FY 2024 Presentation.

Zealand Pharma
February 20, 2025

Forward-looking Statements

This presentation contains “forward-looking statements”, as that term is defined in the Private Securities Litigation Reform Act of 1995 in the United States, as amended, even though no longer listed in the United States this is used as a definition to provide Zealand Pharma’s expectations or forecasts of future events regarding the research, development and commercialization of pharmaceutical products, the timing of the company’s pre-clinical and clinical trials and the reporting of data therefrom and the company’s significant events and potential catalysts in 2025 and any financial guidance published by the company, as applicable. These forward-looking statements may be identified by words such as “aim,” “anticipate,” “believe,” “could,” “estimate,” “expect,” “forecast,” “goal,” “intend,” “may,” “plan,” “possible,” “potential,” “will,” “would” and other words and terms of similar meaning. You should not place undue reliance on these statements, or the scientific data presented.

The reader is cautioned not to rely on these forward-looking statements. Such forward-looking statements are subject to risks, uncertainties and inaccurate assumptions, which may cause actual results to differ materially from expectations set forth herein and may cause any or all of such forward-looking statements to be incorrect, and which include, but are not limited to, unexpected costs or delays in clinical trials and other development activities due to adverse safety events, patient recruitment or otherwise; unexpected concerns that may arise from additional data, analysis or results obtained during clinical trials; our ability to successfully market both new and existing products; changes in reimbursement rules and governmental laws and related interpretation thereof; government-mandated or market-driven price decreases for our products; introduction of competing products; production problems at third party manufacturers; dependency on third parties, for instance contract research or development organizations; unexpected growth in costs and expenses; our ability to effect the strategic reorganization of our businesses in the manner planned; failure to protect and enforce our data, intellectual property and other proprietary rights and uncertainties relating to intellectual property claims and challenges; regulatory authorities may require additional information or further studies, or may reject, fail to approve or may delay approval of our drug candidates or expansion of product labeling; failure to obtain regulatory approvals in other jurisdictions; exposure to product liability and other claims; interest rate and currency exchange rate fluctuations; unexpected contract breaches or terminations; inflationary pressures on the global economy; and political uncertainty, including the ongoing military conflict in Ukraine.

If any or all of such forward-looking statements prove to be incorrect, our actual results could differ materially and adversely from those anticipated or implied by such statements. The foregoing sets forth many, but not all, of the factors that could cause actual results to differ from our expectations in any forward-looking statement. All such forward-looking statements speak only as of the date of this presentation and are based on information available to Zealand Pharma as of the date of this presentation. We do not undertake to update any of these forward-looking statements to reflect events or circumstances that occur after the date hereof.

Information concerning pharmaceuticals (including compounds under development) contained within this material is not intended as advertising or medical advice.

Agenda

Opening remarks

Adam Steensberg
Chief Executive Officer

R&D pipeline

David Kendall
Chief Medical Officer

Financials

Henriette Wennicke
Chief Financial Officer

Q&A

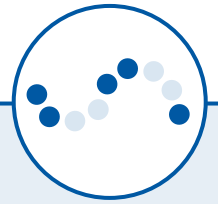
Significant progress across obesity pipeline in 2024

Petrelintide

(amylin analog)

Presented encouraging weight loss and tolerability data from Part 2 of the Phase 1b trial

Potential best-in-class alternative to GLP-1RA-based therapies



Dapiglutide

(dual GLP-1/GLP-2 receptor agonist)

Reported positive topline data from Part 1 of the Phase 1b trial

Potential first-in-class therapy for obesity and inflammation-related comorbidities

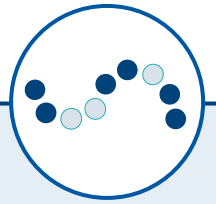
Survodutide[a]

(dual GCG/GLP-1 receptor agonist)

Breakthrough Therapy Designation for survodutide in MASH and initiation of two Phase 3 trials

Potential best-in-class therapy for obesity and MASH

Boehringer Ingelheim



[a]Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally (subject to Zealand's co-promotion rights in the Nordic countries).
GLP-1=glucagon-like peptide-1; GLP-1RA=glucagon-like peptide-1 receptor agonist; GLP-2=glucagon-like peptide-2; GCG=glucagon; MASH=metabolic dysfunction-associated steatohepatitis.

We have a strong focus in 2025 on advancing our differentiated obesity programs in Phase 2 and 3

Petrelintide (amylin analog)

- ☐ **Complete Ph2b obesity trial**[a] (ZUPREME-1)
- ☐ **Initiate Ph2b T2D obesity trial** (ZUPREME-2)
- ☐ **Initiate Ph1b combination trial w. GLP-1RA**

Dapiglutide (GLP-1R/GLP-2R)

- ☐ **Report topline data from 28-week Ph1b trial**
- ☐ **Present detailed results from Ph1b trial**
- ☐ **Initiate Ph2b obesity trial**

Survodutide[b] (GCGR/GLP-1R)

Boehringer Ingelheim

- ☐ **Complete Ph3 obesity trials**[c] (SYNCHRONIZE™-1 and 2)
- ☐ **Progress Ph3 MASH trials** (LIVERAGE and LIVERAGE-Cirrhosis)

Rare diseases

Dasiglucagon (CHI)

- ☐ U.S. FDA approval

Glepaglutide (SBS)

- ☐ Initiate EASE-5 (Ph3 trial)
- ☐ Submit MAA to the EMA

Advance next-generation inflammation pipeline

ZP9830 (Kv1.3 Ion Channel Blocker)

- ☐ Complete Ph1a trial

ZP10068 (Complement C3 Inhibitor)

- ☐ Evaluate initiation of Ph1a trial

[a]ZUPREME-1 primary completion expected in H2 2025 and study completion expected in H1 2026, ClinicalTrials.gov (NCT06662539), accessed February 2025.
[b]Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally (subject to Zealand's co-promotion rights in the Nordic countries).
[c]SYNCHRONIZE™-1 and 2 primary completion expected in H2 2025, ClinicalTrials.gov (NCT06066515; NCT06066528), accessed February 2025.
T2D=type 2 diabetes; GLP-1R=glucagon-like peptide-1 receptor; GLP-2R=glucagon-like peptide-2 receptor; GLP-1RA=glucagon-like peptide-1 receptor agonist; GCGR=glucagon receptor; MASH=metabolic dysfunction-associated steatohepatitis; CHI=congenital hyperinsulinism; SBS=short bowel syndrome; SAD=single ascending dose; MAA=marketing authorization application; EMA=European Medicines Agency.

The obesity pandemic represents one of the greatest healthcare challenges of our time

For **300,000 years**, human beings maintained a relatively **stable BMI**…

The obesity pandemic has **evolved in only 50 years**

50% of adults globally are projected to have **overweight or obesity** by 2030[1]

Today, more than **5 million deaths** globally are **ascribed to overweight and obesity** every single year[1]

Early days in the evolution of this market…

~2%

Eligible patients in the US receiving **prescriptions** for **weight loss therapy**[2]

>220

Complications and comorbidities associated with obesity

Including CVD, liver disease, type 2 diabetes, kidney disease, neuro-inflammation and some cancers[3]

There is a significant **unmet medical need** for **more and better treatment options**

Sources: 1. World Obesity Atlas 2024; 2. Almandoz et al. (2024) Nutritional considerations with antiobesity medications, Obesity (Silver Spring), 32(9): 1613-1631; 3. American Medical Association 2024: https://www.ama-assn.org/topics/obesity.
BMI=body mass index; CVD=cardiovascular disease.

GLP-1RA-based therapies are effective at reducing weight but are associated with GI tolerability issues[1]

Target product profile of petrelintide holds potential to address the needs of patients and physicians

Today, **two QW GLP-1RA-based therapies are approved**,[a,2,3] offering ~15–21% mean weight loss[4,5]

GLP-1RAs are commonly associated with GI side effects, including constipation, nausea, vomiting and diarrhea[4,5]

Up to **30%** of patients with obesity **discontinue GLP-1RA treatment** within **1 month**[6]

Up to **60–70%** of patients **discontinue GLP-1RA treatment** within **12 months**[7]

>

Petrelintide is a long-acting amylin analog with the following target product profile:

15–20% mean weight loss and high-quality weight loss with potential for preservation of lean mass

Reduced food intake via a **non-incretin mechanism** that increases satiety and restores leptin sensitivity

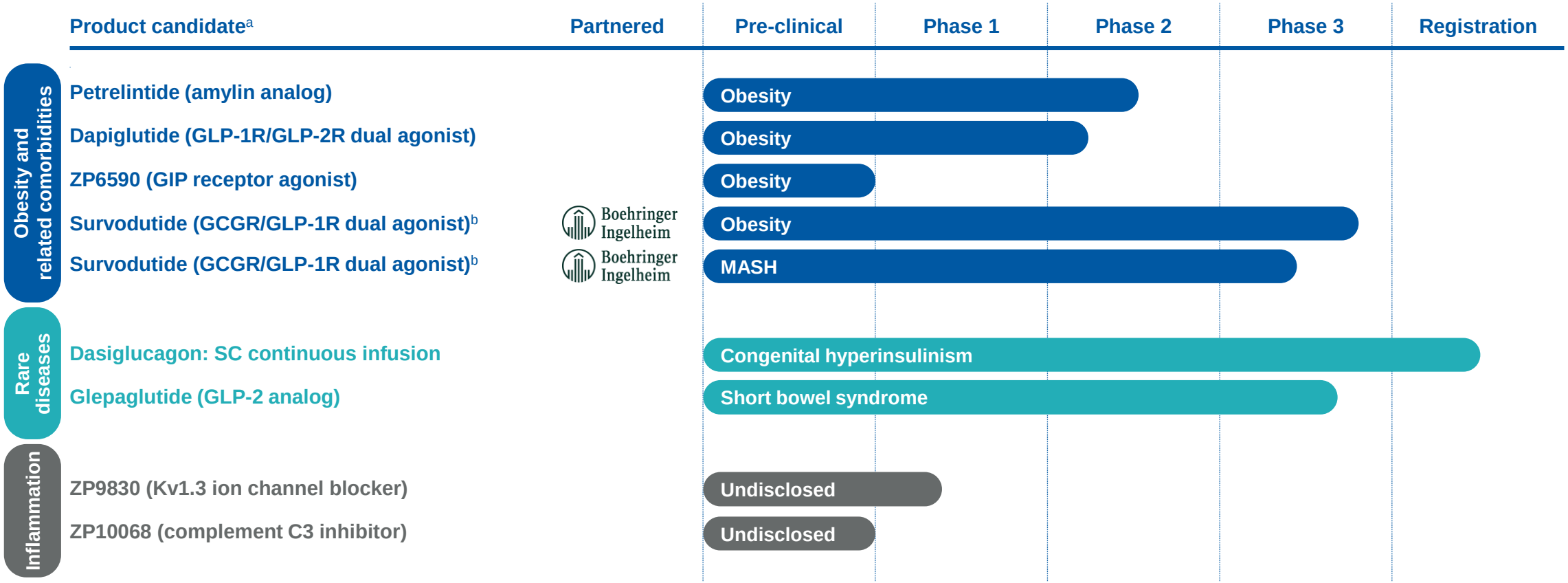
Significantly improved GI tolerability with both lower frequency and severity of adverse events

[a]For chronic weight management: Wegovy and Zepbound.

Sources: 1. Wang et al. Front Endocrinol (Lausanne) 2023;14:1085799; 2. Wegovy (semaglutide) US PI. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/215256s011lbl.pdf, accessed July 2024; 3. Zepbound (tirzepatide) US PI. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/217806s003lbl.pdf, accessed July 2024; 4. Wilding et al. N Engl J Med 2021;384(11):989–1002; 5. Jastreboff et al. N Engl J Med 2022;387(3):205–216; 6. Blue Health Intelligence. Real-world trends in GLP-1 treatment persistence and prescribing for weight management. May 2024; 7. Gasoyan et al. Obesity (Silver Spring) 2024;32(3):486–493.

GI=gastrointestinal; GLP-1RA=glucagon-like peptide-1 receptor agonist; QW=once-weekly.

Our R&D pipeline addresses unmet medical needs across several therapeutic areas



[a]**Investigational compounds whose safety and efficacy have not been evaluated or approved by the U.S. Food and Drug Administration (FDA) or any other regulatory authority.**
[b]Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally (subject to Zealand's co-promotion rights in the Nordic countries): EUR 315 million outstanding potential development, regulatory and commercial milestones + high single to low double digit % royalties on global sales.
GCGR=glucagon receptor; GIP=gastric inhibitory polypeptide; GLP-1R=glucagon-like peptide-1 receptor; GLP-2=glucagon-like peptide-2; GLP-2R=glucagon-like peptide-2 receptor; MASH=metabolic dysfunction-associated steatohepatitis (formerly NASH, or nonalcoholic steatohepatitis); SC=subcutaneous.

Petrelintide has consistently shown best-in-class potential across early clinical trials to date

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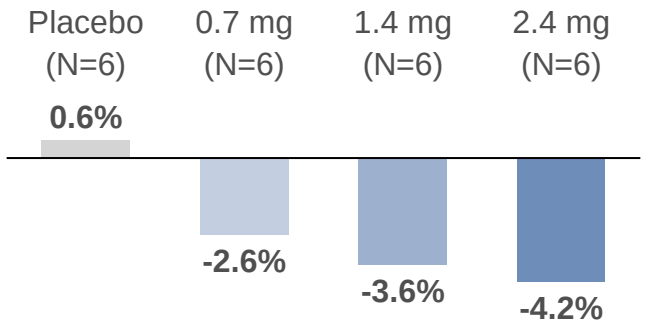
SAD trial[1]

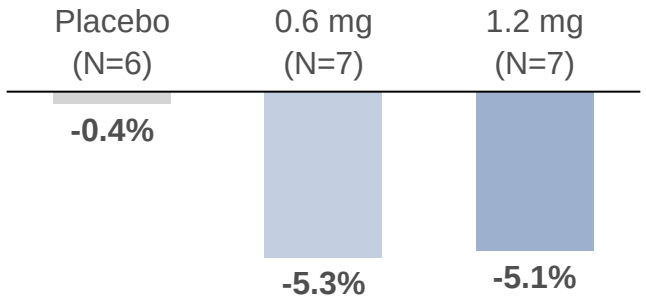
% change in body weight from baseline at Day 7



- Well tolerated
- No serious or severe TEAEs
- No withdrawals

MAD trial Part 1 (6-week study)[2]

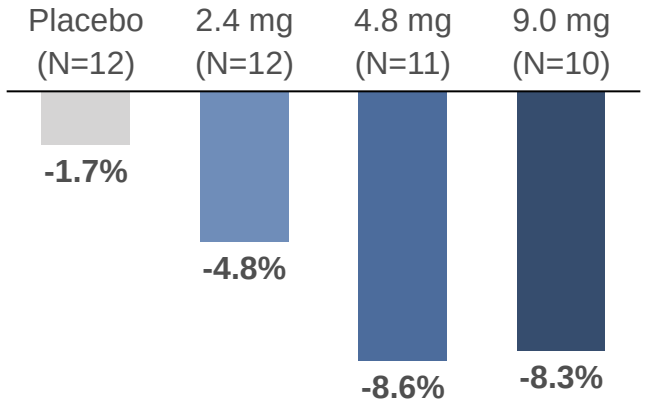
% change in body weight from baseline at Week 6



- All drug-related TEAEs were mild
- Three participants reported nausea
- One participant reported vomiting
- No withdrawals

MAD trial Part 2 (16-week study)[3]

% change in body weight from baseline at Week 16



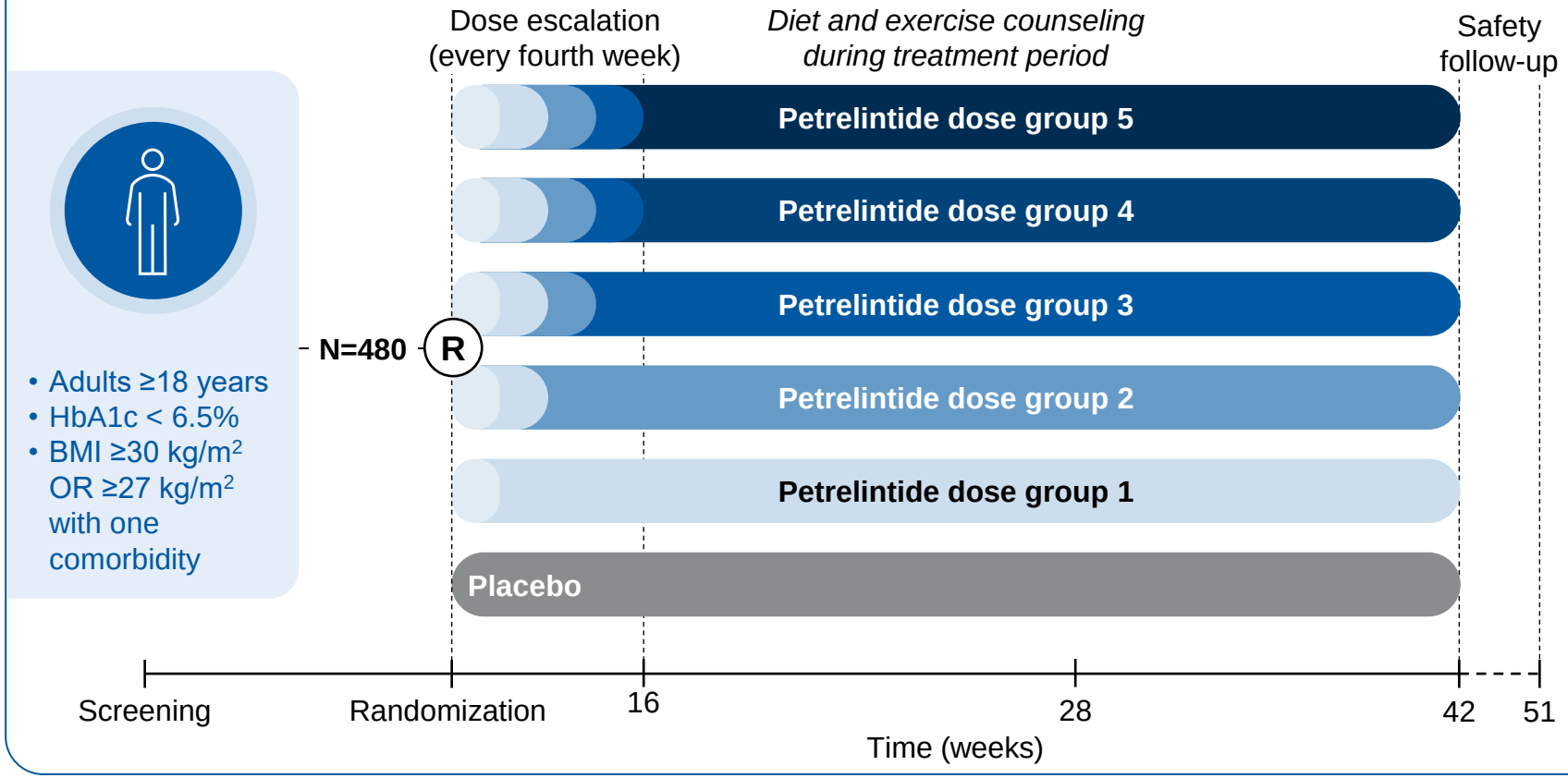
- All GI AEs mild except for two moderate events reported by one participant (nausea, vomiting)
- This participant was the only one discontinuing treatment due to AEs

Sources: 1. Brændholt Olsen et al. Poster 92-LB. Presented at ADA 83rd Scientific Sessions, June 23–26, 2023, San Diego, CA; 2. Brændholt Olsen et al. Poster presented at ObesityWeek, October 14–17, 2023, Dallas, TX; 3. Data presented at ObesityWeek 2024 in San Antonio, Texas.
GI=gastrointestinal; AE=adverse event; TEAE=treatment emergent adverse event; SAD=single ascending dose; MAD=multiple ascending dose; N=number of participants.

Continuing development of petrelintide as monotherapy through a comprehensive Phase 2b trial (ZUPREME-1)

A randomized, double-blind, placebo-controlled, Phase 2b trial with petrelintide was initiated in Dec-2024[1,2]

Aim: to evaluate change in body weight with multiple doses of petrelintide versus placebo



- Adults ≥18 years
- HbA1c < 6.5%
- BMI ≥30 kg/m^2 OR ≥27 kg/m^2 with one comorbidity

Primary endpoint:

- Percentage change in body weight from baseline to week 28

Secondary/exploratory endpoints (non-exhaustive):

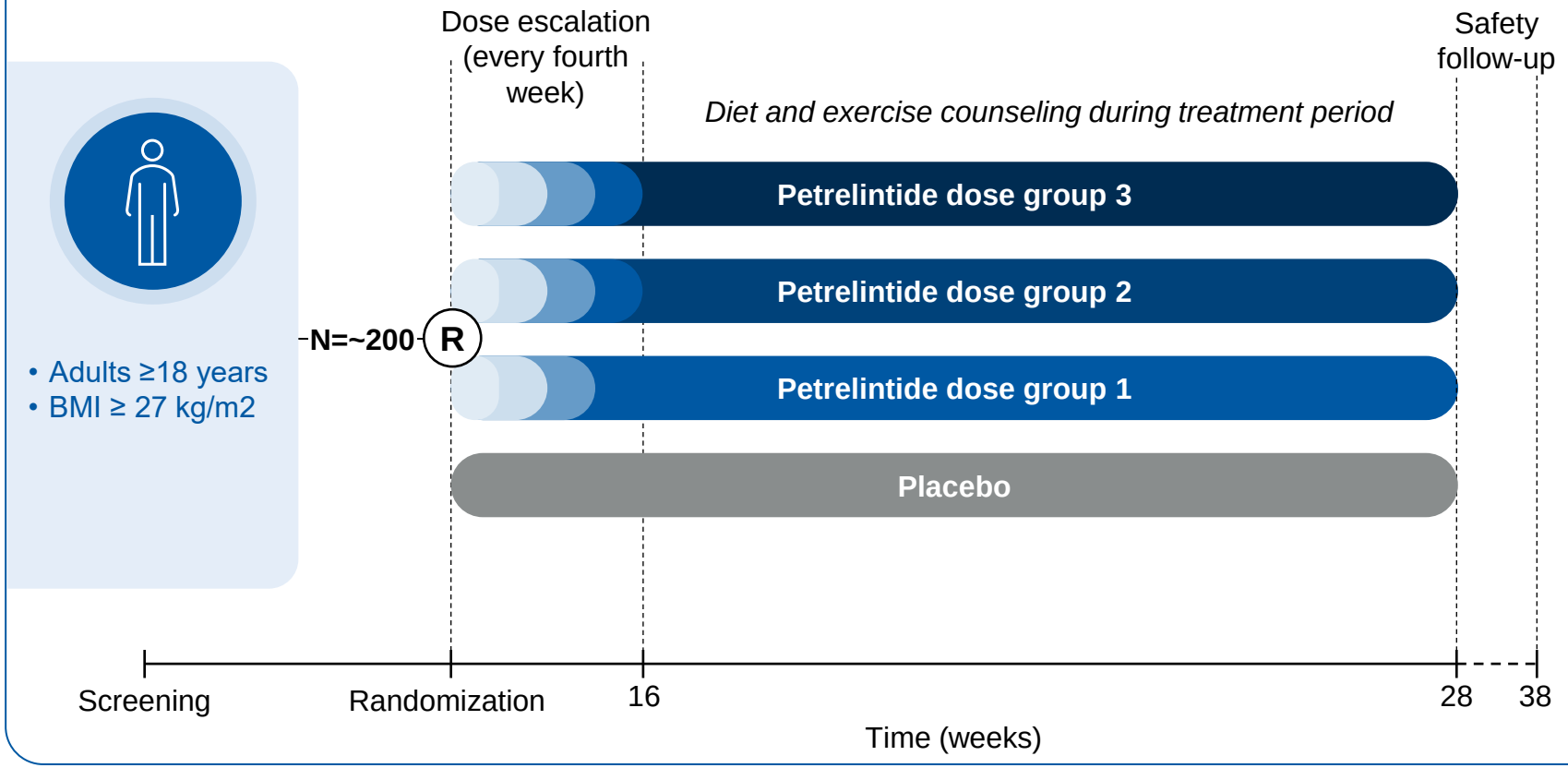
- Absolute change in body weight
- Percentage change in body weight after 42 weeks
- Categorical weight loss (≥5% and ≥10%)
- Change in waist circumference
- Percentage change in HbA1c after 42 weeks
- Body composition (MRI)
- Inflammation biomarkers
- CV risk factors (e.g., hsCRP, triglycerides, cholesterol, blood pressure, pulse rate)

Sources: 1. ClinicalTrials.gov (NCT06662539), accessed February 2025, ZUPREME-1 is intended to remain blinded until the safety follow up is complete at week 51; 2. Data on file.
BMI=body mass index; HbA1c=glycated hemoglobin; MRI=magnetic resonance imaging; hsCRP=high-sensitivity C-reactive protein.

Expanding the development program with Phase 2b trial in people with overweight/obesity and T2D (ZUPREME-2)

A randomized, double-blind, placebo-controlled, Phase 2b trial with petrelintide to be initiated in H1 2025[1]

Aim: Demonstrate superior weight loss for petrelintide vs. placebo in people with T2D and overweight or obesity



Primary endpoint:

- Percentage change in body weight from baseline to week 28

Secondary endpoints (non-exhaustive):

- Categorical weight loss (≥5% and ≥10%)
- HbA1c
- Blood pressure
- Fasting lipids
- TEAEs
- Hypoglycemia

Source: 1. Data on file.

T2D=type 2 diabetes; BMI=body mass index; QW=once-weekly; HbA1c=hemoglobin A1C (glycated hemoglobin); TEAE=treatment emergent adverse event.

We expect to report topline results with dapiglutide from the 28-week Phase 1b trial in H1 2025...

Phase 1b trial Part 1: Topline results[1]

Mean **placebo-adjusted weight loss** of up to **8.3% after 13 weeks**

- N=54, **85% male**, median baseline **BMI: 30 kg/m²**
- **No lifestyle modifications** included in trial

- Dapiglutide up to 13 mg assessed to be **safe and well-tolerated**
- GI AEs consistent with profile of incretin-based therapies
- Two treatment discontinuations due to GI AEs

Phase 1b trial Part 2: Topline results in H1 2025[2]

- Includes a **higher dose cohort (up to 26 mg)** with **28 weeks treatment**
- Monthly dose escalation
- Topline results expected in H1 2025

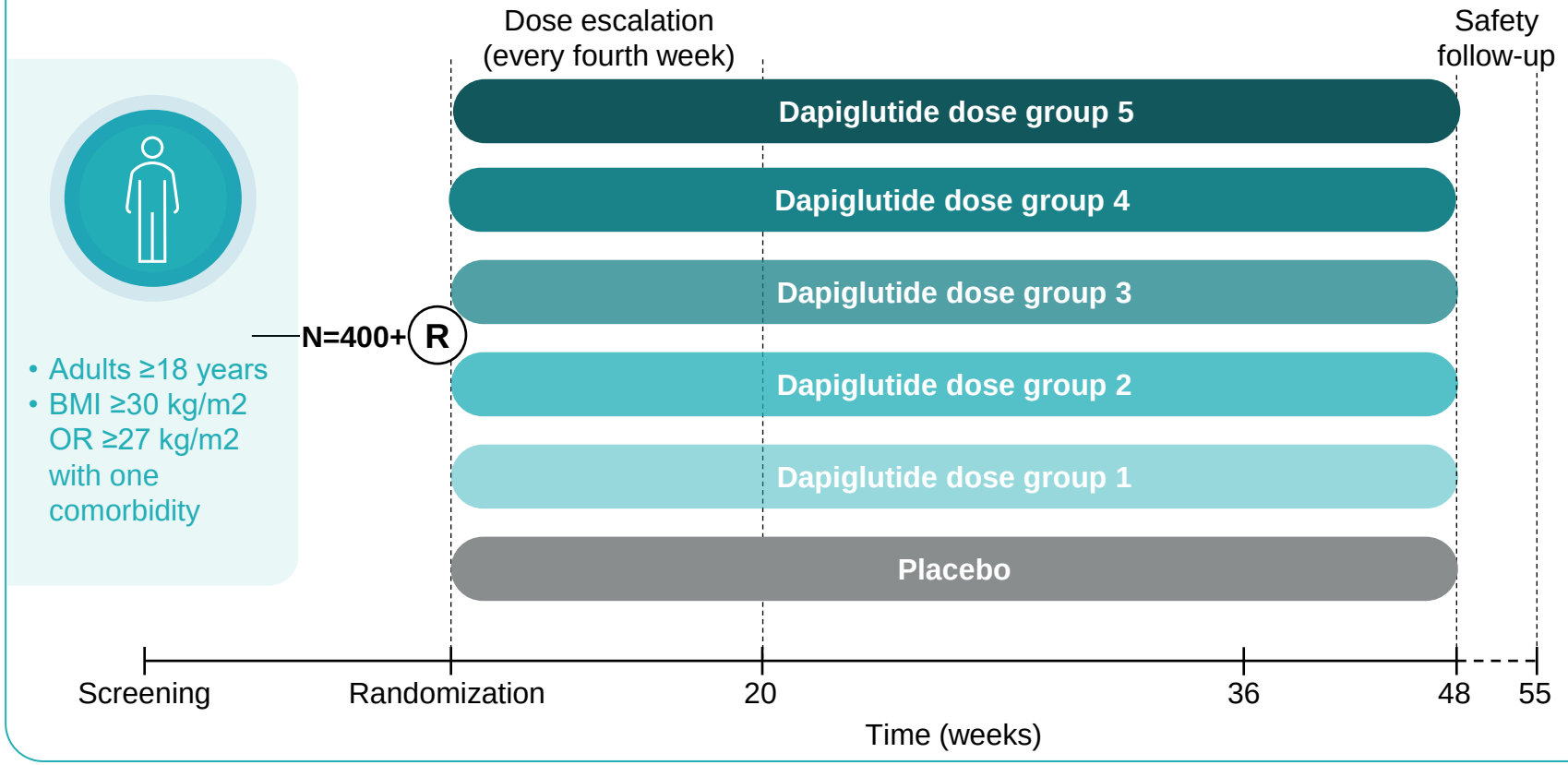
Large, comprehensive **Phase 2b trial** to be initiated in H1 2025

Sources: 1. Zealand Pharma company announcement No. 44/2024, September 9, 2024; 2. ClinicalTrials.gov (NCT06000891), accessed December 2024.
BMI=body mass index; GI=gastrointestinal; AE=adverse event; N=number of participants.

...and initiate a comprehensive Phase 2b trial with dapiglutide in people with overweight/obesity in H1 2025

A randomized, double-blind, placebo-controlled, Phase 2b trial with dapiglutide to be initiated in H1 2025[1]

Aim: To evaluate change in body weight with multiple doses of dapiglutide versus placebo



Primary endpoint:

- Percentage change in body weight from baseline to week 36

Secondary/explorative endpoints (non-exhaustive):

- Categorical weight loss (≥5% and ≥10%)
- Body composition
- Inflammation biomarkers

Source: 1. Data on file.
BMI=body mass index; EOT=end of treatment

Survodutide[a] shows best-in-class potential in MASH Phase 2 trial and is now in large Phase 3 program

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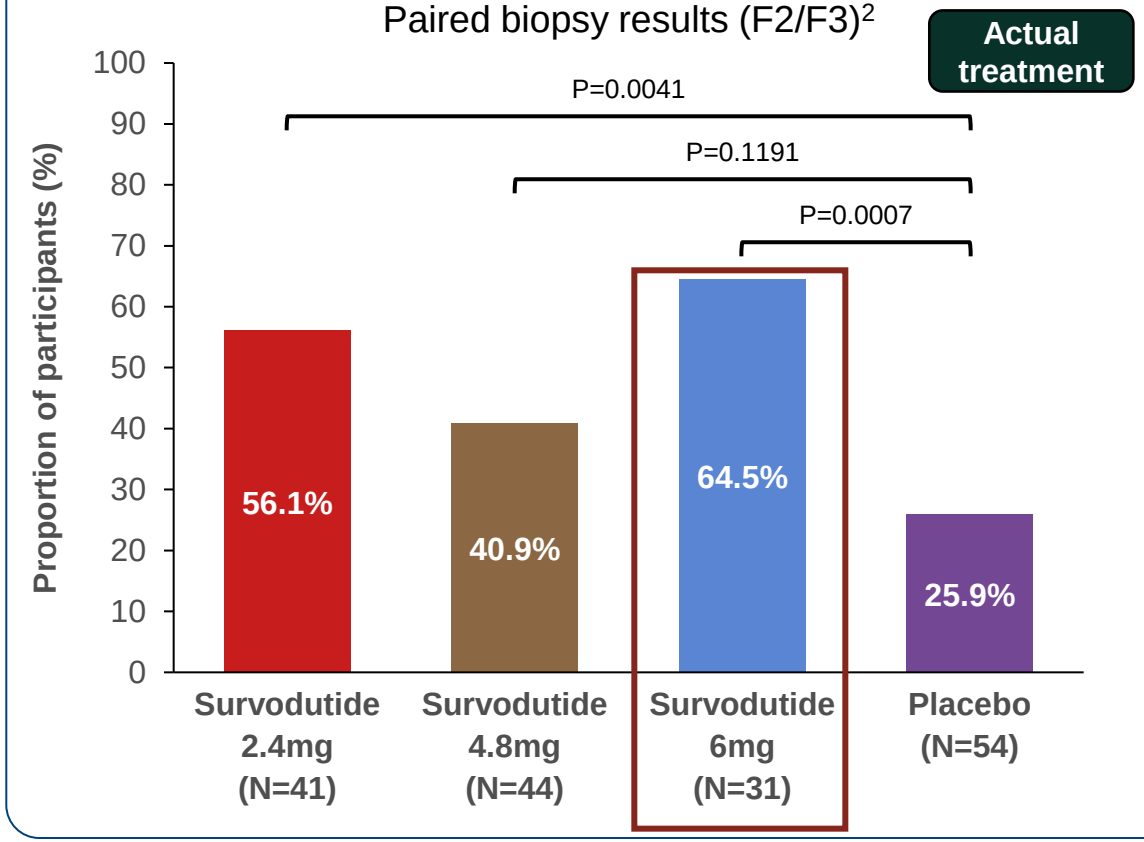
48-week biopsy-driven Phase 2 trial in MASH[1]

Improvement in liver fibrosis with no worsening of MASH

Paired biopsy results (F2/F3)[2]



Phase 3 program in MASH has been initiated[3]

LIVERAGE[4]

Efficacy and safety in patients with MASH and fibrosis (F2/F3)

Granted Breakthrough Therapy Designation by the U.S. FDA

Trial participants: 1,800

Trial duration:
- Part 1: 52 weeks
- Part 2: Up to 7 years

Primary endpoint:
- Part 1: MASH resolution without worsening of liver fibrosis and improvement in fibrosis stage with no worsening of MASH
- Part 2: Time to first occurrence of liver-related events or all-cause mortality

LIVERAGE-Cirrhosis[5]

Efficacy and safety in patients with MASH and cirrhosis (F4)

Trial participants: 1,590

Trial duration: Up to 4.5 years

Primary endpoint: Time to first occurrence of liver-related events or all-cause mortality

[a]Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally (subject to Zealand's co-promotion rights in the Nordic countries).

Sources: 1. Boehringer Ingelheim press release June 7, 2024. Data presented at the EASL Congress 2024 in Milan, Italy. 2. A sensitivity analysis based on participants with paired biopsy results at baseline and end of treatment. 3. Boehringer Ingelheim press release October 8, 2024; 4. LIVERAGE: ClinicalTrials.gov (NCT06632444); 5. LIVERAGE-Cirrhosis: ClinicalTrials.gov (NCT06632457).

MASH= metabolic dysfunction-associated steatohepatitis (formerly NASH=non-alcoholic steatohepatitis).

We remain committed to bring our rare disease programs to patients as soon as possible

Dasiglucagon: Congenital hyperinsulinism

- Timing of next steps contingent on third-party manufacturing facility receiving an inspection classification upgrade[a]
- Prepared to resubmit Part 1 of the original NDA for up to three weeks of dasiglucagon treatment
- Submission of Part 2 of the original NDA for chronic treatment of CHI planned for after Part 1

Glepaglutide: Short bowel syndrome

- Type-A meeting with the U.S. FDA expected Q1 2025[b]
- Anticipate proceeding with current plans to submit a MAA in 2025 to support EU approval
- Expect to initiate a Phase 3 trial in 2025 (EASE-5)

[a]The U.S. FDA issued a Complete Response Letter to Part 1 of the dasiglucagon NDA due to the timing of a third-party manufacturing facility reinspection. A prior inspection of the facility had identified deficiencies that did not involve dasiglucagon. These prior deficiencies had been resolved as of the reinspection. The third-party manufacturer has not yet received its Establishment Inspection Report.
[b]The U.S. FDA issued a Complete Response Letter for the glepaglutide New Drug Application for the treatment of short bowel syndrome with intestinal failure in December 2024.
NDA=New drug application; CHI= congenital hyperinsulinism; FDA=Food and Drug Administration; MAA=marketing authorization application.

Advancing early-stage pipeline through ongoing first-in-human clinical trial with Kv1.3 inhibitor ZP9830

ZP9830 is a potent and selective Kv1.3 inhibitor

Kv1.3 is highly expressed in effector memory T cells, which play a **key role** in **autoimmunity** and **chronic inflammation**[1]

Blocking Kv1.3 is believed to **preserve** the **protective effects** of the rest of the immune system, making it an attractive target

ZP9830 holds potential to treat a **broad range** of **cell-mediated autoimmune diseases**

First-in-human SAD clinical trial[2]

The first-in-human Phase 1 single ascending dose trial include 10 dose cohorts and is expected to enroll 92 healthy men.

Cohorts 1-3 (SC): Assess safety and PK

Cohorts 4-9 (SC): Assess safety, PK, and PD

Cohort 10 (IV): Assess safety and PK

The trial will investigate:

- Safety and tolerability profile with single ascending doses
- PK profile to determine the appropriate dose level(s)
- Effect of ZP9830 on the body's immune system

Sources: 1. Chandy and Norton, Current Opinion in Chemical Biology 2017, 38:97–107; 2. ClinicalTrials.gov (NCT06682975), accessed February 2025.
PK=pharmacokinetic; PD=pharmacodynamic; SAD=single ascending dose trial; SC=subcutaneous; IV=intravenous.

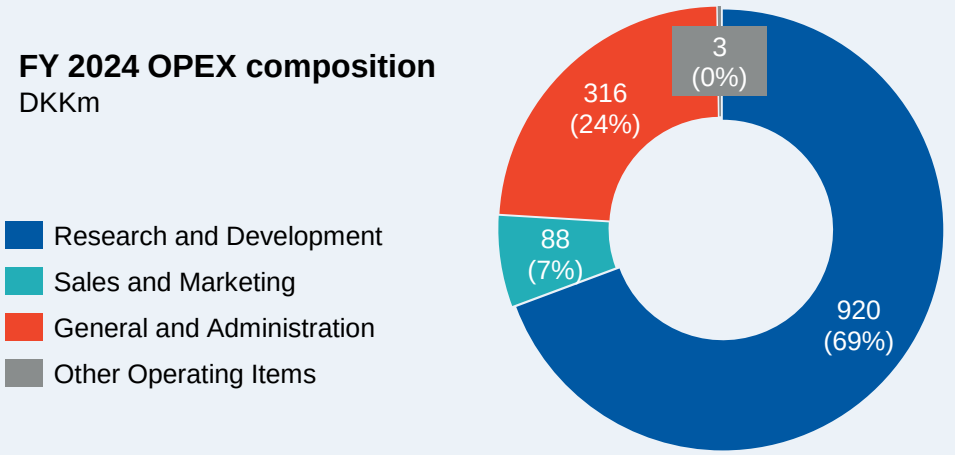
FY 2024 Profit & Loss

DKK million	FY 2024	FY 2023
Revenue	63	343
Gross profit	**55**	**324**
Research and development expenses	-920	-685
Sales and marketing expenses	-88	-31
General and administrative expenses	-316	-185
Other operating Items	-3	5
Net operating expenses	**-1,327**	**-896**
Operating result	**-1,272**	**-572**
Net financial items	189	-137
Result before tax	**-1,083**	**-709**
Tax	5	5
Net result for the period	**-1,079**	**-704**

P&L reflecting Zealand's investments in its differentiated assets targeting obesity

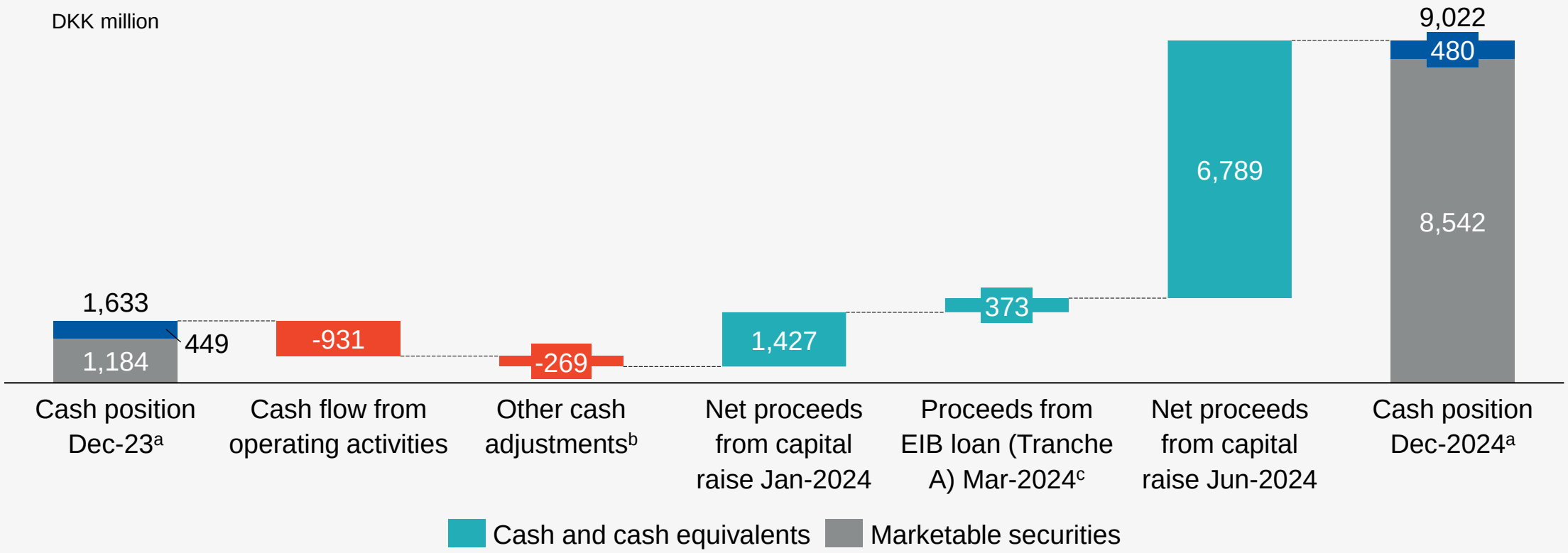
- Revenue of DKK 63 million is mainly driven by the license and development agreement with Novo Nordisk for Zegalogue®.
- Total operating expenses of DKK 1,327 million are higher than last year, primarily driven by the increase in R&D expenses due to clinical advancement of the obesity pipeline, including preparations for large Phase 2b trials for the wholly-owned obesity assets. S&M expenses are mainly driven by pre-commercial activities for the rare disease assets, whereas the increase in G&A expenses reflects legal expenses related to our patent portfolio and strengthening of organizational capabilities.
- Net financial items of DKK 189 million are mainly driven by interest income from the excess liquidity invested in marketable securities.

FY 2024 OPEX composition
DKKm



Strong cash position of DKK 9.0 billion enables significant investments in our obesity programs

Secured cash of DKK 8.6 billion in 2024 through capital raises and the EIB loan facility[a]



[a]Cash position includes cash, cash equivalents and marketable securities. EIB loan Tranches B and C (EUR 20 million each) are excluded from this chart. The two tranches are subject to pre-specified milestones being met. [b]Other cash adjustments include purchase of treasury shares to cover LTI programs. [c]The EUR 50 million Tranche A of the EIB loan facility was disbursed in March 2024.
EIB = European Investment Bank

2025 financial guidance

2025 operating expenses anticipated to be in the range of DKK 2,000-2,500 million

Anticipated increase in OPEX is mainly to support mid-stage obesity pipeline and further enhance research efforts

- Development: Accelerate investments in obesity pipeline, which in 2025 will include three large Phase 2b trials. In addition to the clinical costs associated with conducting these trials, the guidance also includes CMC investments in activities mainly related to API and Drug Product, as well as preparations for Phase 3
- Research: Enhance investments in next-generation peptide research, including early-stage portfolio of novel peptides targeting obesity and inflammation

DKK million	2025 Guidance	2024 Actuals
Revenue anticipated from existing and new license and partnership agreements	No guidance	63
Net operating expenses[a]	2,000 – 2,500	1,327

[a]Net operating expenses consist of R&D, S&M, G&A and other operating items.
Financial guidance based on foreign exchange rates as of February 19, 2025.

Advancing for a sustainable future

Highlights and ambitions

- Launched dedicated sustainability strategy, significantly increasing our efforts
- Notable organizational growth while maintaining high employee engagement and low turnover
- Calculated CO_2 emissions and developed transition plan, with commitment to Science Based Targets initiative in 2025

Our patients

We leverage innovation to advance the health and wellbeing of patients

84%
employees (FTEs) working with R&D

23
active trials with Zealand Pharma products

Our people

We foster an engaging and enriching workplace for our people

30%
increase of employees from 2023

8.8
of 10 in employee engagement score

Our operations

We take responsibility for the impact of our operations

267,000
tCO_2e emissions

99%
of emissions coming from scope 3

Launched Climate Change transition plan

0
cases or fines in relation to corruption or bribery

Exciting news flow with many potential catalysts in 2025

NON-EXHAUSTIVE

H1 2025

Petrelintide
Complete enrollment in Ph2b trial (overweight/obesity without T2D)

Petrelintide
Initiate Ph2b trial (overweight/obesity with T2D)

Dapiglutide
Report topline results from Part 2 of Ph1b dose-titration trial (28wks)

Dapiglutide
Present results from Ph1b dose-titration trial (13wks)

Dapiglutide
Initiate Ph2b trial (overweight/obesity)

Dasiglucagon (CHI)
Resubmit Part 1 (acute use) of NDA to US FDA and potential approval

Dasiglucagon (CHI)
Submit analyses supporting chronic use (Part 2) to US FDA

H2 2025

Petrelintide
Initiate Ph1b combination trial with GLP-1RA

Survodutide[a]
Complete Ph3 obesity trials (SYNCHRONIZE™-1 and 2)

ZP9830 (Kv1.3 Ion Channel Blocker)
Complete Ph1 SAD trial

ZP10068 (Complement C3 Inhibitor)
Evaluate potential initiation of Ph1 SAD trial

Dasiglucagon (CHI)
Potential approval by US FDA of chronic use (Part 2)

Glepaglutide (SBS)
Initiate additional Ph3 trial (EASE-5)

Glepaglutide (SBS)
Submit MAA to the European Medicines Agency

Legend:

Obesity | Rare diseases | Inflammation

Potential partnership agreements across therapeutic areas

[a]Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally (subject to Zealand's co-promotion rights in the Nordic countries). Primary completion of SYNCHRONIZE™-1 and 2 is expected in H2 2025, ClinicalTrials.gov (NCT06066515; NCT06066528), accessed February 2025.
T2D=Type 2 diabetes; SAD=single ascending dose; NDA=new drug application; FDA=Food and Drug Administration; GLP-1RA=glucagon-like peptide-1 receptor agonist; MAA=marketing authorization application.

Q&A

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