Novo Nordisk –a focused healthcare company

Novo Nordisk R&D investor event

New Orleans, 7 June 2026

Agenda

Introduction		***Michael Novod***
Opening remarks		*Mike Doustdar*
ADA R&D highlights	CagriSema in T2D - REIMAGINE Zenagamtide UBT251	*Martin Holst Lange*
Pipeline	Upcoming R&D milestones	
Q&A		*Mike Doustdar, Martin Holst Lange, Karsten Munk Knudsen*

Forward-looking statements

Novo Nordisk's statutory Annual Report 2025, Form 20-F, any quarterly financial reports, and written information released, shown, or oral statements made, to the public in the future by or on behalf of Novo Nordisk, may contain certain forward-looking statements relating to the operating, financial and sustainability performance and results of Novo Nordisk and/or the industry in which it operates. Forward-looking statements can be identified by the fact that they do not relate to historical or current facts and include guidance. Words such as 'believe', 'expect', 'may', 'will', 'plan', 'strategy', 'transition plan', 'prospect', 'foresee', 'estimate', 'project', 'anticipate', 'can', 'intend', 'target' and other words and terms of similar meaning in connection with any discussion of future operating, financial or sustainability performance identify forward-looking statements. Examples of such forward-looking statements include, but are not limited to:

- Statements of targets, future guidance, (transition) plans, objectives or goals for future operations, including those related to operating, financial and sustainability matters, 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, opinions, views and projections. Although Novo Nordisk believes that the expectation reflected in such forward-looking statements are reasonable, there can be no assurance that such expectation will prove to be correct. By their very nature, forward-looking statements involve risks, uncertainties and assumptions, both general and specific, and actual results may differ materially from those contemplated, expressed or implied by any forward-looking statement.

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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 this Annual Report 2025, reference is made to the overview of risk factors in 'Risks' in the Annual Report 2025. None of Novo Nordisk or its subsidiaries or any such person's officers, or employees accept any responsibility for the future accuracy of the opinions expressed in the Annual Report 2025, Form 20-F, any quarterly financial reports, and written information released, shown, or oral statements made, to the public in the future by or on behalf of Novo Nordisk or the actual occurrence of the forecasted developments.

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

Today’s speakers

Mike Doustdar
President and
Chief Executive Officer

Martin Holst Lange
Executive Vice President of R&D
and Chief Scientific Officer

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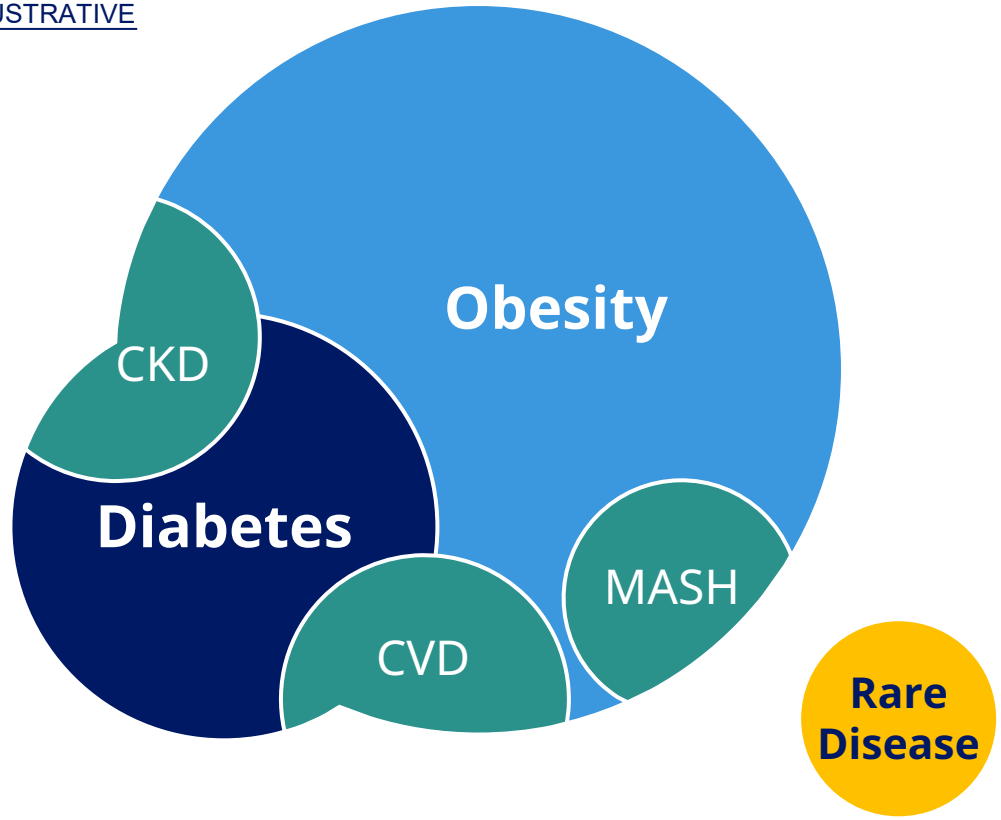
Q&A		*Mike Doustdar, Martin Holst Lange, Karsten Munk Knudsen*

Novo Nordisk pursues innovation-driven opportunities within core therapeutic areas and adjacent comorbidities

Our strategy focuses on leading in Obesity, Diabetes & related comorbidities

ILLUSTRATIVE



Significant unmet need remains within Diabetes and Obesity

Diabetes

>550 million People living with T1D or T2D	**~8%** Diabetes prescriptions are for a GLP-1

Obesity

>900 million People living with obesity	**~1%** People with obesity treated with branded AOMs

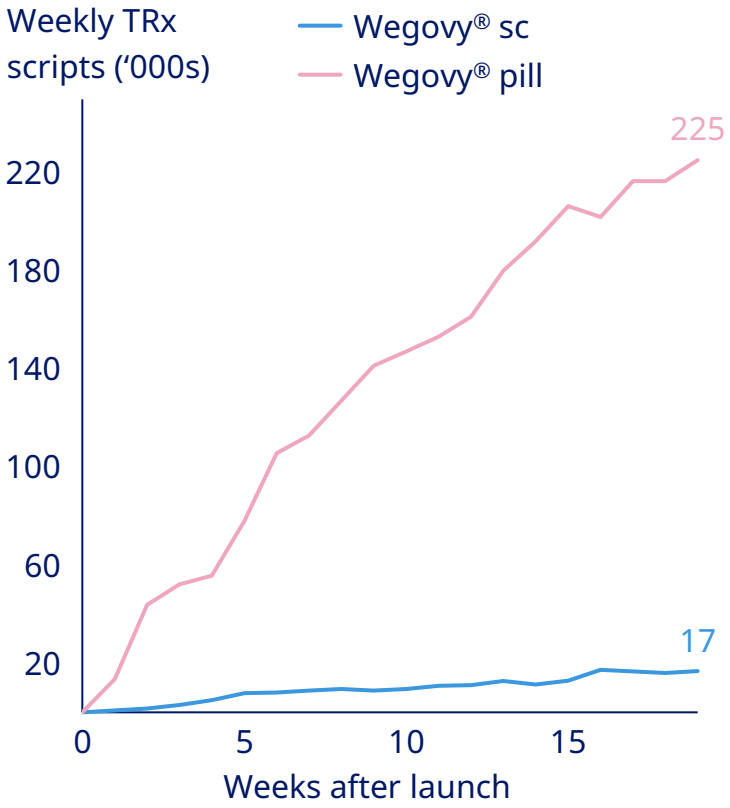
Select related comorbidities

250 million People living with MASH	**>500 million** People living with CVD	**>800 million** People living with CKD

AOM: Anti-obesity medication; CVD: Cardiovascular; CKD: Chronic kidney disease; MASH: Metabolic dysfunction-associated steatohepatitis; T1D: Type 1 diabetes; T2D: Type 2 diabetes
Source: Csaba P.Kovesdy et al.Kidney International Supplements, NHANES (2013-2014, 2015-2016, 2017-2020, 2021-2023), UN World Population Prospects report, WHO, IDF World Diabetes Atlas, World Obesity Atlas and PADAWA Analysis;

Wegovy® pill is expanding the US AOM market, with current Wegovy® NBRx market share around 60%

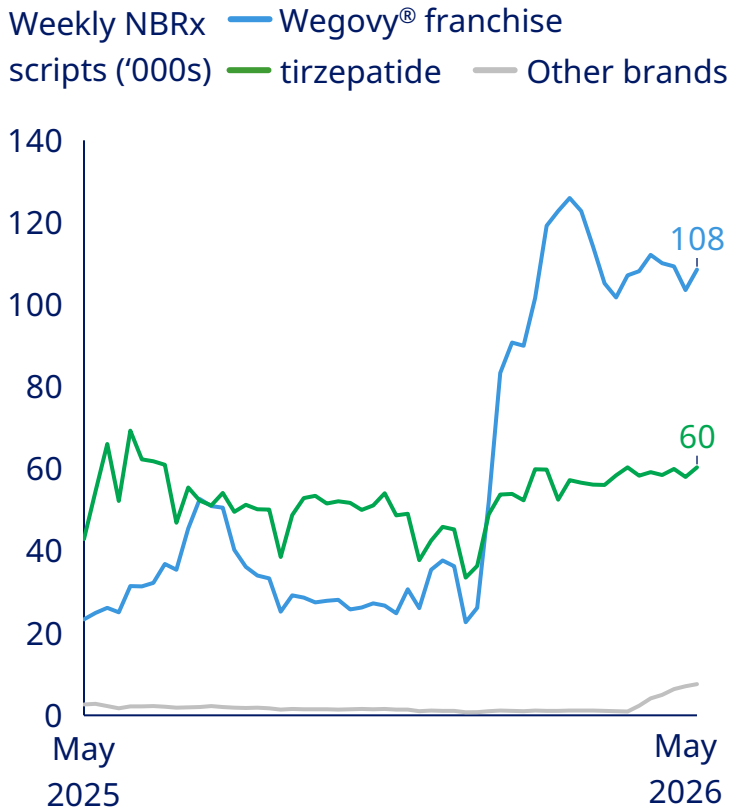
Branded AOM TRx after launch



Wegovy® pill launch progress

- >3 million cumulative Wegovy® pill prescriptions since launch
- CHMP positive opinion received 21 May
- First ex-US launches anticipated in H2'26

Branded AOM NBRx in the US



AOM: Anti-Obesity Medications (includes Wegovy®, Saxenda®, Zepbound®, Qsymia®, Foundayo® and Contrave®); CHMP: Committee for Medicinal Products for Human Use; NBRx: New-to-brand prescriptions; HD: High dose; Sc: subcutaneous; TRx: Total prescriptions
Source: Weekly TRx data for Wegovy® pill is an estimate based on internal self-pay data and IQVIA Xponent reporting, as of 15 May 2026. TRx data for Wegovy® sc and tirzepatide is based on IQVIA Xponent (reporting starts three weeks after both brand's official US launch date due to inconsistencies in the first weeks post launch). TRx data for orforglipron is based on IQVIA Xponent reporting, as of 15 May 2026. NBRx data is based on IQVIA Xponent week ending 08 May 2026 and internal self-pay data.

Wegovy® pill has a differentiated label in the US

Wegovy® pill

- **16.6%** Best-in-class weight loss[1]
- **20%** MACE reduction[2]
- **~50 million** Patient-years of real-world exposure
- No drug-drug interaction restrictions[3]

Differences in oral GLP-1 DDI restrictions and population use in US labels

DDI/population use	oral semaglutide[3]	orforglipron[4]
Strong CYP3A4 inhibitors	No interaction	**Dose restriction*** **Avoid** concomitant use of CYP3A4 + OATP1B inhibitors
Strong CYP3A4 inducers	No interaction	**Avoid** concomitant use
Moderate CYP3A4 inducers	No interaction	**Monitor**
Simvastatin	No interaction	Dose **restriction**†
Levothyroxine	**Monitor**	No interaction
Oral contraceptives guidance	No interaction	Use **non-oral** or **barrier** method‡
Severe hepatic impairment	No significant differences	**Not recommended**

[1]Efficacy estimand. Wharton S, et al. N Engl J Med. 2025; 393:1077-1087. [2]CV death, non-fatal MI, or non-fatal stroke. Supported with data from the STEP trial programme and the PIONEER PLUS trial. [3]Per semaglutide FDA Prescribing Information. [4]Per orforglipron FDA Prescribing Information. *Maximum dosage 9 mg OD of orforglipron. †Do not exceed simvastatin 20 mg OD. ‡For 30 days after initiation and for 30 days after each dose escalation.
CYP3A4: Cytochrome P450 3A; DDI: Drug–drug interaction; FDA: US Food and Drug Administration; MACE: Major adverse cardiovascular events; OATP1B: Organic anion transporting polypeptide 1B; OD: Once-daily; US: United States
Note: The information presented reflects selected attributes of the listed products. The US FDA-approved Prescribing Information for each product contains complete and comprehensive information.

Novo Nordisk at ADA 2026 showcases our science across multiple indications and pipeline products

40 abstracts accepted

36 Poster presentations

4 Oral presentations

>15 clinical trials

Innovation at ADA

- Semaglutide
- Icodec
- CagriSema
- IcoSema
- Zenagamtide
- Efruxifermin
- UBT251

Therapy areas represented

- Obesity
- Diabetes
- Cardiovascular disease
- MASH

MASH: Metabolic dysfunction-associated steatohepatitis

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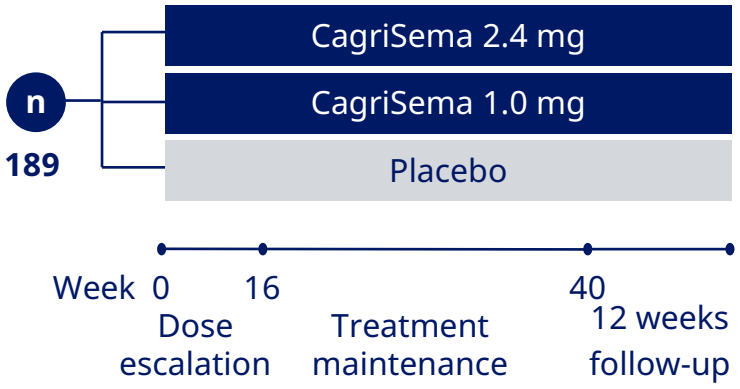
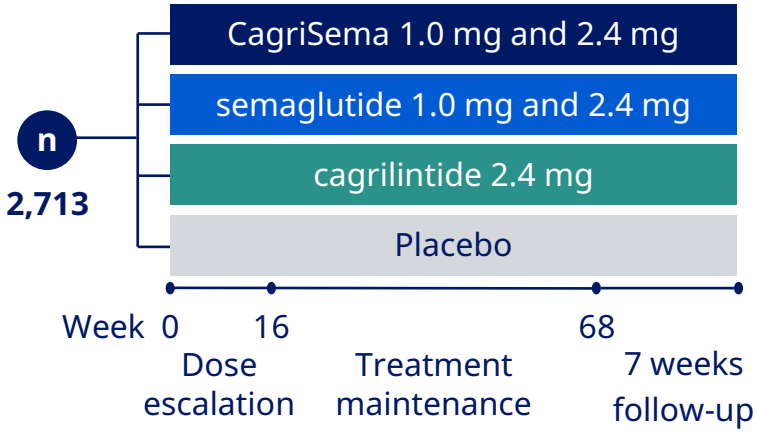
REIMAGINE pivotal trials tested CagriSema versus semaglutide, cagrilintide and placebo in people with type 2 diabetes

REIMAGINE 1 compares CagriSema vs placebo in HbA_{1c} from baseline to week 40



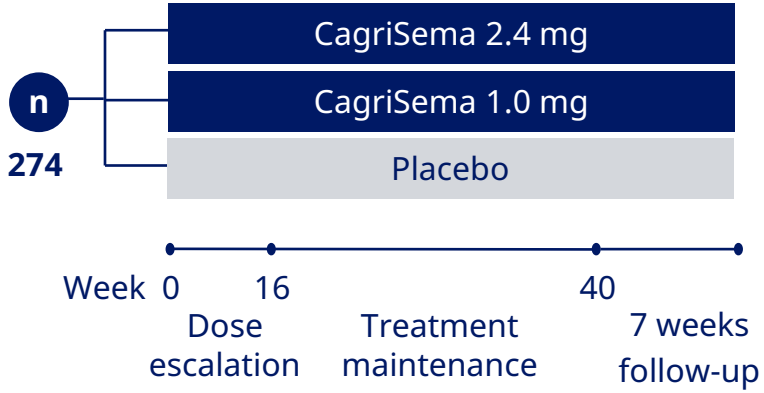
Inadequately controlled with diet and exercise alone	
Female	**45.5%**
Mean BMI	**35.2 kg/m²**
Mean body weight	**101.3 kg**

REIMAGINE 2 compares CagriSema vs sema in HbA_{1c} from baseline to week 68



Inadequately controlled with metformin, with or without SGLT2i	
Female	**42.9%**
Mean BMI	**35.1 kg/m²**
Mean body weight	**100.9 kg**

REIMAGINE 3 compares CagriSema vs placebo in HbA_{1c} from baseline to week 40



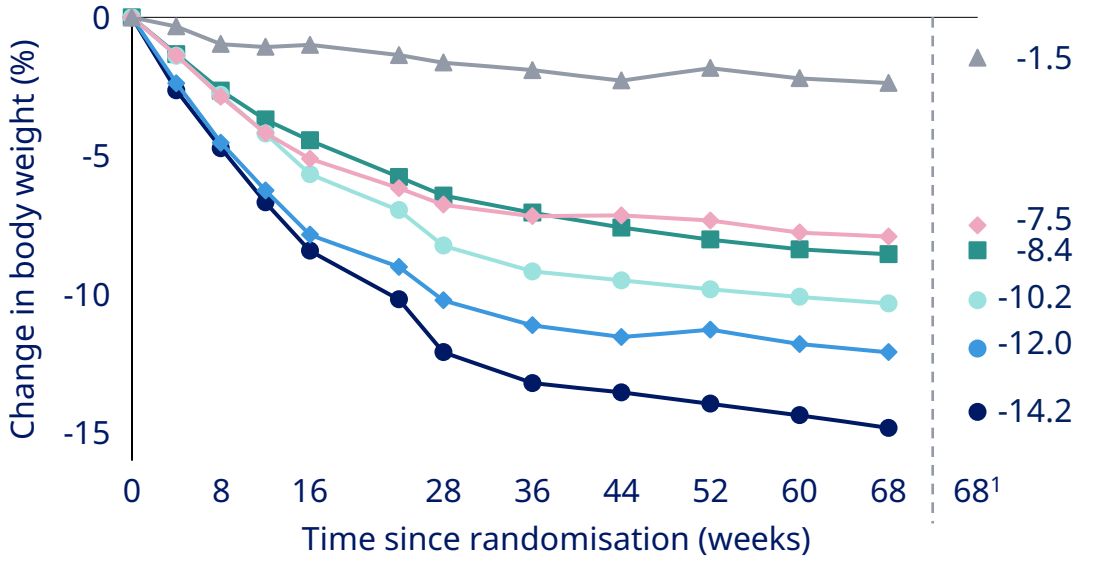
Treated with basal insulin with or without metformin	
Female	**42.2%**
Mean BMI	**31.6 kg/m²**
Mean body weight	**88.2 kg**

BMI: Body mass index; HbA_{1c}: Haemoglobin A_{1C}; sema: semaglutide; SGLT2i: Sodium-glucose co-transporter 2 inhibitors; T2D: Type 2 diabetes
Source: Aroda V., Jain A., & Rosenstock J. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026

CagriSema demonstrated superior HbA_{1c} reduction and weight loss in the REIMAGINE 2 phase 3 trial

CagriSema demonstrated superior weight loss vs semaglutide[1]

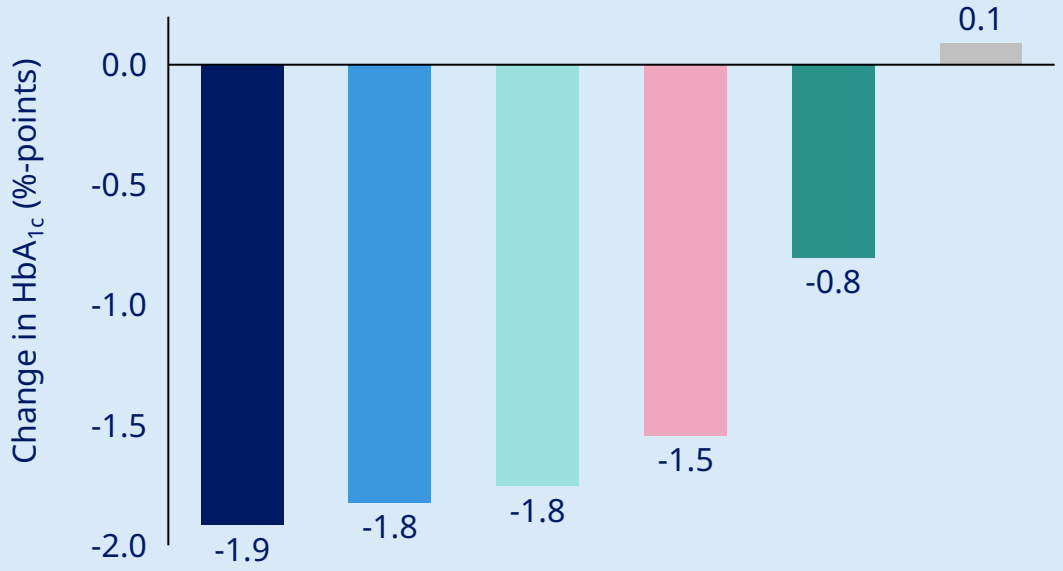
Mean baseline body weight: 100.9 kg



Categorical weight loss CagriSema 2.4 mg[2]	≥15% WL reduction	≥20% WL reduction
	42.8%	**23.7%**

CagriSema demonstrated superior HbA_{1c} reduction vs semaglutide[1]

Mean baseline HbA_{1c}: 8.2%



CagriSema 2.4 mg | CagriSema 1.0 mg | cagrilintide 2.4 mg | semaglutide 2.4 mg | semaglutide 1.0 mg | Placebo

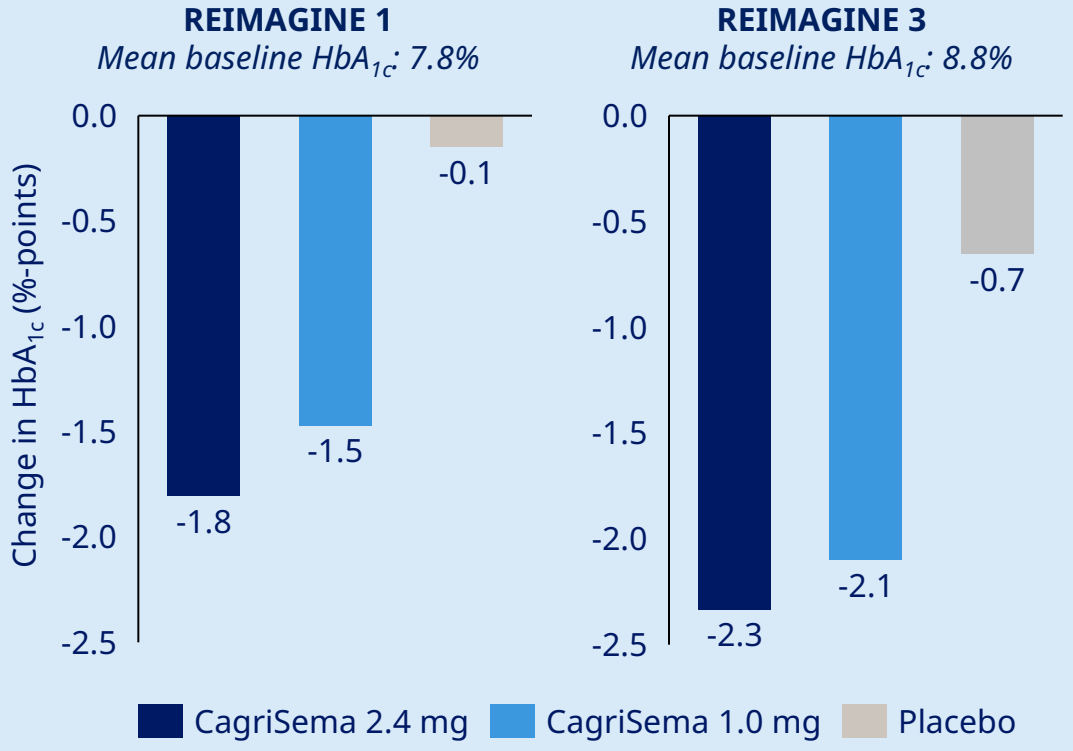
[1]Based on the efficacy estimand according to the trial protocol, regardless of dose modification [2]Estimated proportions based on on-treatment without rescue observation period.
HbA_{1c}: Haemoglobin A_{1c}; WL: weight loss
Source: Jain A. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026

CagriSema demonstrated superior HbA_{1c} reduction and weight loss in both REIMAGINE 1 and 3 phase 3 trials

CagriSema demonstrated superior weight loss vs placebo in both REIMAGINE 1 and 3[1]

	Change in body weight, (%)		
	CagriSema 2.4 mg	CagriSema 1.0 mg	Placebo
REIMAGINE 1 *Mean baseline body weight: 101.3 kg*	-13.8%	-11.8%	-1.4%
REIMAGINE 3 *Mean baseline body weight: 88.2 kg*	-12.0%	-10.4%	1.1%

CagriSema demonstrated superior HbA_{1c} reduction vs placebo in both REIMAGINE 1 and 3[1]



[1]Based on the efficacy estimand according to the trial protocol, regardless of dose modification. [2]Estimated proportions based on on-treatment without rescue observation period.
HbA_{1c}: Haemoglobin A_{1c}; WL: weight loss
Source: Aroda V. & Rosenstock J. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026

Overall low rates of adverse events leading to drug withdrawal with no unexpected safety findings in REIMAGINE 2

	CagriSema 2.4 mg (n = 603)	semaglutide 2.4 mg (n = 605)	cagrilintide 2.4 mg (n = 152)	CagriSema 1.0 mg (n = 594)	semaglutide 1.0 mg (n = 608)	Placebo (n = 149)
	%	%	%	%	%	%
Adverse events	87	81	82	82	79	71
GI adverse events						
Nausea	37	28	17	28	21	10
Diarrhoea	23	18	15	20	17	11
Constipation	21	13	9	17	11	5
Vomiting	16	15	1	12	8	4
Serious adverse events	11	13	11	11	8	9
AEs leading to drug withdrawal	**9**	**7**	**5**	**7**	**4**	**1**
Fatal adverse events	1	1	1	0	0	-

The safety and tolerability profile for CagriSema in REIMAGINE 1 and 3 were consistent with the profile in REIMAGINE 2; overall, CagriSema appeared to have a safe and well-tolerated profile

AE: adverse events; GI: gastrointestinal
Source: Jain A. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026

The REIMAGINE trials confirm the potential of CagriSema in T2D, offering strong weight loss and superior HbA_{1c} reduction

CagriSema combines GLP-1 with the innovation of amylin

Glycaemic control

Superior HbA_{1c} control*

1.8-2.3%-p
Reduction HbA_{1c}[1]

Weight loss

Superior weight loss vs semaglutide*

14.2%
Weight loss[1]

Categorical weight loss**

42.8%
≥15% WL reduction[1]

Building on semaglutide's proven foundation

CV protection

Best in class CV protection

26%
MACE reduction[2]

Kidney outcome

Superior reduction in kidney disease progression

24%
Reduction in Major Kidney Disease Events[3]

Safety

Patient-years of real-world exposure

~50 million
years

Next steps

- REDEFINE 3 (CVOT) is expected to read-out in second half of 2027
- Regulatory pathway for CagriSema T2D and obesity in EU pending REDEFINE 3
- CagriSema HD has been initiated in Q2 2026 and will explore weight loss in people living with obesity with and without T2D

*Based on the efficacy estimand according to the trial protocol, regardless of dose modification. **Estimated proportions based on on-treatment without rescue observation period. [1]Jain A. ADA 86th Scientific Sessions 2026; Aroda V. & Rosenstock J. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026 [2]Steven P Marsoe, SUSTAIN-6, N Engl J Med 2016;375:1834-1844 [3]Vlado Perkovic et al, FLOW, N Engl J Med 2024;391:109-121
CV: Cardiovascular; CVOT: cardiovascular outcomes trial; HbA_{1c}: Haemoglobin A_{1C}; HD: high dose; T2D: type 2 diabetes

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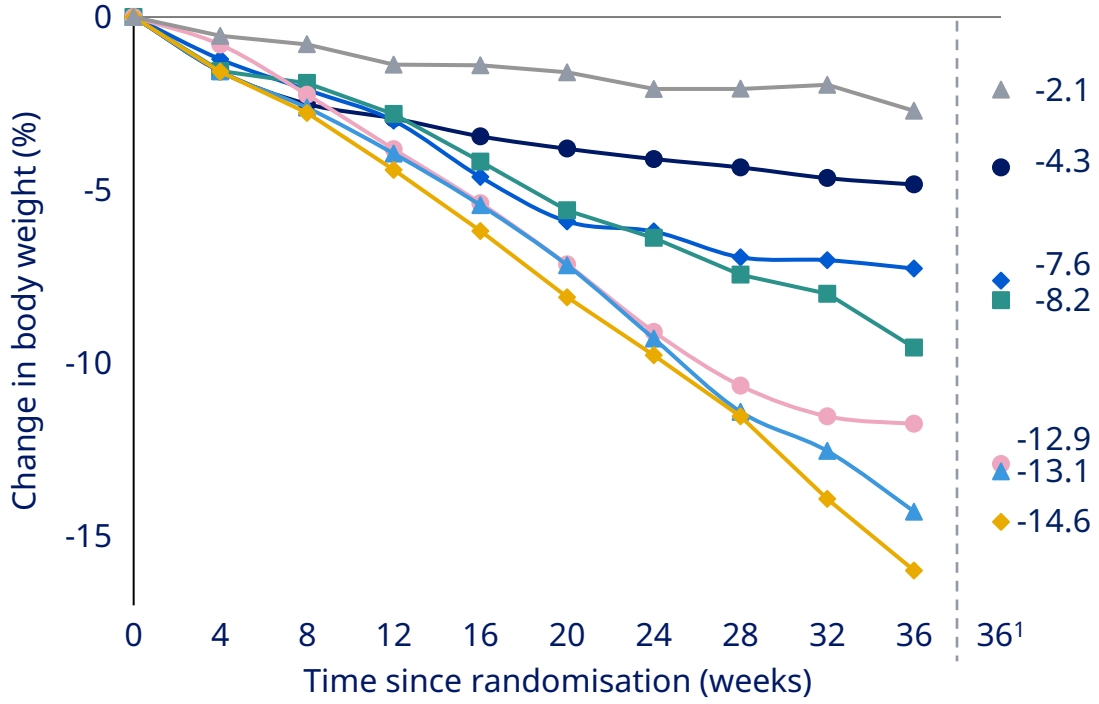
Q&A		*Mike Doustdar, Martin Holst Lange, Karsten Munk Knudsen*

Zenagamtide sc demonstrated up to 14.6% weight loss and 1.7%-points HbA_{1c} reduction in the phase 2 trial in T2D

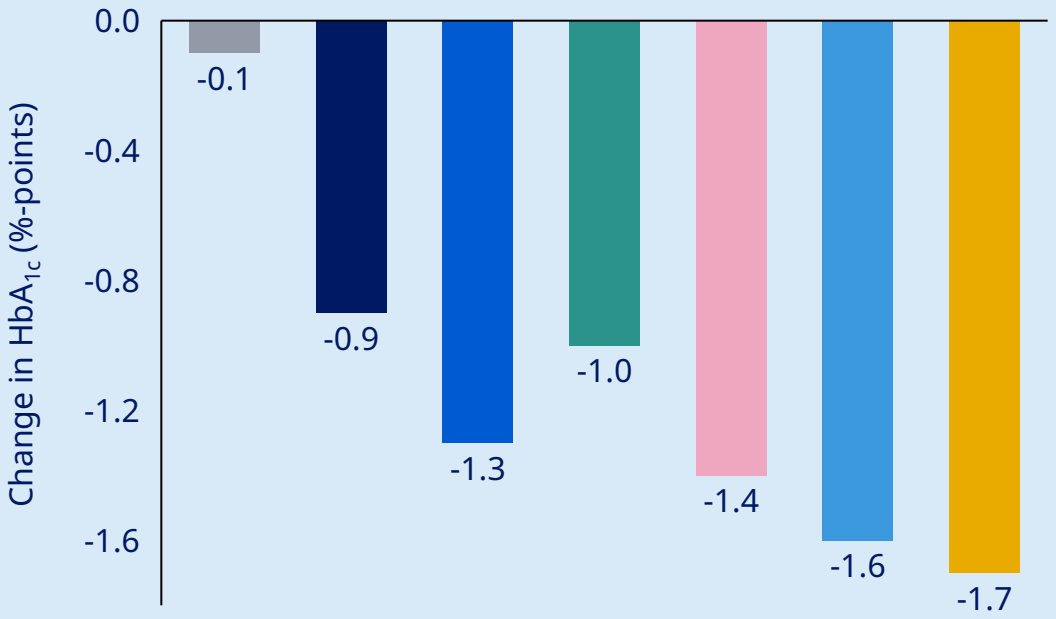
Zenagamtide sc demonstrated significant weight loss vs placebo[1]

Mean baseline body weight: 99.2 kg



Zenagamtide sc showed significant HbA_{1c} reduction vs placebo[1]

Mean baseline HbA_{1c}: 7.8%



Zenagamtide sc doses — 0.4 mg — 1.5 mg — 5 mg — 10 mg — 20 mg — 40 mg — Placebo

[1]Based on the efficacy estimand according to the trial protocol, regardless of dose modification
HbA_{1c}: Haemoglobin A_{1c}; Sc: subcutaneous; T2D: type 2 diabetes; WL: weight loss
Note: Using the dose-response model for analysis, the estimated mean change in HbA1c from baseline to week 36 was up to −1·8% (ETD vs placebo (95% CI): −1·58 (−2·08 to −1·08) p<0·0001); the estimated mean change in body weight was up to −14.5% (ETD vs placebo: -11·81 (-15·37 to −8·25) p<0·0001), with zenagamtide 40mg
Source: Mora P et al. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026

Zenagamtide appeared to have a safe and well-tolerated profile consistent with incretin and amylin-based therapies

	zenagamtide 0.4 mg (n = 38)	zenagamtide 1.5 mg (n = 36)	zenagamtide 5 mg (n = 37)	zenagamtide 10 mg (n = 38)	zenagamtide 20 mg (n = 38)	zenagamtide 40 mg (n = 38)	Placebo (n = 36)
	%	%	%	%	%	%	%
Adverse events	68	67	73	68	90	90	58
GI adverse events							
Nausea	11	17	38	26	50	37	14
Vomiting	3	3	16	11	24	29	6
Diarrhoea	5	6	11	11	16	37	6
Serious adverse events	11	8	5	13	8	3	8
AEs leading to drug withdrawal	**8**	**3**	**16**	**21**	**34**	**34**	**6**
Hypoglycemia	-	-	-	-	3	-	-
Dysesthesia	-	-	-	8	5	21	-

Majority of adverse events were gastrointestinal, and the majority were mild to moderate in severity

AE: adverse events; GI: gastrointestinal
Source: Mora P et al. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026

The AMAZE and AMBITION phase 3 programmes are designed to explore the potential of zenagamtide in obesity and diabetes

Selected zenagamtide phase 3 trials in obesity programme

AMAZE 1
WL in Obesity
- **84-week** vs. placebo (52-week ext. phase)
- **Primary endpoint**: Weight loss

AMAZE 2
WL in T2D
- **84-week** vs. placebo
- **Primary endpoint**: Weight loss

AMAZE 3
OSA[1]
- **80-week** vs. placebo
- **Co-primary endpoint**: AHI/WL

AMAZE 5
Knee OA[2]
- **80-week** vs. placebo
- **Co-primary endpoint**: WOMAC/WL

AMAZE 9
Oral zenagamtide
- **76-week** vs. placebo
- **Primary endpoint**: Weight loss

HF Polaris
Add on to SoC
- **Up to 165-weeks** vs. placebo
- **Primary endpoint**: Time to first composite HF endpoint

2026 | 2027 | 2028

Selected zenagamtide phase 3 trials in diabetes programme

AMBITION 1
Monotherapy
- **44-week** vs placebo
- **Primary endpoint**: HbA_{1c}

AMBITION 2
Add on to insulin
- **52-week** vs placebo
- **Primary endpoint**: HbA_{1c}

AMBITION 3
H2H high dose[3]
- **60-week** vs sema 1.0 mg
- **Primary endpoint**: HbA_{1c}

AMBITION 4
H2H low dose[4]
- **52-week** vs sema 0.5 mg and 1.0 mg
- **Primary endpoint**: HbA_{1c}

2026 | 2027 | 2028

[1]AMAZE 4 has also been initiated to investigate zenagamtide in people with obesity and sleep apnoea. [2]AMAZE 6 has also been initiated to investigate zenagamtide in people with obesity and knee OA [3]High dose includes zenagamtide 20 mg and 40 mg doses. [4]Low dose includes zenagamtide 1.25 mg and 5 mg
AHI: apnea-hypopnea index; H2H: Head-to-head; HbA_{1c}: Haemoglobin A_{1C}; HF: heart failure; H2H: head-to-head; MACE: Major adverse cardiovascular events; OA: Osteoarthritis; OSA: Obstructive sleep apnoea; Sema: Semaglutide; SoC: Standard of care; T2D: Type 2 Diabetes; WOMAC: Western Ontario and McMaster Universities Arthritis Index; WL: Weight loss
Note: The project timelines are directional

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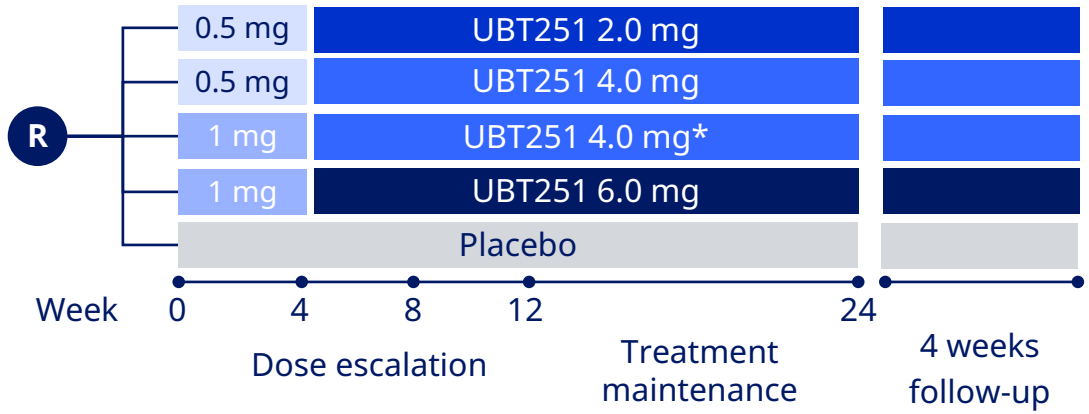
UBT251 phase 2 study explored the weight loss potential of GLP-1, GIP and glucagon tri-agonism in a Chinese population

UBT251 phase 2 study enrolled 205 participants with overweight or obesity[1]



Trial objective, considerations and primary endpoint

- Assess efficacy and safety of UBT251 vs placebo
- The study was conducted in a Chinese population
- Primary endpoint: change in body weight (%) from baseline to 24 weeks

Baseline characteristics of UBT251 phase 2 trial in Chinese population

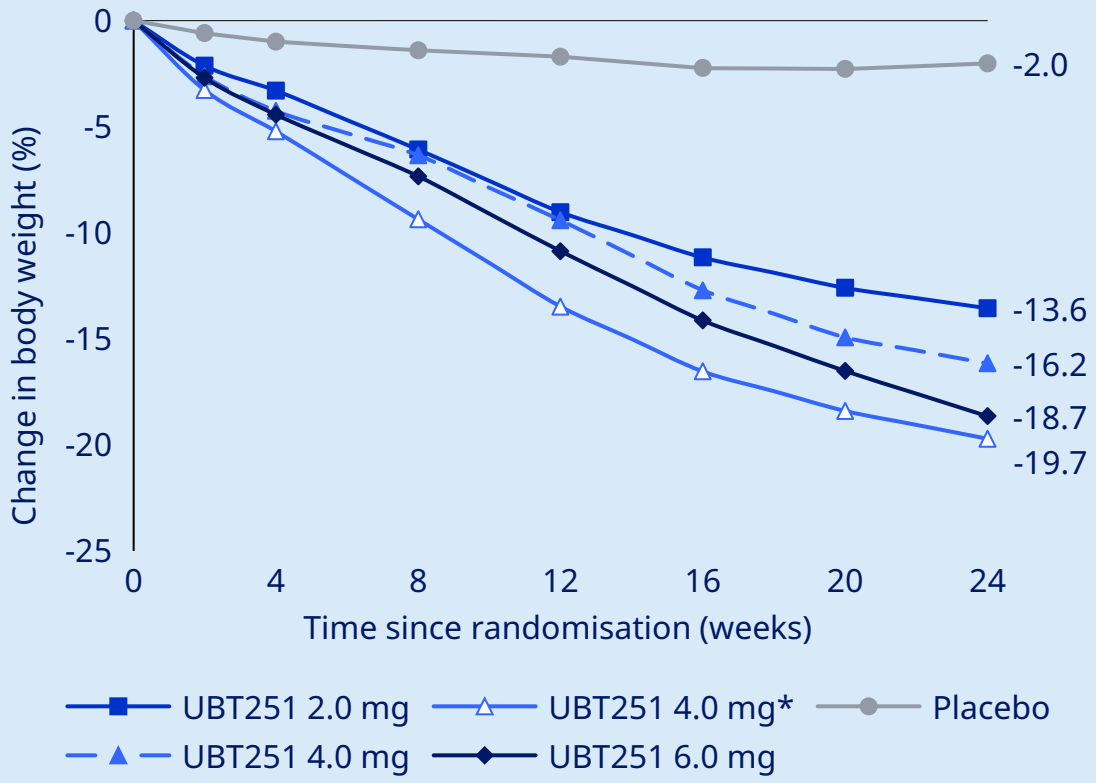
Female	**59%**
Mean age	**34.1 years**
Mean BMI	**33.1 kg/m²**
Mean body weight	**92.2 kg**

*Initial dose of 1.0 mg. [1]BMI: 24.0-28.0 kg/m² and ≥1 comorbidity, or ≥28.0 kg/m². Excludes diabetes diagnosis, prior use of weight-loss drugs or appetite suppressants within 3 months before screening
BMI: Body mass index
Note: The dose was titrated upward every 4 weeks until target maintenance dose was achieved. Novo Nordisk A/S entered an exclusive license agreement with United Biotechnology for UBT251 in March 2025. Under the agreement, Novo Nordisk obtained exclusive worldwide rights (excluding Chinese mainland, Hong Kong, Macau, and Taiwan) to develop, manufacture and commercialise UBT251. United Biotechnology retained the rights for UBT251 in Chinese mainland, Hong Kong, Macau and Taiwan.
Source: Zhou Z et al. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026

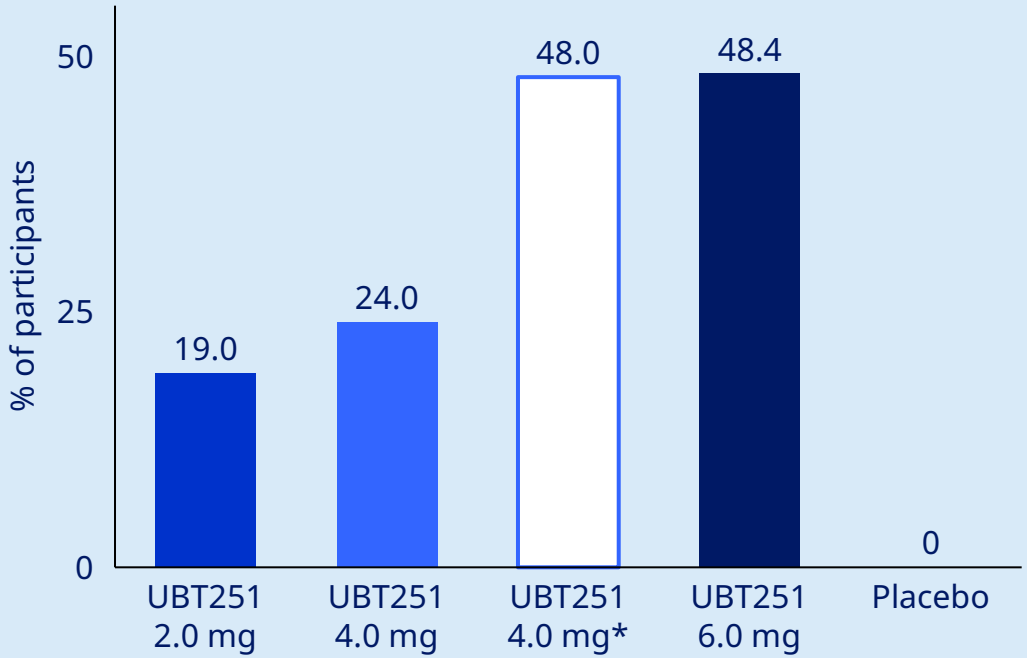
UBT251 achieved up to 19.7% mean weight loss and more than 48% of participants achieved ≥20% weight loss in phase 2

Mean change in body weight[1]

Mean baseline body weight 92.2 kg



≥20% body weight reduction after 24 weeks[1]



UBT251 improved body weight, body mass index, and waist circumference vs placebo

*Initial dose of 1.0 mg; [1]Results based on the efficacy estimand according to the trial protocol, regardless of dose modification

Note: Novo Nordisk A/S entered an exclusive license agreement with United Biotechnology for UBT251 in March 2025. Under the agreement, Novo Nordisk obtained exclusive worldwide rights (excluding Chinese mainland, Hong Kong, Macau, and Taiwan) to develop, manufacture and commercialise UBT251. United Biotechnology retained the rights for UBT251 in Chinese mainland, Hong Kong, Macau and Taiwan.

Source: Zhou Z et al. ADA 86th Scientific Sessions 2026, New Orleans, United States, 5–8 June 2026

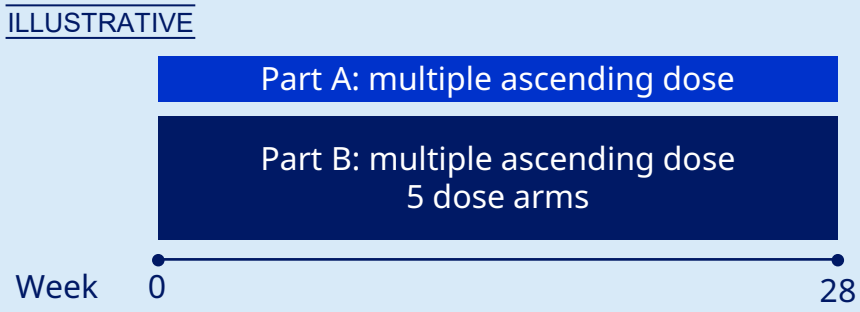
UBT251 appeared to have a safe and well-tolerated profile and is now in a phase 1b/2a global obesity study

UBT251 safety and tolerability was consistent with incretin-based therapies

	2.0 mg (n=51)	Total 4.0 mg (n=50)	6.0 mg (n=54)	Placebo (n=50)
Incidence of TEAEs	92.3%			88.0%
Discontinuations due to AEs	0%	4%	0%	0%

- No significant dose-related trend on the overall TEAE incidence in the UBT251 arms
- The most common adverse events were gastrointestinal
- The vast majority of GI AEs were mild to moderate and diminished over time, consistent with incretin-based therapies

UBT251 is being investigated in a global Phase 1b/2a study



Trial objectives

- Investigate safety, tolerability and dose-response of UBT251 in participants with overweight or obesity
- Compare the effect of different doses of UBT251 vs. placebo on relative change in body weight

Next steps

- Obesity data expected in H1 2027
- Global phase 2 trial in T2D expected to start in Q2 2026

AE: Adverse event; GI: Gastrointestinal; TEAE: Treatment-emergent adverse event; T2D: Type 2 diabetes
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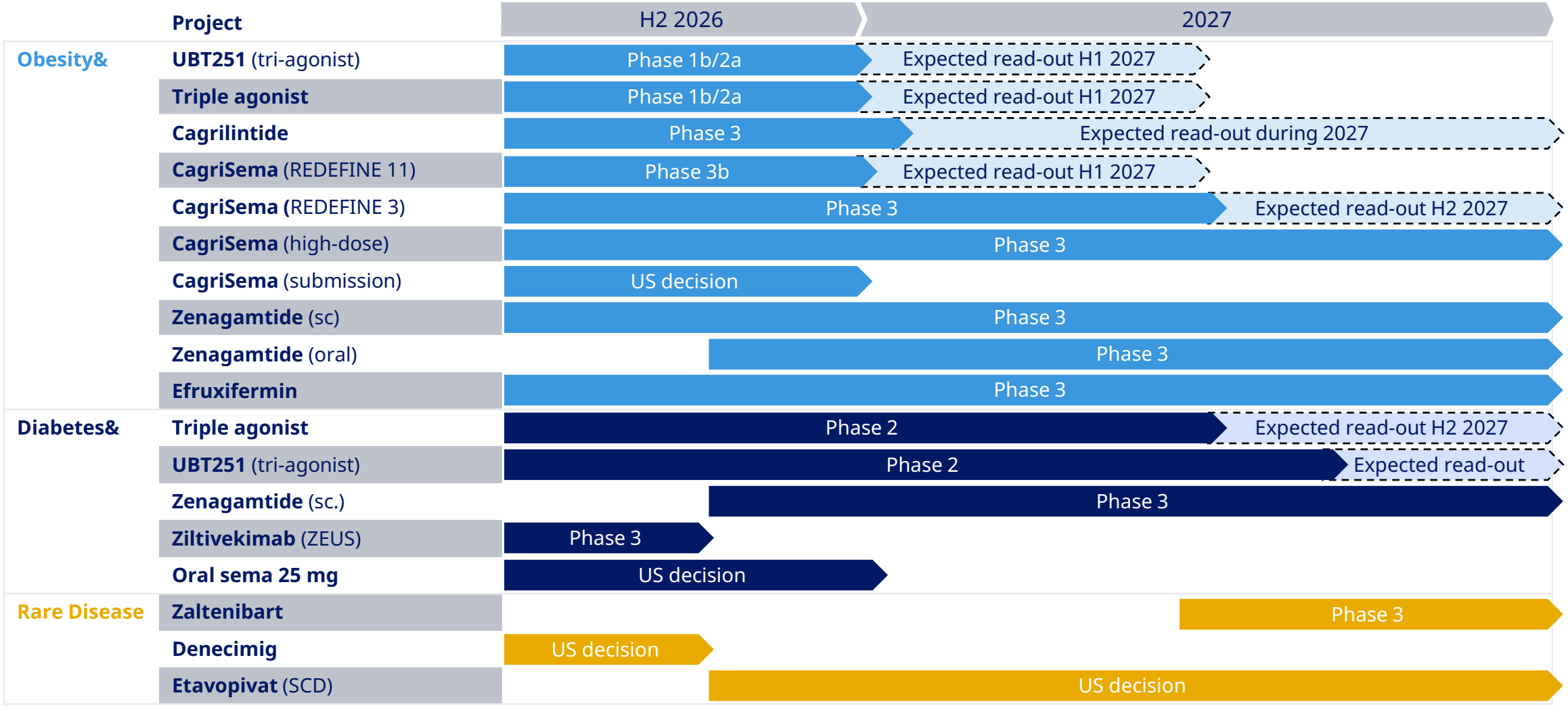
Agenda

Introduction		*Michael Novod*
Opening remarks		*Mike Doustdar*
ADA R&D highlights	CagriSema in T2D - REIMAGINE Zenagamtide UBT251	***Martin Holst Lange***
Pipeline	**Upcoming R&D milestones**	
Q&A		*Mike Doustdar, Martin Holst Lange, Karsten Munk Knudsen*

Upcoming late-stage R&D milestones



Note: Includes project that are in phase 2 and beyond. The project timelines are directional
CagriSema: cagrilintide 2.4 mg and semaglutide 2.4 mg; Sc: subcutaneous; SCD: Sickle cell disease; Sema: Semaglutide

ZEUS is the first phase 3 readout evaluating ziltivekimab's novel mechanism of action in cardiovascular disease

Ziltivekimab is designed for potent and sustained inhibition of IL-6, with proof of concept from phase 2 trial RESCUE

Higher IL-6 levels are associated with higher risk of recurrent CV events, even with SoC

2 in 5 ASCVD patients with CKD with inflammatory risk of hsCRP ≥2 mg/L

>2 million People in the US with ASCVD and CKD are in danger of residual inflammatory risk[1]

92% reduction Median percentage change in hsCRP after 12 weeks of treatment

Ziltivekimab was well tolerated in the RESCUE trial, without any new safety signals identified

ZEUS baseline characteristics and design

ZEUS
ziltivekimab cardiovascular outcomes trial

Demographics and comorbidities		Medication use	
Female	**27.5%**	SGLT2i	**36.9%**
Mean age	**69.5 years**	GLP-1 RA	**11.3%**
Diabetes	**65.7%**	LLT/statins	**92.5/88.3%**

- Event-driven phase 3 study in ~6,200 participants with ASCVD+CKD
- Primary endpoint: time to the first occurrence of 3-point MACE[2]
- Readout expected Q3 2026

[1]Data on file [2]Defined as non-fatal myocardial infarction, non-fatal stroke or CV death
ASCVD: Atherosclerotic cardiovascular disease; BMI: Body mass index; CKD: Chronic kidney disease; CV: Cardiovascular; GLP-1RA, glucagon-like peptide-1 receptor agonist; hsCRP: High-sensitivity C-reactive protein; IL-6: Interleukin-6; LLT: Lipid-lowering therapy; MACE: Major adverse cardiovascular events; SGLT2i: Sodium-glucose co-transporter 2 inhibitor; SoC: Standard of care
Note: Measure of CV inflammation and 'high inflammatory risk' is defined by hsCRP ≥2 mg/L
Source: Ridker PM, et al. Lancet. 2021 May 29;397(10289):2060-2069; Navar A. et al. EAS 94th Congress 2026, Athens, Greece, 24-27 May 2026; Ridker et al. JAMA Cardiol 2026;11;(1):89-97.

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Novo Nordisk –a focused healthcare company

Novo Nordisk R&D investor event

New Orleans, 7 June 2026