Press release

Novo to share real-world and clinical data including Wegovy® pill, and cardiometabolic pipeline progress with next-generation amylin treatments at EASD 2026

- New data will highlight the breadth of semaglutide evidence across the cardiometabolic spectrum, including obesity, type 2 diabetes, cardiovascular, kidney and fatty liver disease, and new data on Wegovy® pill, Wegovy® 7.2 mg and Ozempic® 2.0 mg
- Real-world evidence from the OCTANE study will provide insights into Wegovy® pill use in adults with overweight or obesity, including weight outcomes, treatment switching and patient-reported outcomes
- CagriSema and amylin-based pipeline data will provide new insights into appetite regulation, eating behaviour, food noise, body composition and bone health (bone remodelling mechanisms). The data will advance our understanding of the underlying biology of obesity and type 2 diabetes and inform next-generation cardiometabolic innovation.

Bagsværd, Denmark, 16 September 2026 – Novo Nordisk today announced that new data from its cardiometabolic pipeline and portfolio will be presented at the upcoming 62nd Annual Meeting of the European Association for the Study of Diabetes (EASD) 2026 in Milan, Italy, from 28 September to 2 October. The data to be presented at EASD will bring new scientific insights shared across obesity, type 2 diabetes, cardiovascular, kidney and liver-related outcomes. Together, the presentations reflect Novo's continued focus on advancing understanding and treatment of interconnected cardiometabolic diseases to help many more patients.

A total of 44 abstracts will be presented, including data across semaglutide, CagriSema, and zenagamtide. Key presentations will include real-world evidence on Wegovy® pill and CagriSema data exploring appetite regulation, eating behaviour and brain responses to food cues using fMRI (functional Magnetic Resonance Imaging; a non-invasive brain scan that shows which areas of the brain are active during specific tasks or while at rest), and CagriSema data in type 2 diabetes looking at body composition, organ-level fat and bone remodelling mechanisms. Additional presentations include data on semaglutide addressing excess liver fat in people with obesity, and real-world evidence comparing major adverse cardiovascular events in adults with type 2 diabetes escalating to semaglutide 2.0 mg versus switching to tirzepatide.

"At EASD 2026 we are sharing the breadth and progression of our cardiometabolic portfolio and pipeline, including key insights that show how our science could make a difference in the everyday lives of people living with obesity, diabetes and related diseases," said Martin Holst Lange,

Novo Nordisk A/S
Global Corporate Affairs

Novo Alle 1
2880 Bagsværd
Denmark

Tel: +45 4444 8888
www.novonordisk.com

CVR no: 24 25 67 90

executive vice president of Research & Development and chief scientific officer at Novo. "We are presenting real-world data on Wegovy® pill, new insights into the broader benefits of semaglutide across Wegovy® and Ozempic®, and CagriSema research exploring food noise, brain responses and body composition. Together, these findings have the potential to shape the next generation of cardiometabolic care and reflect our ambition to develop treatments that can help us work towards more meaningful outcomes for patients."

Media are invited to listen to an International Press Briefing on Wednesday, 30 September 2026, during EASD in Milan. The event will be accessible via a webcast on the Novo website, sign up via this link: Novo Nordisk: EASD International Press Briefing, 30 September 2026 (Virtual only)

Summary of presentations

Accepted data at the 62nd Annual Meeting of the EASD include the following oral presentations and short oral discussions. Accepted abstracts include preliminary data that may be subject to change in the final published manuscripts. Dates and times of the presentations can be found on the EASD website.

Select Novo abstracts to be presented at EASD's 2026 Scientific Sessions:

EASD Scientific symposium:

- REIMAGINE 1,2 and 3 Trial: Trial designs, key results and clinical perspectives: **Scientific Session presentation (S21: Amylin in diabetes and obesity: What's new?) - Wednesday 30 September; 16:30 – 17:30 CEST**

Novo oral presentations and short oral discussions:

CagriSema (diabetes and obesity)

- Efficacy of CagriSema on body composition in participants with early type 2 diabetes: REIMAGINE 1. **Oral presentation (LBA 11) – Tuesday 29 September; 14:45–16:15 CEST**
- Effect of CagriSema on achievement of composite HbA_{1c} and weight reduction targets in participants with type 2 diabetes: REIMAGINE 1. **Oral presentation (LBA 12) – Tuesday 29 September; 14:45–16:15 CEST**
- fMRI - Effects of CagriSema on appetite, eating behaviour and food cue reactivity using functional MRI in adults with overweight or obesity. **Oral presentation (122) – Wednesday 30 September; 14:30–16:00 CEST**

Cagrilintide

- Impact of cagrilintide 2.4 mg on physical function: post-hoc patient-reported outcomes from REDEFINE 1. **Short oral discussion (593) – Tuesday 29 September; 12:00–13:00 CEST**

Zenagamtide (diabetes)

- Zenagamtide (amycretin), a novel unimolecular GLP-1 and amylin receptor agonist: phase 2b results in type 2 diabetes. **Oral presentation (13) – Wednesday 30 September; 9:45–11:15 CEST**

Wegovy® (injection and tablets)

- OCTANE RWE US study: 3-month real-world weight outcomes among patients with overweight or obesity after switching from injectable semaglutide or tirzepatide to oral semaglutide for weight management. **Short oral discussion (LBA 59) - Wednesday 30 September; 11:45–12:45 CEST**
- Effect of semaglutide on liver measures and indices: pooled analysis from the STEP UP studies. **Short oral discussion (529) – Thursday 1 October; 12:45–13:45 CEST**

Ozempic®

- COMPETE SWITCH CV: Major adverse cardiovascular events in adults with type 2 diabetes escalating to semaglutide 2.0 mg vs switching to tirzepatide: **Short oral discussion (LBA 44) – Tuesday 29 September; 12:00–13:00 CEST**
- Sema 2.0-7.2 bridging: Pharmacometric modelling of escalating to subcutaneous semaglutide once-weekly 7.2 mg from 2.0 mg in a STEP UP T2D population: predicting weight reduction and gastrointestinal tolerability. **Short oral discussion (824) – Tuesday 29 September; 13:15–14:15 CEST**
- Post-hoc analysis from SUSTAIN FORTE: Achievement of HbA1c, body weight loss and hypoglycaemia composite endpoints with once-weekly semaglutide 2.0 mg versus 1.0 mg in T2D. **Short oral discussion (828) – Tuesday 29 September; 13:15–14:15 CEST**
- SUSTAIN OPTIMIZE CGM: Continuous glucose monitoring outcomes with once-weekly s.c. semaglutide 2.0 mg added to dose-reduced basal insulin vs dose-titrated basal insulin in adults with type 2 diabetes: **Oral presentation (14) – Tuesday 29 September; 10:00–11:30 CEST**
- FLOW mediation analysis: Evidence from mediation analysis of 72 pre-specified cardio-kidney-metabolic proteins: **Oral presentation (LBA 30) – Thursday 1 October; 15:30–17:00 CEST**
- FLOW trial plasma proteomics: identifies prognostic signatures and pharmacodynamic pathway modulation by semaglutide. **Oral presentation (LBA 28) – Thursday 1 October; 15:30–17:00 CEST**
- Semaglutide RWE in China T2D (SPOTLIGHT): Semaglutide reduces the risk of cardiovascular and renal events in Chinese type 2 diabetes patients - a real-world retrospective database study. **Short oral discussion (Event A, 733) - Tuesday 29 September; 12:00-13:00**
- SPOTLIGHT primary prevention: Semaglutide reduces cardiovascular event risk in the primary prevention setting among Chinese patients with type 2 diabetes: a real-world retrospective cohort study. **Short oral discussion (Event A, LBA 40) - Tuesday 29 September; 12:00-13:00**
- SPOTLIGHT combination therapy: Semaglutide in combination use with SGLT2i reduces cardiovascular events compared to SGLT2i alone use in Chinese patients with type 2 diabetes. **Short oral discussion (Event A, LBA 42) - Tuesday 29 September; 12:00-13:00**

UBT251 (diabetes and obesity):

- UBT251 (obesity), a triple hormone receptor agonist in adults with overweight or obesity: a multicenter, double-blind, placebo-controlled, randomized, phase 2 trial. **Short oral discussion (Event D, 797) - Wednesday 30 September; 13:00–14:00 CEST**
- UBT251 (diabetes), a triple GLP-1, GIP, and GCG receptor agonist in patients with type 2 diabetes: a multicenter, double-blind, placebo- and active-controlled, randomised, phase II trial. **Oral presentation (124) - Wednesday 30 September; 14:30–16:00 CEST**

Insulin Icodec

- ONWARDS 10 CGM-based metrics: Continuous glucose monitoring-based metrics in adults switching to once-weekly icodec without an initial one-time additional dose vs once-daily glargine U100. Post hoc analysis of ONWARDS 10. **Short Oral discussion (Event F, 860) – Thursday 1 October; 14:00–15:00 CEST**

IcoSema

- COMBINE 4 BL BMI: Efficacy and hypoglycaemia outcomes with once-weekly IcoSema vs glargine U100 in T2D by baseline BMI: COMBINE 4. **Short oral discussion (854) – Thursday 1 October; 12:45–13:45 CEST**
- COMBINE 4 BL HbA_{1c}: Efficacy and hypoglycaemia outcomes with once-weekly IcoSema vs glargine U100 in T2D by baseline HbA_{1c}: COMBINE 4. **Short oral discussion (853) – Thursday 1 October; 12:45–13:45 CEST**

About semaglutide

Semaglutide is a glucagon-like peptide-1 (GLP-1) receptor agonist that mimics the effects of the naturally occurring hormone GLP-1, which regulates blood sugar and body weight. Semaglutide has been tested in several robust clinical development programmes and outcome studies in cardiometabolic diseases, including type 2 diabetes, obesity, cardiovascular disease, heart failure, chronic kidney disease, liver disease and other related cardiometabolic diseases. Semaglutide is marketed under the brand names Wegovy® (injection or tablet), Ozempic® (injection or tablet) and Rybelsus® (tablet).

About CagriSema

CagriSema is being investigated by Novo as a once-weekly subcutaneous injectable treatment for adults with overweight or obesity (REDEFINE programme) and as a treatment for adults with type 2 diabetes (REIMAGINE programme). CagriSema is a fixed-dose combination of a long-acting amylin analog, cagrilintide and a GLP-1 receptor agonist, semaglutide.

About Fatty liver disease

Fatty liver disease - also known as MASH (metabolic dysfunction-associated steatohepatitis) - is a common condition in which excess fat builds up in the liver. Over time, this can cause inflammation and liver damage, especially in people with obesity, type 2 diabetes or other metabolic health conditions. The disease can range from mild fat buildup to more serious forms that may lead to scarring and reduced liver function.

About zenagamtide

Zenagamtide, formerly known as amycretin, is a unimolecular long-acting GLP-1 and amylin receptor agonist under development by Novo to provide a treatment for adults with overweight or obesity (AMAZE programme) and as a treatment for adults with type 2 diabetes (AMBITION programme). Zenagamtide is under investigation for oral and subcutaneous administration.

About type 2 diabetes

Type 2 diabetes is a chronic condition that affects how the body processes blood sugar (glucose) for energy. 589 million adults (20-79 years) are living with diabetes – 1 in 9. This number is predicted to rise to 853 million by 2050. Diabetes was responsible for 3.4 million deaths in 2024 – 1 every 9 seconds.

About obesity

Obesity is a serious, chronic, progressive, and complex disease that requires long-term management. One key misunderstanding is that this is a disease of just lack of willpower, when in fact there is underlying biology that may impede people with obesity from losing weight and keeping it off. Obesity is influenced by a variety of factors, including genetics, social determinants of health and the environment.

Novo is the global healthcare company that believes lasting health starts now. For over a century, we've combined leading scientific expertise with a deep understanding of people's lives. We develop treatments and support that help millions of people make progress they can see, feel and sustain now and in the future. Every day, over 67,000 employees around the world advance our purpose to drive change for lasting health. Through our partnerships, programmes and investments, we're working to prevent disease, expand access to treatments and reduce our environmental impact to help even more people live healthier lives. For more information, visit novonordisk.com and follow us on Instagram, LinkedIn, TikTok, Facebook, X and YouTube.

Novo Nordisk A/S
Global Corporate Affairs

Novo Alle 1
2880 Bagsværd
Denmark

Tel: +45 4444 8888
www.novonordisk.com

CVR no: 24 25 67 90

Contacts for further information

Novo Nordisk Media:

Ambre James-Brown
+45 3079 9289
globalmedia@novonordisk.com

Liz Skrbkova (US)
+1 609 917 0632
USMediaRelations@novonordisk.com

Novo Nordisk Investors:

Michael Novod
+45 3075 6050
nvno@novonordisk.com

Sina Meyer
+45 3079 6656
azey@novonordisk.com

Christoffer Togo Solgaard-Tullin
+45 3079 1471
cftu@novonordisk.com

Ida Schaap Melvold
+45 3077 5649
idmg@novonordisk.com

Mads Berner Bruun
+45 3075 2936
mbbz@novonordisk.com

Frederik Taylor Pitter (US)
+1 609 613 0568
fptr@novonordisk.com

Alex Bruce (US)
+1 640 230 0276
axeu@novonordisk.com