Q3 2024 Presentation.

Zealand Pharma

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 2024 & 2025 and Financial Guidance for 2024. 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 and the uncertainty surrounding upcoming elections in the US.

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.

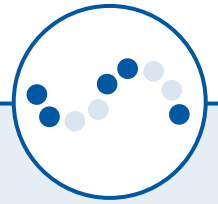
Significant progress across obesity pipeline

Petrelintide

(amylin analog)

Presented extremely encouraging weight loss and tolerability data from Phase 1b trial (MAD Part 2)[a]

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 co-morbidities

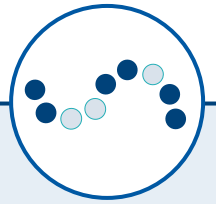
Survodutide[b]

(dual GCG/GLP-1 receptor agonist)

Boehringer Ingelheim announced BTD for survodutide in MASH and initiated two Phase 3 trials

Potential best-in-class therapy for obesity and MASH

Boehringer Ingelheim



[a]Topline results from the Phase 1b trial were announced on June 20, 2024. Detailed results were presented at ObesityWeek 2024 on November 5, 2024.
[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).
MAD=multiple ascending dose; GLP-1RA=glucagon-like peptide-1 receptor agonist; GLP-2=glucagon-like peptide-2; GCG=glucagon; MASH=metabolic dysfunction-associated steatohepatitis (formerly NASH, or nonalcoholic steatohepatitis); BTD=Breakthrough Therapy Designation

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

There is a significant unmet need for alternative treatment options with different mechanisms of action

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]

>

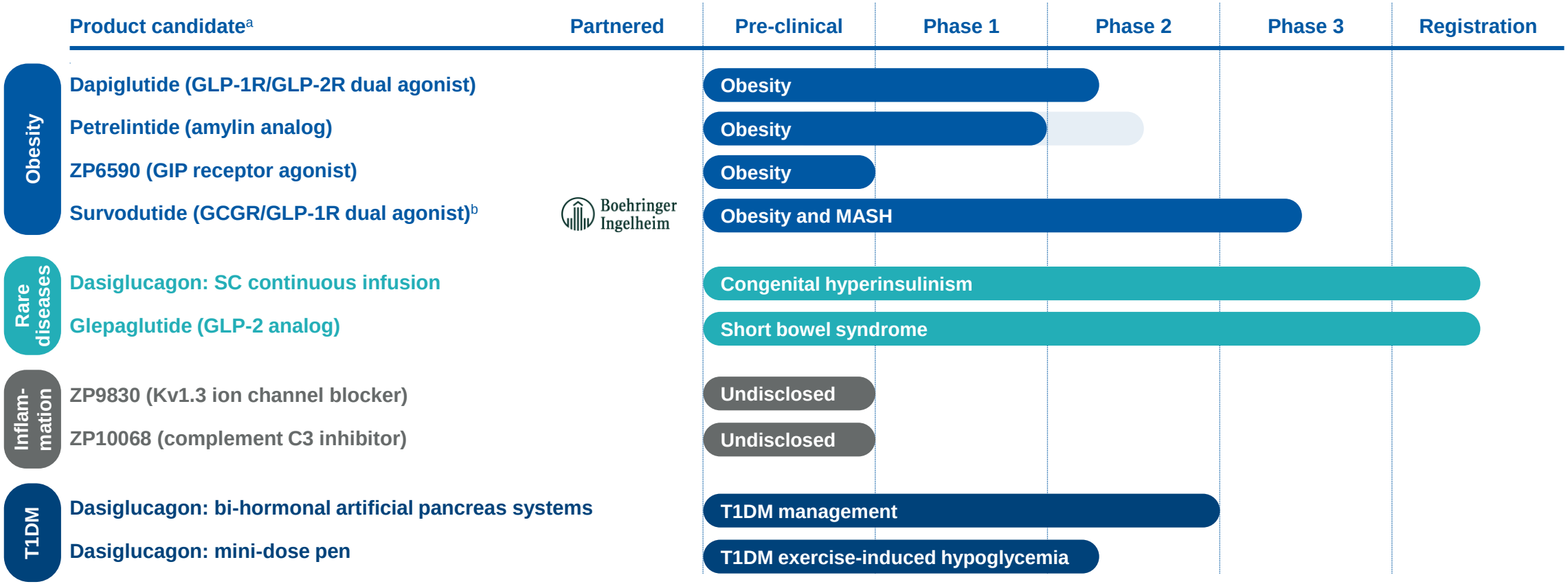
Petrelintide represents an alternative to GLP-1RA-based therapies targeting:

- **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; PwO=people with obesity; 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; T1DM=type 1 diabetes mellitus.

Design of Phase 1b MAD trial Part 2 with petrelintide

A randomized, double-blind, placebo-controlled, Phase 1b, MAD trial of petrelintide – Part 2[1,2]

Aim: to evaluate the safety, tolerability, PK and PD of multiple SC doses of petrelintide, with dose escalation

- Adults 18–64 years
- Body weight ≥70 kg
- HbA1c <6.5%
- BMI 27.0–39.9 kg/m^2

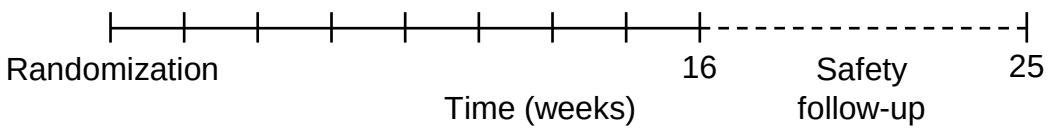
3 cohorts[a]
N=48

Dose escalation within cohorts every second week

- 1.0 2.0 4.0 6.0 7.5 9.0 (6 weeks)
- 0.6 1.2 2.4 3.6 4.8 (8 weeks)
- 0.6 1.2 2.4 mg (12 weeks)

R **3:1 versus placebo**

16 weeks treatment + 9 weeks follow-up



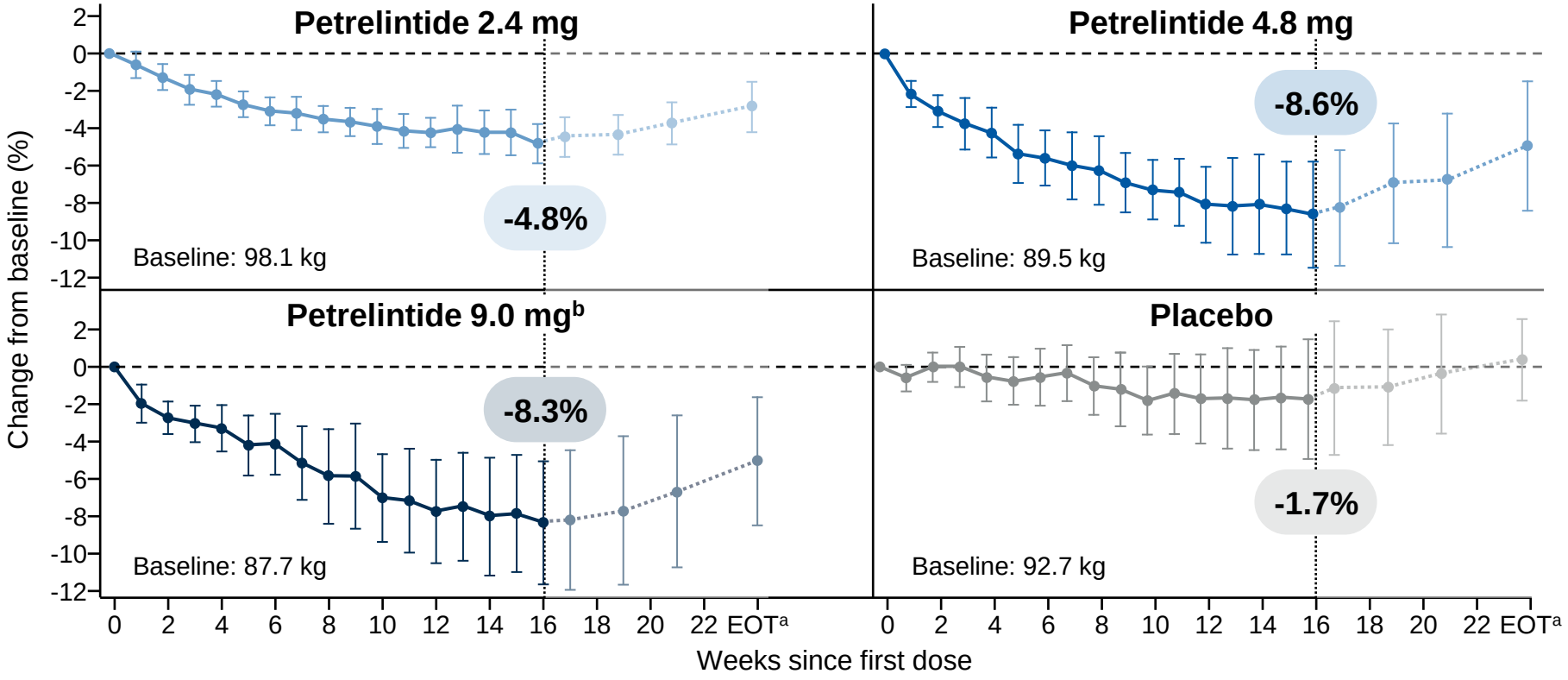
Primary endpoint:
- Incidence of TEAEs

Key secondary endpoints:
- PK parameters of petrelintide
- PD parameters related to an MTM
- Body weight related endpoints

[a]Safety evaluation occurred after 4 weeks of treatment at the target dose for each cohort.[2] Initiation of the next, higher dose cohort only occurred following safety evaluation for the previous cohort.[2]
Sources: 1. ClinicalTrials.gov (NCT05613387), accessed October 2024; 2. Data on file.
BMI=body mass index; HbA1c=glycated hemoglobin; MAD=multiple ascending dose; MTM=mixed test meal; PD=pharmacodynamics; PK=pharmacokinetics; SC=subcutaneous; TEAE=treatment-emergent adverse event.

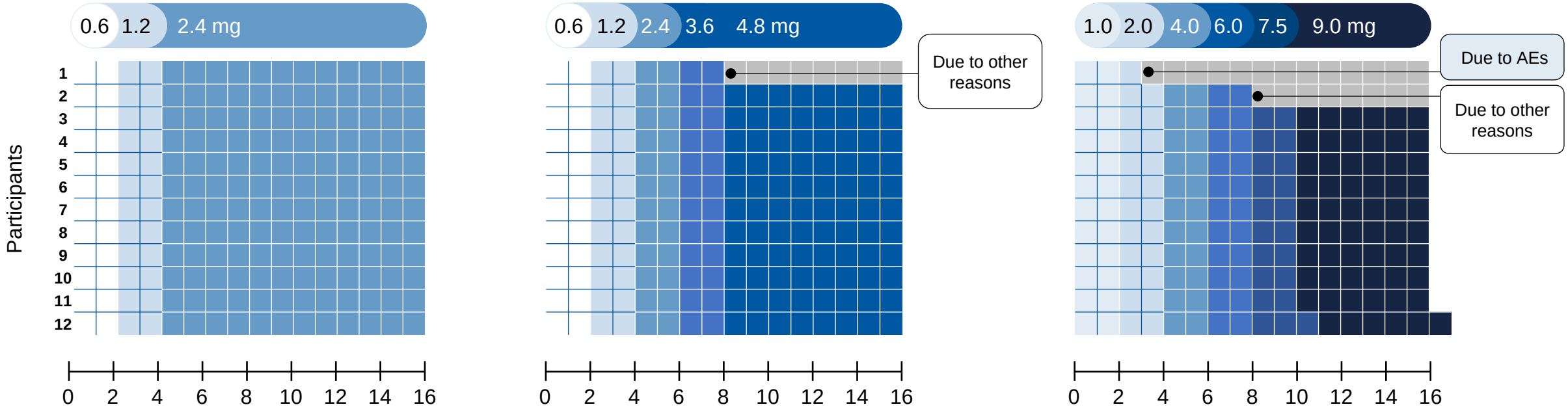
Substantial weight loss was observed with petrelintide at 16 weeks in the Phase 1b MAD trial Part 2

Observed mean (95% CI) percent change from baseline in body weight



[a]EOT includes measurements at the EOT visit, performed at 24 or 25 weeks after dosing, and also performed for participants discontinuing treatment early.
[b]One participant had one extra week at 7.5 mg, and thereby only five weeks on maintenance dose at Week 16. After Week 16, this participant is included with weeks after last dosing.
Source: Data on file. Data presented at ObesityWeek 2024 in San Antonio, Texas.
CI=confidence interval; EOT=end of trial; MAD=multiple ascending dose

High levels of study treatment completion and adherence with dose escalation within cohorts

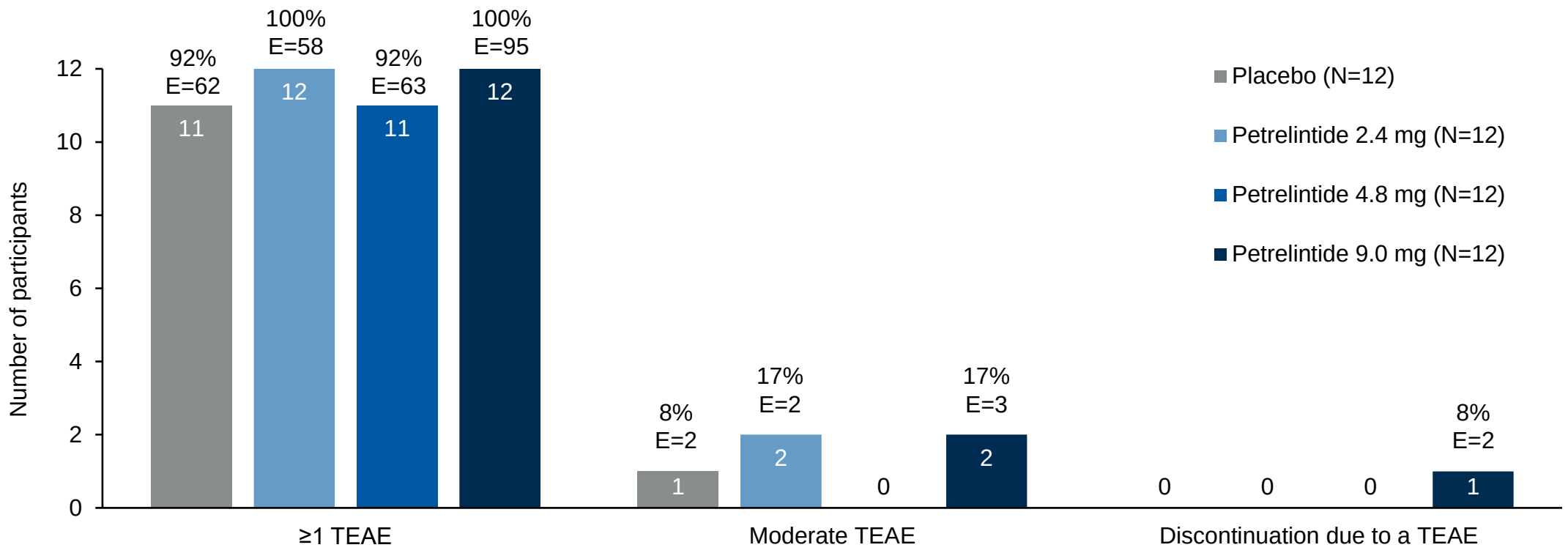


- **Three participants discontinued** petrelintide: one due to AEs, one to focus on recovery from a cold, and one due to personal reasons
- One participant in the 9.0 mg arm had **an extra week at 7.5 mg** (due to tolerability)
- The remaining participants followed dose escalation steps within cohorts

Source: Data on file. Data presented at ObesityWeek 2024 in San Antonio, Texas.
AE=adverse event.

Vast majority of TEAEs reported by petrelintide-treated patients were mild

Only one petrelintide-treated participant discontinued treatment due to TEAEs

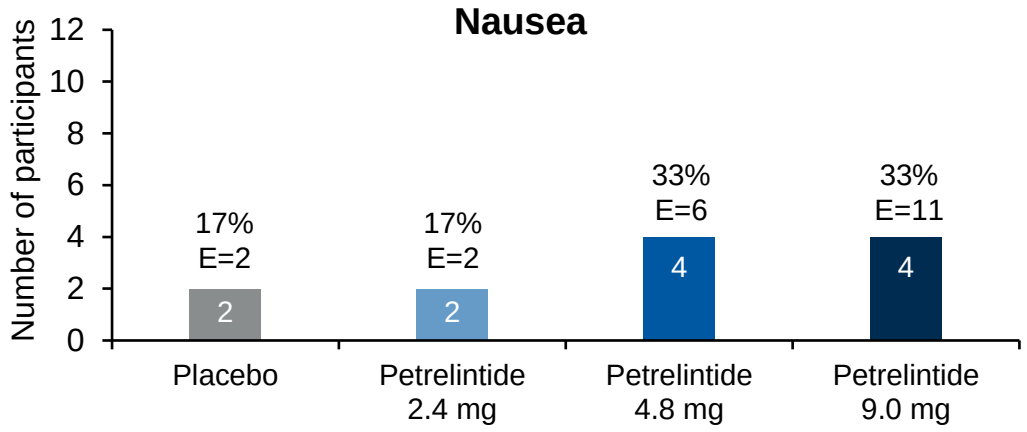


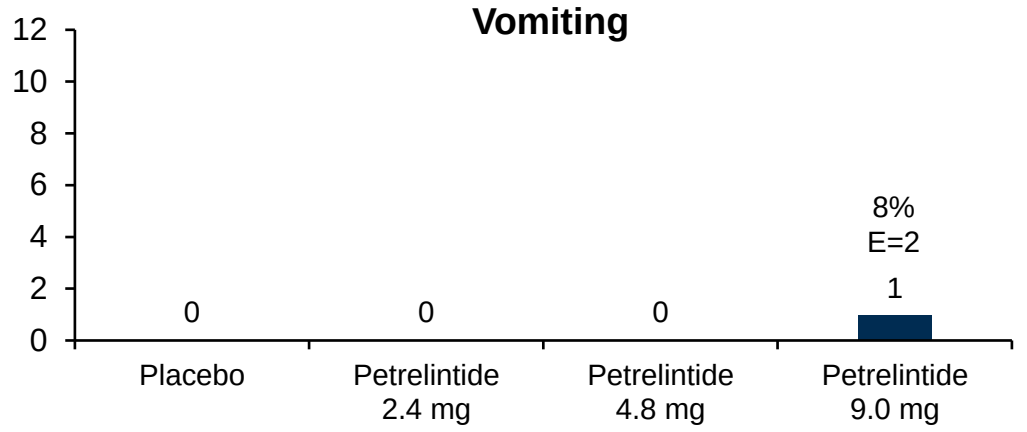
No serious or severe TEAEs were reported

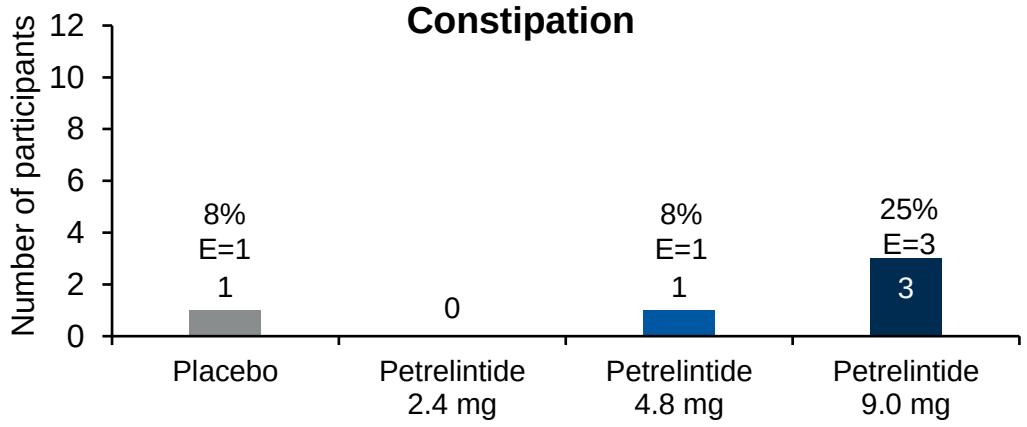
Source: Data on file. Data presented at ObesityWeek 2024 in San Antonio, Texas.
5 moderate AEs reported by petrelintide exposed participants: nausea, vomiting, nasopharyngitis, acute sinusitis, back pain
E=number of events; N=number of participants; TEAE=treatment-emergent adverse event.

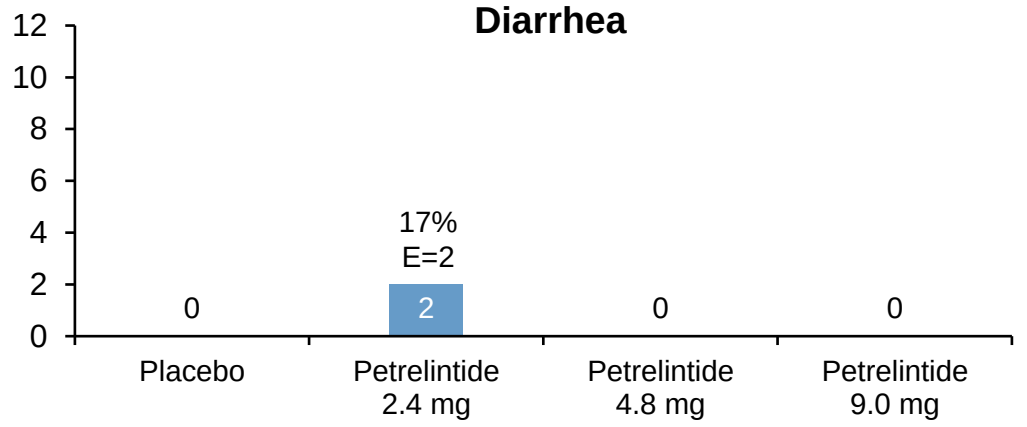
Petrelintide treatment appeared safe and was well-tolerated at all dose levels in the 16-week trial

All GI TEAEs were mild, except for one event of moderate nausea and moderate vomiting in one participant







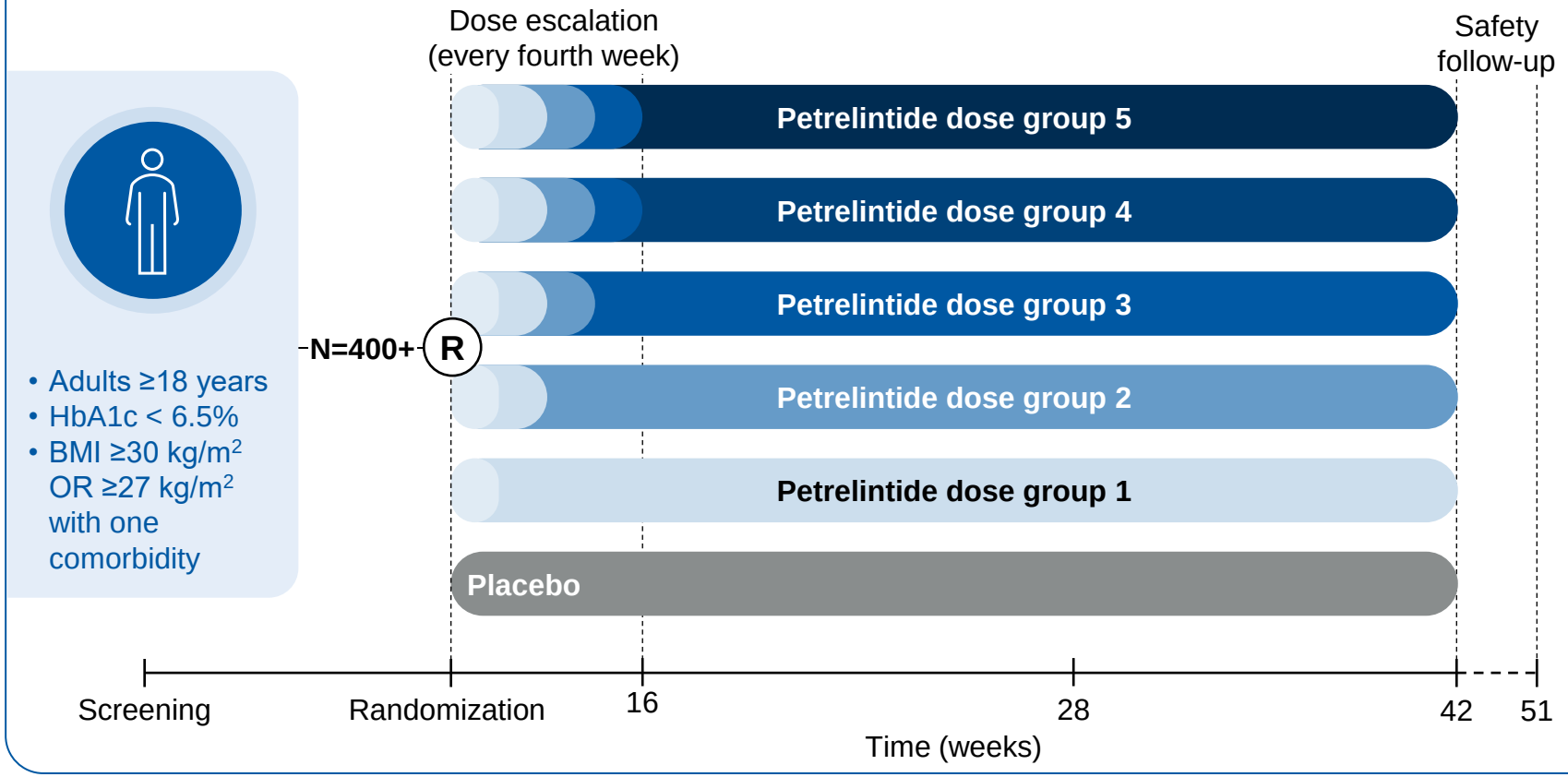


Source: Data on file. Data presented at ObesityWeek 2024 in San Antonio, Texas.
N=12 in each treatment group.
E=number of events; TEAE=treatment-emergent adverse event; GI=Gastrointestinal

Continuing development of petrelintide as monotherapy through a comprehensive Phase 2b trial

A randomized, double-blind, placebo-controlled, Phase 2b trial with petrelintide to be initiated in Q4 2024

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 after 28 weeks

Secondary/exploratory endpoints:

- Absolute change in body weight
- Percentage change in body weight after 42 weeks
- Categorical weight loss (≥5% and ≥10%)
- Change in waist circumference
- Body composition (MRI)[a]
- Inflammation biomarkers

Source: Data on file.
BMI=body mass index; HbA1c=glycated hemoglobin; MRI=magnetic resonance imaging

Placebo-adjusted mean weight loss of up to 8.3% with dapiglutide in 13-week Part 1 of Phase 1b trial

The 13-week Phase 1b trial evaluated higher doses of dapiglutide than prior clinical trials[a]

Placebo-adjusted weight loss of up to a mean of **8.3% after 13 weeks**

- Total of 54 participants, **85% male** with a median baseline **BMI of 30.0 kg/m²**
- **No lifestyle modifications**, such as diet or exercise, were included in trial

- Dapiglutide up to 13 mg assessed to be **safe and well-tolerated** with GI AEs consistent with profile of incretin-based therapies
- **Two participants** out of 54 **discontinued treatment due to GI AEs**

Next steps include topline results from 28-week trial and initiation of Phase 2b trial

- Part 2 of the Phase 1b trial includes a **higher dose cohort (up to 26 mg)** with **28 weeks treatment** using **monthly dose escalation**
- Topline results expected in H1 2025

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

[a]DREAM, an investigator-led mechanistic trial with dapiglutide: ClinicalTrials.gov (NCT05788601), and the 4-week Phase 1a clinical trial: ClinicalTrials.gov (NCT04612517).
BMI=body mass index; GI=gastrointestinal; AE=adverse event.

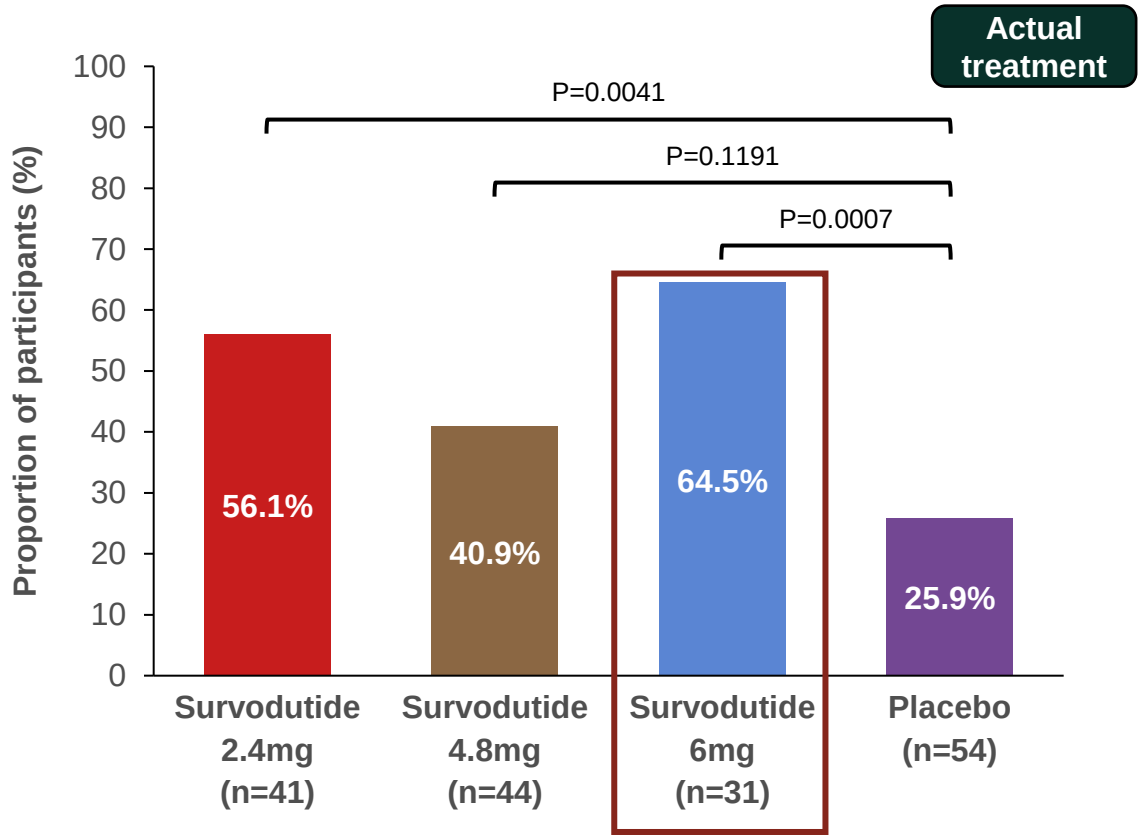
Survodutide[a] GCG/GLP-1 receptor dual agonist shows best-in-class potential in MASH Phase 2 trial

Phase 2 biopsy-driven trial in people with MASH[1]

- Participants showing **improvement in MASH** without worsening of fibrosis (stages F1-F3): **83.0% with survodutide** vs 18.2% with placebo (p<0.0001)
- Participants showing **improvement in liver fibrosis** with no worsening of MASH (stages F2-F3): **64.5% with survodutide** vs 25.9% with placebo (p=0.0007)
- Survodutide treatment **did not show unexpected safety or tolerability issues**, including at the higher dose of 6.0 mg
- Boehringer received **U.S. FDA BTD for survodutide** in MASH and fibrosis (stages F2-F3), and **launched two Phase 3 trials**[3] in MASH for survodutide

Improvement in liver fibrosis with no worsening of MASH

Paired biopsy results (F2/F3)[2]



[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.

MASH= metabolic dysfunction-associated steatohepatitis (formerly NASH=non-alcoholic steatohepatitis); CI=confidence interval; QW=once-weekly; GCG=glucagon; GLP-1=glucagon-like peptide-1; BTD= Breakthrough Therapy Designation

Phase 3 program with survodutide in MASH has been initiated

	Inclusion criteria	Study design	Primary endpoint
LIVERAGE™ 1 Efficacy and safety in patients with MASH and fibrosis (F2/F3)	• Diagnosis of MASH[a] and biopsy-proven fibrosis stage F2-F3 ***Granted Breakthrough Therapy Designation by the U.S. FDA[2]***	• N=1,800 • 1:1 ratio (6.0 mg or placebo) • Trial duration - Part 1: 52 weeks - Part 2: Up to 7 years	Part 1: 52 weeks • 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[3] Efficacy and safety in patients with MASH and cirrhosis (F4)	• Diagnosed compensated MASH cirrhosis[b]	• N=1,590 • 1:1 ratio (6.0 mg or placebo) • Trial duration: Up to 4.5 years	• Time to first occurrence of liver-related events or all-cause mortality

[a]MASH diagnosis defined by a NAS score≥4, with at least 1 point in inflammation and ballooning each. [b]Diagnosed according to modified Liver Forum criteria (Noureddin et al, Gastroenterology 2020;159:422-427)
Inclusion criteria for both trials include age ≥18 years. Further inclusion criteria apply.
Liver-related events include progression to cirrhosis (LIVERAGE), liver transplant, hepatic decompensation event(s), worsening of MELD score to ≥15, and progression to CSPH
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Sources: 1. LIVERAGE. ClinicalTrials.gov (NCT06632444), accessed October 2024; 2 Boehringer Ingelheim press release October 8, 2024; 3. LIVERAGE-Cirrhosis. ClinicalTrials.gov (NCT06632457), accessed October 2024;
N=number of participants; BMI=body mass index; MASH = metabolic-associated steatohepatitis; MELD = Model for End-stage Liver Disease; CSPH = clinically significant portal hypertension

Regulatory status in the US for our rare disease programs

Dasiglucagon in CHI: Regulatory submissions expected in Q4 2024

- Glucagon receptor agonist designed to allow for **continuous subcutaneous infusion via a wearable pump system**[a]
- **Due to the timing of a third-party manufacturing facility reinspection**, the U.S. FDA issued a CRL for dasiglucagon in CHI for up to three weeks of dosing[b].
- **Zealand expects to resubmit Part 1 of NDA** related to dosing of up to three weeks by the end of 2024
- **Zealand expects to submit Part 2 of NDA** related to dosing beyond three weeks by the end of 2024[b]

Glepaglutide in SBS-IF: PDUFA date December 22, 2024

- GLP-2 receptor agonist designed to be administered in **ready-to-use auto-injector** with needle protection
- **Late-cycle meeting** with US FDA **completed**

[a]Zealand Pharma has entered a collaborative development and supply agreement with DEKA Research & Development Corporation and affiliates for infusion pump system.
[b]FDA issued a Complete Response Letter (CRL) to Part 1 of the NDA 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.
CHI=congenital hyperinsulinism; SBS-IF=short bowel syndrome with intestinal failure; NDA=new drug application; PDUFA=Prescription Drug User Fee Act; FDA=Food and Drug Administration; CGM=continuous glucose monitoring; GLP-2=glucagon-like peptide-2; CRL=complete response letter

Near-term commercial opportunities through rare disease franchise

Congenital hyperinsulinism (CHI)

- **Ultra-rare disease** in newborns and children
- CHI can cause serious episodes of hypoglycemia
- >50% of CHI patients may be unresponsive to current treatment options[1]
- Focus is on **bringing the product to patients as quickly as possible**
- Preparing for **U.S. launch in 1H 2025** contingent on regulatory approval
  - Growing **commercialization capabilities** prior to potential FDA approval
  - All effort is focused on setting up the necessary architecture to **serve** the **patients** in the best way possible

Short bowel syndrome (SBS)

- **Rare disease** resulting in impaired intestinal absorptive capacity, resulting in dependency on **parenteral support**[2,3]
- One product is marketed for the disease, but many **patients** remain uncontrolled and **untreated**
- **Unmet need** for improved treatment options which may allow patients the potential to **ease the burden** of complex disease management[4]
- Undertaking **pre-commercial activities** to enable launch post approval
  - Evaluated **market dynamics**
  - Established **brand** and **go-to-market strategy**
  - Remain focused on finding a **partner** to **maximize the opportunity**

Sources: 1. Yorifuji et al. Clin Pediatr Endocrinol 2017;26(3):127-152; 2. Jeppesen P., Expert Opinion on Orphan Drugs; 1:515-25, 2013; 3. Pironi, L, et al. Definitions of intestinal failure and the short bowel syndrome. Best Practice & Research Clinical Gastroenterology. 30(2), 173-185 (2016); 4. Cueda C et al. ESPEN Practical Guideline: clinical nutrition in chronic intestinal failure. Clin Nutrition 40; 5196-5120 (2021);
Dasiglucagon and glepaglutide are investigational compounds whose safety and efficacy have not been evaluated or approved by the FDA or any other regulatory authority.

Opportunity for establishing a new foundational therapy for weight management

Clear societal impact

The obesity pandemic represents **the greatest healthcare challenge of our time**

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

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

Unmet needs today

~2%

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

Up to **30%** of patients with obesity **discontinue GLP-1RA treatment** within **1 month**[3]

More than **80% of** patients **discussed how to maintain muscle** or **address muscle loss**[4]

Opportunities

Patient perceptive

~2/3 of adults want to **lose up to 20%** of current weight[4]

More than **50%** of patients are **NOT willing to accept GI AEs**, including nausea, vomiting and diarrhea[5]

PCP perspective

Limited time for patients and **no time for follow-ups** + **limited knowledge** of weight management **result in call backs**

Sources: 1. World Obesity Atlas 2024; 2. Novo Nordisk H1 2024 Investor Presentation: https://investor.novonordisk.com/q2-2024-presentation/?page=45.; 3. Blue Health Intelligence. Real-world trends in GLP-1 treatment persistence and prescribing for weight management. May 2024; LifeSci Capital Survey May 2024 (N=4995); 4. Bloomberg Intelligence – Obesity Prescriber Survey, April 2024 (N=100); 5. Kmodo Claims Database (2023);
HCP=healthcare professional; GLP-1RA=glucagon-like peptide-1 receptor agonist; WL=weight loss; NCD=non-communicable diseases; AOM =Anti-obesity market; GI AEs=gastrointestinal adverse events

The target product profile of petrelintide holds potential to address the needs of patients and HCPs

ZEALAND PHARMA

Establishing petrelintide as the future foundational therapy for weight management

Target product profile:	Market benefit:
1 GLP-1RA-like weight loss (~15-20%)	Vast majority of patients seek weight loss of 10-20%
2 Significantly improved GI tolerability profile	Lower frequency and severity of GI AEs
3 Potential for higher quality of weight loss	Potential to preserve lean muscle mass
4 Unique MoA (satiety)	Potential for better patient experience (“feeling better”) with ability to eat but feel full (no “food aversion”)
5 Simplicity	Sweet spot for PCPs (fewer call-backs)

HCP=healthcare professional; GLP-1RA=glucagon-like peptide-1 receptor agonist; GI=gastrointestinal; MoA=mechanism of action; AE=adverse event; PCP=primary care physician.

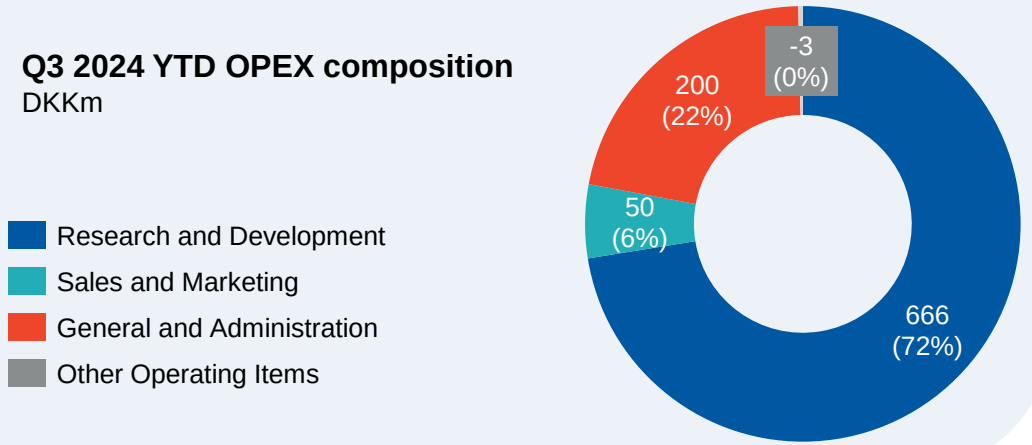
Q3 2024 YTD Profit & Loss

DKK million	Q3-24 YTD	Q3-23 YTD
Revenue	53.6	319.6
Cost of goods sold	-7.5	-5.2
Gross profit	**46.2**	**314.4**
Research and development expenses	-665.9	-494.7
Sales and marketing expenses	-50.2	-17.8
General and administrative expenses	-199.8	-134.4
Other operating Items	-3.1	13.8
Net operating expenses	**-919.1**	**-633.2**
Operating result	**-872.9**	**-318.8**
Net financial items	81.1	-124.8
Result before tax	**-791.8**	**-443.5**
Tax	4.0	4.6
Net result for the period	**-787.8**	**-439.0**

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

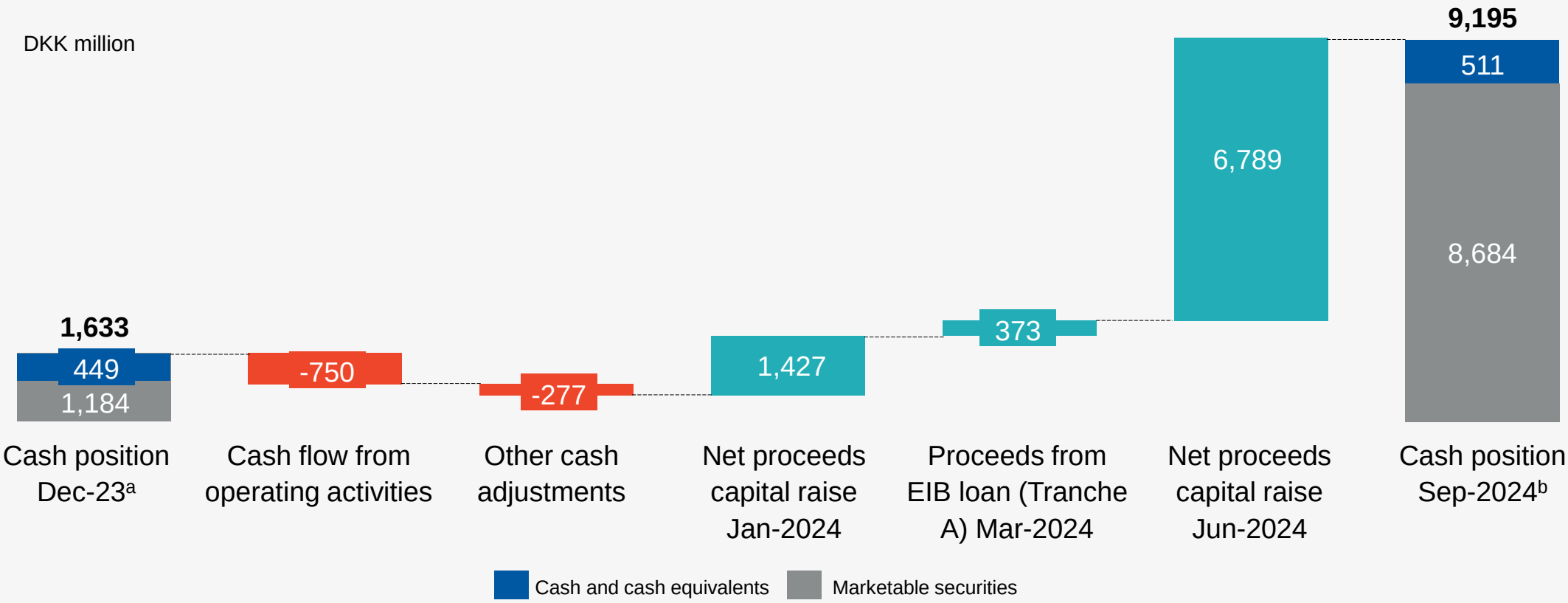
- Revenue of DKK 54 million is mainly driven by the license and development agreement with Novo Nordisk for Zegalogue®.
- Total operating expenses of DKK 919 million are higher than last year, primarily driven by the increase in R&D expenses due to clinical advancement of the obesity pipeline and activities supporting the regulatory review by the US FDA of the late-stage rare disease assets. S&M expenses are mainly driven by pre-commercial activities for the rare disease assets while the increase in G&A expenses reflect additional legal expenses related to our patent portfolio and strengthening of organizational capabilities.
- Net financial items of DKK 81 million are mainly driven by interest income from marketable securities.

Q3 2024 YTD OPEX composition
DKKm



Strong cash position of DKK 9.2 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]The EUR 50 million Tranche A of the EIB loan facility was disbursed in March 2024. [b]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.
EIB = European Investment Bank

2024 financial guidance

DKK million	2024 Guidance	2023 Actuals
Revenue anticipated from existing and new license and partnership agreements	No guidance due to uncertain size and timing	343
Net operating expenses[a]	1,250 – 1,350	896

[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 November 7, 2024.

Exciting news flow with many potential catalysts expected in the near term

NON-EXHAUSTIVE

Q4 2024

Petrelintide
Initiate Phase 2b trial (overweight/obesity without T2D)

Dasiglucagon (CHI)
Resubmit Part 1 of NDA to US FDA

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

Glepaglutide (SBS)
Gain US regulatory NDA decision

ZP9830 (Kv1.3 Ion Channel Blocker)
Initiate first-in-human clinical trialsre

H1 2025

Petrelintide
Complete enrollment in Phase 2b trial (overweight/obesity without T2D)

Petrelintide
Initiate Phase 2b trial (overweight/obesity with T2D)

Dapiglutide
Report topline results from Part 2 of Phase 1b dose-titration trial (28wks)

Dapiglutide
Initiate Phase 2b trial (overweight/obesity)

Dapiglutide
Present results from Phase 1b dose-titration trial

Dasiglucagon (CHI)
Gain US regulatory decision for Part 1 and 2 of NDA

Legend:

Obesity | Rare diseases | Inflammation

Potential partnership agreements across therapeutic areas

MASH=metabolic dysfunction-associated steatohepatitis (formerly NASH=non-alcoholic steatohepatitis); NDA=new drug application; FDA=Food and Drug Administration.

Q&A

Q3 2024
November 7, 2024