

Research and early development

CMD24
CAPITAL MARKETS DAY

7 MARCH



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CSO and EVP of Research & Early development

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




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



Innovation and therapeutic focus

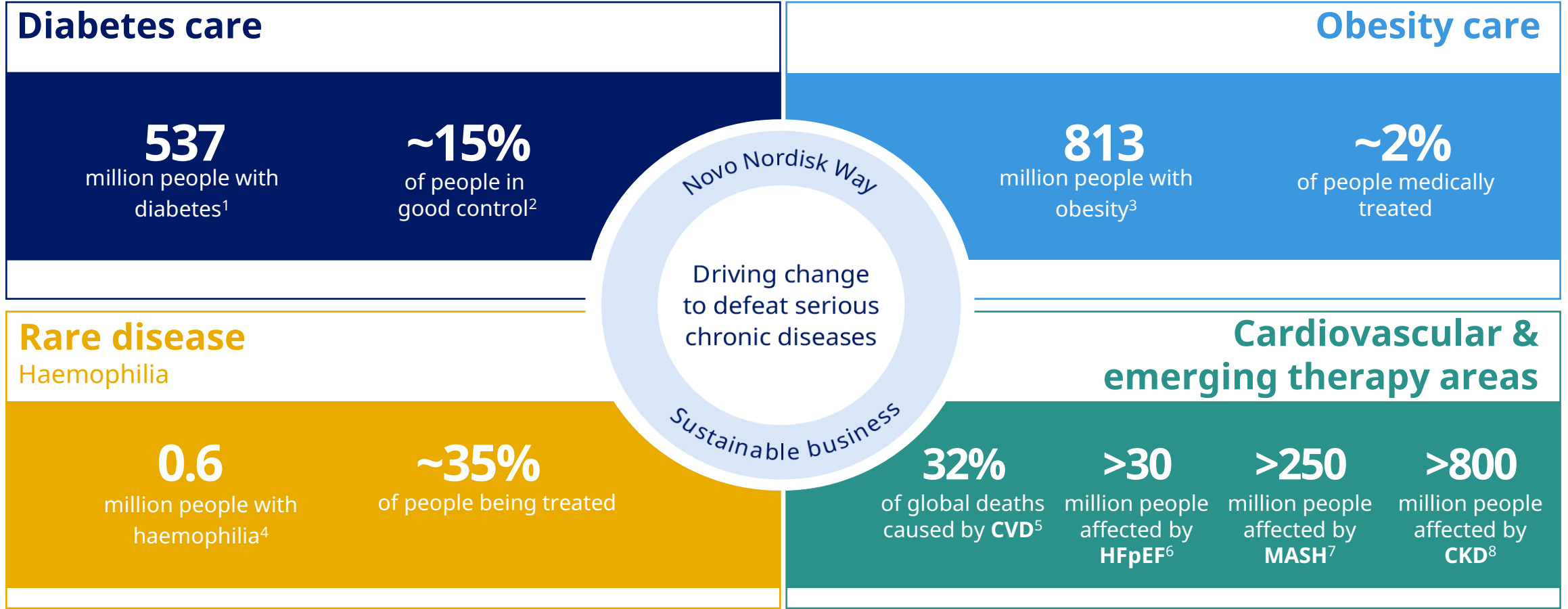
- **Further raise the innovation-bar for diabetes treatment**
- **Develop a leading portfolio of superior treatment solutions for obesity**
- **Strengthen and progress the Rare disease pipeline**
- **Establish presence in Cardiovascular & emerging therapy areas**



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

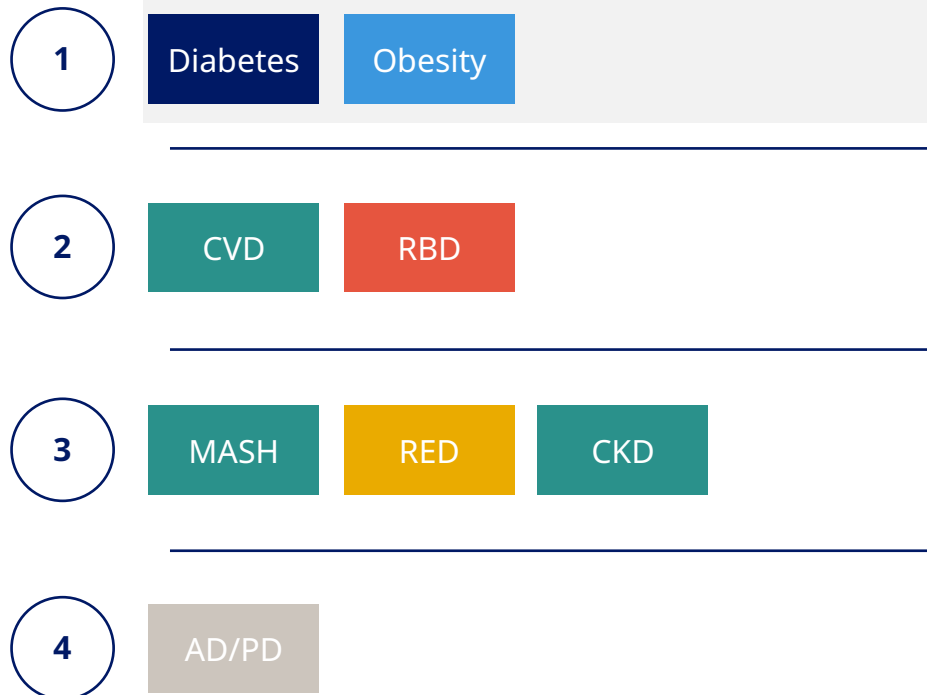
Innovation starts with addressing unmet needs, improving outcomes and reaching more patients



¹International Diabetes Federation: Diabetes Atlas 10th edition, 2021; ²Real-world studies indicate between 30-55% of patients reach HbA_{1c} target <7% .e.g. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4388968/>, taking 42.5% in good control of treated people; ³World Obesity Atlas, 2023; ⁴WFH annual survey 2020 (120 of 147 countries responded): Prevalence by calculating expected number of patients using 20.9 per 100.000 in haemophilia - Identified patients as proxy for receiving some sort of treatment; ⁵WHO. Cardiovascular Diseases 2023; ⁶Chris J Kapelios et al Cardiac Failure Review 2023;9:e14.; ⁷Younossi ZM et al. Hepatology. 2023;77:1335-1347; ⁸Kovesdy CP. Epidemiology of chronic kidney disease: an update 2022. Kidney Int Suppl (2011). 2022 Apr;12(1):7-11
CKD: Chronic kidney disease; CVD: Cardiovascular disease; HFpEF: Heart failure with preserved ejection fraction; MASH: Metabolic dysfunction-associated steatohepatitis; WHO: World Health Organization

Research and early development focuses on continuing and expanding leadership in diabetes and obesity

Therapy area priorities



Strategic research focus



Driving leadership in diabetes and obesity with novel and disease modifying therapies



Delivering next generation insulins and GLP-1 therapies



Improving the quality of health for people while reducing risks of co-morbidities



Focusing on scalability and building upon core protein and peptide capabilities with siRNA, cell and gene therapies

AD: Alzheimer's disease; CKD: Chronic kidney disease; CVD: Cardiovascular disease; MASH: Metabolic dysfunction-associated steatohepatitis; PD: Parkinson's disease; RBD: Rare blood disorders; RED: Rare endocrine disorders; siRNA: Small interfering ribonucleic acid
Note: Research and early development comprises activities from research until phase 2

Increased access to human data together with AI-driven analyses enables discovery of new targets

Human data input



Genetics, samples, multi-omics

Diverse cohorts

African American cohort
Genes & Health Industry Consortium
UK biobank



Disease cohorts

Alliance Genomic Discovery (Obesity)
ATTRACT (CVD)
Cellfi (Diabetes)



Leverage real world evidence
in early discovery

Target discovery engine



De-risk translation from
animal models to humans



AI driven data mining and
analyses linking disease to novel
targets



In silico analyses



Human centric in vitro assays

Increasing probability for clinical success

80% more

targets screened in 2023 compared to 2022.
Capacity increasing in 2024



**Significant number
of new targets expected to
enter phase 1**

SELECT trial provides a unique opportunity to identify new targets and biomarkers for future projects

SELECT trial data set



Samples from
>17,000 people



Collected over 5 years
and 1,270 events



CVD, obesity, pre-diabetes,
and CKD endpoints



Proteomics for 3 time points
from ~11,000 people



Genetic data from
~11,000 people

Fuels future research



Human data for drug discovery



Identify and validate new biomarkers



Linking novel targets to disease

Enhanced by digital and AI capabilities



Potential outcomes

- New drug targets and molecular mechanisms
- Responder subtype profiles enabling precision medicine
- Prediction of disease progression and treatment response

SELECT

semaglutide | effects on cardiovascular
outcomes in people with overweight or obesity

Accelerating innovation through partnerships and acquisitions to grow and advance pipeline

Number of partnerships¹ and acquired assets to date



60+

active partnerships (including 7 acquisitions)



37

partnerships focused on
cardiometabolic diseases and obesity



21

partnerships exploring new MoAs



~50%

of partnerships have resulted in projects
entering the pipeline as of today

Selected key highlights of partnerships and acquisitions



Heart failure

Phase 1 initiated in 2023



Cell
Therapy



Haemophilia A

Proof of concept in non-
human primates 2023



Gene
Therapy



Obesity

Phase 1 initiated in 2024²



Small
Molecules



Atherosclerotic cardiovascular disease

Phase 1 initiation expected
in 2024



Small
Molecules

¹Partnerships include drug-enabling technology and drug-based strategic partnerships and acquisitions; ²INV-347 MoA: Mode of action

CB1R inverse agonism holds potential as a novel mechanism of action both as monotherapy and add-on treatment

CB1R are found throughout the body

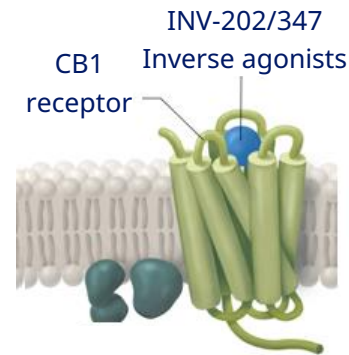
ILLUSTRATIVE



- Peripheral CB receptors type 1
- Central CB receptors type 1

- CB1 biology plays a role in regulation of energy homeostasis¹

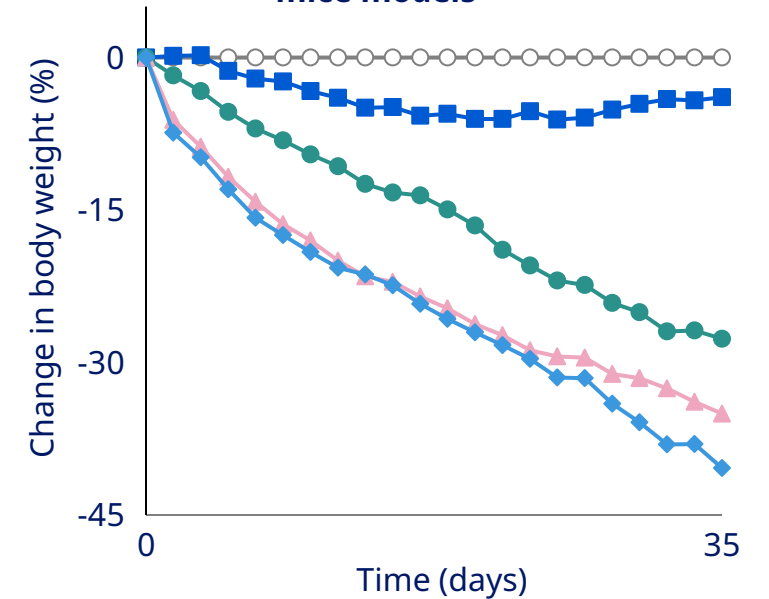
Inversago next-generation CB1R molecules



- Novel design minimising brain penetration

Monlunabant (INV-202) appeared to have a **safe and well-tolerated profile** with no serious or severe treatment-emergent adverse events in a phase 1 trial

INV-347 shows weight loss in DIO mice models



- Control group
- INV-347 0.4 mg/kg
- INV-347 2 mg/kg
- ▲ INV-347 10 mg/kg
- ◆ INV-347 20 mg/kg

Integrating siRNA technology into Novo Nordisk adds capabilities to access intracellular targets across therapy areas

Integration of Dicerna



Dicerna partnership since 2019, acquired in 2021 and now Global Nucleic Acid Therapies



Allows Novo Nordisk to access patented siRNA research technology platform



Investments made in CMC capabilities to deliver industrial scale siRNA therapeutics across therapy areas



Boston presence enables Novo Nordisk to tap into surrounding life science ecosystem

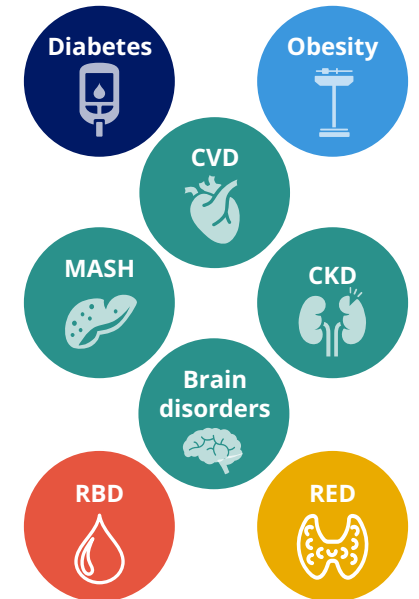
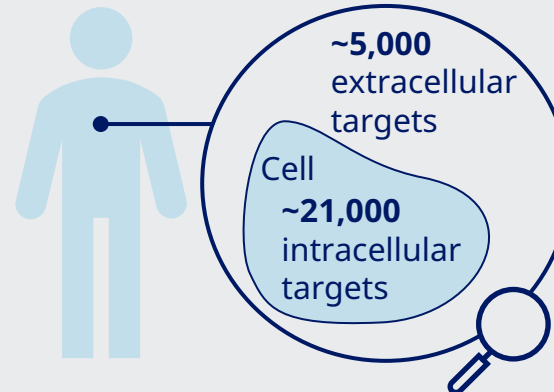
siRNA platform is deployed across all therapy areas

GaIXC™
Enables RNA silencing in hepatic cells

+

GaIXC-Plus™
Enables RNA silencing in extra-hepatic cells

Disease targets
(expressed genes)



siRNA platform expected to deliver and mature across therapy areas in alignment with corporate strategy

Progress with the siRNA platform



11 phase 1 trial initiations with GalXC™ since 2017



Rivfloza™ the first Novo Nordisk siRNA drug, approved in 2023

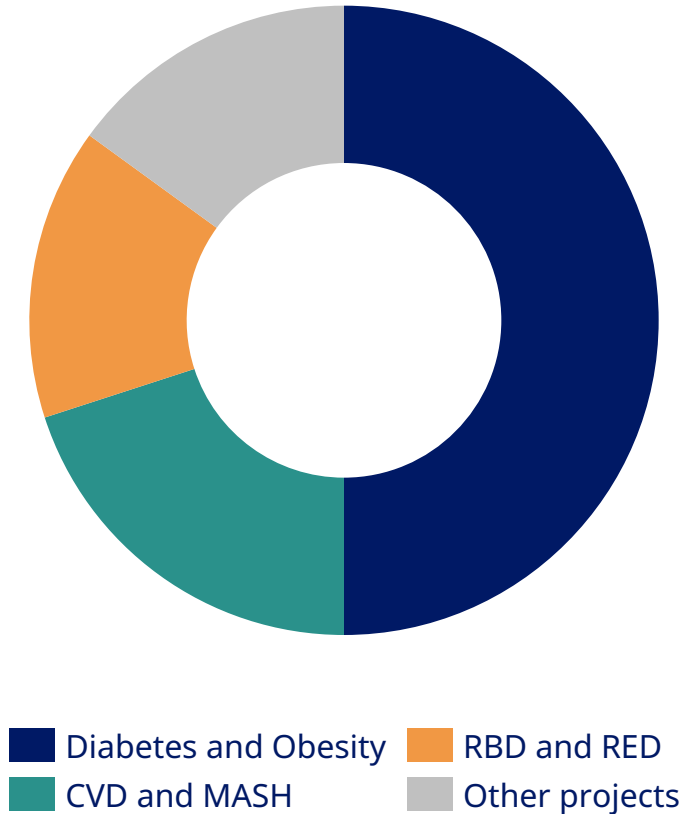


First extra-hepatic phase 1 trial with GalXC-Plus™ in 2023



50% of upcoming phase 1 trials expected to be with GalXC-Plus™

Distribution of siRNA portfolio projects



Phase 1 initiation ambition with siRNA

3

... phase 1 initiations on average per year across disease areas with the siRNA platform is **on track**

Core capabilities together with additional drug modalities open up new opportunities across therapy areas

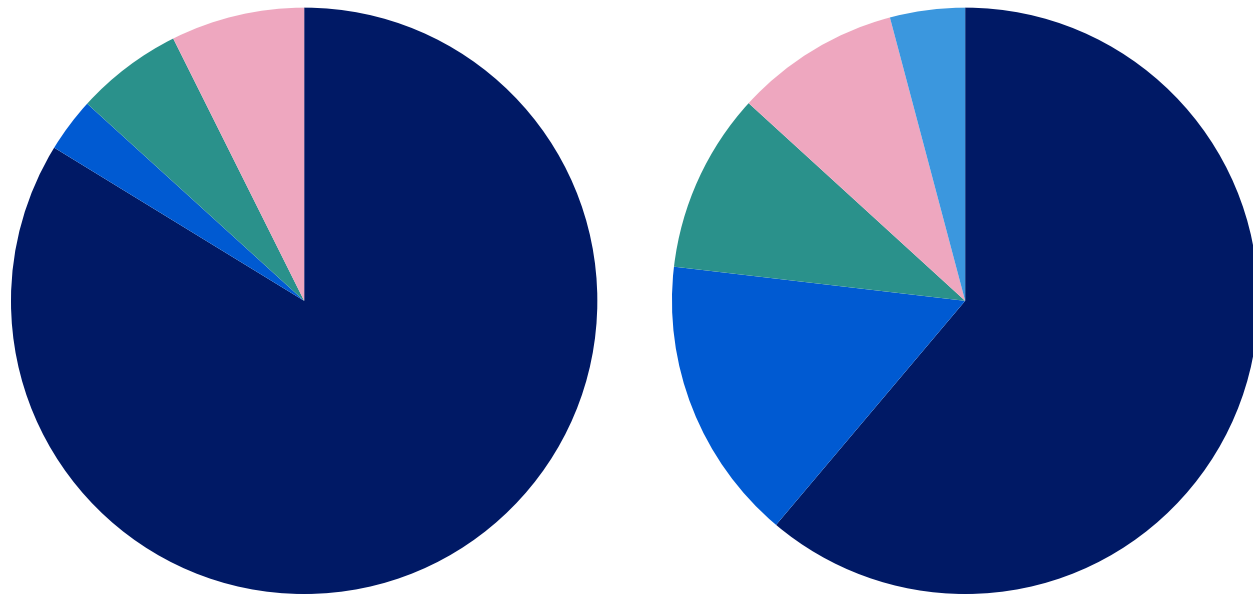
| Therapy areas | Core Novo Nordisk capabilities | | | Modalities accelerated via partnerships & acquisitions | |
|---------------|--------------------------------|-------|-----------------|--|-----------------|
| | Proteins/ Peptides/mAB | siRNA | Cell Therapy | Small Molecules | Gene Therapy |
| Diabetes | ✓ | ✓ | ✓ | ✓ | |
| Obesity | ✓ | ✓ | | ✓ | |
| CVD | ✓ | ✓ | ✓ | ✓ | ✓ |
| RBD | ✓ | ✓ | | ✓ | ✓ |
| MASH | ✓ | ✓ | ✓ | ✓ | ✓ |
| RED | ✓ | ✓ | | ✓ | ✓ |
| CKD | ✓ | | ✓ | ✓ | ✓ |

✓ Active pipeline ✓ Exploratory

CKD: Chronic kidney disease; CVD: Cardiovascular disease; mAB: Monoclonal antibody; MASH: Metabolic dysfunction-associated steatohepatitis; RBD: Rare blood disorders; RED: Rare endocrine disorders; siRNA: Small interfering ribonucleic acid
 Note: Currently active means Novo Nordisk is currently pursuing research projects, while exploratory indicates active early exploration activities and/or partnerships initiated

Novo Nordisk's modality portfolio has expanded since 2018 with more projects using newer platforms

Distribution of research and phase 1 projects across modalities



2018

2024

Proteins & Peptides
 siRNA¹
 Small molecules
 Cell therapy
 Gene therapy

Strategic changes made since 2018



Build upon core capabilities with new modalities

1+

More than one modality per target biology



Focus on automation and scalability



Building in silico capabilities to better predict

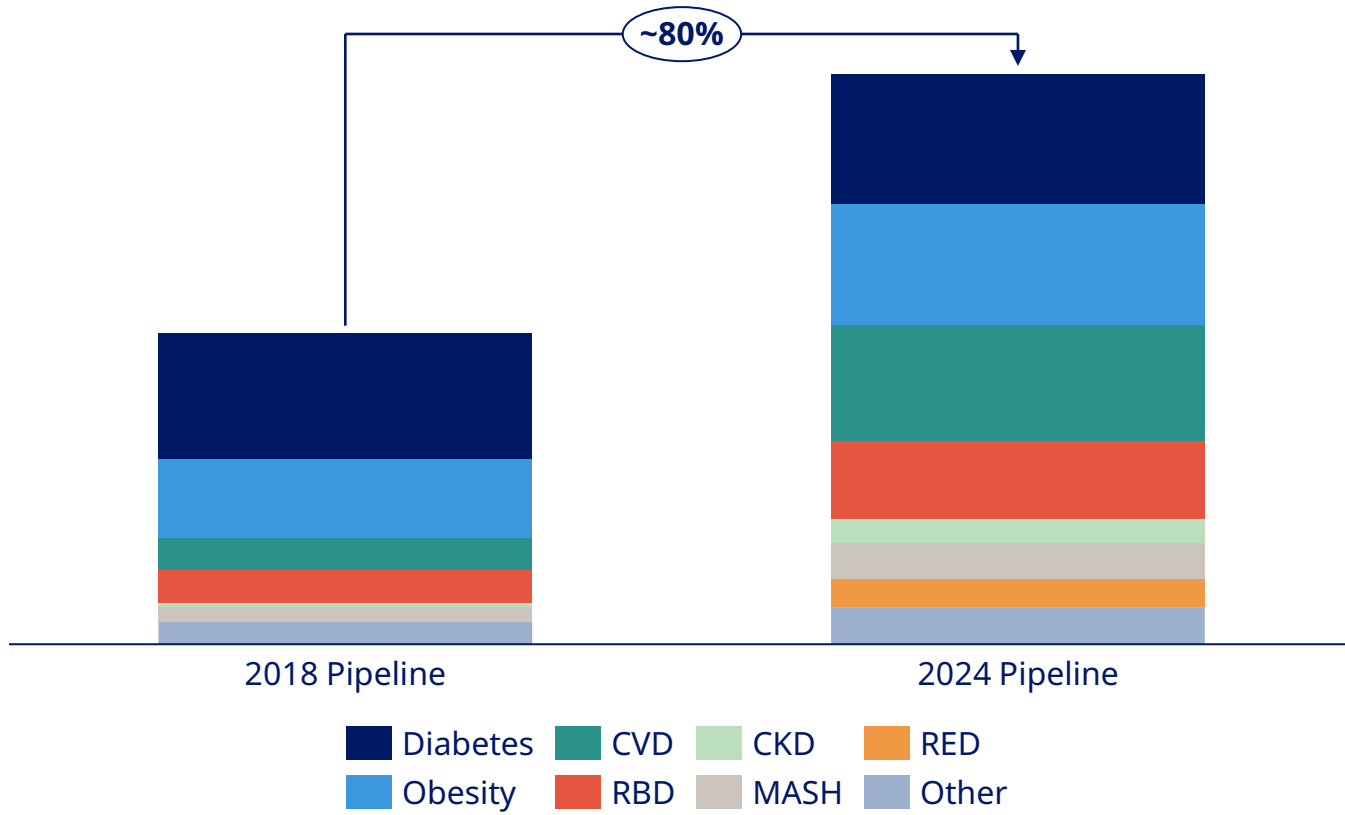


Increased investments

¹primarily siRNA projects
siRNA: Small interfering ribonucleic acid

The research and early development pipeline is broad and has increased across therapy areas since 2018

Growing research and phase 1 pipeline since 2018



Strategic changes made since 2018

- Continued key focus on diabetes and obesity
- Broadening and advancing CVD pipeline
- Increased commitment in Rare blood disorders
- Increased investments

Next-generation innovation drives the phase 1 pipeline within diabetes

Diabetes phase 1 pipeline

Once monthly GIP/GLP-1 co-agonist

Diabetes

NN1845 – GSI

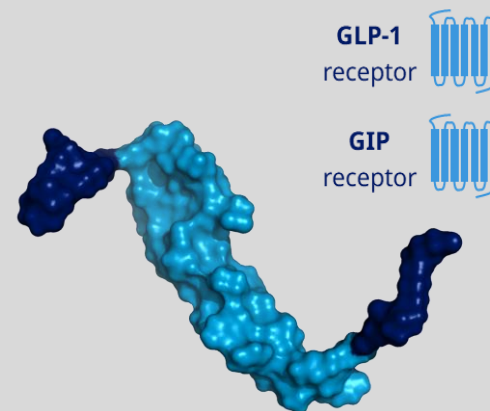
NN1471 – Pumpsulin

NN9041 – DNA Immunotherapy

NN9904 – OW oral semaglutide

NN9650 – OM GIP/GLP-1 co-agonist

NN9541 – OW GIP/GLP-1 co-agonist



NN9650
(OM GIP-1/GIP)

Mode of action

Co-agonist to GIP and GLP-1 receptors

Differentiation

Improved convenience
12 injections yearly

Dosing

Once monthly sc
injection

Next steps

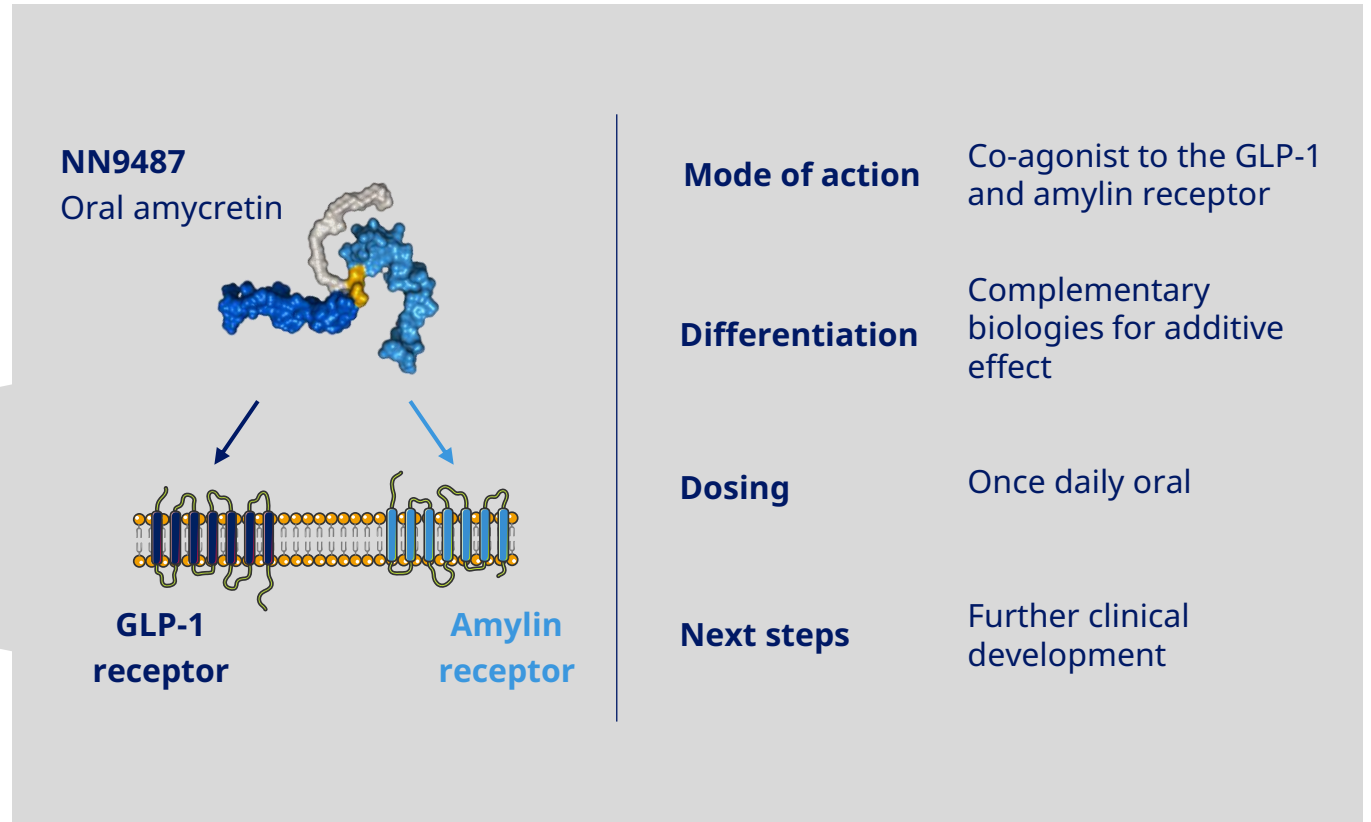
Phase 1 results
expected in 2025

Oral amycretin is a novel, unimolecular co-agonist of both GLP-1 and amylin receptors that successfully completed phase 1 trial

Obesity phase 1 pipeline

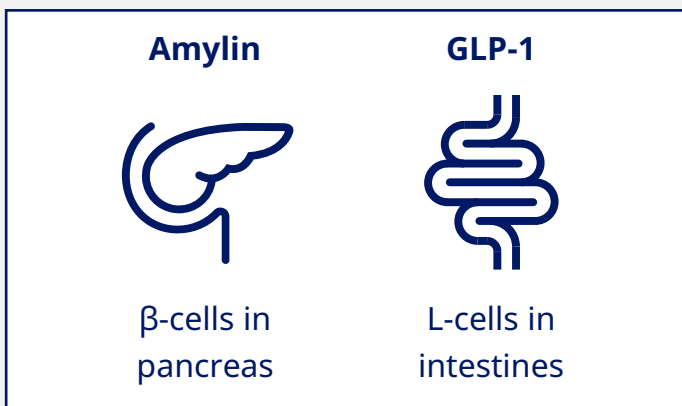


Amycretin combines several beneficial effects of GLP-1 and amylin



Amylin shows potential for additional and complementary benefits to GLP-1 in metabolic diseases

Amylin and GLP-1 are endocrine peptide hormones



Amylin and GLP-1 both have a role in^{1,2}:

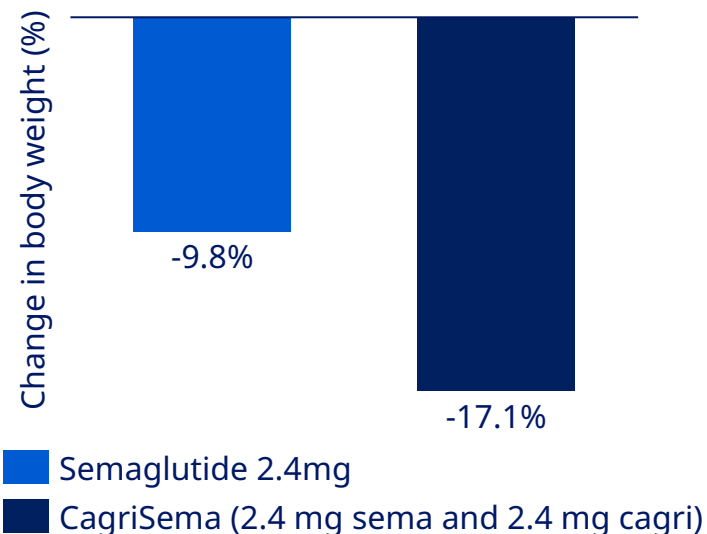
- Appetite regulation (hunger and satiety)
- Glucose control

Amylin is also involved in^{2,3}:

- Bone homeostasis
- Body composition

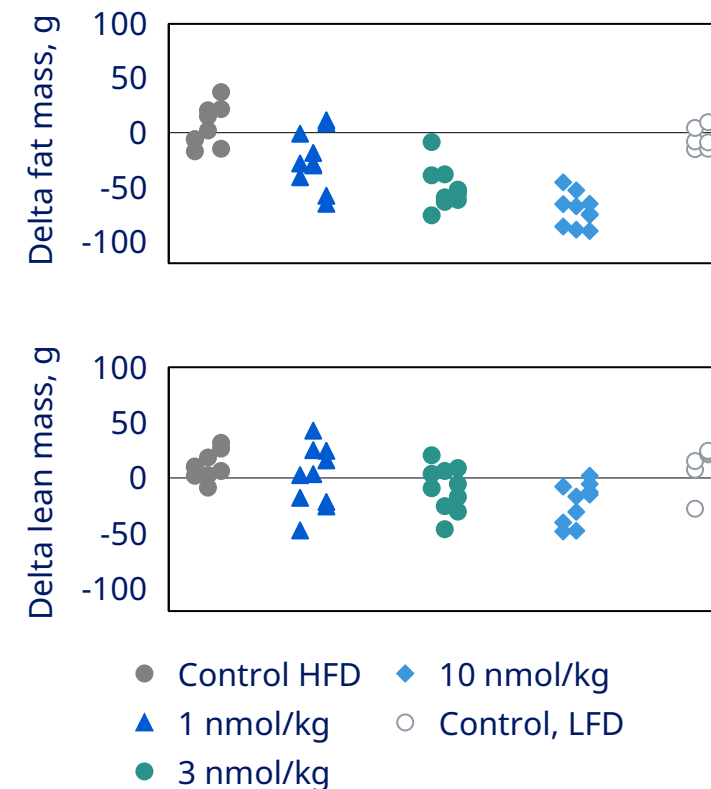
Weight loss in a 20-week phase 1 obesity trial

Mean baseline body weight: 94.6 kg, n = 96



Novo Nordisk amylin analogues have appeared to have **safe and well-tolerated profiles** in clinical trials

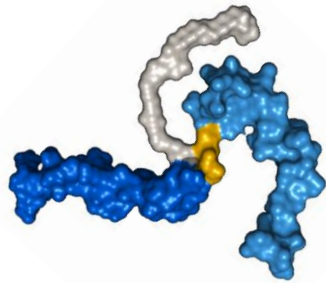
Cagrilintide improves body composition in obesity DIO rat model³



¹Campbell et.al. Cell Metabolism 2013 (17) 819-837; ²Hay et al. Pharmacological reviews 2015 (67) 564-600; ³Daquin et.al. 2004 164(4):509-14
Cagri: Cagrilintide; DIO: Diet induced obesity; g: gram; HFD: High-fat diet; LFD: Low-fat diet; nmol: nanomole; Sema: semaglutide

Phase 1 results in obesity allows further clinical development of amycretin

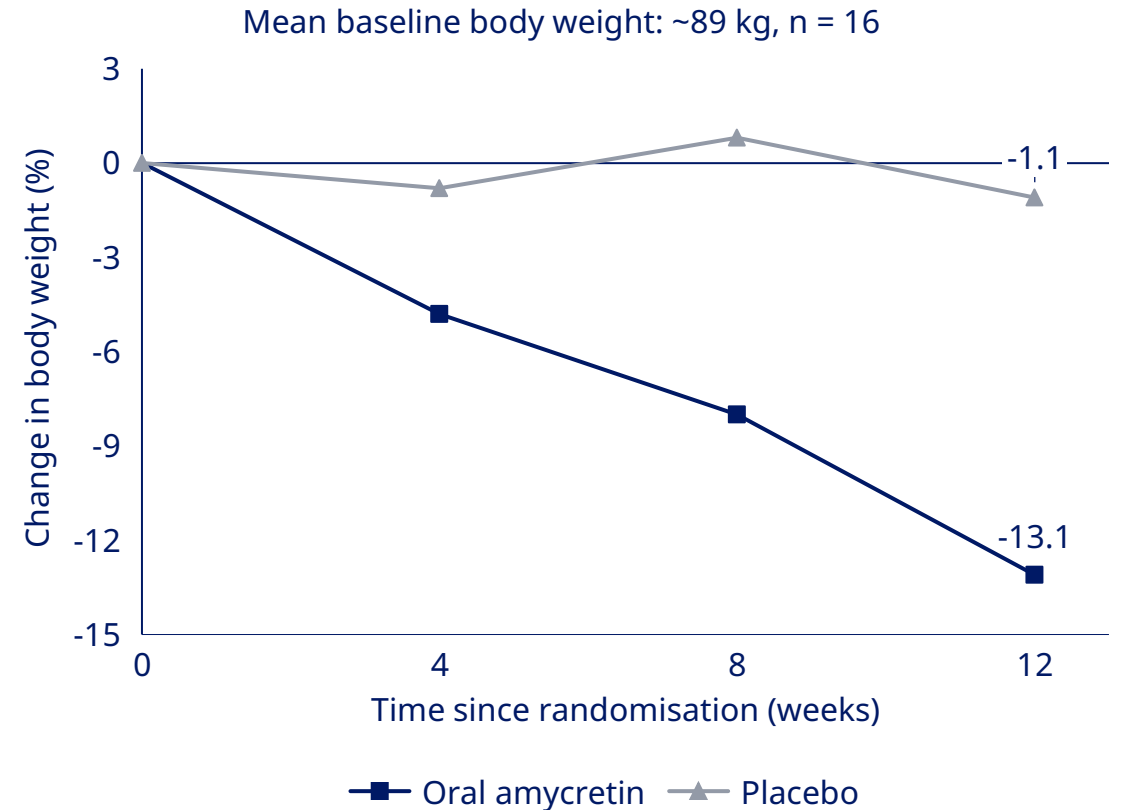
Oral amycretin phase 1 trial in obesity was successfully completed



Phase 1 key findings

- Pharmacokinetic profile allows for further clinical development
- 13.1% weight loss after 12 weeks
- Amycretin appeared to have a safe and well-tolerated profile
- Adverse effects in line with previous Novo Nordisk GLP-1 and CagriSema trials


Results from exploratory endpoint on body weight change




Drug development in diabetes and obesity is built around core Novo Nordisk capabilities

Core Novo Nordisk capabilities


Deep biology understanding

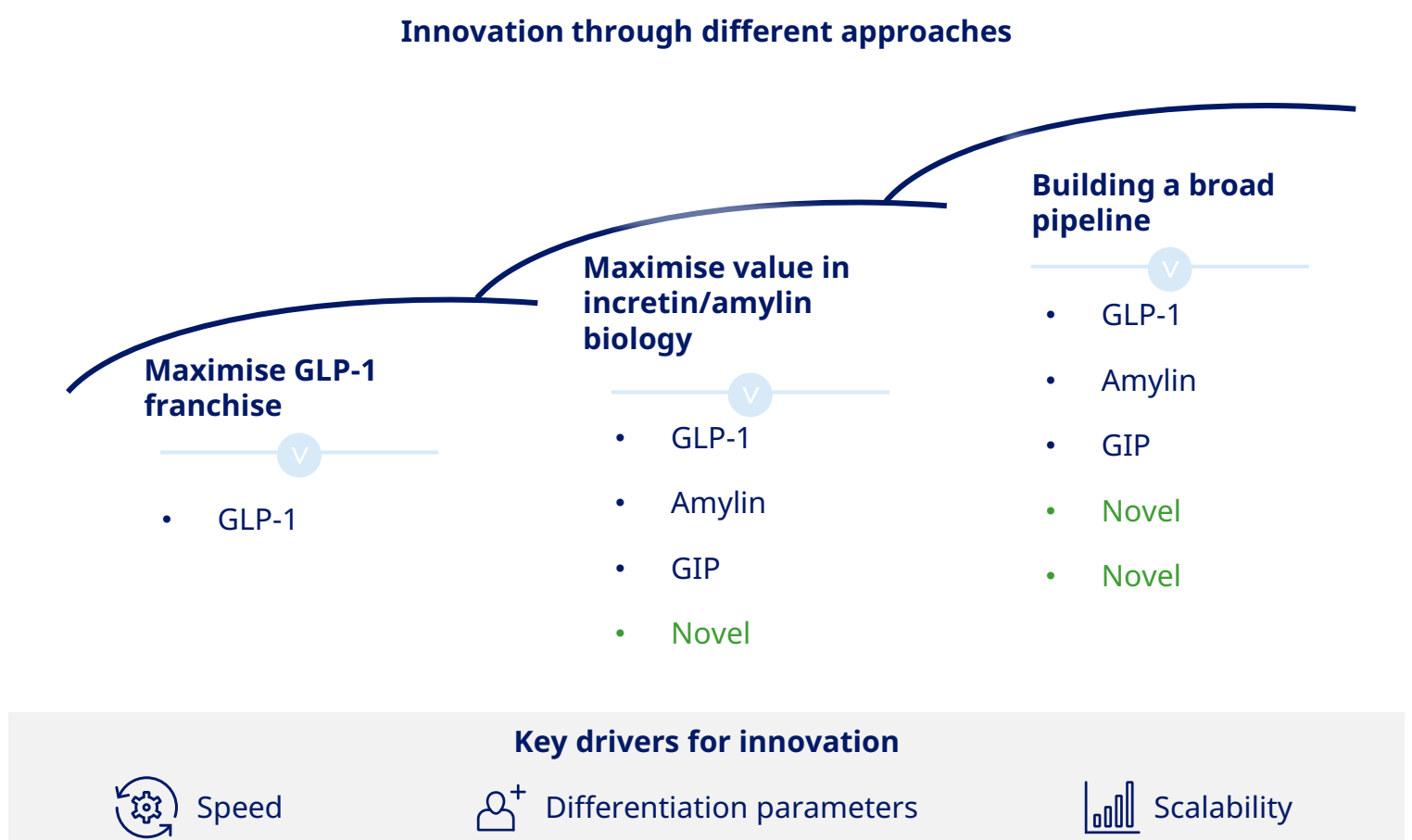


Protein/peptide development and engineering



Efficient large-scale production of proteins





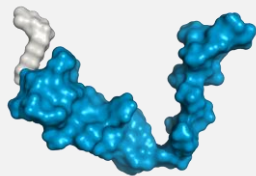
MoA: Mechanism of action; GIP: Gastric inhibitory polypeptide

New standalone and tri-agonist molecule to enter phase 1 within the next 12 months, with new concepts to follow

Expected phase 1 initiations within the next 12 months

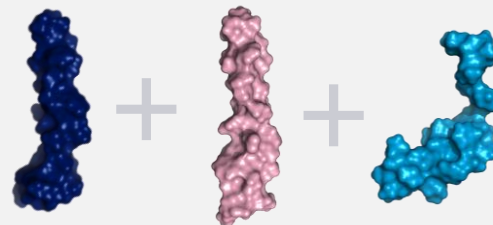
New amylin

- Phase 1 initiation expected in 2024
- New molecule for mono-therapy provides opportunity for weight management
- Potential for combination therapy



New tri-agonist

- Phase 1 initiation expected within next 12 months
- Potential for improved weight loss efficacy
- Potential for improved effect on obesity related comorbidities



ILLUSTRATIVE

Focus areas for upcoming projects



Regulating appetite and energy expenditure



Weight maintenance



Lean body mass preservation



Sustained release

Phase 1 aspiration of bringing more targets from research to development faster is on track for 2025

Key drivers increasing number of phase 1 initiations



Increased investments across portfolio



Target discovery engine delivers targets that are relevant to human disease

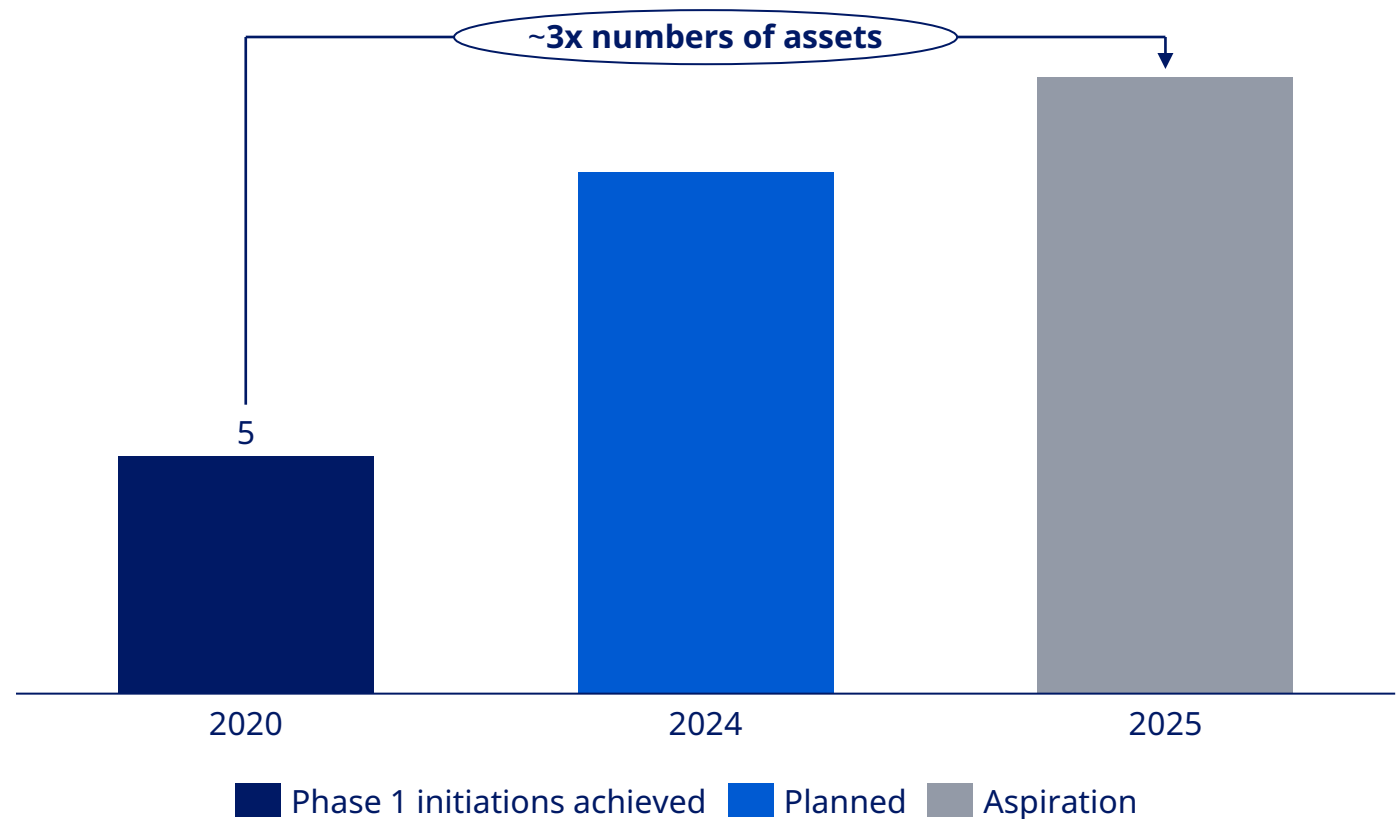


Leverage AI/digital capabilities throughout drug discovery process



Early pipeline growth delivers more phase 1 opportunities

Number of phase 1 initiations in 2020 and aspirations towards 2025



Closing remarks

Continue to build on core capabilities and expand beyond with new modalities

Pipeline is expanding, driven by internal target discovery and supported by external partnerships

Phase 1 initiation ambition of 3x is on track