the jurisdictions in which we do business. See our **UK Tax Strategy:** https://www.unither.com/UKTaxStrategy
	207-2 Tax governance, control, and risk management	Our Vice President of Tax and Chief Financial Officer are responsible for overseeing our global tax affairs and tax risk management. Where appropriate, tax risks are discussed with and reviewed by the Audit Committee of the Board of Directors, as well as communicated to our external auditors.
GRI 301: Materials 2016	301-3 Reclaimed products and their packaging materials	We participate in the Pharmaceutical Product Stewardship Work Group (**PPSWG**) MyOldMeds industry takeback program. https://myoldmeds.com/
GRI 302: Energy 2016	302-1 Energy consumption within the organization	One of our PBC goals and objectives is to ***Operate Sustainably***, which has been a long-held guiding principle in our building practices and operations. Several of our PBC key metrics relate directly to monitoring and mitigating our environmental impact. We have approximately 7 MW of onsite solar capacity and track our energy consumption. **FY2025 Report: Sustainable Operations** (starting on pg. 47).
	302-2 Energy consumption outside of the organization	See response to **indicator 302-1**. We have also begun evaluating our Scope 3 category energy sources and emissions.
	302-3 Energy intensity	See response to **indicator 302-1**.
	302-4 Reduction of energy consumption	See response to **indicator 302-1**.
	302-5 Reductions in energy requirements of products and services	See response to **indicator 302-1**.

GRI Standard	Disclosure	Location
GRI 303: Water and Effluents 2018	303-1 Interactions with water as a shared resource	**FY2025 Report: Water Stewardship** (pg. 50)
	303-2 Management of water discharge-related impacts	See response to **indicator 303-1**. Sites that have wastewater discharge permits have processes in place to support compliance with water quality standards for the quality of effluent discharge established by the conditions contained in the permits, and we have received recognition for our water management practices.
	303-3 Water withdrawal	One of our PBC goals is to ***Operate Sustainably***, which has been a long-held guiding principle in our building practices and operations. **FY2025 Report: Ecosystem Impact Management** (starting on pg. 50).
	303-4 Water discharge	See response to **indicator 303-3**.
	303-5 Water consumption	See response to **indicator 303-3**.
GRI 305: Emissions 2016	305-1 Direct (Scope 1) GHG emissions	One of our PBC goals and objectives is to ***Operate Sustainably***, which has been a long-held guiding principle in our building practices and operations. Several of our PBC key metrics relate directly to monitoring and mitigating our environmental impact. We intend to disclose this data in accordance with regulatory requirements where applicable to UT. **FY2025 Report: Our Approach to Climate** (pg. 50).
	305-2 Energy indirect (Scope 2) GHG emissions	See response to **indicator 305-1**.
	305-3 Other indirect (Scope 3) GHG emissions	See response to **indicator 305-1**.
	305-4 GHG emissions intensity	See response to **indicator 305-1**.
	305-5 Reduction of GHG emissions	See response to **indicator 305-1**.

GRI Standard	Disclosure	Location
GRI 306: Waste 2020	306-1 Waste generation and significant waste-related impacts	One of our PBC goals and objectives is to ***Operate Sustainably***, which has been a long-held guiding principle in our building practices and operations. **FY2025 Report: Ecosystem Impact Management > Responsible Waste Management** (pg. 51).
	306-2 Management of significant waste-related impacts	See response to **indicator 306-1**.
	306-3 Waste generated	See response to **indicator 306-1**.
	306-4 Waste diverted from disposal	See response to **indicator 306-1**.
	306-5 Waste directed to disposal	See response to **indicator 306-1**.
GRI 401: Employment 2016	401-1 New employee hires and employee turnover	We had 400 new hires in 2025. Our employee turnover rate is consistently lower than industry average, with 3.5% voluntary turnover in 2025 compared to 10% industry average. Our recruitment and retention practices are robust, so our involuntary turnover rates are also low at 4%. **FY2025 Report: Our People** (starting on pg. 35)
	401-2 Benefits provided to full-time employees that are not provided to temporary or part-time employees	Many benefits UT provides are available to both full- and part-time employees. **FY2025 Report: Total Rewards** (pg. 40).
	401-3 Parental leave	UT complies with the regulatory requirements for parental leave in all jurisdictions in which it operates. In the United States, our paid parental leave benefit is available to any regular, full-time employee who has worked for UT for at least twelve (12) months and worked at least 1,250 hours at the time they become a biological or adoptive parent. This paid parental leave benefit runs concurrently with FMLA and/or state leave entitlements to the extent the employee is eligible for them. All *Unitherians* who took parental leave and were scheduled to return to work in 2025 did so. See response to **indicator 401-2**.

GRI Standard	Disclosure	Location
GRI 403: Occupational Health and Safety 2018	403-1 Occupational health and safety management system	**FY2025 Report: Safe and Healthy Workplaces** (starting on pg. 41)
	403-2 Hazard identification, risk assessment, and incident investigation	See response to **indicator 403-1**, in particular **Overview of Our Safety Program** (pg. 41).
	403-3 Occupational health services	See response to **indicator 403-1**.
	403-4 Worker participation, consultation, and communication on occupational health and safety	See response to **indicator 403-1**, in particular **Train to Empower** (pg. 42). *Unitherians* who responded to the most recent Great Place to Work (**GPTW**) survey overwhelmingly agreed that UT is a physically safe place to work, with 98% of employees agreeing with this statement, compared to 97% of the top 100 employers by overall GPTW score.
	403-5 Worker training on occupational health and safety	See response to **indicator 403-1**. **100% completion:** All new hires – including full-time, part-time, and contingent employees – completed required training on Incident Management covering near-misses, occupational illnesses, and environmental releases.
	403-6 Promotion of worker health	UT is focused on supporting employee health and wellness. For example, we offer paid medical, including coverage of specialty medicines and devices, dental, and vision, holistic clinical support to families during pregnancy and postpartum, family lifecycle solutions, and more to all regular full-time and part-time employees who work over 20 hours a week. All employees (full- and part-time, including those working <20 hours/week) have access to an employee assistance program and multiple apps and resources to support their health and wellness. All employees working out of our Silver Spring and RTP headquarters and certain other locations have access to annual wellness fairs, onsite subsidized cafes, fitness facilities, and more. See response to **indicators 401-2** and **403-1**.

GRI Standard	Disclosure	Location
GRI 403: Occupational Health and Safety 2018	403-7 Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	See response to **indicator 403-1**.
	403-8 Workers covered by an occupational health and safety management system	Our full-time and part-time employees, including contractors working at UT locations, are covered by UT's occupational health and safety management system. **FY2025 Report: Sustainable Operations – EHSS Policy Statement** (pg. 47) for more information.
	403-9 Work-related injuries	**2026 Proxy Statement: Corporate Responsibility and Public Benefit Purpose** (pg. 6) We had zero fatalities and nine Occupational Safety and Health Administration (**OSHA**) recordable incidents for our U.S. operations in 2025, with an overall incidence rate of 0.61 per 100 full-time workers. This is below the average incidence rate of 1.4 recordable cases per 100 full-time workers for the pharmaceutical preparation manufacturing industry (based on the most current U.S. Bureau of Labor Statistics Injuries, Illnesses, and Fatalities industry average data).
	403-10 Work-related ill health	See response to **indicator 403-9**.
GRI 404: Training and Education 2016	404-3 Percentage of employees receiving regular performance and career development reviews	All managers and employees are encouraged to participate in regular performance and career development opportunities. In 2025, **97.1%** of employees completed annual performance conversations, and **96.8%** completed annual development plans and goals. That compares favorably to 2024 results, when 87% of employees completed annual performance conversations, and 90% completed annual development plans and goals.
GRI 405: Diversity and Equal Opportunity 2016	405-1 Diversity of governance bodies and employees	Data as of December 31, 2025: Overall UT workforce demographics: 52% identify as women, 48% identify as men, 35% identify as racially/ethnically diverse, and 65% identify as white. Board demographics: 42% identify as women, 58% identify as men, 25% identify as racially/ethnically diverse, and 75% identify as white. This data precedes Dr. Tracey's and Dr. Dzau's appointments to the Board.
GRI 406: Non-discrimination 2016	406-1 Incidents of discrimination and corrective actions taken	Material incidents would be reported as appropriate in applicable U.S. Securities and Exchange Commission (**SEC**) filings.

GRI Standard	Disclosure	Location
GRI 416: Customer Health and Safety 2016	416-1 Assessment of the health and safety impacts of product and service categories	**FY2025 Report: Patient Safety and Product Quality** (starting on pg. 21)
	416-2 Incidents of non-compliance concerning the health and safety impacts of products and services	Visit the **FDA MedWatch** website for more information. (https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program) Visit the **FDA FAERS** website for more information. (https://www.fda.gov/drugs/drug-approvals-and-databases/fda-adverse-event-reporting-system-faers)
GRI 417: Marketing and Labeling 2016	417-1 Requirements for product and service information and labeling	**2025 Form 10-K: Item 1. Business – Governmental Regulation** (starting on pg. 21) Also, see information about product serialization in **FY2025 Report: Patient Safety and Product Quality** (starting on pg. 21).
	417-2 Incidents of non-compliance concerning product and service information and labeling	Zero.
	417-3 Incidents of non-compliance concerning marketing communications	Material incidents would be reported as appropriate in applicable U.S. SEC filings.
GRI 418: Customer Privacy 2016	418-1 Substantiated complaints concerning breaches of customer privacy and losses of customer data	Zero.

SASB Topics

The Sustainability Accounting Standards Board (**SASB**) standards are industry-specific standards that help businesses identify, manage, and disclose the sustainability-related risks and opportunities most relevant to investors. The standards are maintained and enhanced by the International Sustainability Standards Board (**ISSB**), which assumed responsibility for them in August 2022. We have considered the industry standards (as defined by SASB's Industry Classification System) for the Biotechnology and Pharmaceuticals Sector (version 2023-12), and the table below represents topics we believe are relevant to our company, which we discuss in our FY2025 Corporate Responsibility and Public Benefit Report (our "FY2025 Report," which covers 2025 performance). In certain instances, and as noted below, a specific SASB topic may be discussed generally in our FY2025 Report but we do not currently track or report progress on the corresponding SASB metrics.

SASB Topic	Code	Accounting Metric	Explanation or Location
Safety of Clinical Trial Participants	HC-BP-210a.1	Discussion, by region, of management process for ensuring quality and patient safety during clinical trials	Detailed discussion of our Global Patient Safety program, which includes quality and patient safety during clinical trials, is available in the following resources: **FY2025 Report: Patient Safety and Product Quality** (starting on pg. 21)
	HC-BP-210a.2	Number of inspections related to clinical trial management and pharmacovigilance that resulted in: (1) entity voluntary remediation, or (2) regulatory or administrative actions taken against the entity	Zero.
	HC-BP-210a.3	Total amount of monetary losses as a result of legal proceedings associated with clinical trials in developing countries	We do not have any clinical trials in low-income countries. Material losses and legal proceedings are reported as appropriate in applicable U.S. SEC filings.
Access to Medicine	HC-BP-240a.1	Description of actions and initiatives to promote access to healthcare products for priority diseases and in priority countries as defined by the Access to Medicine Index	Not applicable. We are a growth public benefit company focused on rare diseases in the North American market. Therefore, we are not included in the Access to Medicine Index because the diseases we cover are not among those in scope of the index.
	HC-BP-240.2	List of products on the WHO List of Prequalified Medicinal Products as part of its Prequalification of Medicines Programme (PQP)	Not applicable. None of our products are on the WHO List of Prequalified Medicinal Products because our core therapeutic areas are not in the therapeutic scope of this list.

SASB Topic	Code	Accounting Metric	Explanation or Location
Affordability and Pricing	HC-BP-240b.2	Percentage change in: (1) weighted average list price and (2) weighted average net price across product portfolio compared to previous reporting period	As noted in our **2025 Form 10-K** (pg. 13), to the extent we increase the price of our core therapeutics – Tyvaso DPI, nebulized Tyvaso, Remodulin, the Remunity Pump, and Orenitram – increases are typically in the single-digit percentages per year. We sell Adcirca at prices established by **Eli Lilly**. (**2025 Form 10-K**, pg. 8) See additional pricing discussion in **FY2025 Report: Market Access and Pricing** (pg. 34).
	HC-BP-240b.3	Percentage change in: (1) list price and (2) net price of product with largest increase compared to previous reporting period	See response to **HC-BP-240b.2**.
Drug Safety	HC-BP-250a.1	Products listed in any public medical product safety or adverse event alert database	Visit the **FDA MedWatch** website for more information. (https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program) For information about our patient safety and product quality and GMP programs, see: **FY2025 Report: Patient Safety and Product Quality** (starting on pg. 21)
	HC-BP-250a.2	Number of fatalities associated with products	Visit the **FDA FAERS** website for more information. (https://www.fda.gov/drugs/drug-approvals-and-databases/fda-adverse-event-reporting-system-faers)
	HC-BP-250a.3	(1) Number of recalls issued, (2) total units recalled	Zero.
	HC-BP-250a.4	Total amount of product accepted for take-back, reuse, or disposal	UT participates in the Pharmaceutical Product Stewardship Work Group (**PPSWG**) MyOldMeds program, which provides patients with an easy, safe, and sustainable way to dispose of unwanted, unused, or expired medicines. (https://myoldmeds.com/)
	HC-BP-250a.5	Number of enforcement actions taken in response to violations of good manufacturing practices (GMP), or equivalent standards, by type	Zero.

SASB Topic	Code	Accounting Metric	Explanation or Location
Counterfeit Drugs	HC-BP-260a.1	Description of methods and technologies used to maintain traceability of products throughout the supply chain and prevent counterfeiting	**FY2025 Report: Patient Safety and Product Quality** (starting on pg. 21), and specifically our discussion of our anti-counterfeiting and package serialization program
	HC-BP-260a.3	Number of actions that led to raids, seizure, arrests, or filing of criminal charges related to counterfeit products	Zero.
Ethical Marketing	HC-BP-270a.1	Total amount of monetary losses as a result of legal proceedings associated with false marketing claims	Zero.
	HC-BP-270a.2	Description of code of ethics governing promotion of off-label use of products	We prohibit off-label promotion by UT staff, and sales staff are expressly prohibited from responding to questions about off-label information. **Code of Conduct:** https://www.unither.com/codeofconduct
Employee Recruitment, Development and Retention	HC-BP-330a.1	Discussion of talent recruitment and retention efforts for scientists and research and development staff	UT believes that capacity development in the fields of science in which we work will help create the next generation of talent at UT. UT partners with schools of pharmacy, like the UNC Eshelman School of Pharmacy, to offer specialized fellowships for PharmD graduates. UT established endowed scholarships at three North Carolina-based community colleges to support candidates enrolled in biotechnology programs. And UT's internship program is designed to nurture future talent, which contributes toward relatively high numbers of interns returning as employees. **FY2025 Report: Talent Acquisition, Management, and Development** (starting on pg. 38)
	HC-BP-330a.2	(1) Voluntary and (2) involuntary turnover rate for: (a) executives/senior managers, (b) mid-level managers, (c) professionals, and (d) all others	(1) Our employee turnover rate is consistently lower than industry average, with 3.5% voluntary turnover in 2025 compared to 10% industry average. (2) Our involuntary turnover rates are also low at 4%. **FY2025 Report: Our People > 2025 Highlights** (pg. 36)

SASB Topic	Code	Accounting Metric	Explanation or Location
Supply Chain Management	HC-BP-430a.1	Percentage of (1) entity's facilities and (2) Tier I suppliers' facilities participating in the Rx-360 International Pharmaceutical Supply Chain Consortium audit programme or equivalent third-party audit programmes for integrity of supply chain and ingredients	UT participates in the Rx-360 International Pharmaceutical Supply Chain Consortium's joint audit program.
Business Ethics	HC-BP-510a.1	Total amount of monetary losses as a result of legal proceedings associated with corruption and bribery	Material losses and legal proceedings are reported as appropriate in applicable U.S. SEC filings.
	HC-BP-510a.2	Description of code of ethics governing interactions with healthcare professionals	**FY2025 Report: Our Practices > Ethics and Compliance** (starting on pg. 58) **Code of Conduct:** https://www.unither.com/codeofconduct **Transparency in Payments:** https://www.unither.com/about-us/transparency
Activity Metrics	HC-BP-000.A	Number of patients treated	**FY2025 Report: Our Purpose > 2025 Year in Review** (pg. 4)
	HC-BP-000.B	Number of drugs (1) in portfolio and (2) in R&D (phases 1–3)	**FY2025 Report: Our Purpose > Our Focus** (starting on pg. 6) Also see our pipeline at: https://pipeline.unither.com/

TCFD Report

Cautionary Statement and Forward-Looking Statements

This TCFD Report contains forward-looking statements made pursuant to the safe harbor provisions of Section 21E of the Securities Exchange Act of 1934 and the Private Securities Litigation Reform Act of 1995 (**PSLRA**). These statements, which are based on our beliefs and expectations as to future outcomes, include, among others, statements and opinions about our future operating results, including information or aspirations regarding sustainability and the environment, and any others that contain the words believe, seek, aim, strive, endeavor, expect, anticipate, intend, estimate, should, could, may, will, plan, or similar expressions, and any other statements contained or incorporated by reference into this TCFD Report that are not historical facts. These forward-looking statements are subject to certain risks and uncertainties, such as technological advancements, energy prices, government incentives, stakeholder engagement, and those described in our periodic reports filed with the Securities and Exchange Commission (**SEC**) that could cause actual results to differ materially from anticipated results. These statements may also be based on historical or current goals, targets, aspirations, commitments, or estimates; standards for measuring progress that are still developing; diligence, processes, and internal controls that continue to evolve; certifications, representations, or data provided or reviewed by third parties, including information from acquired entities that may be incomplete, subject to ongoing review, pending integration into our reporting processes, or unable to be integrated into our processes; and on assumptions that are subject to change in the future. Forward-looking statements are not guarantees or promises that any such goals, targets, aspirations, commitments, strategies, or expectations will be met or maintained. Consequently, such forward-looking statements are qualified by the cautionary statements, cautionary language, and risk factors set forth in our periodic reports and documents filed with the SEC, including our most recent Annual Report on Form 10-K, Quarterly Reports on Form 10-Q, and Current Reports on Form 8-K. We claim the protection of the safe harbor contained in the PSLRA for forward-looking statements. We are providing this information as of the date of publication of this TCFD Report and assume no obligation to update or revise the information contained in this Report whether as a result of new information, future events, or any other reason. Inclusion of information in this TCFD Report is not an indication that the subject or information is material to United Therapeutics' business or operating results, our stakeholders, or our impacts on other parties or corporate responsibility matters, in each case under U.S. securities law unless otherwise noted, or any other law or requirement that may be applicable to us. Website references and hyperlinks provided throughout this TCFD Report are provided for convenience only, and the content on the referenced websites is not incorporated by reference into this TCFD Report, nor does it constitute a part of this Report.

Introduction and Summary

At UT, we have long understood the links between climate, economies, and human health.[2] As a biotechnology company and PBC, we seek to save lives and serve our patients while also creating sustainable value for our stakeholders. UT has adopted the TCFD framework to enhance disclosures on climate-related matters, as we believe measuring and managing our climate-related impacts and understanding business continuity risks positions us to meet our obligations to our stakeholders.

This document is informed by the Final Report of Recommendations of the Task Force on Climate-related Financial Disclosures (June 2017) and the TCFD Implementing the Recommendations of the Task Force on Climate-related Financial Disclosures (October 2021).

The TCFD recommendations established a global framework for climate-related financial disclosures. Today, those recommendations are incorporated into the International Sustainability Standards Board (**ISSB**) IFRS S2 standard, which aims to provide a unified global baseline for climate-related reporting.

The data in this TCFD Report cover facilities and operations over which UT has operational control. In 2025, we completed a quantitative scenario analysis for climate risks and opportunities, described in more detail under the Strategy section of this Report. Overall, our assessment identified medium-to-high potential exposure to certain transition and physical risks in the time horizons covered in this Report.

2. Mora, C., McKenzie, T., Gaw, I.M. et al. Over half of known human pathogenic diseases can be aggravated by climate change. Nat. Clim. Chang. (2022). https://doi.org/10.1038/s41558-022-01426-1

Using TCFD as a reference point, the following table summarizes this Report's alignment with the TCFD guidelines, including the gaps, limitations, and assumptions made as part of our assessment of climate-related issues.

Governance	Strategy	Risk Management	Metrics and Targets
a) Describe the board's oversight of climate-related risks and opportunities	a) Describe the climate-related risks and opportunities the organization has identified over the short, medium, and long term.	a) Describe the organization's processes for identifying and assessing climate-related risks.	a) Disclose the metrics used by the organization to assess climate-related risks and opportunities in line with its strategy and risk management processes.
See Board Oversight for detail.	In consultation with a third-party consultant, we evaluated climate-related risks and opportunities on two time horizons – short-term (2030) and long-term (2050+); these time horizons are inclusive of the TCFD defined horizons for short-, medium-, and long-term. See Potential Risks and Potential Opportunities for detail.	See Strategy and Risk Management and Measures Adopted to Reduce and Adapt to Climate-related Financial Risk for detail.	Our chief environmental target relates to our aspiration to build site net-zero operational carbon facilities where feasible. We do not presently report other metrics or targets related to climate-related risks and opportunities. As we continue to evolve our program, we may explore a variety of environmental metrics. See Metrics and Targets for detail.
b) Describe management's role in assessing and managing climate-related risks and opportunities.	b) Describe the impact of climate-related risks and opportunities on the organization's business strategy, and financial planning.	b) Describe the organization's processes for managing climate-related risks.	b) Disclose Scope 1, Scope 2, and if appropriate, Scope 3 greenhouse gas (**GHG**) emissions, and the related risks.
See Management Oversight for detail.	Our scenario analysis identified medium-to-high potential exposure to certain transition and physical risks in the time horizons covered in this Report. See Strategy, Potential Risks, Potential Opportunities, and Risk Management and Measures Adopted to Reduce and Adapt to Climate-related Financial Risk for detail.	See Governance, Potential Risks, and Potential Opportunities for detail.	This Report does not include GHG emissions data.
	c) Describe the resilience of the organization's strategy, taking into consideration different climate-related scenarios, including a 2°C or lower scenario.	c) Describe how processes for identifying, assessing, and managing climate-related risks are integrated into the organization's overall risk management.	c) Describe the targets used by the organization to manage climate-related risks and opportunities and performance against targets.
	See Potential Risks and Potential Opportunities for detail.	See Strategy and Risk Management and Measures Adopted to Reduce and Adapt to Climate-related Financial Risk for detail.	We report on our corporate responsibility initiatives on our corporate responsibility website; readers should review our website to find the most up-to-date information on these matters.

Governance

Board Oversight

Our Board of Directors (**Board**) has delegated oversight of our compliance program and Enterprise Risk Management (**ERM**) Program, establishment of objectives to promote our public benefit purpose, and sustainability matters to the Nominating and Governance (**NomGov**) Committee. These responsibilities are established in the NomGov Committee's charter, available on our Investor Relations website. As part of that remit, the NomGov Committee oversees UT's priority social and environmental topics (as defined in the most recent Corporate Responsibility and Public Benefit Report (our "CR and PBC Report")), including climate-related matters. The Board is briefed by the NomGov Committee on these activities at least annually.[3]

Management Oversight

The groups below are responsible for day-to-day oversight of our environmental efforts and performance, also described in this Report.

UT's executive leadership team provides executive sponsorship of our corporate responsibility program and disclosure decisions. The executive leadership team reviews and advises on the program, strategy, and priorities, and it meets as needed.

Our environmental efforts are advanced by an expert action team charged with stewarding these issues and supplemented by other subject matter experts who provide input on specific topics from time to time. These teams report progress into a PBC Cabinet, a group launched in 2022 and composed of senior-level members from across the business, including our Vice President of Risk Management. Our Chief Financial Officer and Treasurer is executive sponsor of the PBC Cabinet. The PBC Cabinet reviews topics and decisions directly linked to our public benefit purpose, which is **to create a brighter future for our patients through the development of novel pharmaceutical therapies and technologies to expand the availability of transplantable organs**. The Chair of the PBC Cabinet, the Director of Corporate Responsibility, typically meets regularly with expert action teams and updates the Cabinet at least quarterly by email, holding meetings as needed on key topics, including climate-related matters, warranting PBC Cabinet decision. The Director of Corporate Responsibility is also responsible for providing updates communicated to the executive leadership team and meeting at least twice annually with our NomGov Committee.

Our Chief Compliance Officer regularly meets with our NomGov Committee (at least semi-annually) to review the state of our compliance program and our compliance risk assessment and mitigation plan, and also meets with our full Board on a biannual basis. In addition, our Vice President, Risk Management meets with our NomGov Committee semi-annually, and with our full Board annually, to review the top risks identified through our ERM Program, and the effectiveness of our risk mitigation strategies. UT's ERM Program assesses physical risks related to climate as part of our overall risk assessment approach. See the section on Enterprise Risk Management and Organizational Resilience in the FY2025 Report for details.

Strategy

In 2024 and early 2025, the Director of Corporate Responsibility engaged business leaders and subject matter experts from across the organization, including our VP, Risk Management, to work with a third-party environmental consultant to assess our climate-related risks and opportunities. This analysis supplemented work completed under our annual ERM physical risk analysis at our core operational sites and key contract manufacturers, which is part of our annual ERM overall risk assessment through which we assess potential impacts across five dimensions: revenue, operations, patient access, legal/regulatory body inquiries, fees or penalties, and reputation. This analysis did not include a comprehensive review of our supply chain. Through this work, we evaluated potential transition and physical risks in accordance with TCFD recommendations, using two warming scenarios (lower warming, higher warming) and climate projection models for the short-term (2030) and long-term (2050+) timelines.

3. The results of our corporate responsibility and resilience topic prioritization approach are described on pages 8-9 of the FY2025 Report.

We held three workshops with senior leaders to help identify and assess potential climate-related transition risks and opportunities we may face over the time horizons identified above in the context of an assumed future transition to a low-carbon economy. Our consultant summarized the risks and opportunities identified through these workshops, and analyzed them using two scenarios: the International Energy Agency's (**IEA**) Stated Policies Scenario (**STEPS**) and Advanced Pledges Scenario (**APS**) across our selected timelines.[4]

To evaluate our physical risks, UT provided key UT and contract manufacturer locations and determined revenue associated with operations, historical insurance spend, and historical electricity and water usage to our third-party consultant, who overlaid location-specific exposure analysis to physical hazards – acute and chronic – over the selected short-term and long-term time horizons. Our consultant applied a "business-as-usual" climate projection scenario to model our physical risks, which assumes 4.1°C of warming by the end of the century.[5] This scenario models how socioeconomic trends, such as population, urbanization, economic growth, and advances in technology, influence atmospheric greenhouse gas (**GHG**) concentrations and associated global warming potential.

A likelihood rating was assigned to each risk based on the combination of analyses described above, with "low" likelihood indicating a lower than between 10% and 20% probability of exposure to this risk across scenarios, moderate indicating between 20% and 40% probability of exposure, and high indicating a greater than 40% probability of exposure. The likelihood of virtually all risks moved from moderate to high over the short to long term based on this analysis.

Our scenario analysis did not identify material climate-related financial risks to our operations beyond those disclosed in the risk factors of our most recent Form 10-K. That said, we recognize that climate-related physical and transition risks are present and are germane to the success of our operations. Our analysis led to this conclusion due in part to the location of our sites, our robust insurance levels, and the range of mitigation strategies we have in place to support operational resiliency. However, the results of these analyses are inherently limited by the scope of the review (which did not include our full supply chain) and uncertainties around the timing and severity of future climate-related events. These estimates do not account for potentially nonlinear and compounding effects of climate-related impacts, and the potential for unforeseen cascading and multiple impacts at individual sites or multiple sites.

Furthermore, climate-related risks may intensify and hazards may evolve, which may increase risks, thus potentially making mitigation more challenging. These estimates may also rely on historical weather patterns that may significantly differ in the future. These scenarios are also not wholly tailored to the company and its circumstances and do not align exactly with our assumptions on these topics, which may inform our strategic and resiliency planning, risk assessments, and voluntary and regulatory reporting beyond this Report, among other areas of the business. For more information on the risks relevant to our business, you are encouraged to review those risks identified in our most recent Annual Report on Form 10-K and subsequent filings with the SEC. Please see more details about this in the Potential Risks and Potential Opportunities sections below, and in the Risk Management and Measures Adopted to Reduce and Adapt to Climate-related Financial Risk at the bottom of this Report.

4. STEPS explores how the global economy could evolve if we retain current policy settings, under which warming is estimated to reach 2.4°C by 2100, above the Paris Agreement goals. For example, under STEPS, global oil demand is expected to continue growing in the near term as existing policies don't fully constrain fossil fuel use, but renewable energy also grows because of current regulations and incentives. APS assumes government emission targets are achieved on time and in full, limiting warming to 1.7°C by 2100 in line with Paris Agreement goals. For example, under APS, advanced economies take the lead in reducing emissions through the introduction of carbon prices that, combined with technological developments, incentivize the switch away from fossil fuels to lower-carbon alternatives.
5. Physical risk analysis was conducted using the combined Shared Socioeconomic Pathway 3 and Representative Concentration Pathway 7.0 or "SSP3-RCP7.0" scenario, a business-as-usual, high-emissions trajectory that models high challenges to mitigation and adaptation to climate change. SSP3-RCP7.0 is one of several socioeconomic climate scenarios incorporated into CMIP6, the updated, state-of-the-art models developed for the Intergovernmental Panel on Climate Change's **(IPCC**) Sixth Assessment Report (**AR6)**.

Potential Risks

The following chart summarizes the risks we identified in collaboration with our third-party consultant. We are disclosing the results in this Report as we expect to monitor such risks as part of our ongoing climate strategy. Such analysis is inherently limited by uncertainties around the timing and severity of future climate-related events.

Category	Risk	Description	Mitigations
Transition (policy and legal)	Carbon pricing	Carbon pricing programs at the national/regional level could drive up costs to meet requirements, particularly in a highly competitive environment for solutions (e.g., onsite renewables, virtual power purchase agreements (**VPPAs**), power purchase agreements (**PPAs**), renewable energy certificates (**RECs**), and offsets).	We presently prefer onsite technologies – such as on-site solar, use of geoexchange wells where feasible, and implementation of other leading greener building practices – to help manage our absolute emissions in line with our growth objectives. Meanwhile, we have evaluated and expect to continue to evaluate market-based solutions for potential integration into our sustainability plans.
Transition (policy and legal)	More stringent energy efficiency standards for facilities and manufacturing	More rigorous energy efficiency standards at national/ regional level, combined with potential national/regional efficiency standards for manufacturing, could drive up facilities and equipment costs.	We seek ways to advance sustainability in our new construction projects. We also evaluate opportunities for retrofits and/or renovations in existing facilities to secure efficiencies where feasible.
Transition (market)	Higher energy costs for operations	Extreme temperatures may drive increased cooling or heating needs; energy costs may increase.	We plan to continue to install new onsite power generation, adding to our current ~7-megawatt (**MW**) solar capacity while we actively manage our energy contracts across our portfolio.
Transition (market)	Higher procurement costs	Costs for input materials may increase related to impacts of climate and associated material costs.	We strive to mitigate risks to our procurement processes by establishing stock and business continuity plans. Our two-year inventory goal for most of our products and our preference for onsite manufacturing further help us manage these risks.
Transition (market)	Higher water costs	Water stress driven by climate-related impacts, high temperatures, and droughts may lead to higher water costs.	Existing business continuity and resilience plans help us mitigate this risk.
Transition (market)	Higher insurance premiums	Insurance premiums are likely to increase, or insurance may not be available for facilities at high risk for climate-related events.	We have a long-term relationship with our enterprise insurance provider, engaging them in site evaluation analysis before we undertake new construction. Our active and collaborative engagement helps us identify and mitigate this risk over time.

Category	Risk	Description	Mitigations
Transition (market, policy, reputation)	Animal lifecycle management (associated with real/perceived emissions linked to these activities)	Animal management and waste disposal requirements may increase at the national/regional level.	We inaugurated a designated pathogen free (**DPF**) facility in Christiansburg, Va. in 2024 to house and breed gene-edited pigs as a source for future organs intended for human transplant (**xenotransplantation**). Future DPFs are under construction or planned for development. Our DPF facilities are a critical part of our strategy to reduce the risk of contamination from pathogens in connection with animal-to-human xenotransplantation. Each DPF is expected to house approximately 200 pigs. The operating procedures necessary to maintain DPF facilities also help mitigate emissions associated with waste. Animal manure is contained within the facilities and at levels that enable treatment at local wastewater treatment plants; our DPFs do not use open lagoon manure management associated with conventional animal farming practices.
Physical (acute and chronic)	Damage to own operations (e.g., acute: wildfires, flooding, hurricanes; chronic: heat, water stress)	Increases in flooding, hurricanes, wildfires, and other extreme weather may affect facilities and operations, including the health and welfare of employees at those facilities, leading to temporary closures and remediation costs. These impacts could be significant if they were to occur during periods or at locations where supplies and/or production operations are limited.	Existing business continuity and resilience plans help us mitigate this risk, though we continue our efforts to build our resiliency against these risks.
Physical (acute and chronic)	Supply chain disruption due to climate-related impacts	Increases in flooding, hurricanes, wildfires, and other extreme weather may affect facilities and operations of suppliers, leading to disruptions in supplies.	As noted above, we strive to mitigate risks to our procurement processes by establishing stock and business continuity plans. Our two-year inventory goal for most of our products helps us manage these risks. In addition, our existing business continuity and resilience plans help us mitigate this risk.

Acute: event-driven (e.g., wildfire, floods, hurricanes, tornados), typically short-term
Chronic: sustained shifts in ecosystem, like consistently high temperatures, sea level rise, changing precipitation patterns, water scarcity

Potential Opportunities

While the potential climate-related impacts identified are not expected to be financially material, UT continues to invest in and explore the following climate-related opportunities as we seek to improve our overall resilience and embrace innovation.

Opportunity	Description	Management
Improved resource efficiencies (e.g., water, energy, waste)	Implementing processes to evaluate efficiency opportunities, and investing in the highest impact opportunities to secure those efficiencies, may lower utility costs and enhance resilience.	Ongoing maintenance and retrofits of existing infrastructure, potential upgrades of older photovoltaic (**PV**) panels, and ongoing investment in onsite renewable energy represents a large portion of opportunity in this area. Other opportunities include securing efficiencies in waste management and increasing diversion from landfill and identifying and securing water efficiencies.
Use of lower energy/ emission equipment and processes in manufacturing/lab operations	Investing in more efficient building equipment where feasible (e.g., HVAC, freezers) and identifying and implementing process improvements where feasible may lower energy costs and associated emissions. This may also enable additional safety and labor efficiency cost improvements.	Taking advantage of equipment investment incentives where feasible (e.g., HVAC, freezers), and enlisting program and project managers to identify and implement process improvements (e.g., application of Lean Six Sigma, Green Chemistry in R&D) may identify additional opportunities for efficiency and improvements.
Renewable/low-carbon energy procurement	Establishing a renewable energy plan and program across UT operations may lower overall emissions or emissions growth and enhance resilience.	Continue ongoing onsite renewable energy investment and supplement with stewardship and oversight of an enterprise renewable energy plan across UT operations, including our supply chain. This may include potential consideration of investment in novel low-carbon energy sources (e.g., hydrogen).
Low-carbon organ transportation	R&D in electric/hydrogen vertical take-off and landing (**VTOL**) and drone technology may help reduce or mitigate emissions associated with upstream and downstream organ transportation.	UT's Unither Bioelectronics subsidiary leads R&D for sustainable aviation. Our collaboration with Robinson Helicopter Company is focused on developing hydrogen-powered helicopters for organ transportation and may have broader commercial applicability. UT invested $250k in the Canadian nonprofit H2CanFly to advance the enabling infrastructure for the commercialization of hydrogen and electrification technologies for aviation.

Risk Management and Measures Adopted to Reduce and Adapt to Climate-related Financial Risk

UT works to mitigate the risks and amplify the opportunities noted above through our Enterprise Risk Management (**ERM**) Program, comprehensive property insurance coverage, investments in energy-efficient buildings, and organizational resilience plans.

Our ERM Program provides a systematic, continual, holistic approach for identifying and mitigating risks that could affect our ability to meet our corporate objectives. It provides criteria to conduct risk assessments grounded in defined thresholds for escalation, which are routinely tracked and monitored. This framework enables timely notification to management of critical issues and significant trends, and implementation of corrective and preventative actions:

- Assists in identifying and assessing a broad array of risks that could negatively impact our ability to meet our corporate objectives, including emerging issues such as climate-related risks
- Engages our functional leaders to identify and prioritize risks and maintain appropriate ownership and accountability of those enterprise risks
- Provides our executive leadership and Board with key information regarding enterprise risks, priorities, and trends to support risk-informed action and decision-making
- Facilitates the development and implementation of appropriate risk mitigation actions
- Is ongoing and operates on an annual cycle corresponding with four phases – plan, discover, report, and manage
- Is aligned to leading frameworks and standards such as the Integrated Framework of the Committee of Sponsoring Organizations of the Treadway Commission (**COSO**) as well as guidance issued by the International Organization for Standardization (**ISO**)

UT's ERM group also manages our Organizational Resilience (**OR**) Program, which serves to reduce the impact of unplanned business disruption to the organization and its core functions by protecting UT's workforce, critical business processes, and key technology applications and systems that support UT's mission.

The UT OR Program is organized around an integrated resilience framework of four key components:

- **Crisis Management:** Coordinate incident response at the executive/corporate and local levels
- **Business Continuity:** Continue and recover critical business processes and functions
- **Disaster Recovery:** Recover critical IT systems and applications
- **Emergency Management:** Protect people and property

Each of the four components of the OR Program encompasses multiple plans, which are reviewed and updated on a defined cadence and as needed to reflect growth, operational changes, or other significant developments.

Metrics and Targets

UT strives to find solutions to reduce our environmental impact, increase operational resilience, and drive efficiency as we strive to improve the lives of the patients we serve. One of our objectives as a PBC is to operate sustainably, pursuant to which we seek opportunities to achieve site net-zero energy where feasible in new construction. See information about our green building efforts in the Sustainable Facilities section of the FY2025 Report, including a first-of-its-kind mass timber pharmaceutical manufacturing facility we are building on our campus in Research Triangle Park, N.C. We do not presently report other metrics or targets related to climate-related topics. As we continue to evolve our program, we may explore a variety of environmental metrics across our facilities to assess climate-related aspects of our business in compliance with the evolving regulatory environment.

UT Glossary and Resources

Glossary

Common Terms	Definition
RARE DISEASES	
Idiopathic PF (IPF)	One form of pulmonary fibrosis (PF) for which the exact causes of the scarring of the lung tissue are unknown. This scarring is irreversible, making it difficult for oxygen to enter the blood, causing increased breathlessness, dry cough, and reduced mobility. PH-IPF is classified as a Group 3 PH.
Interstitial lung disease (ILD)	Investing in more efficient building equipment where feasible (e.g., HVAC, freezers) and identifying and implementing process improvements where feasible may lower energy costs and associated emissions. This may also enable additional safety and labor efficiency cost improvements.
Neuroblastoma	Neuroblastoma is a childhood cancer that starts in immature nerve cells called neuroblasts. Neuroblastoma tumors can occur anywhere in the body, although most occur in the abdomen. It is the most common cancer in infants under the age of one. Children diagnosed with low- and intermediate-risk neuroblastoma may receive chemotherapy and surgery. Outcomes are typically good and most children go on to live healthy, cancer-free lives. Children diagnosed with high-risk neuroblastoma, which affects approximately 40%-50% of new patients, can be more aggressive and harder to treat. It has a higher risk of coming back after treatments, which usually include chemotherapy, surgery, stem cell transplant, radiation, and antibody therapy.
Progressive PF (PPF)	Similar to IPF, though it is a complication of various interstitial lung diseases (ILDs) other than IPF, such as connective tissue disease-associated ILD, chronic hypersensitivity pneumonitis, environmental exposures (e.g., asbestos, silica), and unclassifiable ILDs. PH-PPF is classified as a Group 3 PH.
Pulmonary fibrosis (PF)	A rare, chronic, progressive lung disease characterized by scarring of the lung tissue, which makes it difficult to breathe and reduces oxygen intake. PH is a very common complication of fibrotic lung disease.
Pulmonary arterial hypertension (PAH)	A rare, chronic, and progressive condition where pulmonary arteries narrow, causing high blood pressure in the lungs and potential right heart failure. It is classified as a Group 1 PH.
Pulmonary hypertension (PH)	A serious, progressive type of high blood pressure that affects the arteries in the lungs and the right side of the heart, affecting about 1% of the global population. PH is classified by the World Health Organization into five groups: Group 1 (pulmonary arterial hypertension), Group 2 (left heart disease), Group 3 (lung disease like fibrosis, low oxygen levels (hypoxia) or chronic obstructive pulmonary disease (COPD)), Group 4 (chronic clots), and Group 5 (multifactorial causes).
Pulmonary hypertension associated with interstitial lung disease (PH-ILD)	One of the several types of PH classified as Group 3, PH-ILD is characterized by scarring or inflammation of the air sacs in the lungs. Idiopathic pulmonary fibrosis (IPF) is the most common type of ILD.

Common Terms	Definition
UT ORGAN AND ORGAN ALTERNATIVE TERMS	
Autologous and allogeneic organ alternatives	"Auto" means self and "allo" means other. The cells used in our autologous organ alternatives will come from the same person who will get the transplant, so the patient is their own donor. The cells used in allogeneic organ alternatives are from a person other than the patient.
Ex vivo lung perfusion (EVLP)	A specialized technique performed on human donor lungs that may otherwise have been rejected for transplant through which a specialized fluid is perfused through the lungs outside the human body (*ex vivo*), enabling surgeons to assess, recondition, and treat organs for potential transplant.
GalSafe™ pigs	UT received FDA approval in 2020 for use of GalSafe pig as a source of human therapeutics and food for human consumption. The genomic alteration in these pigs is intended to eliminate the alpha-Gal sugar on the surface of pigs' cells, which causes an allergic reaction in people with alpha-Gal syndrome, and may be a cause of immune rejection of patients receiving xenotransplants.
Regenerative organs	UT's regenerative organs are bioengineered substitutes intended to address the chronic shortage of transplantable organs for patients with end-stage diseases. These manufactured organs are structured with two primary components: an extracellular matrix (scaffold) and differentiated cells that enable organ function.
Xenotransplantation	The transplantation of living cells, tissues, or organs across species.
UT FACILITIES TERMS	
Biophilic design	Biophilic design incorporates natural elements, shapes, lighting, and other features to connect the building occupants with nature.
Designated pathogen free (DPF) facility	UT's DPF facilities are highly controlled, sterile breeding facilities where source pigs are raised for xenotransplantation. UT's DPFs filter out 99.9995% of outside air particles above 0.3μm in size through redundant HEPA filtration.
Geothermal and geoexchange systems	They are related terms but different in purpose. Geothermal power taps into earth heat thousands of feet deep to generate renewable electricity. UT's geoexchange systems transfer heat through a closed loop system of pipes installed up to 500 feet underground to use the earth like a battery by removing and storing excess summer heat and using it for warmth in winter.
Mass timber	Mass timber products are engineered wood products that are created by attaching smaller pieces of wood together to create larger structural elements. A building that uses engineered wood as a primary load-bearing structure is considered to be mass timber. According to the Mass Timber Institute at the University of Toronto, estimates indicate that one cubic meter of mass timber sequesters one metric ton of CO_2, while every ton of manufactured cement produces about half a ton of CO_2.
Net-zero energy site, net-zero operational carbon	A net-zero energy site is one that is optimally efficient and, over the course of a year, generates at least as much renewable energy as it consumes on that site. Site net-zero energy and site net-zero operational carbon are equivalent in meaning.
Net-zero embodied carbon	A site net-zero embodied carbon building is one where total carbon emissions produced in the production and construction process stages of a building lifecycle, including emissions from raw material supply, manufacturing, transportation, and construction or installation of a building, are reduced to zero.

Common Terms	Definition
OTHER TERMS	
alpha-Gal	The galactose-alpha-1.3-galactose carbohydrate, called "alpha-Gal," is a sugar molecule found in the cell membranes of most mammals, although not in humans. When humans are exposed to alpha-gal – usually through the bite of an infected tick – their immune system can sometimes misidentify the sugar as a foreign threat. This triggers the production of antibodies against alpha-gal. Consuming products containing alpha-gal – such as consuming mammalian meats – can trigger a severe allergic reaction. Unmodified pig organs can trigger a similar response, leading to rejection of the organ.
Current Good Manufacturing Practices (cGMP)	These are manufacturing practices and controls that are designed to ensure that manufactured products are consistently produced and controlled according to set quality standards.
Green Chemistry	Green chemistry is the design of chemical products and processes that reduce or eliminate the use and generation of hazardous substances. There are 12 Principles of Green Chemistry, which focus on preventing pollution at the molecular level, applying to the entire lifecycle of a chemical product, including its design, manufacture, use, and ultimate disposal.
Healthcare professional (HCP)	HCP is an abbreviation for healthcare professional, who is a trained and licensed provider of healthcare treatments and services to patients.
Specialty pharmacy (SP)	SP is an abbreviation for a specialty pharmacy, which is a specialized provider dedicated to managing medications for serious, rare, or complex conditions. They handle high-cost drugs that require special storage, strict dosing schedules, and intense clinical monitoring.
Unitherian	A UT employee.

Resources

UT Corporate Website:
https://www.unither.com/home

UT's Pipeline:
https://pipeline.unither.com/

UT Corporate Responsibility Website:
https://corporateresponsibility.unither.com/

PAH Initiative, sponsored by UT:
https://www.pahinitiative.com/hcp/pah-overview

UT Investor Relations Website:
https://ir.unither.com/

Neuroblastoma*info*:
https://www.neuroblastoma-info.com/

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