Lilly to showcase new retatrutide, Taltz (ixekizumab) and Zepbound (tirzepatide) data at ACR Convergence 2026, advancing science at the intersection of rheumatologic conditions and obesity

November 5, 2026

Pivotal results from the Phase 3 TRIUMPH-1 and TRIUMPH-4 trials showed retatrutide delivered substantial reductions in knee pain and weight in adults with knee osteoarthritis and obesity, with some experiencing no knee pain at the end of the trials

Detailed Phase 3b TOGETHER-PsA data showed positive results across disease activity, patient-reported and metabolic outcomes at one year for Taltz and Zepbound vs. Taltz alone in adults with psoriatic arthritis and obesity

INDIANAPOLIS, Nov. 5, 2026 /PRNewswire/ -- Eli Lilly and Company (NYSE: LLY) will present new clinical and real-world research in people with knee osteoarthritis pain and obesity and those with psoriatic arthritis and obesity at the American College of Rheumatology (ACR) Convergence 2026, taking place Nov. 6-11 in Orlando. Presentations will highlight new findings for retatrutide, an investigational once-weekly GIP, GLP-1, and glucagon triple hormone receptor agonist, with a plenary session detailing improvements in knee pain and physical function along with weight loss in adults with knee osteoarthritis pain and obesity or overweight. Additional presentations will feature the concomitant use of Taltz (ixekizumab) and Zepbound (tirzepatide) in adults with psoriatic arthritis and obesity or overweight and at least one weight-related comorbidity, with an oral presentation of one-year results and other presentations on clinical outcomes, real-world research and modeling data. Together, these data build on Lilly's growing body of research aimed at advancing immunometabolic health for patients with rheumatologic conditions and obesity.

"For many people living with knee osteoarthritis pain or psoriatic arthritis, obesity can compound the challenges of managing their condition, affecting how they feel and function every day," said Adrienne Brown, executive vice president and president, Lilly Immunology. "These data on retatrutide, as well as concomitant Taltz and Zepbound, reflect Lilly's commitment to advancing immunometabolic health through research exploring what may be possible for patients when we address the complex connection between rheumatologic conditions and obesity."

Knee osteoarthritis and psoriatic arthritis are both chronic, progressive diseases often linked with obesity.[1,2] Approximately 80% of people with knee osteoarthritis have obesity or overweight, which is associated with worse pain and functional outcomes.[3,4,5] An estimated 65% of people with psoriatic arthritis in the U.S. have obesity or overweight with at least one weight-related comorbidity, which is often associated with poorer treatment outcomes.[6,7] While treatment guidelines for each condition recommend weight loss, they are often addressed separately from obesity, highlighting a need for integrated treatment approaches that address the combined disease burden.

Select Lilly Presentations at ACR Convergence 2026

Retatrutide plenary | Sunday, Nov. 8, 2026 | 11:15-11:30 a.m. EST
Abstract #0871: Retatrutide Once Weekly for the Treatment of Knee Osteoarthritis Pain and Obesity: Results from a 68-Week Phase 3 Randomized Clinical Trial

In TRIUMPH-4, retatrutide reduced knee osteoarthritis pain by up to an average of 4.5 points (75.8%) from an average baseline of 6.0 as measured by the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) pain subscale, with more than 1 out of 8 retatrutide-treated patients experiencing no knee pain at the end of the trial.[8]

Retatrutide poster | Tuesday, Nov. 10, 2026 | 10:30 a.m.-12:30 p.m. EST
Abstract #2573: Three Doses of Once Weekly Retatrutide in Adults with Knee Osteoarthritis and Obesity: An 80-Week, Phase 3 Randomized Clinical Trial

In TRIUMPH-1, retatrutide reduced knee osteoarthritis pain by up to 4.3 points (73.1%) from a baseline of 6.0 as measured by the WOMAC pain subscale, with more than 1 out of 6 retatrutide-treated patients experiencing no knee pain at the end of the trial.[8]

Taltz and Zepbound oral presentation | Wednesday, Nov. 11, 2026 | 9:45-10:00 a.m. EST
Abstract #2942: Ixekizumab Plus Tirzepatide Demonstrated Greater Disease Control at 52 Weeks Versus Ixekizumab Alone with Incremental Improvement from Week 36 in Adults with Psoriatic Arthritis and Overweight or Obesity: Results from a Randomized Clinical Trial

Detailed 52-week findings from the first-of-its-kind TOGETHER-PsA study showed positive results with Taltz and Zepbound vs. Taltz alone in adults with psoriatic arthritis and obesity, as measured by psoriatic arthritis disease activity, patient-reported and metabolic outcomes. The proportion of patients achieving ACR50 with Taltz and Zepbound further increased from Week 36 (43.7% at Week 52 vs.15.7% for Taltz monotherapy).[9]

Additional Lilly Presentations at ACR Convergence 2026

Sunday, Nov. 8, 2026 | Poster Session A | 10:30 a.m.-12:30 p.m. EST

- A Phase 4, Prospective, Open-Label Study to Assess the Effectiveness of Adding Tirzepatide After Initiation of Ixekizumab in Adults with Psoriatic Arthritis and Overweight or Obesity (Abstract #0344)

Tuesday, Nov. 10, 2026 | Poster Session C | 10:30 a.m.-12:30 p.m. EST

- Real-World Patient Experiences with Concomitant Ixekizumab and Tirzepatide in Psoriatic Arthritis: Patients Recruited from

the Zepbound Savings for Taltz US Customer Support Program (Abstract #2534)
- Ixekizumab with Tirzepatide Was Associated with Reduced CV Risk Factors and Calculated CV Risk Beyond Ixekizumab Alone in Psoriatic Disease and Obesity (Abstract #2299)
- Ixekizumab and Concomitant Tirzepatide Achieved Early Disease Control in Adults with Psoriatic Arthritis and Obesity/Overweight: Phase 3b TOGETHER-PsA Trial (Abstract #2297)
- Clinical and Economic Outcomes of Psoriatic Arthritis Patients with Overweight or Obesity Treated with Ixekizumab and with Tirzepatide: A Modeling Study (Abstract #2715)
- Class-Level and Drug-Level Persistence of IL-17Ai Versus IL-23 Inhibitors in Psoriatic Arthritis: Results from the PPD CorEvitas PsA/SpA Registry (Abstract #2288)

Presentations will be available at www.lilly.com.

About Taltz (ixekizumab)[10]
Taltz is a monoclonal antibody that selectively binds with interleukin 17A (IL-17A) cytokine and inhibits its interaction with the IL-17 receptor. IL-17A is a naturally occurring cytokine that is involved in normal inflammatory and immune responses. Taltz inhibits the release of pro-inflammatory cytokines and chemokines. Taltz is approved to treat adults with active psoriatic arthritis and adults and children 6 years and older with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. Additionally, Taltz is approved for adults with active ankylosing spondylitis, and adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation.

About Zepbound (tirzepatide) injection[11]
Zepbound (tirzepatide) is the first and only dual GIP (glucose-dependent insulinotropic polypeptide) and GLP-1 (glucagon-like peptide-1) receptor agonist obesity medication. Zepbound tackles an underlying cause of excess weight. It reduces appetite and how much you eat. Zepbound is indicated 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. Zepbound should be used with a reduced calorie diet and increased physical activity.

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), glucagon-like peptide-1 (GLP-1), and glucagon. Lilly is studying retatrutide in several Phase 3 clinical trials to evaluate its potential efficacy and safety in obesity and overweight with at least one weight-related medical problem, type 2 diabetes, knee osteoarthritis pain, moderate-to-severe obstructive sleep apnea, chronic low back pain, cardiovascular and renal outcomes, and metabolic dysfunction-associated steatotic liver disease. Retatrutide is an investigational molecule that cannot be legally sold or marketed for human use.

TALTZ INDICATIONS AND SAFETY SUMMARY
Taltz® (tȯl-ts) is an injectable medicine used to treat:

- People 6 years of age and older with moderate to severe plaque psoriasis who may benefit from taking injections or pills (systemic therapy) or treatment using ultraviolet or UV light (phototherapy).
- Adults with active psoriatic arthritis.
- Adults with active ankylosing spondylitis.
- Adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation.

It is not known if Taltz is safe and effective in children for conditions other than plaque psoriasis or in children under 6 years of age.

Warnings - Taltz affects the immune system. It may increase your risk of infections, some people have had serious infections, including tuberculosis (TB), and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have been hospitalized from these infections. Do not use Taltz if you have any symptoms of infection, unless your doctor tells you to. If you have a symptom after starting Taltz, call your doctor right away.

Your doctor should check you for TB before you start Taltz, and watch you closely for signs of TB during and after treatment with Taltz. If you have TB, or had it in the past, your doctor may treat you for it before you start Taltz.

Do not use Taltz if you have had a serious allergic reaction to ixekizumab or any other ingredient in Taltz, such as: swelling of your eyelids, lips, mouth, tongue or throat, trouble breathing, feeling faint, throat or chest tightness, or skin rash. Get emergency help right away if you have any of these reactions. See the Medication Guide that comes with Taltz for a list of ingredients.

Severe skin reactions that look like eczema can happen during treatment with Taltz from days to months after your first dose and can sometimes lead to hospitalization. Your doctor may temporarily stop treatment with Taltz if you develop severe skin reactions. Tell your doctor if you have any of the following: redness or rash, itching, patches, your skin is dry or feels like leather, blisters or abrasions that ooze or become crusty, small bumps or plaques with scale or crusting.

Crohn's disease or ulcerative colitis (inflammatory bowel disease) can start or get worse with Taltz use. Tell your doctor if you have any of these symptoms or if they get worse: stomach pain, diarrhea, and weight loss.

You should not get live vaccines while taking Taltz. You should get the vaccines you need before you start Taltz.

Common side effects
The most common side effects of Taltz include:

- Injection site reactions
- Nausea

- Upper respiratory infections
- Fungal skin infections

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
Before you use Taltz, review these questions with your doctor:

- Are you being treated for an infection?
- Do you have an infection that does not go away or keeps coming back?
- Do you have TB or have you been in close contact with someone with TB?
- Do you have possible symptoms of an infection such as fever, cough, sores, diarrhea, or other symptoms? Ask your doctor about other possible symptoms.
- Do you have Crohn's disease or ulcerative colitis?

Tell your doctor if:

- You need any vaccines or have had one recently.
- You take prescription or over-the-counter medicines, vitamins, or herbal supplements.
- You are pregnant or planning to become pregnant. It is not known if Taltz can harm an unborn baby.
- **Pregnancy Exposure Registry:** There is a pregnancy registry to collect information about women who are exposed to Taltz during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. If you become pregnant while taking Taltz, you are encouraged to enroll in the pregnancy registry by calling 1-800-284-1695 or by visiting online at http://www.pregnancyregistry.lilly.com.
- You are breastfeeding or planning to breastfeed. It is not known if Taltz passes into breastmilk.

How to take
See the instructions for use that come with Taltz. There you will find information about how to store, prepare, and inject Taltz. Adults may self-inject after receiving training from a healthcare provider.

For children 6 to 17 years of age:

- If your child's healthcare provider decides that you may give Taltz injections at home, you should receive training on the right way to prepare and inject Taltz. Do not try to give Taltz to your child until you have been shown how to inject Taltz. Children should not inject themselves with Taltz. You or an adult caregiver should prepare and give Taltz injections to your child.

Learn more
Taltz is a prescription medicine available as a 80 mg/mL, 40 mg/0.5mL, 20 mg/0.25mL injection. For more information, call 1-800-545-5979 or go to taltz.lilly.com.

This summary provides basic information about Taltz 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 doctor. Be sure to talk to your doctor or other healthcare provider about Taltz and how to take it. Your doctor is the best person to help you decide if Taltz is right for you.

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U.S. ZEPBOUND INDICATIONS AND SAFETY SUMMARY WITH WARNINGS
Zepbound® (ZEHP-bownd) is an injectable prescription medicine used with a reduced-calorie diet and increased physical activity to 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.

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.

KwikPen®: Do not share your KwikPen with other people, even if the pen needle has been changed. You may give other people a serious infection or get a serious infection from them.

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.

Dehydration leading to kidney problems. 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. Tell your healthcare provider right away if you have nausea, vomiting, or diarrhea that does not go away.

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 nausea or 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.

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.**
- **Talk to your healthcare provider about low blood sugar and how to manage it. Tell your healthcare provider if you are taking medicines to treat diabetes including an insulin or sulfonylurea.**
- **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 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. Zepbound may pass 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 is 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 call 1-844-524-0039 or email at MILEregistry@thermofisher.com or visit https://pregnancyregistry.lilly.com/zepbound.

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.
- Inject Zepbound under the skin (subcutaneously) of your stomach (abdomen), thigh, or have another person inject in the back of the upper arm. **Do not** inject ZEPBOUND into a muscle (intramuscularly) or vein (intravenously).
- **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, call the Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away.

Zepbound is approved as a 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, and 15 mg injection.

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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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 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 and Lilly.com/news, or follow us on Facebook, Instagram, and LinkedIn. 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) about Taltz (ixekizumab) as a treatment for psoriatic arthritis, Zepbound (tirzepatide) as a treatment for adults with obesity or overweight, potential comprehensive treatment strategies for patients with psoriatic arthritis and obesity, and retatrutide as a potential treatment for adults with obesity or overweight and knee osteoarthritis and reflects Lilly's current beliefs and expectations. However, as with any pharmaceutical product, there are substantial risks and uncertainties in the process of drug research, development and commercialization. Among other things, there is no guarantee that planned or ongoing studies will be completed as planned, that future study results will be consistent with study results to date, that product candidates will prove to be safe and effective treatments for relevant indications or receive regulatory approval or additional regulatory approvals, or that Lilly will execute its strategy as expected. 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.

Endnotes and references

[1] Forrester T, Meyers J, Hitchens A, Perez-Nieves M. Epidemiology of osteoarthritis overall and by body mass index category in the United States: A retrospective analysis of the National Health and Nutrition Examination Survey. Obes Pillars. 2026;19:100293. Published 2026 Jun 30. doi:10.1016/j.obpill.2026.100293

[2] Armstrong et al, Addressing the Obesity-Psoriasis Connection: Prevalence, Incidence, and Comorbidity Insights from a Large US Population of 19.9 Million (2018-2024). Presented at Maui Derm, 2026.

[3] Dillon CF, et al. J Rheumatol. 2006;33(11):2271–2279 or Dillon CF, Rasch EK, Gu Q, Hirsch R. Prevalence of knee osteoarthritis in the United States: arthritis data from the Third National Health and Nutrition Examination Survey 1991–94. J Rheumatol. 2006;33(11):2271–2279.

[4] Weiss E. Knee osteoarthritis, body mass index and pain: Data from the Osteoarthritis Initiative. Rheumatology (Oxford). 2014;53(11):2095-2099. doi:10.1093/rheumatology/keu244.

[5] Raud B, Gay C, Guiguet-Auclair C, Bonnin A, Gerbaud L, Pereira B, Duclos M, Boirie Y, Coudeyre E. Level of obesity is directly associated with the clinical and functional consequences of knee osteoarthritis. Sci Rep. 2020;10(1):3601. Published 2020 Feb 27. doi:10.1038/s41598-020-60587-1.

[6] Estimated from a large real-world population of care-seeking adults in the US in 2024, Truveta (data on file). Comorbidities include atherosclerotic cardiovascular disease (ASCVD), type 2 diabetes mellitus (T2DM), dyslipidemia, hypertension, obstructive sleep apnea (OSA).

[7] Enos, Clinton W. et al. Comorbid obesity and history of diabetes are independently associated with poorer treatment response to biologics at 6 months: A prospective analysis in Corrona Psoriasis Registry. Journal of the American Academy of Dermatology, Volume 86, Issue 1, 68 - 76.

[8] Percent change in the WOMAC pain subscale score was not pre-specified and was estimated from a post-hoc analysis.

[9] Week 52 analyses are pre-specified, exploratory objectives without multiplicity control. Comparisons between timepoints are descriptive and not tested or controlled for multiplicity.

[10] Taltz. Prescribing Information. Lilly USA, LLC.

[11] Zepbound. Prescribing Information. Lilly USA, LLC.

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