Challenging Science.
Changing Lives.

Amylin Pharmaceuticals, Inc.
Research and Development Day

November 28, 2007

Safe Harbor Statement

- This presentation contains forward-looking statements about Amylin. Our actual results could differ materially from those discussed due to a number of factors, including: risks that BYETTA and/or SYMLIN and the revenues we generate from these products, may be affected by competition, unexpected new data, technical issues, or manufacturing and supply issues; our financial results may fluctuate and may not meet market expectations; our clinical trials may not start when planned and/or confirm previous results; our pre-clinical studies may not be predictive; our product candidates may not receive regulatory approval; NDAs for our product candidates and sNDAs for our label expansion requests may not be submitted timely or receive regulatory approval; we may not be able to complete our manufacturing facility on a timely basis; and inherent scientific, regulatory and other risks in the drug development and commercialization process. Reimbursement, pricing decisions, and the pace of market acceptance may also affect the potential of BYETTA and/or SYMLIN. These and additional risks and uncertainties are described more fully in the Company's recently filed Form 10-Q. Amylin disclaims any obligation to update these forward-looking statements.

Agenda

- Introduction
  - Daniel Bradbury, President and CEO
- Diabetes Programs
  - Orville Kolterman, MD – Sr. Vice President, Clinical and Regulatory Affairs
- Obesity Programs
  - Alain Baron, MD – Sr. Vice President, Research
- Discovery Research
  - Michael Hanley, PhD – Vice President, Discovery Research
- Closing Remarks
  - Daniel Bradbury, President and CEO
- Question & Answer Session
  - Amylin speakers and panelists

Introduction

Daniel Bradbury

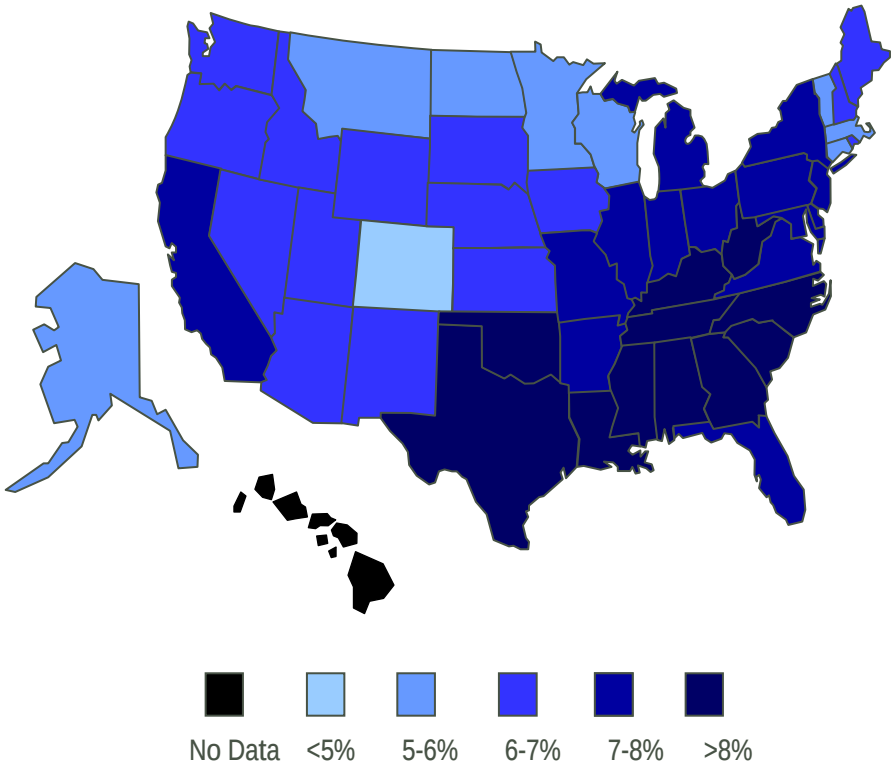
President and Chief Executive Officer

Investing for Sustainable Growth in the Near, Mid and Long Term

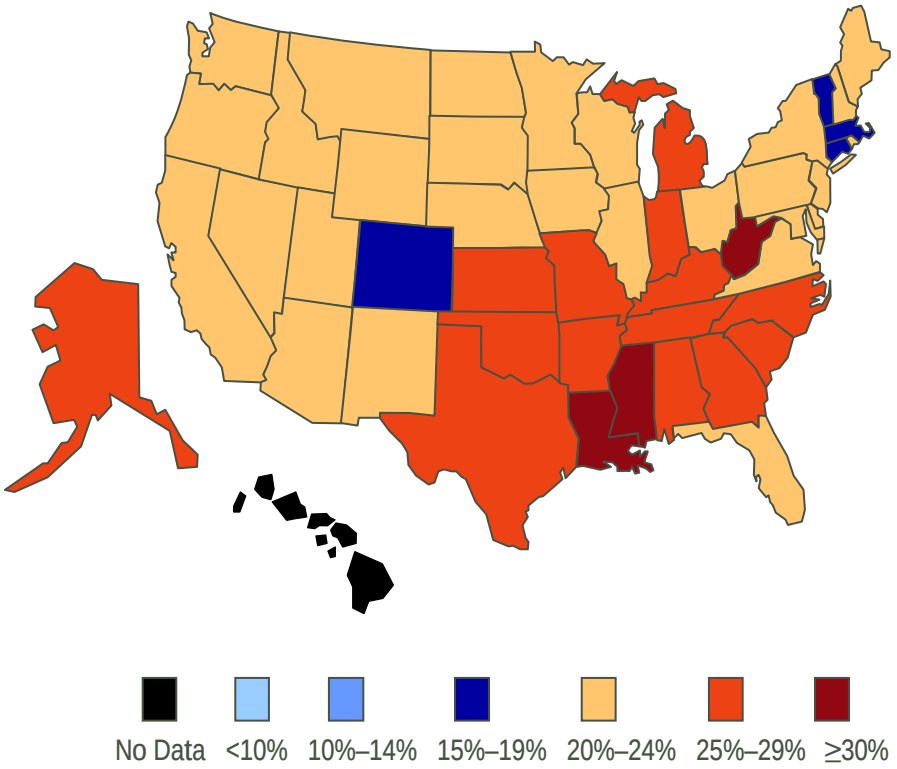
- BYETTA and SYMLIN helping to address unmet needs in diabetes treatment – blood glucose control and weight management
- Once-weekly exenatide has unique potential to transform diabetes treatment paradigm
- Obesity program harnesses natural hormone synergies while minimizing off-target toxicities
  - Positive proof-of-concept with pramlintide/metreleptin combination – advances new obesity platform for company growth
- A risk-advantaged discovery platform identifies potential commercial products

Diabetes and Obesity Prevalence Has Reached Epidemic Proportions

Diabetes Prevalence 2005



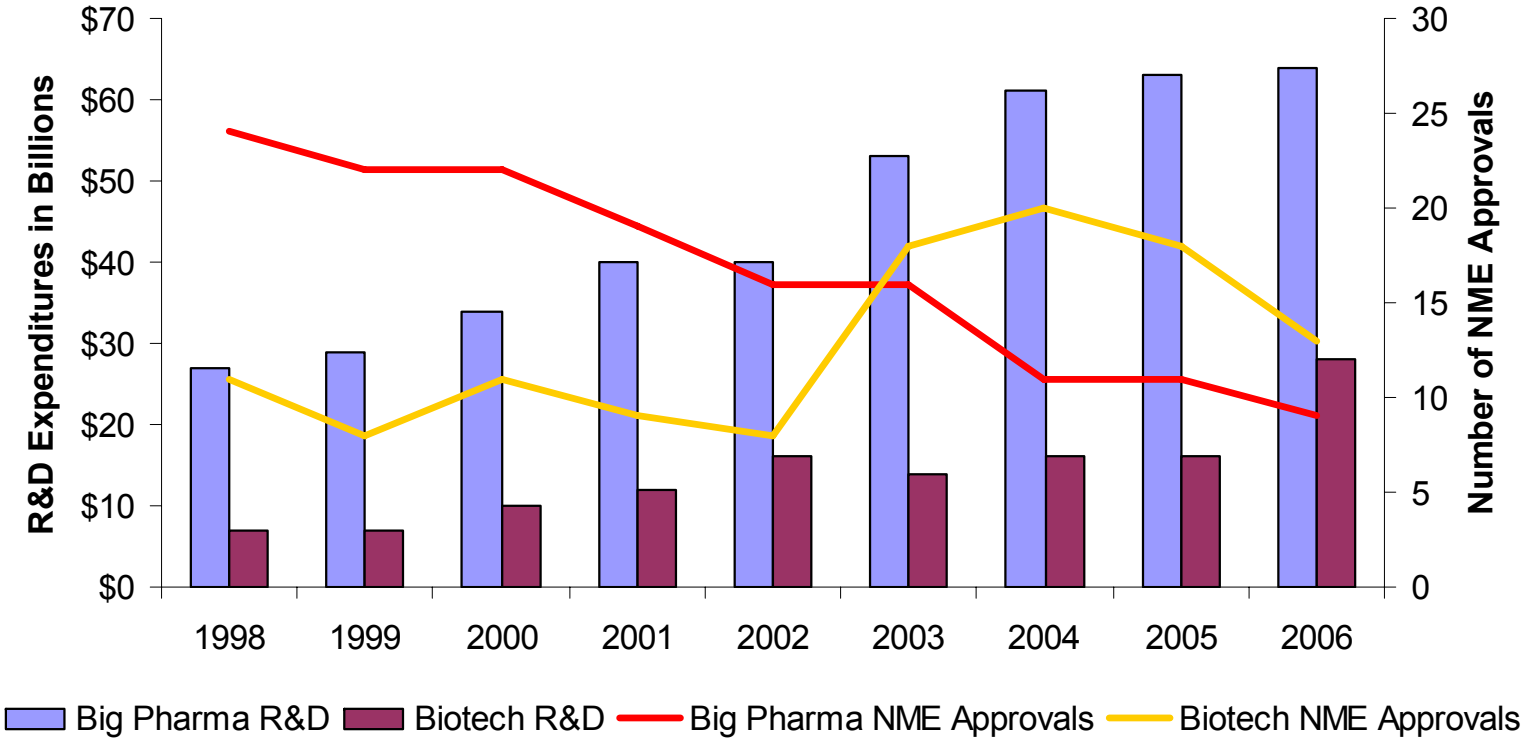
Obesity Prevalence 2005



Source: CDC BRFSS 2005

BMI 30 (~ 30 lbs. overweight for 5' 4" person)

Challenge of Research & Development



Big Pharma defined as 15 largest pharmaceutical companies by market cap.

NME = New Molecular Entity

Source: Lawrence, S, "Drug Output Slows in 2006." Nature Biotechnology 25, 1073 (2007)

Diabetes Programs

Orville Kolterman, MD

Senior Vice President, Clinical and Regulatory Affairs

Building Near-term Value

Advancing Our Diabetes Programs

- Support for marketed products
  - SYMLIN
  - BYETTA
- Registration of once-weekly exenatide
- Support for introduction of once-weekly exenatide

Support for SYMLIN Growth

Benefits for Patients Using Mealtime Insulin

- Offers improved glucose control with weight loss
- SymlinPen™ 60 and SymlinPen™ 120 approved
  - Launch supplies being assembled
  - Distribution begins early January

Additional Support for SYMLIN Program

- Post-approval commitments completed
  - ✓ Pediatric pharmacokinetic study
  - ✓ Enrollment of SYMLIN observational study completed
    - Affirms recommended method of use
    - Insulin-induced hypoglycemia risk successfully managed
- Basal insulin indication
  - Strategy for addressing the FDA's concerns under evaluation
  - INSTEAD trial fully enrolled and ongoing
    - Head-to-head comparison vs. rapid-acting insulin
    - Primary Endpoint – proportion of patients achieving A1C ≤ 7.0% without weight gain or severe hypoglycemia

Pramlintide

Evaluation of Use With Oral Weight Loss Agents

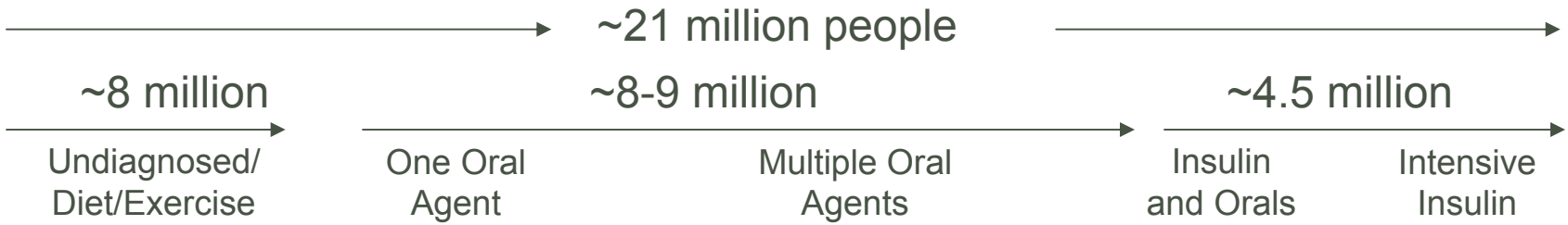
- 24-Week Study
  - Placebo
  - Pramlintide 120 mcg TID
  - Pramlintide 120 mcg TID + sibutramine 10 mg
  - Pramlintide 120 mcg TID + phentermine 37.5 mg
- Evaluable cohort in combination arms achieved ~11% weight loss
- All treatments were tolerated without difficulty
- Side effect profile of the oral agents was unaltered
  - Increased blood pressure
  - Increased heart rate
- Future studies will focus on pramlintide/metreleptin combination
- Weight loss results predicted by studies in DIO rat model

Support for BYETTA Growth

- Offers durable glucose control with weight loss
- Monotherapy registration study completed
  - Results available before year end
- Post-approval commitments completed
  - ✓ Pediatric pharmacokinetic study
  - ✓ Drug interaction study with oral contraceptives
  - ✓ Implementation of pregnancy registry

Addition of Once-Weekly Exenatide

Building Near-Term Value By Expanding the Diabetes Franchise



Byetta® exenatide injection

Current market
~6 million on MET +/- SFU
~3 million using TZDs

Potential expanded indication
as foundational diabetes therapy

Symlin® (pramlintide acetate) injection

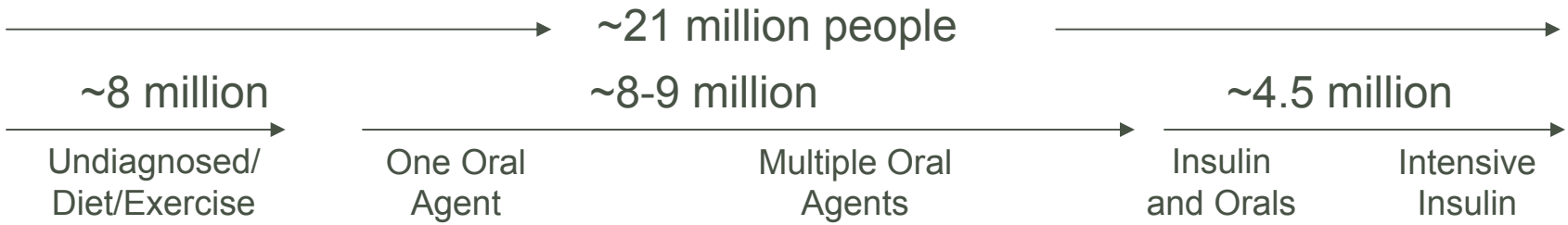
Current market
~1.3 million

Potential expanded indication
~1.2 million

US Market Data from CDC, ADA, and Amylin estimates

Addition of Once-Weekly Exenatide

Building Near-Term Value By Expanding the Diabetes Franchise



Byetta® exenatide injection

Symlin® (pramlintide acetate) injection

Current market ~1.3 million

Potential expanded indication ~1.2 million

Once-Weekly Exenatide

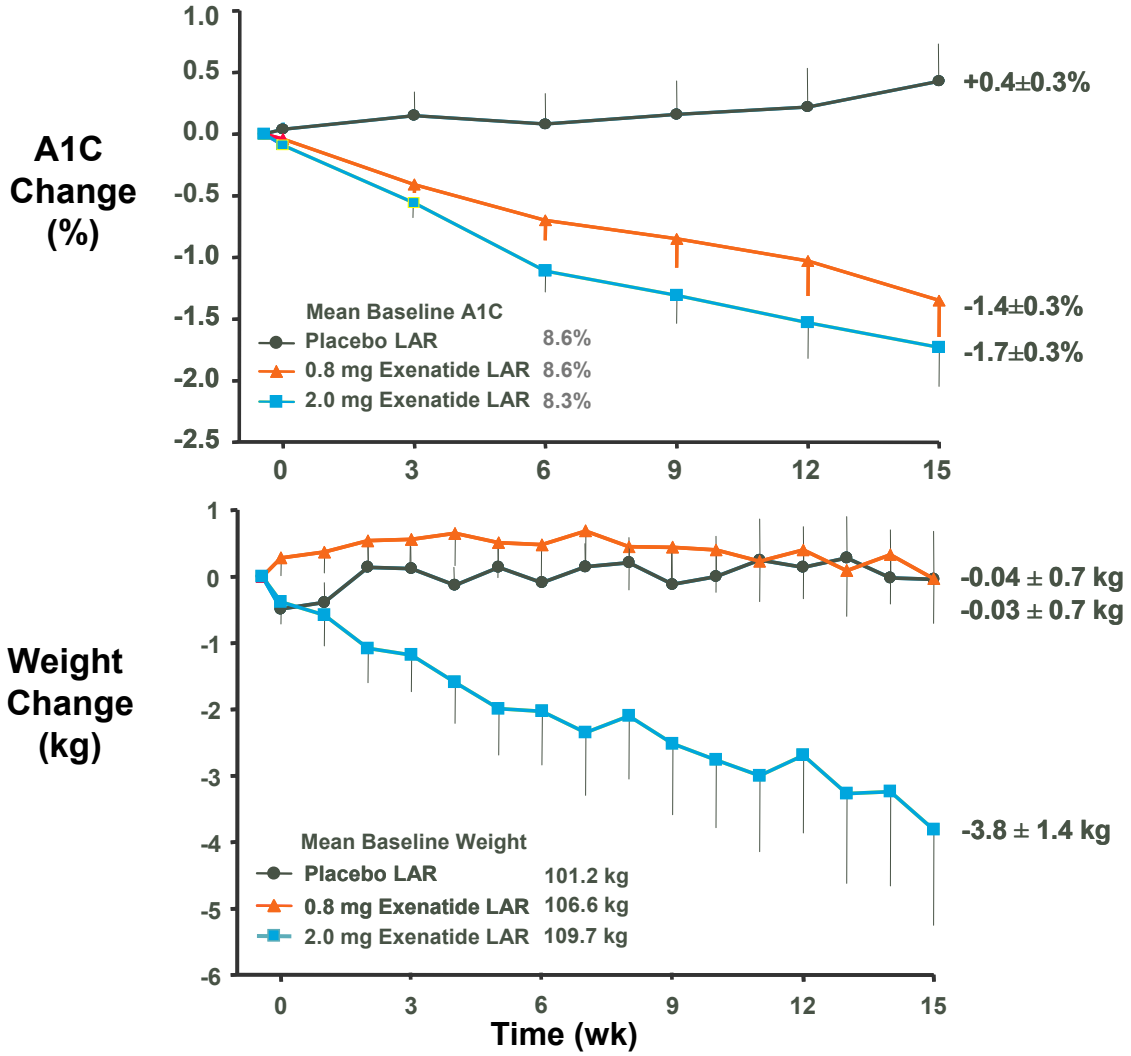
US Market Data from CDC, ADA, and Amylin estimates

Once-Weekly Exenatide Product Profile

- First once-weekly injection for type 2 diabetes
  - 52 doses a year vs. 365 or greater
- Based on Alkermes' proprietary technology for long-acting medications
  - Gradual, controlled release of active ingredient 24 hours a day, 7 days a week
  - Provides consistent concentration of exenatide
- Anticipate better efficacy and tolerability than BYETTA, leading to improved patient compliance and outcomes
- Plan to submit once-weekly exenatide NDA by end of 1H09

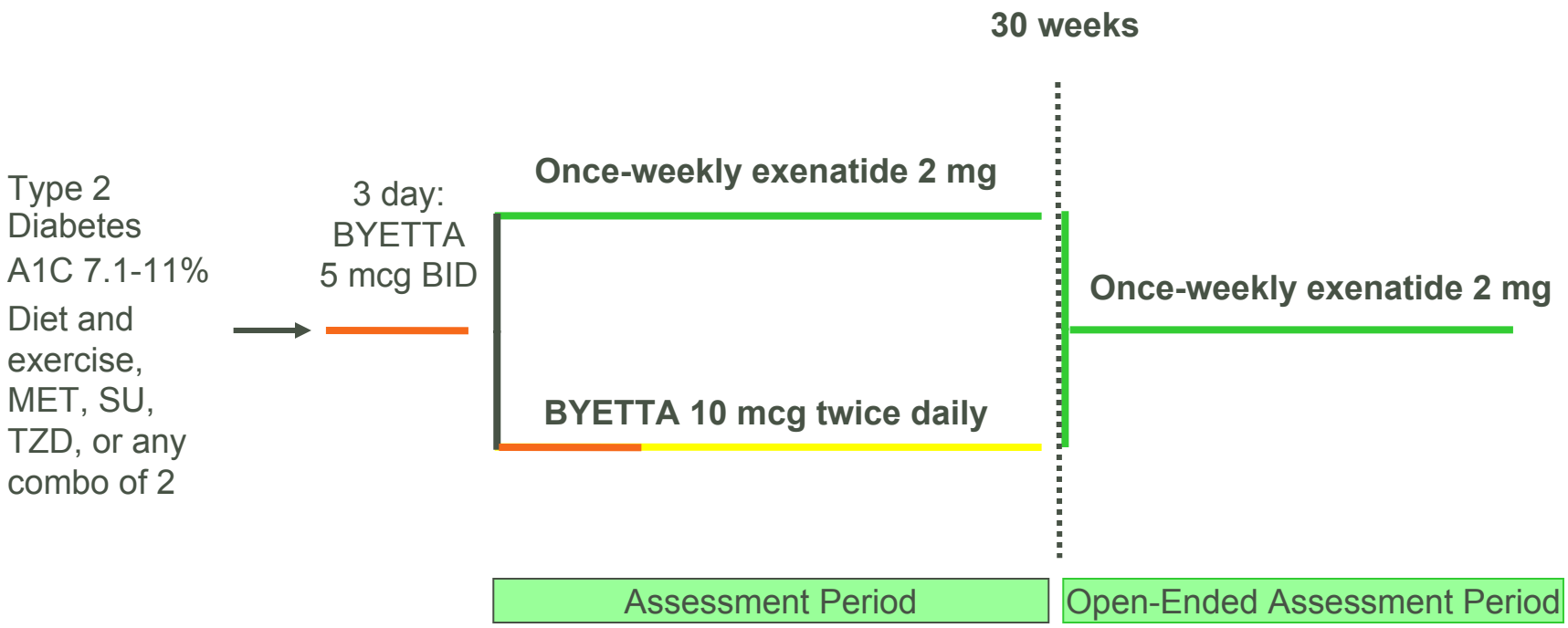
Once-Weekly Exenatide Phase 2

Higher Dose Selected for Further Study



Kim et al. Diabetes Care 2007

Once-Weekly Exenatide Comparator Trial Design

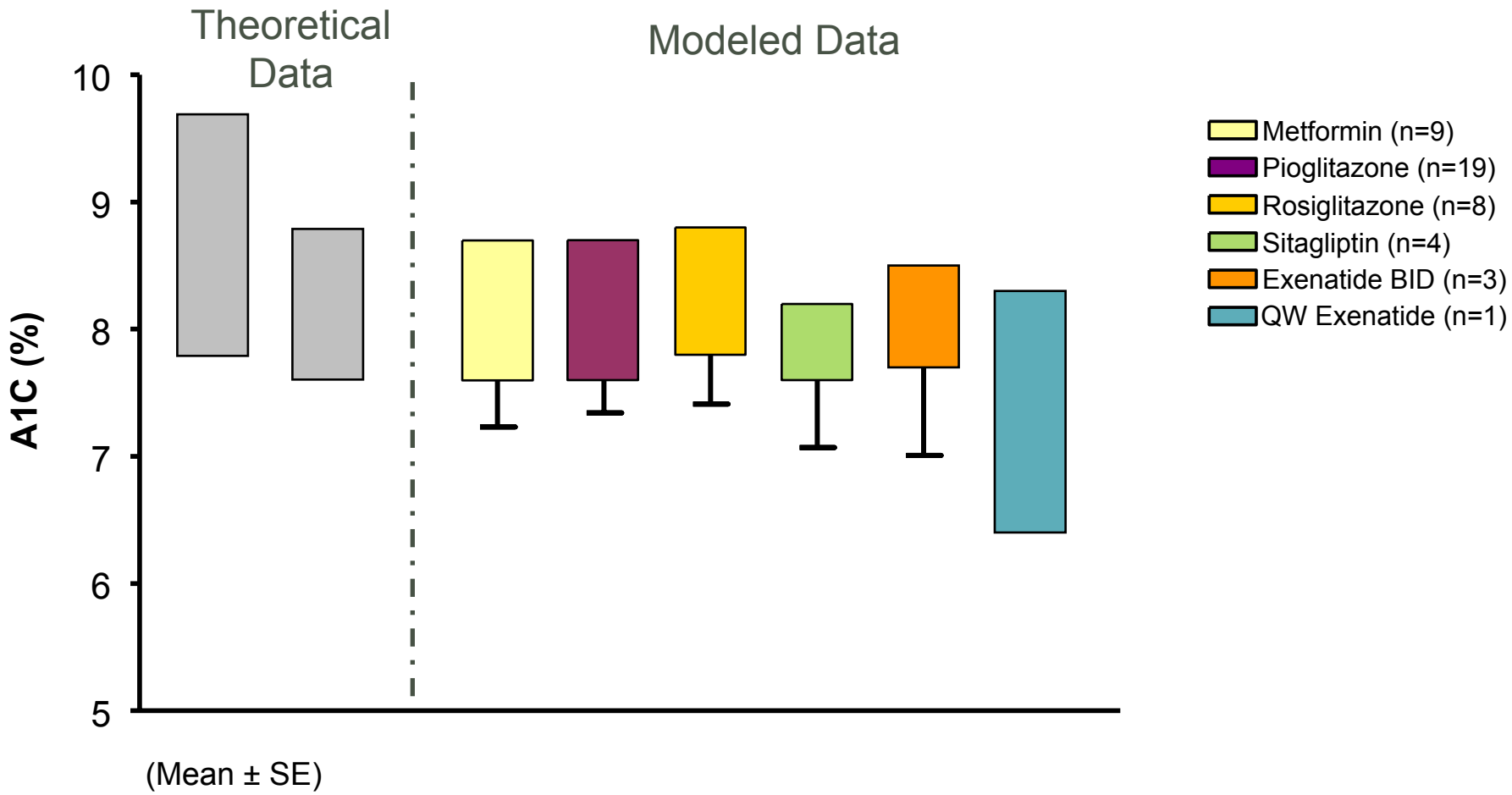


Statistical Superiority in Glucose Control Compared to BYETTA

- 295 subjects; open-ended extension ongoing
- A1C reduction from baseline of ~1.9% compared to ~1.5%
  - ~3 of 4 achieved A1C ≤7.0%
  - ~2 of 4 achieved A1C ≤ 6.5%
- Baseline A1C >9.0%
  - ~2 of 3 achieved A1C ≤ 7.0%
  - ~1 of 3 achieved A1C ≤ 6.5%
- Average weight reduction of ~8 pounds in both groups
- ~90% of subjects in both groups completed the study
- No major or severe hypoglycemia
- Improved tolerability – ~30% less nausea

Once-Weekly Exenatide…

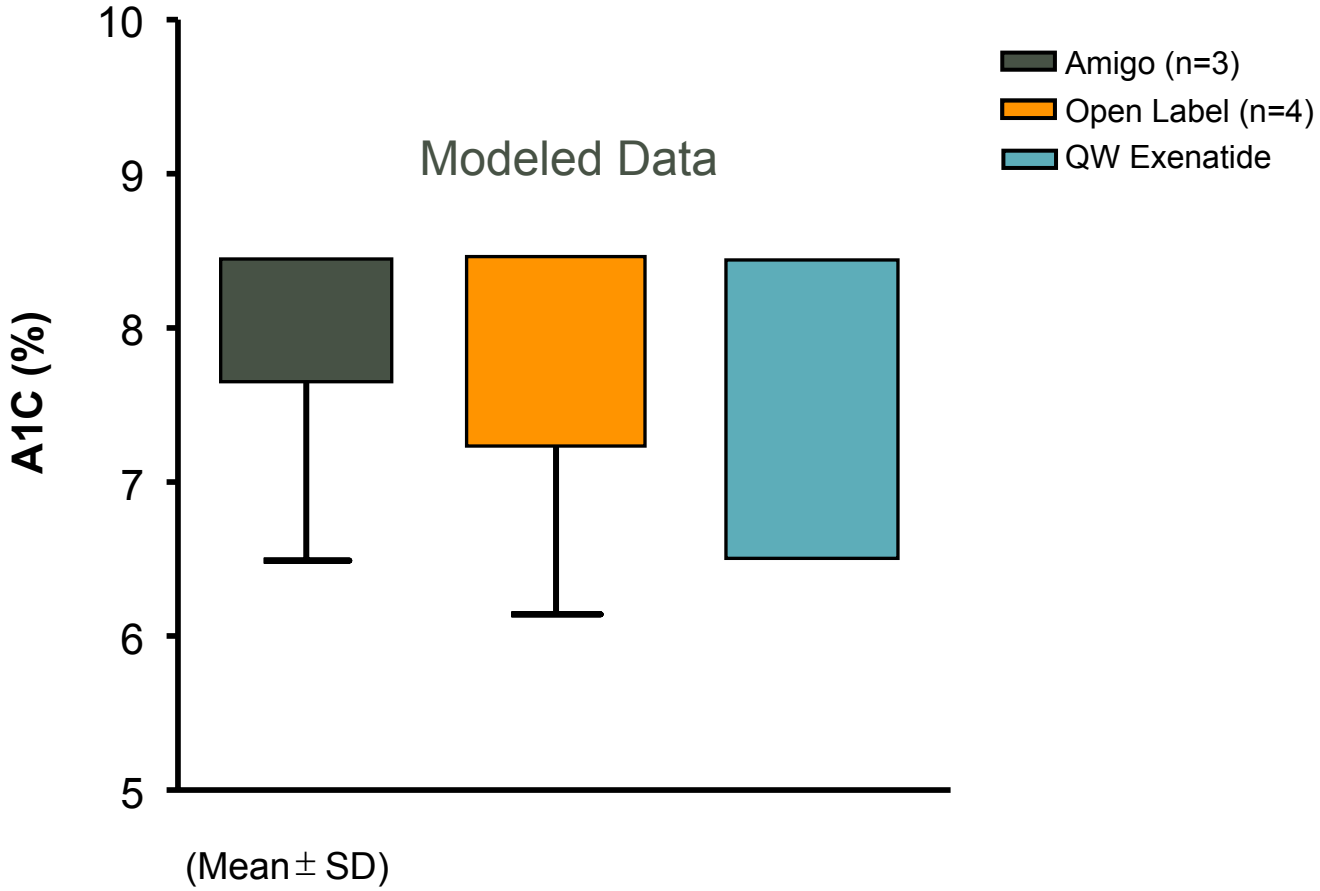
Meta-analysis Supports Robustness of A1C Response



N= number of studies
Modeled data with permission from Dr. Ralph DeFronzo.

Once-Weekly Exenatide

Placing the BYETTA BID Response in Context



N= number of studies.

Variables Affecting Once-Weekly Exenatide Submission Timing

2007

- Robust efficacy and safety data

2008

- No bioequivalence study required
- Manufacturing site build-out
- Continual dialogue with FDA

2009

- Bioequivalence study required

Once-Weekly Exenatide Additional Studies

- Three superiority trials underway to support commercialization
  - Once-weekly vs. TZD vs. DPP-4
    - Added to metformin background therapy
  - Once-weekly vs. insulin glargine
    - Added to background OAD therapy
  - Monotherapy study vs. metformin

Advancing Our Diabetes Programs

Building Near-term Value

- Support of marketed products
  - SYMLIN
    - Launch of SymlinPen
  - BYETTA
    - Monotherapy indication
- Registration of once-weekly exenatide
- Efficacy and safety data in hand
  - Opportunities exist for accelerating NDA submission
- Support for introduction of once-weekly exenatide
- Market support studies are initiating

Obesity – Update on Amylin's INTO Program

Alain Baron, MD

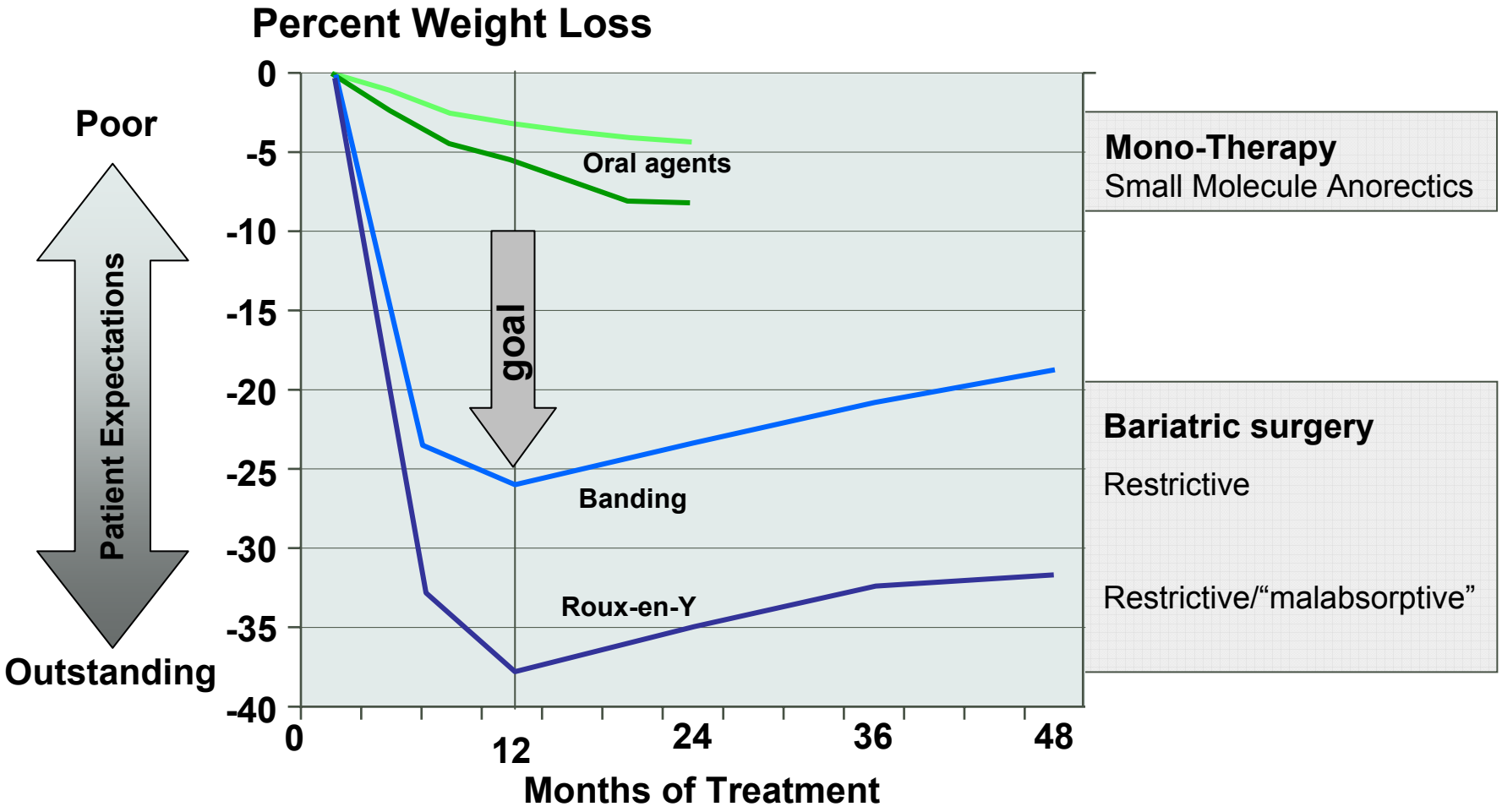
Senior Vice President, Research

Presentation Outline

- Obesity general considerations
- INTO strategy: scientific rationale
- INTO: update on clinical programs
  - Phase 1 studies with 2nd generation amylinomimetic
  - Phase 1 study with pramlintide/PYY$_{3-36}$
  - **Proof of concept study with pramlintide/metreleptin**
- Development plans for pramlintide/metreleptin

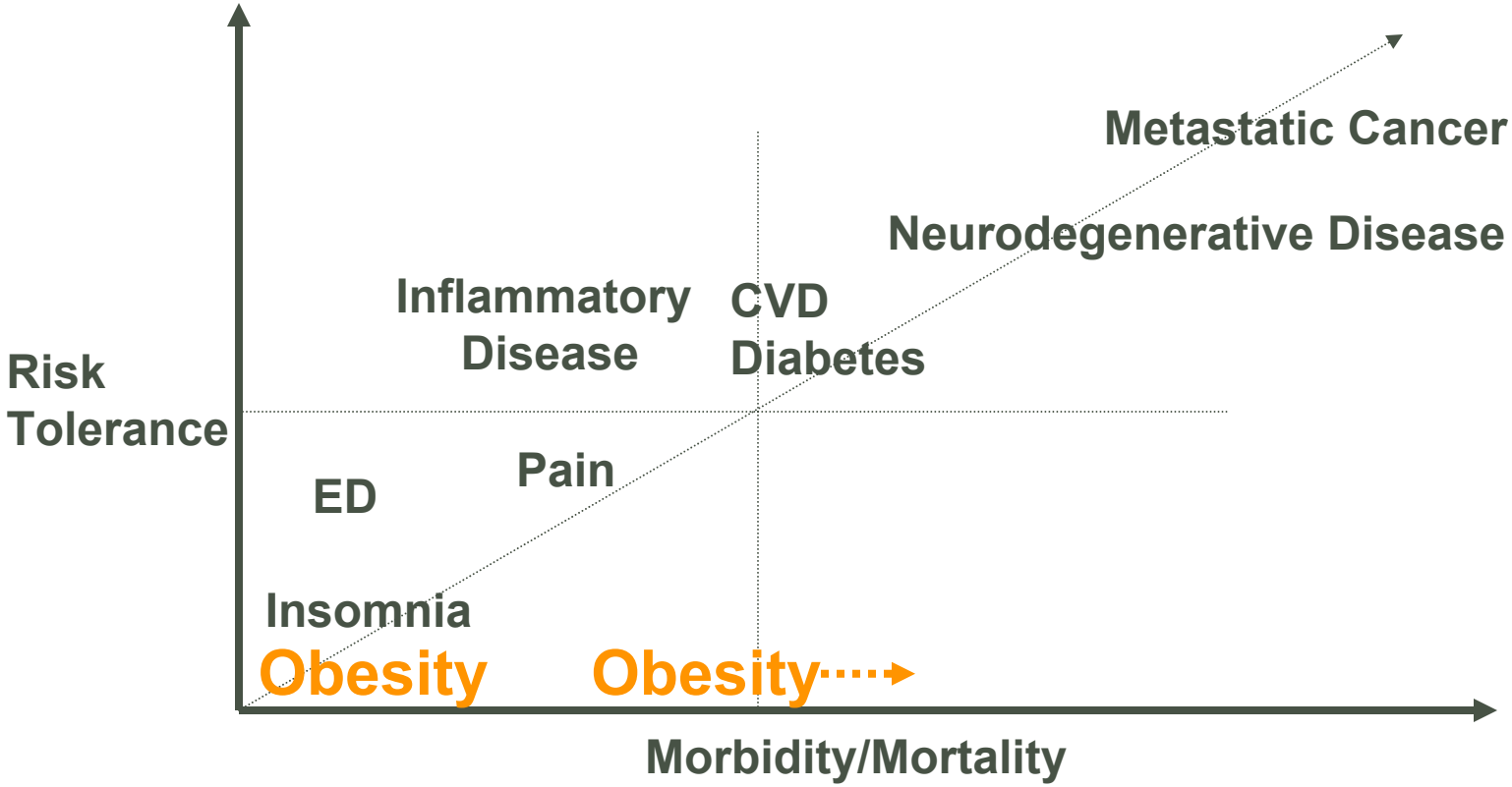
Obesity Drug Development:

Current Gap Between Pharmacotherapy and Surgery



Modified from: Bray GA, Bouchard C (Eds.): *Handbook of Obesity, 2nd Edition,* Marcel Dekker Inc., 2004
Foster G et al. *J Consult Clin Psychol* 65:79-85, 1997
Sjostrom L et al. *New Engl J Med* 351:, 26:2683-93, 2004

Risk Tolerance vs. Benefit in the Treatment of Obesity

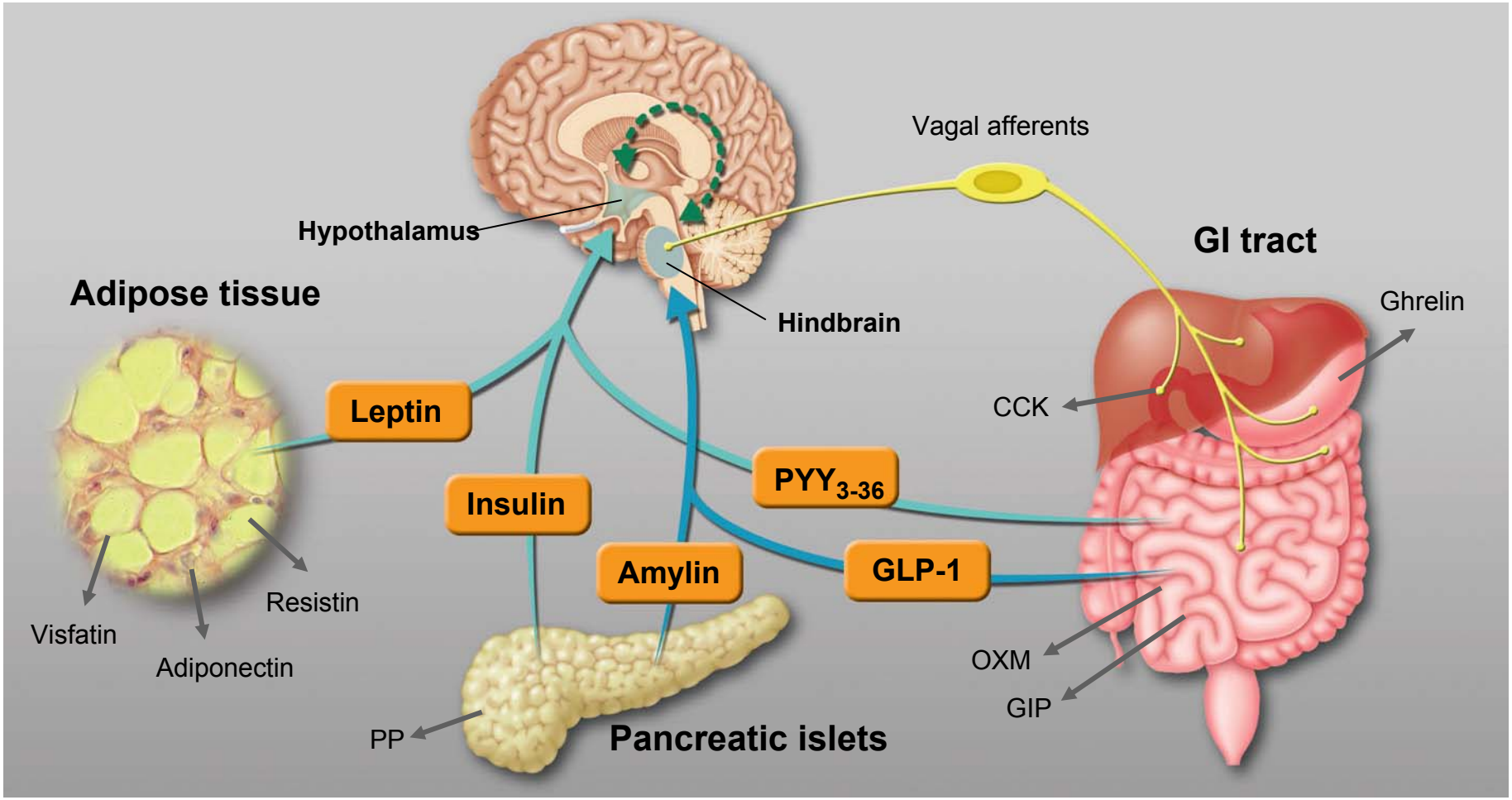


Why Peptide Hormones?

Integrated Neurohormonal Therapy for Obesity

- Safety and tolerability
  - Relatively low likelihood of CNS side effects
  - Relatively low likelihood of off-target toxicities, rare idiosyncratic adverse events
  - Side effects are largely dose dependent
  - Aimed at enhancing normal physiological mechanisms
  - Activation of intact signaling pathways
- Efficacy (INTO)
  - Potential to harness naturally-occurring neurohormonal synergies
  - Potential to overcome redundancy of CNS feeding pathways

Multi-Hormonal Control of Body Weight: Role Of Fat-, Gut-, And Islet-derived Signals



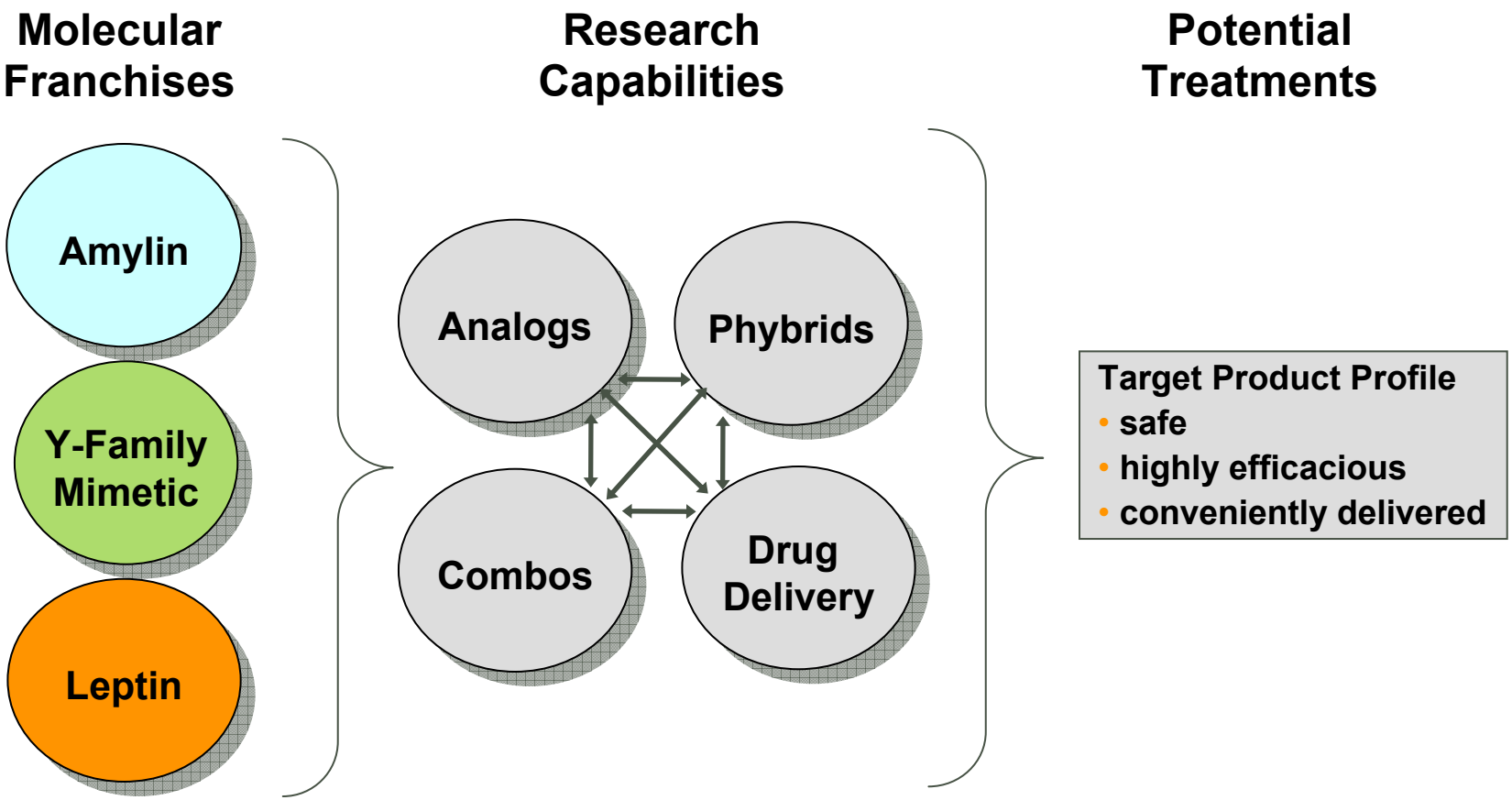
Adapted from Badman M.K. and Flier J.S. *Science* 2005; 307: 1909-1914.

INTO Strategy Positively Impacts Body Weight Regulation

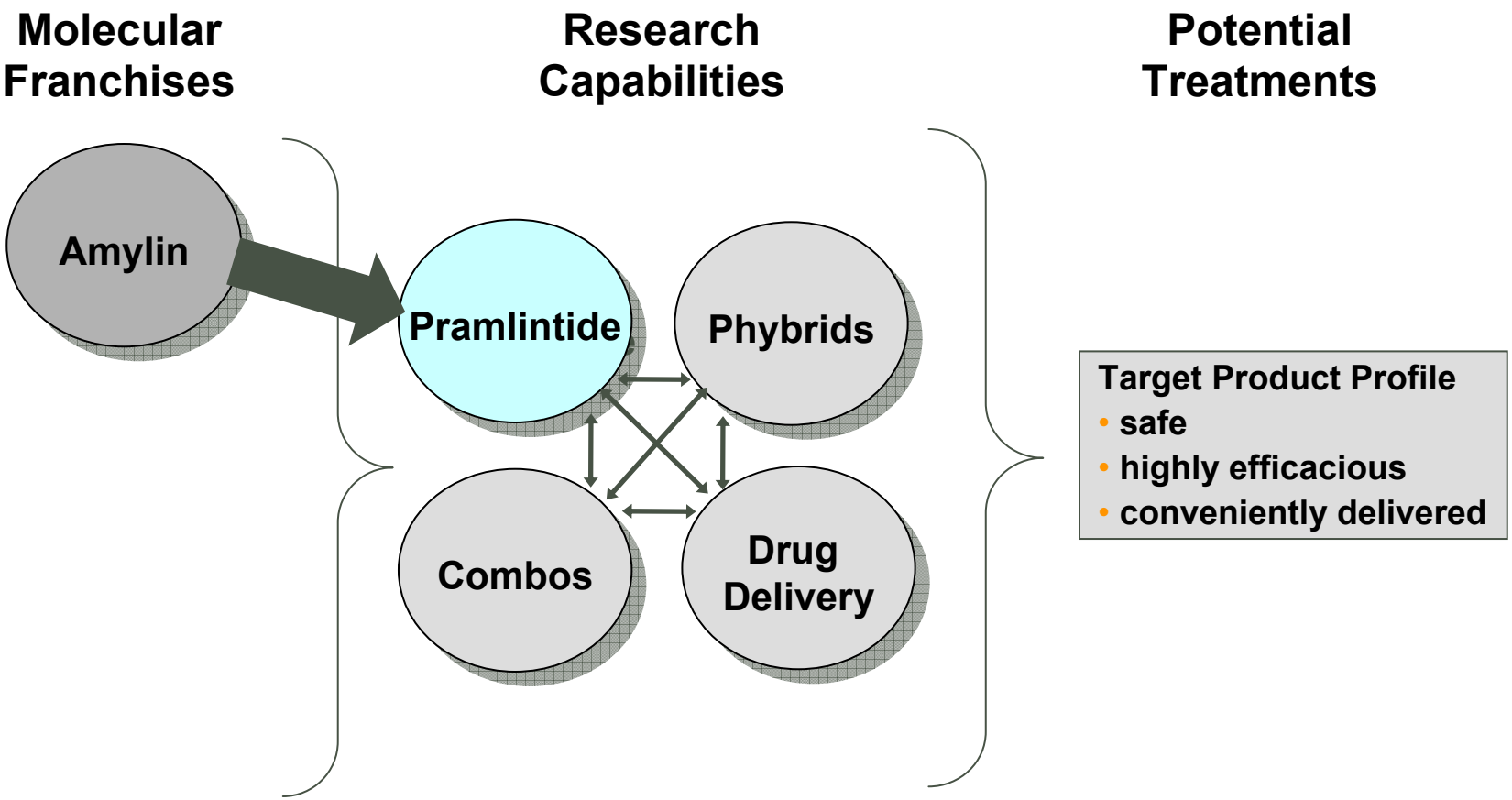
- Weight loss triggers mechanisms that:
  - Increase hunger
  - Decrease energy expenditure

- INTO Strategy
  - Combination of neurohormones to mitigate counter-regulation
  - Achieve greater weight loss

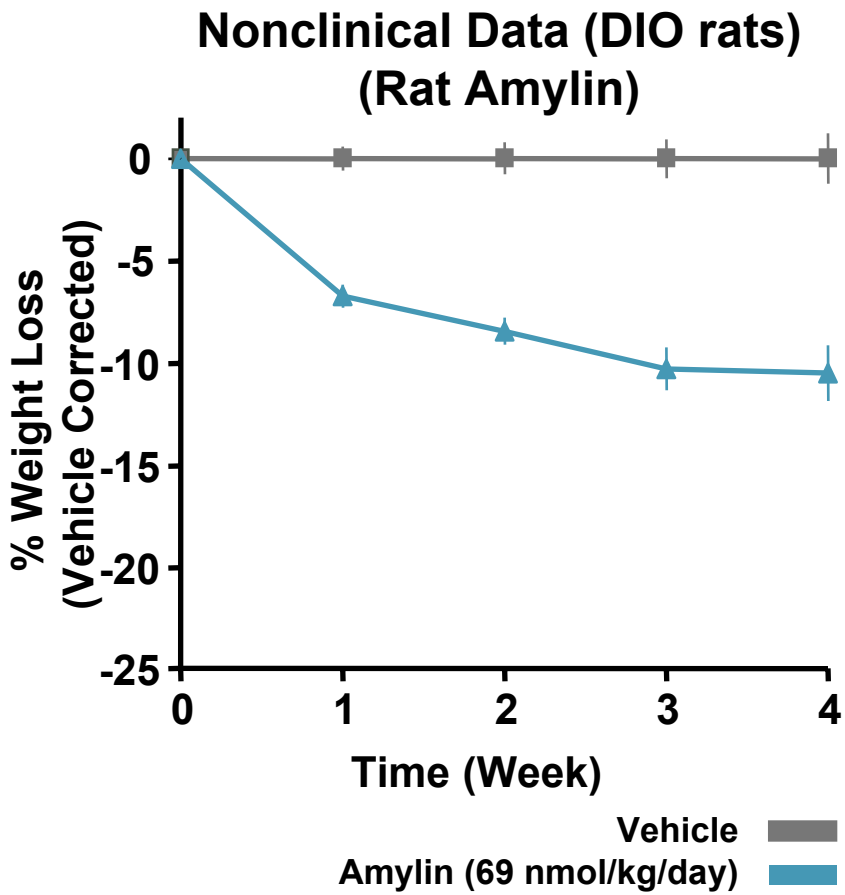
INTO Strategy: Framework of Opportunities

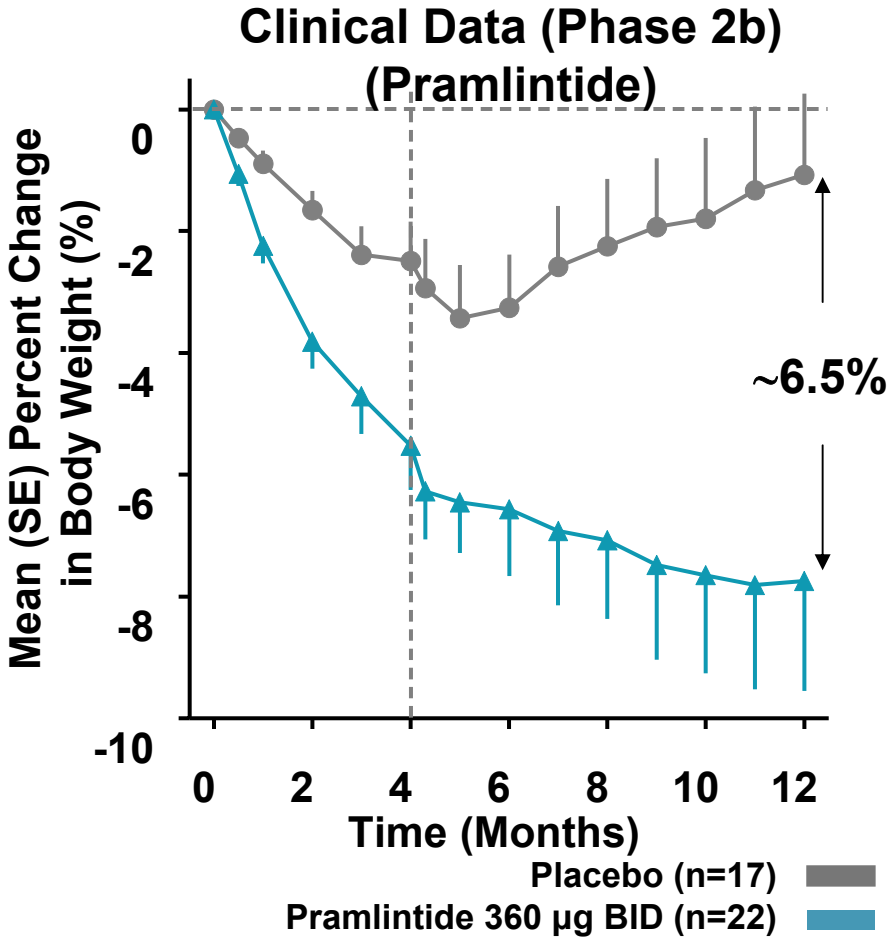


INTO Strategy: Framework of Opportunities



Amylin Agonism:
Nonclinical vs. Clinical

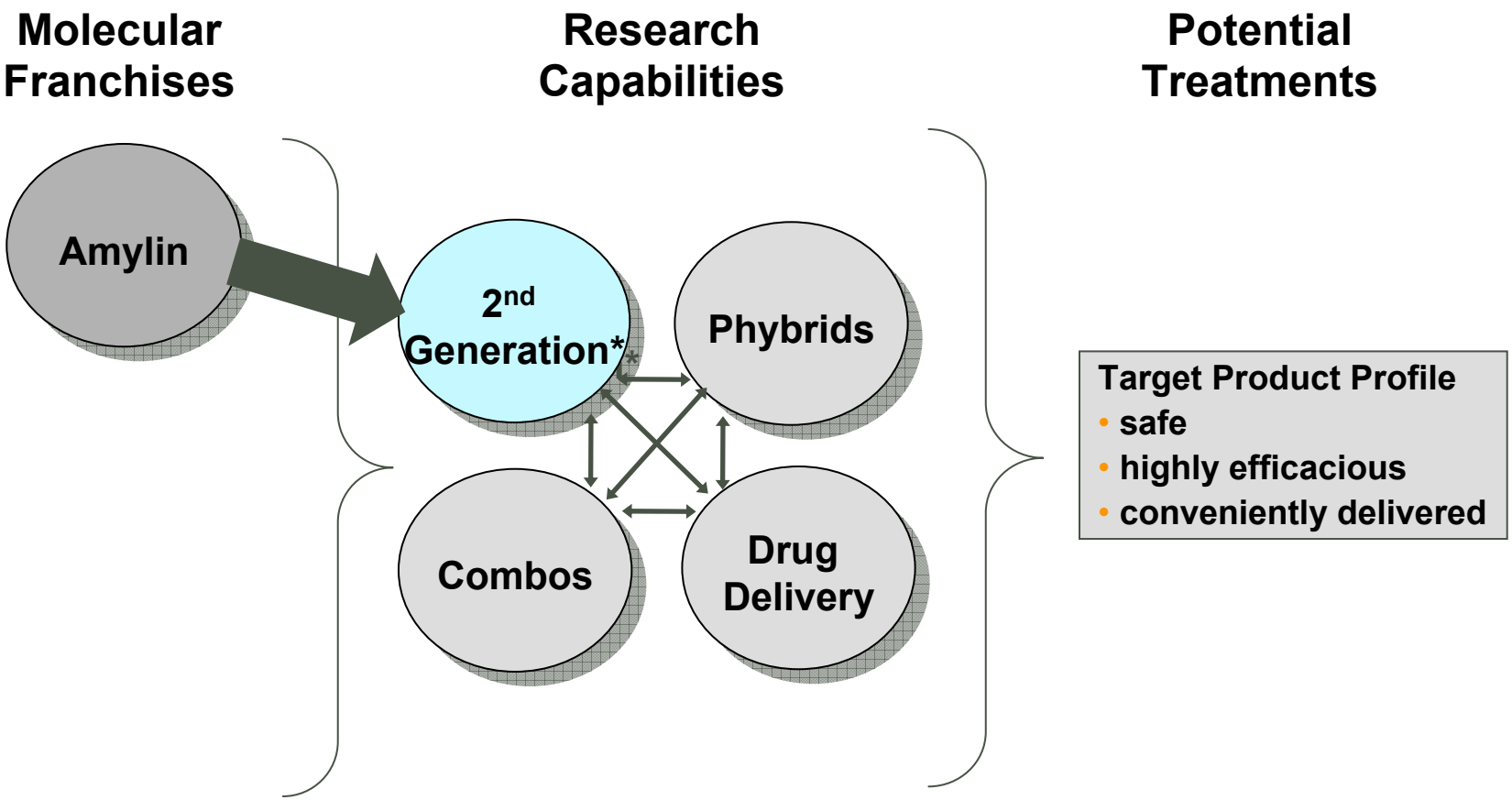




Diet-induced obese (DIO) rats; Continuous infusion of peptides (osmotic minipump)
Amylin Pharmaceuticals, Inc. Data on File.

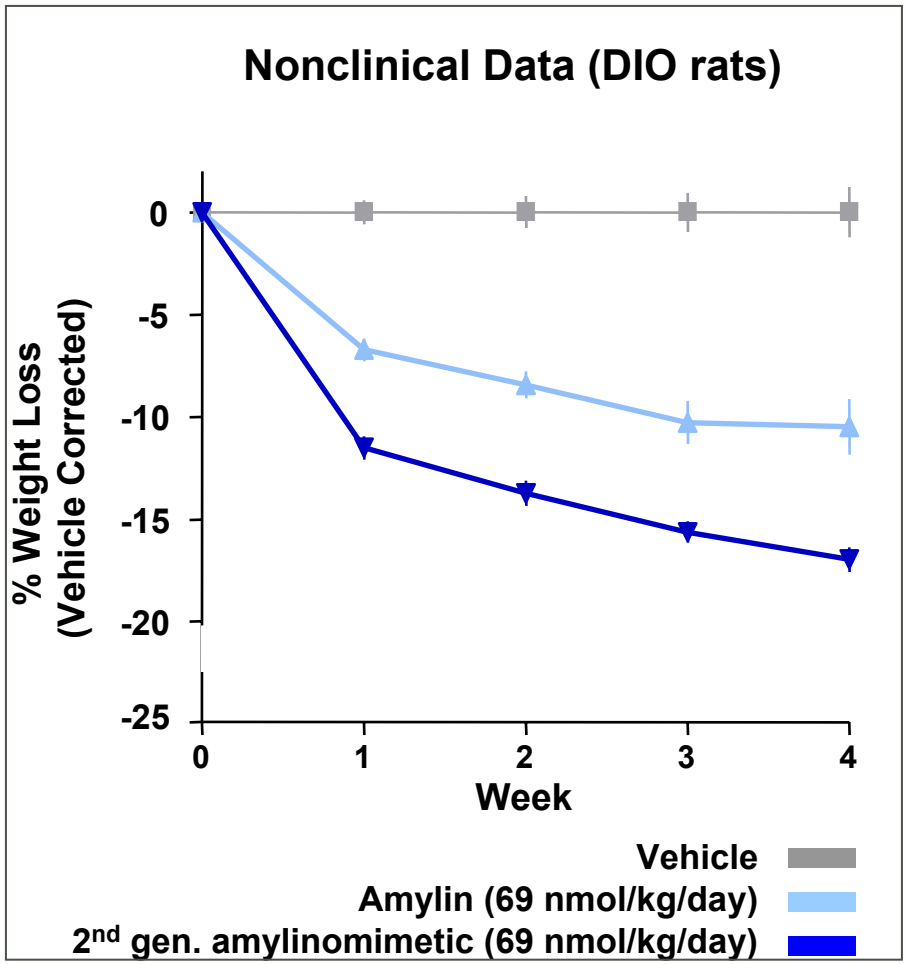
Mean ± SE; p<0.005 at 12 Months
Sources: Smith, et al. Diabetes. 2007; 56(suppl1):A88. Abstract 335-OR

INTO Strategy: Framework of Opportunities



* Analogs optimized in vivo for weight loss

2nd Generation Amylinomimetic Optimized In-vivo for Weight Loss



Potential strengths vs. pramlintide

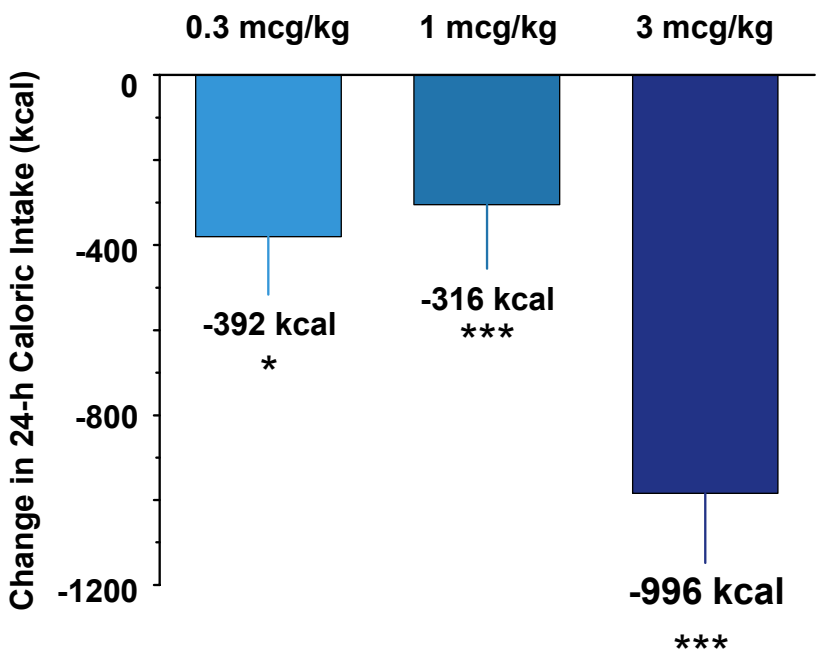
- Greater efficacy
- Greater potency
- Improved pharmaceutical properties
  - Prolonged duration of action
  - More amenable to drug delivery

- **3 Phase 1 studies completed in 2007**
  - Phase 1A Single Dose study
  - Phase 1B Multi-dose study (BID)
  - Phase 1B Multi-dose study (QD)

2nd Generation Amylinomimetic Phase 1

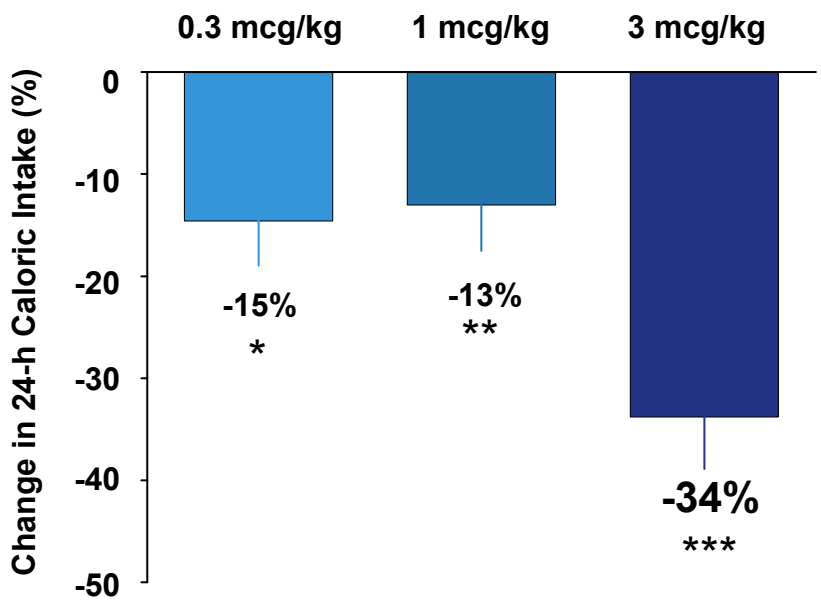
BID Dosing: Marked Reduction in 24-h Food Intake

Absolute Change (kcal)



n = 14; data expressed as mean (SE)

Relative Change (%)



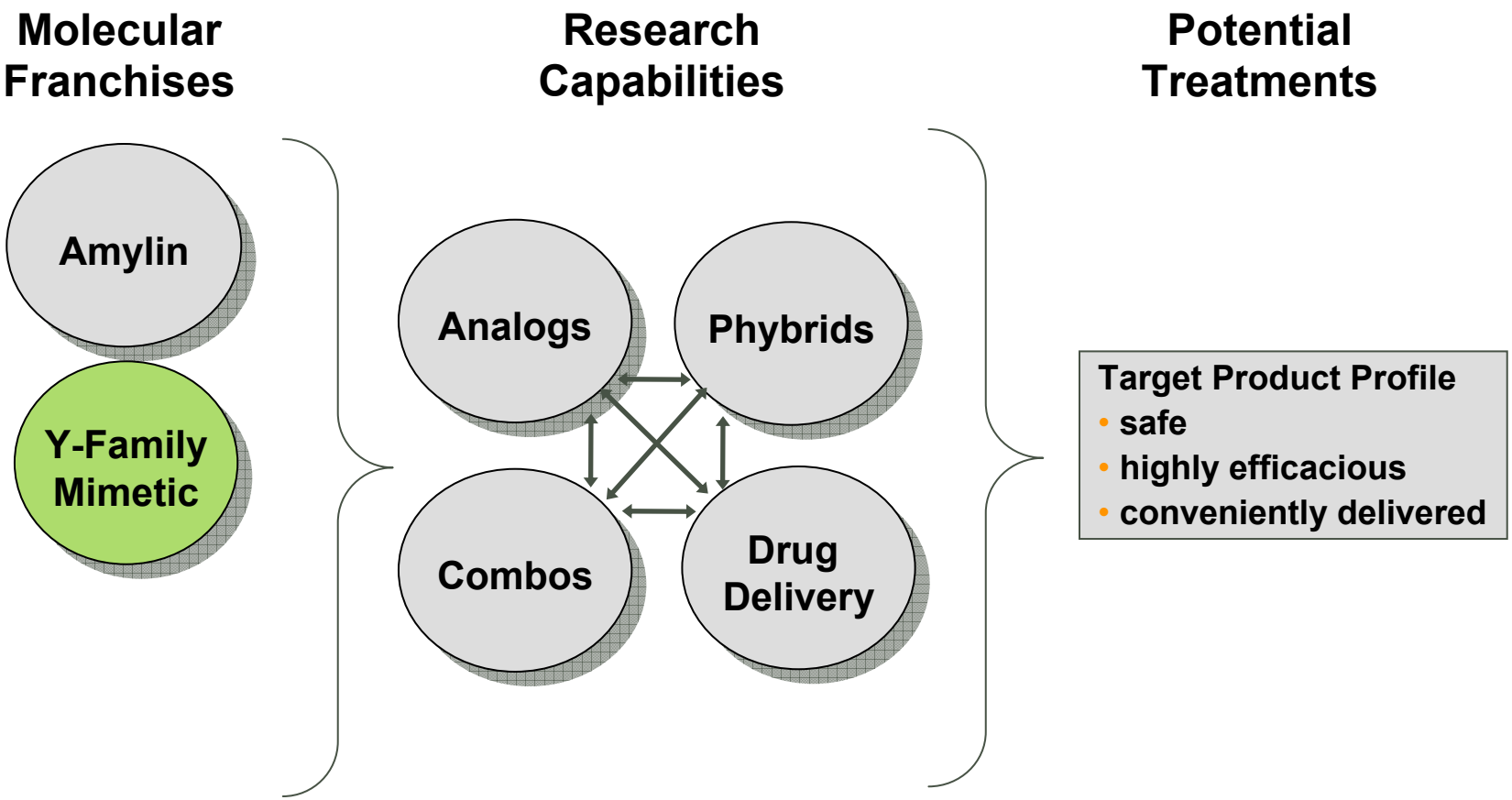
*= p <0.05 , ** <0.01 and *** <0.001 based on comparison of LS means

ITT population.

Development Plans for 2nd Generation Amylinomimetic

- Target Product Profile:
  - Once-weekly delivery
  - Exploration of monotherapy and combination with other neurohormones (INTO)
- Plan studies to explore once-weekly delivery modality
- When once-weekly delivery established, will advance to proof-of-concept study

INTO Strategy: Framework of Opportunities



Pramlintide + PYY_{3-36} Phase 1 Study

> 14-day safety and tolerability

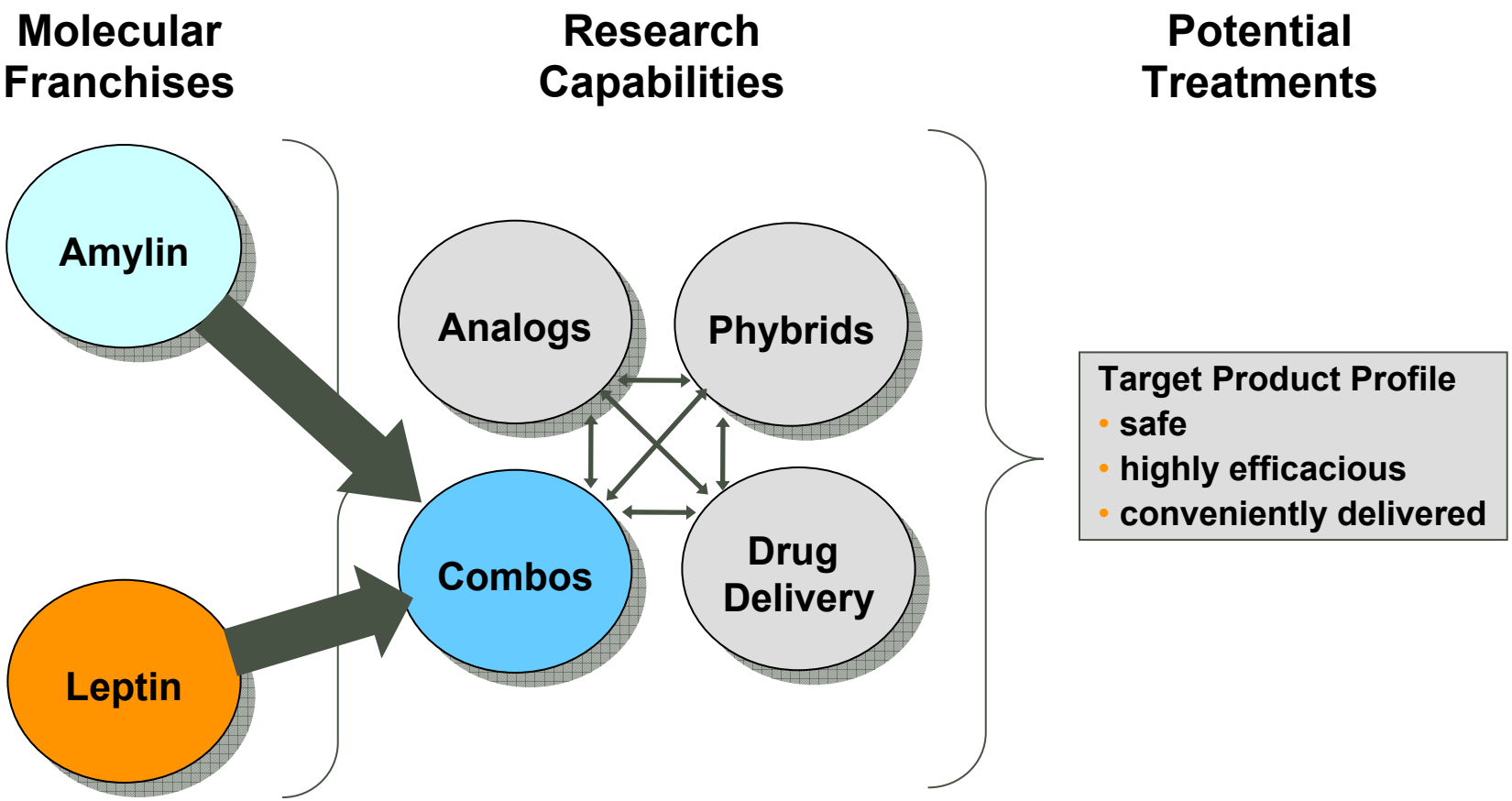
> Combination well tolerated with dose escalation

> Future development focused on second generation Y-Family mimetic

Four Clinical Obesity Studies in 2007

- ✓ Pramlintide + Oral Agents
- ✓ Pramlintide + PYY_{3-36}
- ✓ 2nd generation amylinomimetic
- > Pramlintide + Metreleptin

INTO Strategy: Framework of Opportunities



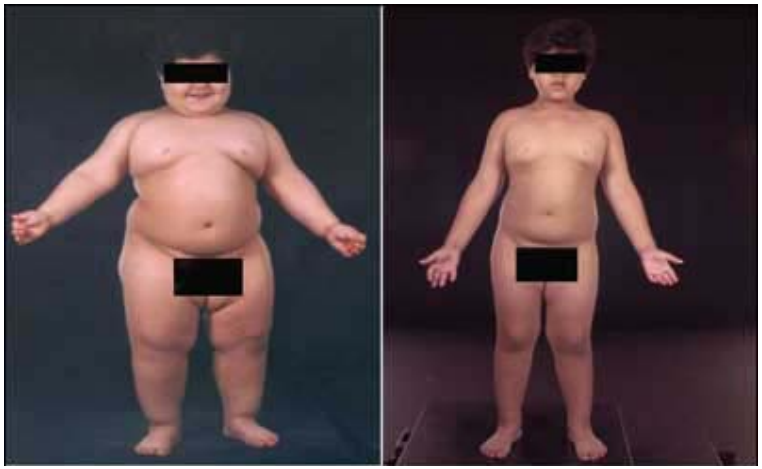
Leptin Agonism: Profound Weight Loss in Leptin-Deficient (ob/ob) Mice and Humans

ob/ob mice

Before
(leptin deficiency)

After
(leptin replacement)

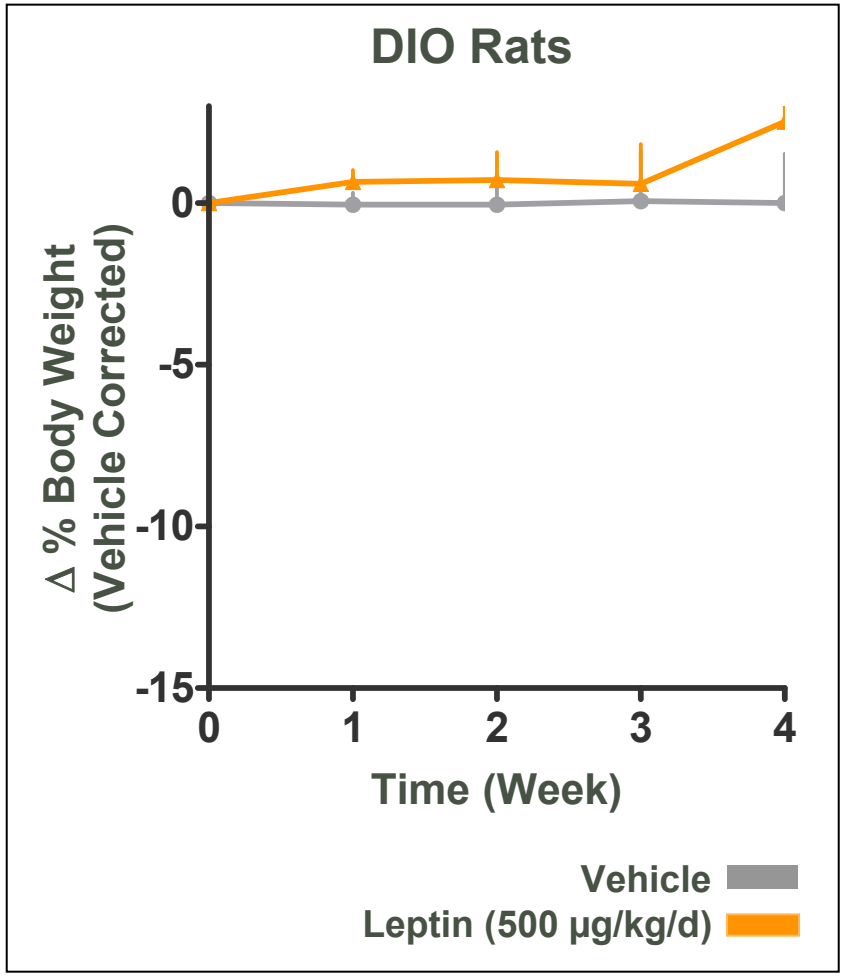
ob/ob humans

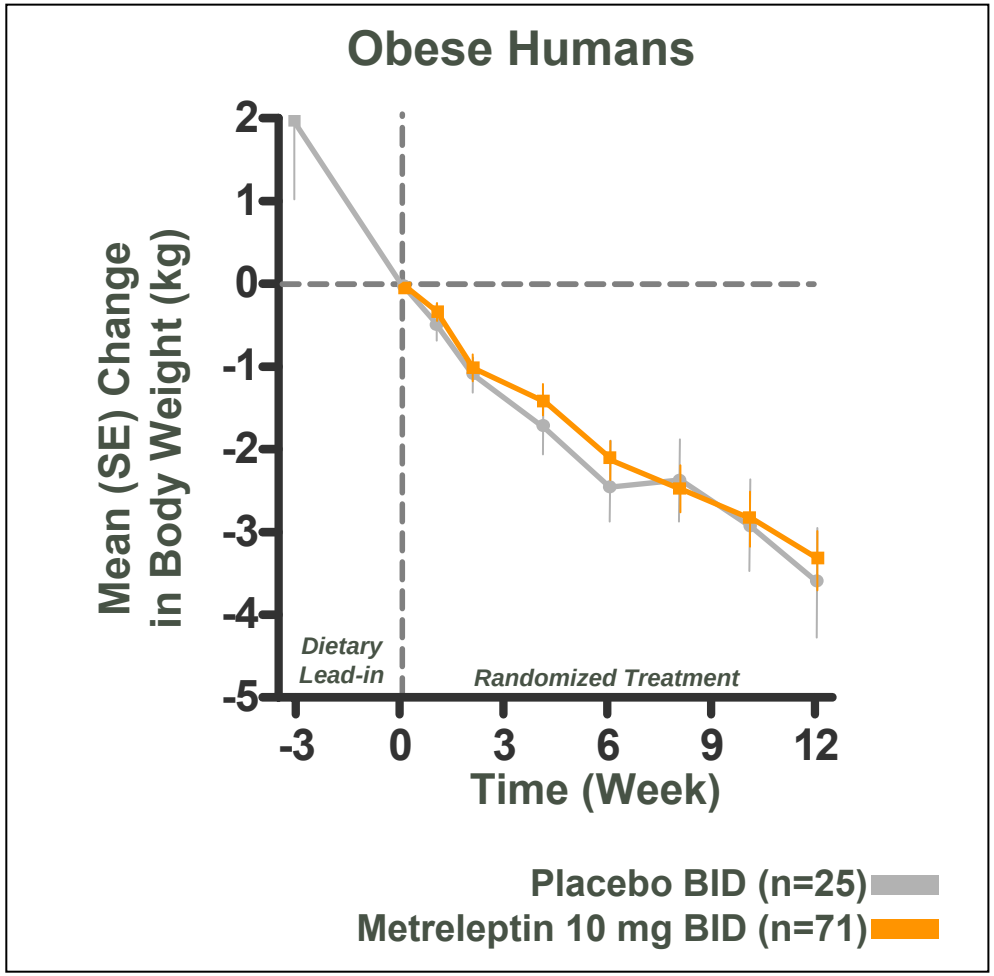


Before
(leptin deficiency)

After
(leptin replacement)

Leptin Resistance:
Diminished Effect in DIO Rats and Obese Humans





Mean ± SE; Diet-induced obese (DIO) rats; Continuous infusion of peptide (osmotic minipump)
Obese Humans: Source: Amylin Pharmaceuticals, Inc. Data on File.

Metreleptin Monotherapy: Overview of Completed Phase 2 Studies

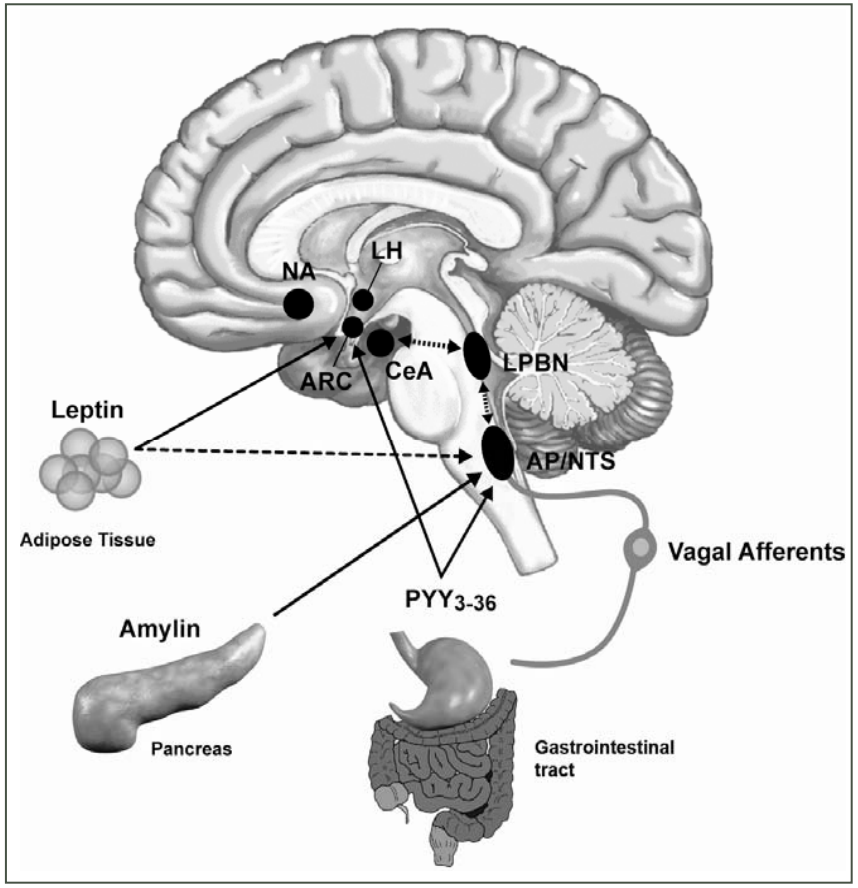
Study	Population/ Design	Duration (Week)	N (Total)	Metreleptin Dose (Administration)	Weight Loss (vs. placebo)	Statistical Significance
950272	Obese	24	256	0.01 - 2.0 mg/kg QD bolus SC infusion	-1.82 kg (bolus) +1.34 kg (infusion)	p = 0.378 p = 0.663
960240	Obese	33	30	0.3 - 2.0 mg/kg (SC infusion)	+2.4%	p = 0.287
970121	Obese	4	125	0.1 - 1.0 mg/kg (IV)	-1.7%	Not available
970164	Obese w/ dietary lead-in	12	284	10 mg QD or BID	+0.4% (BID)	p = 0.643
970213	Obese w/ dietary lead-in	28	228	10 mg BID	-1.0%	p = 0.381
970171	Type 2 DM	16	93 90	10 mg QD 10 mg BID	-0.43% -0.74%	p = 0.407 p = 0.167
970188	Type 2 DM	16	113	10 mg BID	-1.0%	p = 0.060
980219	Type 2 DM	24	66	10 mg BID	-1.2%	Not available
980236	Obese	52	267	10 - 20 mg QD	-0.5kg (10 mg)	p = 0.340

Metreleptin alone, even at high doses, not efficacious for weight loss

QD= Once daily; BID = Twice daily;

Neurohormonal Regulation of Body Weight:

Input from Peripheral Signals is Integrated in the CNS



Short-Term Satiety Signals

- **Amylin controls meal size through satiation**

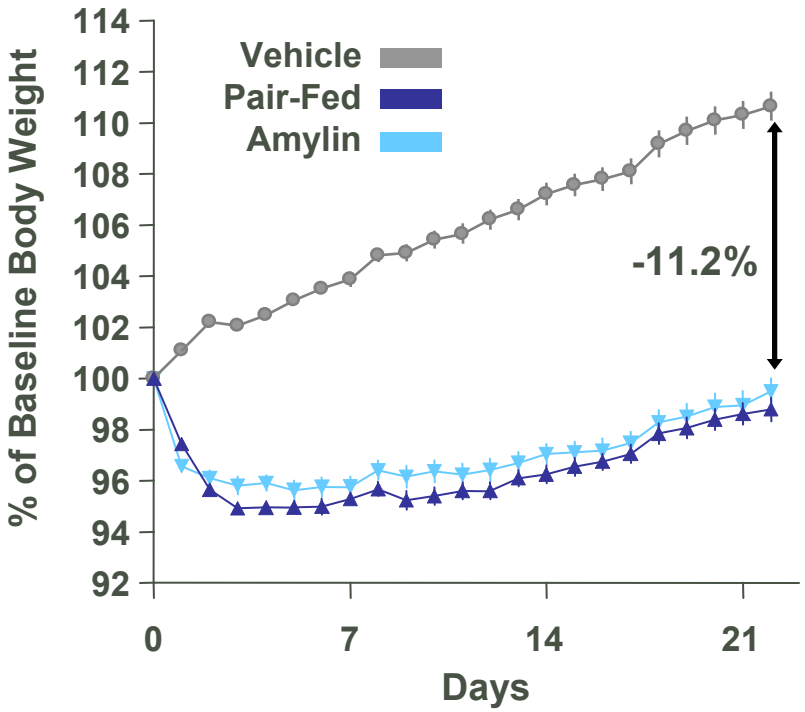
Long-term Adiposity Signals

- **Leptin regulates fat mass through control of energy intake and energy expenditure**

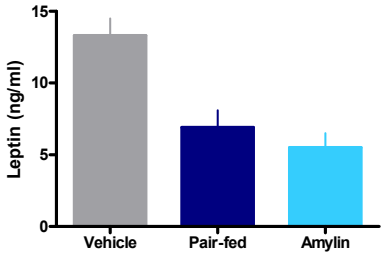
Why Amylin and Leptin?

Early Observations Comparing Amylin and "Dieting"

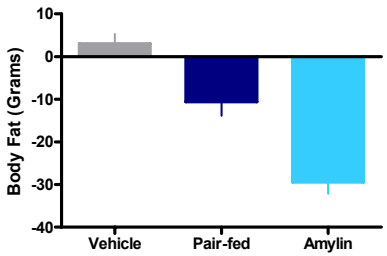
Similar Weight Loss



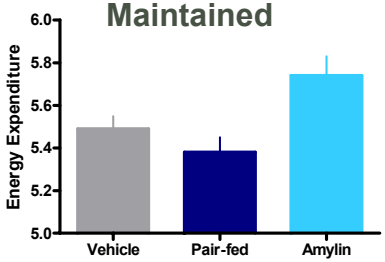
Drop in Leptin



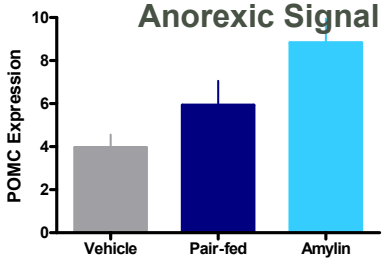
Greater Fat Loss



Energy Expenditure Maintained



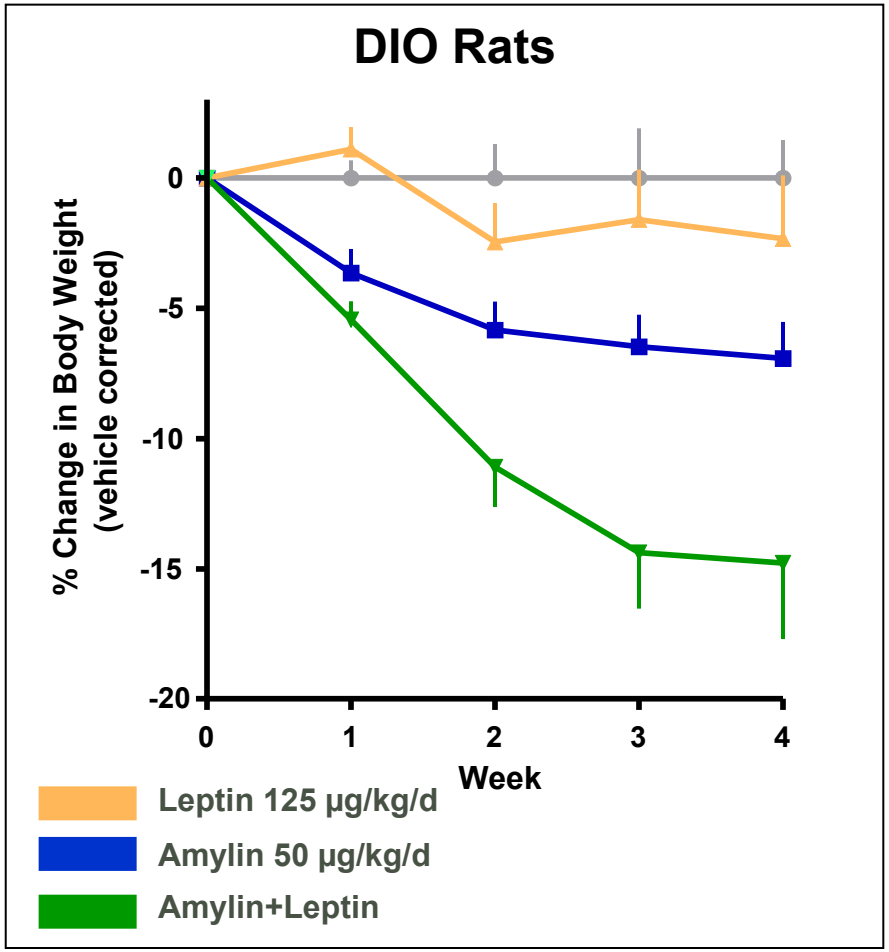
Increased Hypothalamic Anorexic Signal



➡ Amylin-mediated weight loss pattern suggestive of leptin sensitization

Roth et al., 2006, Endocrinology, 147(12):585-5864.

Amylin Restores Leptin Responsiveness in DIO Rats: Summary of Research Findings



Synergistic weight loss (amylin+leptin)

- Specific effect of amylin
- Synergy NOT seen with other hindbrain satiety signals (PYY3-36, GLP-1) or with sibutramine
- Fat-specific weight loss

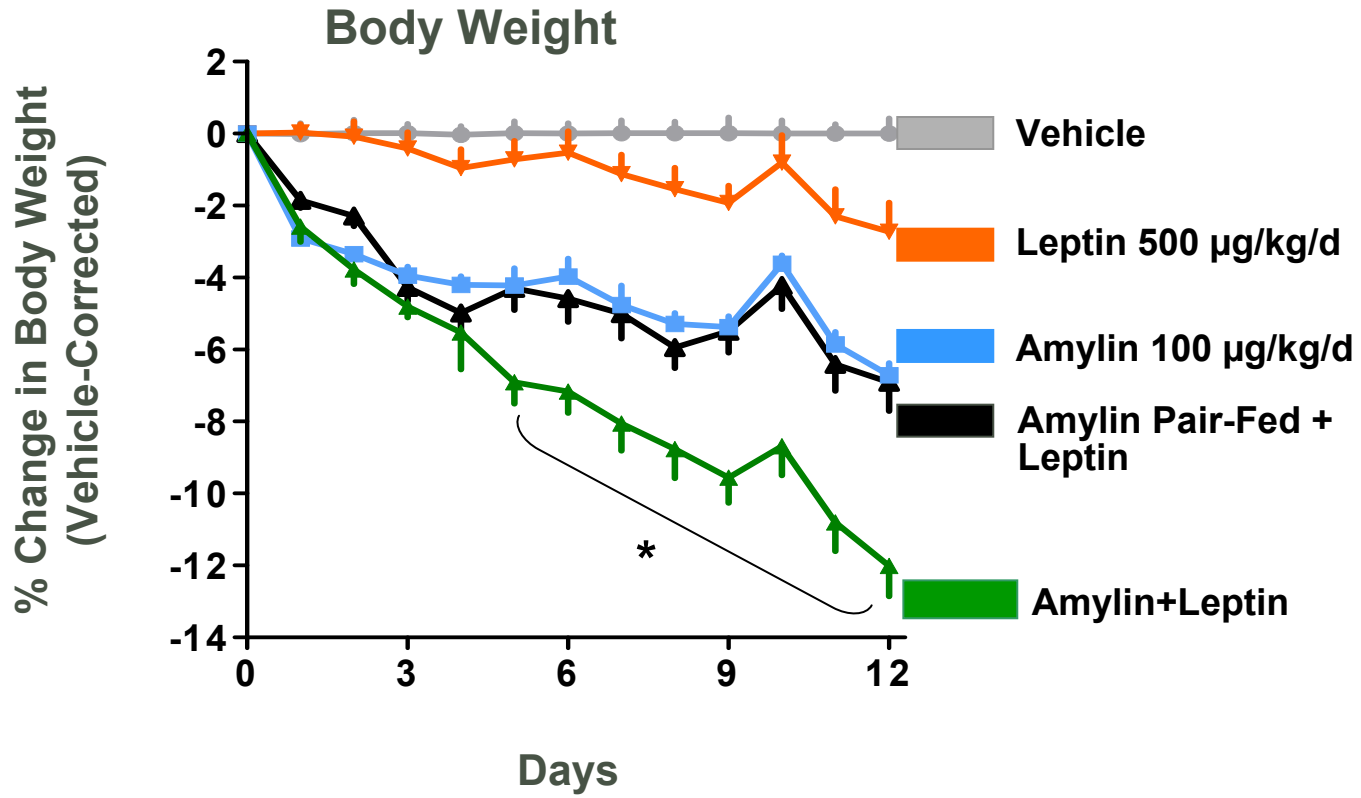
Mechanism of action

- Synergistic reduction in food intake
- No compensatory decrease in energy expenditure

Neurobiological Basis

- Amylin shown to restore leptin-mediated signaling, i.e. reverse leptin resistance

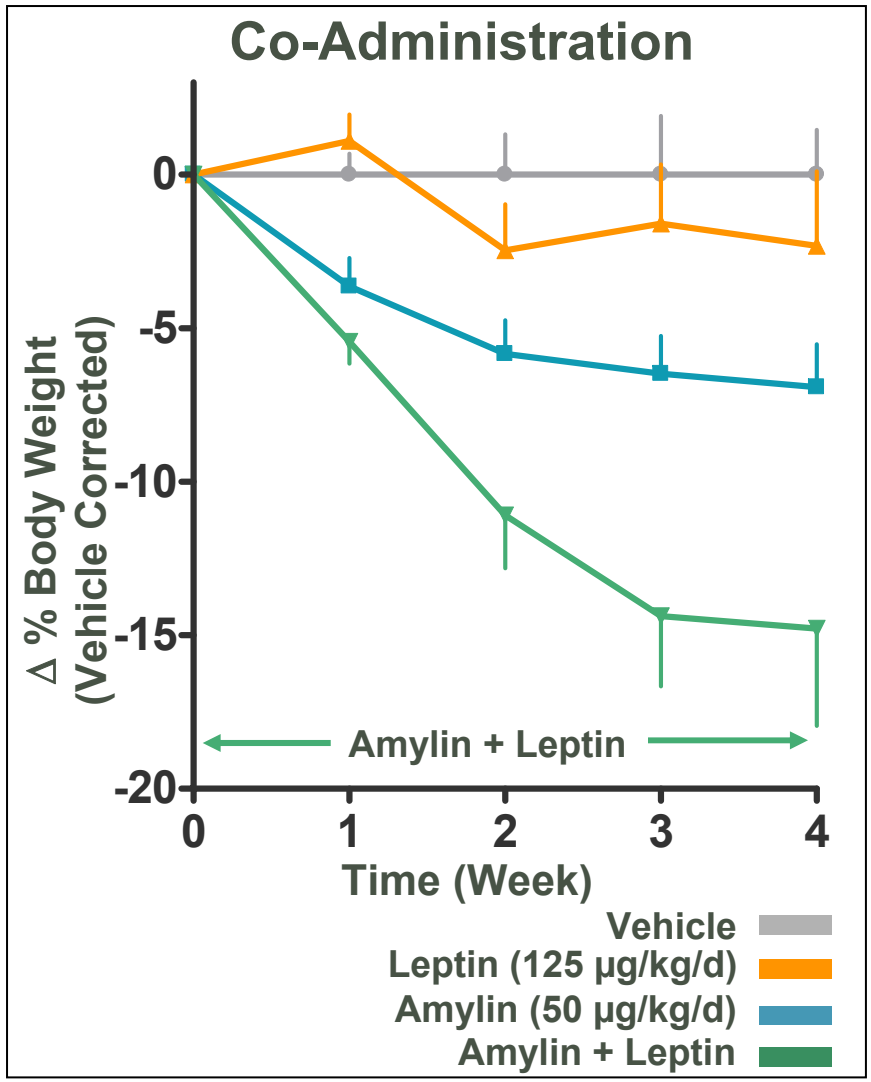
Amylin + Leptin Synergy For Weight Loss is Not Explained By Caloric Restriction

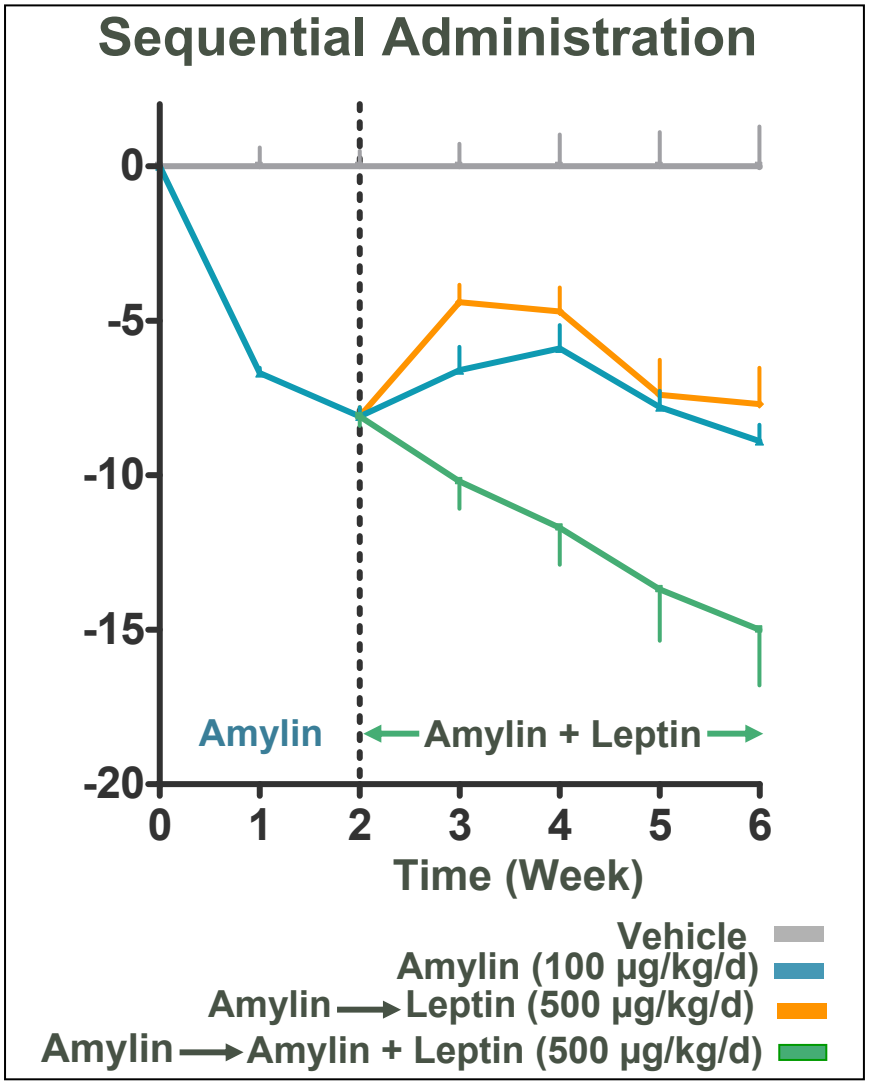


*p<0.05 compared to all groups
Diet-induced obesity prone rats (CRL; N=7/group).

Roth J, et al. 66th Annual Sessions of the American Diabetes Association, Late-breaking Poster # 52-LB

Amylin Pre-Treatment Also Restores Leptin Responsiveness in DIO Rats





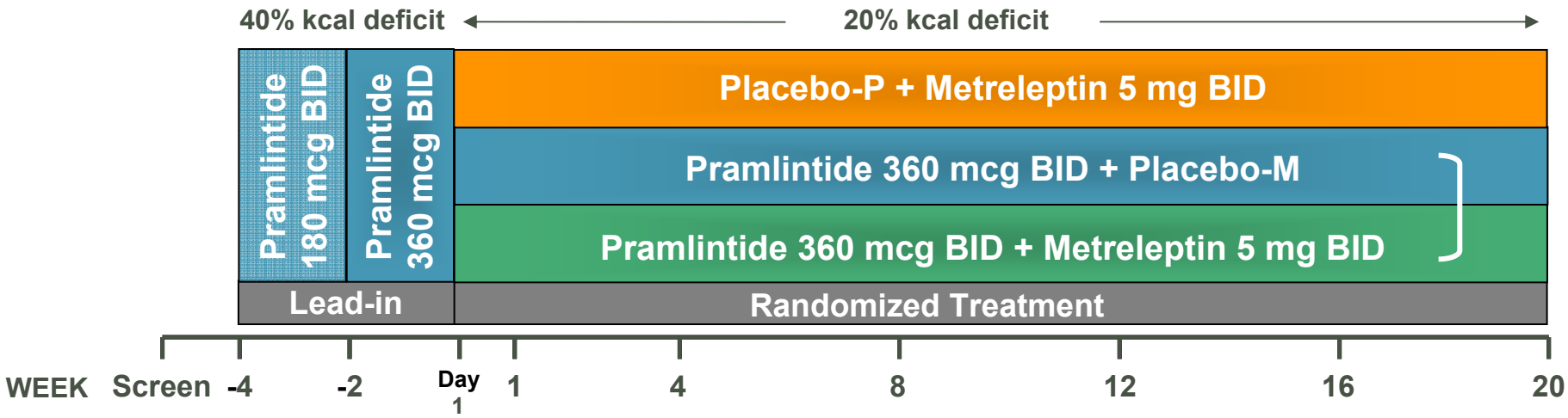
Pramlintide + Metreleptin Phase 2 Clinical Proof-of-Concept Study

Design: Randomized, double-blind, controlled, multi-center

Study Population: Overweight or obese subjects (BMI 27-35 kg/m^2)

Treatment: 4-week lead-in requiring 2-8% weight loss, followed by 20 weeks randomized treatment (2:2:1 Pramlintide: Pramlintide+Metreleptin: Metreleptin)

Primary efficacy endpoint: Weight loss in pramlintide vs. pramlintide+metreleptin

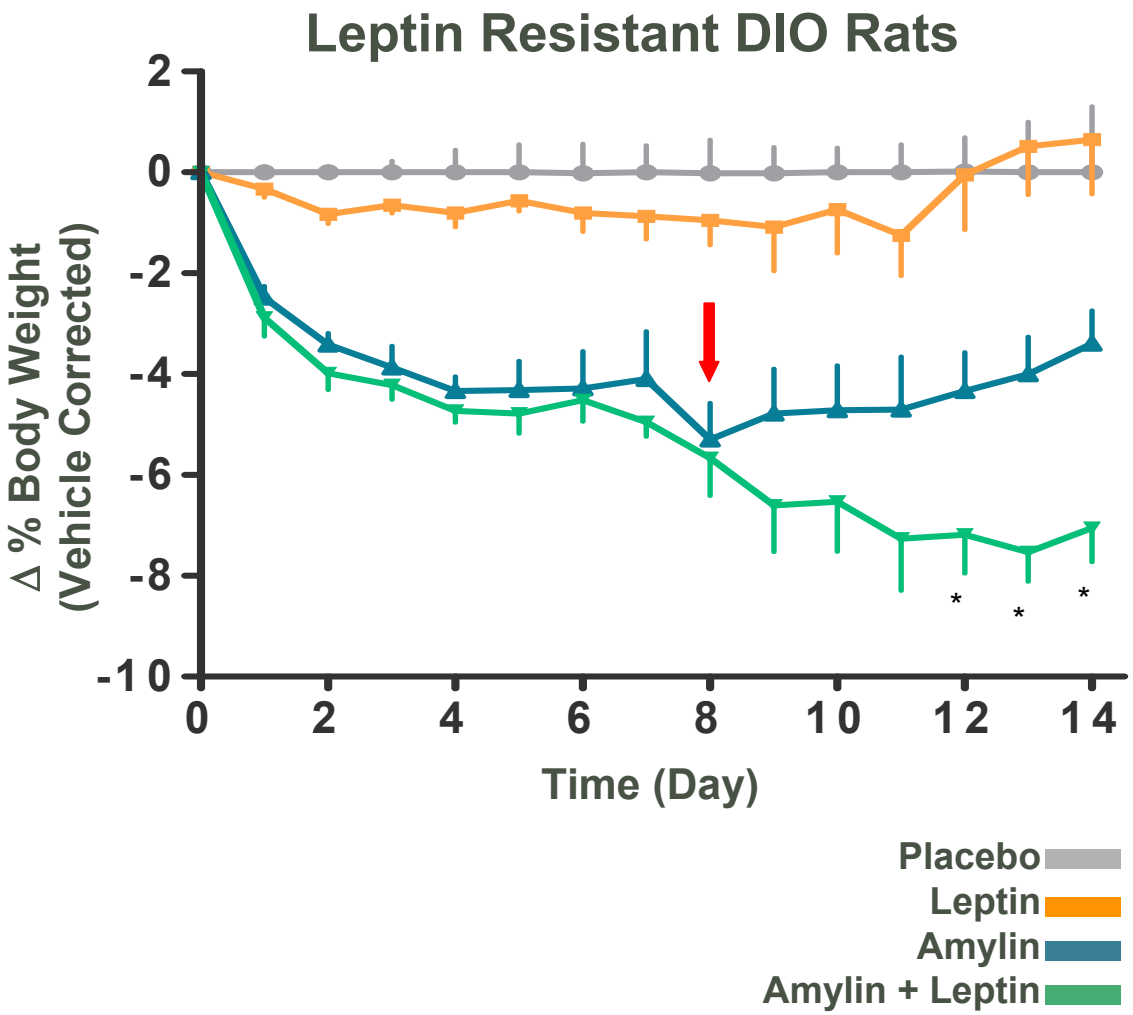


Why a Lead-in Period?

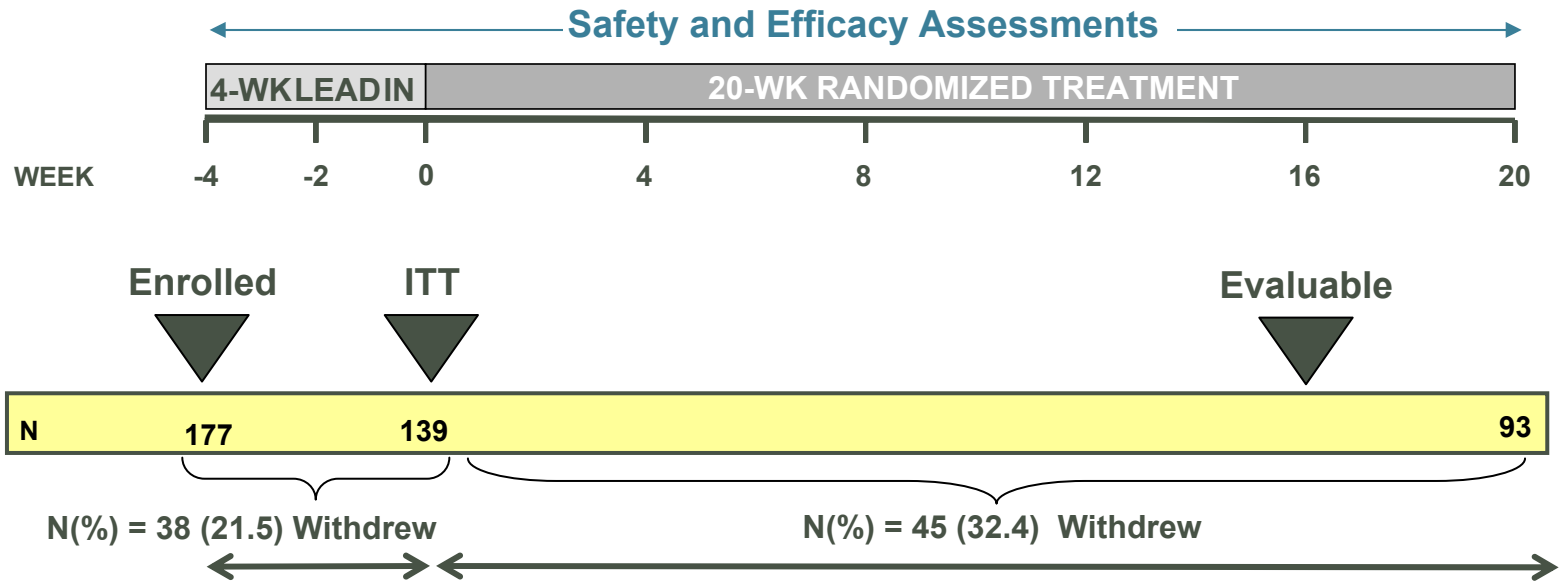
Rationale:

- Time course of amylin-induced leptin sensitization in humans was unknown
- Lead-in period initiated sensitization prior to randomization
- Weight loss of 2-8% to:
  - Cause an acute fall in endogenous leptin
  - Trigger counter-regulation
- Compliance: selected patients who would maintain injection therapy

Amylin Mediated Synergy with Leptin: Weight Loss is Not Immediate in Rodents



Subject Disposition



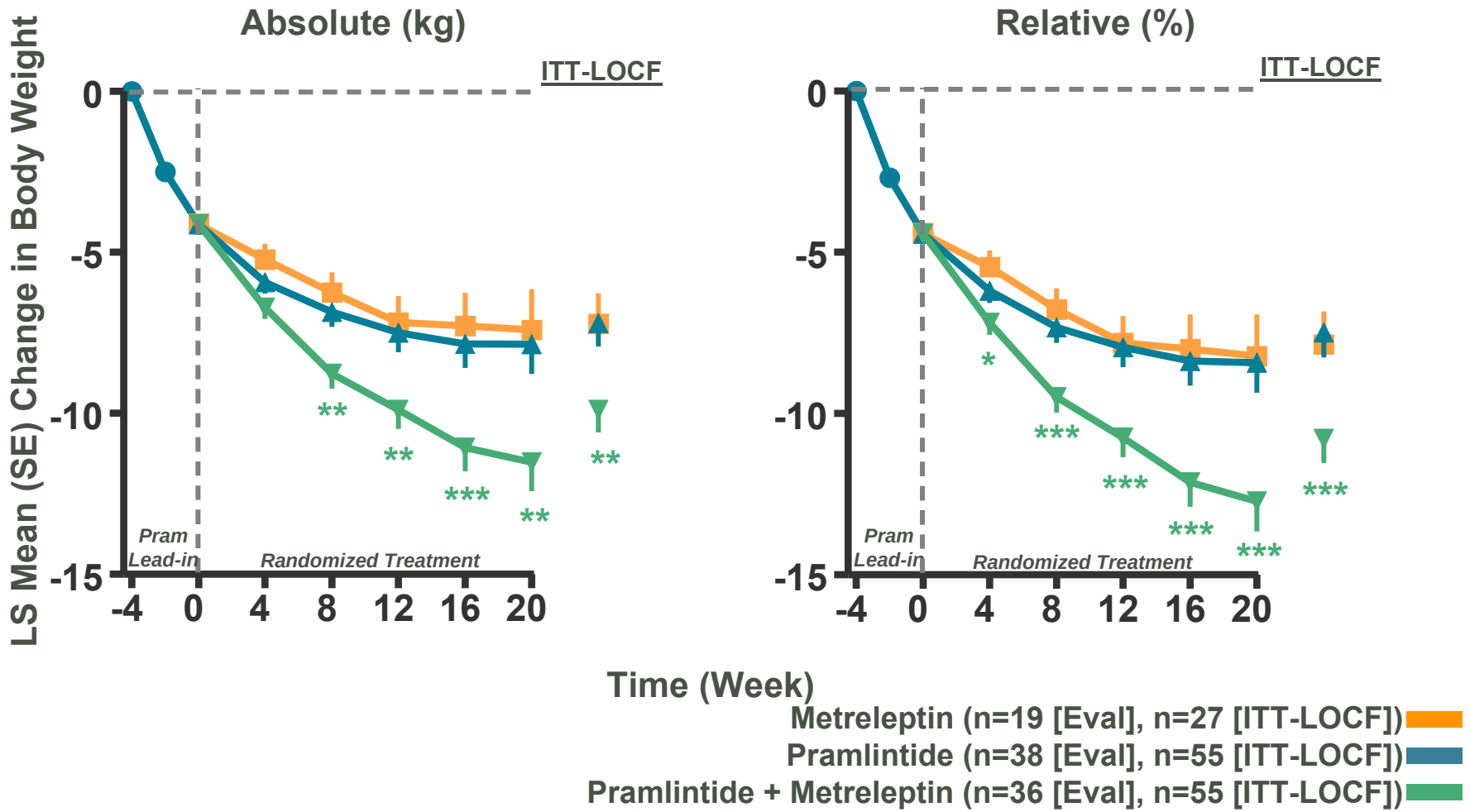
Non-Randomized	Primary Reason for Withdrawal	Metre-leptin	Pramlintide	Pramlintide/ Metreleptin
n (%)		n (%)	n (%)	n (%)
38 (21.5)	Overall Withdrawal	8 (29.6)	19 (33.9)	18 (32.1)
16 (9.0)	Insufficient Lead-in Weight Loss			
11 (6.2)	Withdrawal of Consent	2 (7.4)	6 (10.7)	8 (14.3)

Demographics
(Enrolled Population)

Enrolled (N=177)	Metreleptin	Pramlintide	Metreleptin + Pramlintide	Non-Randomized
Enrolled (N)	27	56	56	38
Sex (% female)	63	63	63	63
Age (y)	40.5 ± 8.1	38.3 ± 9.1	38.5 ± 8.4	37.9 ± 7.5
Weight (kg)	93.8 ± 14.3	91.7 ± 11.1	93.9 ± 12.8	94.5 ± 16.0
BMI (kg/m^2)	32.0 ± 2.1	31.5 ± 2.0	32.0 ± 2.1	32.5 ± 1.9
Total Excess Body Weight (kg)	21.0 ± 7.2	19.2 ± 6.3	20.8 ± 6.9	22.4 ± 7.4

All data are Mean ± SD unless otherwise indicated; Numbers may not add up to 100% due to rounding
Excess body weight= [Body Weight (kg) at enrollment – 24.9 x Height $(m)^2$]

Mean Change in Body Weight
Evaluable Population and ITT-LOCF at Week 20

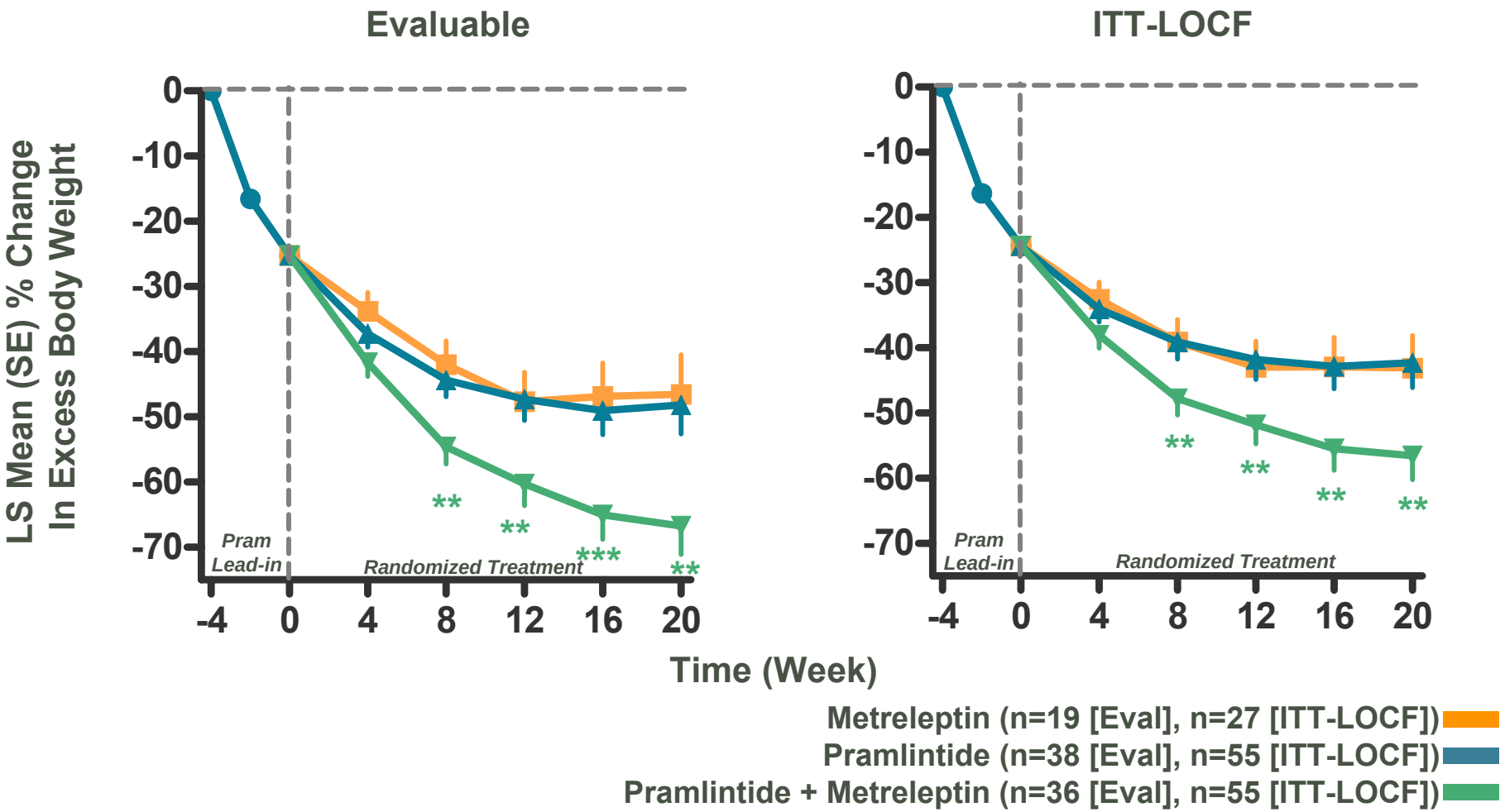


Evaluable= Randomized subjects who complied to protocol, n=93; Mean ± SE;
ITT-LOCF= Subjects randomized who received study medication- Last Observation Carried Forward
*P<0.05, **P<0.01, ***P<0.001 (based on LS means of combination vs. pramlintide monotherapy);

Categorical Change in Body Weight Evaluable Population at Week 20

Evaluable= Randomized subjects who complied to protocol;
*P<0.05, **P<0.01 (based on combination vs. monotherapy);

Mean Change in Excess Body Weight Evaluable & ITT-LOCF Population

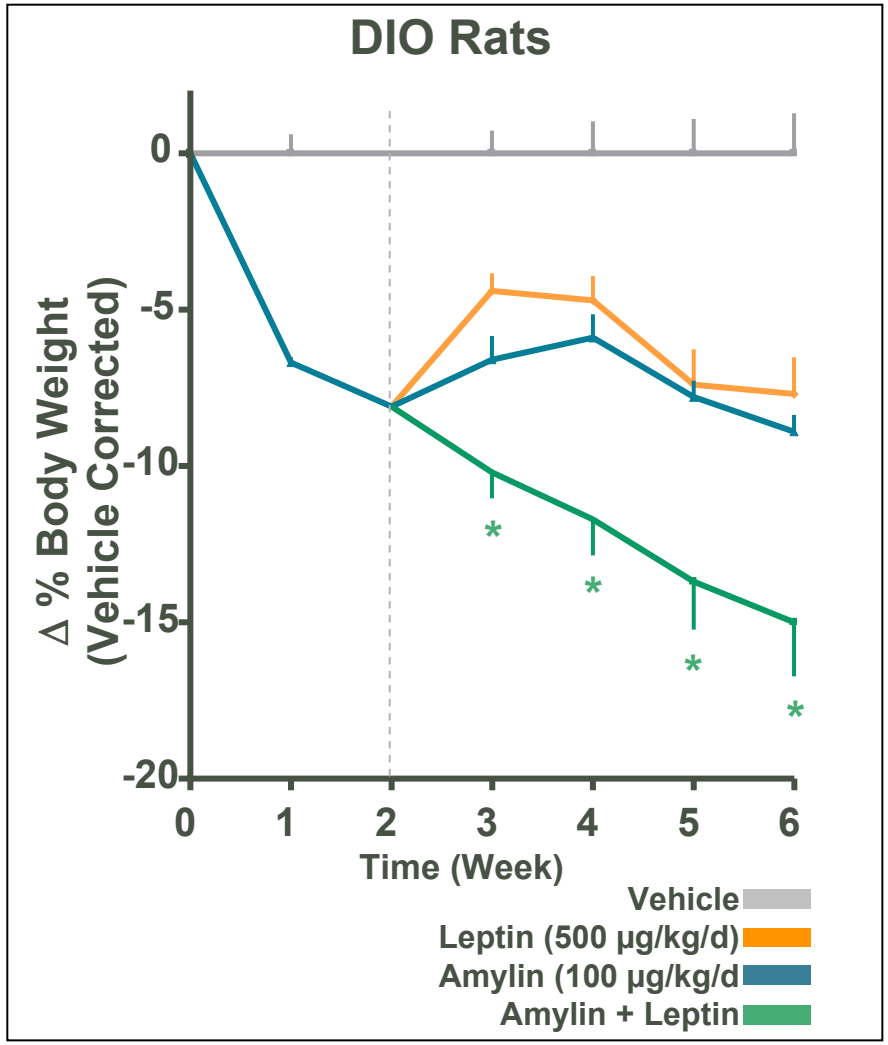


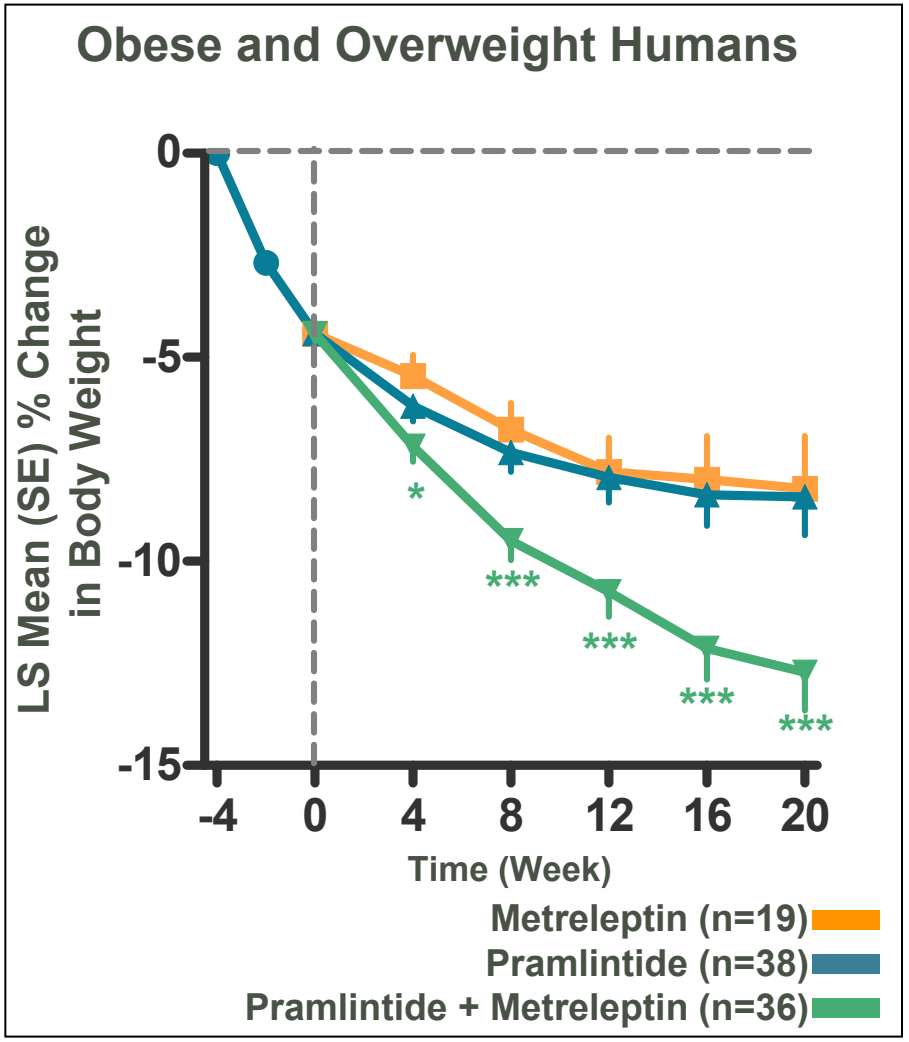
Mean ± SE; **P*<0.05, ***P*<0.01, ****P*<0.001 (based on LS means of combination vs. pramlintide monotherapy);
Percent Change in Excess Body Weight= change in Weight (kg) from enrollment/Excess body weight (kg) at enrollment x 100

Adverse Events

- Adverse events were consistent with previous clinical experience with pramlintide and metreleptin as single agents
- Most common adverse events reported were injection site adverse events and nausea
  - Injection Site
    - Mostly mild to moderate
    - ~30% more subjects who received metreleptin reported injection site adverse events compared to subjects who received pramlintide monotherapy
  - Nausea
    - Only mild to moderate
    - Transient in nature

Amylin Agonism Restores Leptin Responsiveness in DIO Rats and in Obese Humans





*P<0.05 and ***P<0.001 (based on combination vs. pramlintide (amylin) monotherapy

Development Plans for Pramlintide/Metreleptin Combination Product

- Extensive safety database for both compounds
- Phase 2B
  - 2008/2009
  - Establish optimal dose and regimen
  - Examine effects in different obese patient segments (e.g., obese Type 2)
- Target Product Presentation
  - Twice-daily injectable (one injection AM and one injection PM)
  - Disposable pen

Building a Sustainable Obesity Program

- Amylin agonism restores leptin responsiveness in obese humans
- Pramlintide/metreleptin represents a promising product opportunity
  - Efficacy: double-digit, progressive weight loss in Phase 2
  - Safety: both molecules have a known safety track-record
  - Product presentation: feasibility of BID regimen established
- DIO rat model is highly predictive for INTO strategy
  - Increased confidence in 2nd generation molecules (amylinomimetic and Y-Family mimetic)

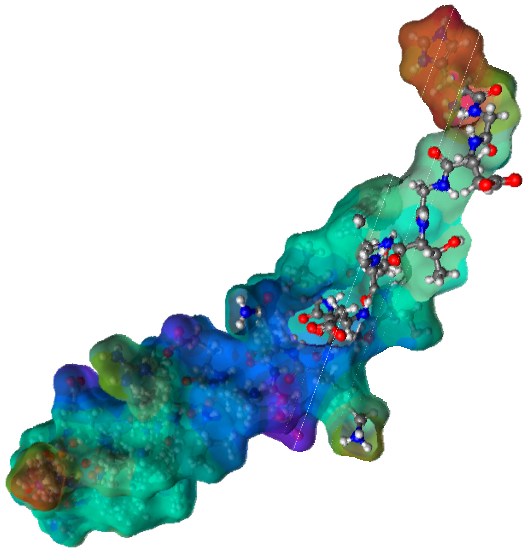
Discovery Research

Michael Hanley, PhD

Vice President, Discovery Research

Discovery Process

- Peptide discovery
  - Genome mining
  - Experimental
- Populate the peptide library
- Screen and select
- Optimize as a pharmaceutical
- Product invention

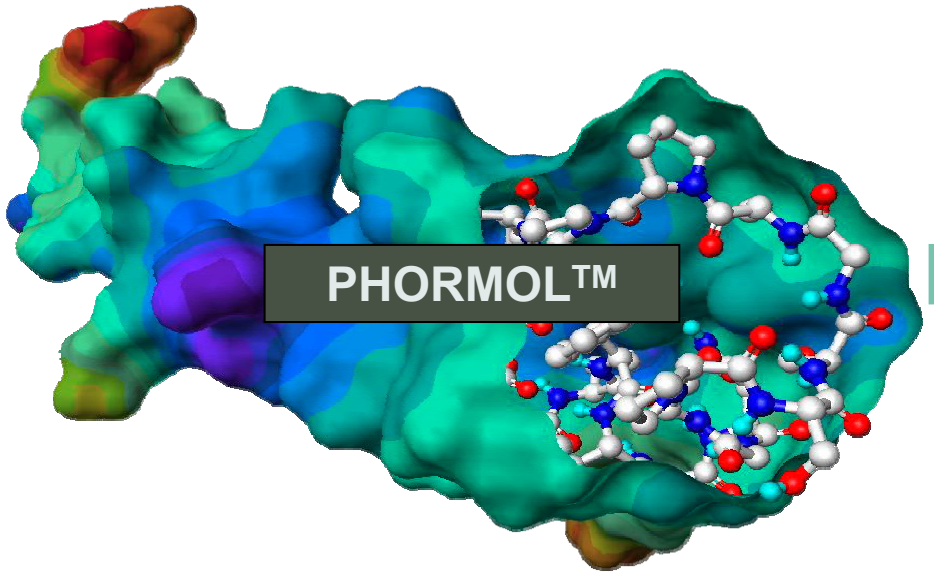


Key Discovery Resource:
POLYPEPTIDE HORMONE LIBRARY

Bioinformatics

Mass Spectrometry

Literature & Patents

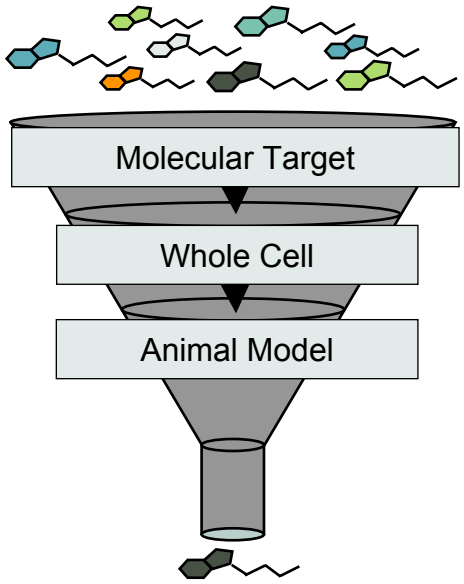


>1000 …and growing

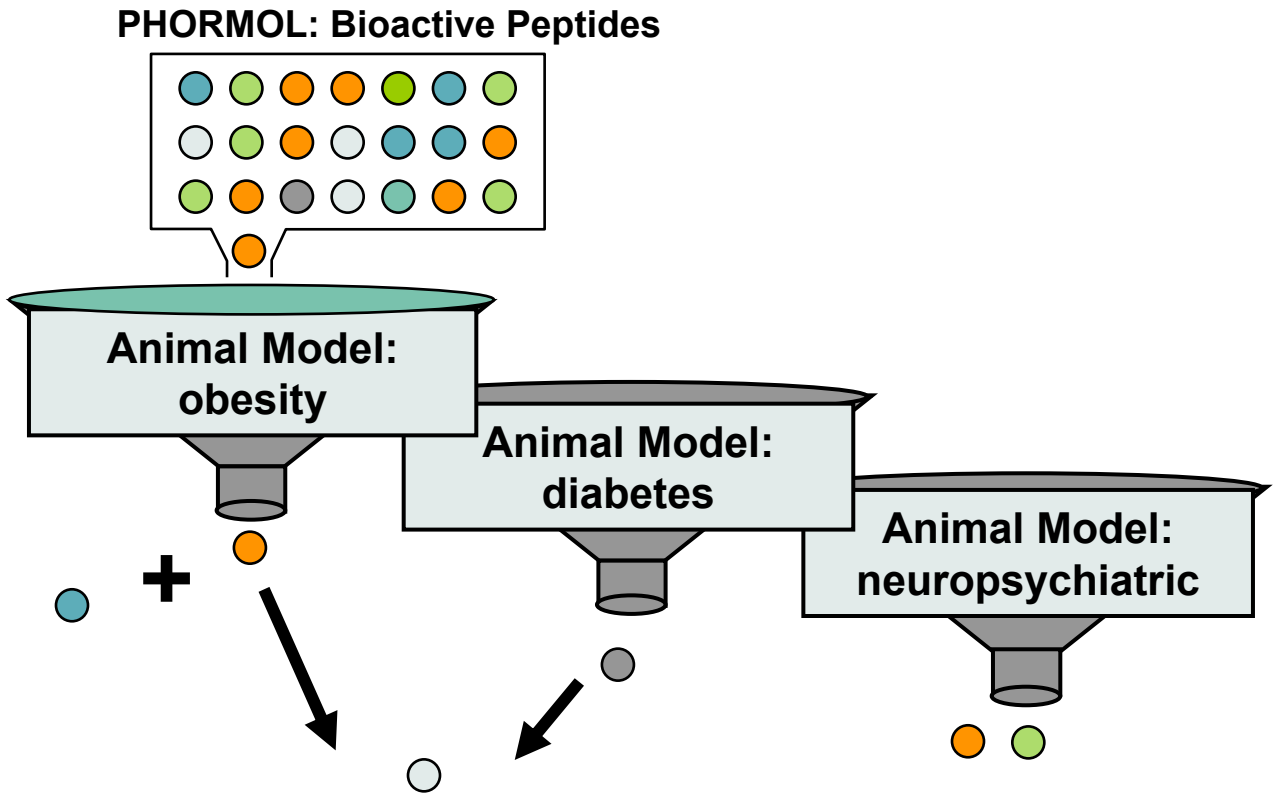
Amylin Screening Path

Direct Screening In Animal Models

Target Driven



Amylin Approach

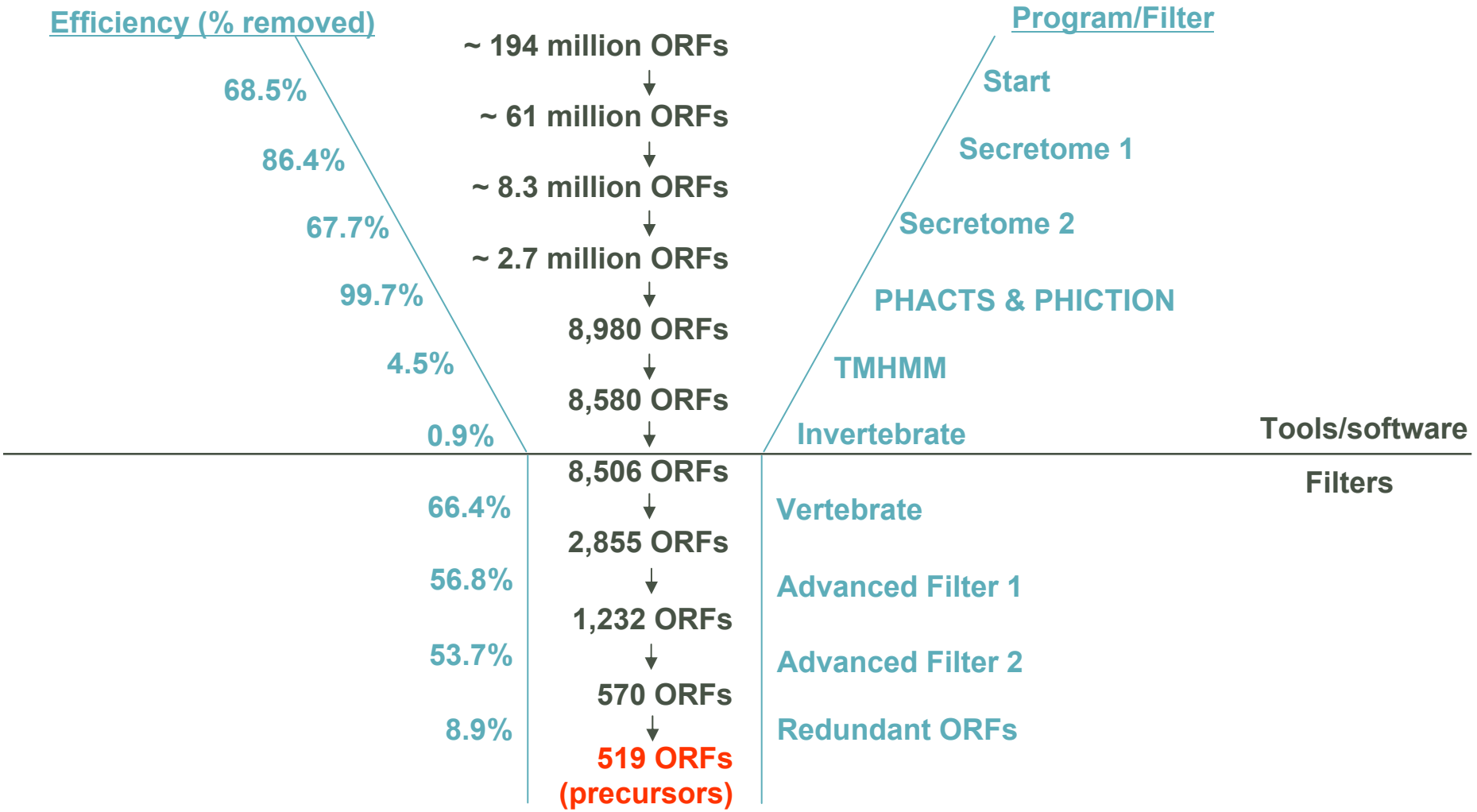


In Vivo Screening Results Have a High Hit Rate

- Obesity Screen (food intake)
  - 12% hit rate
  - Most decrease – few hits increase food intake
- Diabetes Screen (acute glucose lowering)
  - 5% hit rate
  - Most decrease – few hits increase blood glucose
- Neuropsychiatric Screen (Psylin Neurosciences)
  - ~20% hit rate
  - Positives include antidepressant, antipsychotic, anxiolytic

Genome to Peptidome

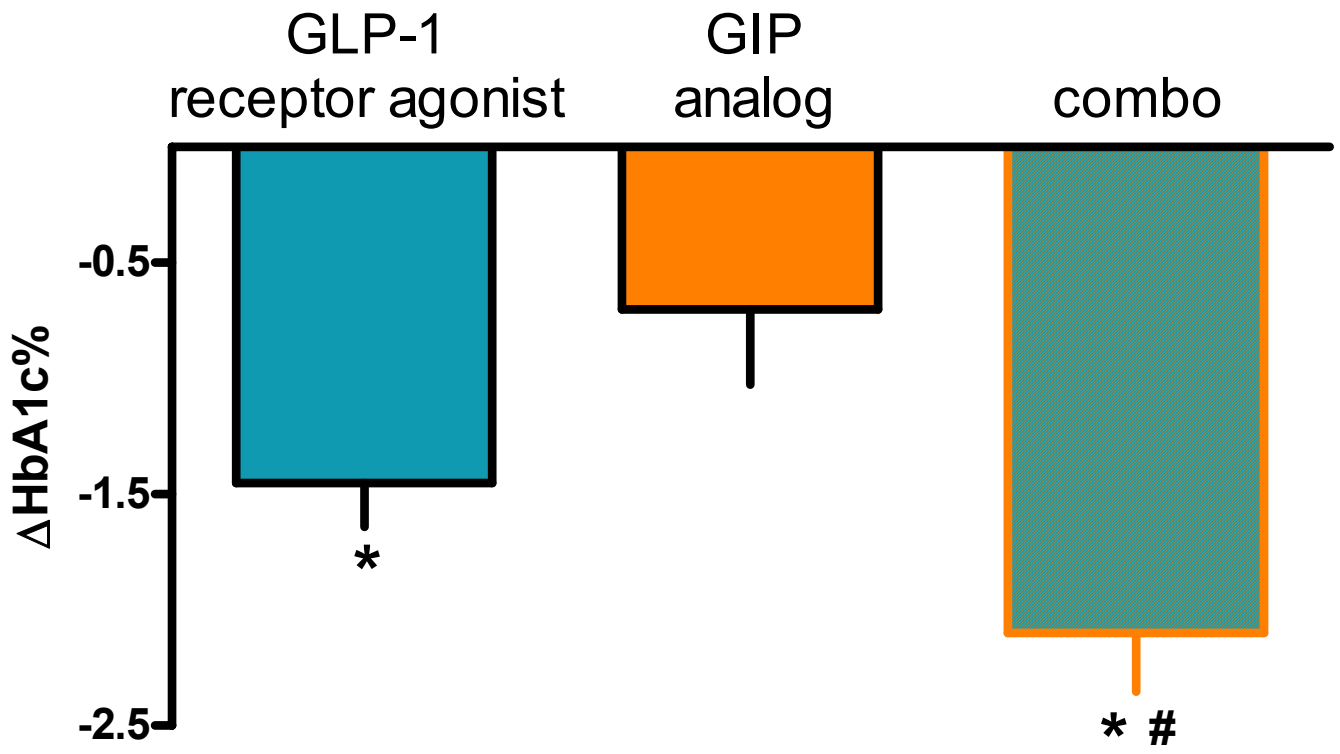
Three Months to Three Hours



Glucose-dependent Insulinotropic Polypeptide

- GIP is the “second incretin”
- 42 amino acids
- Released by nutrients from K cells in the gut
- Sensitive to DPP-4 peptidase
- Augments glucose-dependent insulin secretion as well as GLP-1 in healthy humans
- Poor efficacy in type 2 diabetes – GIP “Resistance”?
- Second generation GIP mimetic
  - Analog of mammalian GIP with an extended half-life

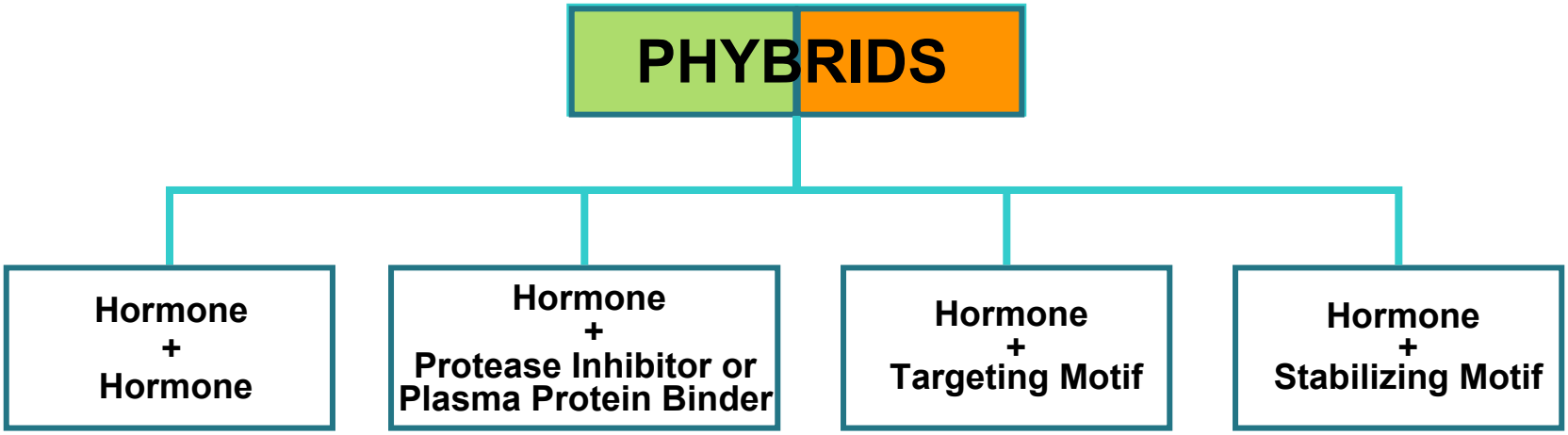
Additive Anti-Diabetic Activity of GIP Analog in Combination with GLP-1 Receptor Agonist in Mice



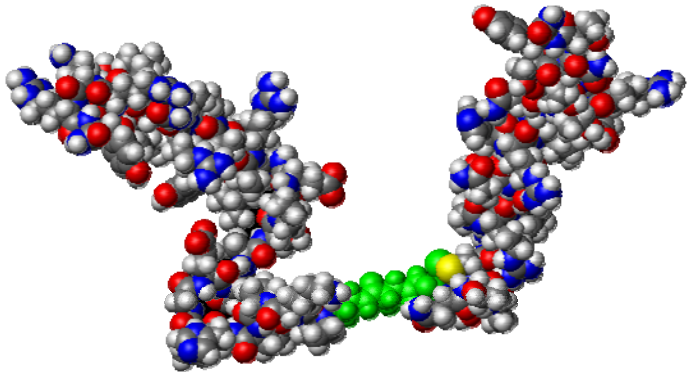
*P < 0.05 vs. vehicle; #P < 0.1 vs. single agent.

Towards Peptide Therapeutic Design:

Create Functional Peptide Hybrids ("PHYBRIDS")

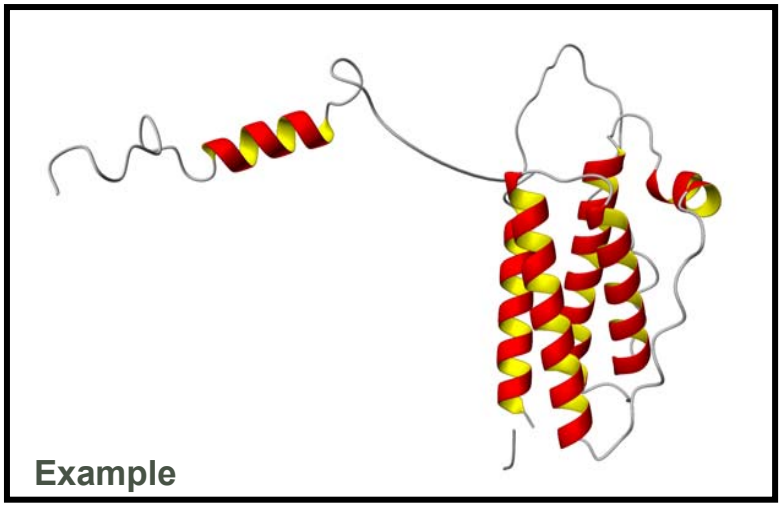


Phybrid Approach: Potential to Enable Obesity Combo-Tx in a Single NME



Example

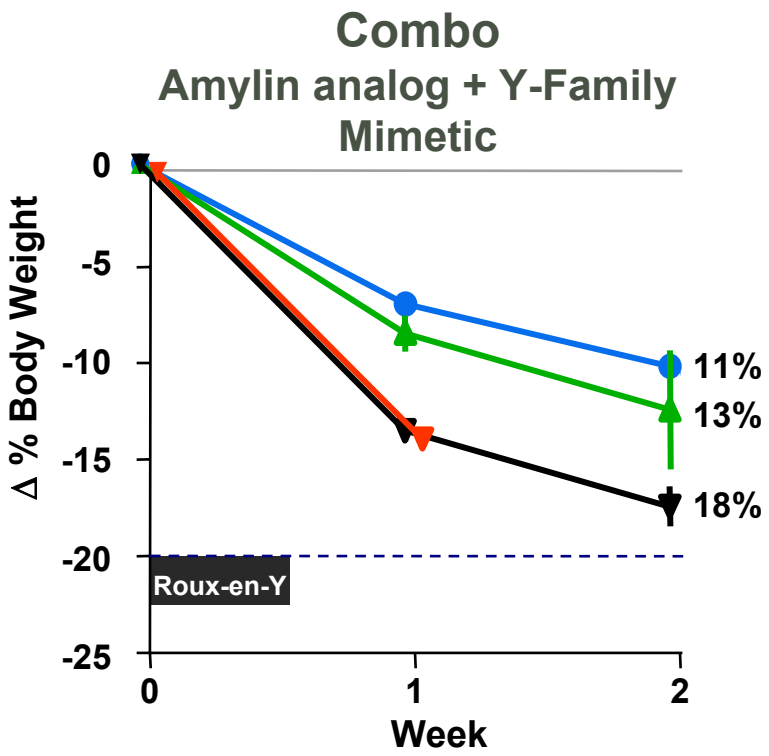
- 2°-Gen Amylinomimetic
- 2°-Gen Y Family Mimetic



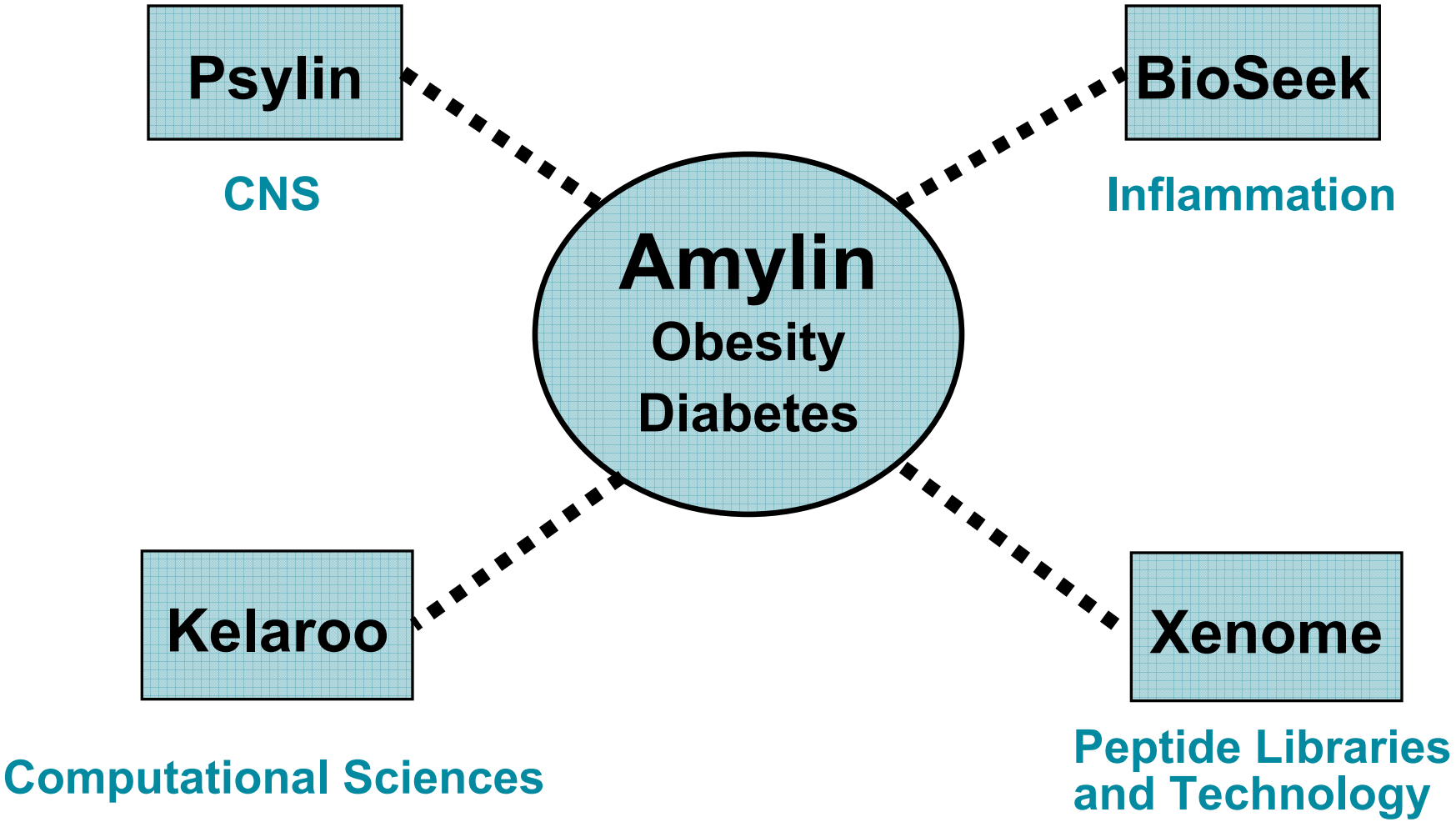
Example

- 2°-Gen Amylinomimetic
- Leptin

PHYBRID Design Works for Weight Loss

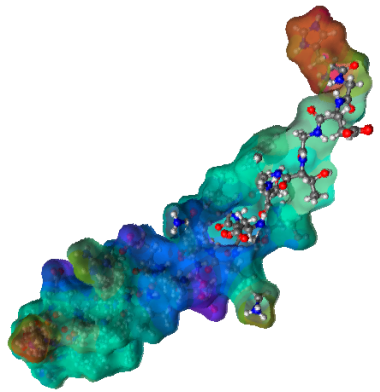


Strategic Alliances Support Expanding Innovation to New Therapeutic Areas



Summary

- PHORMOL is highly enriched in bioactive peptides
- Biological activity detected in a diverse set of novel peptides, most with commercial potential
- PHORMOL peptides show significant activity in a wide range of therapeutic area screens that include obesity, diabetes, CNS, CVD, bone disorders and inflammation
- Library peptides can be building blocks for combination therapies or novel Phybrids



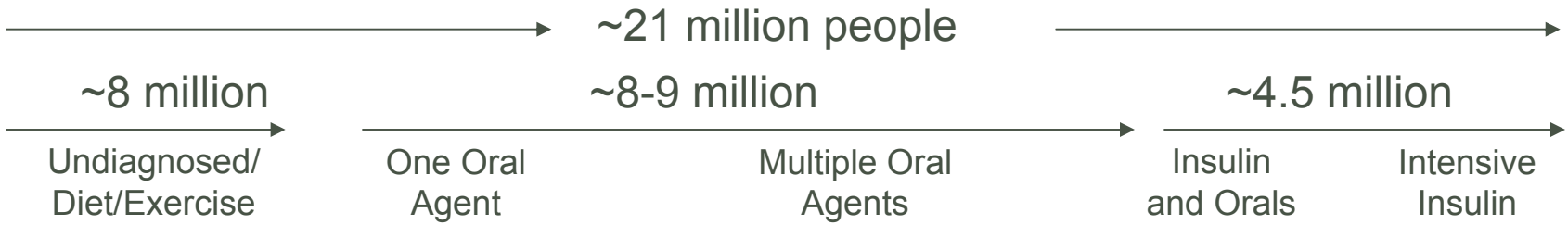
Closing Remarks

Daniel Bradbury

President and Chief Executive Officer

Addition of Once-Weekly Exenatide

Building Near-Term Value By Expanding the Diabetes Franchise



Byetta® exenatide injection

Symlin® (pramlintide acetate) injection

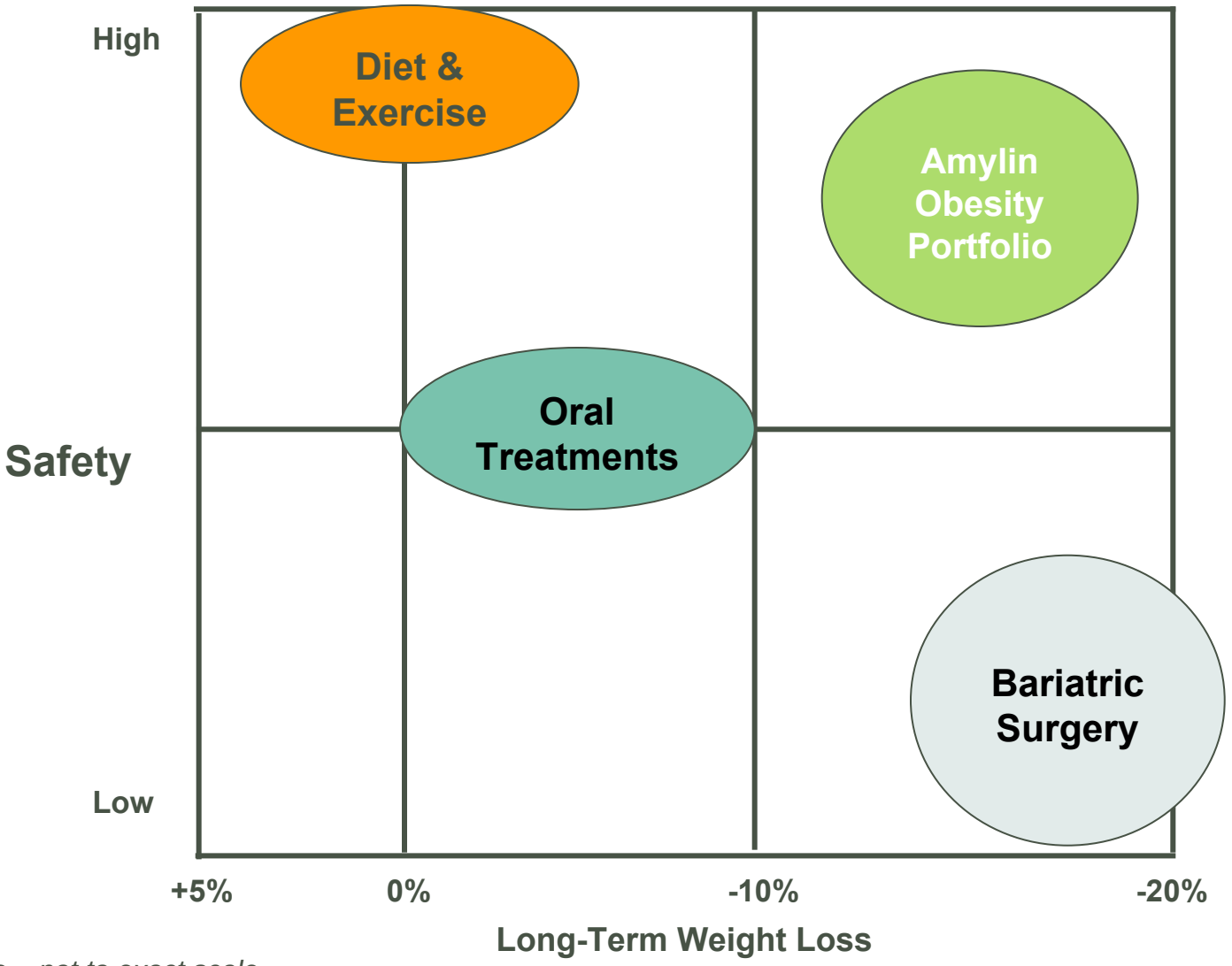
Current market ~1.3 million

Potential expanded indication ~1.2 million

Once-Weekly Exenatide

US Market Data from CDC, ADA, and Amylin estimates

Potential for Defining a New Treatment Space in Obesity



Illustrative – not to exact scale

Investing for Sustainable Growth in the Near, Mid and Long Term

- BYETTA and SYMLIN helping to address unmet needs in diabetes treatment – blood glucose control and weight management
- Once-weekly exenatide has unique potential to transform diabetes treatment paradigm
- Obesity program harnesses natural hormone synergies while minimizing off-target toxicities
  - Positive proof-of-concept with pramlintide/metreleptin combination – advances new obesity platform for company growth
- A risk-advantaged discovery platform identifies potential commercial products

AMYLIN™

Questions and Answers