



Lilly announces details of presentations at American Diabetes Association's (ADA) 85th Scientific Sessions

May 29, 2025

INDIANAPOLIS, May 29, 2025 /PRNewswire/ -- Eli Lilly and Company (NYSE: LLY) today announced that data from studies of orforglipron, insulin efsitora alfa, tirzepatide (Zepbound and Mounjaro), retatrutide, eloralintide and bimagrumab will be presented at the American Diabetes Association's (ADA) 85th Scientific Sessions taking place June 20-23 in Chicago.

Lilly will also host an investor event to highlight the company's cardiometabolic health portfolio and discuss key presentations from the ADA Scientific Sessions. The event will be held on Sunday, June 22 at 6:30 p.m. CDT and will be accessible via a live webcast on the "Webcasts & Presentations" section of Lilly's investor [website](#). A replay will be available on the website following the event.

Presentation Highlights

Orforglipron (investigational small molecule GLP-1 receptor agonist):

In an ADA-sponsored symposium, Lilly will share results from the ACHIEVE-1 Phase 3 trial, which evaluated the safety and efficacy of orforglipron in adults with type 2 diabetes and inadequate glycemic control with diet and exercise alone.

Insulin efsitora alfa (investigational once-weekly basal insulin):

In another ADA-sponsored symposium, Lilly will share results from the QWINT-1, QWINT-3 and QWINT-4 Phase 3 trials, which evaluated once-weekly efsitora in adults with type 2 diabetes.

Bimagrumab (investigational activin pathway inhibitor):

In a third ADA-sponsored symposium, Lilly will share results from the BELIEVE Phase 2b trial, which evaluated bimagrumab alone and in combination with semaglutide in adults with overweight or obesity without type 2 diabetes.

A selection of abstract titles and presentation details are listed below:

Orforglipron (investigational small molecule GLP-1 receptor agonist):

Presentation Title: Emerging Non-Peptide, Small Molecule GLP-1 Receptor Agonists—Can They Become Players?

Presentation Date & Time: Saturday, June 21, 8 to 9:30 a.m. CDT

Location: W375 A

Presenter: Julio Rosenstock, MD

Insulin efsitora alfa (investigational once-weekly basal insulin):

Presentation Title: Advancing and Facilitating Basal Insulin Therapy in Type 2 Diabetes—Breaking News on the QWINT 1, 3, and 4 Trials with Once-Weekly Insulin Efsitora Alfa!

Presentation Date & Time: Sunday, June 22, 1:30 to 3 p.m. CDT

Location: W375 A

Presenter: Julio Rosenstock, MD; Richard M. Bergenstal, MD; Athena Philis-Tsimikas, MD; Thomas Blevins, MD; Chantal Mathieu, MD, PhD

Tirzepatide (Zepbound and Mounjaro):

Presentation Title: Association of Tirzepatide with Kidney Parameters in People with Obesity and Prediabetes from SURMOUNT-1 over 176 Weeks

Abstract Number: 103-OR

Presentation Date & Time: Friday, June 20, 5:30 to 6:30 p.m. CDT

Location: W185 A-D

Presenter: Dr. Hiddo L. Heerspink, PhD

Presentation Title: Sustained Weight Reduction by Thresholds in Adults with Obesity and Prediabetes Treated with Tirzepatide over 176 Weeks (SURMOUNT-1)

Abstract Number: 144-OR

Presentation Date & Time: Friday, June 20, 5:30 to 6:30 p.m. CDT

Location: W196 BC

Presenter: Jamy D. Ard, MD

Presentation Title: SURMOUNT-5 Tirzepatide vs. Semaglutide for Obesity—Rapid Responders and Associated Weight Reduction and Safety

Abstract Number: 224-OR

Presentation Date & Time: Saturday, June 21, 4:30 to 6 p.m. CDT

Location: W181 A-C

Presenter: Louis Aronne, MD, FACP, DABOM

Presentation Title: Switching from Dulaglutide to Tirzepatide in T2D—Subgroup Analyses of the SURPASS-SWITCH Trial

Abstract Number: 226-OR

Presentation Date & Time: Saturday, June 21, 4:30 to 6:00 p.m. CDT

Location: W181 A-C

Presenter: Anita Kwan, MSc

Presentation Title: Patient-Reported Outcomes in People with T2D in the SURPASS-SWITCH Phase 4 Clinical Trial

Abstract Number: 227-OR

Presentation Date & Time: Saturday, June 21, 4:30 to 6:00 p.m. CDT

Location: W181 A-C

Presenter: Kristina Boye, PhD

Retatrutide (investigational GIP/GLP-1/glucagon receptor agonist):

Presentation Title: Comparative Metabolic Effects of Semaglutide, Tirzepatide, and Retatrutide in a Monogenic (db/db) Mouse Model of Obesity

Abstract Number: 2169-LB

Presentation Date & Time: Sunday, June 22, 12:30 to 1:30 p.m. CDT

Location: Poster Hall (Hall F1)

Presenter: Ansarullah, PhD

Eloralintide (investigational amylin receptor agonist):

Presentation Title: Eloralintide (LY3841136), a Selective Amylin Mimetic, Lowered Body Weight with Improved Quality of Weight Loss and GI Tolerability in Rats Compared with Cagrilintide

Abstract Number: 849-P

Presentation Date & Time: Sunday, June 22, 12:30 to 1:30 p.m. CDT

Location: Poster Hall (Hall F1)

Presenter: Daniel A Briere

Presentation Title: Eloralintide, a Selective, Long-Acting Amylin Receptor Agonist for Obesity—Phase 1 Proof of Concept

Abstract Number: 882-P

Presentation Date & Time: Sunday, June 22, 12:30 to 1:30 p.m. CDT

Location: Poster Hall (Hall F1)

Presenter: Edward J. Pratt, MD

Bimagrumab (investigational activin pathway inhibitor):

Presentation Title: Can We Improve the Quality of Weight Loss by Augmenting Fat Mass Loss while Preserving Lean Mass? The BELIEVE Study of Bimagrumab + Semaglutide

Presentation Date & Time: Monday, June 23, 8 to 9:30 a.m. CDT

Location: W375 A

Presenters: Lee M. Kaplan, MD, PhD; Ronenn Roubenoff, MD, MHS; Penelope Montgomery, MD; Steven B. Heymsfield, MD; Louis J. Aronne, MD, FACP, DABOM; Ania M. Jastreboff, MD, PhD

About orforglipron

Orforglipron (or-for-GLIP-ron) is an investigational, once-daily small molecule (non-peptide) oral glucagon-like peptide-1 (GLP-1) receptor agonist that can be taken any time of the day without restrictions on food and water intake. Orforglipron was discovered by Chugai Pharmaceutical Co., Ltd. and licensed by Lilly in 2018. Chugai and Lilly published preclinical pharmacology data for this molecule together. Lilly is running Phase 3 studies on orforglipron for the treatment of type 2 diabetes and for weight management in adults with obesity or overweight with at least one weight-related medical problem. It is also being studied as a potential treatment for obstructive sleep apnea and hypertension in adults with obesity.

About insulin efsitora alfa

Insulin efsitora alfa (efsitora) is an investigational once-weekly basal insulin, a fusion protein that combines a novel single-chain variant of insulin with a human IgG2 Fc domain. It is specifically designed for once-weekly subcutaneous administration, and with its low peak-to-trough ratio, it has the potential to provide more stable glucose levels (less glucose variability) throughout the week. Efsitora is in Phase 3 development for adults with type 1 and 2 diabetes.

About retatrutide

Retatrutide is an investigational once-weekly triple hormone receptor agonist. Retatrutide is a single molecule that activates the body's receptors for glucose-dependent insulinotropic polypeptide (GIP), GLP-1, and glucagon. Lilly is studying retatrutide in several Phase 3 clinical trials to evaluate its potential efficacy and safety in obesity and type 2 diabetes, as well as across multiple obesity-related complications, such as osteoarthritis and obstructive sleep apnea.

About eloralintide

Eloralintide is an investigational selective, long-acting amylin receptor agonist designed to mimic the effects of native amylin while potentially improving tolerability and quality of weight loss. Lilly is studying eloralintide in clinical trials to evaluate its potential efficacy and safety in obesity.

About bimagrumab

Bimagrumab is an investigational monoclonal antibody that blocks activin type II receptors, which may promote muscle growth and fat mass reduction. Bimagrumab was discovered by Novartis and later advanced by Versanis Bio for the treatment of obesity. Versanis Bio was acquired by Lilly in 2023. Lilly is currently running studies of bimagrumab in combination with incretins to assess its ability to improve the quality of weight loss by preserving lean mass while reducing fat mass in adults with overweight or obesity.

About tirzepatide

Tirzepatide is a once-weekly dual GIP receptor and GLP-1 receptor agonist. Tirzepatide is a single molecule that activates the body's receptors for GIP and GLP-1, which are natural incretin hormones. Both GIP and GLP-1 receptors are found in areas of the human brain important for appetite regulation. Tirzepatide decreases calorie intake, and the effects are likely mediated by affecting appetite. Studies of tirzepatide in chronic kidney disease (CKD) and morbidity/mortality in obesity (MMO) are ongoing.

Tirzepatide has been approved by the U.S. FDA as Mounjaro for adults with type 2 diabetes to improve glycemic control, and as Zepbound for adults with obesity, or some adults who are overweight and also have at least one weight-related medical problem, to lose weight and keep it off. Additionally, Zepbound is FDA-approved to treat adults with moderate-to-severe obstructive sleep apnea and obesity. Tirzepatide is also approved as Mounjaro in some countries outside the U.S. for adults with type 2 diabetes, obesity or those who are overweight who also have a weight-related comorbid

condition. Both Mounjaro and Zepbound should be used in combination with diet and exercise.

INDICATIONS AND SAFETY SUMMARY WITH WARNINGS

Zepbound (ZEHP-bownd) is an injectable prescription medicine that may help adults with:

- obesity, or some adults with overweight who also have weight-related medical problems to lose excess body weight and keep the weight off.
- moderate-to-severe obstructive sleep apnea (OSA) and obesity to improve their OSA.

It should be used with a reduced-calorie diet and increased physical activity.

Zepbound contains tirzepatide and should not be used with other tirzepatide-containing products or any GLP-1 receptor agonist medicines. It is not known if Zepbound is safe and effective for use in children.

Warnings - Zepbound may cause tumors in the thyroid, including thyroid cancer. Watch for possible symptoms, such as a lump or swelling in the neck, hoarseness, trouble swallowing, or shortness of breath. If you have any of these symptoms, tell your healthcare provider.

- Do not use Zepbound if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC).
- Do not use Zepbound if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- Do not use Zepbound if you have had a serious allergic reaction to tirzepatide or any of the ingredients in Zepbound.

Zepbound may cause serious side effects, including:

Severe stomach problems. Stomach problems, sometimes severe, have been reported in people who use Zepbound. Tell your healthcare provider if you have stomach problems that are severe or will not go away.

Kidney problems (kidney failure). Diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems. It is important for you to drink fluids to help reduce your chance of dehydration.

Gallbladder problems. Gallbladder problems have happened in some people who use Zepbound. Tell your healthcare provider right away if you get symptoms of gallbladder problems, which may include pain in your upper stomach (abdomen), fever, yellowing of skin or eyes (jaundice), or clay-colored stools.

Inflammation of the pancreas (pancreatitis). Stop using Zepbound and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.

Serious allergic reactions. Stop using Zepbound and get medical help right away if you have any symptoms of a serious allergic reaction, including swelling of your face, lips, tongue or throat, problems breathing or swallowing, severe rash or itching, fainting or feeling dizzy, or very rapid heartbeat.

Low blood sugar (hypoglycemia). Your risk for getting low blood sugar may be higher if you use Zepbound with medicines that can cause low blood sugar, such as a sulfonylurea or insulin. **Signs and symptoms of low blood sugar** may include dizziness or light-headedness, sweating, confusion or drowsiness, headache, blurred vision, slurred speech, shakiness, fast heartbeat, anxiety, irritability, mood changes, hunger, weakness or feeling jittery.

Changes in vision in patients with type 2 diabetes. Tell your healthcare provider if you have changes in vision during treatment with Zepbound.

Depression or thoughts of suicide. You should pay attention to changes in your mood, behaviors, feelings or thoughts. Call your healthcare provider right away if you have any mental changes that are new, worse, or worry you.

Food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sleepiness (deep sedation). Zepbound may increase the chance of food getting into your lungs during surgery or other procedures. Tell all your healthcare providers that you are taking Zepbound before you are scheduled to have surgery or other procedures.

Common side effects

The most common side effects of Zepbound include nausea, diarrhea, vomiting, constipation, stomach (abdominal) pain, indigestion, injection site reactions, feeling tired, allergic reactions, belching, hair loss, and heartburn. These are not all the possible side effects of Zepbound. Talk to your healthcare provider about any side effect that bothers you or doesn't go away.

Tell your doctor if you have any side effects. **You can report side effects at 1-800-FDA-1088 or www.fda.gov/medwatch.**

Before using Zepbound

- **Your healthcare provider should show you how to use Zepbound before you use it for the first time.**
- **Tell your healthcare provider if you are taking medicines to treat diabetes including an insulin or sulfonylurea which could increase your risk of low blood sugar. Talk to your healthcare provider about low blood sugar levels and how to manage them.**
- **If you take birth control pills by mouth, talk to your healthcare provider before you use Zepbound. Birth control pills may not work as well while using Zepbound.** Your healthcare provider may recommend another type of birth control for 4 weeks after you start Zepbound and for 4 weeks after each increase in your dose of Zepbound.

Review these questions with your healthcare provider:

Do you have other medical conditions, including problems with your pancreas or kidneys, or severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems digesting food?

- Do you take diabetes medicines, such as insulin or sulfonylureas?
- Do you have a history of diabetic retinopathy?
- Are you scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation)?
- Do you take any other prescription medicines or over-the-counter drugs, vitamins, or herbal supplements?
- Are you pregnant, plan to become pregnant, breastfeeding, or plan to breastfeed? Zepbound may harm your unborn baby. Tell your healthcare provider if you become pregnant while using Zepbound. It is not known if Zepbound passes into your breast milk. You should talk with your healthcare provider about the best way to feed your baby while using Zepbound.

- **Pregnancy Exposure Registry:** There will be a pregnancy exposure registry for women who have taken Zepbound during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your healthcare provider about how you can take part in this registry, or you may contact Lilly at 1-800-LillyRx (1-800-545-5979).

How to take

- Read the Instructions for Use that come with Zepbound.
- Use Zepbound exactly as your healthcare provider says.
- Use Zepbound with a reduced-calorie diet and increased physical activity.
- Zepbound is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm.
- **Use Zepbound 1 time each week, at any time of the day.**
- Change (rotate) your injection site with each weekly injection. **Do not use** the same site for each injection.
- If you take too much Zepbound, call your healthcare provider, seek medical advice promptly, or contact a Poison Center expert right away at 1-800-222-1222.

Zepbound injection is approved as a 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, or 15 mg per 0.5 mL in single-dose pen or single-dose vial.

Learn more

Zepbound is a prescription medicine. For more information, call 1-800-LillyRx (1-800-545-5979) or go to www.zepbound.lilly.com.

This summary provides basic information about Zepbound but does not include all information known about this medicine. Read the information that comes with your prescription each time your prescription is filled. This information does not take the place of talking with your healthcare provider. Be sure to talk to your healthcare provider about Zepbound and how to take it. Your healthcare provider is the best person to help you decide if Zepbound is right for you.

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INDICATION AND SAFETY SUMMARY WITH WARNINGS

Mounjaro® (mown-JAHR-OH) is an injectable medicine for adults with type 2 diabetes used along with diet and exercise to improve blood sugar (glucose).

- It is not known if Mounjaro can be used in people who have had inflammation of the pancreas (pancreatitis). Mounjaro is not for use in people with type 1 diabetes. It is not known if Mounjaro is safe and effective for use in children under 18 years of age.

Warnings - Mounjaro may cause tumors in the thyroid, including thyroid cancer. Watch for possible symptoms, such as a lump or swelling in the neck, hoarseness, trouble swallowing, or shortness of breath. If you have any of these symptoms, tell your healthcare provider.

- Do not use Mounjaro if you or any of your family have ever had a type of thyroid cancer called medullary thyroid carcinoma (MTC).
- Do not use Mounjaro if you have Multiple Endocrine Neoplasia syndrome type 2 (MEN 2).
- Do not use Mounjaro if you are allergic to it or any of the ingredients in Mounjaro.

Mounjaro may cause serious side effects, including:

Inflammation of the pancreas (pancreatitis). Stop using Mounjaro and call your healthcare provider right away if you have severe pain in your stomach area (abdomen) that will not go away, with or without vomiting. You may feel the pain from your abdomen to your back.

Low blood sugar (hypoglycemia). Your risk for getting low blood sugar may be higher if you use Mounjaro with another medicine that can cause low blood sugar, such as a sulfonylurea or insulin. **Signs and symptoms of low blood sugar may include** dizziness or light-headedness, sweating, confusion or drowsiness, headache, blurred vision, slurred speech, shakiness, fast heartbeat, anxiety, irritability, or mood changes, hunger, weakness and feeling jittery.

Serious allergic reactions. Stop using Mounjaro and get medical help right away if you have any symptoms of a serious allergic reaction, including swelling of your face, lips, tongue or throat, problems breathing or swallowing, severe rash or itching, fainting or feeling dizzy, and very rapid heartbeat.

Kidney problems (kidney failure). In people who have kidney problems, diarrhea, nausea, and vomiting may cause a loss of fluids (dehydration), which may cause kidney problems to get worse. It is important for you to drink fluids to help reduce your chance of dehydration.

Severe stomach problems. Stomach problems, sometimes severe, have been reported in people who use Mounjaro. Tell your healthcare provider if you have stomach problems that are severe or will not go away.

Changes in vision. Tell your healthcare provider if you have changes in vision during treatment with Mounjaro.

Gallbladder problems. Gallbladder problems have happened in some people who use Mounjaro. Tell your healthcare provider right away if you get symptoms of gallbladder problems, which may include pain in your upper stomach (abdomen), fever, yellowing of skin or eyes (jaundice), and clay-colored stools.

Food or liquid getting into the lungs during surgery or other procedures that use anesthesia or deep sleepiness (deep sedation). Mounjaro may increase the chance of food getting into your lungs during surgery or other procedures. Tell all your healthcare providers that you are taking Mounjaro before you are scheduled to have surgery or other procedures.

Common side effects

The most common side effects of Mounjaro include nausea, diarrhea, decreased appetite, vomiting, constipation, indigestion, and stomach (abdominal) pain. These are not all the possible side effects of Mounjaro. Talk to your healthcare provider about any side effect that bothers you or doesn't go away.

Tell your healthcare provider if you have any side effects. **You can report side effects at 1-800-FDA-1088 or www.fda.gov/medwatch.**

Before using Mounjaro

- **Your healthcare provider should show you how to use Mounjaro before you use it for the first time.**
- **Talk to your healthcare provider about low blood sugar and how to manage it.**
- **If you take birth control pills by mouth, talk to your healthcare provider before you use Mounjaro. Birth control pills may not work as well while using Mounjaro.** Your healthcare provider may recommend another type of birth control for 4 weeks after you start Mounjaro and for 4 weeks after each increase in your dose of Mounjaro.

Review these questions with your healthcare provider:

- Do you have other medical conditions, including problems with your pancreas or kidneys, or severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems digesting food?
- Do you take other diabetes medicines, such as insulin or sulfonylureas?
- Do you have a history of diabetic retinopathy?
- Are you scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation)?
- Are you pregnant, plan to become pregnant, breastfeeding, or plan to breastfeed? It is not known if Mounjaro will harm your unborn baby or pass into your breast milk.
- Do you take any other prescription medicines or over-the-counter drugs, vitamins, or herbal supplements?

How to take

- Read the **Instructions for Use** that come with Mounjaro.
- Use Mounjaro exactly as your healthcare provider says.
- Mounjaro is injected under the skin (subcutaneously) of your stomach (abdomen), thigh, or upper arm.
- **Use Mounjaro 1 time each week, at any time of the day.**
- **Do not** mix insulin and Mounjaro together in the same injection.
- You may give an injection of Mounjaro and insulin in the same body area (such as your stomach area), but not right next to each other.
- Change (rotate) your injection site with each weekly injection. **Do not** use the same site for each injection.
- If you take too much Mounjaro, call your healthcare provider or seek medical advice promptly.

Learn more

Mounjaro is a prescription medicine available as a pre-filled single-dose pen in 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, or 15 mg per 0.5 mL injection. For more information, call 1-833-807-MJRO (833-807-6576) or go to www.mounjaro.lilly.com.

This summary provides basic information about Mounjaro but does not include all information known about this medicine. Read the information that comes with your prescription each time your prescription is filled. This information does not take the place of talking with your healthcare provider. Be sure to talk to your healthcare provider about Mounjaro and how to take it. Your healthcare provider is the best person to help you decide if Mounjaro is right for you.

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About Lilly

Lilly is a medicine company turning science into healing to make life better for people around the world. We've been pioneering life-changing discoveries for nearly 150 years, and today our medicines help tens of millions of people across the globe. Harnessing the power of biotechnology, chemistry and genetic medicine, our scientists are urgently advancing new discoveries to solve some of the world's most significant health challenges: redefining diabetes care; treating obesity and curtailing its most devastating long-term effects; advancing the fight against Alzheimer's disease; providing solutions to some of the most debilitating immune system disorders; and transforming the most difficult-to-treat cancers into manageable diseases. With each step toward a healthier world, we're motivated by one thing: making life better for millions more people. That includes delivering innovative clinical trials that reflect the diversity of our world and working to ensure our medicines are accessible and affordable. To learn more,

visit [Lilly.com](https://www.lilly.com) and [Lilly.com/news](https://www.lilly.com/news), or follow us on [Facebook](https://www.facebook.com/lilly), [Instagram](https://www.instagram.com/lilly) and [LinkedIn](https://www.linkedin.com/company/lilly). P-LLY

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Cautionary Statement Regarding Forward-Looking Statements

This press release contains forward-looking statements (as that term is defined in the Private Securities Litigation Reform Act of 1995), including statements regarding the efficacy, safety and potential regulatory progress of Lilly's investigational medicines such as orforglipron as a potential treatment for adults with type 2 diabetes, insulin efsitora alfa as a potential treatment for adults with type 2 diabetes, retatrutide for potential use across multiple cardiometabolic indications, bimagrumab for potential use alone and in combination with other GLP-1 therapies in adults with overweight or obesity, eloralintide as a potential treatment for obesity and weight management, statements about the efficacy and safety of Zepbound (tirzepatide) as an approved treatment for adults with obesity or overweight, statements about the efficacy and safety of Mounjaro (tirzepatide) as an approved treatment for adults with type 2 diabetes, and reflects Lilly's current belief and expectations. However, as with any investigational and pharmaceutical product, there are substantial risks and uncertainties in the process of drug research, development, and commercialization. Among other things, there can be no guarantee that studies will be initiated or completed as planned, that future study results will be consistent with the results to date, that investigational medicines will receive regulatory approval, or that approved medicines will achieve anticipated commercial success. Additionally, regulatory timelines and commercialization efforts may evolve based on emerging data, competitive dynamics, and regulatory interactions. For further discussion of these and other risks and uncertainties that could cause actual results to differ from Lilly's expectations, see Lilly's Form 10-K and Form 10-Q filings with the United States Securities and Exchange Commission. Except as required by law, Lilly undertakes no duty to update forward-looking statements to reflect events after the date of this release.

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The Lilly logo is rendered in a vibrant red, cursive script font. The letters are fluid and interconnected, with a prominent 'L' at the beginning and a long, sweeping tail on the 'y' that extends downwards and to the right.

View original content to download multimedia: <https://www.prnewswire.com/news-releases/lilly-announces-details-of-presentations-at-american-diabetes-associations-ada-85th-scientific-sessions-302468899.html>

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