

Diabetes care

CMD24
CAPITAL MARKETS DAY

7 MARCH



Camilla Sylvest
EVP Commercial Strategy and Corporate Affairs



Doug Langa
EVP North America Operations



Mike Doustdar
EVP International Operations



Martin Holst Lange
EVP Development

ANNE SOFIE WEEKES HALD AND DAUGHTER
Anne Sofie lives with type 1 diabetes
Denmark

Forward-looking statements

Novo Nordisk's reports filed with or furnished to the US Securities and Exchange Commission (SEC), including the statutory Annual Report 2023 and Form 20-F, which both were filed with the SEC in January 2024 in continuation of the publication of the Annual Report 2023, this presentation, and written information released, or oral statements made, to the public in the future by or on behalf of Novo Nordisk, may contain forward-looking statements. Words such as 'believe', 'expect', 'may', 'will', 'plan', 'strategy', 'prospect', 'foresee', 'estimate', 'project', 'anticipate', 'can', 'intend', 'target' and other words and terms of similar meaning in connection with any discussion of future operating or financial performance identify forward-looking statements. Examples of such forward-looking statements include, but are not limited to:

- Statements of targets, plans, objectives or goals for future operations, including those related to Novo Nordisk's products, product research, product development, product introductions and product approvals as well as cooperation in relation thereto,
- Statements containing projections of or targets for revenues, costs, income (or loss), earnings per share, capital expenditures, dividends, capital structure, net financials and other financial measures,
- Statements regarding future economic performance, future actions and outcome of contingencies such as legal proceedings, and
- Statements regarding the assumptions underlying or relating to such statements.

These statements are based on current plans, estimates and projections. By their very nature, forward-looking statements involve inherent risks and uncertainties, both general and specific. Novo Nordisk cautions that a number of important factors, including those described in this presentation, could cause actual results to differ materially from those contemplated in any forward-looking statements.

Factors that may affect future results include, but are not limited to, global as well as local political and economic conditions, such as interest rate and currency exchange rate fluctuations, delay or failure of projects related to research and/or development, unplanned loss of patents, interruptions of supplies and production, including as a result of interruptions or delays affecting supply chains on which Novo Nordisk relies, shortages of supplies, including energy supplies, product recalls, unexpected contract breaches or terminations, government- mandated or market-driven price decreases for Novo Nordisk's products, introduction of competing products, reliance on information technology including the risk of cybersecurity breaches, Novo Nordisk's ability to successfully market current and new products, exposure to product liability and legal proceedings and investigations, changes in governmental laws and related interpretation thereof, including on reimbursement, intellectual property protection and regulatory controls on testing, approval, manufacturing and marketing, perceived or actual failure to adhere to ethical marketing practices, investments in and divestitures of domestic and foreign companies, unexpected growth in costs and expenses, strikes and other labour market disputes, failure to recruit and retain the right employees, failure to maintain a culture of compliance, epidemics, pandemics or other public health crises, the effects of domestic or international crises, civil unrest, war or other conflict and factors related to the foregoing matters and other factors not specifically identified herein.

For an overview of some, but not all, of the risks that could adversely affect Novo Nordisk's results or the accuracy of forward-looking statements in the Annual Report 2023, reference is made to the overview of risk factors in 'Risk Management' of the Annual Report 2023.

Unless required by law, Novo Nordisk has no duty and undertakes no obligation to update or revise any forward-looking statement after the distribution of the Annual Report 2023, whether as a result of new information, future events, or otherwise.

Important drug information

Victoza® and Ozempic® are approved for the management of type 2 diabetes only
Saxenda® and Wegovy® are approved for the treatment of obesity only

Strategic aspirations 2025



Purpose and sustainability (ESG)

- Progress towards zero environmental impact
- Being respected for adding value to society
- Being recognised as a sustainable employer



Innovation and therapeutic focus

- **Further raise the innovation bar for diabetes treatment**
- Develop a leading portfolio of superior treatment solutions for obesity
- Strengthen and progress the Rare disease pipeline
- Establish presence in Cardiovascular & emerging therapy areas



Commercial execution

- **Strengthen Diabetes leadership - aim at global value market share of more than 1/3**
- More than 25 billion DKK in Obesity sales by 2025
- Secure a sustained growth outlook for Rare disease

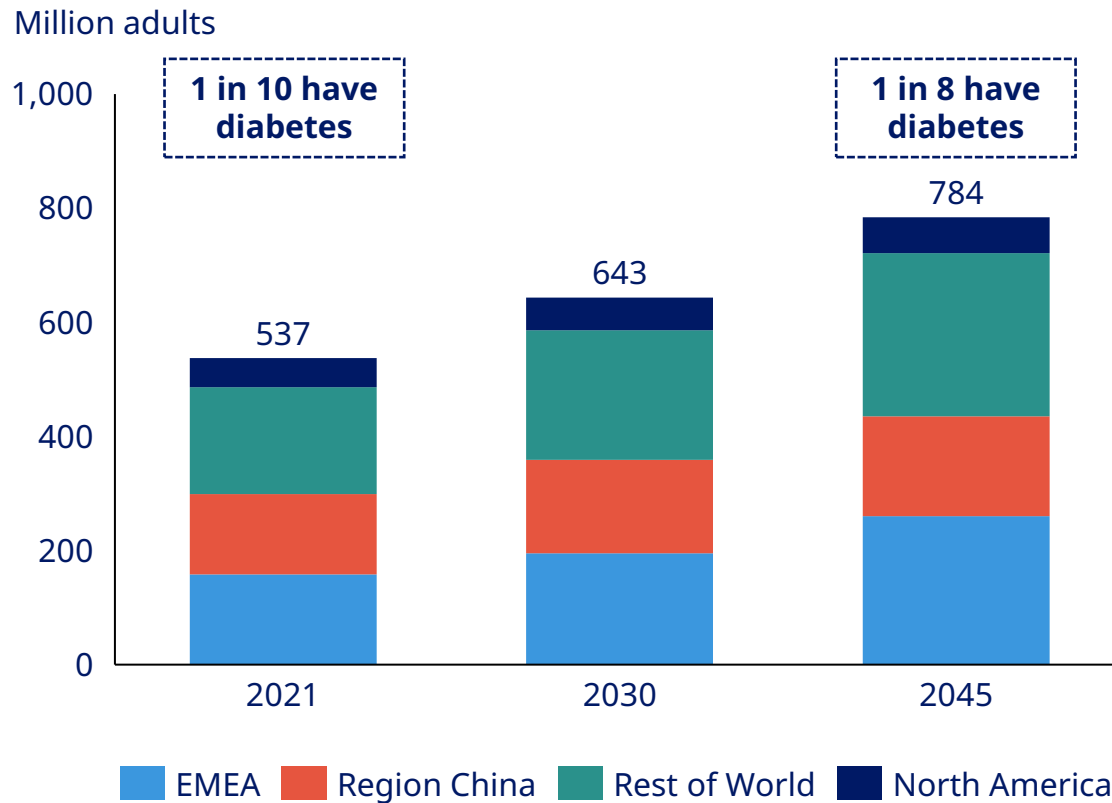


Financials

- Deliver solid sales and operating profit growth
- Drive operational efficiencies across the value chain to enable investments in future growth assets
- Deliver free cash flow to enable attractive capital allocation to shareholders

Diabetes is a serious chronic disease with increasing prevalence

In 2045, 784 million adults are expected to live with diabetes



T2D is associated with multiple comorbidities and mortality¹



Mortality:
8 years shorter life expectancy



Cardiovascular disease:
>30% people with T2D affected



Chronic kidney disease:
up to ~40% of people with T2D affected²

¹ADA. Diabetes Care 2022;45:S1-S264; ²Cosentino F, et al. EJM 2020;41(2):255-323

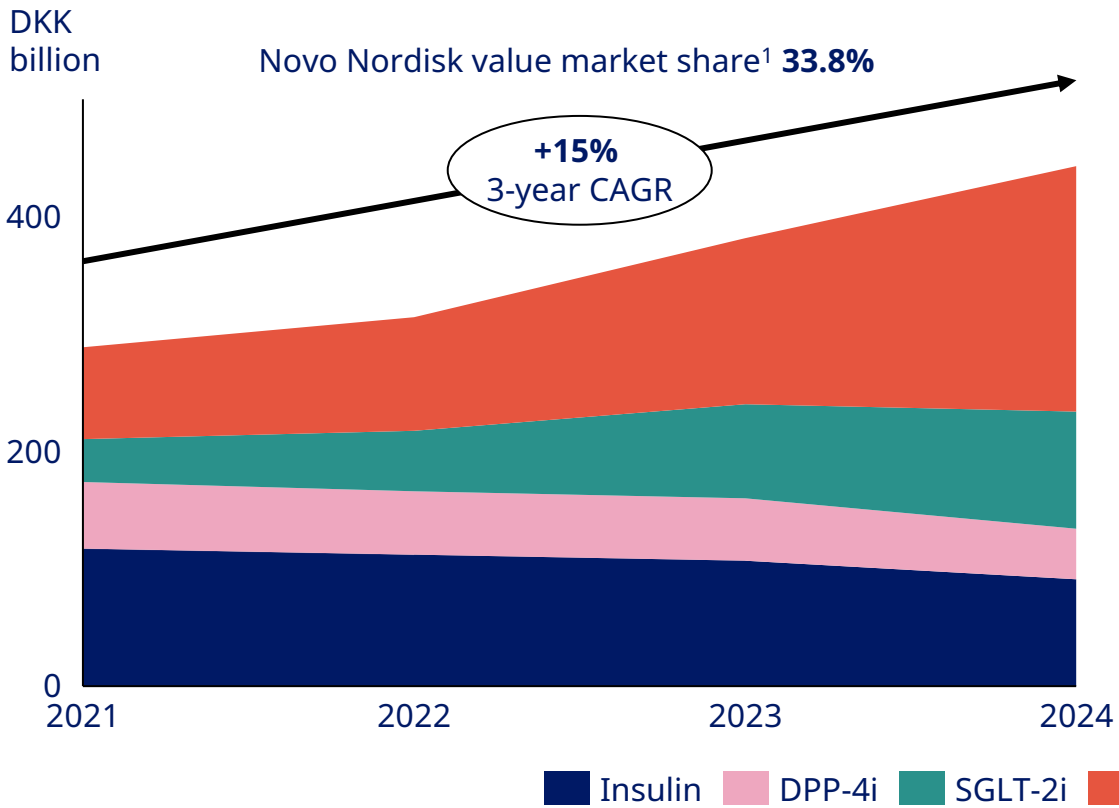
EMEA: Europe, the Middle East and Africa; T2D: Type 2 diabetes

Note: Region China is based on the Western Pacific number from the Diabetes Atlas, i.e. also includes Australia which in NN's regions belongs to Rest of World

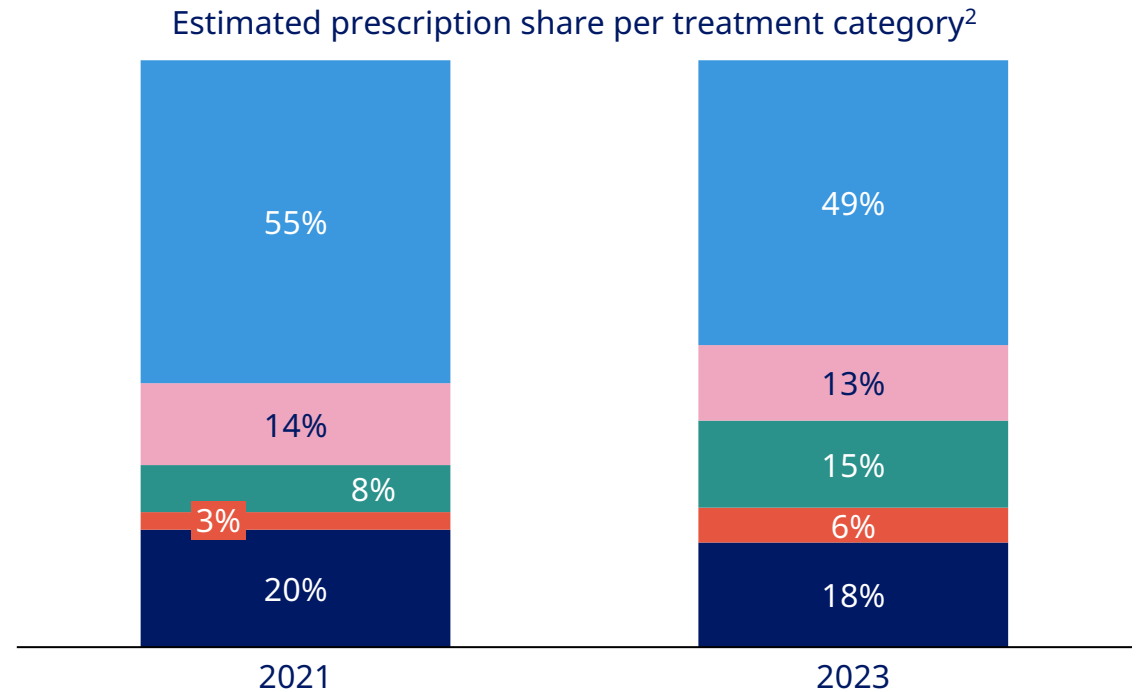
Source: Diabetes Atlas 10th edition, 2021

Novo Nordisk is the global leader in the growing diabetes market

Global diabetes care reported sales



Volume growing ~5% with more people using GLP-1s and SGLT-2is



¹Based on IQVIA MAT, Dec 2023; ²2023 does not add to 100% due to rounding
 CAGR: Compound annual growth rate; DPP-4i: Dipeptidyl peptidase 4 inhibitor; OAD: Oral anti-diabetic; SGLT-2i: sodium-glucose co-transporter-2 inhibitor; SU: Sulfonylurea; Trad.: Traditional; TZD: Thiazolidinedione
 Note: GLP-1 + basal insulin combination sales are included in insulin; Traditional OADs include metformin, SU and TZDs
 Source: Company reported sales for insulin, GLP-1, SGLT-2i and DPP-4i, 2023 vs 2022; Estimated patient share, IQVIA MAT, Dec 2023

Innovation is the focus for strengthening leadership in diabetes

Approach to diabetes innovation











Expand focus beyond HbA_{1c} to cardiometabolic and renal outcomes



Continue exploring preventative and curative treatments

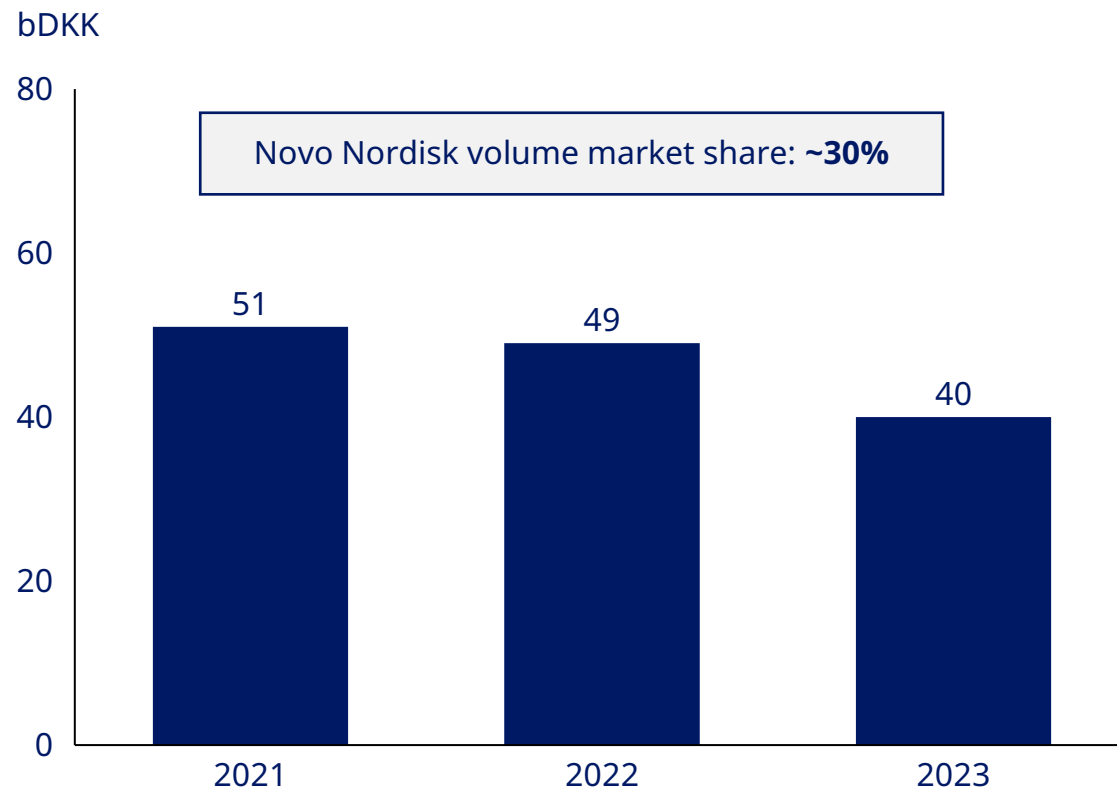
Novo Nordisk's product portfolio covers all three treatment segments

	Oral anti-diabetic	Injectable GLP-1	Insulins
Key products	 semaglutide tablets	 semaglutide injection	 Once-weekly insulin
Mature products		 liraglutide injection	 insulin degludec (rDNA origin) injection  fast-acting insulin aspart  
Pipeline ²	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Oral semaglutide 25/50 mg</div> <div style="border: 1px solid black; padding: 5px;">Oral amycretin</div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">CagriSema</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Sc amycretin</div> <div style="border: 1px solid black; padding: 5px;">OW GLP-1/GIP</div>	<div style="border: 1px solid black; padding: 5px;">IcoSema</div>

¹Currently under regulatory approval; ²Pipeline references phase 2 ready and phase 3 assets
 GIP: Gastric inhibitory polypeptide; OW: Once-weekly; HbA_{1c}: Haemoglobin A_{1c}; Sc: Subcutaneous

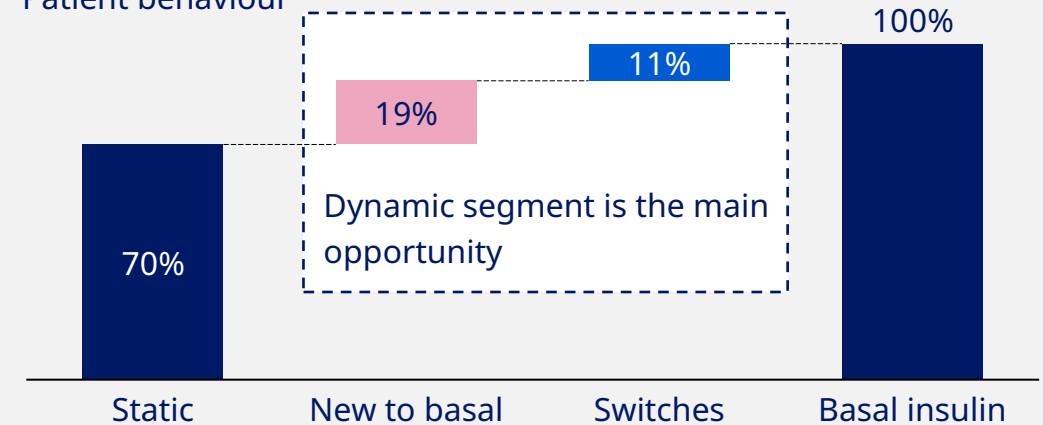
Insulin icodec holds potential to be the insulin of choice for people living with type 2 diabetes starting basal insulin treatment

Today's global basal insulin market is sizeable



The opportunity for insulin icodec

Patient behaviour



Insulin icodec reduces basal insulin inj. from 7 to 1 per week



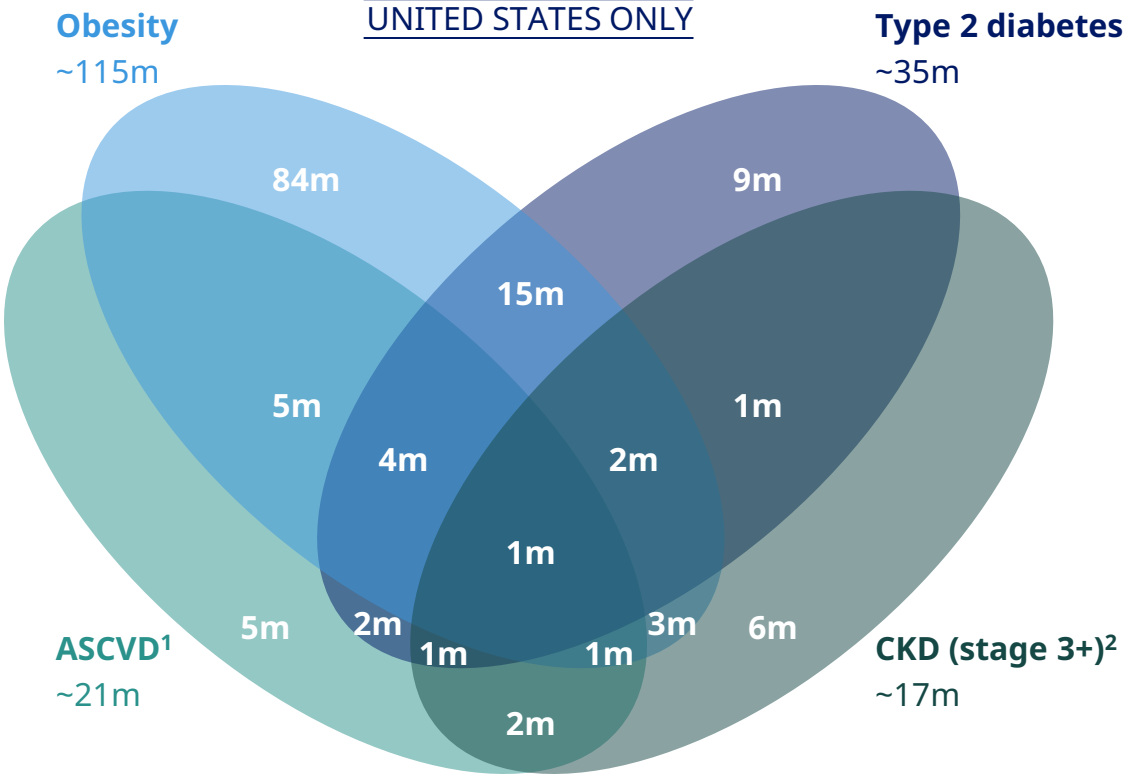
Many patients delay insulin initiation >2 years due to dosing frequency



HCP and patient preference for once-weekly treatments

Semaglutide addresses many of the comorbidities associated with type 2 diabetes – with a potential of further additions

Patient overlaps for key focus areas in type 2 diabetes



Semaglutide has impact on several comorbidities

ADA/EASD consensus guidelines from 2022

Goal: Cardiorenal risk reduction in high-risk T2D patients ³	Goal: HbA _{1c} and weight management
<ul style="list-style-type: none"> ASCVD or indicators of high risk ✓ HF with documented HFrEF or HFpEF Chronic kidney disease ✓ 	<ul style="list-style-type: none"> Glycaemic management ✓ Weight management ✓

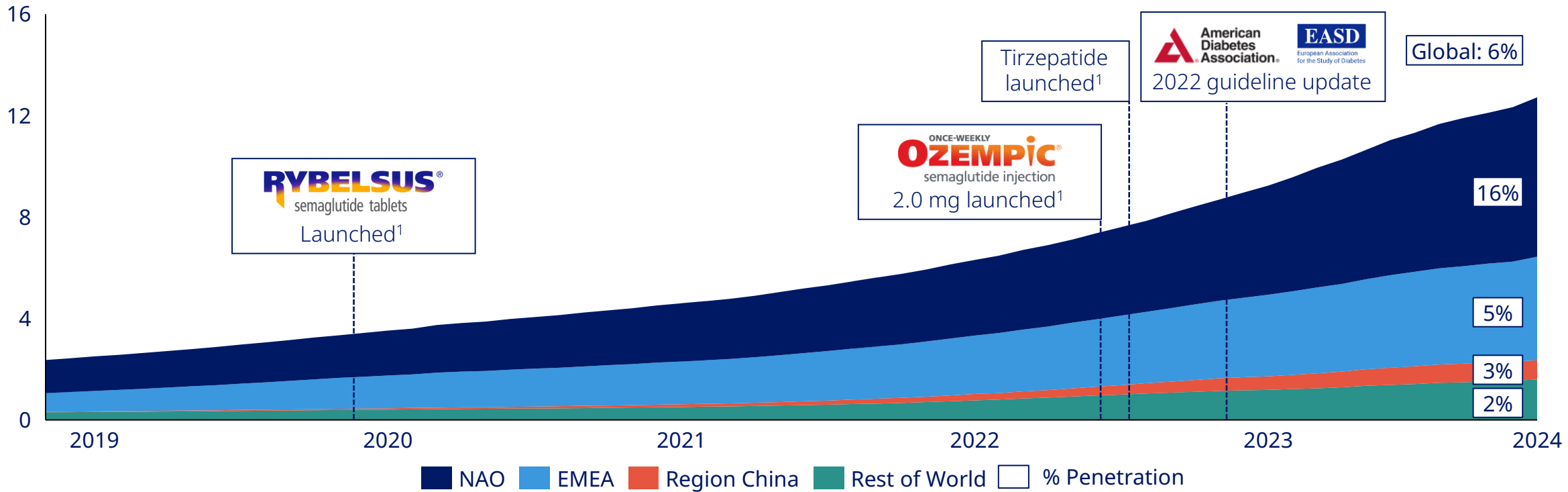
✓ Completed semaglutide trials

¹Myocardial infarction, stroke and coronary heart disease; ²eGFR <60 ml/min/1.73m²; ³On top of cardiovascular standard of care
 ADA: American Diabetes Association; ASCVD: Atherosclerotic cardiovascular disease; CKD: Chronic kidney disease; CV: Cardiovascular; EASD: European Association for the Study of Diabetes; HbA_{1c}: Haemoglobin A_{1c}; HF: Heart failure; HFrEF; Heart failure with reduced ejection fraction; HFpEF: Heart failure with preserved ejection fraction
 Note: Prevalence overlaps have been estimated on patient-level data from NHANES. Post-estimation adjustments have been undertaken to match certain key metrics as reported by publicly available sources. Numbers are rounded
 Source: NHANES (waves 2003-2004, 2013-2014, 2015-2016 and 2017-2020); UN World Population Prospects 2022; International Diabetes Federation: Diabetes Atlas 10th edition, 2021; World Obesity Atlas 2023

The use of GLP-1 treatments has accelerated in recent years supported by innovation and guideline updates

~6% of total estimated diabetes prescriptions are for a GLP-1 - with large differences across markets

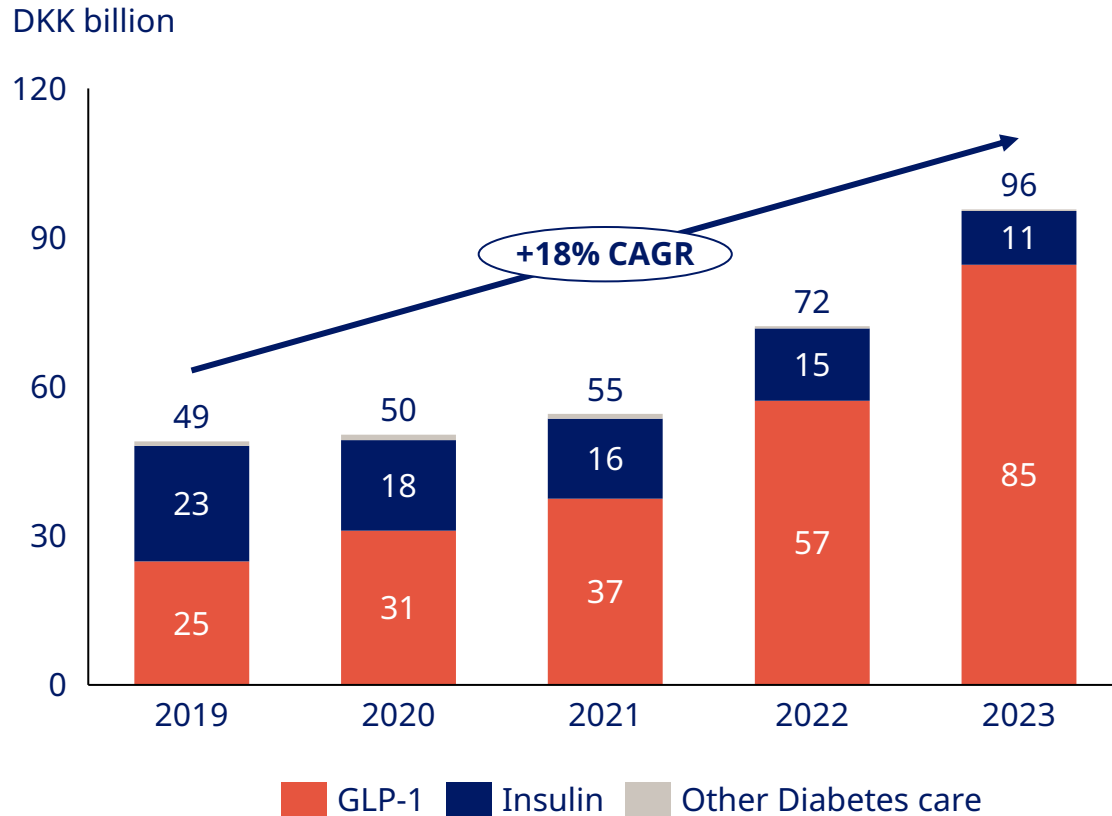
Estimated monthly prescriptions (in millions)



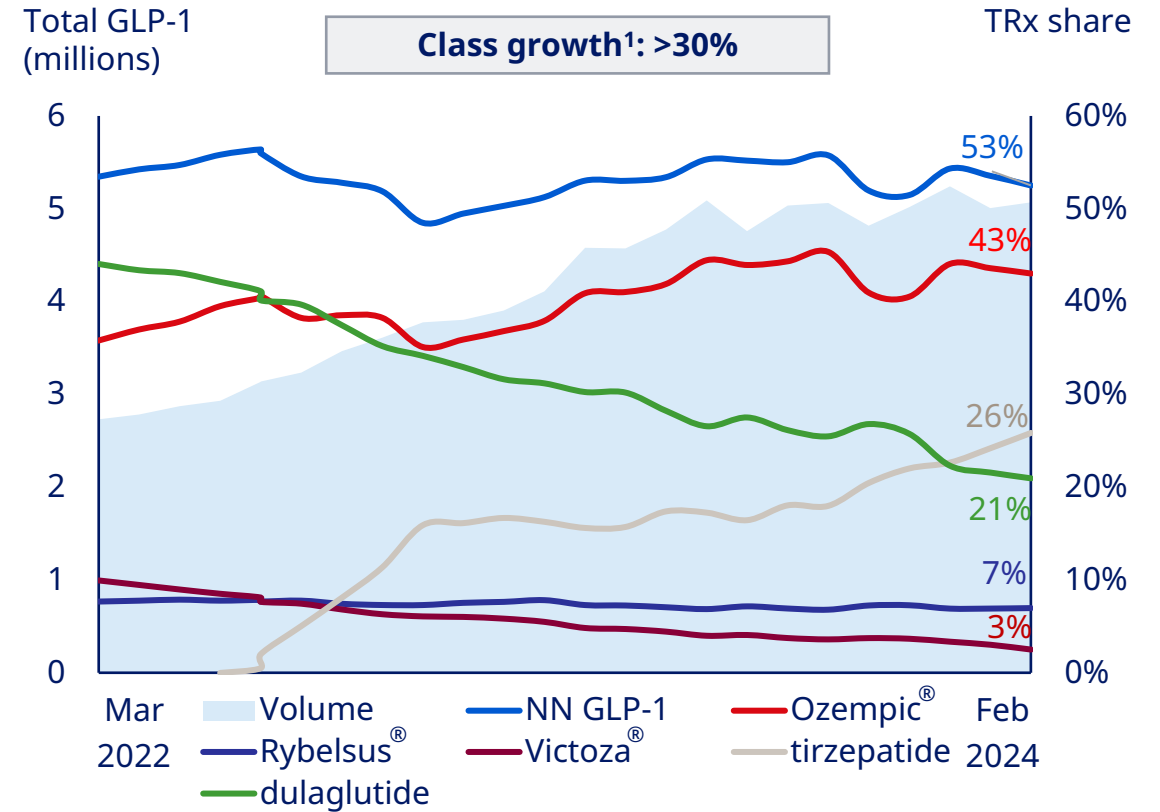
¹US launch
 NAO: North America Operations; RoW: Rest of world
 Note: EMEA covers Europe, the Middle East and Africa; Region China covers mainland China, Hong Kong and Taiwan; Rest of World covers all other countries except for North America
 Source: IQVIA MAT, Dec 2023

North America Operations sales growth driven by GLP-1 treatments

Diabetes care sales in North America Operations



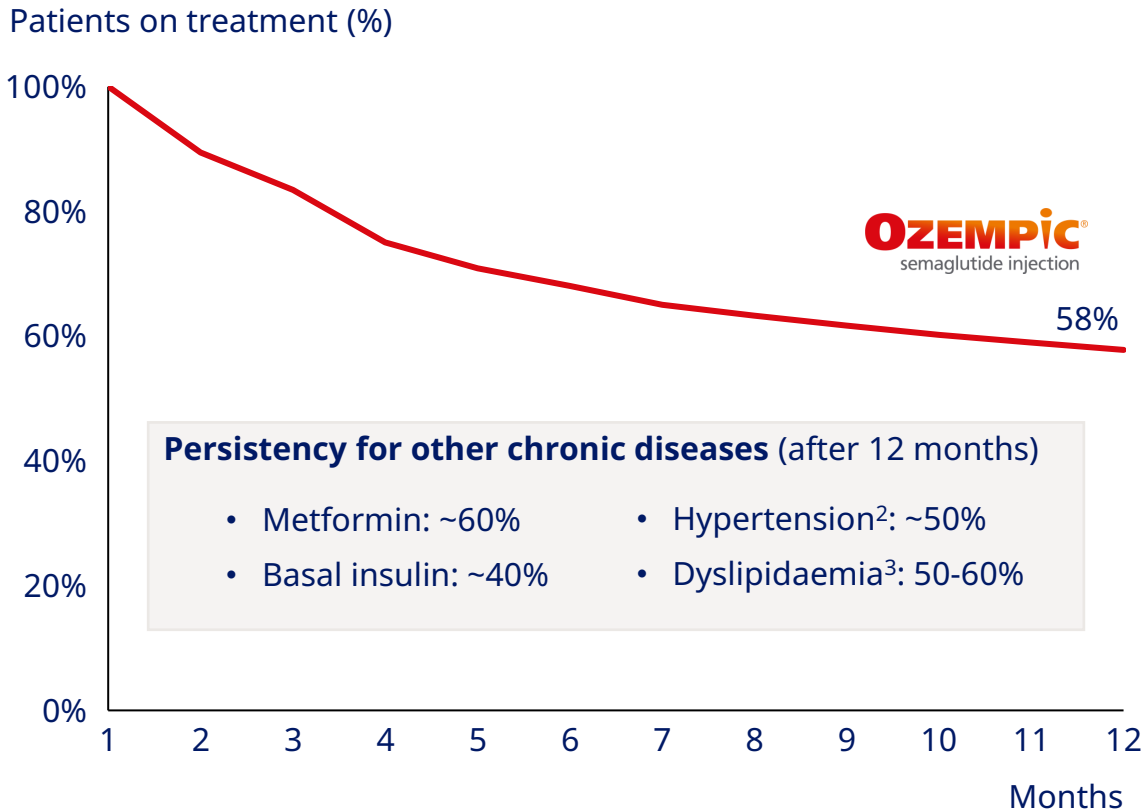
US GLP-1 TRx Market share



¹Q4 2023 GLP-1 class growth
 CAGR: Compound annual growth rate; NN: Novo Nordisk; TRx: Total prescriptions
 Note: Class growth calculated based on volume for diabetes GLP-1 as Q4 2023 vs Q4 2022
 Source: Company reported sales; IQVIA Xponent Plantrak, NBRx/TRx data from week ending 9 Feb 2024. Each data point represents a rolling four-week average.

Novo Nordisk is the leader in the growing GLP-1 class with stay time data on par with other chronic diseases

Patient persistence on Ozempic® after 12 months¹






Ozempic® is the key growth driver in NAO

Novo Nordisk position in the GLP-1 market

- #1** Market leader with a 53% GLP-1 volume market share
- >95%** Continued broad formulary access for patients

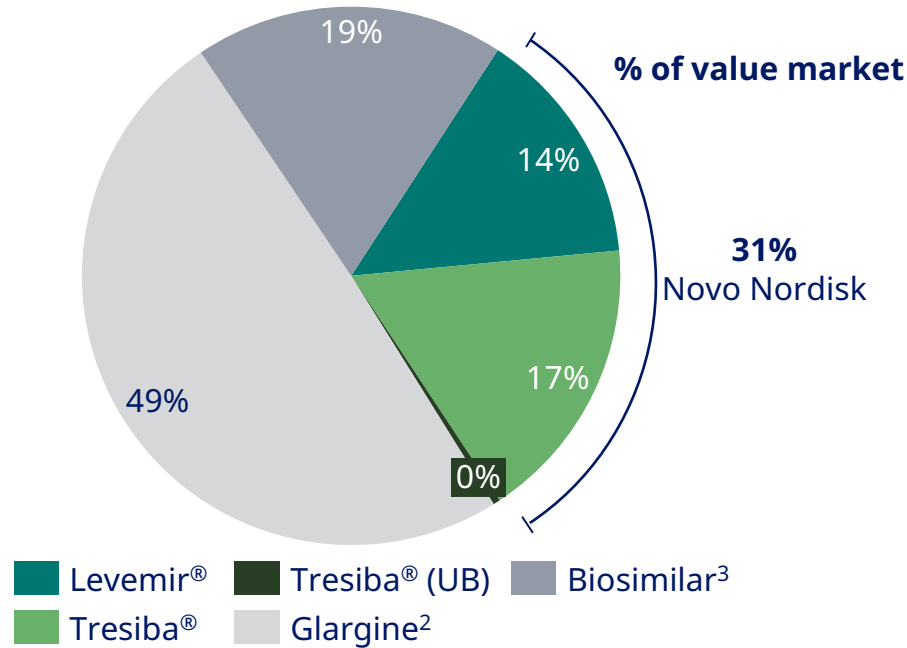
Details behind the Ozempic® performance

-  >80% are new to the GLP-1 class
-  >50% are naïve to treatment or coming from generics
-  Estimated average Ozempic® stay time in US ~4 years

¹Based on real-world adherence, IQVIA LAAD June 2023. ²Hypertension agents include beta blockers, calcium blockers, and ACE inhibitors; ³Includes generic and branded molecules
MS: Market share; NAO: North America operations
Source: IQVIA MAT, Dec 2023; Internal analysis

Insulin icodec NAO regulatory decisions expected in 2024 with ambition to be standard of care within the T2D basal segment

US basal insulin market is 10 bDKK¹ and competitive



67% of type 2 diabetes patients start on basal insulin glargine

Focused on sustainable and broad patient access



Innovation recognition

Insulin icodec NAO regulatory decisions expected in 2024

Focus on communicating efficacy and safety profile



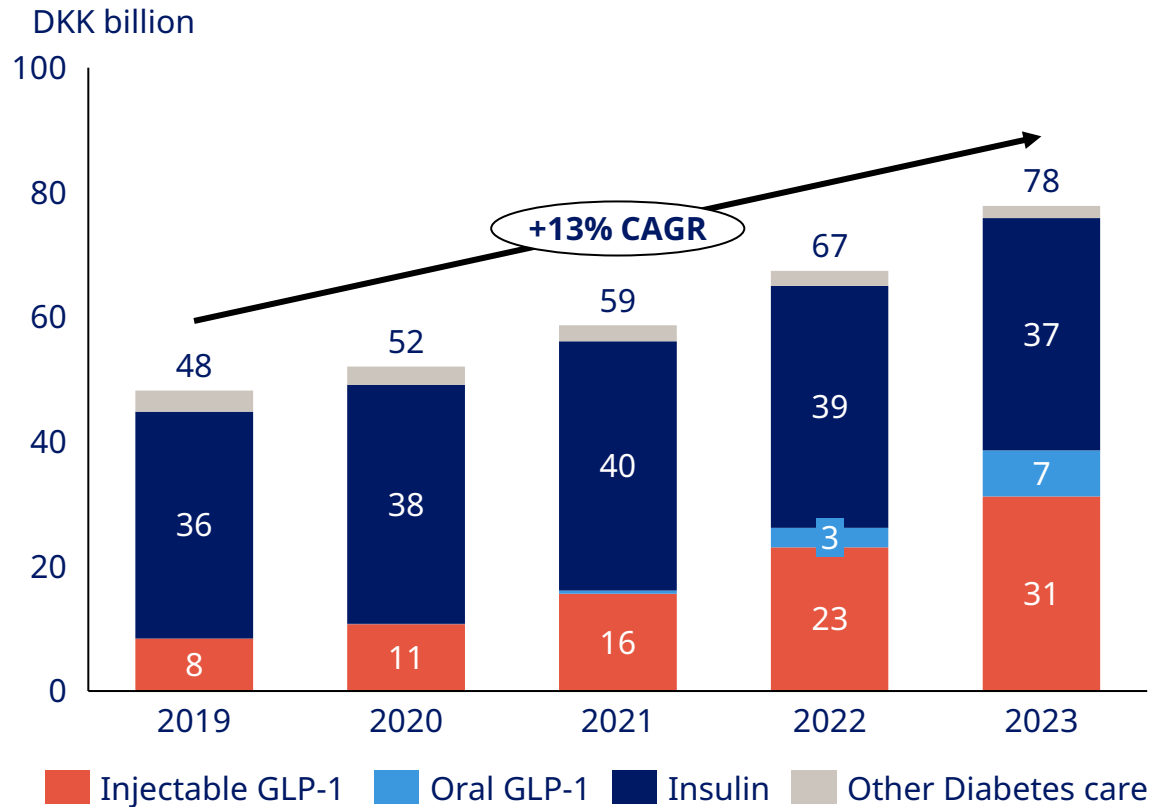
Market access

Pursue broad market access with insulin icodec

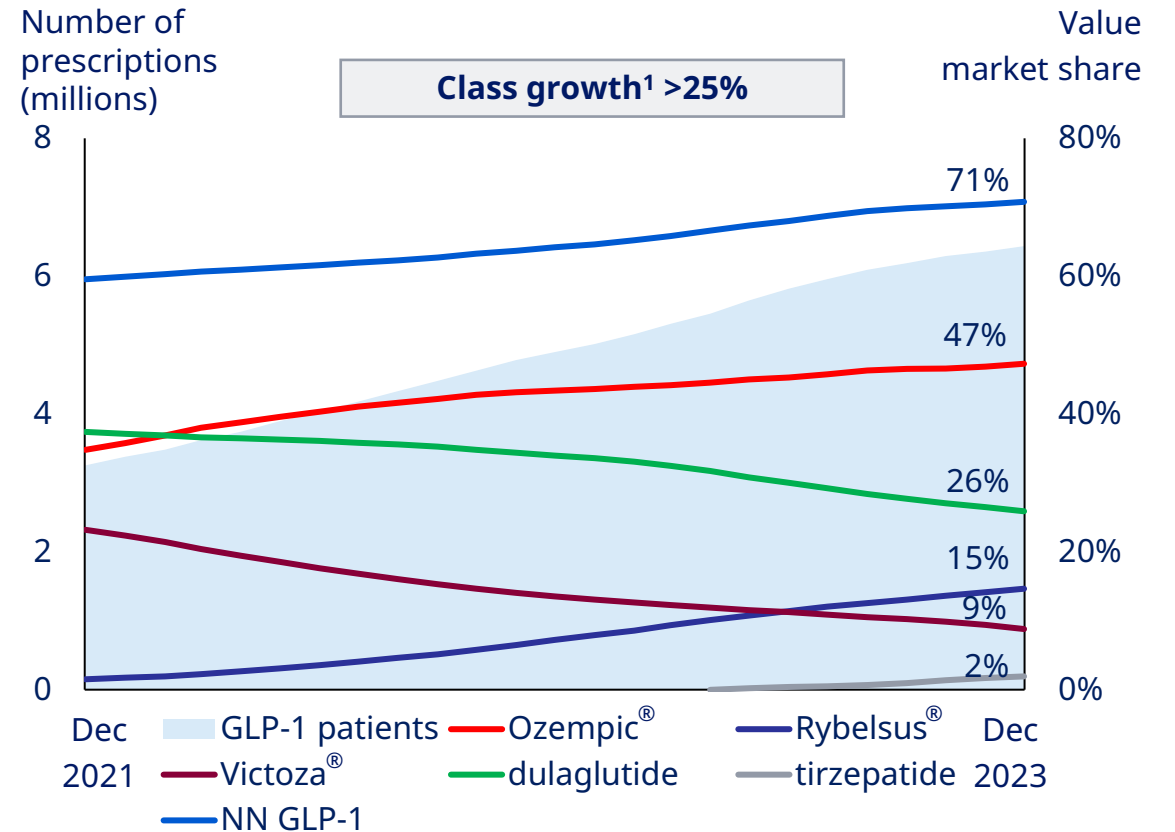
¹Based on internal Novo Nordisk benchmark sales analysis; ²Glargine category includes Lantus, Toujeo, and unbranded Lantus; ³Biosimilar includes Semglee, Basaglar, and unbranded Semglee
IRA: Inflation Reduction Act; T2D: Type 2 diabetes; UB: Unbranded Biologic
Source: IQVIA, Aug 2023

Injectable and oral GLP-1s drive performance in International Operations

Diabetes care sales and growth in International Operations



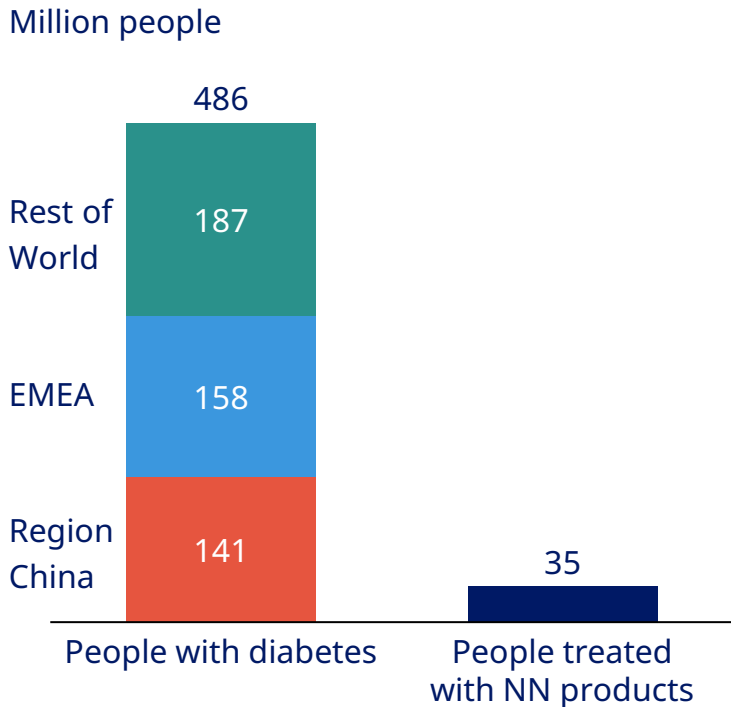
GLP-1 patients and value market share in IO



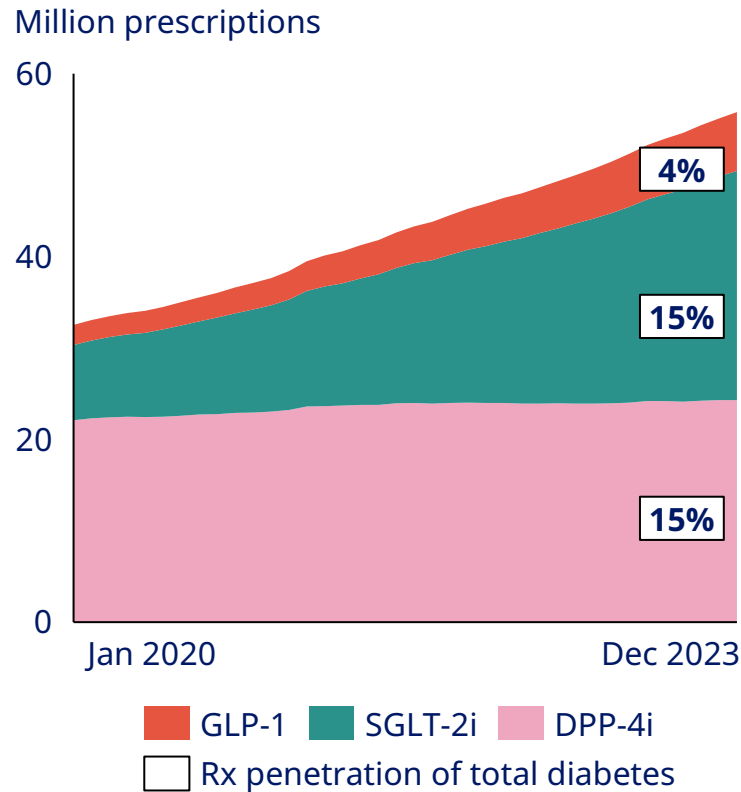
¹GLP-1 class growth calculated as Sep'23-Nov'23 vs Sep'22-Nov'22 (Rolling 3-month average)
 CAGR: Compound annual growth rate; IO: International Operations; NN: Novo Nordisk
 Source: Company reported sales; IQVIA MAT, Dec 2023

GLP-1 class remains less penetrated relative to other modern type 2 diabetes treatments in International Operations

People with diabetes in IO vs NN treated



Modern non-insulin anti-diabetic Rx penetration in IO



Ozempic® and Rybelsus® driving IO growth

OZEMPIC®
semaglutide injection

- Launched in **78 countries**
- **47% volume MS** of GLP-1 market
- **85% value share of growth¹**

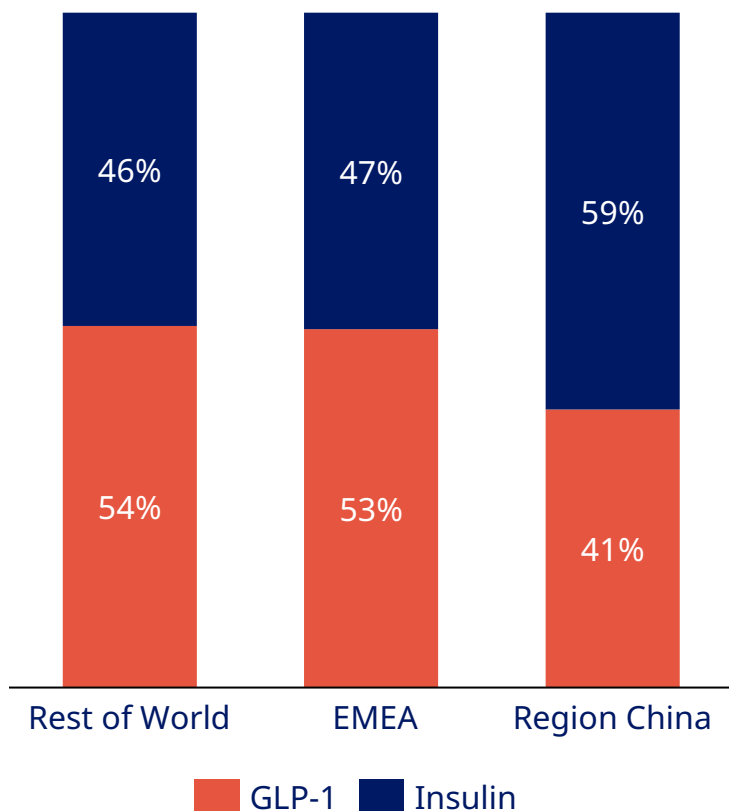
RYBELSUS®
semaglutide tablets

- Launched in **47 countries**
- **2% volume MS** of MOAD market
- **29% value share of growth²**

¹GLP-1 injectable market, IQVIA, MAT, Dec 2023; ²MOAD market, IQVIA, MAT, Dec 2023
 IO: International Operations; MS: Market share; MOAD: Modern oral anti-diabetic; NN: Novo Nordisk; Rx: Prescription
 Note: EMEA covers Europe, the Middle East and Africa; Region China covers mainland China, Hong Kong and Taiwan; Rest of World covers all other countries except for North America
 Source: Diabetes Atlas 10th Edition 2021; IQVIA, Dec 2023

International Operations utilises the broad and innovative insulin portfolio

2023 Diabetes care sales composition in IO



Broad insulin portfolio

Once-weekly insulins

Insulin icodec¹ IcoSema²

New generation insulins

TRESIBA[®]
insulin degludec [rDNA origin] injection

Xultophy[®]

RYZODEG[®]

Fiasp[®]
fast-acting insulin aspart

Modern and Human insulins

Future insulin launches in IO

Insulin icodec

- IO basal insulin a 30 bDKK market³
- Establish insulin icodec as the starter insulin of choice for people with T2D
- Gradual rollout to expand reach across regions

IcoSema potential




- Further enhance weekly insulin offering
- Potential for efficacy profile beyond glycaemic control
- IcoSema appeared to have a safe and well-tolerated profile in COMBINE trials

¹Currently under regulatory approval; ²Fixed dose combination of insulin icodec and semaglutide, currently in phase 3 development; ³Based on internal Novo Nordisk benchmark sales analysis
 EMEA: Europe, Middle East and Africa; IO: International Operations; T2D: Type 2 diabetes
 Note: EMEA covers Europe, the Middle East and Africa; Region China covers mainland China, Hong Kong and Taiwan; Rest of World covers all other countries except for North America
 Source: Company reported sales

Development pipeline addresses unmet need in diabetes care by further raising the innovation bar

Further raise the innovation bar

Our key focus areas

-  Address significant unmet need
-  Develop next-generation treatments
-  Continued generation of outcomes data

Development pipeline

		2024	2025	2026	2027
Injectable incretins	FLOW , semaglutide 1 mg, CKD	Submission			
	STRIDE , semaglutide 1 mg, PAD	Ph3			
	FOCUS , semaglutide 1 mg, DR	Phase 3			
	CagriSema , sema and cagri FDC	Phase 3			
	Amycretin , GLP-1/amylin	Phase 2			
	OW GIP/GLP-1	Phase 2			
Oral incretins	OM GIP/GLP-1	Phase 1			
	Oral semaglutide 25/50 mg	Submission ¹			
	SOUL , oral sema 14 mg, CVOT	Ph3			
	OW Oral semaglutide	Phase 1			




¹EMA submission occurred in October 2023, the global roll-out is contingent on portfolio prioritisations and manufacturing capacity.

CKD: Chronic kidney disease; CVOT: Cardiovascular outcome trial; DR: Diabetic retinopathy; FDC: Fixed dose combination; GIP: Gastric inhibitory polypeptide; OM: Once-monthly; OW: Once-weekly; PAD: Peripheral arterial disease; Ph: Phase; Sub: Submission

Development pipeline addresses unmet need in diabetes care by further raising the innovation bar

Further raise the innovation bar

Our key focus areas

-  Address significant unmet need
-  Develop next-generation treatments
-  Continued generation of outcomes data

Development pipeline

		2024	2025	2026	2027
Insulin and other therapies	Insulin icodec OW basal insulin	Regulatory decision ²			
	IcoSema OW basal insulin and GLP-1 FDC	Ph3			
	Monlunabant (INV-202) Oral CB1R inverse agonist, DKD	Phase 2			
	GELA¹ OM ultrasound for T2D	Phase 2			
Type 1 diabetes	Insulins (Pumpsulin, GSI)	Proof of concept (Phase 1) completed in 2022			
	DNA therapies	Phase 1			
	Cell-based therapies	3 projects in research			

¹In collaboration with GE HealthCare; ²Regulatory decisions are expected in the European Union, United States, China and Japan
 CB1R: Cannabinoid receptor 1; DKD: Diabetic kidney disease; FDC: Fixed Dose Combination; GSI: Glucose sensitive insulin; IcoSema: Insulin icodec and semaglutide; OM: Once-monthly; OW: Once-weekly; Ph: Phase; T2D: Type 2 diabetes

The FLOW trial was stopped early for efficacy and has now successfully completed

FLOW Trial Design



Primary endpoint

- Time from randomisation to first occurrence of composite kidney endpoint¹

Secondary confirmatory endpoints

- Annual rate of change in eGFR
- Time to first occurrence of three-point MACE (non-fatal MI, non-fatal stroke or CV death)
- Time to occurrence of all-cause death



Objective

Evaluate the effect of OW semaglutide 1.0 mg vs placebo on major kidney outcomes in people with T2D and CKD on top of standard of care²

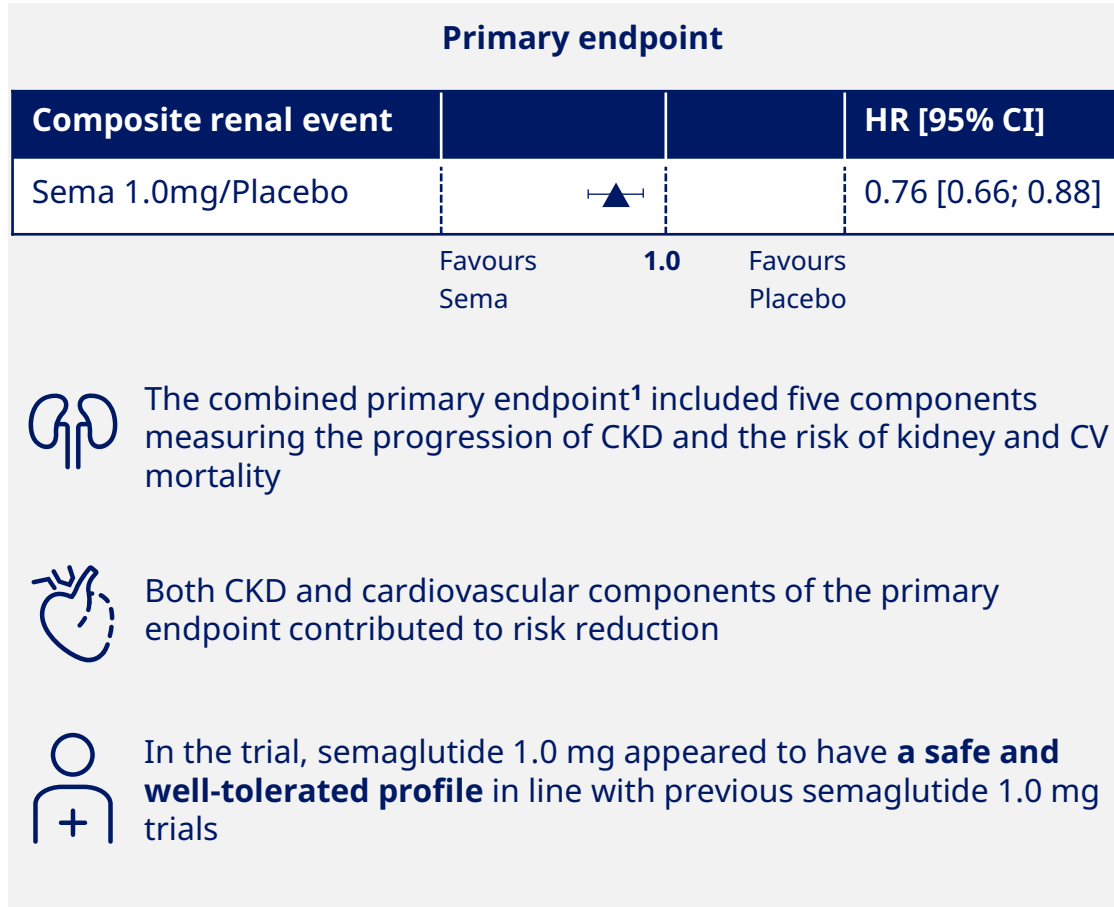


Power

The trial was powered to show a 20% risk reduction for the primary endpoint

¹Composite endpoint includes; Onset of persistent $\geq 50\%$ eGFR reduction (CKD-EPI) compared with baseline, onset of persistent eGFR $< 15\text{mL}/\text{min} / 1.73\text{m}^2$, initiation of renal replacement therapy, renal death or CV death . ²Including SGLT-2 inhibitors
CKD: Chronic kidney disease; CV: Cardiovascular; eGFR: Estimated glomerular filtration rate; MACE: Major adverse cardiovascular events; MI: Myocardial infarction; OW: Once-weekly

Sema 1.0 mg demonstrates 24% reduction in the risk of kidney disease-related events in people with type 2 diabetes and CKD



Testing hierarchy of primary and secondary confirmatory endpoints

- 1

Superiority of semaglutide 1.0 mg vs placebo confirmed for time from randomisation to first composite kidney event

✓
- 2

Superiority of semaglutide 1.0 mg vs placebo confirmed for annual rate of change in eGFR

✓
- 3

Superiority of semaglutide 1.0 mg vs placebo confirmed for time from randomisation to first MACE

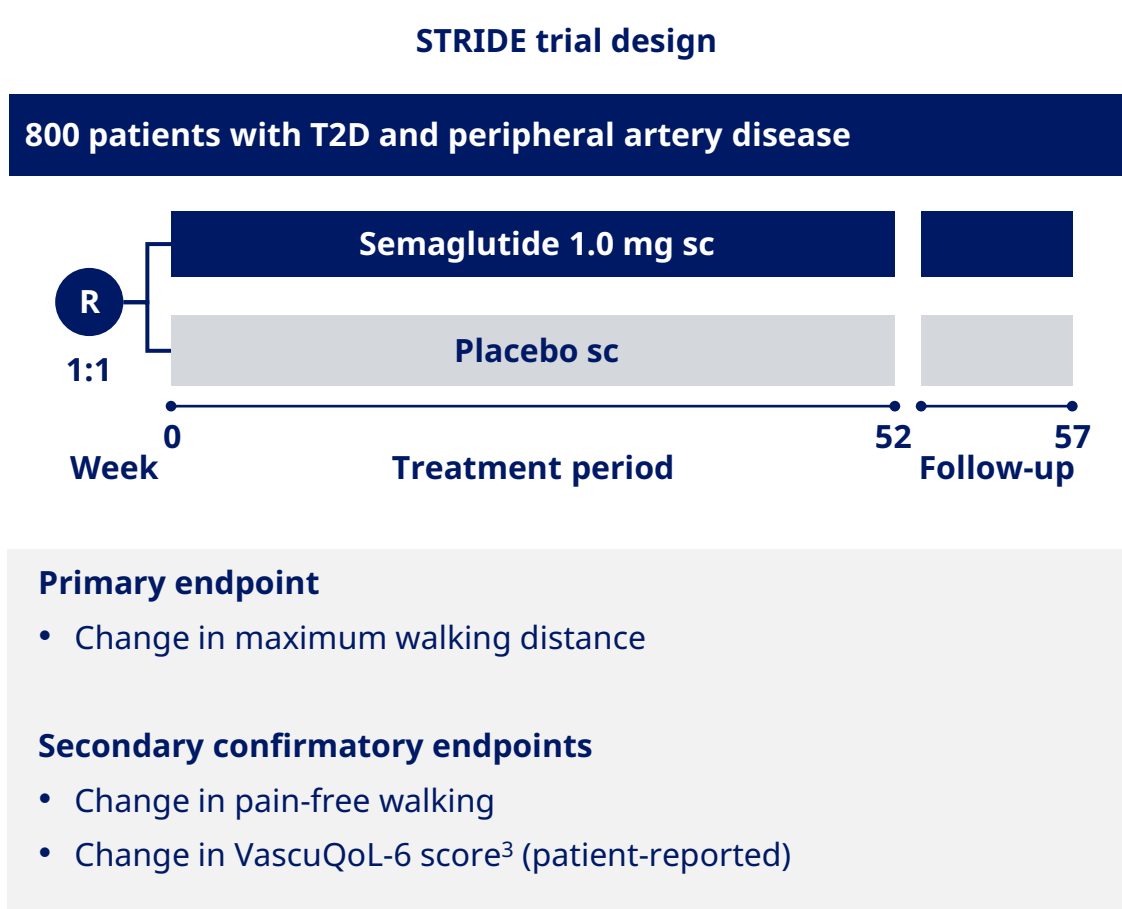
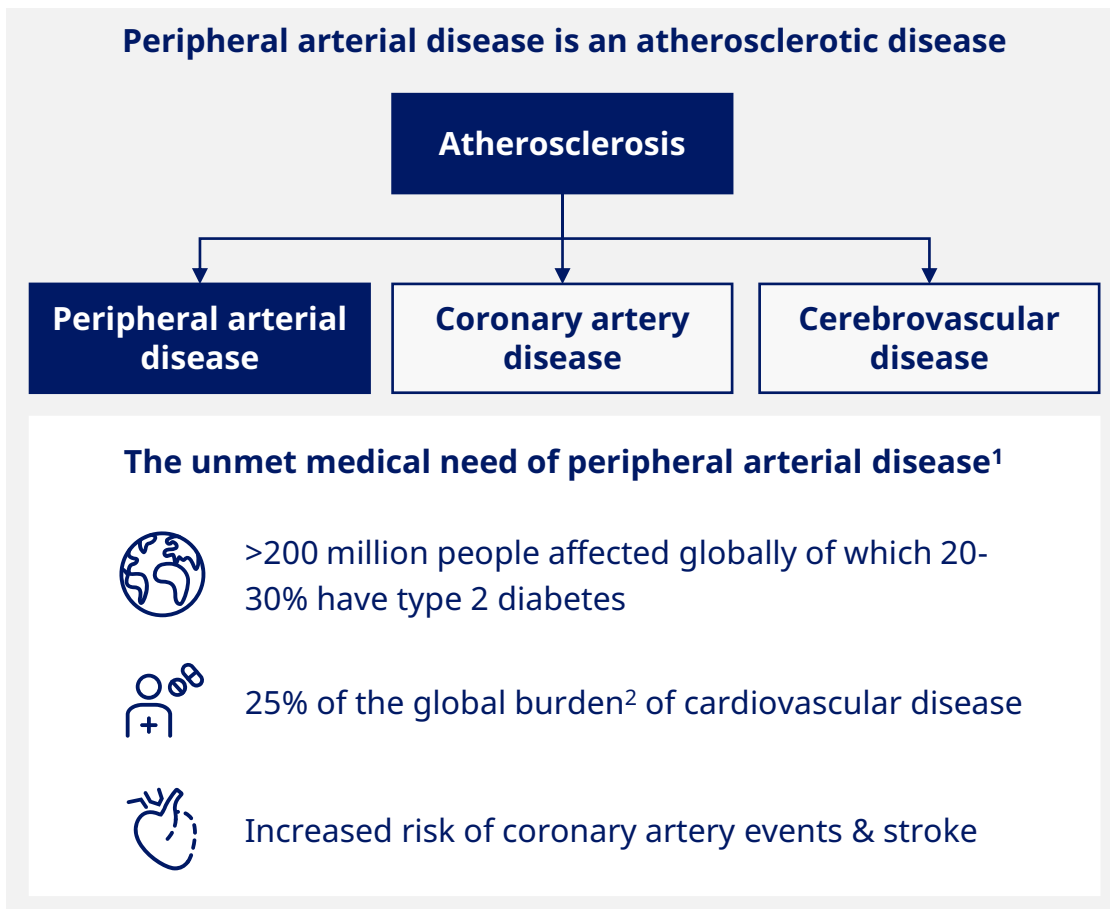
✓
- 4

Superiority of semaglutide 1.0 mg vs placebo confirmed for time from randomisation to all-cause death

✓

¹Composite primary endpoint: Onset of persistent ≥ 50% reduction in eGFR, onset of persistent eGFR (CKD-EPI) < 15 mL/min/1.73 m², initiation of chronic kidney replacement therapy (dialysis or kidney transplantation), death from kidney disease or death from cardiovascular disease
 CKD: Chronic kidney disease; CI: Confidence interval; CV: Cardiovascular; eGFR: estimated glomerular filtration rate; HR: Hazard ratio; MACE: Major adverse cardiovascular event; Sema: Semaglutide
 Note: Treatment policy estimand shown for primary endpoint

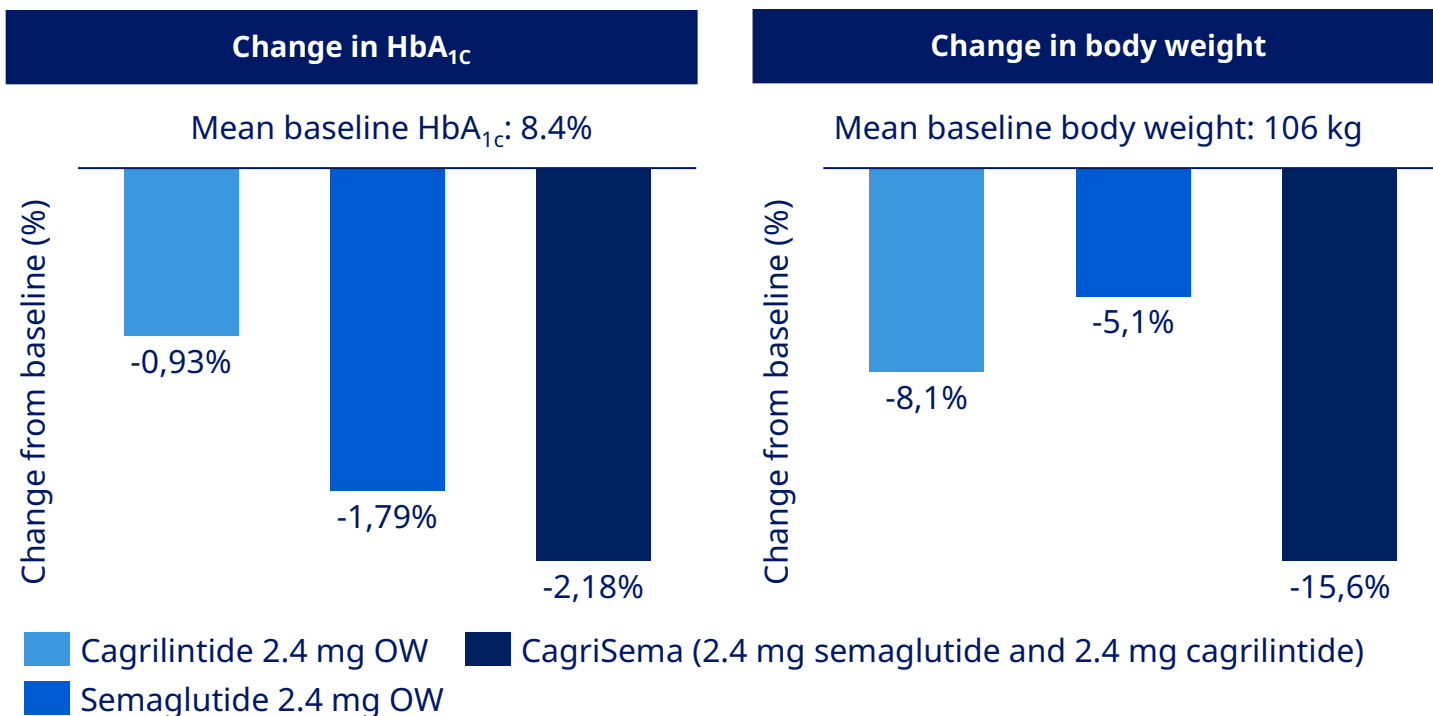
The STRIDE trial will add further evidence to the cardiometabolic-renal paradigm in 2024



¹Frangogiannis NG. Curr Opin Pharmacol 2018;39:27-34; Fowkes FG et al. Lancet 2013;382:1329-40; Bauersachs R et al. Cardiovasc Ther. 2019; 829:50-54; ²Prevalence, incidence and years lived with disability assessed as contributors to burden; ³The Vascular Quality of Life Questionnaire-6 Sc: Subcutaneous; T2D: Type 2 diabetes

CagriSema successfully completed phase 2 in type 2 diabetes, with a comprehensive phase 3 programme running

CagriSema phase 2 data in type 2 diabetes – a 32-week trial in 92 people



In the trial, CagriSema appeared to have a safe and well-tolerated profile

CagriSema differentiation potential in T2D

- Improved HbA_{1c} control
- Improved quality of glycaemic control (per CGM)
- Greater magnitude of weight loss
- Improved cardiometabolic risk factors (lipid profile, blood pressure etc)
- Further anti-inflammatory effect

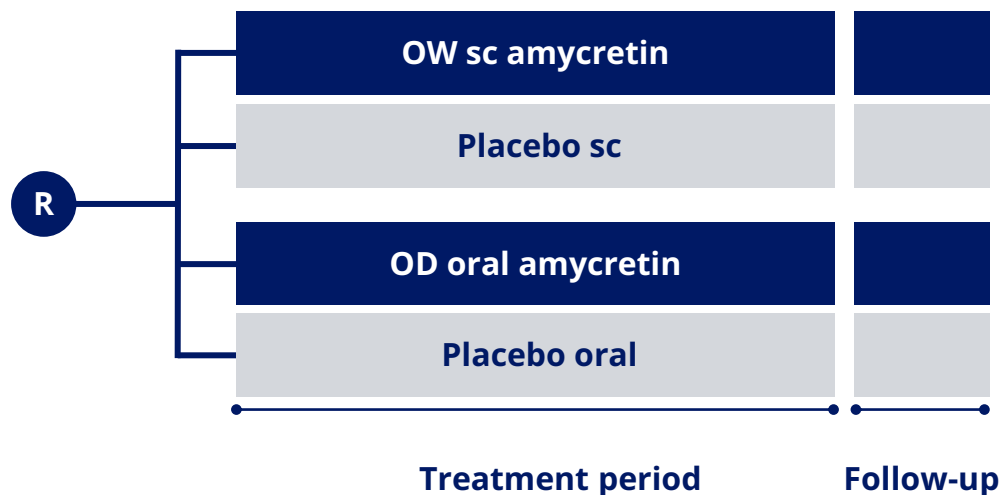
T2D comorbidities for potential investigation

- Chronic kidney disease (H2H vs. sema)
- Neuropathic pain
- Heart failure (overlap with obesity)

Amycretin will be tested in a phase 2 trial with oral and subcutaneous administration in people with type 2 diabetes

Phase 2 amycretin trial design

ILLUSTRATIVE



Objective

- Demonstrate the dose-response relationship of amycretin for change in HbA_{1c} from baseline in participants with type 2 diabetes

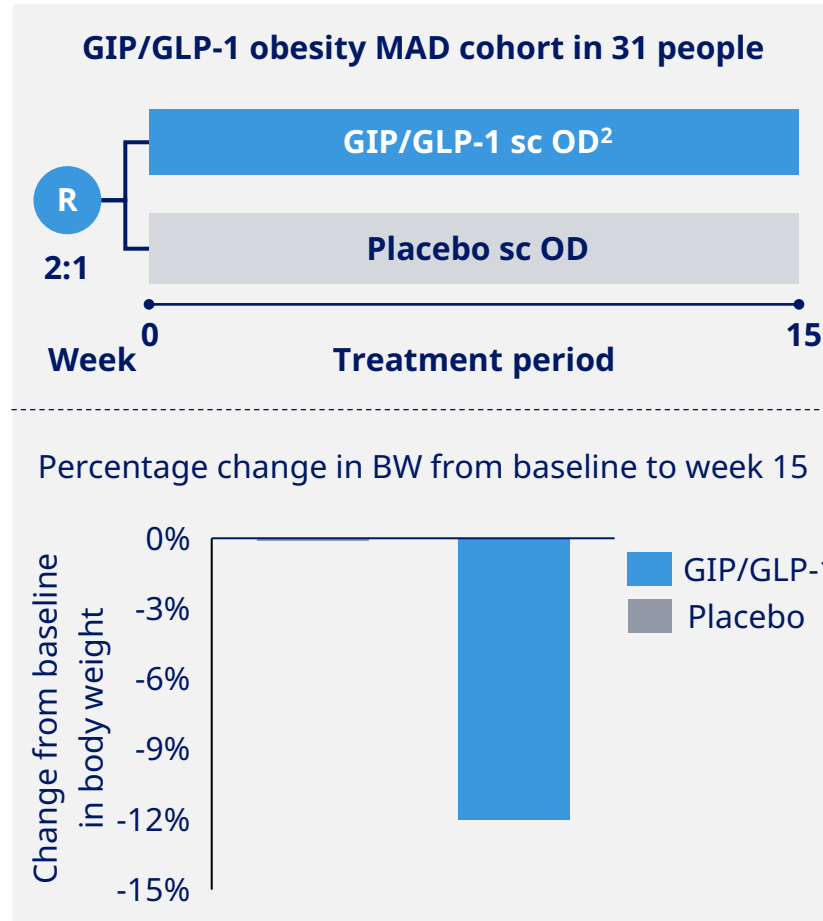
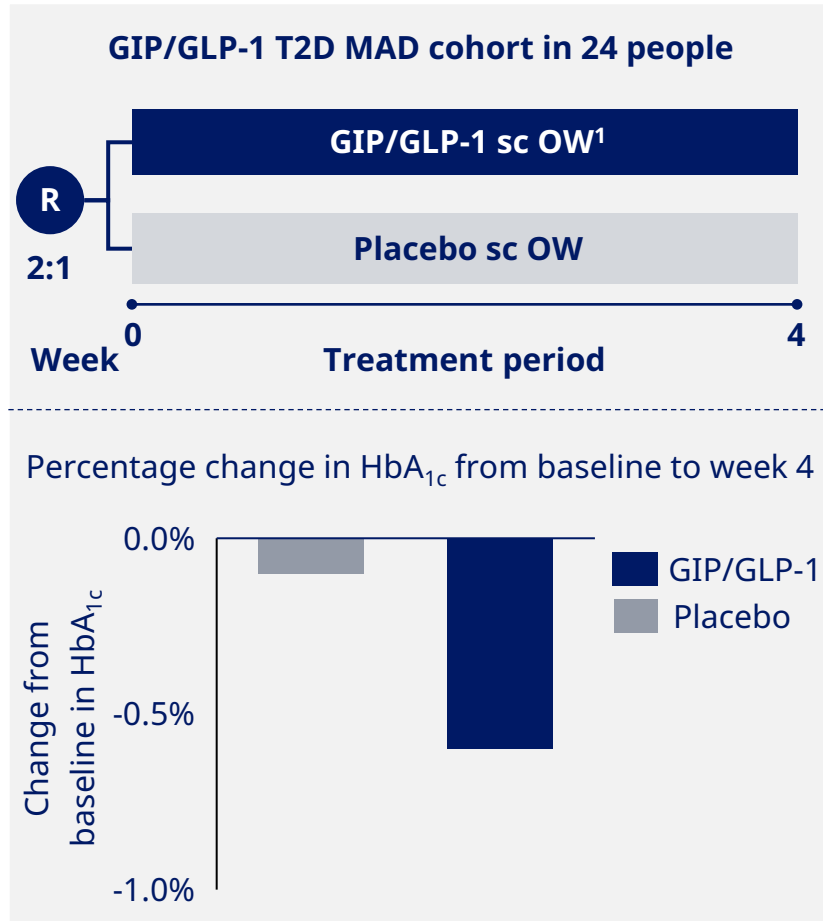
Proposed key endpoints

- Change in HbA_{1c} (%-point) from baseline
- Relative change in body weight (%) from baseline

Next steps

- Trial expected to be initiated in second half of 2024

Successful completion of part 2 and 3 of the combined phase 1 GIP/GLP-1 trial in type 2 diabetes and obesity



In the parts of the trial finalised

- GIP/GLP-1 appeared to have a safe and well-tolerated profile
- Pharmacokinetics allows for further clinical development

Next steps:

- Phase 2 dose finding studies in T2D and obesity expected to be initiated first half 2024

¹3 weeks of 3mg OW, 1 week of 6 mg OW; ²3 weeks on each dose OD: 0.3 mg, 0.6 mg, 1.2 mg, 1.8 mg, 3.0 mg
 BW: Body weight; GIP: Gastric inhibitory polypeptide; HbA_{1c}: Haemoglobin A_{1c}; MAD: Multiple ascending dose; OD: Once-daily; OW: Once-weekly; sc: Subcutaneous; T2D: Type 2 diabetes
 Note: Trial consists of 4 parts: SAD healthy, MAD obese, MAD T2D, MAD obese (OW), NN9541-4842

Closing remarks

Number of people with diabetes continues to increase

Innovation with GLP-1 treatments are driving the growth of the diabetes care market, yet only 6% of prescriptions

Novo Nordisk has an extensive pipeline of innovative products including Insulin icodec, IcoSema, CagriSema and amycretin

