GLP-1 in Developing Markets

China, India and Brazil – the next GLP-1 market frontier

GLP-1 is transitioning from a developed-market growth theme to a broader global access story, with China, India and Brazil at the center. The combined addressable market opportunity for these emerging markets is set to compound at a ~15% CAGR to reach roughly US$22bn by 2035, as per our estimates. Yet, each of these countries' large patient pools remains strikingly under-penetrated—obesity GLP-1 uptake sits below 0.1% in China versus 4–5% in the US, under ~0.2% in India, and even by 2035E, Brazil reaches only ~7-8% of the obese pool versus ~30% expected for the US. With patent cliffs, generic launches and policy-engineered price cuts now improving GLP-1 affordability, the three markets are converging on the same destination via very different paths: China GLP-1 market scaling from ~US$1.6bn (2025) toward ~US$8.6bn by 2030E and ~US$13.7bn by 2035E on innovation depth and NRDL reimbursement; India, the smallest today, has the strongest-scaling potential, rising ~7x from ~US$150mn to ~US$1bn by 2035E on an estimated patient pool of ~190mn and increasing adoption; and Brazil, today the largest market among the three at ~US$3bn, growing to ~US$8bn by 2035E, as cheap generics formalize a vast shadow market (R$17bn→~R$40bn, ~10% CAGR). All in, this is a multi-year compounding theme defined less by demand creation than by access, affordability and formalization.

- **Key stocks to play the GLP-1 theme in China, India and Brazil**
  - **Innovent: a differentiated domestic play on China's GLP-1 growth.** We favor Innovent for its direct exposure to China's expanding GLP-1 market through mazdutide, which we expect to contribute 17–19% of near-term product sales. Its competitive weight-loss and glycemic efficacy, alongside favorable effects on liver fat and other metabolic parameters, provide a differentiated proposition in an increasingly crowded market. Local commercial capabilities and manufacturing scale should support uptake, while the established oncology business provides cash flow and operating leverage. Sustained mazdutide sales execution amid intensifying price competition would strengthen earnings visibility and support a valuation re-rating.
  - **Divi's Lab and Torrent Pharma: CDMO and front-end branded exposure.** Divi's is our preferred CDMO expression of the GLP-1 theme, with a fully backward-integrated peptides platform that positions it as an upstream API and intermediates supplier to innovators. Peptides plus contrast media provide meaningful optionality, with tirzepatide-related revenues potentially at ~$200mn–300mn annually by 2030 (~20-25% of current revenues), supporting ~23% earnings CAGR over FY26–29E. Torrent is our preferred branded generic GLP-1 play in India, leveraging its chronic-heavy cardiometabolic franchise to capture outsized share and add ~100–200bps to annual growth (incl JB). Execution is already visible in semaglutide (36% 1Q share), and JB Pharma synergy delivery further supports a durable compounding setup of 21%/25% rev/earnings CAGR over FY26-29E.
  - **RD Saúde: A market share story gain potentialized by an overshare on GLP-1 in Brazil.** Our top pick to play the growth of the GLP-1 industry in

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See page 56 for analyst certification and important disclosures, including non-US analyst disclosures.

Brazil is the Pharma retailer company named RD Saúde (RADL3 BZ Equity; OW-rated by Joseph Giordano). Currently, GLP-1 represents 12% of its sales, which translates into an estimated market share on the category of ~35%, well above its consolidated market share in pharma sales of ~20%. We attribute this primarily to RD's greater exposure to higher-income consumer cohorts, alongside stronger supply-chain execution amidst the rapidly growing GLP-1 industry (which we see growing 10% per year until 2035). Looking ahead, we expect RD to gain ~100bps of pharma market share per year, with GLP-1 share gains potentially outpacing that trajectory. That said, we have a company that should compound for the next 5y top line at a 14% pace, EBITDA at 17%, and EPS at 26%, while trading at a 17x '27E P/E.

- **China's GLP-1 market** is bifurcating into a fiercely price-competitive, NRDL-reimbursed diabetes channel (OOP [out-of-pocket] cost for T2D now estimated atlower than Rmb300/month, or ~US$45, after tirzepatide's ~80% NRDL-driven price cut) and a still-nascent, self-pay obesity channel (<0.1% penetration vs. 4–5% in the US) — a US$1.6bn market in 2025 that we forecast to reach ~US$8.6bn by 2030, even as an increasingly crowded field of 13 NMPA-approved therapies and 10+ late-stage candidates gives way to genuine clinical competition, with domestic fast-followers like Innovent's mazdutide closing the efficacy gap with Novo Nordisk/Eli Lilly ahead of the April-2027 semaglutide data-exclusivity expiry and a potential 2029 VBP round — in our view, the two catalysts that will define winners and losers in China's obesity/diabetes market over the next 18 months.
- **India's GLP-1 market** opportunity is real, in our view, but the binding constraint is adoption, not the patient pool — seven months into generic availability, off-take is subdued rather than explosive, shaped by conservative physician behavior, affordability limits, patient persistence, injectable hesitancy and slow-shifting cultural attitudes. We remain positive on the runway but measured on the ramp: a decade-long compounding story scaling from ~US$150mn (Rs14bn) in 2025 to ~US$700mn (Rs66bn) by 2030E and ~US$1bn (Rs97bn) by 2035E. GLP-1 generics, priced ~65–70% below innovators, already lead on volumes though value leadership is likely to stay with innovator brands for a few more years, in our view. Within our coverage, we like Divi's as the peptide supply chain lever and Torrent Pharma as the India semaglutide execution lever.
- **Brazil's GLP-1 market** is likely expanding beyond "beauty". Growth avenues are multi-pronged. There is high product demand, underscored by a large informal market – likely 3x larger than the formal in volumes. Also, treatment duration is typically shorter than three months, suggesting an aesthetic use for quick weight loss and not the physicians' recommended protocols. The main issue has been affordability, which favored the informal market that boasted lower prices. As the "generic" semaglutide hits the market and prices come down close to informal levels, elasticity is proving to be high. The positive elasticity (details inside) and market formalization should drive a formal GLP-1 market CAGR of 10% in the next decade, taking the estimated ~US$3bn 2026 formal market to US$8bn by 2035, with volumes growing at a 6% pace vs. the current ~1.1mn monthly doses. In this context, local production of GLP-1 drugs is still limited, paving the way for international players.

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Overview of China, India, and Brazil GLP-1 markets

Table 1: A comparison of China, India and Brazil's GLP-1 markets

	China	India	Brazil
Market Size			
Definition	GLP-1 drug sales for T2D and weight management	Branded and generic GLP-1 sales for T2D and obesity, with patient overlap adjusted	Formal pharmacy market, including demand captured from informal channels
2025 (US$bn)	1.61	0.15	3.20
2030E (US$bn)	8.63	0.69	7.40
2035E (US$bn)	13.73	1.02	9.30
2025–30E CAGR	*40.0%*	*36.6%*	*18.3%*
2030–35E CAGR	*9.7%*	*8.1%*	*4.7%*
Competitive landscape			
Current competitive leadership	MNC-led by value. Novo/Lilly account for ~83%/~12% of T2D sales and ~35%/~50% of obesity sales in 2025; domestic players represent ~5% and ~15%, respectively	MNC-led; generics are expanding volume. Lilly's Mounjaro and Novo's semaglutide franchise lead the premium segment. Our model assigns originators ~80% of 2026E sales	MNC-led, with tirzepatide the largest franchise. Novo and Lilly lead branded products; tirzepatide represents ~66% of 2026E formal-market
Approved therapies / breadth of competition	13 T2D therapies: 7 MNC-led and 6 domestic-led. 6 obesity therapies: 2 MNC-led and 4 domestic-led.	Four core originator brands covered: Mounjaro, Ozempic, Wegovy and Rybelsus. 15+ Indian generic suppliers/marketers, alongside originators and licensed brands.	In addition to originator brands, 6 non-originator semaglutide registrations include: Ozivy, Zempneo, Semavy, Seemasun, Owozy and Orsema.
Domestic brands competition	Domestic competition includes innovative products such as mazdutide and ecnoglutide, as well as older GLP-1s. Semaglutide follow-ons are expected to launch in 2027	Broad domestic semaglutide competition, including Sun, Zydus, Dr. Reddy's, Torrent, Abbott India, Natco, Lupin and others.	EMS is the main domestic semaglutide producer identified; Hypera and others also rely on overseas partnerships.
Pricing comparison (US$/patient/year)			
Originator semaglutide (T2D)	~840–1,440; 252–432 OOP after assumed 70% reimbursement	Ozempic: ~715–1,150, self-pay	-
Originator semaglutide (weight management)	852–2,292, self-pay, span 0.5–2.4mg/week	Wegovy: ~715–2,071, self-pay	-
Originator tirzepatide (T2D)	~960–1,640; 288–492 OOP after assumed 70% reimbursement	Mounjaro / Yurpeak: ~1,657–3,256	Mounjaro: ~3,529–5,647, based on R$1,500–2,400/month
Originator tirzepatide (weight management)	768–2,076, self-pay, span 2.5–10mg/week	-	-
Non-originator semaglutide — T2D	-	Natco/Eris vials: ~162–220; pens: ~398-505; Dr. Reddy's Obeda: ~404-568; Sun's Sematrinity: ~373–605	Ozivy: ~840, based on US$70/month

Source: J.P. Morgan estimates, company reports. Note: Natco, Eris and EMS (not listed) are Not Covered companies. Novo Nordisk and Eli Lilly are covered at JPM by Richard Vosser and Chris Schott, respectively.

1. Future market size to be big but penetration rate will still be low

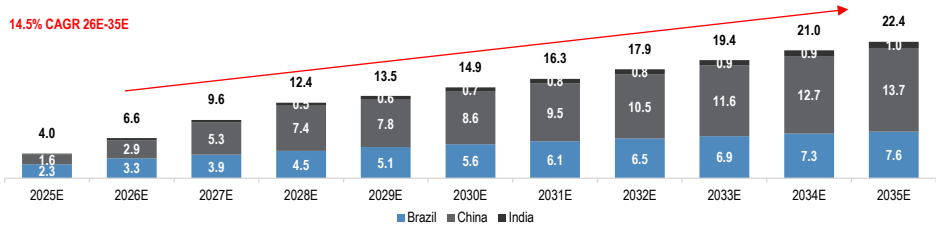
Brazil is the largest of the three markets today (market size of ~US$3.3bn in 2026E), but China could overtake it as early as 2027E (~US$5.3bn vs. ~US$3.9bn) and pull decisively ahead by 2035E (~US$13.7bn vs. ~US$7.6bn), reflecting China's far larger disease burden, as it carries over 25% of the world's diagnosed diabetes patients, while NRDL reimbursement of GLP-1 drugs is actively pulling new diabetes patients into the funnel. India is a relatively small market throughout our forecast horizon (~US$1bn by 2035) growing by ~7x off a ~US$150mn 2025 base across a ~190mn addressable patient pool. Despite the large diabetic patient pool in India, the rate of diagnosis and effective treatment rate is low (~30-40%) which should keep the overall penetration rate low at ~1% for GLP-1 drugs among diabetes patients. Coupled with high pricing pressure due to significant generic competition, the value uptrend for GLP-1 drugs in

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India is likely to remain structurally lower than China and Brazil. Brazil's growth, by contrast, is best read as a formalization and affordability story rather than a demand-creation one: much of its incremental "market size" reflects existing informal/gray-market users migrating into the legal pharmacy channel as generic semaglutide narrows the arbitrage, and not net-new patients starting therapy. China's path is also the least linear: our estimates suggest its growth rate peaks near 80% YoY in 2026 before decelerating sharply into a potential 2029 VBP of semaglutide, underscoring that China's market-size story is as much a policy-engineered price cycle (diabetes) as a consumer story (obesity).

Figure 1: Addressable market to grow at a ~15% pace in USD until 2035 as it reaches US$22bn

US$ billion



Source: J.P. Morgan estimates.

China market to become the largest of the three

We estimate that China's GLP-1 market generated approximately ~US$1.6 bn drug sales in 2025. Novo Nordisk reported China GLP-1 diabetes sales of DKK6,620mn in 2025, and indicated that its share of the China diabetes GLP-1 was about 83.1%, therefore the total China diabetes GLP-1 market size was about DKK7,966mn (US$1.25bn). Also considering that Wegovy for weight management achieved sales of DKK796mn (Uz $121mn), and Wegovy accounted for ~35% of the China market share, the total China weight management GLP-1 market size was about DKK2.3bn (US$354mn). Therefore, added together, the China GLP-1 market was about US$1.6bn in 2025, based on Novo's estimates.

We project China's GLP-1 market size to reach ~US$8.6bn by 2030 in our base case, as we: **1)** only model two major indications: type 2 diabetes (T2D), and weight loss; **2)** assume the penetration of GLP-1 class in T2D/obese or overweight patients to reach 7%/1.3% by 2030; and **3)** expect generic semaglutide to be launched in 2027 in China and a VBP for generic semaglutide to take place in 2029, cutting its price by half.

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Figure 2: We estimate China's GLP-1 market to reach ~US$13.7bn in total sales by 2035



Source: J.P. Morgan estimates.

We think the China GLP-1 market is bifurcating into a price-sensitive reimbursed diabetes channel and a brand-sensitive self-pay obesity/overweight channel. The current revenue base is heavily skewed towards T2D. This is structurally driven by NRDL reimbursement: Ozempic has been on the NRDL since 2022, making it cost-accessible. Mounjaro was added onto the NRDL for diabetes treatment in December 2025. In contrast, weight management indications are explicitly excluded from reimbursement.

Winning these two tracks requires fundamentally different strategies. NRDL coverage significantly impacts market penetration in the T2D market. The diabetes indications for both semaglutide and tirzepatide are included in the NRDL. Notably, tirzepatide's inclusion in the NRDL led to an ~80% price reduction, with the OOP monthly cost dropping to approximately Rmb200 for the lowest dose, which will enhance drug accessibility and drive rapid volume growth. Innovent's mazdutide is currently not covered by the NRDL but will participate in the NRDL negotiations in 2026. Weight-loss indications for all three products, semaglutide, tirzepatide, and mazdutide, remain self-pay.

A big patient population and growing treatment penetration in China

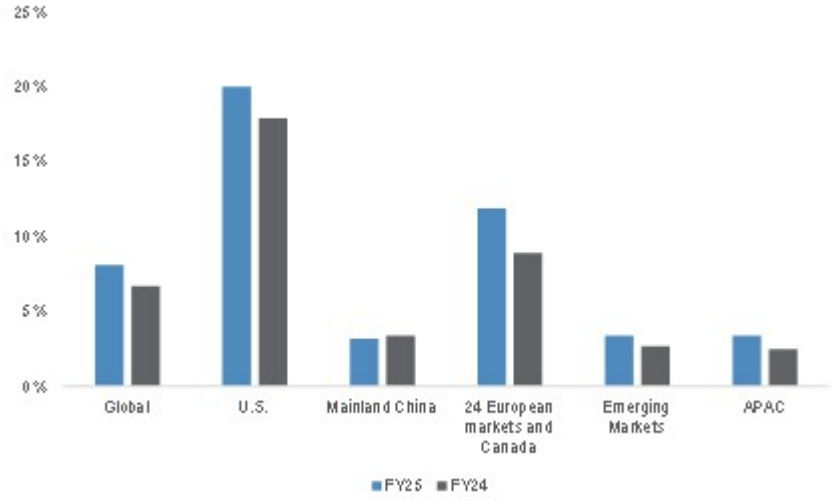
China has the world's largest diabetes population, with some IDF (International Diabetes Federation) estimates indicating about 148 million adults living with the condition in 2024, accounting for more than 25% of the global diabetes patients. The prevalence surged from under 1% in 1980 to nearly 12% in 2024, driven by urbanization and lifestyle changes. On obesity, a cross-sectional study of 15.8 million adults across 519 Chinese health check-up centers conducted in 2019 found 34.8% overweight and 14.1% obese by Chinese BMI criteria (BMI ≥28 kg/m^2), with a higher prevalence among males. A separate multicenter national survey of 62,893 adults conducted in 2022 reported broadly consistent figures: 34.29% overweight and 11.24% obese. The Lancet Diabetes & Endocrinology (February 2026) summarized the latest national data more starkly: approximately half of all Chinese adults are now living with overweight or obesity, placing China #1 globally by affected absolute population number.

However, raw patient numbers overstate the immediately addressable market if taken at face value, and two structural gaps significantly compress the effective treatment pool. First, a substantial share of China's diabetic population remains undiagnosed or

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untreated. The IDF estimates 43% of diabetes cases globally are undiagnosed; China-specific surveys have historically put this figure even higher, with approximately 59.3% of people with diabetes aged 45 and above being undiagnosed, with this figure reaching up to 90% among those 80 and older, suggesting that less than half of China's ~150 million diabetic adults are actively receiving pharmacotherapy. Second, even within the treated T2D pool, GLP-1 penetration remains low. Novo Nordisk's own IQVIA-sourced data in its FY25 annual report discloses that GLP-1 drugs accounted for only 3.2% of total diabetes prescriptions in the region of China. In comparison, the GLP-1 share of total diabetes prescriptions has increased to 20% in the US.

Figure 3: The GLP-1 share of total diabetes prescriptions in China/US and international markets



Source: Company reports.

Meanwhile, the obesity penetration picture is structurally different from the one in T2D. Against a treated patient base that must be defined by willingness to pay — since obesity is explicitly excluded from NRDL reimbursement — the effective addressable pool is not the full 500M+ overweight/obese adults but the urban middle class with out-of-pocket capacity, and we estimate about 250 million target customers for weight loss. GLP-1 pharmacotherapy penetration in obesity remains very low in China: Wegovy launched in June 2024, Zepbound in July 2024, and mazdutide in June 2025 in China; therefore, the obesity drugs have had a relatively short ramp-up period for n. No reliable national prescription data on obesity GLP-1 penetration exists publicly yet, but given Novo Nordisk's reported DKK796mn (US$121mn) in China obesity sales in 2025 and a product price of approximately Rmb1,200-1,500 per month before NRDL, we estimate roughly 200 thousand patient-years of obesity treatment in 2025 — under 0.1% of the addressable overweight/obese population. The contrast with the US (obesity GLP-1 penetration ramping up towards 4–5%) defines the growth thesis, but also underscores that this market is not demand-limited — it is access- and affordability-limited in the absence of insurance coverage. US GLP-1 obesity adoption was accelerated by employer insurance and partial Medicare coverage. In China, no such coverage exists for obesity so far.

India market size is smaller than the other two, constrained by adoption

India's GLP-1 opportunity is real, but the binding constraint is adoption, not the size of the patient pool. India has one of the world's largest diabetes and obesity bases (~160mn

patients in 2026) with meaningful underdiagnosis, so the demand runway is deep, but converting epidemiology into sustained, paying, persistent therapy is proving slower than early expectations, even after generic launches post-March 2026.

On the numbers, we frame the combined innovator plus generic GLP-1 market at about US$150mn as of 2025, growing to about US$700mn by 2030 and approaching about US $1bn by 2035. That implies an early-teens growth path over CY26–35, driven by patients rising to about 1.0mn in 2030 and 1.5mn in 2035, while blended penetration increases from under about 0.1–0.2 per cent today to about 0.7–0.8 per cent over the decade.

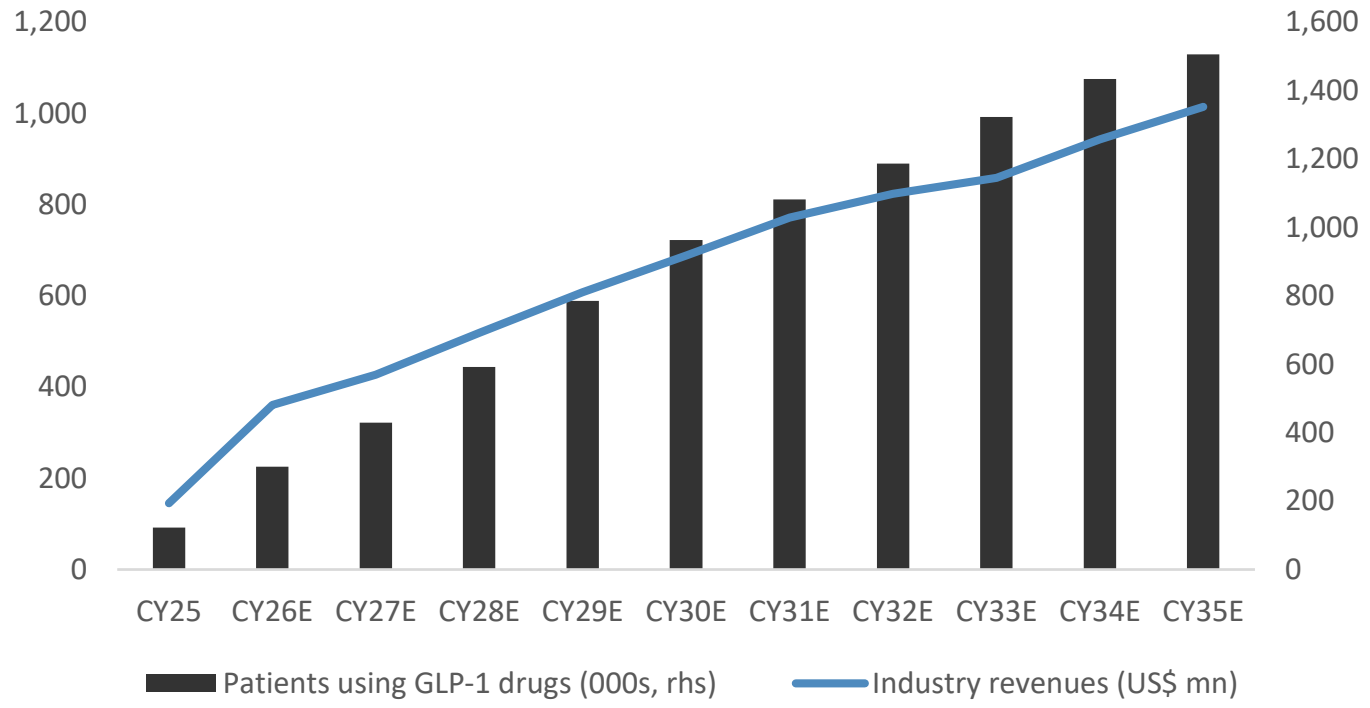
The competitive reading supports the adoption-led view. India's diabetes market is about Rs240bn, with GLP-1 still small at about Rs14bn but the fastest-evolving pocket; Mounjaro leads at about a Rs17bn run-rate (as of August 2026) and continues to grow despite generic entry, suggesting premium wellness customers who can afford the therapy are staying with established brands. At the same time, generic semaglutide is ramping up at a measured pace, compounding at about 10% monthly to roughly Rs550mn of monthly sales (as of August 2026), which signals that genericization is expanding access but not delivering an immediate step-change in utilization.

We think adoption remains slow for structural reasons that explain the gap between opportunity and off-take: physician behavior (careful screening, persistence with first-line orals, and limited automatic switching), affordability (even at about Rs3,000–4,000 per month without reimbursement, demand stays concentrated in metro, Tier-1 and affluent Tier-2 cities), and consumer behavior (start-stop usage and high discontinuation risk mean persistence matters as much as initiation). Injectable hesitancy and cultural factors also slow the curve, and expansion beyond metros should be gradual, which is why penetration and patient compliance are the decisive monitorables for a durable recurring market.

For positioning, we see the domestic GLP-1 opportunity in India growing, but we do not expect it to affect earnings materially in the near term, and we think profitability will improve only gradually as the brand scales and launch-year selling and promotion intensity normalizes. Within India, Torrent leads in generic semaglutide and we like it for multiple reasons beyond GLP-1 as well; it already has the largest brand at about ~Rs2bn-2.5bn of annual revenues, which is ~1% of its FY27E revenues. That said, we continue to see better value in the CDMO layer as a larger, higher-value global opportunity with a structurally stronger margin profile, which is why Divi's remains our preferred way to express the theme. Overall, Torrent is our pick in branded generics and Divi's is our pick in CDMO.

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Figure 4: We expect the India GLP-1 market to grow to ~Rs66bn (~US$700mn) in 2030 and ~Rs97bn (~US$1bn) in 2035 implying ~12% CAGR over 2026E to 2035E



Source: J.P. Morgan estimates.

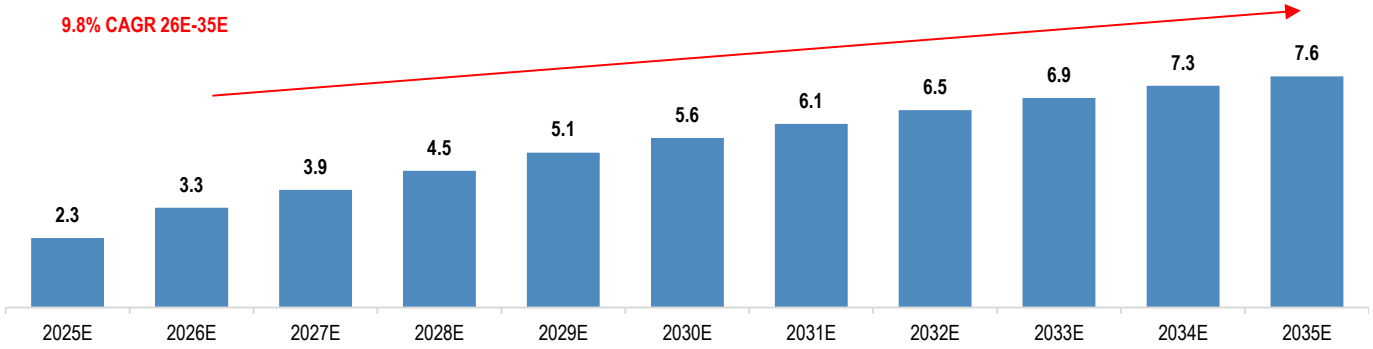
Brazil market featuring the transition from the informal market to formal market

Brazil's GLP-1 market is already large and is likely to keep expanding through 2035, but the big swing factor is "formal vs. informal" demand. In 2025, we estimate Brazil's total GLP-1 opportunity (formal pharmacy sales + informal/shadow market) at about R $16bn (US$3.3bn), rising to roughly R$47bn (US$9bn) by 2035 (~6% CAGR from 2026–2035). The analysis frames this as a structurally under-penetrated, mostly self-pay market with a very large obese/overweight population, where affordability is the key constraint rather than medical need.

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Figure 5: Brazilian formal market GLP-1 market size estimate

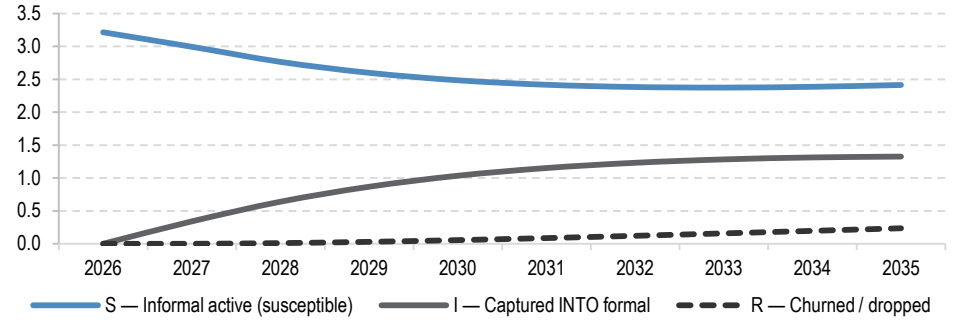
US$ billion



Source: J.P. Morgan estimates.

Figure 6: SIR breakdown – Informal-to-formal conversion

Millions of patients



Source: J.P. Morgan estimates.

The market's growth is likely to be reshaped by generic semaglutide, triggered by the March 2026 patent expiry in Brazil and the June 2026 launch of EMS's Ozivy (Brazil-made semaglutide), which is modeled as a catalyst that pulls demand from the informal market into the legal pharmacy channel (i.e., "formalization" of usage).

2. Like developed markets, competition is becoming more intense in developing markets

The three markets are converging on GLP-1 exposure via structurally different routes. China's field is the most technically crowded from day one, with 13 NMPA-approved T2D therapies and 6 for obesity, with 10+ more in NDA/Phase 3, but competition is increasingly clinical rather than purely commercial. Innovent's mazdutide is matching Novo and Lilly on efficacy (GLORY-1/2 weight loss of 11–16% vs. semaglutide's 11.8% and tirzepatide's 13.6–17.5%) while still trailing on brand share (Novo ~83% of China T2D value, though only ~35% in obesity). India shows the cleanest two-tier split: premium innovators (Mounjaro, Ozempic/Wegovy) against a genuinely deep bench of domestic generics (Torrent, Zydus, Lupin, Dr. Reddy's, Sun, and a dozen others), reflecting India's generic-manufacturing scale. We expect generic semaglutide market consolidation toward 8–10 players capturing 65–75% of segment share, with generics leading volume by CY26 but not value until after CY32. Brazil sits at the other extreme: it is the most import-dependent and least fragmented, with Novo/Lilly commanding the branded end and EMS the only domestic producer of scale (Ozivy), a function of limited

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local biologics capacity relative to India's generics industry or China's fast-follower biotech base. In short: China is competing on innovation depth, India on manufacturing breadth, and Brazil remains structurally reliant on imports even as its patent cliff opens the door to formalization.

More domestic GLP-1 drugs to be on the China market

The China GLP-1 market is getting increasingly crowded. As of May 2026, there are 13 GLP-1 therapies holding NMPA approval for T2D and 6 for obesity in China. Six of the GLP-1 products are dual-approved in both T2D and obesity, namely liraglutide, beinaglutide, semaglutide, tirzepatide, mazdutide and ecnoglutide. A further 10+ assets are either under NDA (new drug application) review or have completed Phase 3 pivotal trials with approvals likely within 12–24 months. While most products are weekly subcutaneous injections, semaglutide also offers an oral formulation (approved in 2024).

Table 2: There are 13 NMPA-approved GLP-1 therapies in China for T2D indication...

Drug	Company	Target	NMPA Approval	Admin.
Exenatide	AstraZeneca	GLP-1 RA	2009	Twice daily SC
Liraglutide	Novo Nordisk	GLP-1 RA	2011	Daily SC
Beinaglutide	Shanghai Benemae	GLP-1 RA	2016	Three times daily SC
Lixisenatide	Sanofi	GLP-1 RA	2017	Once daily SC
Dulaglutide	Eli Lilly	GLP-1 RA	2019	Weekly SC
PEG-loxenatide	Jiangsu Hansoh	GLP-1 RA	2019	Weekly SC
Semaglutide 1mg	Novo Nordisk	GLP-1 RA	2021	Weekly SC
Oral semaglutide 7/14mg	Novo Nordisk	GLP-1 RA (oral)	2024	Daily oral
Tirzepatide	Eli Lilly	Dual GIP/GLP-1	2024	Weekly SC
Efsubaglutide Alfa	Innogen	GLP-1 RA	2025	Weekly SC
Mazdutide	Innovent / Lilly	Dual GCG/GLP-1	2025	Weekly SC
Visepegenatide	PegBio	GLP-1 RA	2025	Weekly SC
Ecnoglutide	Sciwind	GLP-1 RA	2026	Weekly SC

Source: Company reports.

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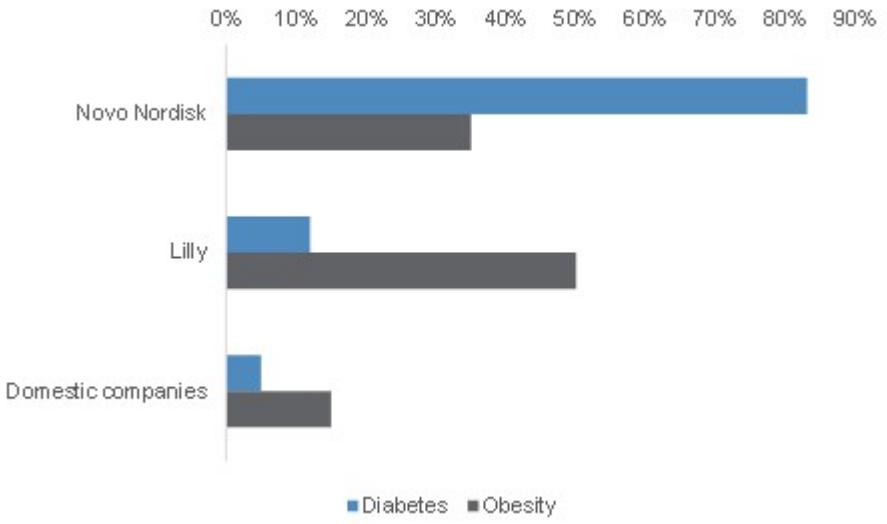
Table 3: ... and six NMPA-approved GLP-1 therapies in China for obesity indication

Drug	Company	Target	NMPA Approval	Admin.
Liraglutide	Huadong Medicine	GLP-1 RA	2023	Daily SC
Beinaglutide	Shanghai Benemae	GLP-1 RA	2023	Three times daily SC
Semaglutide	Novo Nordisk	GLP-1 RA	2024	Weekly SC
Tirzepatide	Eli Lilly	Dual GIP/GLP-1	2024	Weekly SC
Mazdutide	Innovent / Lilly	Dual GCG/GLP-1	2025	Weekly SC
Ecnoglutide	Sciwind	GLP-1 RA	2026	Weekly SC

Source: Company reports.

While Novo Nordisk and Eli Lilly retain leadership in clinical evidence and brand equity, domestic players (e.g., Innovent) are accelerating market penetration via localized development. According to Novo Nordisk's FY25 report, its market share in China's GLP-1 market for diabetes was about 83.1%. According to a CIC report, Lily and domestic players' market share was about 12%/5%, respectively. On the other hand, in the obesity market, Novo Nordisk/Lilly/domestic companies' (mainly Innovent) market share was about 35%/50%/15%, respectively.

Figure 7: Market share of MNC vs. domestic companies in the China GLP-1 market (2025)



Source: Company reports, CIC report.

Local generic semaglutide to see gradual growth in the India market

The competitive story in the Indian GLP-1 market is likely to split into two segments: **premium innovators** and **value-led generics**. Innovators such as Eli Lilly's Mounjaro and Novo Nordisk's Ozempic/Wegovy are currently leading value share, supported by brand trust, efficacy, and early-adopter demand. Generics, following semaglutide patent expiry, are already entering at ~65–70% discounts to innovator

pricing and should lead patient volumes as early as CY26; however, they may not overtake innovators in value share until after CY32 because premium brands are likely to retain higher pricing. Early generic uptake has been encouraging but not explosive, reflecting affordability constraints, limited reimbursement, physician learning curves, cold-chain requirements, regulatory scrutiny, and patient caution around injectables. For investors, this means the category should be viewed less as an immediate "hockey-stick" launch and more as a multi-year compounding opportunity. Key variables to monitor are price erosion, repeat usage/compliance, the oral-versus-injectable mix, regulatory enforcement, and whether the market consolidates around 8–10 strong players or remains fragmented. Adjacent diabetes therapies could face pressure over time—especially sulfonylureas and DPP-4 inhibitors—but the near-term impact is more likely to be slower growth rather than a sharp revenue decline.

Table 4: Generic semaglutide launches by major Indian pharma companies

Company	Brand	Formulation	Indication	Price per month (at launch)	Strength	Comments
Novo Nordisk	Ozempic and Wegovy	pre-filled pens	Type-2 diabetes (Ozempic) and Obesity (Wegovy)	Rs8,800-11,175 (Ozempic), Rs16,260-24,389 (Wegovy)	0.25mg/1.5ml to 1mg/3ml (Ozempic), 0.25mg/1.5ml to 2.4mg/3ml (Wegovy)	
Eli Lilly	Mounjaro	pre-filled pens	Type-2 diabetes	Rs13,125-25,781	2.5mg/0.6ml to 15mg/0.6ml	
Cipla	Yurpeak	pre-filled pens	Type-2 diabetes	Rs13,125-25,781	2.5mg/0.6ml to 15mg/0.6ml	
Emcure	Poviztra	pre-filled pens	Obesity	Rs8,790-15,000	0.25mg/1.5ml to 2.4mg/3ml	
Abbott India	Extensior	pre-filled pens	Type-2 diabetes	Rs8,400-10,600	0.25mg/1.5ml to 1mg/3ml	
Natco Pharma	Semanat and Semafull	multi-dose vials; pre-filled pens	Type-2 diabetes	Rs1,290-1,750 (vials); Rs4,000-4,500 (pens)	2mg/1.5ml to 8mg/ml	Also offered products to third parties for co-marketing
Dr Reddy's	Obeda	pre-filled disposable pen	Type-2 diabetes	Rs4,200	2mg and 4mg	Each pre-filled disposable pen to deliver minimum 4 weekly doses
Sun Pharma	Noveltreat and Sematrinity	Prefilled pen with concealed needle (Noveltreat); multi-dose pen (Sematrinity)	Obesity (Noveltreat) and Type-2 diabetes (Sematrinity)	Rs3,600-8000 (Noveltreat), Rs3,000-5200 (Sematrinity)	0.25mg/0.5ml to 2.4mg/0.75ml (Noveltreat), 2mg/1.5ml, 4mg/3ml (Sematrinity)	Noveltreat prefilled pen has concealed needle to help ease injection fear, Sematrinity multi-dose pen offers flexible dosing
Zydus	Semaglyn, Mashema and Alterme	reusable multi-dose pen device	Type-2 diabetes and obesity	Rs2,200	15mg/3ml	Novel pen device. Injection to be manufactured at Zydus Biotech Park, Ahmedabad
Torrent Pharma	Sembolic and Semalix	both oral and injectable (reusable multi-dose pen device) formulations	Type-2 diabetes and obesity	Rs3,999	15mg/3ml (injectable)	First Indian company to offer oral versions; Sembolic co-marketed from Zydus with Torrent paying upfront licensing fees to Zydus
Lupin	Semanext and Livarise	reusable multi-dose pen device	Type-2 diabetes and obesity			Co-marketed from Zydus with Lupin paying upfront licensing fees and milestone payments to Zydus
Glenmark	Glipiq	vial and pre-filled formulations	Type-2 diabetes	Rs1,300-1,760 (vials)	2mg/1.5ml to 8mg/ml	
Eris	Sundae	multi-dose vials; pre-filled pens	Type-2 diabetes	Rs1,290-1,750 (vials); Rs4,000-4,500 (pens)	2mg/1.5ml to 8mg/ml	In-licensed from Natco
Alkem	Semasize, Obesema, Hepaglide	pre-filled pens	Type-2 diabetes and obesity	Rs1,800		Apart from the disposable version, reusable pens are offered for higher maintenance doses
Mankind	Semaglu	pre-filled pens	Obesity	Rs3,000-5,000	2mg/1.5ml to 8mg/3ml	
USV	Usema	pre-filled pens	Type-2 diabetes	Rs4,300	2mg and 4mg	Partnered with Dr Reddy's
MSN	Semabest	pre-filled pens	Type-2 diabetes and obesity	Rs3,990-Rs5,490	2mg, 4mg and 8mg	
Intas Pharma	Semaneo	pre-filled pens	Type-2 diabetes and obesity	Rs1,199-4,499	0.25mg, 0.5mg, 1mg, 1.7mgand 2.4mg	

Source: J.P. Morgan estimates, company data.

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Table 5: Indian pharma's semaglutide and tirzepatide sales

Rs mn

Brands	Company	Sales (Rs mn)			
		Mar-26	Apr-26	May-26	Jun-26
		701	**948**	**902**	**961**
Rybelsus	Abbott India	317	309	300	269
Wegovy	Abbott India	168	159	140	152
Ozempic	Abbott India	97	115	90	99
Semalix	Torrent Pharma	19	60	62	81
Sembolic	Torrent Pharma	17	52	53	60
Semanext	Lupin Limited	12	35	28	26
Sundae Pen	Eris Lifesciences	-	20	22	25
Poviztra	Emcure	23	28	21	23
Semasize	Alkem	5	18	19	23
Usema	U S V	7	16	18	19
Noveltreat	Sun	4	14	15	19
Sundae	Eris Lifesciences	4	13	15	15
Semabest	MSN Labs	-	16	14	14
Sematrinity	Sun	5	14	13	15
Obeda	Dr.Reddys Labs	6	10	11	13
Semaglyn	Zydus Cadila	5	15	11	12
Extensior	Abbott India	1	15	10	14
Glipiq	Glenmark Pharma	1	5	8	9
Hepaglide	Alkem	1	5	7	10
Semanat	Natco Pharma	1	6	6	8
Wyntide	Corona Remedies	-	3	5	5
Semaneo	Intas Pharma	-	-	4	10
Livarise	Lupin Limited	1	3	4	3
Semawin	Intas Pharma	-	-	4	8
Tyvenza	Corona Remedies	-	3	3	4
Mashema	Zydus Cadila	1	3	3	4
Semafull	Natco Pharma	1	3	2	3
Olymviq	Dr.Reddys Labs	3	3	2	2
Alterme	Zydus Cadila	1	2	2	3
Mashlo	Dr.Reddys Labs	0	2	2	1
Bluvial	Eris Lifesciences	1	2	2	2
Semaglu	Mankind	-	0	2	3
Blupen	Eris Lifesciences	-	-	1	1
Obesema	Alkem	0	1	1	1
Ozanta	Ajanta Pharma	-	-	-	3
Moto G	Hetero Healthcare	-	-	-	1
Semabrex	Natco Pharma	-	0	0	1
		1,307	**1,552**	**1,618**	**1,623**
Mounjaro	Eli Lilly	1,207	1,412	1,481	1,407
Yurpeak	Cipla	100	140	137	216

Source: IQVIA, J.P. Morgan.

Brazil market mainly shaped by foreign players with local manufacturers providing support

Brazil should remain a market largely shaped by foreign players, with local manufacturers often advancing through support from international partners. Recent examples include Novo Nordisk's partnership with Eurofarma, and Hypera's planned Semavy launch, for which its primary partner is Sun Pharma, an Indian manufacturer. That said, the leading domestic producer of non-branded semaglutide appears to be EMS, with an estimated annual capacity of 40mn pens at full capacity. However, given that it will start with 1.2-1.5mn pens in the first year (~10% of local demand), indicates a continued supply gap that will likely sustain the reliance on imports and international collaborations.

In parallel, ANVISA (Brazil's health regulatory agency) has reportedly received applications from 24 prospective molecule providers. However, approvals are not guaranteed, and the final set of authorized suppliers will depend on ANVISA's technical and regulatory review—suggesting potential future diversification of the supplier base, but with uncertainty on the timing and magnitude. Below are the approved registrations.

Approved registration and reference companies:

- **Ozivy** – EMS
- **Zempneo** – Hypera (Brainfarma)
- **Semavy** – Hypera (Cosmed)
- **Seemasun** – Sun Pharma (partner supplying to Hypera)
- **Owozy** – Ávita Care
- **Orsema** – Ranbaxy

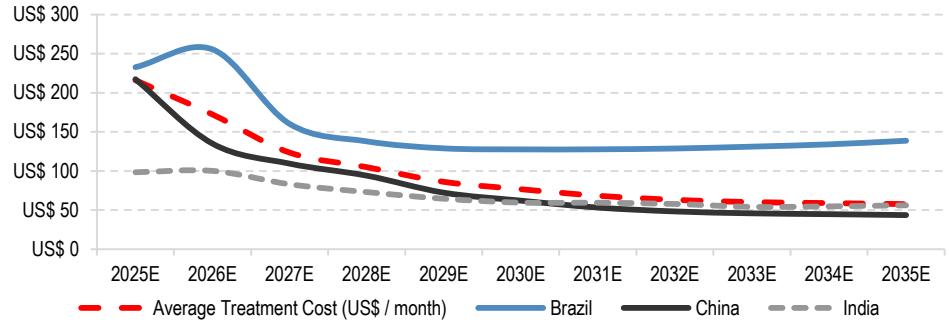
3. GLP-1 pricing trending lower in developing markets

Each market is compressing price through a different mechanism. China's is the most policy-engineered: NRDL inclusion has cut tirzepatide pricing by ~80%, pushing T2D OOP costs to nearly US$40/month and pressuring self-pay obesity pricing towards US $70–140 as domestic players match the discounting, and positioning China, alongside India, among the two cheapest markets . India's compression is manufacturing-led rather than reimbursement-led, as there is effectively no insurance coverage for the class: generics are entering 65–70% below innovator pricing, and we expect generic injectable annual costs to trough near Rs37k (~US$385) by 2027, comparable in absolute terms to China's post-VBP pricing, but reached purely through competitive supply. Brazil remains the most expensive of the three even after Ozivy's June 2026 launch, with average treatment costs still running from ~US$211/month (2026E) to ~US $127/month (2035E), because patent-protected tirzepatide (to ~2032) continues to dominate the value mix, and import dependence limits the kind of aggressive undercutting seen in India. Notably, Brazil is the one market where generic injectables are already cheaper than the oral option (Ozivy at US$$88/month vs. oral Rybelsus at US$112), inverting the affordability logic that typically favors orals elsewhere.

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Figure 8: Average predicted treatment cost evolution driven by generics pressuring prices down

US$ / treatment / month



Source: J.P. Morgan estimates.

Government-led NRDL negotiations driving pricing lower in China

The inclusion of tirzepatide in the NRDL (national reimbursement drug list) triggered a massive 80% price reduction, initiating a fierce price war and significantly lowering the overall price center of GLP-1 products in China. Semaglutide also lowered its price in China accordingly. Therefore, the out-of-pocket (OOP) treatment cost using both imported drugs now has been reduced to less than Rmb300 for T2D (assuming ~70% paid by basic medical insurance), while the treatment cost of weight management has also been reduced to the Rmb500-1,000 range. Therefore, a domestic company such as Innovent, although not covered by the NRDL, also implemented big price reductions in response to the aggressive pricing strategies of global giants, bringing its maintenance cost (4mg/week) below Rmb1,000. The latest pricing and estimated monthly costs in the Chinese market for the three core GLP-1 products are summarized below.

Figure 9: Treatment cost comparison between the three major GLP-1 drugs

Product	Indication	Dosage Strength	Monthly Dosage	Unit Price (RMB)	Estimated Monthly Cost OOP (RMB)*	Estimated Monthly Cost OOP (USD)*	Sources
Tirzepatide	T2DM (Insurance pay ~70%)	5mg/0.5ml*4	4 injections	551	165	24	National Reimbursement Drug List (NRDL) effective Jan 2026
		7.5mg/0.5ml*4	4 injections	752	226	33	
		10mg/0.5ml*4	4 injections	937	281	41	
	Weight Management (Self-paid)	2.5mg/0.5ml*4	4 injections	434	434	64	E-commerce platform price
		5mg/0.5ml*4	4 injections	699	699	103	
		7.5mg/0.5ml*4	4 injections	944	944	139	
		10mg/0.5ml*4	4 injections	1,174	1,174	173	
Semaglutide	T2DM (Insurance pay ~70%)	2mg/1.5ml	4 injections	478	143 (0.5mg/week)	21	NRDL coverage
		4mg/3ml	4 injections	813	244 (1mg/week)	36	
		2mg/1.5ml	4 injections	480	480 (0.5mg/week)	71	E-commerce platform price
		6.8mg/3ml	4 injections	1,000	1,000 (1.7mg/week)	147	
		9.6mg/3ml	4 injections	1,300	1,300 (2.4mg/week)	191	
Mazdutide	T2DM & Weight Management (Self-paid)	2mg/0.5ml*4	4 injections	575	575	85	Initial titration phase
		4mg/0.5ml*4	4 injections	994	994	146	Maintenance phase
		6mg/0.5ml*4	4 injections	1,505	1,505	221	Maximum recommended dose

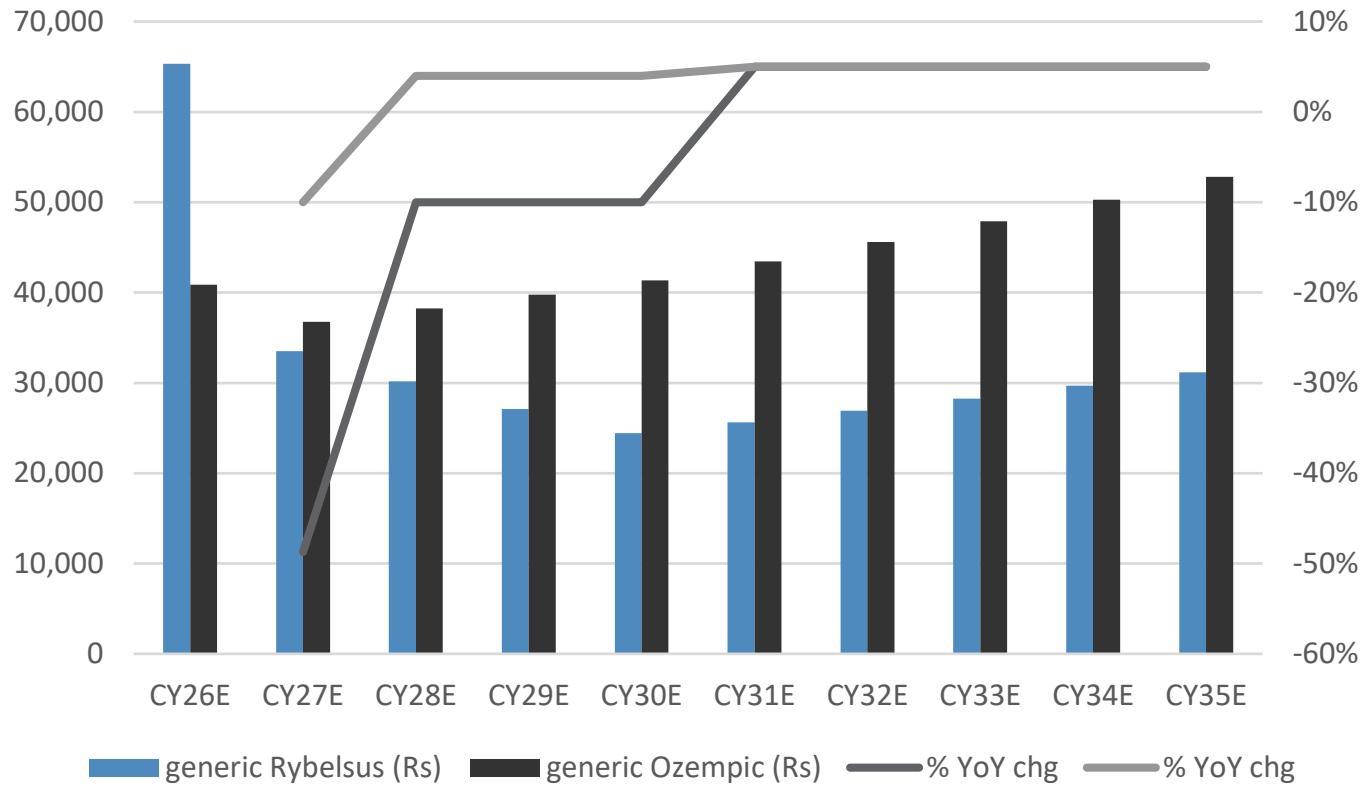
Source: Company reports, J.P. Morgan estimates.

We expect an initial pricing drop and then stabilization in India

India's GLP-1 market growth is driven by three factors: **a large patient base, rising penetration from a very low starting point, and improving affordability as generics scale**. We estimate the addressable pool at ~150m people in 2025, rising to ~190m by

2035, after adjusting for the overlap between diabetes and obesity. However, penetration is likely to reach ~0.4% for obesity and ~1% for T2DM over the next decade because India is highly price-sensitive, insurance reimbursement is limited, and patient persistence—especially for obesity treatment—is likely to be much lower than in diabetes. Diabetes should, therefore, remain the larger and more dependable revenue pool, accounting for ~60–75% of GLP-1 value over the forecast period. **We expect generic injectables to become increasingly affordable, with annual costs moving towards ~Rs37k (~US$385) by 2027**, helping expand access, while oral semaglutide should remain relevant but lose share as injectables become cheaper and are perceived as more effective.

Figure 10: We expect generic injectables' annual treatment costs to settle at ~Rs37k (US$385) by 2027, and then track the IPM price growth trend once the market consolidates



Source: J.P. Morgan.

Generic semaglutide could gradually drive down overall GLP-1 pricing in Brazil

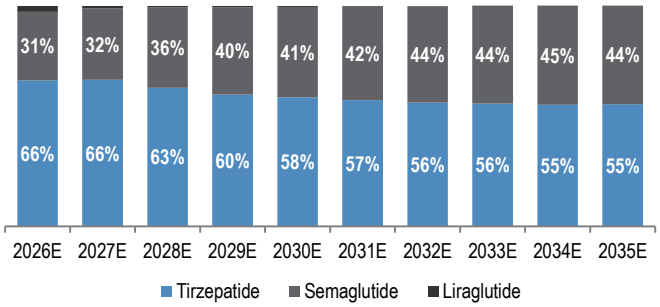
The Brazilian industry supply is heavily concentrated in the tirzepatide molecule (representing >60% of 2026E volumes). Therefore, in our view, the price pressure observed in semaglutide—primarily driven by the launch of generics—should be materially less pronounced for Mounjaro. Nonetheless, given the more favorable mix in light of higher generic semaglutide volumes, this should lead to a reduction in average treatment cost in the coming years, coming from ~US$211 / month in 2026E to ~US $127 / month in 2035E, decreasing at an average pace of 6.0% per year. In our

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estimates, we see price normalization by 2030, with the bulk of lower treatment costs tailwinds coming in 2027 as generic semaglutide gains share on broader treatments. (See the Brazil specific section for greater detail)

Figure 11: Tirzepatide focused industry…

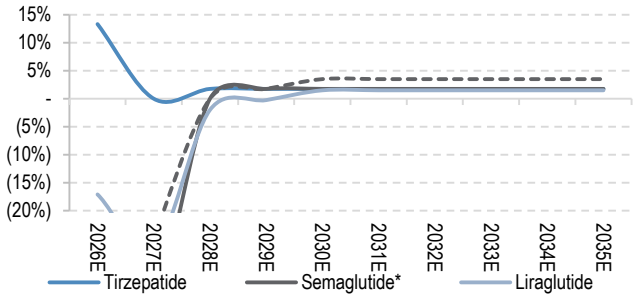
Share of total industry value breakdown by molecule



Source: J.P. Morgan estimates.

Figure 12: … should see decreasing monthly costs with the introduction of generic semaglutide options

Percentual change y/y of average treatment costs in BRL



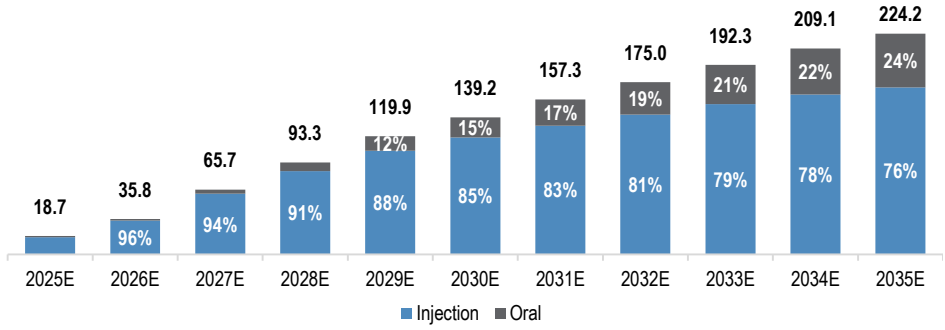
*Dashed line is Semaglutide's generic version
Source: J.P. Morgan estimates.

4. Oral GLP-1 is important to developing markets

Orals will likely stay a smaller portion of volume across the three markets through 2035, rising from ~4% of combined monthly treatments in 2026 to ~24% by 2035, but the driver would differ by market. China's opportunity is the most technology-led: Rybelsus is already approved but capped by daily dosing and food-timing restrictions, so the real catalyst is the four next-generation small-molecule candidates now in NDA or Phase 3 in China (orforglipron, VCT220, HRS-7535, HDM1002) that sidestep those restrictions entirely, echoing orforglipron's continued share gains in the US. India's trajectory runs the opposite way: we expect the oral share to shrink to a steady-state of mid teens of value and ~27-28% of patients, as cheap, increasingly effective generic injectables erode the convenience argument for pills. Brazil's oral penetration is structurally the lowest of the three, plateauing at ~10% of total treatments by 2035, for a market-specific reason: generic Ozivy already undercuts oral Rybelsus on price, so unlike China or India, Brazil's oral formulation cannot even claim a cost advantage, leaving injectable-averse patients as essentially the only demand source we can identify.

Figure 13: Oral GLP-1 formulations should grow at a fast pace, mainly in China and India

Millions of monthly treatments

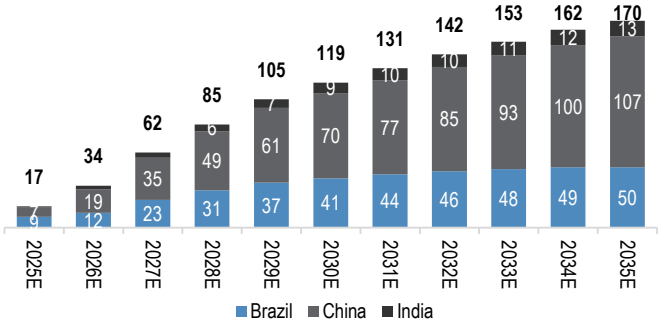


Note: China + India + Brazil
Source: J.P. Morgan estimates.

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Figure 14: Injection market breakdown, by country

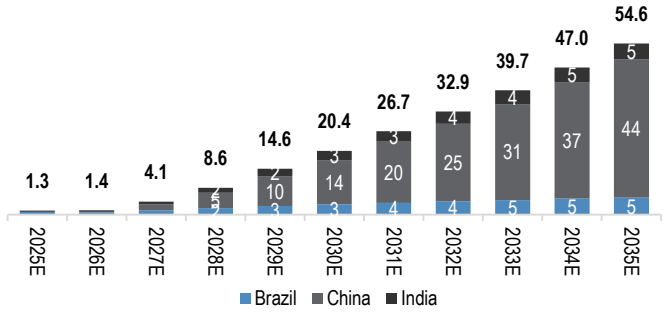
Millions of monthly treatments



Note: China + India + Brazil.
Source: J.P. Morgan estimates.

Figure 15: Oral market breakdown, by country

Millions of monthly treatments



Note: China + India + Brazils
Source: J.P. Morgan estimates.

Oral small molecule GLP-1 drugs in China

Rybelsus (oral semaglutide) is already approved and marketed in China, but the diabetes-only indication and food-timing restrictions (30 minutes before first meal, minimal water) have constrained uptake vs. once-weekly injectables. We expect orforglipron might be approved in YE2026/early 2027 in China, while oral Wegovy for weight loss could be approved in China in mid-2027. The more meaningful inflection will come from next-generation oral small-molecule GLP-1 candidates. In addition to oral semaglutide, China now has at least 4 novel oral small molecule GLP-1 candidates in pivotal late-stage (Phase 3) trials. Small molecules (such as orforglipron) avoid the food restriction challenges of peptide-based oral semaglutide and could unlock a broader prescription base. We note that orforglipron continues to gain market share since launch in the US.

Table 6: Comparison of late stage oral GLP-1 products in China

Parameter	Oral Sema (Novo Nordisk)	Orforglipron (Eli Lilly)	VCT220 (Vincentage)	HRS-7535 (Hengrui)	HDM1002 (Huadong)
China Status	Approved 2024 (T2D) Ph3 (Obesity)	NDA Filed (T2D& obesity)	Ph3 Done and NDA Planned (obesity) Ph2 (T2D)	Ph3 (T2D& obesity)	Ph3 (T2D& obesity)
Molecule Class	Peptide	Non-peptide Sm mol.	Non-peptide Sm mol.	Non-peptide Sm mol.	Non-peptide Sm mol.
Target	GLP-1R	GLP-1R	GLP-1R	GLP-1R	GLP-1R
Dosing Frequency	Once daily	Once daily	Once daily	Once daily	Once daily (BIDor QD)
Food/Water Restriction	Required: Fasting 30 min before food/drink	None	None	None	None
Cold Chain Required	Yes (standard)	No	No	No	No
Best Wt Loss (China Ph3/Ph2)	NA for obesity (T2D only in China)	ATTAIN-1: -12.4% (36mg) 72 wk	Phase 3: -12.4% (160mg) 52 wk	Phase 2: -9.4% (180mg) 26 wk	Phase 2 -5.8% (12 wk)
Best HbA1c (China Ph2/Ph3)	-1.2%/-1.4% (7/14mg)	-1.4% (36mg) 40 wk	-	1.4%-1.82%	-

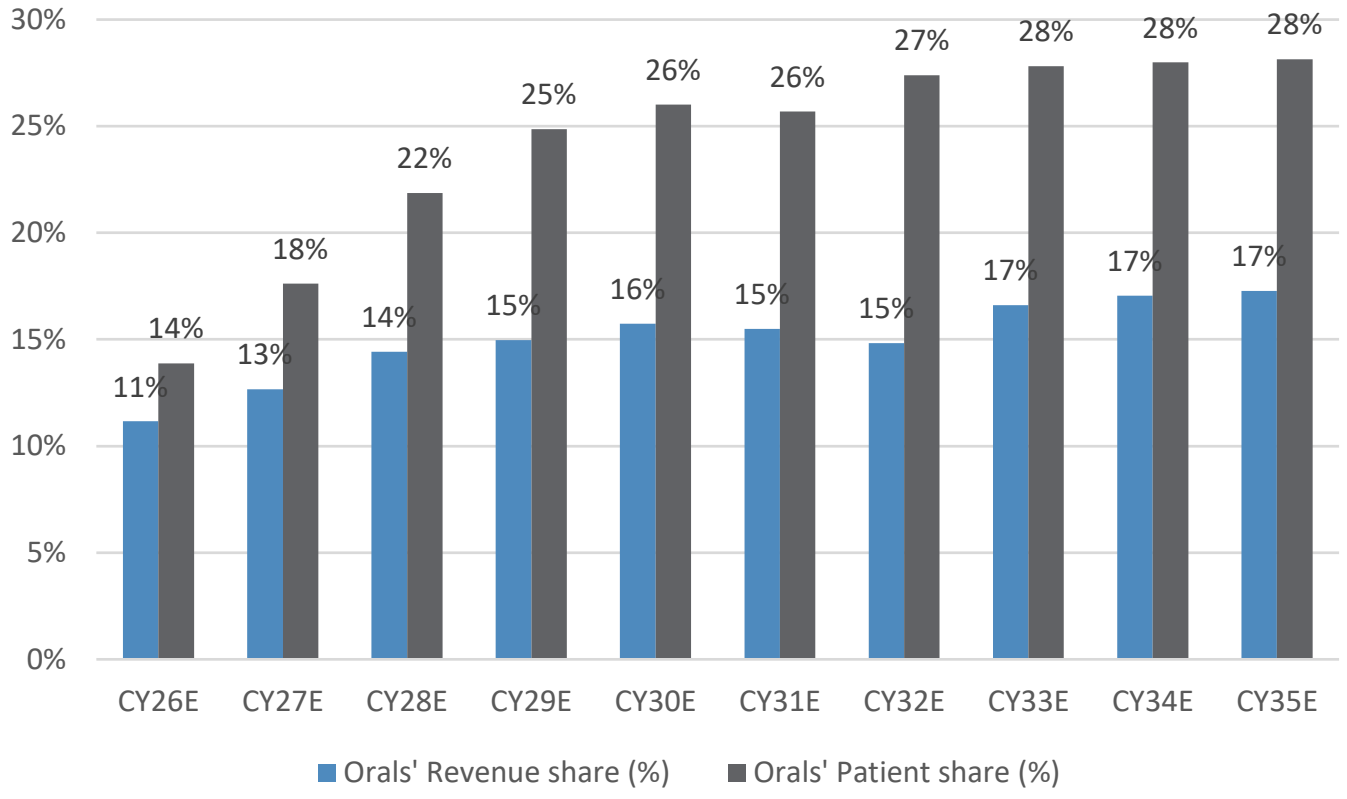
Source: Company reports.

Market share of oral semaglutide could be limited in India

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In India, oral semaglutide has been available since Novo Nordisk's Rybelsus launch in 2022, but the market has now broadened with generic oral launches by Torrent Pharma (March 2026) and Dr. Reddy's (May 2026). Torrent's early performance appears strong: its semaglutide franchise recorded a 36% 1Q market share across oral and injectable formats, and even after Dr. Reddy's entered the oral market, Torrent retained a 94% oral market share in June. That said, we expect oral semaglutide's share to remain limited at a stable mid-to-high-teens of market value and roughly 27–28% of patients in the medium to long term. We believe cheaper and increasingly effective generic injectables should erode the convenience argument for pills, although Indian patients, especially in the obese bracket, have shown initial reluctance towards adoption of generic injectables compared to orals. The initial launch prices for the oral versions in the Indian market are now comparable to its injectable counterparts after the reduction in injectable prices observed over April-May 2026. We estimate industry revenues from orals to reach ~Rs10bn (~US$108mn) and ~Rs17bn (~US$175mn) by CY30 and CY35, respectively.

Figure 16: Oral revenue and patient share projections in India



Source: J.P. Morgan estimates.

We expect limited penetration of oral GLP-1 in Brazil

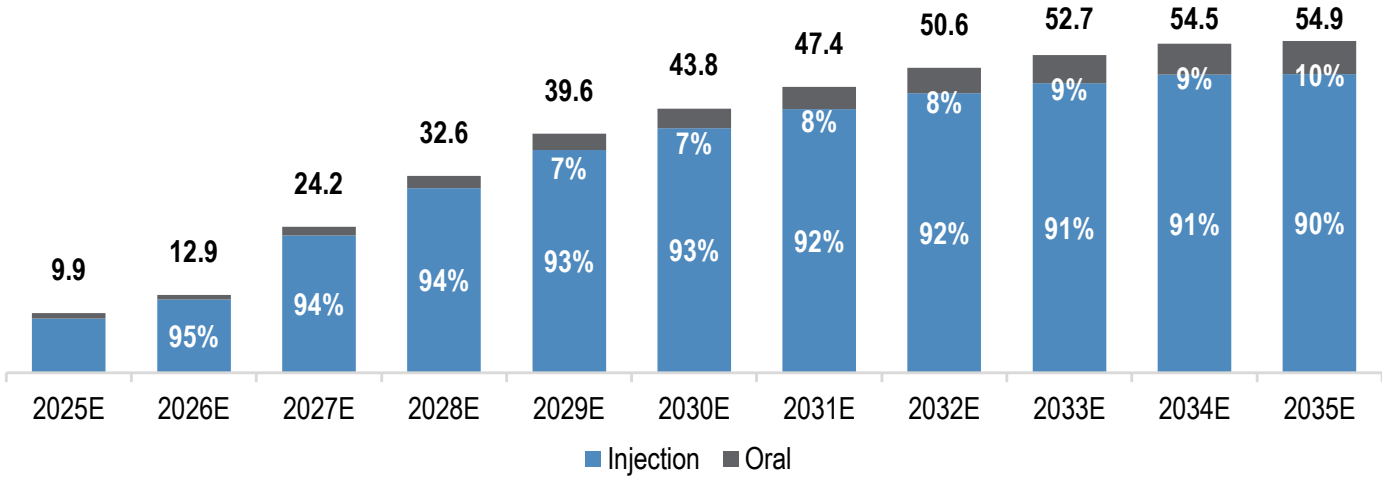
So far, limited data is available regarding the demand in Brazil for the oral version of the GLP-1, namely Rybelsus. Therefore, we take a more qualitative approach to the demand for oral GLP-1. Currently, we see four main drivers of the demand: 1) injectable-averse individuals are seen as a small portion of individuals that could be captured by the oral version of the medicine; 2) out of those who end up taking the oral version of the medicine, we see the process of taking a daily medicine rather than once a

week as an incentive to dropout of treatment, lowering effectiveness and even interrupting treatment; 3) lower perceived efficacy of treatment on a comparable timeframe; and 4) from a pricing standpoint, the cheap-alternative argument in favor of an oral alternative to Ozempic has not sustained, given that the generic injectable semaglutide products tend to be cheaper than the oral. For reference, Ozivy and Semavy ("generic" semaglutide) have an average monthly treatment cost of R$350 (~US$70), in comparison to the R$575 (~US$115) oral version.

All-in-all, we estimate a moderate penetration of the oral version of semaglutide, increasing 0.5 p.p. each year, starting 2026 at 5% until it reaches the ~10% level by 2035E. On a consolidated basis, it could reach 5% of total treatments. We do acknowledge that lower pricing policies could change the dynamics of oral adoption — however, we do not consider this in our base case. On the other hand, technological development of oral semaglutide is likely to be seen in foreign markets (such as China), which could then update the attractiveness of the oral version of GLP-1 medicines.

Figure 17: Oral penetration of the Brazilian industry should screen lower than China and India

Millions of monthly treatments



Brazil only.
Source: J.P. Morgan estimates.

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China GLP-1 market: Marked by innovation and competition

The rise of China's domestic GLP-1 innovation

China's domestic l companies are rapidly narrowing the gap with Novo Nordisk and Eli Lilly in the GLP-1 innovation race. Emerging clinical data demonstrates that Chinese-developed candidates possess highly competitive efficacy and robust safety profiles, often optimized specifically for the metabolic profiles of East Asian populations. A prime example is Innovent Biologics' mazdutide (a GLP-1R/GCGR dual agonist), which has demonstrated powerful weight reduction and glycemic control in Ph3 trials, closely rivaling the high benchmarks set by semaglutide and tirzepatide while maintaining a highly comparable, well-tolerated safety profile with minimal side effects. Beyond dual agonists, a surge of advanced pipelines from domestic giants such as Hengrui Medicine, spanning convenient oral formulations and next-generation triple agonists, underscores this accelerated evolution. By matching MNC clinical standards in weight-loss percentages and HbA1c reduction while leveraging localized manufacturing, rapid clinical recruitment, and pricing advantages, China's homegrown biotech sector is swiftly transitioning from fast followers to formidable therapeutic contenders.

Innovent's mazdutide efficacy in T2D vs. semaglutide and tirzepatide

Based on core clinical trials (SUSTAIN, SURPASS, and DREAMS), the three GLP-1 products have demonstrated robust but differentiated glycemic control efficacy in T2D patients.

- Semaglutide: Established as the baseline standard, achieving solid HbA1c reductions of -1.3% to -2% at the 1mg dose.
- Tirzepatide: Demonstrated superior glycemic control in the SURPASS-2 head-to-head trial against semaglutide 1mg, reaching a remarkable -2.3% reduction in HbA1c.
- Mazdutide: Shows highly competitive efficacy as a dual-target agonist, with estimated HbA1c reductions of -1.57% to -2.15%.

Figure 18: Efficacy comparison of the three core GLP-1 products in T2D

Product	Core Trial	Target	Regimen	Max HbA1c Reduction
Semaglutide	SUSTAIN	GLP-1R	56 weeks, 0.5&1 mg	-1% ~ -1.5% (0.5 mg) -1.3% ~ -2% (1 mg)
Tirzepatide	SURPASS-2	GLP-1R/GIPR	40 weeks, 10-15 mg	~-2.3% (10-15 mg)
Mazdutide	DREAMS	GLP-1R/GCGR	48 weeks, 4&6 mg	-1.57% (4 mg) -2.15% (6 mg)

Source: Company reports.

Mazdutide's efficacy in weight loss vs. semaglutide and tirzepatide

In terms of weight-loss indication, the three products also showed various efficacy and differentiated metabolic benefits.

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- Semaglutide: Established the baseline for GLP-1 weight management, delivering a solid 11.8% reduction in the STEP-7 trial (in the Chinese patient cohort).
- Tirzepatide: Demonstrated superior efficacy as a dual-agonist, achieving the highest average weight reduction of 13.6% (10mg) and 17.5% (15 mg) respectively in the SURMOUNT-CN trial.
- Mazdutide: Showcased highly competitive results in the Chinese population through the GLORY-1/GLORY-2 trial, closely rivaling tirzepatide with an 11-16% reduction (4mg to 9mg) and a remarkable proportion of patients (44%) achieving over 20% weight loss. The drug also exhibits a unique advantage in liver health, where normalization of liver fat content (LFC) was achieved by 76.0% and 77.3% with mazdutide 4mg and 6mg.

Figure 19: Efficacy comparison of the three core GLP-1 products in weight management

Product	Core Trial	Regimen	Average Weight Loss vs. placebo	Key Milestone Achievement
Semaglutide	STEP-7*	44 weeks, 2.4 mg	-11.8% vs. -3.5%	34.1% achieved ≥15% weight loss
Tirzepatide	SURMOUNT-CN	52 weeks, 10&15 mg	10 mg: -13.6% vs. -2.3% 15 mg: -17.5% vs. 2.3%	≥15% weight loss: 10 mg: 46.4% 15 mg: 61.4%
Mazdutide	GLORY-1 GLORY-2	48 weeks, 4-6 mg 60 weeks, 9 mg	-14.01% (6mg) vs. -1.1% (4mg) vs. +0.3% (placebo); -18.55% (9 mg) vs. -3.02% (placebo)	35.7% achieved ≥15% weight loss (4 mg) 49.5% achieved ≥15% weight loss (6 mg) 44% achieved ≥20% weight loss (9 mg)
Olatorepatide	Phase-3 Study	48 weeks, 15 mg	-19.30%	97.2% achieving ≥5% weight loss versus placebo
Hengrui	Phase-3 Study	48 weeks, 6 mg	17.7% (—16.3% when adjusted for placebo)	44.4% achieved ≥20% weight loss

*195 Chinese participants were randomized to semaglutide 2.4 mg and 105 to placebo

Source: Company reports.

Safety comparison between mazdutide and semaglutide and tirzepatide

Side effects have been a key concern with using GLP-1, especially in weight management. All three agents share a GLP-1 receptor agonist-driven safety class effect dominated by adverse events, including nausea, diarrhea, and vomiting, which are predominantly mild-to-moderate, dose-dependent, and concentrated during dose escalation. In our attempted cross-trial comparison, the three GLP-1 drugs showed comparable GI adverse events, while mazdutide stands out with a low discontinuation rate of 0.5% (6 mg) to 1.5% (4 mg) vs. 1.0% placebo, and lower than both semaglutide and tirzepatide.

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Table 7: Safety profile comparison of the three major GLP-1 drugs

Safety Parameter	Semaglutide (2.4mg)	Tirzepatide (10mg-15 mg)	Mazdutide (4mg-6mg)
GASTROINTESTINAL ADVERSE EVENTS			
Any GI adverse event (overall %)	65%	Not disclosed	32.5-50.5%
Nausea	21%	30-32.4%	35-38.6%
Diarrhea	28%	40-40.8%	35-38.6%
Vomiting	Not disclosed	11.4-19.7%	26.1-43.1%
Constipation	11%	Not disclosed	Not disclosed
GALLBLADDER / BILIARY EVENTS			
Cholelithiasis / gallbladder disease	2.6%	2.8%-5.8%	Not specifically flagged in Phase 3 press release; 'comparable to placebo'
AE-DRIVEN DISCONTINUATION — BY DOSE			
GI-driven discontinuation	1.5%	2.9%-7%	Not disclosed
All-AE discontinuation (key signal)	3.6%	2.9-4.2%	0.5% (6 mg) to 1.5% (4 mg)

Source: Company reports.

Semaglutide biosimilars and the overhang

The core compound patent for Novo Nordisk's semaglutide (active ingredient in Ozempic/Wegovy) expired in China on March 20, 2026. However, given Novo Nordisk's semaglutide was approved in China in 2021 via its Swiss entity, the data exclusivity under the China-Switzerland Free Trade Agreement (FTA) grants up to six years of protection for undisclosed, proprietary drug trial data, which can extend exclusivity for the originator product until April 2027, giving Novo Nordisk ~13 additional months of market exclusivity beyond the patent expiry date. Eleven Chinese firms have submitted NDAs for generic semaglutide, and all have confirmed their reviews are currently suspended.

Nonetheless, the FTA delay does not alter the ultimate direction of market competition. When data exclusivity expires on April 27, 2027, a field of 11 already-reviewed applications (and more to come) will be waiting for approval simultaneously, including the biosimilar products from Jiuyuan Gene, Livzon Pharmaceutical Group, Qilu Pharmaceutical, United Laboratories, Huadong Medicine, CSPC Pharma, etc., initially seeking either T2D or weight management indication approval. A further 10+ semaglutide products have already advanced to Ph3 clinical trials. Meanwhile, tirzepatide's patent in China isn't set to expire until 2036, and a full decade beyond semaglutide, giving it an unambiguous structural moat in China's competitive landscape.

Generic Semaglutide VBP: Likelihood, timing, and price cut

One concern we have about the China GLP-1 market is that once biosimilars get approved in 2027, there is a big chance that they will be included in future rounds of VBP. Our base case forecast for a semaglutide round of VBP timeline is around 2029, as the VBP program typically takes 1-2 years to organize after certain conditions are met (e.g., sufficient biosimilar competition and a large enough NHSA budget impact from the drug class). However, there is also a big chance that the VBP will not start until 2030 if biosimilar approvals are delayed or the NHSA deprioritizes this category relative to other biologics in terms of VBP launch.

Potential price cut: Insulin VBP as the reference. VBP Round 6 targeted insulin exclusively and resulted in an average price cut of 48%, and this can be used as a reference for a potential VBP for GLP-1 drugs which would target a similar disease burden. However, considering that VBP Round 11 in July 2025 signaled a shift towards "comprehensive evaluation" balancing drug quality, price, stable supply, and clinical needs, which is moving somewhat away from the pure price-competition model of the earlier VBP rounds, we think the semaglutide VBP price reduction may be smaller than insulin's 48%. To be clear, we think VBP would apply to the T2D indication in public hospitals only. The obesity self-pay channel — Wegovy and its biosimilar equivalents sold through retail pharmacy, e-commerce, and private hospitals — should be excluded from the VBP.

China GLP-1 market evolution and strategic response

Market bifurcation: Mass market vs. premium market

In the upcoming generic era, we expect China's GLP-1 market to bifurcate into a mass-commoditized segment that is driven by price accessibility and reimbursement, and a premium self-pay market focused on branding, superior efficacy and metabolic benefits.

- Mass market dominance: Semaglutide generics will likely dominate the mass market. With the first batch expected to be launched in 2027, OOP payment for semaglutide generics (T2D indication) could drop to below Rmb100/month under VBP. This high affordability will significantly expand the diabetes GLP-1 patient base to an estimated 10 million in China by 2030 (7% penetration), while generics may capture a majority of market share.
- Premium market defense: Multi-receptor agonists such as tirzepatide and mazdutide will likely adopt defensive strategies to secure the premium segment. To survive the generic influx, these products need to build strong competitive moats. Tirzepatide can leverage its best-in-class weight-loss efficacy, while mazdutide will likely capitalize on its more balanced safety and efficacy, especially unique liver benefits and premium auto-injector design.

Muscle preservation: The next competitive wedge

As GLP-1 penetration grows, a key clinical critique is emerging: significant weight loss via GLP-1 drugs includes meaningful lean mass (muscle) loss, with some studies showing 25–40% of total weight lost comprising lean tissue. Quality weight loss, or preserving muscle while reducing fat, is becoming a real clinical differentiator, particularly for aging populations in China.

The China-specific pipeline targeting both weight loss and muscle preservation is nascent and concentrated at Ph1 or pre-clinical stages as of May 2026. The most clinically advanced asset with muscle preservation as an explicit design objective is LAE102 from Laekna Medical, an anti-ActRIIA monoclonal antibody. LAE102 received NMPA IND approval for obesity in early 2024, and, in pre-clinical models, has demonstrated that it increases muscle while reducing fat, and that combination with a GLP-1 receptor agonist further reduces fat and significantly attenuates the lean mass loss caused by GLP-1 monotherapy. Phase 1 single-dose escalation results were presented at ADA 2025, showing satisfactory safety and tolerability in healthy

volunteers, with Ph1 multi-dose escalation ongoing in both China and the US under a clinical collaboration with Lilly signed in November 2024. Further behind, Sino Biopharm (SBP) presented pre-clinical data on two new programs at ECO 2026: TQF6422, a fully human anti-ActRIIA/B monoclonal antibody, which in an obese primate model combined with semaglutide achieved a 93% fat fraction of total weight lost, 1.5–2.0× greater fat reduction than semaglutide alone, and lean mass retention rates of 72–85%; and HJY-10, an INHBE siRNA targeting the hepatic suppressor of fat oxidation, both with IND applications planned imminently. Global clinical leaders that have demonstrated a body composition benefit (bimagrumab, trevogrumab, enobosarm) have no China-specific development programs as of May 2026.

Expanded indications: MASH / CV / CKD

The China GLP-1 indication expansion landscape beyond diabetes and obesity is moving rapidly, and semaglutide leads on both speed and breadth. The NMPA approved semaglutide for chronic kidney disease (CKD) in T2D patients in mid-2025, nearly synchronously with the FDA's January 2025 approval, based on the FLOW trial demonstrating a 24% relative risk reduction in kidney disease progression and cardiovascular death. This makes it the first GLP-1RA in China with a formal cardiorenal outcome indication.

For MASH (metabolic dysfunction-associated steatohepatitis), Novo Nordisk has submitted the MASH sNDA to global regulators including China. Semaglutide 2.4 mg received FDA accelerated approval in August 2025 for MASH with moderate-to-advanced fibrosis, based on the ESSENCE Phase 3 interim analysis showing 62.9% MASH resolution without fibrosis worsening versus 34.3% with placebo. Tirzepatide's Ph3 SURPASS-CVOT head-to-head trial versus dulaglutide demonstrated non-inferior cardiovascular outcomes and better A1C, weight, and renal function control, with Lilly planning to submit to global regulators by the end of 2025, though the China MASH indication has not been filed yet.

Among China-domestic assets, mazdutide is advancing the broadest China-specific indication expansion program. Mazdutide's dual GCG/GLP-1 mechanism is mechanistically suited for MASH given glucagon receptor-driven hepatic fat reduction, and a Ph3 study is on-going to test mazdutide versus semaglutide in Chinese adults with overweight or obesity accompanied metabolic-associated fatty liver disease. In addition, the Phase 3 study (GLORY-OSA) in obesity patients with obstructive sleep apnea (OSA) dosed its first patient in June 2025, while studies in MASH were initiated in 2025. The GLORY-3 Phase 3 study, comparing mazdutide directly against semaglutide in Chinese patients with overweight or obesity accompanied by metabolic-dysfunction-associated fatty liver disease (MAFLD), enrolled its first patient in May 2025.

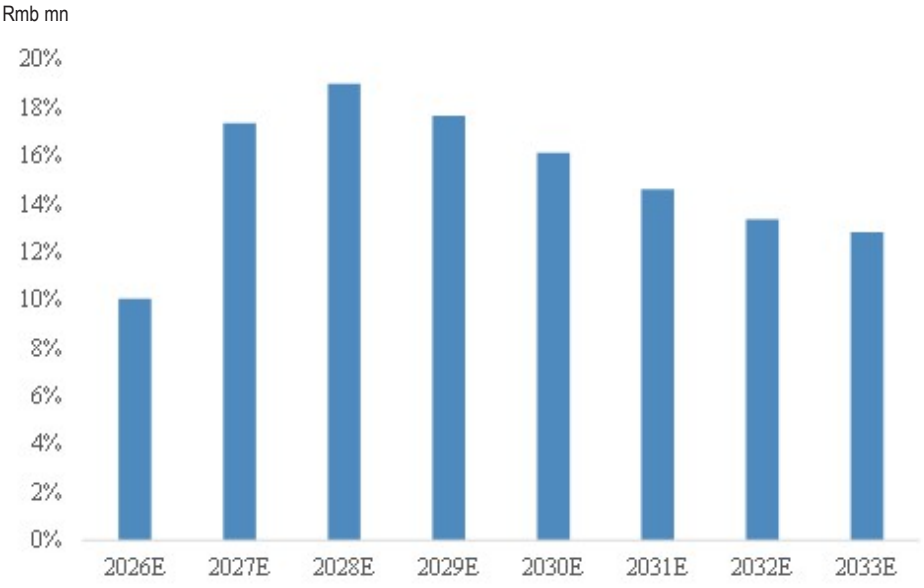
Stock pick: Innovent

Following the successful launch of mazdutide for obesity and T2D in China, GLP-1 has become another key determinant of Innovent's earnings growth and valuation multiple. While the oncology portfolio continues to provide stable cash flow and supports operating leverage, we estimate that 17-19% of Innovent's near-term product sales will be contributed by mazdutide, and the GLP-1 category will contribute >10% of its total sales over the long term. The key investment debate is whether Innovent can execute n strongly enough in an increasingly crowded Chinese obesity market.

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Based on our analysis above, we view mazdutide as one of the strongest domestic obesity assets, demonstrating better glycemic control and weight loss than semaglutide and showing favorable effects on liver fat, triglycerides and other cardiometabolic parameters, and strengthening physician confidence in product differentiation. Commercially, we believe Innovent possesses several structural advantages, including an already established endocrinology commercial team built around sintilimab expansion into broader specialty markets, strong manufacturing capability and local market knowledge, although price competition is likely to intensify as additional domestic products enter the market.

Figure 20: Mazdutide will likely contribute more than 10% of total product sales ofInnovent



Source: J.P. Morgan estimates.

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India GLP-1 Market: Big opportunity but adoption is key

We are positive on the multi-year opportunity and measured on the near term, because the binding constraint is adoption, not the size of the patient pool. India has one of the world's largest diabetes and obesity patient pools, with a significant proportion still undiagnosed. However, translating this epidemiological opportunity into a commercial opportunity is proving to be far more gradual than early expectations suggested. Since generic GLP-1s were launched in India after March 2026, the initial off-take has been softer than anticipated.The pace of market expansion will depend upon the gradual evolution of physician behavior, affordability, treatment adherence, consumer behavior, cultural acceptance and expansion beyond metro/tier 1 markets. On the numbers, we frame the combined innovator and generic market at ~US$150mn as of 2025, reaching ~US$700mn by 2030 and approaching ~US$1bn by 2035, a sustainable early-teens growth trajectory (over CY26-35E) with patient use rising to ~1mn/1.5mn in 2030/2035 and blended penetration moving from <~0.1–0.2% today to ~0.7–0.8% over the decade.

The adoption is slow for structural reasons, and each explains a different part of the gap between opportunity and off-take:

- **Physician behavior is the single biggest determinant**. Doctors are screening carefully for suitability and lifestyle commitment, keeping most Type-2 patients on first-line orals such as metformin, not automatically switching insulin patients across, and largely taking a wait-and-watch approach until they see real-world outcomes. Tighter DCGI scrutiny (specialist-only prescribing) has also led to a measured ramp up.
- **Affordability still limits reach.** Even generic therapy at ~Rs3,000–4,000 per month keeps the addressable base concentrated in metro, Tier-1 and affluent Tier-2 cities, with no insurance reimbursement to widen it.
- **Consumer behavior makes demand less predictable**. GLP-1 usage is often start-stop rather than lifelong, and high global discontinuation rates appear to be reflected in India too, so patient persistence, not initiation, will set the recurring market.
- **Injectable hesitancy and cultural factors slow the curve**. Indian patients favor orals and are injectables-averse, and initiation decisions are shaped by family, social perceptions and attitudes towards weight, which shift only gradually.
- **The premium weight-loss segment stays with the innovators**. Cosmetic and lifestyle users who can pay up prefer established brands, which is reflected in innovator brands still growing despite generic entry.

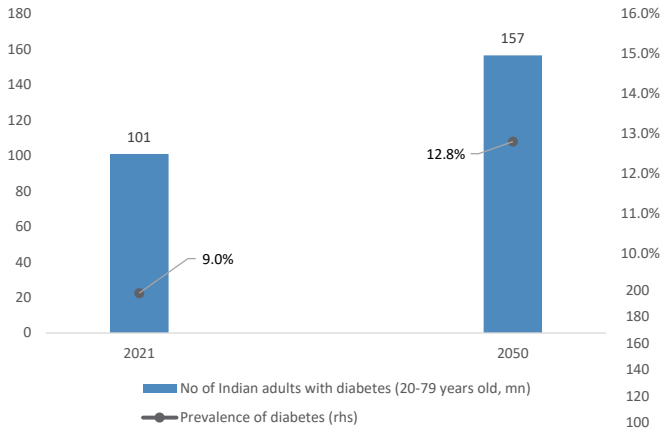
India's dual burden – diabetes and obesity trajectories point to decades of demand

Our view: TAM is the least of the debate; it is deep, growing, and understated by the diagnosed base, but the hard part is conversion and persistence.

India carries one of the world's largest diabetes and obesity burdens, with ~105mn adults (~10% of India's adult population) with diabetes, roughly 15% of the global pool, of which ~95mn adults (~90%) are Type-2. What makes the runway even deeper is how much is still hidden: ~43% remain undiagnosed, so as screening improves this pool

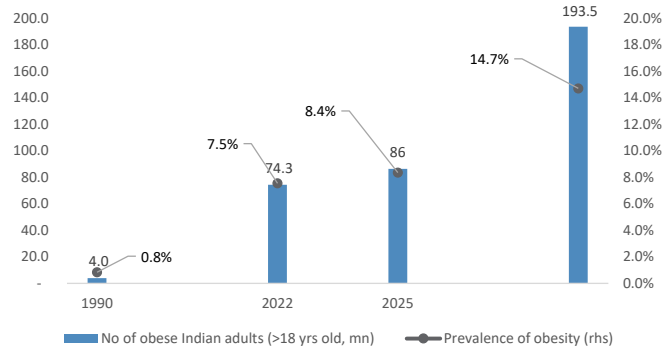
steadily migrates into treatment, over and above organic growth. Obesity is rising in parallel with ~85mn obese adults considering the global benchmark of BMI≥30 kg/sq.m. The picture is compounded by the "thin-fat" South Asian phenotype, which surfaces metabolic risk at body weights the West would consider unremarkable and pushes Indian guidelines to lower BMI cut-offs (≥23 overweight; ≥25 obese), broadening the at-risk base well beyond the visibly obese. With GLP-1s sitting precisely at the intersection of these two epidemics, the long-term opportunity is deep and durable.

Figure 21: Indian adults with diabetes per IDF



Source: ICMR, IDF, J.P. Morgan.

Figure 22: Indian adults with obesity per World Obesity Federation



Note: Considering the global benchmark of BMI≥30 kg/sq.m
Source: World Obesity Federation, J.P. Morgan.

India market model – penetration is key; forecast $1bn market by 2035

We forecast the market to grow from ~US$150mn (Rs14bn) in CY25 to ~US$700mn (Rs66bn) by 2030 and ~US$1bn (Rs97bn) by 2035, with patient count rising to ~1mn/1.5mn over the same period. Three things would drive this: a large and growing patient pool, better adoption, and a mix shift as generics scale.

The addressable pool is big. Using the stricter BMI ≥30 cut-off, we count ~150mn people today (~95mn Type-2 diabetics and ~50mn obese without diabetes assuming an overlap of ~40% among obese and Type-2 diabetic patients), rising to a TAM of ~190mn by 2035. We deliberately stay with the ≥30 threshold; looser definitions would push the obesity number much higher, but we prefer to be conservative in line with initial physician behavior.

The catch is penetration, which stays low. It moves only from well under ~0.2% today to ~0.7–0.8% over 10 years, reaching ~1% in diabetes and ~0.4% in obesity by 2035. Diabetes could see faster penetration because patients tend to stay on therapy longer. Clinical studies by agencies such as the NIH suggest roughly 79% of diabetes patients remain compliant after one year, compared with about 32% in obesity. As a result, diabetes accounts for the bulk of the market, around 60–75%, across the forecast.

On pricing, we expect generic injectable pricing to bottom at ~Rs37k per year (~Rs3k per month, ~US$32 per month) by 2027, then drift upward gradually in line with broader pharma inflation as the initial wave of launches and price undercutting

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stabilizes. In our view, injectables should remain the dominant form factor, although orals should continue to hold a steady ~15–17% value share in the outer years.

Generics are already leading on volume, but innovators continue to lead on value. We expect this to persist through the early years to 2032; beyond that, we expect generics to take the value lead as well.

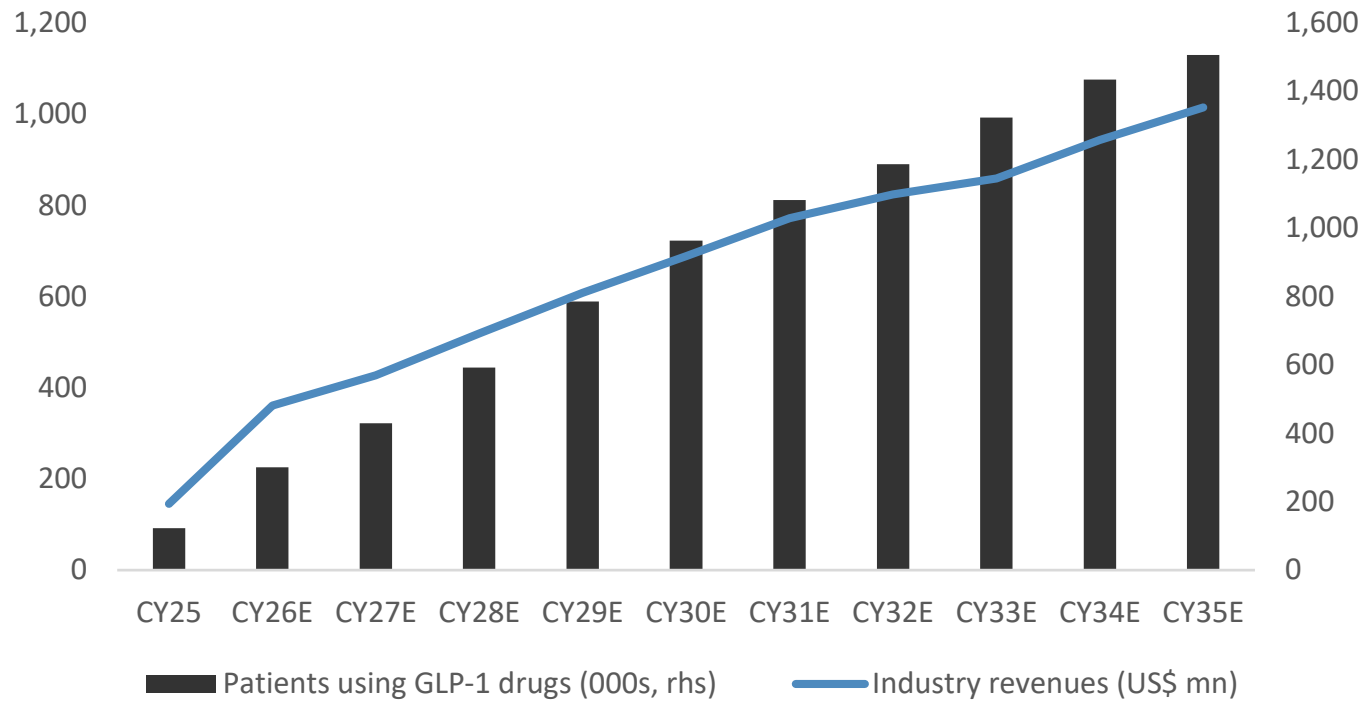
Table 8: India GLP-1 market model – summary

Summary	CY2025	CY2026E	CY2027E	CY2028E	CY2029E	CY2030E	CY2031E	CY2032E	CY2033E	CY2034E	CY2035E
India Population (mn)	1,464	1,477	1,489	1,501	1,513	1,525	1,537	1,548	1,558	1,569	1,579
Adult Obese non T2D Population - BMI ≥30 (mn)	52	54	57	60	63	65	68	71	74	77	80
Adult Diabetic Population - T2D (mn)	95	96	97	98	100	101	102	103	105	106	107
Penetration of GLP-1 drugs (after drop outs)											
Obesity non T2D - 32% compliance rate in yr 1	*0.1%*	*0.3%*	*0.3%*	*0.3%*	*0.3%*	*0.3%*	*0.4%*	*0.4%*	*0.4%*	*0.4%*	*0.4%*
T2D - 79% compliance rate	*0.1%*	*0.2%*	*0.3%*	*0.4%*	*0.6%*	*0.8%*	*0.8%*	*0.9%*	*1.0%*	*1.1%*	*1.1%*
Patients using GLP-1 drugs (000s)	**123**	**300**	**429**	**592**	**785**	**964**	**1,083**	**1,187**	**1,324**	**1,434**	**1,506**
Obesity without T2D	44	137	149	160	194	204	240	258	272	287	295
% share of overall industry	*36%*	*46%*	*35%*	*27%*	*25%*	*21%*	*22%*	*22%*	*21%*	*20%*	*20%*
T2D	79	163	280	432	591	760	842	929	1,052	1,147	1,211
% share of overall industry	*64%*	*54%*	*65%*	*73%*	*75%*	*79%*	*78%*	*78%*	*79%*	*80%*	*80%*
Industry revenues ($ mn)	**145**	**361**	**427**	**519**	**608**	**689**	**772**	**824**	**859**	**943**	**1,015**
% YoY chg		*148%*	*18%*	*21%*	*17%*	*13%*	*12%*	*7%*	*4%*	*10%*	*8%*
Branded	145	288	338	384	415	430	466	453	392	412	429
Generic		73	90	135	193	259	306	371	467	531	585
Industry revenues (Rs mn)	**13,853**	**34,409**	**40,730**	**49,463**	**57,955**	**65,631**	**73,572**	**78,510**	**81,888**	**89,860**	**96,677**
Obesity without T2D	4,504	16,955	15,651	16,227	17,887	18,150	20,475	21,266	21,726	22,649	23,886
% share of overall industry	*33%*	*49%*	*38%*	*33%*	*31%*	*28%*	*28%*	*27%*	*27%*	*25%*	*25%*
T2D	9,349	17,455	25,078	33,235	40,068	47,481	53,096	57,244	60,162	67,211	72,791
% share of overall industry	*67%*	*51%*	*62%*	*67%*	*69%*	*72%*	*72%*	*73%*	*73%*	*75%*	*75%*
Branded (Rs mn)	13,853	27,478	32,194	36,576	39,528	40,943	44,405	43,122	37,368	39,263	40,920
% share of overall industry	*100%*	*80%*	*79%*	*74%*	*68%*	*62%*	*60%*	*55%*	*46%*	*44%*	*42%*
Generic (Rs mn)	0	6,931	8,536	12,886	18,427	24,689	29,166	35,389	44,520	50,597	55,757
% share of overall industry	*0%*	*20%*	*21%*	*26%*	*32%*	*38%*	*40%*	*45%*	*54%*	*56%*	*58%*
Oral (Rs mn)	4,844	3,839	5,156	7,133	8,681	10,333	11,402	11,639	13,606	15,317	16,710
% share of overall industry	*35%*	*11%*	*13%*	*14%*	*15%*	*16%*	*15%*	*15%*	*17%*	*17%*	*17%*
Injectables (Rs mn)	9,009	30,571	35,573	42,330	49,274	55,299	62,170	66,871	68,282	74,543	79,966
% share of overall industry	*65%*	*89%*	*87%*	*86%*	*85%*	*84%*	*85%*	*85%*	*83%*	*83%*	*83%*
Oral (Patients '000s)	35	42	76	129	195	251	278	325	368	401	424
% share of overall industry	*28%*	*14%*	*18%*	*22%*	*25%*	*26%*	*26%*	*27%*	*28%*	*28%*	*28%*
Injectables (Patients '000s)	88	259	353	463	590	713	805	862	956	1,033	1,082
% share of overall industry	*72%*	*86%*	*82%*	*78%*	*75%*	*74%*	*74%*	*73%*	*72%*	*72%*	*72%*
Branded (Patients '000s)	123	143	193	237	275	289	325	297	265	287	301
% share of overall industry	*100%*	*48%*	*45%*	*40%*	*35%*	*30%*	*30%*	*25%*	*20%*	*20%*	*20%*
Generic (Patients '000s)	0	157	236	355	510	675	758	890	1,059	1,147	1,205
% share of overall industry	*0%*	*52%*	*55%*	*60%*	*65%*	*70%*	*70%*	*75%*	*80%*	*80%*	*80%*

Note: Assumptions for newer GLP-1 products (Mounjaro, Wegovy, Ozempic and Rybelsus) and generic versions of Wegovy, Ozempic and Rybelsus.
Source: UN World Population Prospects, Global Obesity Observatory, World Bank, Indian Council for Medical Research, International Diabetes Federation, Academy of Managed Care Pharmacy, European Heart Journal, IQVIA, J.P. Morgan estimates.

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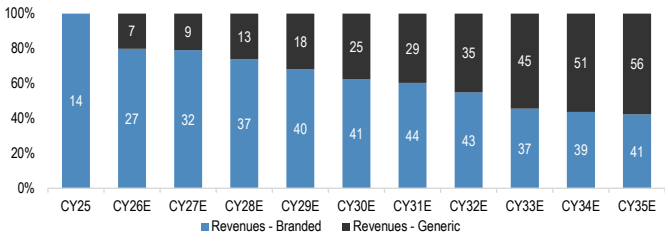
Figure 23: We expect the Indian GLP-1 market to grow to ~Rs66bn (~US$700mn) in 2030 and ~Rs97bn (~US$1bn) in 2035 with the number of patients using GLP-1 drugs increasing to ~1mn/1.5mn in 2030/2035



Source: J.P. Morgan estimates.

Figure 24: We expect the innovators to retain >50% value share until 2032...

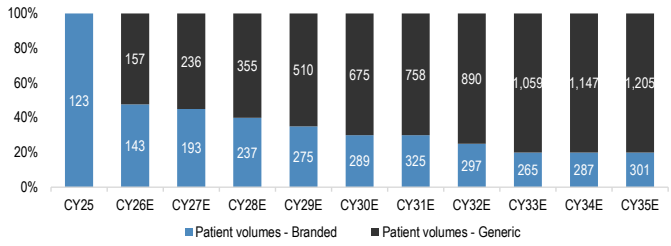
% share of overall market based on revenues



Note: Labels on the column indicate revenues in Rs bn.
Source: IQVIA, J.P. Morgan estimates.

Figure 25: ... however, generics already lead in volume share

Share of overall market based on patients

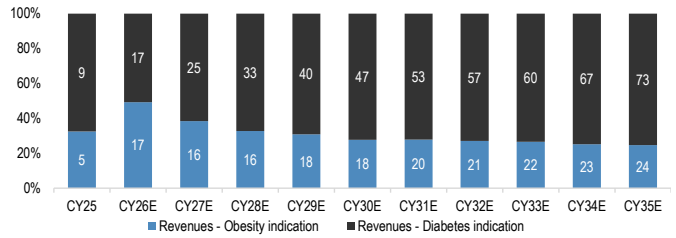


Note: Labels on the column indicate number of patients in 000s.
Source: IQVIA, J.P. Morgan estimates.

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Figure 26: We expect the diabetes indication to have a higher market share due to better compliance

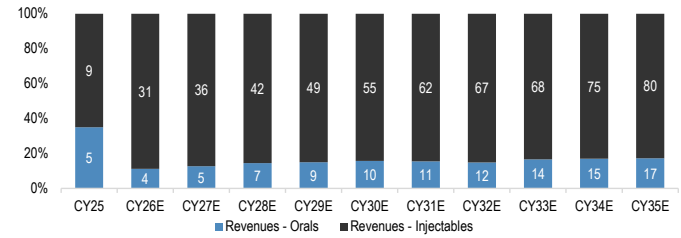
% share of overall market based on revenues



Note: Labels on the column indicate revenues in Rs bn.
Source: IQVIA, J.P. Morgan estimates.

Figure 27: We forecast injectables to form a majority of the market due to superior efficacy compared to orals

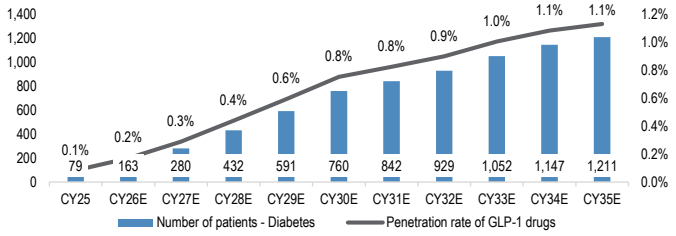
% share of overall market based on revenues



Note: Labels on the column indicate revenues in Rs bn.
Source: IQVIA, J.P. Morgan estimates.

Figure 28: T2D penetration to rise to ~0.8%/1.1% by 2030E/2035E

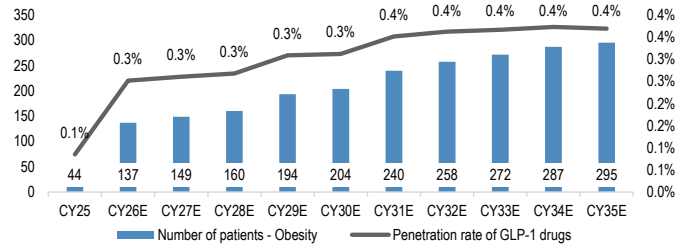
LHS - number of patients in 000s; RHS- penetration rate



Source: UN World Population Prospects, International Diabetes Federation, ICMR, J.P. Morgan estimates.

Figure 29: Obesity penetration to remain low at ~0.3-0.4% over the forecast period

LHS – number of patients in 000s; RHS – penetration rate



Source: UN World Population Prospects, Global Obesity Observatory, ICMR, J.P. Morgan estimates.

Market snapshot – Diabetes therapy landscape

India's anti-diabetes market was worth ~Rs240bn (~US$2.5bn) in CY25, as per IQVIA,with oral therapies contributing ~50–60% and insulin ~20%. GLP-1 remains small at ~Rs14bn in CY25 (penetration under 1%), but it is the fastest-evolving segment. The recent injectables launch wave, Mounjaro (March 2025), Wegovy (June 2025), and Ozempic (December 2025), marked a clear inflection point, with Mounjaro leading at ~Rs17bn (~US$180mn) annual run-rate as of August 2026.

The next leg of growth has shifted to generics following the March 2026 semaglutide patent expiry, in a market where generics typically capture a share of volumes over time. The price reset has been sharp: generics launched at ~65–70% discounts to innovators (~US$30–40 per month), and Novo cut Ozempic and Wegovy pricing by ~20–50%. However, the volume response has been measured so far: by August 2026, generic semaglutide reached ~Rs550mn (~US$6mn) monthly sales versus ~Rs2.6bn (~US$27mn) for innovators.

Two things stand out. Mounjaro grew ~27% QoQ in the September quarter despite the generics entry, suggesting higher-income users are staying with the brand for perceived efficacy and continuity rather than trading down. Generic semaglutide is expanding at a steady ~10% CMGR, alongside early consolidation, with ~8–10 players accounting for ~65–75% of the segment. Overall, innovators are retaining the premium tier while generics are broadening access and expanding the category across diabetes and weight

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loss, more market expansion than share reallocation. We see sustained uptake and adherence as the key variables for durable and recurring revenue.

Implications for other drug classes: Sulfonylureas and DPP-4 inhibitors face the highest displacement risk, together ~8% of the diabetes market excluding combinations and ~25% including them. Among our covered names, Dr. Reddy and Mankind have the highest sulfonylurea exposure (~0.5–1.5% of India revenues), while Lupin and Cipla have the highest DPP-4 exposure (~0.5–1%). SGLT-2 appears more insulated given its cardiovascular benefit, which GLP-1s do not fully replicate. Insulin should remain relevant based on convenience and cost, although volumes and dosing intensity could moderate; the key question is whether GLP-1s emerge as a substitute or a supplement, with insulin plus GLP-1 combinations positioned to benefit either way. Vitamins is a second-order beneficiary as patients maintain nutrition alongside appetite suppression..

Table 9: India pharma market – top companies in the anti-diabetes market

Rs mn

Rank	Company	Sales (Rs mn)				Market share (%)			
		MAT Apr'23	MAT Apr'24	MAT Apr'25	MAT Apr'26	MAT Apr'23	MAT Apr'24	MAT Apr'25	MAT Apr'26
1	Abbott*	34,595	36,708	38,413	37,361	19.1%	19.0%	18.4%	15.8%
2	U S V	19,265	20,234	20,781	22,200	10.6%	10.5%	10.0%	9.4%
3	Lupin Limited	14,816	15,051	16,558	18,100	8.2%	7.8%	7.9%	7.7%
4	Sun	11,183	12,632	14,679	17,340	6.2%	6.5%	7.0%	7.4%
5	Eris Lifesciences	8,559	9,368	10,202	11,219	4.7%	4.8%	4.9%	4.8%
6	Mankind	7,329	8,411	9,296	10,502	4.0%	4.4%	4.5%	4.5%
7	Intas Pharma	6,554	7,285	8,298	9,428	3.6%	3.8%	4.0%	4.0%
8	Sanofi	8,342	7,712	8,432	8,712	4.6%	4.0%	4.0%	3.7%
9	Torrent Pharma	5,815	6,620	7,675	8,476	3.2%	3.4%	3.7%	3.6%
10	Cipla	5,995	6,167	6,763	8,070	3.3%	3.2%	3.2%	3.4%
11	Macleods Pharma	3,888	4,359	4,753	5,328	2.1%	2.3%	2.3%	2.3%
12	Alkem	3,366	4,051	4,381	5,072	1.9%	2.1%	2.1%	2.2%
13	Emcure	4,471	4,656	4,883	4,493	2.5%	2.4%	2.3%	1.9%
14	Dr. Reddy's Labs	3,422	3,784	4,030	4,320	1.9%	2.0%	1.9%	1.8%
15	Aristo Pharma	2,078	2,346	2,523	3,005	1.1%	1.2%	1.2%	1.3%
	Total Therapy sales	**181,287**	**193,238**	**208,361**	**235,794**				
	% share of IPM	*8.9%*	*8.9%*	*8.9%*	*9.1%*				

Note: *Abbott consists of sales from both listed and unlisted entities.
Source: IQVIA data, MAT April 2026.

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Table 10: Generic semaglutide launches by major Indian pharma companies

Company	Brand	Formulation	Indication	Price per month (at launch)	Strength	Comments
Novo Nordisk	Ozempic and Wegovy	pre-filled pens	Type-2 diabetes (Ozempic) and Obesity (Wegovy)	Rs8,800-11,175 (Ozempic), Rs16,260-24,389 (Wegovy)	0.25mg/1.5ml to 1mg/3ml (Ozempic), 0.25mg/1.5ml to 2.4mg/3ml (Wegovy)	
Eli Lilly	Mounjaro	pre-filled pens	Type-2 diabetes	Rs13,125-25,781	2.5mg/0.6ml to 15mg/0.6ml	
Cipla	Yurpeak	pre-filled pens	Type-2 diabetes	Rs13,125-25,781	2.5mg/0.6ml to 15mg/0.6ml	
Emcure	Poviztra	pre-filled pens	Obesity	Rs8,790-15,000	0.25mg/1.5ml to 2.4mg/3ml	
Abbott India	Extensior	pre-filled pens	Type-2 diabetes	Rs8,400-10,600	0.25mg/1.5ml to 1mg/3ml	
Natco Pharma	Semanat and Semafull	multi-dose vials; pre-filled pens	Type-2 diabetes	Rs1,290-1,750 (vials); Rs4,000-4,500 (pens)	2mg/1.5ml to 8mg/ml	Also offered products to third parties for co-marketing
Dr Reddy's	Obeda	pre-filled disposable pen	Type-2 diabetes	Rs4,200	2mg and 4mg	Each pre-filled disposable pen to deliver minimum 4 weekly doses
Sun Pharma	Noveltreat and Sematrinity	Prefilled pen with concealed needle (Noveltreat); multi-dose pen (Sematrinity)	Obesity (Noveltreat) and Type-2 diabetes (Sematrinity)	Rs3,600-8000 (Noveltreat), Rs3,000-5200 (Sematrinity)	0.25mg/0.5ml to 2.4mg/0.75ml (Noveltreat), 2mg/1.5ml, 4mg/3ml (Sematrinity)	Noveltreat prefilled pen has concealed needle to help ease injection fear, Sematrinity multi-dose pen offers flexible dosing
Zydus	Semaglyn, Mashema and Alterme	reusable multi-dose pen device	Type-2 diabetes and obesity	Rs2,200	15mg/3ml	Novel pen device. Injection to be manufactured at Zydus Biotech Park, Ahmedabad
Torrent Pharma	Sembolic and Semalix	both oral and injectable (reusable multi-dose pen device) formulations	Type-2 diabetes and obesity	Rs3,999	15mg/3ml (injectable)	First Indian company to offer oral versions; Sembolic co-marketed from Zydus with Torrent paying upfront licensing fees to Zydus
Lupin	Semanext and Livarise	reusable multi-dose pen device	Type-2 diabetes and obesity			Co-marketed from Zydus with Lupin paying upfront licensing fees and milestone payments to Zydus
Glenmark	Glipiq	vial and pre-filled formulations	Type-2 diabetes	Rs1,300-1,760 (vials)	2mg/1.5ml to 8mg/ml	
Eris	Sundae	multi-dose vials; pre-filled pens	Type-2 diabetes	Rs1,290-1,750 (vials); Rs4,000-4,500 (pens)	2mg/1.5ml to 8mg/ml	In-licensed from Natco
Alkem	Semasize, Obesema, Hepaglide	pre-filled pens	Type-2 diabetes and obesity	Rs1,800		Apart from the disposable version, reusable pens are offered for higher maintenance doses
Mankind	Semaglu	pre-filled pens	Obesity	Rs3,000-5,000	2mg/1.5ml to 8mg/3ml	
USV	Usema	pre-filled pens	Type-2 diabetes	Rs4,300	2mg and 4mg	Partnered with Dr Reddy's
MSN	Semabest	pre-filled pens	Type-2 diabetes and obesity	Rs3,990-Rs5,490	2mg, 4mg and 8mg	
Intas Pharma	Semaneo	pre-filled pens	Type-2 diabetes and obesity	Rs1,199-4,499	0.25mg, 0.5mg, 1mg, 1.7mgand 2.4mg	

Source: J.P. Morgan estimates, company data.

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Table 11: Indian pharma semaglutide and tirzepatide sales

Rs mn

Brands	Company	Sales (Rs mn)			
		Mar-26	Apr-26	May-26	Jun-26
		701	**948**	**902**	**961**
Rybelsus	Abbott India	317	309	300	269
Wegovy	Abbott India	168	159	140	152
Ozempic	Abbott India	97	115	90	99
Semalix	Torrent Pharma	19	60	62	81
Sembolic	Torrent Pharma	17	52	53	60
Semanext	Lupin Limited	12	35	28	26
Sundae Pen	Eris Lifesciences	-	20	22	25
Semasize	Alkem	5	18	19	23
Poviztra	Emcure	23	28	21	23
Usema	U S V	7	16	18	19
Noveltreat	Sun	4	14	15	19
Sundae	Eris Lifesciences	4	13	15	15
Sematrinity	Sun	5	14	13	15
Extensior	Abbott India	1	15	10	14
Semabest	MSN Labs	-	16	14	14
Obeda	Dr.Reddys Labs	6	10	11	13
Semaglyn	Zydus Cadila	5	15	11	12
Semaneo	Intas Pharma	-	-	4	10
Hepaglide	Alkem	1	5	7	10
Glipiq	Glenmark Pharma	1	5	8	9
Semanat	Natco Pharma	1	6	6	8
Semawin	Intas Pharma	-	-	4	8
Wyntide	Corona Remedies	-	3	5	5
Mashema	Zydus Cadila	1	3	3	4
Tyvenza	Corona Remedies	-	3	3	4
Livarise	Lupin Limited	1	3	4	3
Semafull	Natco Pharma	1	3	2	3
Ozanta	Ajanta Pharma	-	-	-	3
Alterme	Zydus Cadila	1	2	2	3
Semaglu	Mankind	-	0	2	3
Bluvial	Eris Lifesciences	1	2	2	2
Olymviq	Dr.Reddys Labs	3	3	2	2
Mashlo	Dr.Reddys Labs	0	2	2	1
Blupen	Eris Lifesciences	-	-	1	1
Obesema	Alkem	0	1	1	1
Semabrex	Natco Pharma	-	0	0	1
Moto G	Hetero Healthcare	-	-	-	1
		1,307	**1,552**	**1,618**	**1,623**
Mounjaro	Eli Lilly	1,207	1,412	1,481	1,407
Yurpeak	Cipla	100	140	137	216

Source: IQVIA, J.P. Morgan.

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Table 12: Indian companies' current market share in the semaglutide generics market

Company	Sales M/S
Torrent Pharma	35%
Eris Lifesciences	11%
Sun	8%
Alkem	8%
Lupin Limited	7%
U S V	5%
Zydus Cadila	5%
Intas Pharma	4%
Dr.Reddys Labs	4%
MSN Labs	3%
Natco Pharma	3%
Glenmark Pharma	2%
Corona Remedies	2%
Ajanta Pharma	1%
Mankind	1%

Note: Period of analysis: as of June 2026
Source: IQVIA, J.P. Morgan.

Table 13: India Pharma market – revenue exposure to sulfonylurea drugs

Rs mn

Company	MAT Apr'22	MAT Apr'23	MAT Apr'24	MAT Apr'25	MAT Apr'26
Servier India	689	769	866	981	1,175
Dr.Reddys Labs	757	804	922	1,038	1,125
Mankind	445	446	552	665	845
Emcure	777	816	774	830	845
U S V	518	564	577	591	625
Intas Pharma	314	335	350	372	416
Ipca Labs	244	226	291	347	388
Eris Lifesciences	158	164	178	200	219
Micro Labs	161	166	157	176	164
Torrent Pharma	145	148	140	138	142
Total Category sales	**5,125**	**5,388**	**5,734**	**6,252**	**6,839**
% share of therapy	*3.0%*	*3.0%*	*3.0%*	*3.0%*	*2.9%*

Note: Includes sales of key sulfonylurea drugs, excluding sales of combination drugs.
Source: IQVIA data, MAT April 2026.

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Table 14: India pharma market – revenue exposure to DPP-4 inhibitor drugs

Rs mn

Company	MAT Apr'22	MAT Apr'23	MAT Apr'24	MAT Apr'25	MAT Apr'26
Boehringer Ingelheim	1,476	1,229	1,123	1,106	1,229
Abbott*	1,506	1,060	1,002	999	1,017
Lupin Limited	1,297	1,168	820	737	885
U S V	868	856	784	774	821
Sun	628	434	457	583	740
Mankind	558	540	578	584	566
Cipla	591	559	546	538	538
Torrent Pharma	379	385	426	462	495
Intas Pharma	593	600	509	493	484
Eris Lifesciences	416	547	530	472	455
Total Category sales	**12,287**	**11,446**	**10,495**	**10,257**	**10,568**
% share of therapy	*7.3%*	*6.3%*	*5.4%*	*4.9%*	*4.5%*

Note: Includes sales of key DPP-4 inhibitor drugs, excluding sales of combination drugs; *Abbott consists of sales from both listed and unlisted entities.
Source: IQVIA data, MAT April 2026.

Profitability of GLP-1 generics in India

Our view: Near-term profitability is low to neutral as heavy launch-year marketing weighs on margins, but as brands scale, the economics improve, and we see little advantage in owning drug manufacturing given how competitive outsourced options have become.

The generic GLP-1 value chain has three building blocks: API, fill finish, and the injection device. Most Indian players outsource at least one of these steps and focus on marketing and distribution. This structure typically produces weak profitability in year one, because selling and marketing intensity is front-loaded, but margins can expand meaningfully once prescriptions and repeat use build.

On API, supply is broad and pricing is already competitive. China can supply API at competitive prices, and because doses are measured in milligrams, the API cost per pen is not the binding constraint on unit economics. Players can also source locally from Dr. Reddy's or other approved suppliers, which further reduces the case for in-house backward integration. Fill finish is also commonly outsourced to third parties such as OneSource (Not Covered). Devices are typically sourced from vendors such as Shaily Engineering (Not Covered) or imported.

On unit economics, our checks suggest the manufacturing cost is around US$12-13 per month per pen versus an end price of ~US$30-40 per month, implying gross margins of roughly 45% to 65% before selling and marketing. Business models vary: some companies are pure marketers with fully outsourced manufacturing, some own selected steps while marketing in-house, and some partner with peers such as Zydus and Dr Reddy's, and primarily market the product. In partnership models, margins are shared, but the lower capital intensity can still be ROCE-accretive for both parties as scale builds.

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Export opportunities outside of the US/EU markets

Beyond India, we see Canada and Brazil as the two most meaningful markets for Indian pharma companies, alongside a longer tail of emerging markets.

Canada: Prior to the expiry of semaglutide patents in January 2026, the Canadian semaglutide market was approximately US$2.5bn, according to IQVIA data. As per JPM estimates, primary sales of Ozempic were approximately US$1bn prior to loss of exclusivity. Following patent expiry, four generic manufacturers have received approval for generic Ozempic in Canada: Dr. Reddy's, which was first to market, followed by Apotex, Sandoz, and Aspen. Apotex has also received approval for generic Wegovy in Canada. Other filers include Taro, Teva, AA Pharma, Zydus, Angita Pharma, and Vimy Pharmaceuticals. Dr. Reddy's, however, has temporarily suspended marketing across all markets after encountering scale-up issues at its API manufacturing site, which it expects to resolve by October 2026. In our view, this disruption has also affected its partner Aspen's launch in Canada. Generic pricing, as per Dr. Reddy's, had declined to $55 per month around 1QFY27. With increasing competition, we assume net realization of $30 per month and estimate semaglutide sales of US$80mn and US$140mn in FY27 and FY28, respectively, for Dr. Reddy's, as it resumes supplies towards the end of CY26. Media reports further suggest that Apotex has faced supply shortages and stock-outs at several community pharmacies due to strong consumer demand, particularly as Dr. Reddy's supply issues have effectively left Apotex as the only generic supplier in the market. Apotex has also experienced recalls of several batches due to incorrect dosage-display information.

Brazil: We estimate Brazil's GLP-1 market size at approximately US$3bn in 2025 and is expected to grow to around US$9bn by 2035E (see Figure 32), implying a CAGR of roughly 11%, as low-cost generics formalize a large shadow market. ANVISA has approved six generic players for semaglutide, with Ozivy by EMS the first to receive approval. The other approved products are Owozy by Adalvo (partnered with Sandoz), Seemasun and Orsema by Hypera (partnered with Sun Pharma), Zempneo by Brainfarma and Semavy by Cosmed. Among Indian players, other than Sun Pharma, Torrent Pharma has indicated a delay in approval due to stricter ANVISA reviews, while Dr. Reddy's application was denied on the grounds that technical requirements related to efficacy, safety, and quality had not been met. Given limited local manufacturing capacity, the Brazilian semaglutide market is likely to depend largely on imports. JPM sees limited opportunity for oral semaglutide, as generic injectables have already undercut oral pricing in Brazil. Ozivy, the generic injectable by EMS, is priced at ~US $70 per month—less than half the branded injectable price and below oral Rybelsus at US$112 per month. As a result, injectable-averse patients are likely to be the primary source of demand for oral semaglutide, which JPM estimates will account for only around 5% of total treatments by 2035.

Figure 30: Beyond Canada and Brazil, the other international market opportunities are broad but staggered...

Company	International Markets Strategy
Dr. Reddy's	Plans to launch in 80+ countries (filings for 30 of them completed as of 1Q); ideal run-rate expected was 3-4mn pens per quarter via a 50:50 direct/B2B mix; current API supply issue however creates an overhang and the volumes estimated over Nov 26 to Mar 27 is 6-7mn pens.
Lupin	Targeting South Africa in FY27; building a broader EM diabetes franchise; US Saxenda (liraglutide) launch planned in FY28
Zydus	Partnerships and registrations underway in 20+ markets; leveraging its differentiated reusable pen as a cost-benefit pitch to governments and patients
Sun Pharma	Launched in South Africa and approved in Brazil (partnered); company has in-house API and formulation plus device-component tie-ups.
Torrent	Among wave-1 filers in roughly five smaller emerging markets

Source: Company data, J.P. Morgan.

Opportunities and our stock picks

We have identified four to five buckets where Indian pharma companies have the opportunity to capitalize on the GLP-1 narrative, namely: 1) Innovation, e.g., Sun Pharma (early stage) (Not Rated); 2) the India-branded generic market: multiple players but companies with strong cardio metabolic franchise could benefit – Torrent (OW) stands out with a large share already; 3) CDMO (API/intermediates), e.g., Divi's Labs (OW), and CDMO (fill-finish) where companies such as Gland Pharma and OneSource Specialty Pharma (both Not Covered) have exposure; 4) the exports market (Canada, Brazil, EMs): e.g., Sun, Dr. Reddy's, Torrent; 5) device manufacturing, e.g., Shaily Engineering (Not Covered). However, we find more value in the CDMO layer than in the domestic end-market, because CDMO earnings track global high value and a growing opportunity. Within our coverage, our two recommended expressions are the CDMO theme via Divi's Lab and the branded-generic theme via Torrent Pharma.

Divi's Labs: Divi's is India's largest and most globally relevant CDMO, built on leadership in chiral chemistry and high-tonnage custom synthesis, which is now deliberately migrating up the value chain into high-barrier, high-growth areas, such as contrast media and peptides, including GLP-1. On the broader GLP-1 opportunity, Divi's is positioned as an upstream API/intermediates supplier: its fully backward-integrated peptides platform – spanning basic raw materials through building blocks and fragments, supported by multiple 3,000L SPPS reactors – is designed to make it one of the largest integrated players, with tirzepatide-related revenues alone potentially contributing ~$200mn–300mn of annual revenue by 2030 (~20-25% of FY26 revenues) and any work on Eli Lilly's orforglipron (oral) to be an incremental add-on. This

peptides-plus-contrast-media optionality, sized at $300mn–600mn over three to four years, underwrites a forecast of ~17% revenue CAGR with ~23% earnings CAGR over FY26-29 as the mix shifts toward innovator-facing custom synthesis. A debt-free balance sheet with a rising ROE trajectory further makes Divi's the most resilient player to own the secular outsourcing tailwind, in our view.

Torrent Pharma: Torrent Pharma is a brand-focused platform deriving ~85% of revenue from four markets—India, the US, Germany, and Brazil. Torrent screens well on three drivers. First, its India franchise keeps outrunning the market, delivering a five-year CAGR of 14% against roughly 9% for the industry, helped by a chronic-heavy portfolio (55% share) and consistently sharp execution. Second, Brazil offers better growth visibility on solid underlying demand and a supportive currency, where its filing with ANVISA positions it for double-digit share on approval, provided approval is not materially delayed, as per management. Third, we think Torrent can capture more than its fair share of India's emerging GLP-1 opportunity, leaning on its lead in cardiometabolic care—an opportunity we see adding about 100–200bps to annual growth. In contrast to Divi's upstream supply role, Torrent's opportunity is at the branded, front-end commercial level: its semaglutide launch has been meaningful, capturing 36% 1Q market share across oral and injectable forms and 94% oral share in June despite new competition; it posted Rs500mn sales in 1Q which were tracking towards a Rs2.5bn annual objective prior to a transient injectable supply disruption. Beyond these drivers, JB Pharma integration is tracking ahead of schedule, where cost synergies are pulling forward ahead of the ~Rs4.5bn third-year target, reinforcing Torrent as the standout compounder within our coverage.

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Brazil GLP-1 market: Formal vs. informal market

The ~R$50bn question: Sizing the formal market, the informal shadow market, and the generic-semaglutide capture

In this section, we explore the Brazilian GLP-1 theme, which we regard as one of the most structural growth stories in LatAm healthcare besides aging profile. We estimate the total Brazilian GLP-1 opportunity (formal pharmacy sales plus the informal shadow market) at roughly R$17bn in 2025, scaling to approximately R$50bn by 2035, with the formal market printing a ~9.8% CAGR from 2026 until 2035. Crucially, the composition of that market is about to be rewired by the March 2026 expiry of the semaglutide patent and the June 2026 launch of EMS's Ozivy, the first Brazilian-made semaglutide together with the Hypera's Semavy (and other generic options). We model these events as the catalyst that converts a large, price-sensitive informal market into formal, taxable, on-shelf demand. See below the main pillars of GLP-1 market in Brazil.

Hereinafter, we will refer to the obese population together with the diabetic population as the "target population".

- **Under-penetration.** Brazil is structurally under-penetrated. We estimate that ~5% of target Brazilians currently use a GLP-1, versus ~6% of the eligible obese/diabetic population in the US. With 25% of adults being obese and 12% having diabetes, the addressable pool (~62m adults) is vast and income-gated, not need-gated.
- **A massive informal shadow market.** We size the informal market (smuggled Paraguayan product, illegally compounded pens, counterfeits) at roughly 3x the formal patient base. The 2026 Counterfeiting Yearbook puts GLP-1 clandestine market losses at R$4.6bn in 2025, which we see growing ~3x y/y in 2026 to R $12bn.
- **Price arbitrage is the informal market's oxygen.** The Paraguayan corridor (tirzepatide brands T.G. and Lipoless) and illegal compounding exist purely because formal prices were 3-8x source prices. As generic semaglutide compresses that gap, the arbitrage that sustains the informal market collapses.
- **Generic semaglutide is the capture mechanism.** We deploy an epidemiological SIR (Susceptible-Infected-Recovered) framework in which the conversion rate beta is a direct function of the formal-vs-informal price gap. As Ozivy and followers drive formal prices toward — and below — the informal price, beta accelerates from ~0.05 to its 0.15 ceiling, capturing ~1.3m informal patients into the formal market by 2035.

Figure 31: Brazil GLP-1 market — proprietary blended-model forecasts

R$ in billions; US$ in billions

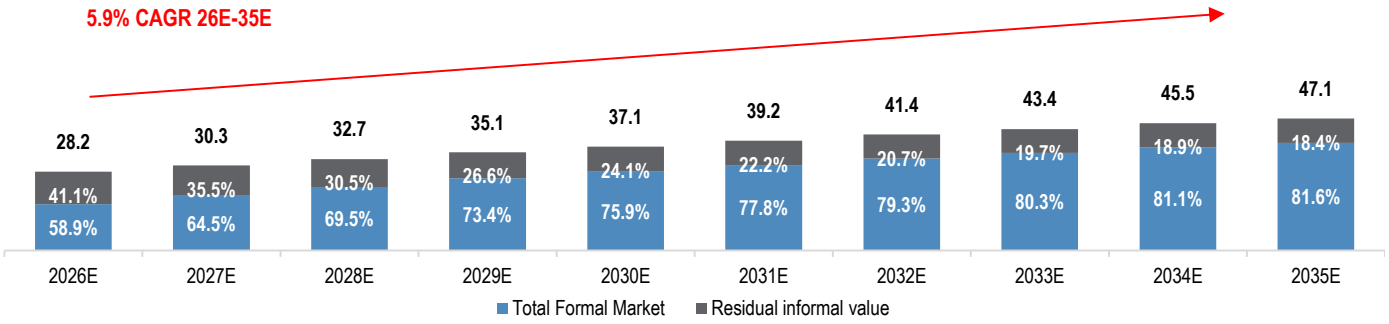
1) MARKET VALUE	2025E	2026E	2027E	2028E	2029E	2030E	2031E	2032E	2033E	2034E	2035E
Formal organic	11.6	16.6	18.2	20.1	22.2	23.8	25.4	27.2	28.8	30.5	31.7
└ "generic"-sema	*0.0*	*1.6*	*4.0*	*5.6*	*7.2*	*8.1*	*9.1*	*10.2*	*11.0*	*11.9*	*12.3*
Captured from informal	0.0	0.0	1.4	2.6	3.6	4.4	5.1	5.6	6.1	6.4	6.7
Total Formal Market	11.6	16.6	19.6	22.7	25.8	28.2	30.5	32.8	34.8	36.9	38.4
Residual informal value	4.6	11.6	10.8	10.0	9.4	8.9	8.7	8.6	8.5	8.6	8.7
Total Market (R$)	16.1	28.2	30.3	32.7	35.1	37.1	39.2	41.4	43.4	45.5	47.1
Total Market (USD)	3.2	5.6	6.0	6.5	7.0	7.4	7.8	8.2	8.6	9.0	9.3

Source: J.P. Morgan estimates, company data, Anuário da Falsificação 2026, ANVISA.

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Figure 32: Total Brazil GLP-1 market sales trajectory

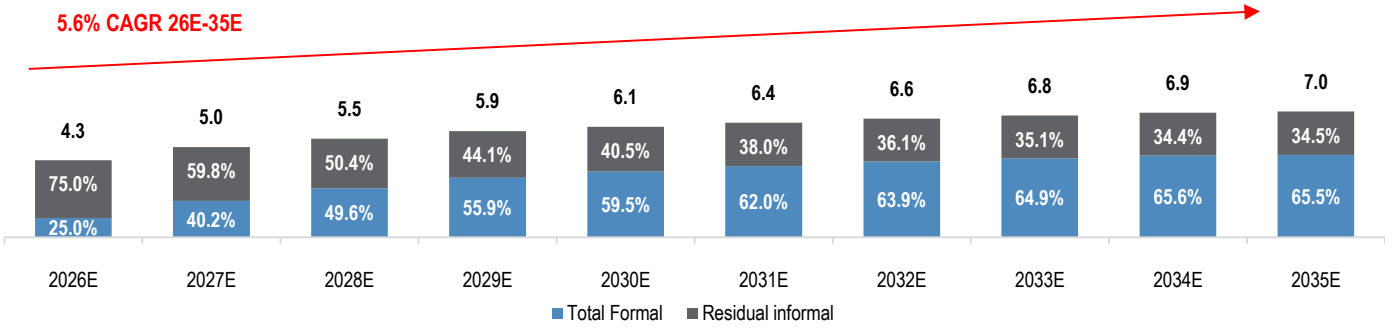
R$ million



Source: J.P. Morgan estimates.

Figure 33: Total Brazil GLP-1 users trajectory

Millions of people



Source: J.P. Morgan estimates.

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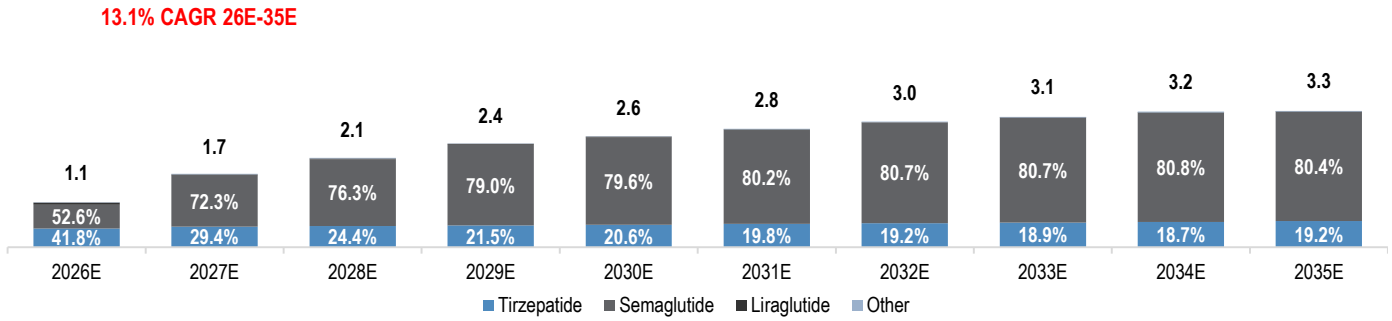
Formal market in 2027 should stand at R$20bn

Brazil has quietly become one of Novo Nordisk's and Eli Lilly's five largest markets globally and the largest GLP-1 market in Latin America. We estimate the formal (legal, pharmacy-channel) GLP-1 market at roughly R$12bn in 2025 — a figure we hold as our calibrated baseline. The market roughly doubled in 2025 and, on our model, scales to ~R$20bn in 2027 and ~R$32bn by 2035 on an organic basis (before informal capture).

- **Semaglutide built the market but no longer dictates its dynamics.** Ozempic used to be the single best-selling drug in Brazil by value until the launch of Mounjaro. However, its market share has rapidly decreased, both in terms of volumes and value since the introduction of tirzepatide (through Mounjaro).
- **Tirzepatide took over on value.** Following Mounjaro's May 2025 launch, tirzepatide quickly became the leading molecule as it is more potent, premium-priced (~R$1,500-2,400/month) and patent-protected until ~2032.
- **The drugstore channel is the equity lever.** GLP-1 now represents ~12% of revenue at RD Saúde, Pague Menos and Panvel. The leading chains skew to A/B income consumers, which is why RD Saúde holds ~35% of GLP-1 sales versus ~20% of the overall pharma market.

Figure 34: GLP-1 organic volume expansion should be material in the coming years growing at a double-digit pace until 2035E...

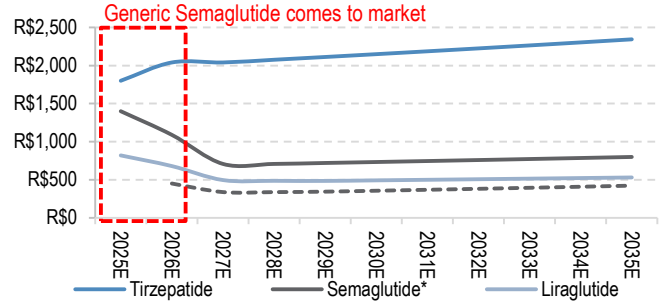
Units / month in millions



Source: J.P. Morgan estimates.

Figure 35: However, treatment costs should see...

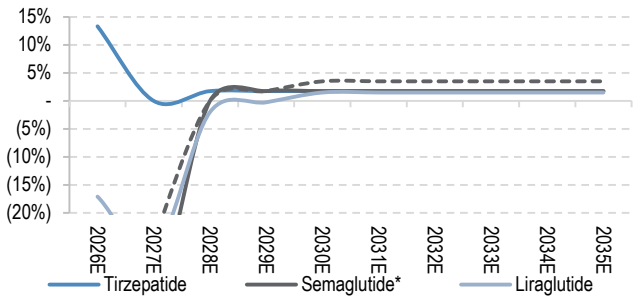
Average monthly treatment cost in R$



*Dashed line is semaglutide's generic version.
Source: J.P. Morgan estimates.

Figure 36: … decreasing monthly costs with the introduction of generic options

Percentual change y/y



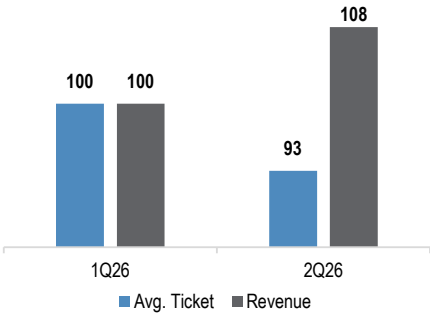
*Dashed line is semaglutide's generic version.
Source: J.P. Morgan estimates.

The estimated price-demand elasticity varies across different molecules. However, as shown by RD Saúde during its 2Q26 conference call, the lower price point is more than

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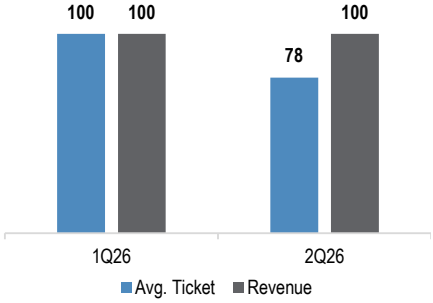
offset by a surge in volumes, being net positive for pharma retailers and the broader consumer.

Figure 37: GLP-1 industry elasticity



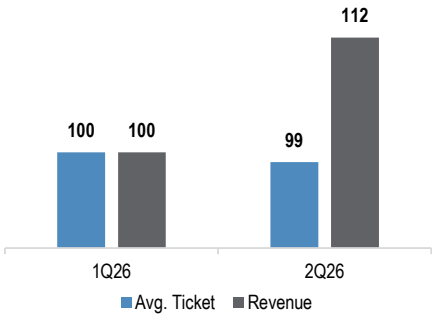
Source: RD Saúde.

Figure 38: Semaglutide elasticity



Source: RD Saúde.

Figure 39: Tirzepatide elasticity



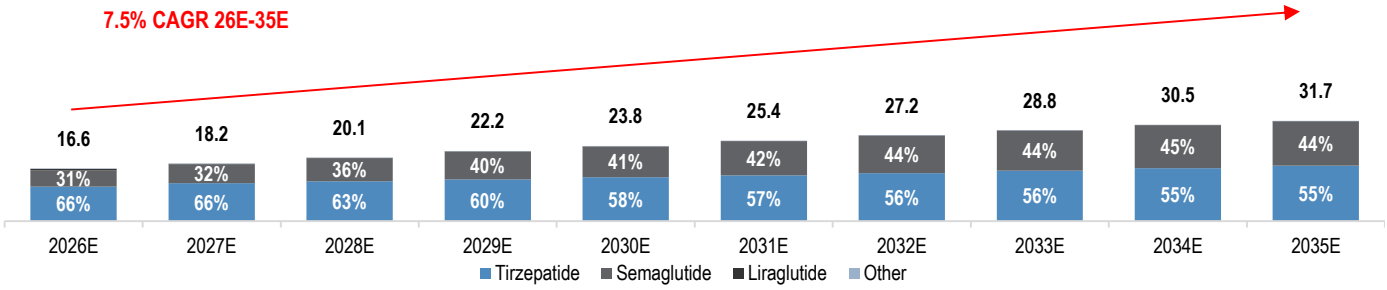
Source: RD Saúde.

Consequently, formal market size should grow at a slower pace than units demand — being translated to ~8% CAGR

With the introduction of the generic semaglutide version into the market, we expect a significant price decrease in 2026, with price normalization only expected by 2028 onwards. This cross-roads effect (when the price sharply decreases and the volume increase is lagged) is likely to be the main driver of an uptick in market size in 2027 and 2028.

Figure 40: Given higher ticket, Tizerpatide should continue to be an important pillar for the market

R$ billions



Source: J.P. Morgan estimates.

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Informal market could be as large as R$12bn in 2026

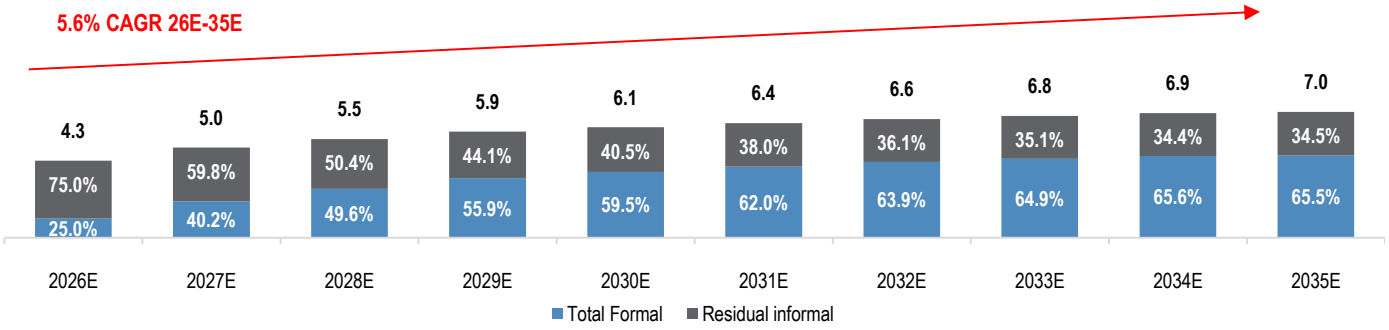
No regulator publishes a value for Brazil's informal GLP-1 economy on a regular basis. Hence, we use two independent anchors that, together, point to an informal market roughly 3x larger than the formal one — in # of patients.

The three fronts of the irregular trade, per the Anuário, are (i) direct counterfeits (fake pens, some relabelled insulin), (ii) illegally compounded ("manipulado") semaglutide and tirzepatide, and (iii) unregistered substances such as retatrutide — a triple agonist still in clinical trials, which ANVISA ordered seized in January 2026. ANVISA banned semaglutide compounding outright in August 2025 (Despacho 97/2025), which — combined with the patent cliff — is precisely why a legal, cheap generic can now capture this demand rather than merely competing with it.

- **Counterfeiting Yearbook points to R$4.6bn in clandestine trades in 2025.** The primary indicator that allows for a more accurate assessment of the informal market in 2025 is the significant escalation of the clandestine trade of weight-loss medications in Brazil. As reported by the Counterfeiting Yearbook (link), the illegal market encompassing piracy, smuggling, and counterfeiting of these substances generated approximately R$4.6bn in 2025.
- **In 2026E, we see the clandestine market 3x the formal one, reaching ~R$12bn in 2026.** By considering a lower price point for the informal market—R$300/month—we estimate that the number of users in the informal market was 20% higher, coming in at ~1mn/month users in 2025. Recent reports show that the rate of apprehensions has increased ~4x (link), with apprehensions in 3M26 exceeding the volume apprehended in 2025. Certain regions have experienced a tenfold surge in apprehensions (link). All-in, the market is expected to triple in volume y/y in 2026 — in our view — resulting in a market size of R$12bn.
- Consequently, in the next sections we will explore and model the dynamics of a potential capture of this informal market.

Figure 41: Informal market capture is a major avenue of growth for the formal industry in terms of volumes…

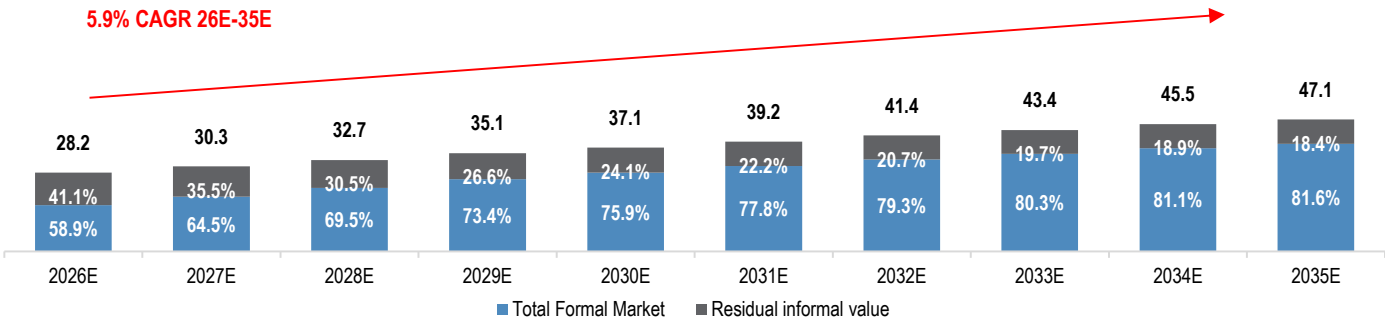
Millions of active patients



Source: J.P. Morgan estimates.

Figure 42: … although being less representative on a value standpoint

R$ billion



Source: J.P. Morgan estimates.

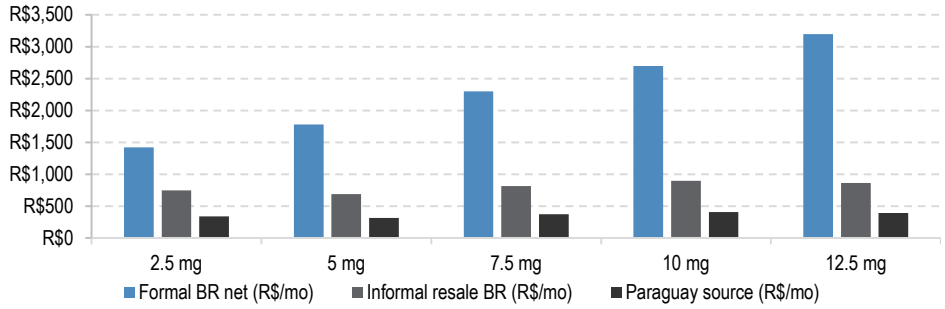
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Irregular Paraguayan product imports

We understand that the informal market is overwhelmingly a price-arbitrage phenomenon, and the arbitrage runs through Paraguay. Tirzepatide brands manufactured there — T.G. (Indufar) and Lipoless (Éticos) — enter Brazil through the dry border at Foz do Iguaçu and Ponta Porã, carried by couriers. The economics are stark: at source, Paraguayan tirzepatide costs a small fraction of Brazilian Mounjaro; even after 117-180% courier/reseller markups, the resold product still undercuts the formal price at most doses.

Figure 43: Paraguayan tirzepatide products are available at a much lower price point*

R$ / month average treatment cost



*The highest value among the following brands ("T.G."; "Tirzec"; "Lipoless") — in each dose.
Source: J.P. Morgan estimates.* Informal Resale BR considers a 120% reseller markup.

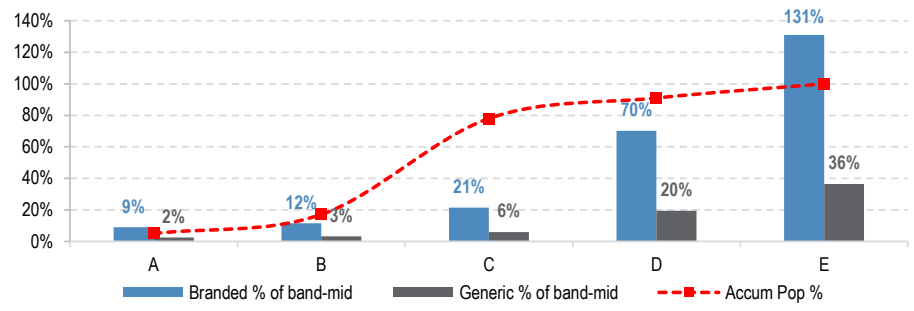
Federal Police seizures of weight-loss pens rose from 609 units in 2024 to 60,787 in 2025 (+1,079%), with a further 54,577 in 1Q 2026 alone. At the Foz do Iguaçu border, Receita Federal seizures jumped from 7.5k tirzepatide units in 2025FY to ~80.0k in 5M26. In April 2026, the joint ANVISA-Polícia Federal "Operação Heavy Pen" executed 45 warrants across 12 states, seizing inputs for over 1.0mn pens.

Affordability is materially increased with generic and informal products

We believe that individuals are willing to spend up to 15% of their monthly income on GLP-1 therapy. As shown below, a generic version of semaglutide could capture up to 80% of the market (+60 pp vs. tirzepatide).

Figure 44: Affordability comparison across income bands

Branded tirzepatide and generic semaglutide price as share of given income band avg. household per-capita income; Y axis is % of accumulated population



Source: J.P. Morgan estimates, IBGE.

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Capturing the informal market as generic semaglutide comes into play

The semaglutide patent expired in Brazil on 20 March 2026 after the STJ denied Novo Nordisk's extension bid. EMS's Ozivy — the first Brazilian-made semaglutide — approved on 15 June 2026 at R$498/pen (R$452 via loyalty, ~R$287/month introductory), less than half the branded price and, critically, at or below much of the informal/Paraguayan price. With Eurofarma's licensed Poviztra/Extensior, Hypera (3Q-26E), Biomm, Cimed and others following, we model branded semaglutide prices falling ~30% in year one and ~50% over five years.

A SIR approach to model the informal-to-formal market

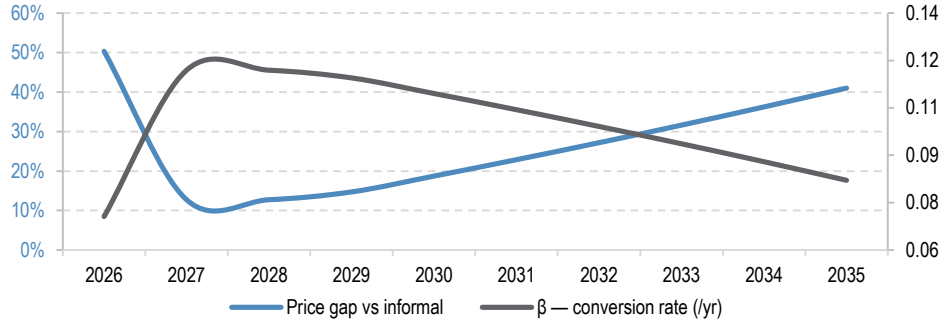
We model the resulting informal-to-formal capture with an epidemiological SIR framework — the natural tool for a diffusion process driven by a changing incentive:

- **S (Susceptible):** the pool of informal (smuggled/compounded) active patients, susceptible to conversion.
- **I ("Infected"/ captured):** patients captured into the formal market.
- **R (Recovered/churned):** churned/discontinued patients, a share of whom re-enter the informal pool.

The novel element is that the conversion rate beta is not a constant but a function of the formal-vs-informal price gap. When the formal product is far more expensive (wide gap), beta sits near its floor (0.08/year). As generic semaglutide drives the formal price toward — and below — the informal/Paraguayan price, the gap collapses and beta rises toward its ceiling (0.15/yr). **This is the mathematical embodiment of "cheap legal generics drain the informal market."**

Figure 45: Price gap drives the conversion rate

Price gap as in (formal marker price) / (informal market price) -1; ß as in conversion / year

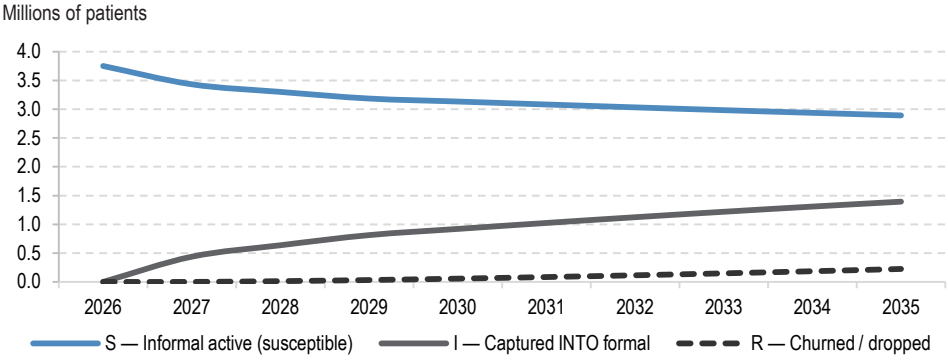


Note: Conversion factor "ß" considers: 1) Price gap between formal and informal semaglutide price; 2) an enforcement factor; and 3) weighting between "1)" and "2)".
Source: J.P. Morgan estimates.

The dynamics. Beta climbs from ~0.08 in 2025 to 0.11 (below the ceiling of 0.15) as the price gap decreases, although still positive from our understanding. The susceptible informal pool (S) is drained from ~3.7m to ~2.9m, while cumulative patients captured into the formal market (I) build to ~9m by 2035 — net of a 15%/year churn, 80% of which leaks back to informal.

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Figure 46: SIR breakdown – informal-to-formal conversion



Source: J.P. Morgan estimates.

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Estimating the potential market by 2035

Important caveat. Engine 1 is the organic formal base and Engine 2 is the incremental capture from informal; the consolidation is a scenario decomposition with some inherent overlap between "organic" and "captured" growth. Informal figures are triangulated, not observed. All 2026-2035 figures are modelled estimates

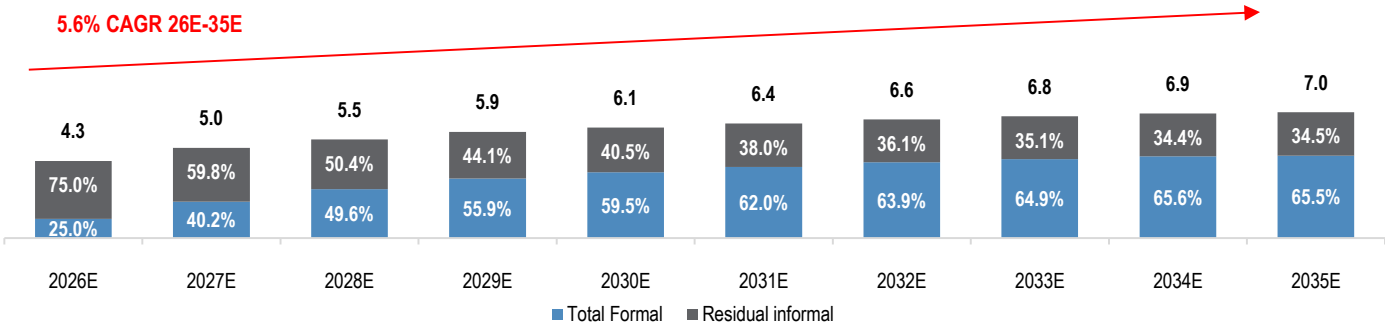
Combining the organic formal market, the residual informal market and the SIR capture yields our consolidated view. We forecast the total Brazilian GLP-1 market rising from ~R$16.1bn in 2025 to ~R$47.1bn by 2035, a ~11% CAGR. Within that, the formal market — organic growth plus captured informal demand — expands from ~R$12bn to ~R$40bn, while the residual informal market shrinks from R$4.6bn to ~R$9bn.

A word on methodology. *Our blended model comprises three engines. Engine 1 (formal market) builds organic demand bottom-up from IBGE population, Vigitel obesity prevalence, urban/rural penetration and a treatment-"bursts" reach metric, then applies molecule mix, branded/generic splits and price-decline schedules. Engine 2 (Informal & SIR) runs the price-gap-driven SIR conversion described previously and values the residual informal pool at an Counterfeiting Yearbook-calibrated effective spend. The Consolidated engine combines them.*

Our approach – formal market organic growth + Informal conversion

Figure 47: Informal market capture together with organic growth should drive a 20% CAGR on formal market demand

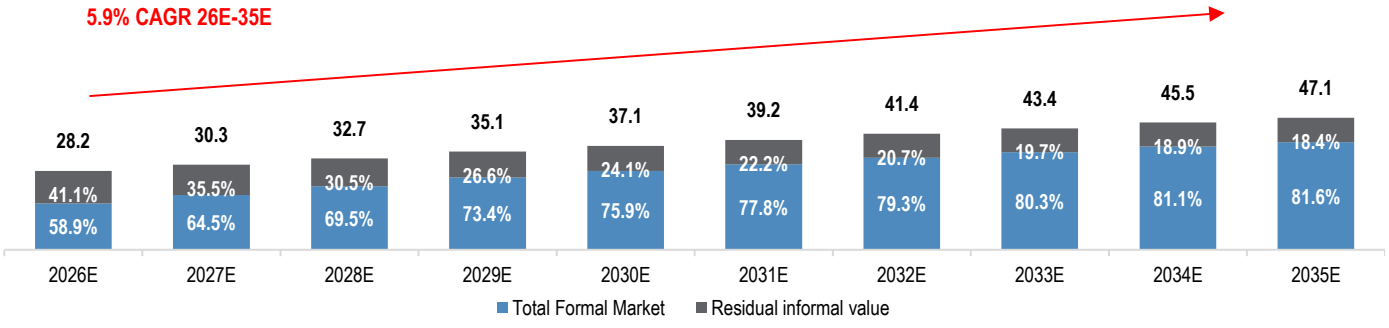
Millions of active patients



Source: J.P. Morgan estimates.

Figure 48: … despite the effect on value being lower we still see a resilient 6% CAGR for formal market value in 2026-2035

R$ billion



Source: J.P. Morgan estimates.

On patients, total active GLP-1 users (formal plus residual informal) rise from ~4.3m in 2026 to ~7.0m by 2035. The share of patients with informal origins (currently informal, or captured from informal) declines from ~75% to ~35% as the organic formal market grows underneath the capture. Penetration of the obese population roughly triples but

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still reaches only ~7-8% by 2035 — well below the ~30% the US is expected to reach — underscoring that even our decade-out numbers are conservative against the structural opportunity.

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Assessing different scenarios not incorporated to our base case

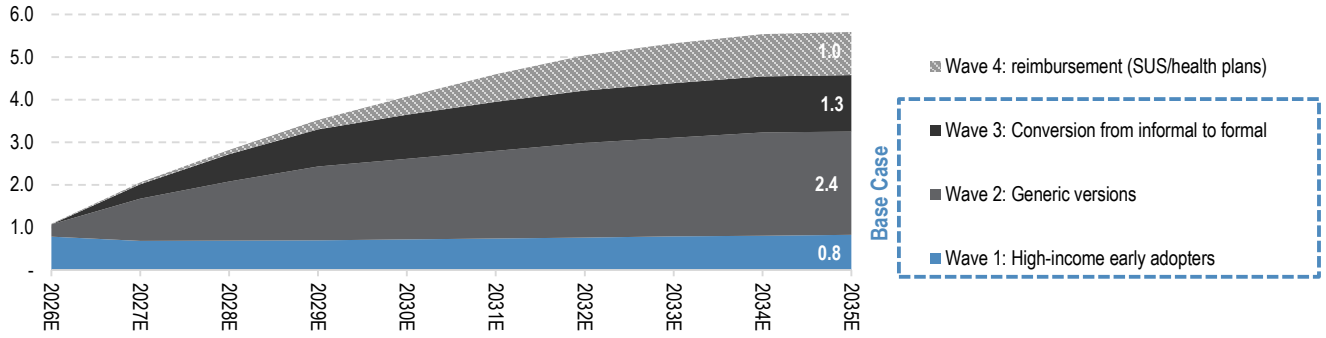
An out-of-pocket market – and why that makes Brazil different

This is the structural fact that governs the whole thesis, and it is not the case in every region. Brazil GLP-1 is among the purest self-pay markets in the world: there is effectively zero public reimbursement (CONITEC rejected semaglutide and liraglutide for obesity on 22-Aug-2025 on cost-effectiveness grounds, citing a budget impact the Ministry framed at ~R$8bn/year; no GLP-1 is on the SUS/RENAME diabetes formulary either), and private health plans (ANS) generally exclude self-administered home-use ("uso domiciliar") pens, covering them only case-by-case via litigation. The practical result is that ~98-100% of GLP-1 demand is cash-pay out-of-pocket concentrated among affluent, urban, AB-class consumers.

Considering the budget constraints in the public sector and the limited margin buffer for healthcare operators in the private sector, we see a conversion from out-of-pocket towards reimbursement model as unlikely. Nonetheless, we often see investors pillaring the GLP-1 debate in a tailwind breakdown by initiative or as we call hereafter as a "Wave". Therefore, we modeled this 4th Wave as an optionality on the GLP-1 debate. In terms of volumes, we see a potential increase of 20% by 2035.

Figure 49: Increased demand in volumes from a Wave 4 inclusion could reach 20% of our base case

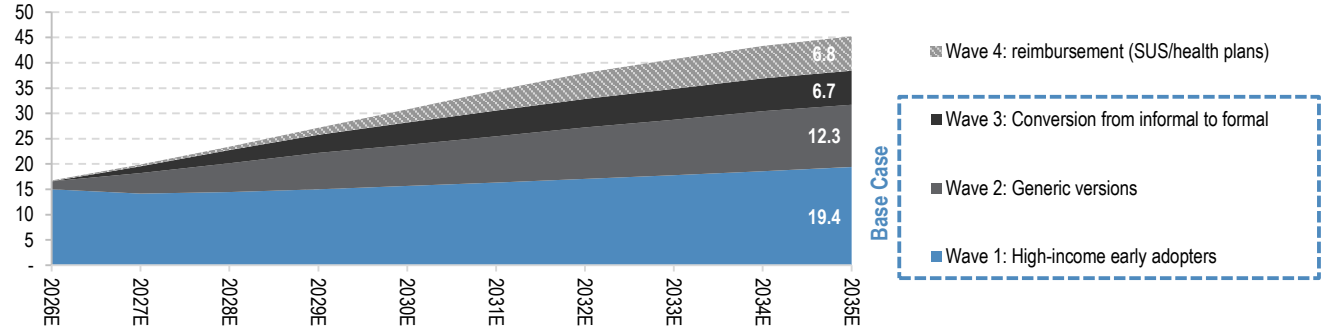
Millions of active patients



Source: J.P. Morgan estimates.

Figure 50: Wave demand breakdown

R$ billions



Source: J.P. Morgan estimates.

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Potential impact on the companies we cover

In this section, we briefly dissect the potential impact of this GLP-1 theme on the financials of the listed companies under our coverage.

Hypera

In the following table, the Hypera's TAM figures are represented at consumer sales value, hence it considers the final retailer margin. Consequently, we incorporate a 30% discount to TAM size to have the sales value recognized by Hypera to retailers in the generic semaglutide market by 2027.

In late July, ANVISA approved (link) five synthetic-semaglutide injectables for type 2 diabetes (details below). Two of those registrations were granted to Hypera and one to its partner in India, Sun Pharmaceuticals (Not Rated, covered by Bansi Desai), paving the way for the n of its own semaglutide, named Semavy. Similar to Ozivy from EMS (JPM research), all were registered as new medicines containing a synthetic analogue of a biological API, rather than as generics, similar medicines or biosimilars.

In terms of local competition for Hypera, we see the main competitor being EMS (not listed) with its Ozivy.

Figure 51: 2027 revenue contribution from generics market

Estimated figure; not modeled separately

	Market Share						
TAM	6%	8%	10%	12%	14%	16%	18%
+20%	0.27	0.36	0.45	0.55	0.64	0.73	0.82
+10%	0.25	0.33	0.42	0.50	0.58	0.67	0.75
+5%	0.24	0.32	0.40	0.48	0.56	0.64	0.72
5.4	0.23	0.30	0.38	**0.45**	0.53	0.61	0.68
(5%)	0.22	0.29	0.36	0.43	0.50	0.58	0.65
(10%)	0.20	0.27	0.34	0.41	0.48	0.55	0.61
(20%)	0.18	0.24	0.30	0.36	0.42	0.48	0.55

Source: J.P. Morgan estimates, company data.

Figure 52: 2027 gross profit* contribution from generics market

Estimated figure; not modeled separately

	Gross Margin						
Mkt %	24%	26%	28%	30%	32%	34%	36%
16%	0.15	0.16	0.17	0.18	0.19	0.21	0.22
14%	0.13	0.14	0.15	0.16	0.17	0.18	0.19
12%	0.11	0.12	0.13	0.14	0.15	0.15	0.16
10%	0.09	0.10	0.11	**0.11**	0.12	0.13	0.14
8%	0.07	0.08	0.08	0.09	0.10	0.10	0.11
6%	0.05	0.06	0.06	0.07	0.07	0.08	0.08
4%	0.04	0.04	0.04	0.05	0.05	0.05	0.05

Source: J.P. Morgan estimates, company data. *Gross margin = gross profit / gross revenues.

Figure 53: 2027 revenue contribution as % of consolidated gross revenues

Estimated figure; not modeled separately

	Market Share						
TAM	6%	8%	10%	12%	14%	16%	18%
+20%	2.1%	2.8%	3.5%	4.2%	4.9%	5.6%	6.3%
+10%	1.9%	2.6%	3.2%	3.8%	4.5%	5.1%	5.8%
+5%	1.8%	2.4%	3.1%	3.7%	4.3%	4.9%	5.5%
5.4	1.7%	2.3%	2.9%	**3.5%**	4.1%	4.7%	5.2%
(5%)	1.7%	2.2%	2.8%	3.3%	3.9%	4.4%	5.0%
(10%)	1.6%	2.1%	2.6%	3.1%	3.7%	4.2%	4.7%
(20%)	1.4%	1.9%	2.3%	2.8%	3.3%	3.7%	4.2%

Source: Company reports, J.P. Morgan estimates.

Figure 54: 2027 gross profit* contribution as % of consolidated gross profit

Estimated figure; not modeled separately

	Gross Margin as % of Gross Rev.						
Mkt %	24%	26%	28%	30%	32%	34%	36%
16%	2.4%	2.6%	2.8%	3.0%	3.1%	3.3%	3.5%
14%	2.1%	2.2%	2.4%	2.6%	2.8%	2.9%	3.1%
12%	1.8%	1.9%	2.1%	2.2%			
10%	1.5%	1.6%	1.7%	**1.8%**			
8%	1.2%	1.3%	1.4%	1.5%			
6%	0.9%	1.0%	1.0%	1.1%			
4%	0.6%	0.6%	0.7%	0.7%			

Source: Company reports, J.P. Morgan estimates. * gross margin =



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RD Saúde

Figure 55: 2027 revenue contribution from GLP-1 market

Estimated figure; not modeled separately

	Market Share						
TAM	30.0%	32.0%	34.0%	36.0%	38.0%	40.0%	42.0%
+20%	7.0	7.5	8.0	8.5	8.9	9.4	9.9
+10%	6.5	6.9	7.3	7.7	8.2	8.6	9.0
+5%	6.2	6.6	7.0	7.4	7.8	8.2	8.6
19.6	5.9	6.3	6.7	**7.0**	7.4	7.8	8.2
(5%)	5.6	5.9	6.3	6.7	7.1	7.4	7.8
(10%)	5.3	5.6	6.0	6.3	6.7	7.0	7.4
(20%)	4.7	5.0	5.3	5.6	5.9	6.3	6.6

Source: J.P. Morgan estimates, company data.

Figure 56: 2027 gross profit* contribution from GLP-1 market

Estimated figure; not modeled separately

	Gross Margin						
Mkt %	12%	14%	16%	18%	20%	22%	24%
42%	0.95	1.11	1.27	1.44	1.60	1.77	1.93
40%	0.90	1.06	1.21	1.37	1.53	1.68	1.84
38%	0.86	1.00	1.15	1.30	1.45	1.60	1.75
36%	0.81	0.95	1.09	**1.23**	1.37	1.51	1.66
34%	0.77	0.90	1.03	1.16	1.30	1.43	1.56
32%	0.72	0.85	0.97	1.10	1.22	1.35	1.47
30%	0.68	0.79	0.91	1.03	1.14	1.26	1.38

Source: J.P. Morgan estimates, company data. *gross margin = gross profit / gross revenues.

Figure 57: 2027 revenue contribution as % of consolidated gross revenues

Estimated figure; not modeled separately

	Market Share						
TAM	30%	32%	34%	36%	38%	40%	42%
+20%	11.9%	12.7%	13.5%	14.3%	15.1%	15.9%	16.7%
+10%	10.9%	11.6%	12.4%	13.1%	13.8%	14.6%	15.3%
+5%	10.4%	11.1%	11.8%	12.5%	13.2%	13.9%	14.6%
19.6	9.9%	10.6%	11.2%	**11.9%**	12.6%	13.2%	13.9%
(5%)	9.4%	10.1%	10.7%	11.3%	11.9%	12.6%	13.2%
(10%)	8.9%	9.5%	10.1%	10.7%	11.3%	11.9%	12.5%
(20%)	7.9%	8.5%	9.0%	9.5%	10.1%	10.6%	11.1%

Source: Company reports, J.P. Morgan estimates.

Figure 58: 2027 gross profit* contribution as % of consolidated gross profit

Estimated figure; not modeled separately

	Gross Margin as % of Gross Rev.						
Mkt %	12%	14%	16%	18%	20%	22%	24%
42%	5.5%	6.5%	7.5%	8.4%	9.4%	10.4%	11.3%
40%	5.3%	6.2%	7.1%	8.0%	9.0%	9.9%	10.8%
38%	5.0%	5.9%	6.8%	7.6%	8.5%	9.4%	10.3%
36%	4.8%	5.6%	6.4%	**7.2%**	8.1%	8.9%	9.7%
34%	4.5%	5.3%	6.1%	6.8%	7.6%	8.4%	9.2%
32%	4.2%	5.0%	5.7%	6.4%	7.2%	7.9%	8.6%
30%	4.0%	4.7%	5.3%	6.0%	6.7%	7.4%	8.1%

Source: Company reports, J.P. Morgan estimates. * gross margin = gross profit / gross revenues.

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Figure 59: 2027 revenue contribution from GLP-1 market

Estimated figure; not modeled separately

	Market Share						
TAM	5%	6%	7%	8%	9%	10%	11%
+20%	1.2	1.4	1.6	1.9	2.1	2.3	2.6
+10%	1.1	1.3	1.5	1.7	1.9	2.2	2.4
+5%	1.0	1.2	1.4	1.6	1.8	2.1	2.3
19.6	1.0	1.2	1.4	**1.6**	1.8	2.0	2.2
(5%)	0.9	1.1	1.3	1.5	1.7	1.9	2.0
(10%)	0.9	1.1	1.2	1.4	1.6	1.8	1.9
(20%)	0.8	0.9	1.1	1.3	1.4	1.6	1.7

Source: J.P. Morgan estimates, company data.

Figure 60: 2027 Gross profit* contribution from GLP-1 market

Estimated figure; not modeled separately

	Gross Margin						
Mkt %	12%	14%	16%	18%	20%	22%	24%
11%	0.25	0.29	0.33	0.38	0.42	0.46	0.51
10%	0.23	0.26	0.30	0.34	0.38	0.42	0.46
9%	0.20	0.24	0.27	0.31	0.34	0.38	0.41
8%	0.18	0.21	0.24	**0.27**	0.31	0.34	0.37
7%	0.16	0.18	0.21	0.24	0.27	0.29	0.32
6%	0.14	0.16	0.18	0.21	0.23	0.25	0.28
5%	0.11	0.13	0.15	0.17	0.19	0.21	0.23

Source: J.P. Morgan estimates, company data. * gross margin = gross profit / gross revenues.

Figure 61: 2027 revenue contribution as % of consolidated gross revenues

Estimated figure; not modeled separately

	Market Share						
TAM	5%	6%	7%	8%	9%	10%	11%
+20%	6.1%	7.3%	8.5%	9.7%	10.9%	12.2%	13.4%
+10%	5.6%	6.7%	7.8%	8.9%	10.0%	11.1%	12.3%
+5%	5.3%	6.4%	7.4%	8.5%	9.6%	10.6%	11.7%
19.6	5.1%	6.1%	7.1%	**8.1%**	9.1%	10.1%	11.1%
(5%)	4.8%	5.8%	6.7%	7.7%	8.7%	9.6%	10.6%
(10%)	4.6%	5.5%	6.4%	7.3%	8.2%	9.1%	10.0%
(20%)	4.1%	4.9%	5.7%	6.5%	7.3%	8.1%	8.9%

Source: Company reports, J.P. Morgan estimates.

Figure 62: 2027 gross profit* contribution as % of consolidated gross profit

Estimated figure; not modeled separately

	Gross Margin as % of Gross Rev.						
Mkt %	12%	14%	16%	18%	20%	22%	24%
11%	4.3%	5.0%	5.8%	6.5%	7.3%	8.0%	8.8%
10%	3.9%	4.6%	5.3%	5.9%	6.6%	7.3%	8.0%
9%	3.5%	4.1%	4.7%	5.3%	6.0%	6.6%	7.2%
8%	3.1%	3.7%	4.2%	**4.7%**	5.3%	5.8%	6.4%
7%	2.7%	3.2%	3.7%	4.2%	4.6%	5.1%	5.6%
6%	2.3%	2.7%	3.2%	3.6%	4.0%	4.4%	4.8%
5%	1.9%	2.3%	2.6%	3.0%	3.3%	3.6%	4.0%

Source: Company reports, J.P. Morgan estimates. * gross margin = gross profit / gross revenues.

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Companies Discussed in This Report (all prices in this report as of market close on 22 October 2026, unless otherwise indicated)
Divi's Laboratories(DIVI.NS/Rs9,162.00/OW), Innovent Biologics (1801)(1801.HK/HK$81.60/OW), RD Saúde(RADL3.SA/R $20.32/OW), Torrent Pharma(TORP.NS/Rs4,615.30/OW)

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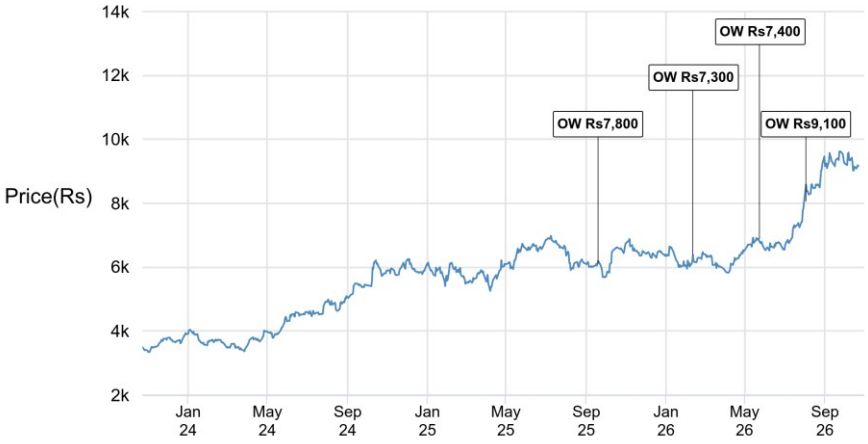
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Divi's Laboratories (DIVI.NS, DIVI IN) Price Chart



Date	Rating	Price (Rs)	Price Target (Rs)
19-Sep-25	OW	6112.00	7,800
12-Feb-26	OW	6386.50	7,300
24-May-26	OW	6887.00	7,400
03-Aug-26	OW	8056.00	9,100

Source: Bloomberg Finance L.P. and J.P. Morgan; price data adjusted for stock splits and dividends.
Initiated coverage Sep 18, 2025. All share prices are as of market close on the previous business day.

Innovent Biologics (1801) (1801.HK, 1801 HK) Price Chart



Date	Rating	Price (HK$)	Price Target (HK$)
20-Feb-24	OW	38.75	55
23-Mar-24	OW	36.00	51
29-Aug-24	OW	44.10	55
29-Oct-24	OW	38.70	50
28-Mar-25	OW	45.85	55
02-Jun-25	OW	61.95	74
08-Jun-25	OW	73.15	84
30-Jun-25	OW	77.35	90
04-Aug-25	OW	93.00	109
29-Aug-25	OW	90.65	114
23-Oct-25	OW	85.20	110
18-Dec-25	OW	80.75	111
30-Apr-26	OW	84.90	113
06-Aug-26	OW	90.30	117
27-Aug-26	OW	109.80	140

Source: Bloomberg Finance L.P. and J.P. Morgan; price data adjusted for stock splits and dividends.
Initiated coverage Dec 02, 2018. All share prices are as of market close on the previous business day.

RD Saúde (RADL3.SA, RADL3 BZ) Price Chart

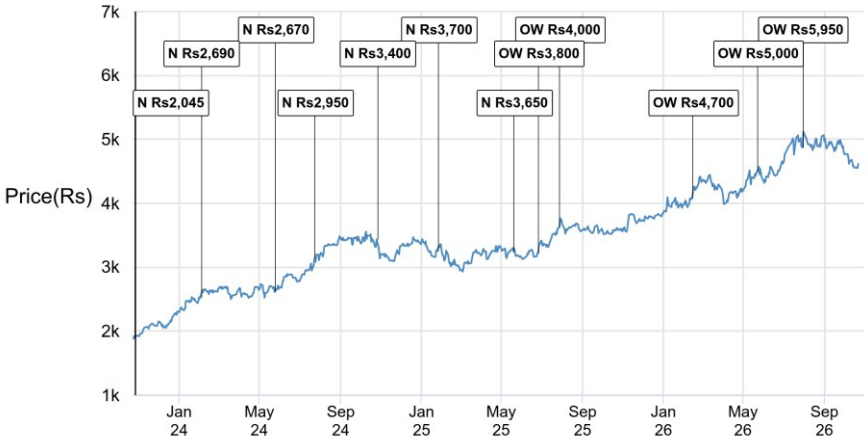


Date	Rating	Price (R$)	Price Target (R$)
24-Jun-24	OW	25.80	33
22-Jul-24	OW	25.77	32
25-Nov-24	OW	26.02	30
29-Jan-25	OW	21.00	26
26-Feb-25	OW	18.41	23
04-May-25	OW	20.00	24
29-May-25	OW	14.95	19
04-Aug-25	OW	13.70	20
06-Aug-25	OW	15.00	24
15-Oct-25	OW	18.74	27
05-Nov-25	OW	19.48	29
02-Mar-26	OW	25.08	30
07-Apr-26	OW	21.86	28
01-Jun-26	OW	18.69	27
05-Aug-26	OW	19.41	31
29-Sep-26	OW	17.67	28

Source: Bloomberg Finance L.P. and J.P. Morgan; price data adjusted for stock splits and dividends.
Initiated coverage Jan 23, 2013. All share prices are as of market close on the previous business day.

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Torrent Pharma (TORP.NS, TRP IN) Price Chart



Date	Rating	Price (Rs)	Price Target (Rs)
27-Oct-23	N	1889.65	2,045
04-Feb-24	N	2525.65	2,690
26-May-24	N	2612.55	2,670
24-Jul-24	N	3138.70	2,950
27-Oct-24	N	3432.85	3,400
27-Jan-25	N	3248.40	3,700
21-May-25	N	3241.50	3,650
27-Jun-25	OW	3222.50	3,800
29-Jul-25	OW	3622.90	4,000
15-Feb-26	OW	4078.00	4,700
24-May-26	OW	4486.20	5,000
31-Jul-26	OW	4872.10	5,950

Source: Bloomberg Finance L.P. and J.P. Morgan; price data adjusted for stock splits and dividends.
Initiated coverage Jun 25, 2018. All share prices are as of market close on the previous business day.
Break in coverage Aug 19, 2021 - Oct 26, 2023.

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