Agenda

Introduction
Dave Ricks, Chairman and Chief Executive Officer

Neutralizing Antibody Program Update
Dr. Dan Skovronsky, Chief Scientific Officer

Questions & Answers
SAFE HARBOR PROVISION

This presentation contains forward-looking statements that are based on management’s current expectations, but actual results may differ materially due to various factors. The company’s results may be affected by factors including, but not limited to, the risks and uncertainties in pharmaceutical research and development; competitive developments; regulatory actions; the extent and duration of the effects of the COVID-19 pandemic; litigation and investigations; business development transactions; economic conditions; and changes in laws and regulations, including health care reform.

For additional information about the factors that affect the company’s business, please see the company’s latest Forms 10-K, 10-Q, and any 8-K filed with the Securities and Exchange Commission.

The company undertakes no duty to update forward-looking statements except as required by applicable law.
March 12, 2020
Lilly and AbCellera announce co-development agreement

June 1, 2020
Lilly announces first patient dosed with bamlanivimab

September/October 2020
Lilly announces positive proof of concept for bamlanivimab and etesevimab in symptomatic COVID-19

January 2021
Lilly announces Phase 3 data showing definitive outcomes benefit of SARS-CoV-2 antibodies as both therapy and prophylaxis

81 days

107 days

54 days

78 days

November 9, 2020

EUA request for bamlanivimab + etesevimab submitted
Combining the two may allow efficacy against a broader range of SARS-CoV-2 variants

**BAMLANIVIMAB**
- Developed in partnership with AbCellera and NIAID/VRC
- Fully human IgG1; unmodified
- Binds the SARS-CoV-2 Receptor Binding Domain (RBD)

**ETESEVIMAB**
- Developed in partnership with Junshi Biosciences and IMCAS
- Fully human IgG1; effector null
- Binds a separate site of the RBD
CLINICAL PROGRAM OVERVIEW

AMBULATORY (RECENTLY DIAGNOSED)

**BLAZE-1**
- Bamlanivimab alone and together with etesevimab
- 2400+ enrolled

**BLAZE-4**
- PD-focused study evaluating additional combinations and dose levels
- 700+ enrolled

**BLAZE-5**
- Real-world study of bamlanivimab in New Mexico
- 3000 subjects planned

**ACTIV-2**
- Bamlanivimab alone
- Partnership with NIH
- 1200+ enrolled

**UNITED**
- In-home infusion of bamlanivimab
- Partnership with United Health Group
- 7500 subjects planned

POST-EXPOSURE PROPHYLAXIS

**BLAZE-2**
- Bamlanivimab alone
- Residents and staff of long-term care facilities
- 1250+ enrolled

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BLAZE-2: POST-EXPOSURE PROPHYLAXIS

STUDY DESIGN

- **Evaluation Period**
  - Bamlanivimab 4200 mg
- **Follow-Up Period**
  - Placebo

**Deployment & Screening**
- Confirmed Case at Site
- Maximum 7-day window

**Randomization**
- 1:1 Randomization

**MOBILE RESEARCH UNITS**

To facilitate rapid prophylaxis and treatment of residents and facility staff, participants were enrolled prior to assessment of baseline SARS-CoV-2 status. This allowed for separate prevention and treatment analysis populations.
BLAZE-2: COVID-19 PREVENTION IN RESIDENTS

RESIDENTS WITH SYMPTOMATIC COVID-19
(Prevention Population)

COVID-19 PREVENTION

Odds ratio: 0.20
p-value: 0.00026
Up to 80% reduction in risk

DEATH DUE TO COVID-19

Placebo: 4 of 139 residents
Bamlanivimab: 0 of 160 residents
No deaths due to COVID-19 on bamlanivimab

SARS-CoV-2 NEUTRALIZING ANTIBODY UPDATE
### DEATH DUE TO ANY CAUSE (RESIDENTS)

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Deaths</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>24</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td>Bamlanivimab 4200 mg</td>
<td>17</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

- To facilitate rapid prophylaxis and treatment of residents and facility staff, participants were enrolled prior to assessment of baseline SARS-CoV-2 status.
- As a result, a subset of patients was later determined to be SARS-CoV-2 positive at baseline and was analyzed as a separate treatment population (per protocol).
CLINICAL PROGRAM OVERVIEW

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SARS-CoV-2 NEUTRALIZING ANTIBODY UPDATE
BLAZE-1: AMBULATORY STUDY DESIGN

PHASE 2 PORTION

Bamlanivimab Monotherapy
- 7000 mg (N = 101)
- 2900 mg (N = 107)
- 700 mg (N = 101)
- Placebo (N = 100)

Bamlanivimab + Etesevimab
- 2800 mg + 2800 mg (N = 109)
- Placebo (N = 56)

Primary Endpoint: Virology
Population: Mild-to-Moderate COVID-19

Oct 7 Webcast Now Published

PHASE 3 PORTION
(Higher Risk Population)

Bamlanivimab + Etesevimab
- 2800 mg + 2800 mg (N = 518)
- Placebo (N = 517)

Presented Today

700 mg + 1400 mg (N ~ 500)
- Placebo (N ~ 250)

Fully Enrolled

Subcutaneous Dose Form
- 700 mg + 1400 mg IV

Planned

Primary Endpoint: Hospitalization or Death Through Day 29
Population: Mild-to-Moderate COVID-19 with Risk Factor[s]

SARS-CoV-2 NEUTRALIZING ANTIBODY UPDATE

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## BLAZE-1 PHASE 3: BASELINE CHARACTERISTICS

### BASELINE DEMOGRAPHICS AND DISEASE CHARACTERISTICS (SAFETY POPULATION)

<table>
<thead>
<tr>
<th></th>
<th>Placebo (N=517)</th>
<th>Bamlanivimab 2800 mg + Etesevimab 2800 mg (N=518)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>50%</td>
<td>54%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Age (median)</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>Age ≥ 65</td>
<td>30%</td>
<td>32%</td>
</tr>
<tr>
<td>BMI (mean)</td>
<td>33</td>
<td>34</td>
</tr>
<tr>
<td>Mild COVID-19</td>
<td>78%</td>
<td>77%</td>
</tr>
<tr>
<td>Moderate COVID-19</td>
<td>22%</td>
<td>23%</td>
</tr>
<tr>
<td>Duration of symptoms (days, mean)</td>
<td>4.2</td>
<td>4.1</td>
</tr>
<tr>
<td>Viral load (mean, CT value, efficacy population)</td>
<td>24.0</td>
<td>24.0</td>
</tr>
</tbody>
</table>
### SUMMARY OF ADVERSE EVENTS

<table>
<thead>
<tr>
<th>Category</th>
<th>Placebo (N=517)</th>
<th>Bamlanivimab 2800 mg + Etesevimab 2800 mg (N=518)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>60 (11.6)</td>
<td>69 (13.3)</td>
</tr>
<tr>
<td>TEAEs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEAEs by severity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mild</td>
<td>35 (6.8)</td>
<td>37 (7.1)</td>
</tr>
<tr>
<td>Moderate</td>
<td>20 (3.9)</td>
<td>24 (4.6)</td>
</tr>
<tr>
<td>Severe</td>
<td>5 (1.0)</td>
<td>7 (1.4)</td>
</tr>
<tr>
<td>Deaths</td>
<td>2 (0.4)</td>
<td>0</td>
</tr>
<tr>
<td>SAEs</td>
<td>5 (1.0)</td>
<td>7 (1.4)</td>
</tr>
</tbody>
</table>

- Study-specific clinical events related to COVID-19 including deaths are reported separately and not as Adverse Events

SAE = Serious Adverse Event; TEAE = Treatment-Emergent Adverse Event
### BLAZE-1 PHASE 3: ADVERSE EVENTS

#### MOST COMMON TREATMENT-EMERGENT ADVERSE EVENTS

<table>
<thead>
<tr>
<th>N (%)</th>
<th>Placebo (N=517)</th>
<th>Bamlanivimab 2800 mg + Etesevimab 2800 mg (N=518)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>4 (0.8)</td>
<td>5 (1.0)</td>
</tr>
<tr>
<td>Rash</td>
<td>3 (0.6)</td>
<td>6 (1.2)</td>
</tr>
<tr>
<td>Dizziness</td>
<td>3 (0.6)</td>
<td>4 (0.8)</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>2 (0.4)</td>
<td>2 (0.4)</td>
</tr>
<tr>
<td>Hypertension</td>
<td>2 (0.4)</td>
<td>2 (0.4)</td>
</tr>
<tr>
<td>Vaginal Infection</td>
<td>1 (0.4)</td>
<td>1 (0.4)</td>
</tr>
<tr>
<td>Gastroesophageal Reflux Disease</td>
<td>0</td>
<td>3 (0.6)</td>
</tr>
<tr>
<td>Pruritus</td>
<td>0</td>
<td>3 (0.6)</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>0</td>
<td>3 (0.6)</td>
</tr>
<tr>
<td>Urticaria</td>
<td>1 (0.2)</td>
<td>2 (0.4)</td>
</tr>
<tr>
<td>Vomiting</td>
<td>1 (0.2)</td>
<td>2 (0.4)</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>1 (0.2)</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>Blood Creatine Phosphokinase Increased</td>
<td>1 (0.2)</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>COVID-19</td>
<td>2 (0.4)</td>
<td>0</td>
</tr>
<tr>
<td>Constipation</td>
<td>1 (0.2)</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>Dehydration</td>
<td>1 (0.2)</td>
<td>1 (0.2)</td>
</tr>
<tr>
<td>Dysgeusia</td>
<td>0</td>
<td>2 (0.4)</td>
</tr>
<tr>
<td>Dyspepsia</td>
<td>0</td>
<td>2 (0.4)</td>
</tr>
<tr>
<td>Fungal Infection</td>
<td>2 (0.4)</td>
<td>0</td>
</tr>
<tr>
<td>Headache</td>
<td>1 (0.2)</td>
<td>1 (0.2)</td>
</tr>
</tbody>
</table>

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## BLAZE-1 PHASE 2: BAMLANIVIMAB MONOTHERAPY

**EVENTS OF COVID-19 RELATED HOSPITALIZATION OR EMERGENCY ROOM VISIT WITHIN 28 DAYS AFTER TREATMENT**

### ALL SUBJECTS

<table>
<thead>
<tr>
<th>Dose</th>
<th>N</th>
<th>Events</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>156</td>
<td>9</td>
<td>5.8%</td>
</tr>
<tr>
<td>Bamlanivimab 700 mg</td>
<td>101</td>
<td>1</td>
<td>1.0%</td>
</tr>
<tr>
<td>Bamlanivimab 2800 mg</td>
<td>107</td>
<td>2</td>
<td>1.9%</td>
</tr>
<tr>
<td>Bamlanivimab 7000 mg</td>
<td>101</td>
<td>2</td>
<td>2.0%</td>
</tr>
<tr>
<td>All Bamlanivimab Doses</td>
<td>309</td>
<td>5</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

~72% reduction vs. placebo

### AGE ≥ 65 OR BMI ≥ 35

<table>
<thead>
<tr>
<th>Dose</th>
<th>N</th>
<th>Events</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>69</td>
<td>7</td>
<td>10.1%</td>
</tr>
<tr>
<td>Bamlanivimab 700 mg</td>
<td>46</td>
<td>1</td>
<td>2.2%</td>
</tr>
<tr>
<td>Bamlanivimab 2800 mg</td>
<td>46</td>
<td>1</td>
<td>2.2%</td>
</tr>
<tr>
<td>Bamlanivimab 7000 mg</td>
<td>44</td>
<td>2</td>
<td>4.5%</td>
</tr>
<tr>
<td>All Bamlanivimab Doses</td>
<td>136</td>
<td>4</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

~71% reduction vs. placebo

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**SARS-CoV-2 NEUTRALIZING ANTIBODY UPDATE**
**BLAZE-1 PHASE 3: PRIMARY ENDPOINT**

**COVID-19 RELATED HOSPITALIZATION OR DEATH BY ANY CAUSE BY DAY 29**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Events</th>
<th>Rate</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>517</td>
<td>36</td>
<td>7.0%</td>
<td>-</td>
</tr>
<tr>
<td>Bamlanivimab 2800 mg + Etesevimab 2800 mg</td>
<td>518</td>
<td>11</td>
<td>2.1%</td>
<td>0.0004</td>
</tr>
</tbody>
</table>

70% reduction vs. placebo

**DEATH BY ANY CAUSE BY DAY 29**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Events</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
<td>517</td>
<td>10*</td>
<td>1.9%</td>
</tr>
<tr>
<td>Bamlanivimab 2800 mg + Etesevimab 2800 mg</td>
<td>518</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

No deaths of any cause with antibody therapy

*8 of 10 deaths were deemed COVID-19 related
BLAZE-1 PHASE 3: IMPACT ON VIRAL LOAD

VIRAL LOAD CHANGE FROM BASELINE

- Placebo
- Bamlanivimab 2800 mg + Etesevimab 2800 mg

MEAN VIRAL LOAD

<table>
<thead>
<tr>
<th></th>
<th>Placebo</th>
<th>Bamlanivimab + Etesevimab</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>6.52</td>
<td>6.51</td>
<td>-</td>
</tr>
<tr>
<td>Day 3</td>
<td>5.74</td>
<td>5.04</td>
<td>&lt;0.000001</td>
</tr>
<tr>
<td>Day 5</td>
<td>4.68</td>
<td>3.85</td>
<td>&lt;0.000001</td>
</tr>
<tr>
<td>Day 7</td>
<td>4.05</td>
<td>2.87</td>
<td>&lt;0.000001</td>
</tr>
<tr>
<td>Day 11</td>
<td>2.69</td>
<td>2.21</td>
<td>0.000011</td>
</tr>
</tbody>
</table>
BLAZE-1: CONSISTENT IMPACT ON VIRAL LOAD

PHASE 2 PORTION

PHASE 3 PORTION
BLAZE-1 PHASE 3: SYMPTOM RESOLUTION

- Symptom resolution defined as absence of all symptoms with an allowance for mild cough or fatigue
- Early and sustained impact on symptoms was similar to that observed in Phase 2 with bamlanivimab alone and bamlanivimab + etesevimab
- Time to sustained symptom resolution (two consecutive daily assessments) was significantly improved for bamlanivimab + etesevimab vs. placebo in this study ($p = 0.007$)

![Graph showing symptom resolution over study days.](image)

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BLAZE-1 AND BLAZE-2: COVID-19 RELATED DEATHS

BLAZE-1 PHASE 3 (AMBULATORY)

8 Placebo
0 Bamlanivimab + Etesevimab

BLAZE-2 PHASE 3 (PROPHYLAXIS)

4 Placebo
0 Bamlanivimab

No COVID-Related Deaths With Neutralizing Antibody Therapy in These Analyses

Lilly will no longer conduct placebo-controlled studies in high-risk patients
BLAZE-1 AND BLAZE-2: SUMMARY

BLAZE-1 Phase 3 (Treatment)

- Phase 3 confirms and replicates Phase 2 findings, with 70% reduction in risk of hospitalization (p=0.0004), decreased viral load (p<0.000001), and improved sustained symptom resolution (p=0.007)
- Outcomes consistent with EUA for bamlanivimab alone (71% reduction in risk of hospitalization)
- No deaths due to any cause (10 vs. 0)

BLAZE-2 Phase 3 (Prophylaxis)

- Up to 80% reduction in risk of symptomatic COVID-19 in residents (p=0.00026)
- No COVID-related deaths in prevention population (4 vs. 0)
- No deaths due to any cause in treatment population (4 vs. 0)
**Global Availability**

- Bamlanivimab is authorized for treatment use in US, Canada, Panama, Germany, Hungary, Israel, UAE, Kuwait, and Saudi Arabia.

- FDA is reviewing EUA request for bamlanivimab + etesevimab (submitted Nov. 2020); intend to begin global submissions.

- Plan to request EUA for bamlanivimab as post-exposure prophylaxis in US imminently.

**Supply**

- 1 million doses of bamlanivimab shipped by end of January; ~1 million more available through mid-2021.

- In partnership with Amgen, intend to manufacture ~1 million doses of bamlanivimab + etesevimab through mid-2021 (250k available in Q1).

- Preliminary BLAZE-4 data show comparable effects on viral load and symptoms with lower doses including the proposed EUA dose of 700/1400 mg.

**Patient Access and Ease of Use**

- Neutralizing antibodies are free of charge for patients wherever possible.

- Submitted data to FDA supporting reduced infusion times as short as 16 minutes.

- Numerous resources and partnerships to connect patients with facilities administering neutralizing antibodies.
For more information about the use of bamlanivimab for the treatment of mild to moderate COVID-19 in high-risk patients under the FDA’s emergency use authorization, contact Lilly’s 24-hour support line at 1-855-LillyC19 (1-855-545-5921).

Patients and physicians can visit covid.infusioncenter.org or the HHS Therapeutics Distribution locator to find a potential treatment location, or visit combatcovid.hhs.gov to find out more about antibody therapy.