H1 2025 Presentation.

Zealand Pharma
August 14, 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 financial guidance for 2025. 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.

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

Zealand Pharma is in a unique position to become a key player in obesity

Differentiated mid- to late-stage obesity pipeline
(petrelintide[a], petrelintide/CT-388[a], survodutide[b], dapiglutide)

Leading obesity programs backed by strong partners
(petrelintide/Roche, survodutide/Boehringer Ingelheim)

Organizational strength
(growing capabilities at all layers incl. executive leadership)

Solid financial position
(well-funded with ample room to honor petrelintide obligations AND invest beyond)

[a]Zealand Pharma has a collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.
[b]Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally.

Petrelintide collaboration with Roche off to a strong start and moving full steam ahead

Rapidly advancing petrelintide monotherapy program

- ZUPREME-1 28-week data expected in Q4 2025 (*not for external communication*)
- ZUPREME-1 42-week topline data expected to be announced in H1 2026
- ZUPREME-2 completion expected in H1 2026
- Phase 3 initiation expected in H2 2026

Planning petrelintide/CT-388 program

- Phase 2 initiation expected in H1 2026

Roche investing in manufacturing

- Breaking ground this month on a high-volume, high-throughput fill-finish manufacturing facility in Holly Springs, NC dedicated to next-generation obesity medicines

Pharma Day 2025
September 22, 2025

Capital Markets Day
December 11, 2025

Zealand Pharma has a collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.

Petrelintide holds potential as a future foundational therapy for weight management

Potential for improved GI tolerability and a better patient experience, addressing the weight loss needs of the vast majority of people with overweight and obesity

Obesity represents one of the greatest healthcare challenges of our time

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

5 million deaths
each year are today **ascribed to overweight and obesity** globally[1]

We need more than one class of drugs to address obesity and obesity-related comorbidities

~3%
of **eligible patients** in the U.S. **receive prescriptions** for weight loss therapy today[2]

>60%
of patients with obesity **discontinue GLP-1RA** treatment **within 1 year**[3]

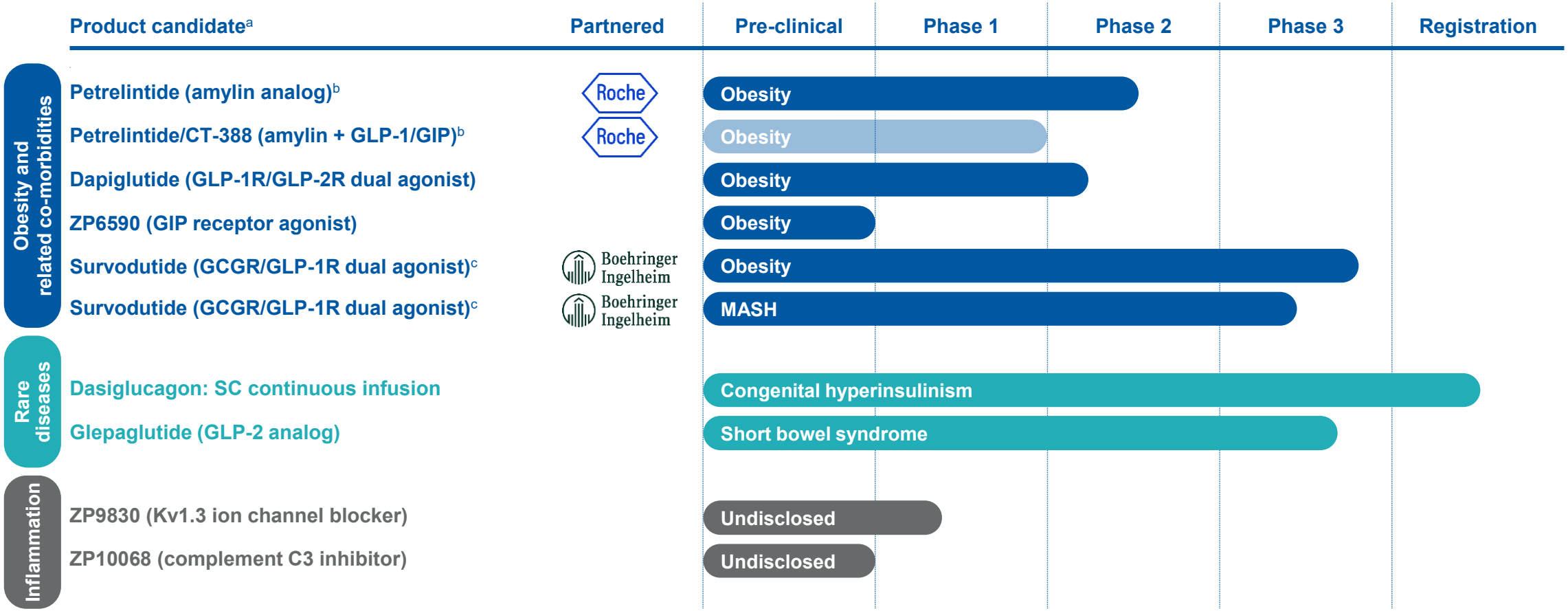
Important unmet need for better-tolerated GLP-1RA alternatives to improve treatment persistence

~2/3
of adults with overweight and obesity want to **lose between 10 to 20%** of their body weight[4]

>50%
of patients are **NOT willing to accept GI AEs**, incl. nausea, vomiting, diarrhea and constipation[5]

Zealand Pharma has a collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.
Sources: [1]World Obesity Atlas 2024; [2]Kim et al. (2025) Uptake of and Disparities in Semaglutide and Tirzepatide Prescribing for Obesity in the US, JAMA. Published online April 29, 2025; [3]Rodriguez et al. (2025) Discontinuation and Reinitiation of Dual-Labeled GLP-1 Receptor Agonists Among US Adults With Overweight or Obesity, JAMA. Published online January 31, 2025; [4]LifeSci Capital Survey May 2024 (N=4995); [5]Kmodo Claims Database (2023).
GI=gastrointestinal; GLP-1RA=glucagon-like peptide-1 receptor agonist; GI AE=gastrointestinal adverse event.

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]Zealand Pharma has a collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.
[c]Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally. EUR 315 million outstanding in 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-2R=glucagon-like peptide-2 receptor; MASH=metabolic dysfunction-associated steatohepatitis; SC=subcutaneous.

Zealand Pharma and Roche aim to establish the leading amylin-based weight management franchise

Developing petrelintide as a foundational therapy for weight management with the ambition to rapidly expand into obesity-related comorbidities

Key unmet medical needs

- **Alternative mechanisms of action** to provide new treatment options
- **Improved GI tolerability** for better patient experience and treatment persistence
- Improved **effect on obesity-related comorbidities**
- **Greater** weight loss **efficacy** for segment of patients who need most weight loss

Current collaboration scope

- ✓ Petrelintide monotherapy
- ✓ Petrelintide/CT-388 fixed-dose combination
- ✓ Other potential petrelintide-based combination products

Monotherapy:

- for **the majority** of people with overweight/obesity as well as **an alternative** for people intolerant to or unwilling to use GLP-1RAs

In combinations:

- with **CT-388** for people who need **more weight loss** and/or **better glycemic control**

Zealand Pharma has a collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.
GI=gastrointestinal; GLP-1RA=glucagon-like peptide-1 receptor agonist.

Clinical data to date strengthen our confidence in the deliberate design of petrelintide

ZEALAND PHARMA

Petrelintide design and molecule-specific attributes

- **Human amylin backbone** (intentionally avoiding sCT due to potential safety and tolerability concerns)[1]
- Potent **balanced agonistic effects** on **AMY-1R**, **AMY-3R**, and **CTR** (motivated by extensive screening)[1,3]
- Chemical and physical **stability** around **neutral pH** (allowing for co-formulation and co-administration with other peptides, and reducing risk of injection site reactions and immunogenicity)[2,3]
- Consistent **half-life of 10 days**, suitable for once-weekly administration and potentially important for tolerability[4,5]
- **~85% bioavailability**[1,5], potentially important for efficacy and COGS

Totality of clinical data reinforce petrelintide's best-in-class potential

GLP-1RA-like weight loss efficacy

- Up to 8.6% weight loss after 16 weeks in relatively lean (baseline BMI of 29 kg/m^2) and predominantly male population (75% male)[5]

Excellent tolerability

- Excellent GI tolerability with doses up to 9 mg in 16-week trial

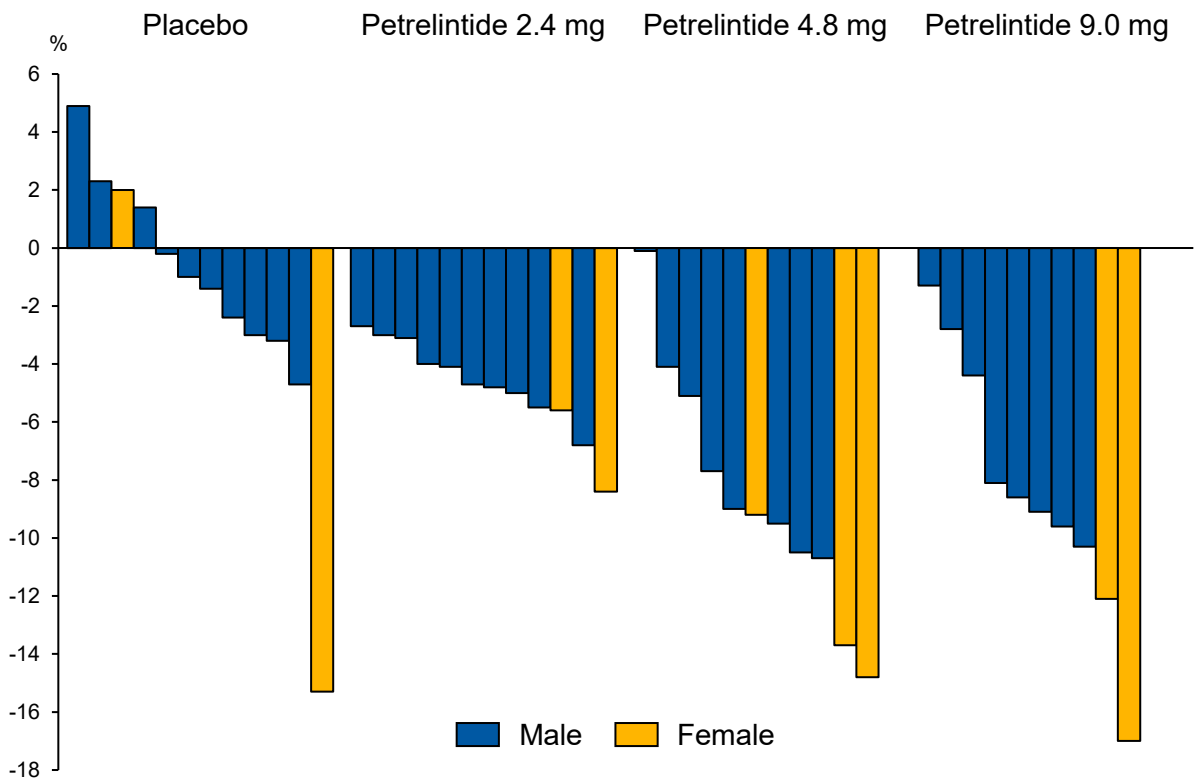
No unexpected safety signals

- No AEs of "special interest"[5]
- No signs of depressive mood or suicidal ideation[5]
- Less headache reported with petrelintide than placebo in 16-week trial[1]

Zealand Pharma has a collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.
Sources: [1]Data on file; [2]Skarbaliene et al. Poster 1406-P. Presented at ADA 82nd Scientific Sessions, June 3–7, 2022, New Orleans, LA; [3]Eriksson et al. Poster 532. Presented at ObesityWeek, November 1–4, 2022, San Diego, CA; [4]Brændholt Olsen et al. Poster 92-LB. Presented at ADA 83rd Scientific Sessions, June 23–26, 2023, San Diego, CA; [5]Data presented at ObesityWeek 2024 in San Antonio, Texas.
sCT=salmon calcitonin; AMY-1R=amylin-1 receptor; AMY-3R=amylin-3 receptor; CTR=calcitonin receptor; COGS=cost of goods sold; GLP-1RA=glucagon-like peptide-1 receptor agonist; BMI=body mass index; AE=adverse event.

Female participants in the 16-week Phase 1b trial generally lost more weight than the males

Weight loss from baseline after 16 weeks by gender presented in June at ADA 2025



21% of trial participants in the trial were **female**

A **greater treatment response** was observed **in females** across the three petrelintide treated cohorts

No pattern of differences between males and females were observed for **GI AEs** or any other AEs

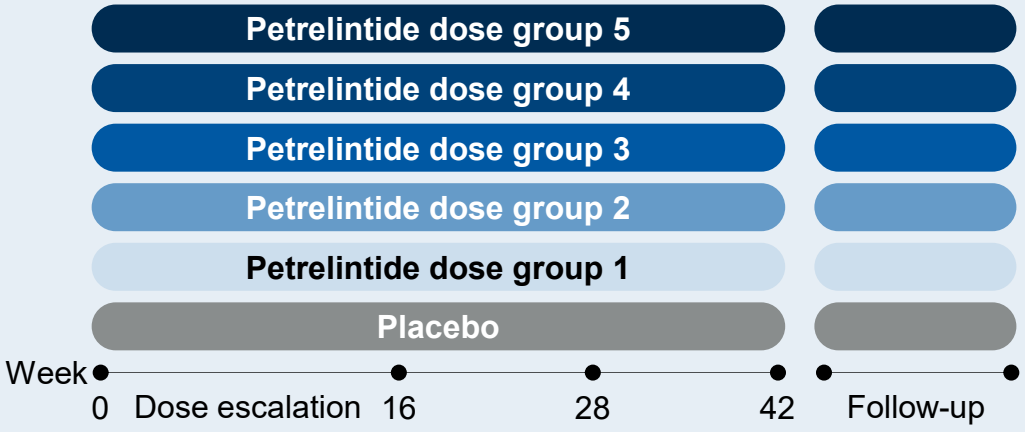
Zealand Pharma has a collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.
Source: Hesse et al. (2025) Effects of the novel long-acting amylin analogue petrelintide on body weight and waist circumference by sex in a Phase 1 trial. ADA 2025.
ADA=American Diabetes Association; GI=gastrointestinal; AE=adverse event.

ZUPREME-1 Phase 2 results expected in H1 2026, with Phase 3 initiation anticipated in H2 2026

ZUPREME-1 features a balanced gender distribution and a higher BMI at baseline compared to Phase 1

ZUPREME-1: Overweight/obesity without T2D[1]

Initiated in December 2024
Enrollment completed in March 2025
Topline data expected in H1 2026



Primary endpoint: Body weight change (%) at week 28
Secondary endpoints (non-exhaustive): Body composition (MRI), inflammation biomarkers, CV risk factors

	ZUPREME-1[2,a] >480 trial participants enrolled	16-week Phase 1b[3] N=48
Weight (kg)	~107	92
BMI (kg/m²)	~37	30
Age (years)	~48	47
Female (%)	~53	21

Zealand Pharma has a collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.
[a]Preliminary baseline data. Weight, BMI and Age represent mean values.
Sources: [1]ClinicalTrials.gov (NCT06662539); [2]Data on file; [3]Data presented at ObesityWeek 2024 in San Antonio, Texas.
T2D=type 2 diabetes; MRI=magnetic resonance imaging; CV=cardiovascular; HbA1c=glycated hemoglobin; hsCRP=high-sensitivity C-reactive protein.

Dapiglutide provides competitive weight loss to target specific obesity-related comorbid conditions

Dapiglutide (GLP-1/GLP-2): Potential first-in-class targeting obesity and low-grade inflammation

Strong scientific rationale to be validated in clinical trials

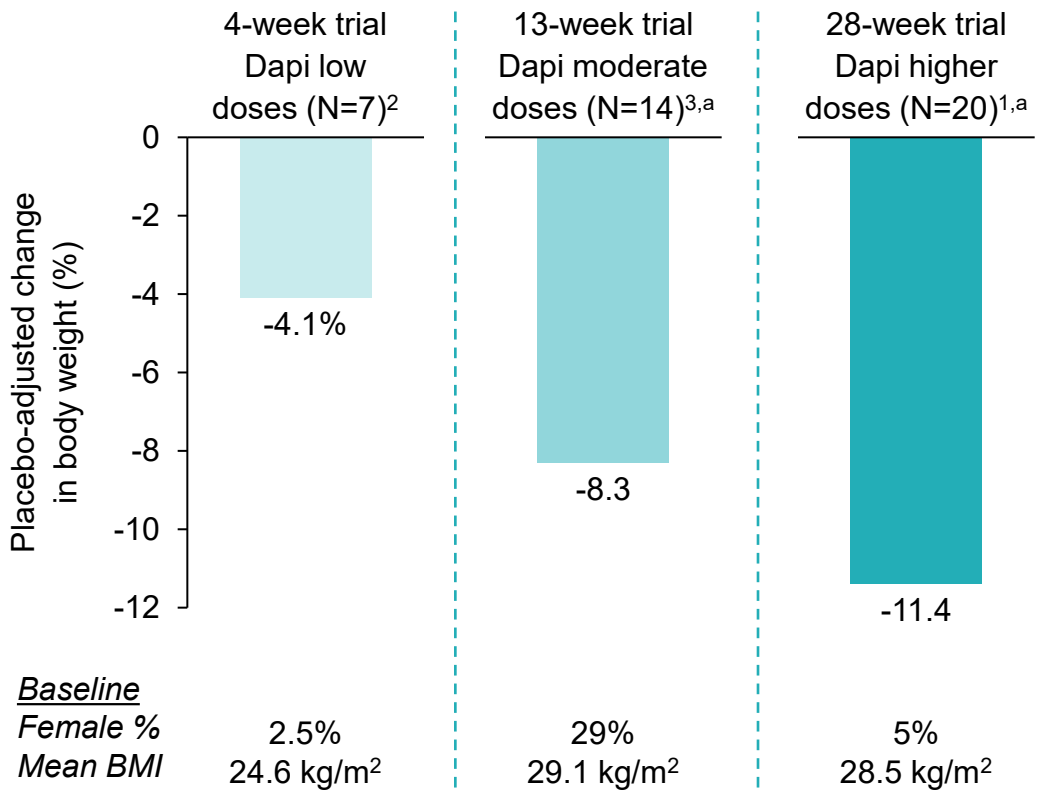
- People with obesity have **increased low-grade inflammation**, which drives several comorbidities
- Potential for complementary **anti-inflammatory effects** from GLP-1 agonism and GLP-2 agonism

Competitive weight loss with dapiglutide

- Mean placebo-adjusted weight loss of 11.4% after 28 weeks of treatment with high doses[1]
- Safety and tolerability in line with the incretin class

Phase 2 trial in specific obesity-related comorbidity expected to initiate in H2 2025

Competitive weight loss data reported with dapiglutide across clinical trials to date



[a]Efficacy estimand.

Sources: [1]Zealand Pharma Company announcement No.15/2025, June 18, 2025; [2]Presented by Agersnap at the 82nd ADA Scientific Sessions, June 3–7, 2022, New Orleans, LA; [3]Maarbjerg S. et al. (2025) Safety, tolerability, and clinical effects of dapiglutide, a once-weekly GLP-1R/GLP-2R agonist. Data presented at ADA 2025.

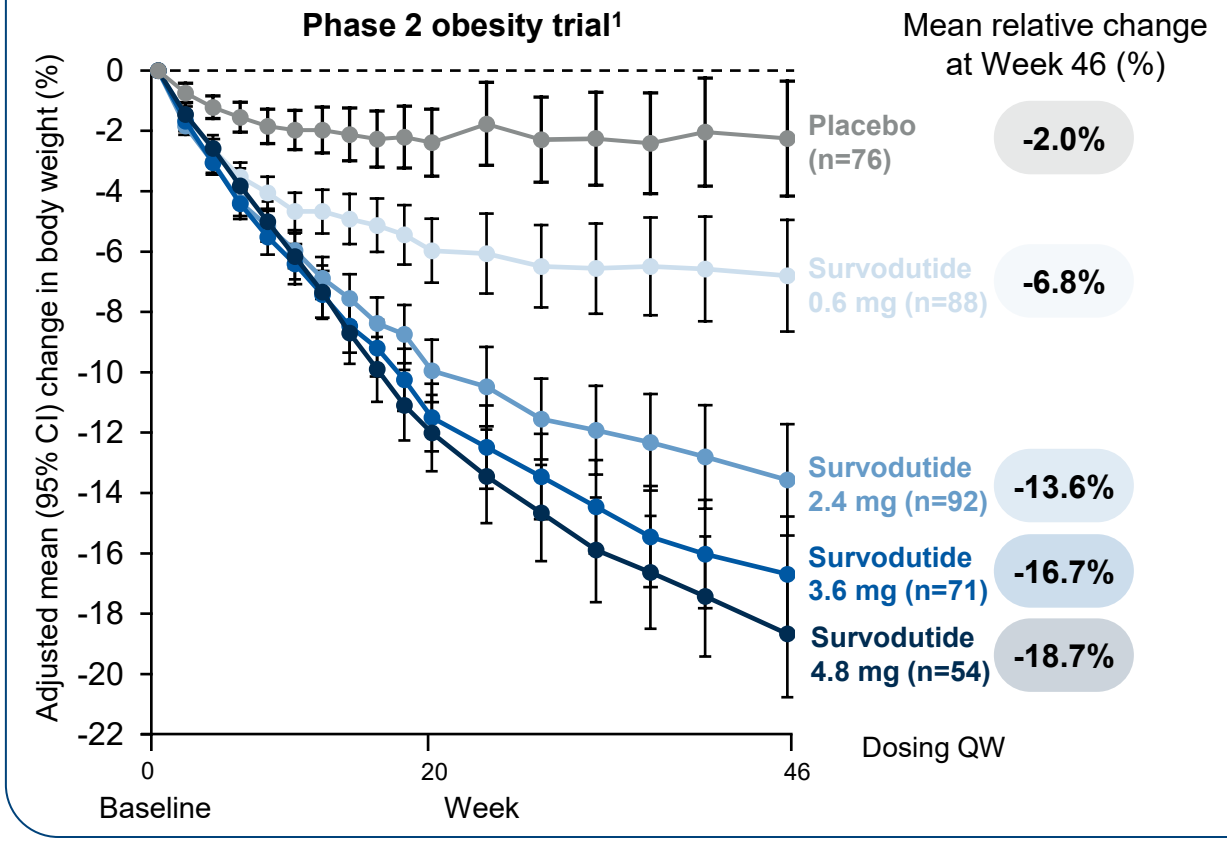
GLP-1=glucagon-like peptide; GLP-2=glucagon-like peptide-2.

Survodutide Phase 3 obesity topline data expected in H1 2026

ZEALAND PHARMA

Boehringer Ingelheim

Survodutide demonstrated highly competitive weight loss of up to 18.7% at 46 weeks in Phase 2 obesity trial



Large, global Phase 3 program in obesity

- **SYNCHRONIZE™-1**[2]: Overweight/obesity w/o T2D (N=727)
- **SYNCHRONIZE™-2**[3]: Overweight/obesity w. T2D (N=756)
- **SYNCHRONIZE™-JP**[4]: In Japanese patients (N=274)
- **SYNCHRONIZE™-CN**[5]: In Chinese patients (N=307)
- **SYNCHRONIZE™-CVOT**[6]: Long-term CV safety in patients w. obesity and established CVD/CKD or risk factors for CVD (N=5,550)
- **SYNCHRONIZE™-NASH**[7]: Overweight/obesity w. confirmed or presumed NASH (N=218)

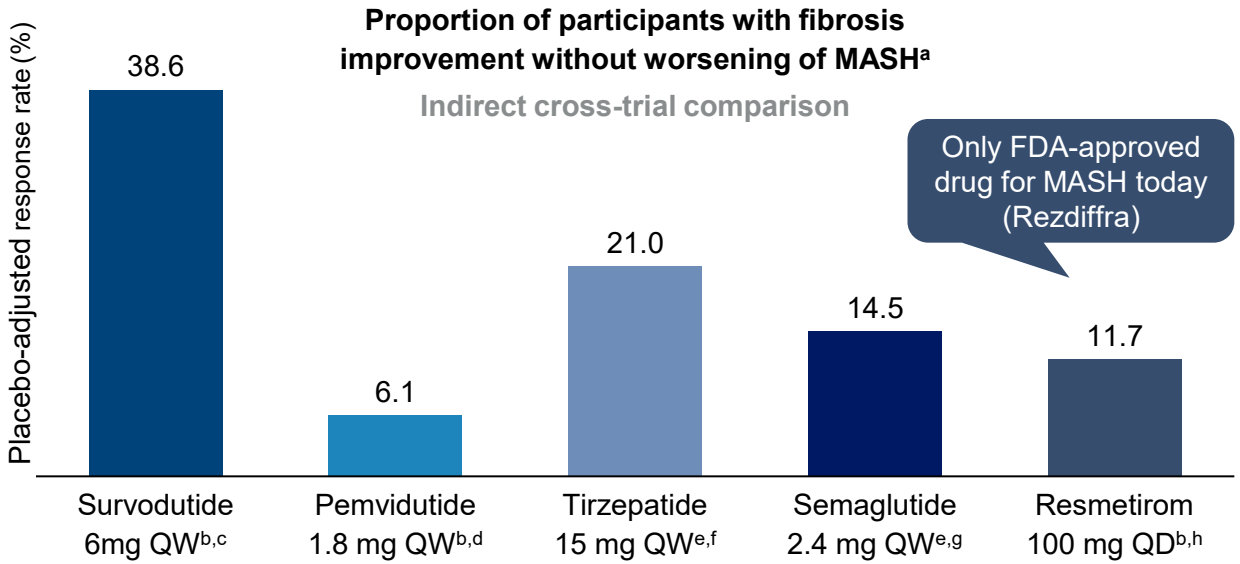
Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally

Sources: [1]Figure adapted from Le Roux et al. Oral presentation (51-OR) at ADA 83rd Scientific Sessions, June 23–26, 2023, San Diego, CA; [2]ClinicalTrials.gov (NCT06066515); [3]ClinicalTrials.gov (NCT06066528); [4]ClinicalTrials.gov (NCT06176365); [5]ClinicalTrials.gov (NCT06214741); [6]ClinicalTrials.gov (NCT06077864); [7]ClinicalTrials.gov (NCT06309992).

QW=once weekly; T2D=type 2 diabetes; CVOT=cardiovascular outcomes trial; CV=cardiovascular; CVD=cardiovascular disease; CKD=chronic kidney disease; NASH=non-alcoholic steatohepatitis (now MASH – metabolic dysfunction-associated steatohepatitis).

Survodutide has shown groundbreaking potential in MASH, with ambitious Phase 3 program ongoing

Survodutide[1]	Pemvidutide[2]	Tirzepatide[3]	Semaglutide[4]	Resmetirom[5]
GCGR/GLP-1R dual agonist	GCGR/GLP-1R dual agonist	GLP-1R/GIPR dual agonist	GLP-1R agonist	THR-β agonist
Phase 2	Phase 2	Phase 2 SYNERGY-NASH	Phase 3 ESSENCE	Phase 3 MAESTRO-NASH
N=295	N=212	N=190	N=800	N=966
Week 48 F2/F3 patients	Week 24 F2/F3 patients	Week 52 F2/F3 patients	Week 72 F2/F3 patients	Week 52 F1B/F2/F3 patients



Large Phase 3 program in MASH is ongoing

LIVERAGE[6]

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[7]

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

Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally.

No head to head study has been conducted with survodutide against the other product candidates. Differences exist in study designs and conditions, and caution should be exercised when comparing data across studies.

[a]Only the maximum dose investigated in the trials is shown; [b]Paired biopsy results only; [c]Actual treatment; [d]Completer analysis; [e]Missing data imputed as placebo responders; [f]Treatment regimen estimand; [g]Treatment policy estimand; [h]Modified intent-to-treat. Sources:[1]N Engl J Med 2024;391:311-319; [2]Altimmune Press Release, June 26, 2025; [3]N Engl J Med 2024;391:299-310; [4]N Engl J Med 2025;392:2089-99; [5]N Engl J Med 2024;390:497-509; [6]ClinicalTrials.gov (NCT06632444), accessed August 2025; [7]ClinicalTrials.gov (NCT06632457), accessed August 2025.

GCGR=glucagon receptor; GLP-1R=glucagon-like peptide-1 receptor; GIPR=gastric inhibitory polypeptide receptor; MASH=metabolic dysfunction-associated steatohepatitis; FDA=Food and Drug Administration; QW=once weekly; QD=once daily.

Survodutide is backed by a global leader in CVRM R&D, manufacturing and commercial execution

ZEALAND PHARMA

Boehringer Ingelheim

Boehringer Ingelheim

Global footprint with ~54,500 employees in **130 markets**[1]

66 million patients reached in 2024[2]

EUR 26.8 billion net sales in 2024[2]

Innovation and leadership in CVRM
Jardiance: World's best selling SGLT-2 inhibitor[2,4,b]

- EUR 8.3 billion net sales in 2024[2]
- First to show CV safety and cardioprotective benefits in CVOT with glucose-lowering agent[3,b]

Key terms of survodutide licensing agreement

- ✓ BI solely responsible for development and commercialization globally
- ✓ High single-digit to low double-digit % royalties on global sales
- ✓ EUR 315 million outstanding in potential milestone payments

Boehringer Ingelheim

Survodutide is licensed to Boehringer Ingelheim from Zealand Pharma, with Boehringer solely responsible for development and commercialization globally.
[a]Jardiance is approved for the treatment of T2D, symptomatic chronic heart failure, and chronic kidney disease: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/204629s040lbl.pdf; [b]Based on FY 2024 sales (vs. Farxiga).
Sources: [1]Boehringer Ingelheim – Who we are (https://www.boehringer-ingelheim.com/about-us/who-we-are), accessed August 2025; [2]Boehringer Ingelheim 2024 Highlights (https://www.boehringer-ingelheim.com/annualreport/2024/facts-and-figures/), accessed August 2025; [3]Davies et al. (2022), Cardiovasc Diabetol. 2022 Aug 4;21:144; [4]AstraZeneca 2024 FY Report, accessed August 2025; [5]Boehringer Ingelheim Press Release, July 25, 2025.
CVRM=cardiovascular, renal and metabolic disease; R&D=research and development; T2D=type 2 diabetes; CVOT=cardiovascular outcomes trial; SGLT-2=sodium-glucose cotransporter-2.

Focused and committed to bringing our rare disease programs to patients as quickly as possible

Dasiglucagon[a]: Congenital hyperinsulinism

- Prepared to resubmit Part 1 of original NDA to the U.S. FDA for up to three weeks of treatment
- Submission of Part 2 of the original NDA for chronic treatment planned for after Part 1
- Timing of next steps contingent on third-party manufacturing facility receiving an inspection classification upgrade
- Supply contingency plan implemented, including qualification of an alternative supplier

Glepaglutide[b]: Short bowel syndrome

- Type A meeting with the U.S. FDA completed, ensuring alignment on the design of EASE-5
- Submitted a Marketing Authorization Application to the EMA in June 2025
- Expect to initiate Phase 3 trial (EASE-5) in H2 2025 to support resubmission in the U.S.

[a]The U.S. FDA issued a Complete Response Letter to Part 1 of the dasiglucagon NDA for congenital hyperinsulinism due to inspection findings at a third-party manufacturing facility that were not specific to dasiglucagon; Part 2 to be supported by additional analyses from existing CGM datasets included as a secondary outcome measure in the Phase 3 program; [b]The U.S. FDA issued a Complete Response Letter for the glepaglutide NDA for the treatment of short bowel syndrome with intestinal failure in December 2024.
NDA=New drug application; FDA=Food and Drug Administration; EMA=European Medicines Agency.

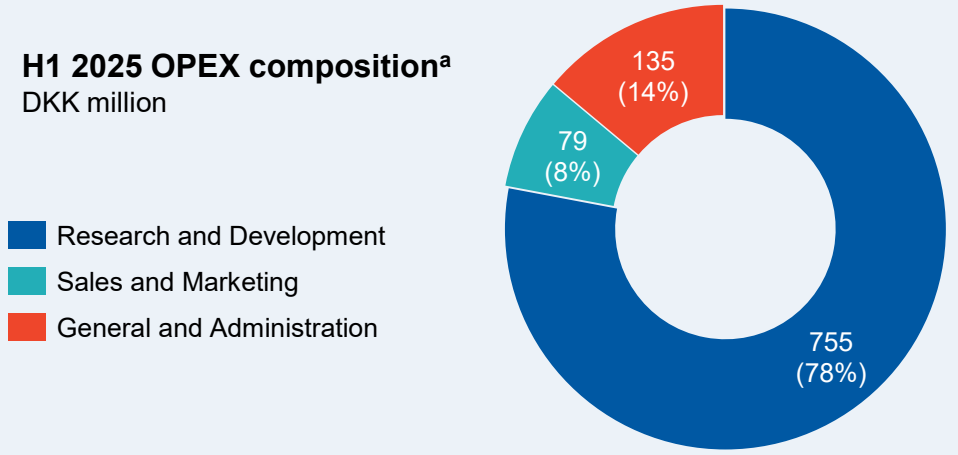
H1 2025 Profit & Loss

DKK million	H1 2025	H1 2024
Revenue	9,096.4	49.2
Gross profit	**9,095.6**	**35.1**
Research and development expenses	-754.5	-402.5
Sales and marketing expenses	-78.6	-21.7
General and administrative expenses	-134.7	-134.5
Net operating expenses	**-967.8[a]**	**-558.7**
Operating result	**8,127.8[a]**	**-523.5**
Net financial items	-157.1	-0.5
Result before tax	**7,970.7[a]**	**-524.1**
Tax	-535.9	2.7
Net result for the period	**7,434.8[a]**	**-521.4**

P&L reflecting Zealand's investments in its differentiated R&D assets and organization

- Revenue of DKK 9,096 million is driven by the initial upfront payment under the partnership agreement with Roche for petrelintide.
- R&D expenses of DKK 754 million, representing 78% of the cost base, are mainly driven by development costs for the mid-stage obesity assets, whereas S&M expenses of DKK 79 million are driven by pre-commercial activities associated with petrelintide and the rare disease assets. G&A expenses reflect strengthening of organizational capabilities, investments in IT infrastructure and legal expenses related to the patent portfolio.
- Net financial items of DKK 157 million are driven by exchange rate adjustments, partly offset by interest income from the excess liquidity invested in marketable securities.

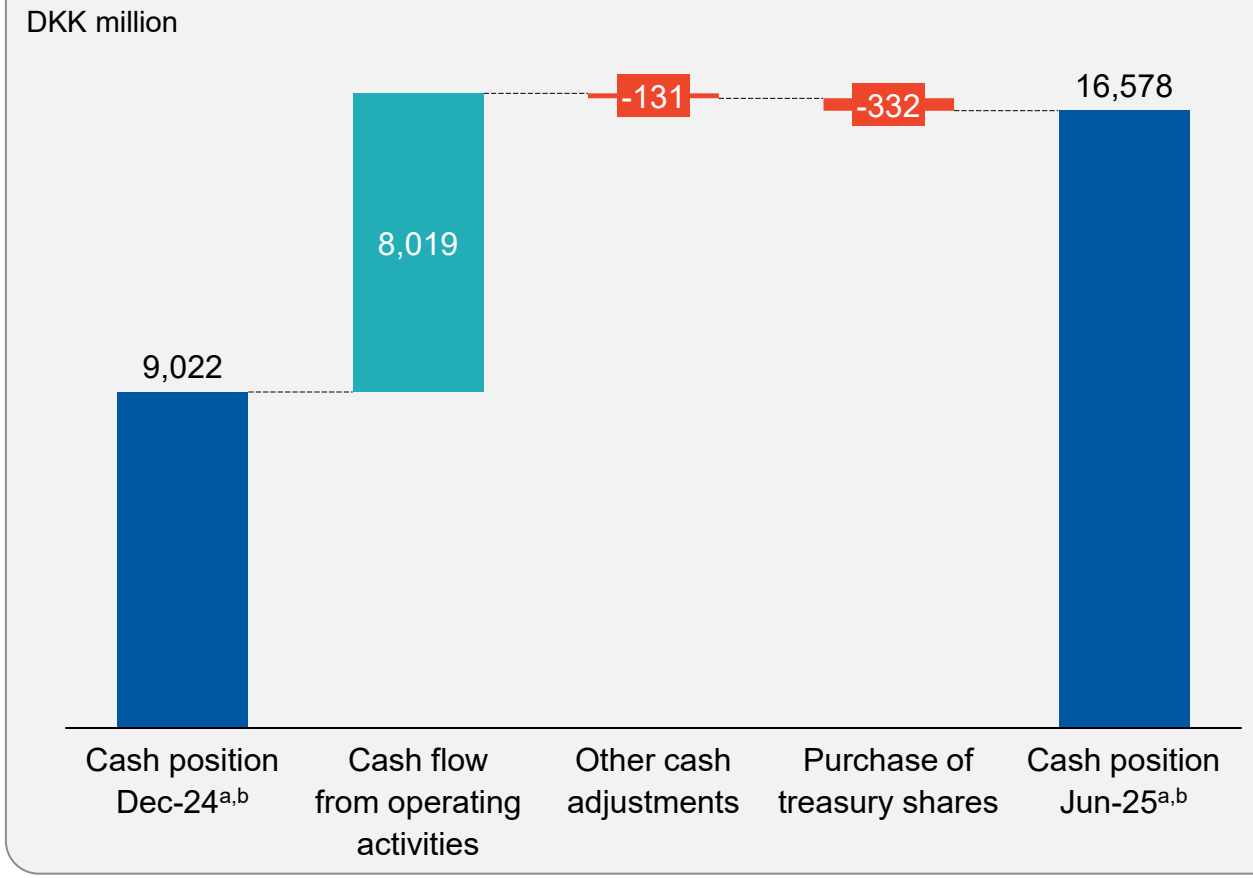
H1 2025 OPEX composition[a]
DKK million



[a]Excluding transaction-related costs of DKK 196.4 million associated with the Roche partnership agreement. Net operating expenses including transaction-related costs amount to DKK 1,164.2 million in H1 2025.

Zealand Pharma is very well-funded, providing a strong foundation ahead of major upcoming catalysts

Solid financial position with ample room for investments in the R&D pipeline



Potential near-term cash inflows

- USD 250 million in anniversary payments
- USD 1.2 billion in potential development milestones, mainly linked to initiation of Ph3 trials with petrelintide monotherapy[c]

Strong capital preparedness

- Honor cost obligations under Roche partnership for petrelintide
- Invest significantly in early-stage research pipeline targeting obesity and inflammation
- Further strengthen organizational capabilities

[a]Cash position includes cash, cash equivalents and marketable securities.
[b]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.
[c]Zealand Pharma will pay Roche USD 350 million for the contribution of CT-388 in the first combination product arising from the collaboration.
EIB = European Investment Bank.

2025 financial guidance confirmed

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

[a]Financial guidance on net operating expenses for 2025, published on February 20, 2025, is confirmed excluding transaction-related costs related to the Roche collaboration announced on March 12, 2025.
[b]Net operating expenses consist of R&D, S&M, G&A and other operating items.
Financial guidance based on foreign exchange rates as of August 13, 2025.

Major catalysts across the portfolio rapidly approaching

NON-EXHAUSTIVE

H2 2025

Dapiglutide
Initiation of Ph2 trial in obesity-related comorbidity

Glepaglutide (SBS)
Initiation of additional Ph3 trial (EASE-5)

Zealand Pharma Capital Markets Day

H1 2026

Petrelintide[a]
Topline results from Ph2 ZUPREME-1 trial

Petrelintide/CT-388[a]
Initiation of Ph2

Survodutide[b]
Topline results from Ph3 obesity trials

Glepaglutide (SBS)
Potential approval in Europe

ZP9830 (Kv1.3 Ion Channel Blocker)
Topline results from Ph1 SAD trial

H2 2026

Petrelintide[a]
Expected initiation of Ph3 program

Petrelintide[a]
Topline results from Ph2 ZUPREME-2 trial

Legend:

Obesity | Rare diseases | Inflammation

Potential partnership agreements across therapeutic areas

[a]Collaboration and license agreement with Roche for petrelintide, including co-development and co-commercialization in the U.S. and Europe.
[b]Survodutide is licensed to Boehringer Ingelheim, with Boehringer solely responsible for development and commercialization globally. Primary completion of SYNCHRONIZE™-1 and 2 is expected in H2 2025, ClinicalTrials.gov (NCT06066515; NCT06066528), accessed August 2025.
SAD=single ascending dose; SBS=short bowel syndrome.

Q&A

Zealand Pharma upcoming investor conferences

- Jefferies Healthcare Summit, Zürich, September 3
- Cantor Global Healthcare Conference, New York, September 4
- Wells Fargo Healthcare Conference, Boston, September 5
- Morgan Stanley Healthcare Conference, New York, September 10
- Bank of America World Medical Innovation Forum, Boston, September 15-17
- Bank of America Healthcare Conference, London, September 24-25
- KBC Securities Life Sciences Conference, Brussels, September 25
- Berenberg Nordic Seminar, Paris, November 6
- Jefferies Healthcare Conference, London, November 18-19
- ABG Sundal Collier Seminar, London, November 20