Agenda

INTRODUCTION AND RECENT KEY EVENTS
Dave Ricks, Chair and Chief Executive Officer

Q1 2023 FINANCIAL RESULTS
Anat Ashkenazi, Chief Financial Officer

R&D UPDATE
Dan Skovronsky, M.D., Ph.D., Chief Scientific and Medical Officer

CLOSING REMARKS
Dave Ricks, Chair and Chief Executive Officer

QUESTION AND ANSWER SESSION

2023 Q1 EARNINGS
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-Ks filed with the Securities and Exchange Commission. Certain financial information in this presentation is presented on a non-GAAP basis. Investors should refer to the reconciliations included in this presentation and should consider the company’s non-GAAP measures in addition to, not as a substitute for or superior to, measures prepared in accordance with GAAP.

The company undertakes no duty to update forward-looking statements except as required by applicable law
STRATEGIC DELIVERABLES
PROGRESS SINCE THE LAST EARNINGS CALL

Invest in Current Portfolio

• **Gross Margin:** Non-GAAP gross margin of 78.4% in Q1
• **SG&A:** 12% increase in Q1 driven by launches of new products and indications

Invest in Future Innovation

• **R&D:** 23% increase in Q1 driven by late-stage assets
• **CAPEX:** Announced an additional $1.6 billion investment in Boone County, Indiana manufacturing sites
• **Business Development:** Entered into agreements to sell the rights to Lilly’s olanzapine portfolio and Baqsimi

Return Capital to Shareholders via

• **Dividend:** Distributed over $1 billion via dividends in Q1
• **Share Repurchase:** $750 million in Q1

Deliver Revenue Growth

• Revenue grew 10% in Q1, excluding revenue from COVID-19 antibodies
• Q1 revenue driven by 18% volume growth, excluding revenue from COVID-19 antibodies
• New Products and Growth Products drove 20 percentage points of volume growth in Q1

Speed Life-Changing Medicines

• FDA approval of an expanded indication for Verzenio®
• Approval of mirikizumab in Japan, positive CHMP opinion in the EU, and a Complete Response Letter in the U.S.
• Regulatory submissions for tirzepatide obesity in the EU and lebrikizumab for atopic dermatitis in Japan
• Announced that tirzepatide achieved superior weight loss compared to placebo at 72 weeks in the Phase 3 SURMOUNT-2 study

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1 Sales for COVID-19 antibodies include bamlanivimab, etesevimab and bebtelovimab sold pursuant to Emergency Use Authorization or similar regulatory authorizations
2 Refer to slide 8 for a list of New Products and Growth Products

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KEY EVENTS SINCE THE LAST EARNINGS CALL

REGULATORY

• Omvho® (mirikizumab) approved in Japan for ulcerative colitis, Europe’s CHMP issued a positive opinion for mirikizumab, and the U.S. FDA issued a complete response letter for mirikizumab;

• Announced that the FDA approved an expanded indication for Verzenio, for the adjuvant treatment of adult patients with HR+, HER2-, node-positive early breast cancer at high risk of recurrence. This expanded indication removes the Ki-67 score requirement for patients;

• Europe’s CHMP issued a positive opinion for Jaypirca® for the treatment of relapsed or refractory mantle cell lymphoma;

• Announced the regulatory submissions of tirzepatide for obesity in the EU and lebrikizumab for atopic dermatitis in Japan; and

• Based on the Phase 3 results from the DINAMO trial, the FDA accepted the supplemental New Drug Application for Jardiance® for children 10 years and older with type 2 diabetes.

CLINICAL

• Announced that tirzepatide achieved superior weight loss compared to placebo at 72 weeks in the Phase 3 SURMOUNT-2 study;

• Presented data at the 2023 American Association for Cancer Research (AACR) from our Phase 1 study of KRAS G12C inhibitor;

• Presented data at AACR from CYCLONE-1, a single-arm unblinded study, which was the first to investigate Verzenio in prostate cancer;

CLINICAL (CONT.)

• Presented data at the 2023 International Conference on Alzheimer’s and Parkinson’s Disease (AD/PD) from TRAILBLAZER-EXT, a Phase 2 long-term study of our Phase 2 TRAILBLAZER-ALZ donanemab study;

• Presented the first clinical data at AD/PD for remternetug from an interim analysis of a Phase 1 double-blind, randomized multiple ascending dose study, which highlighted the speed and depth of amyloid plaque lowering in patients with Alzheimer’s disease; and

• Announced that solanezumab did not slow the progression of cognitive decline due to Alzheimer’s disease pathology when initiated in individuals with amyloid plaque but no clinical symptoms of the disease.

OTHER

• Announced price reductions of 70% for Lilly’s most commonly prescribed insulins and an expansion of the Insulin Value Program that caps patient out-of-pocket costs at $35 or less per month;

• Announced an additional $1.6 billion investment in Lilly’s two new manufacturing sites in Indiana, bringing the total commitment to $3.7 billion; and

• Announced a collaboration with International Agencies (Bangladesh) Ltd. for human insulin to increase patient access and improve affordability for high-quality insulin for nearly one million people living with diabetes in Bangladesh.

1 Jardiance is part of the Boehringer Ingelheim (BI) and Lilly Alliance, and BI holds the marketing authorization for Jardiance

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2023 Q1 EARNINGS
## RECONCILIATION OF GAAP REPORTED TO NON-GAAP ADJUSTED INFORMATION; CERTAIN LINE ITEMS (UNAUDITED)

Millions; except per share data

<table>
<thead>
<tr>
<th></th>
<th>GAAP Reported</th>
<th>Adjustments</th>
<th>Non-GAAP Adjusted</th>
<th>YoY Non-GAAP Adjusted Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$6,960</td>
<td>$ -</td>
<td>$6,960</td>
<td>(11)%</td>
</tr>
<tr>
<td><strong>GROSS MARGIN</strong></td>
<td>76.6%</td>
<td>1.8pp</td>
<td>78.4%</td>
<td>2.3pp</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSE</strong></td>
<td>3,839</td>
<td>-</td>
<td>3,839</td>
<td>15%</td>
</tr>
<tr>
<td><strong>OPERATING INCOME</strong></td>
<td>1,494</td>
<td>126</td>
<td>1,620</td>
<td>(38)%</td>
</tr>
<tr>
<td><strong>OPERATING MARGIN</strong></td>
<td>21.5%</td>
<td>1.8pp</td>
<td>23.3%</td>
<td>(10.1)p</td>
</tr>
<tr>
<td><strong>OTHER INCOME (EXPENSE)</strong></td>
<td>36</td>
<td>23</td>
<td>58</td>
<td>55%</td>
</tr>
<tr>
<td><strong>EFFECTIVE TAX RATE</strong></td>
<td>12.1%</td>
<td>0.7pp</td>
<td>12.8%</td>
<td>2.5pp</td>
</tr>
<tr>
<td><strong>NET INCOME</strong></td>
<td>$1,345</td>
<td>$119</td>
<td>$1,464</td>
<td>(38)%</td>
</tr>
<tr>
<td><strong>EPS</strong></td>
<td>$1.49</td>
<td>$0.13</td>
<td>$1.62</td>
<td>(38)%</td>
</tr>
<tr>
<td><strong>Acquired IPR&amp;D Charges per share</strong></td>
<td>$0.10</td>
<td>$ -</td>
<td>$0.10</td>
<td>(33)%</td>
</tr>
</tbody>
</table>

*Acquired IPR&D of $105 million (pre-tax)
Numbers may not add due to rounding; see slide 26 for a complete list of adjustments

2023 Q1 EARNINGS
<table>
<thead>
<tr>
<th>Region</th>
<th>Amount (Millions)</th>
<th>Price (%)</th>
<th>FX Rate (%)</th>
<th>Volume (%)</th>
<th>Total (%)</th>
<th>CER (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>U.S.</strong></td>
<td>$4,436</td>
<td>(5)%</td>
<td>-</td>
<td>(10)%</td>
<td>(14)%</td>
<td>(14)%</td>
</tr>
<tr>
<td><strong>EUROPE</strong></td>
<td>1,091</td>
<td>(6)%</td>
<td>(6)%</td>
<td>13%</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>JAPAN</strong></td>
<td>387</td>
<td>(0)%</td>
<td>(13)%</td>
<td>8%</td>
<td>(6)%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>CHINA</strong></td>
<td>373</td>
<td>(20)%</td>
<td>(7)%</td>
<td>19%</td>
<td>(8)%</td>
<td>(1)%</td>
</tr>
<tr>
<td><strong>REST OF WORLD</strong></td>
<td>673</td>
<td>2%</td>
<td>(2)%</td>
<td>(11)%</td>
<td>(10)%</td>
<td>(9)%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$6,960</td>
<td>(5)%</td>
<td>(2)%</td>
<td>(4)%</td>
<td>(11)%</td>
<td>(9)%</td>
</tr>
</tbody>
</table>

Numbers may not add due to rounding

CER = price change + volume change

Not for promotional use
PRODUCTS DRIVING WW VOLUME

Contribution to 4% Q1 WW Volume Decline

Growth Products 12.7%
New Products 7.3%
All Other -5.5%
COVID-19 Antibodies -18.8%

Numbers may not tie due to rounding

**New Products:** Jaypirca and Mounjaro®
**Growth Products:** Cyramza®, Emgality®, Jardiance, Olumiant®, Retevmo®, Taltz®, Trulicity®, Tyvyt®, and Verzenio
**COVID-19 Antibodies:** bamlanivimab, etesevimab and bebetelovimab for the treatment of COVID-19 sold pursuant to Emergency Use Authorization or similar regulatory assumptions

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2023 Q1 EARNINGS
Q1 2023 UPDATE ON SELECT PRODUCTS

NEW PRODUCTS

MOUNJARO
- U.S. T2D launch in Q2 2022
- U.S. T2D injectable incretins TRx SOM nearly 20% at end of Q1 2023

JAYPIRCA
- U.S. MCL approval in Q1 2023

GROWTH PRODUCTS

JARDIANCE
- Market leader in U.S. with TRx SOM of 62%
- U.S. TRx grew nearly 32% vs. Q1 2022, outpacing the market

TALTZ
- U.S. TRx SOM nearly 6%
- U.S. TRx grew nearly 9% vs. Q1 2022, outpacing the market

TRULICITY
- U.S. T2D injectable incretins TRx SOM of 31%
- U.S. TRx grew nearly 17% vs. Q1 2022

VERZENIO
- U.S. TRx grew 73% vs. Q1 2022
- Strong uptake in adjuvant breast cancer indication

New Products: Jaypirca and Mounjaro
Growth Products: Cyramza, Emgality, Jardiance, Olumiant, Retevmo, Taltz, Trulicity, Tyvyt, and Verzenio

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Robust U.S. uptake bolstered by strong efficacy and a positive customer experience

As expected, script trajectory impacted in Q4 2022 following adjustments to the savings card program

Access as of April 1st just under 60% for patients with type 2 diabetes across total commercial and Part D lives

Percentage of paid prescriptions rose to over 55% in Q1 due to the Q4 copay program changes and improved access

Focus on driving new-to-brand growth while continuing access expansion

Mounjaro volume has significantly outpaced prior launches in the type 2 diabetes injectable incretin class

*Internal estimate of weekly paid TRx
IQVIA weekly data for week ending April 14, 2023 (type 2 diabetes injectable incretin class)

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Q1 2023 Capital Allocation

Billions

- **R&D***: $1.7
- **Capital Investments**: $0.7
- **Business Development****: $0.3
- **Dividend**: $1.0
- **Share Repurchase**: $0.8

* After tax
** Includes development milestones and cash outflows associated with equity investments
## 2023 GUIDANCE

### Prior | Updated | COMMENTS
--- | --- | ---
**REVENUE** | $30.3 – $30.8 billion | $31.2 – $31.7 billion | Increased range by $900 million driven by approximately $650 million associated with updates to foreign exchange rate assumptions with the remainder attributable to underlying business performance.

**GROSS MARGIN % OF REVENUE (GAAP)** | Approx. 77% | Unchanged |  
**GROSS MARGIN % OF REVENUE (NON-GAAP)** | Approx. 79% |  

**MKTG, SELLING & ADMIN.** | $6.9 – $7.1 billion | $7.0 – $7.2 billion | Increased range to reflect updated foreign exchange rate assumptions.

**RESEARCH & DEVELOPMENT** | $8.2 – $8.4 billion | $8.3 – $8.5 billion | Increased range to reflect updated foreign exchange rate assumptions and investment in our late-stage portfolio.

**ACQUIRED IPR&D** | - | $105 million | Incorporated IPR&D charges that have been incurred or realized as of the date of earnings; does not include any IPR&D charges associated with potential or pending business development transactions.

**OTHER INCOME/(EXPENSE)** | $(200) – $(100) million | Unchanged |  

**TAX RATE** | Approx. 13% | Unchanged |  

**EARNINGS PER SHARE (GAAP)** | $7.90 – $8.10 | $8.18 – $8.38 | Based on the above changes, full year non-GAAP EPS range increased by 30 cents; GAAP change impacted by $0.02 Q1 loss on investments in equity securities through Q1 2023.

**EARNINGS PER SHARE (NON-GAAP)** | $8.35 – $8.55 | $8.65 – $8.85 |  

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2023 assumes shares outstanding of 904 million

FX assumptions: 1.09 [Euro], 133 [Yen] and 6.9 [Renminbi]
## TIRZEPA TIDE EVALUATED ACROSS A BROAD PATIENT POPULATION

### Phase 3 Study

<table>
<thead>
<tr>
<th>Study Name</th>
<th>Est. Read-out Date</th>
<th>Study Size (pts)</th>
<th>Studied Doses</th>
<th>Study Duration</th>
<th>Primary Endpoint</th>
<th>Key Inclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURMOUNT-1 Weight Management in Participants with Obesity/Overweight*</td>
<td>✔️</td>
<td>2,539</td>
<td>5/10/15 mg</td>
<td>72 weeks (2-year additional treatment period**)</td>
<td>1) Percent change in body weight  2) Percentage of participants who achieve ≥5% body weight reduction</td>
<td>BMI ≥ 30 kg/m² or ≥ 27 kg/m² with ≥1 weight-related comorbidity</td>
</tr>
<tr>
<td>SURMOUNT-2 Weight Management in Participants with Obesity/Overweight with T2DM</td>
<td>✔️</td>
<td>938</td>
<td>10/15 mg</td>
<td>72 weeks</td>
<td></td>
<td>BMI ≥ 27 kg/m² with T2D (A1c 7-10%), treated with diet/exercise alone or any oral agent except DPP-4 inhibitors or GLP-1R agonists</td>
</tr>
<tr>
<td>SURMOUNT-3 Maximizing Weight Loss Following Intensive Lifestyle Program in Participants with Obesity/Overweight*</td>
<td></td>
<td>806</td>
<td>MTD (10 or 15 mg)</td>
<td>84 weeks (incl. 12-wk intensive lifestyle lead-in)</td>
<td></td>
<td>BMI ≥ 30 kg/m² or ≥ 27 kg/m² with ≥1 weight-related comorbidity</td>
</tr>
<tr>
<td>SURMOUNT-4 Maintaining Weight Loss with Maximal Tolerated Dose Therapy in Participants with Obesity/Overweight*</td>
<td></td>
<td>783</td>
<td>MTD (10 or 15 mg)</td>
<td>88 weeks (incl. 36-wk open-label T2P lead-in)</td>
<td>Percent change in body weight from randomization (week 36) to week 88</td>
<td>BMI ≥ 30 kg/m² or ≥ 27 kg/m² with ≥1 weight-related comorbidity</td>
</tr>
<tr>
<td>SURMOUNT-5 Comparing the Efficacy and Safety of tirzepatide to semaglutide 2.4mg in Participants with Obesity/Overweight</td>
<td></td>
<td>~700</td>
<td>MTD (10 or 15 mg)</td>
<td>72 weeks</td>
<td>percent change in body weight from randomization to 72 weeks</td>
<td>BMI ≥ 30 kg/m² or ≥ 27 kg/m² with ≥1 weight-related comorbidity</td>
</tr>
<tr>
<td>SURMOUNT-MMO Investigating the Effect of tirzepatide on the Reduction on Morbidity and Mortality in Adults With Obesity</td>
<td></td>
<td>~15,000</td>
<td>MTD (5/10/15 mg)</td>
<td>Up to 5 years</td>
<td>Time to first occurrence of any component event of composite, all-cause death, nonfatal MI, nonfatal stroke, coronary revascularization, or heart failure events that results in hospitalization/urgent visits</td>
<td>BMI &gt; 27 kg/m²; individuals ≥40 years of age with established cardiovascular disease (CVD) or the presence of cardiovascular risk factors</td>
</tr>
</tbody>
</table>

Note: Separate ongoing trials in Japan (SURMOUNT-J) and China (SURMOUNT-CN)

MTD = Maximum Tolerated Dose; BMI = Body Mass Index; T2DM = Type 2 Diabetes Mellitus; T2P = tirzepatide

* Participants without T2DM; ** For those with pre-diabetes at randomization

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**SURMOUNT-2: EFFICACY**

PARTICIPANTS ON HIGHEST DOSE ACHIEVED 15.7% WEIGHT LOSS ON AVERAGE

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**MEAN BODY WEIGHT CHANGE AT 72 WEEKS**

<table>
<thead>
<tr>
<th>Baseline Weight: 100.7 kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placebo</td>
</tr>
<tr>
<td>-3.3%  (-3.2 kg)</td>
</tr>
<tr>
<td>TZP 10 mg</td>
</tr>
<tr>
<td>-13.4% (-13.5 kg)</td>
</tr>
<tr>
<td>TZP 15 mg</td>
</tr>
<tr>
<td>-15.7% (-15.6 kg)</td>
</tr>
</tbody>
</table>

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**KEY EFFICACY RESULTS**

- Both tirzepatide treatment arms demonstrated statistically superior and clinically meaningful weight loss compared to placebo.
- In the 15 mg treatment arm, mean weight loss of 15.6 kg (34.4 pounds).
- In both tirzepatide treatment arms, patients achieved an average weight loss of roughly 30 pounds or more.

TZP = tirzepatide

Note: Presented results for efficacy estimand which represents efficacy prior to discontinuation of study drug.

Not for promotional use
**SURMOUNT-2: EFFICACY**

**MET THE CO-PRIMARY ENDPOINT OF ACHIEVING AT LEAST 5% BODY WEIGHT LOSS**

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**PERCENTAGE OF PATIENTS ACHIEVING WEIGHT LOSS [%] TARGET**

- **>= 5% Weight Loss**
  - Placebo: 30.6%
  - TZP 10 mg: 81.6%
  - TZP 15 mg: 86.4%

- **>= 15% Weight Loss**
  - Placebo: 2.6%
  - TZP 10 mg: 41.4%
  - TZP 15 mg: 51.8%

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**KEY EFFICACY RESULTS**

- Greater than 81% of participants in the 10 mg arm and 86% of participants in the 15 mg arm achieved at least 5% body weight loss.

- Over 50% of participants in the 15 mg treatment arm achieved at least 15% weight loss as a key secondary objective.

- SURMOUNT-2 results substantiate the safety and efficacy package for completion of our submission to the U.S. FDA in the coming weeks.

**TZP = tirzepatide**

*Note: Results presented using the efficacy endpoint which represents efficacy prior to discontinuation of study drug.*

*Not for promotional use*
**GI TOLERABILITY**

- **Placebo**
- **TZP 10 mg**
- **TZP 15 mg**

- **Vomiting**
- **Diarrhea**
- **Nausea**
- **Constipation**

**KEY SAFETY RESULTS**

- Most common reported AEs were GI-related, generally mild-to-moderate in severity, and usually occurred during dose escalation.

- Diarrhea and nausea were the most common reported adverse events and ranged from ~20-22% on tirzepatide vs ~6-9% on placebo.

- Treatment discontinuation due to adverse events was 3.8% in the 10 mg arm and 7.4% in the 15 mg arm compared to 3.8% for placebo.

GI = gastrointestinal; TZP = tirzepatide; AE = Adverse Events

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### PHASE 1
- **AMYLIN AGONIST LA**
  - Obesity
  - CD19 Antibody
  - Immunology
- **CD20 R MAB**
  - Immunology
  - DACR QA II
  - Obesity
- **GIP/GIPAGONIST PEPTIDE**
  - Diabetes
  - GIPR AGONIST LA
  - Diabetes
  - GIPR AGONIST LA II
  - Diabetes
- **PYY ANALOG**
  - Diabetes
  - RIK1 INHIBITOR
  - Immunology
- **KV1.3 ANTAGONIST**
  - Immunology
  - DH112 INHIBITOR
  - Cancer
- **GIPR ANAGNIST PEPTIDE**
  - Diabetes
  - GIPR ANAGNIST LA
  - Diabetes
  - GIPR ANAGNIST LA II
  - Diabetes
  - CD19 ANTIbody
  - Immunology
- **APC3 siRNA**
  - CD19 ANTIbody
  - Immunology
- **NOT DISCLOSED**
  - Pain
  - Heart Failure
  - Diabetes
  - Cancer
  - Not DISCLOSED
  - Diabetes
  - Cancer

### PHASE 2
- **RELAXIN-LA**
  - Heart Failure
- **P2X7 INHIBITOR**
  - Pain
- **Q-GLCNAcase INH**
  - Alzheimer’s Disease
  - LM5 CLINIC
  - Other Disease
- **MEVIDALEN**
  - Symptomatic LBD
- **GRN GENE THERAPY**
  - Frontotemporal Dementia
  - LPA siRNA
  - CVD
- **ELTREKIBART**
  - (CXR10/41 MAB)
  - Fibrinogen
  - Supraspinatus
- **SOLBINSIRAN**
  - (ANGPTL3 siRNA)
  - CVD

### PHASE 3
- **TIRZEPATIDE**
  - Obstructive Sleep Apnea
- **SOLANEZUMAB**
  - Frontotemporal Alzheimer’s Disease
  - Immuno
  - DG-1326314
  - Others

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### NME PIPELINE

- **GBA GENE THERAPY**
  - Gaucher Disease Type 1
  - AT2R ANTAGONIST
  - Pain
- **ORFORGILIPRON**
  - Obesity
  - B-Cell Malignancies
- **PIRTOBUTIN**
  - R/R CLL Monotherapy
  - R/R MCL Monotherapy
- **SOLDENATRIDE**
  - 1L NSCLC
  - 1L Med Thyroid Cancer
- **IMLUNESTRANT**
  - Adjuvant RET+ NSCLC
  - 1L NSCLC
- **DONANEMAB**
  - Preclinical Alzheimer’s Disease
  - VEGF
  - R/R MCL Monotherapy
- **ABEMACICLIB**
  - Hormone Sensitive Prostate Cancer
  - MBC Sequencing
- **REMTERNEUG**
  - Alzheimer’s Disease
  - INSULIN EFSIRTA ALFA
  - (BASAL INSULIN-Fc)
  - Diabetes

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### LEGEND
- **NME**
- **NILEX**
- **ADDITION or REMOVAL**
- **COMPLETED**
- **COMMISSIONED**
- **COMPLETED**
- **COMMISSIONED**
- **REG REVIEW**
- **APPROVED**
- **Not for promotional use**
POTENTIAL KEY EVENTS 2023

Phase 3 Initiations
✓ Basal Insulin-Fc for type 2 diabetes [QWINT-1]
✓ Tirzepatide for chronic weight management [H2H vs semaglutide 2.4 mg]
Retatrutide for chronic weight management
Orforglipron for chronic weight management
Orforglipron for type 2 diabetes
Remternetug for early Alzheimer’s disease (efficacy trials)

Phase 3 Data Disclosures
Donanemab for early Alzheimer’s disease
✓ Tirzepatide for chronic weight management [SURMOUNT-2]
✓ Tirzepatide for chronic weight management [SURMOUNT-3]
✓ Tirzepatide for chronic weight management [SURMOUNT-4]
Mirikizumab for Crohn’s disease
Abemaciclib for castrate-resistant prostate cancer [CYCLONE-2]

Regulatory Submissions
✓ Tirzepatide for chronic weight management (US/EU✓)
✓ Lebrikizumab for atopic dermatitis (J)
✓ Empagliflozin for chronic kidney disease¹ [US ✓ /EU ✓ /J ✓]
Donanemab for early Alzheimer’s disease² [US/EU/J]
Pirtobrutinib for MCL prior BTKi (J)

Regulatory Actions
✓ Donanemab for early Alzheimer’s disease³ [US]
Lebrikizumab for atopic dermatitis (US/EU)
Mirikizumab for ulcerative colitis [US ✓ /EU/J✓]
✓ Pirtobrutinib for MCL prior BTKi [US³ ✓ /EU]
Empagliflozin for chronic kidney disease¹ [US/EU/J]
Tirzepatide for chronic weight management (US)

¹ In collaboration with Boehringer Ingelheim
² Under the traditional approval pathway
³ Under the FDA Accelerated Approval Program

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Q1 2023 SUMMARY

- Excluding COVID-19 antibodies, revenue grew 10%, driven by 18% volume growth
- Continued to speed life-changing medicines to patients with:
  - The expanded label for Verzenio in adjuvant breast cancer in the U.S.;
  - The approval of mirikizumab in Japan;
  - The submissions of tirzepatide for chronic weight management in the EU and lebrikizumab for atopic dermatitis in Japan; and
  - A positive Phase 3 topline readout for SURMOUNT-2, the second global study evaluating tirzepatide for adults living with obesity or overweight
- Q1 investment growth driven by investments in new products and indications and late-stage pipeline
- Deployed over $1 billion to shareholders via the dividend and completed $750 million of share repurchases

Return Capital to Shareholders

2023 Q1 EARNINGS
SUPPLEMENTAL SLIDES
# 2023 INCOME STATEMENT – REPORTED

**Millions; except per share data**

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<thead>
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<th></th>
<th>Q1 2023</th>
<th>Change</th>
</tr>
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<tbody>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td>$6,960</td>
<td>(11)%</td>
</tr>
<tr>
<td><strong>GROSS MARGIN</strong></td>
<td>76.6%</td>
<td>3.1pp</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSE</strong></td>
<td>3,839</td>
<td>15%</td>
</tr>
<tr>
<td><strong>OPERATING INCOME</strong></td>
<td>1,494</td>
<td>(38)%</td>
</tr>
<tr>
<td><strong>OPERATING MARGIN</strong></td>
<td>21.5%</td>
<td>(9.3)pp</td>
</tr>
<tr>
<td><strong>OTHER INCOME (EXPENSE)</strong></td>
<td>36</td>
<td>NM</td>
</tr>
<tr>
<td><strong>EFFECTIVE TAX RATE</strong></td>
<td>12.1%</td>
<td>4.8pp</td>
</tr>
<tr>
<td><strong>NET INCOME</strong></td>
<td>$1,345</td>
<td>(29)%</td>
</tr>
<tr>
<td><strong>EARNINGS PER SHARE</strong></td>
<td>$1.49</td>
<td>(29)%</td>
</tr>
</tbody>
</table>

* Includes research and development expense, marketing, selling and administrative expense, acquired in-process research and development charges, and asset impairment, restructuring and other special charges.

**NM** – not meaningful
NON-GAAP OPERATING MARGIN % OF REVENUE

MOVING ANNUAL TOTAL

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>23.1%</td>
<td>29.1%</td>
<td>27.9%</td>
<td>27.0%</td>
<td>33.4%</td>
<td>20.5%</td>
<td>28.9%</td>
<td>27.4%</td>
<td>23.3%</td>
</tr>
<tr>
<td>2022</td>
<td>24.0%</td>
<td>26.0%</td>
<td>27.0%</td>
<td>28.0%</td>
<td>29.0%</td>
<td>30.0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Op. Margin impact of Acquired IPR&D Charges

-4.6%  
-0.6%  
-2.6%  
-5.5%  
-2.1%  
-6.8%  
-0.9%  
-3.3%  
-1.5%

The line in the graph is a moving annual total (i.e. trailing 4 quarters) while the row of numbers is from specific quarters.

Not for promotional use

2023 Q1 EARNINGS
# EFFECT OF FX ON 2023 RESULTS

## Year-on-Year Change

<table>
<thead>
<tr>
<th>REPORTED</th>
<th>With FX</th>
<th>w/o FX</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL REVENUE</td>
<td>(11)%</td>
<td>(9)%</td>
</tr>
<tr>
<td>COST OF SALES</td>
<td>(21)%</td>
<td>(20)%</td>
</tr>
<tr>
<td>GROSS MARGIN</td>
<td>(7)%</td>
<td>(5)%</td>
</tr>
<tr>
<td>OPERATING EXPENSE</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>OPERATING INCOME</td>
<td>(38)%</td>
<td>(35)%</td>
</tr>
<tr>
<td>EARNINGS PER SHARE</td>
<td>(29)%</td>
<td>(25)%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NON-GAAP</th>
<th>With FX</th>
<th>w/o FX</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL REVENUE</td>
<td>(11)%</td>
<td>(9)%</td>
</tr>
<tr>
<td>COST OF SALES</td>
<td>(20)%</td>
<td>(18)%</td>
</tr>
<tr>
<td>GROSS MARGIN</td>
<td>(8)%</td>
<td>(6)%</td>
</tr>
<tr>
<td>OPERATING EXPENSE</td>
<td>15%</td>
<td>17%</td>
</tr>
<tr>
<td>OPERATING INCOME</td>
<td>(38)%</td>
<td>(35)%</td>
</tr>
<tr>
<td>EARNINGS PER SHARE</td>
<td>(38)%</td>
<td>(35)%</td>
</tr>
</tbody>
</table>

Presentation includes GAAP and non-GAAP figures excluding impact of foreign exchange rates. Current period figures recalculated by keeping constant the exchange rates from the base period. Not for promotional use.
<table>
<thead>
<tr>
<th></th>
<th>Q1 2023</th>
<th>Q1 2022</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EPS (REPORTED)</strong></td>
<td>$1.49</td>
<td>$2.10</td>
<td>(29)%</td>
</tr>
<tr>
<td><strong>AMORTIZATION OF INTANGIBLE</strong></td>
<td>0.11</td>
<td>0.18</td>
<td>-</td>
</tr>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NET LOSSES (GAINS) ON</strong></td>
<td>0.02</td>
<td>0.34</td>
<td>-</td>
</tr>
<tr>
<td><strong>INVESTMENTS IN EQUITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECURITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EPS (NON-GAAP)</strong></td>
<td>$1.62</td>
<td>$2.62</td>
<td>(38)%</td>
</tr>
<tr>
<td><strong>Acquired IPR&amp;D</strong></td>
<td>$0.10</td>
<td>$0.15</td>
<td>(33)%</td>
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</table>

Numbers may not add due to rounding; see slide 25 for more details on these significant adjustments.
Q1 2023 INCOME STATEMENT NOTES

Q1 2023 NON-GAAP INFORMATION HAS BEEN ADJUSTED TO EXCLUDE:
- amortization of intangibles primarily associated with costs of marketed products acquired or licensed from third parties totaling $125.8 million (pretax), or $0.11 per share (after-tax); and
- net losses on investments in equity securities totaling $22.6 million (pretax), or $0.02 per share (after-tax).

Q1 2022 NON-GAAP INFORMATION HAS BEEN ADJUSTED TO EXCLUDE:
- amortization of intangibles primarily associated with costs of marketed products acquired or licensed from third parties totaling $204.6 million (pretax), or $0.18 per share (after-tax); and
- net losses on investments in equity securities totaling $388.4 million (pretax), or $0.34 per share (after-tax).
## COMPARATIVE EPS SUMMARY 2022/2023

<table>
<thead>
<tr>
<th></th>
<th>1Q22</th>
<th>2Q22</th>
<th>3Q22</th>
<th>4Q22</th>
<th>2022</th>
<th>1Q23</th>
<th>2Q23</th>
<th>3Q23</th>
<th>4Q23</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported</td>
<td>2.10</td>
<td>1.05</td>
<td>1.61</td>
<td>2.14</td>
<td>6.90</td>
<td>1.49</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-GAAP</td>
<td>2.62</td>
<td>1.25</td>
<td>1.98</td>
<td>2.09</td>
<td>7.94</td>
<td>1.62</td>
<td></td>
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</table>

Numbers may not add due to rounding
For a complete reconciliation to reported earnings, see slide 24 and our earnings press release dated April 27th, 2023

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Q1 2023 TRULICITY SALES INCREASED 14%

U.S. sales increased 18%
International sales increased 1%

Source: IQVIA NPA TRx 3MMA, weekly data March 31, 2023; RA = rolling average TRx data is representative of the injectable incretin market

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Q1 2023 VERZENIO SALES INCREASED 60%

U.S. sales increased 53%
International sales increased 73%

Source: IQVIA NPA TRx 3MMA, weekly data March 31, 2023; RA = rolling average

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Q1 2023 JARDIANCE SALES INCREASED 38%

Millions

U.S. sales increased 43%
International sales increased 31%

Source: IQVIA NPA TRx 3MMA, weekly data March 31, 2023; RA = rolling average
Jardiance is part of Lilly’s alliance with Boehringer Ingelheim.
Jardiance includes Glyxambi and Synjardy
Q1 2023 TALTZ SALES INCREASED 8%

U.S. sales increased 2%
International sales increased 19%

U.S. TRx SOM and Market Volume

Source: IQVIA NPA TRx 3MMA, weekly data March 31, 2023; RA = rolling average
TRx data is representative of the full molecule market

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Q1 2023 HUMALOG SALES DECREASED 25%

Millions

U.S. sales decreased 26%
International sales decreased 24%

Source: IQVIA NPA TRx 3MMA, weekly data March 31, 2023; RA = rolling average
Q1 2023 CYRAMZA SALES INCREASED 3%

Millions

U.S. sales increased 27%
International sales decreased 10%

Sales by Major Geography
Q1 2023 OLUMIANT SALES DECREASED 10%

U.S. sales were $42 million
International sales were $187 million

- In the U.S., launched in rheumatoid arthritis in Q3 2018 and in alopecia areata in Q2 2022
- Q1 sales driven by the U.S., Japan, Germany and China
- Q1 decline primarily driven by lower utilization for the treatment of COVID-19
Q1 2023 EMGALITY SALES INCREASED 3%

U.S. sales were flat
International sales increased 11%

U.S. TRx SOM and Market Volume

Source: IQVIA NPA TRx 3MMA, weekly data March 31, 2023; RA = rolling average
TRx data is representative of the injectable CGRP market

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## SELECT TRIALS – INSULIN EFSITORA ALFA (BASAL INSULIN-FC)

<table>
<thead>
<tr>
<th>Study</th>
<th>Indication*</th>
<th>Title</th>
<th>Phase</th>
<th>Patients</th>
<th>Primary Outcome**</th>
<th>Primary Completion</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT05462756</td>
<td>Type 2 Diabetes</td>
<td>A Study of Insulin Efsitora Alfa [LY3209590] as a Weekly Basal Insulin Compared to Insulin Glargine in Adult Participants With Type 2 Diabetes on Multiple Daily Injections [QWINT-4]</td>
<td>3</td>
<td>670</td>
<td>Change from Baseline in HbA1c</td>
<td>Mar 2024</td>
<td>Mar 2024</td>
</tr>
<tr>
<td>NCT05275400</td>
<td>Type 2 Diabetes</td>
<td>A Study of Insulin Efsitora Alfa [LY3209590] Compared With Insulin Degludec in Participants With Type 2 Diabetes Currently Treated With Basal Insulin [QWINT-3]</td>
<td>3</td>
<td>986</td>
<td>Change from Baseline in Hemoglobin A1c (HbA1c)</td>
<td>May 2024</td>
<td>May 2024</td>
</tr>
<tr>
<td>NCT05662332</td>
<td>Type 2 Diabetes</td>
<td>A Study of Insulin Efsitora Alfa [LY3209590] Compared to Glargine in Adult Participants With Type 2 Diabetes Who Are Starting Basal Insulin for the First Time [QWINT-1]</td>
<td>3</td>
<td>670</td>
<td>Change from Baseline in Hemoglobin A1c (HbA1c)</td>
<td>Jul 2024</td>
<td>Jul 2024</td>
</tr>
<tr>
<td>NCT05463744</td>
<td>Type 1 Diabetes</td>
<td>A Study of Insulin Efsitora Alfa [LY3209590] Compared With Insulin Degludec in Participants With Type 1 Diabetes Treated With Multiple Daily Injection Therapy [QWINT-5]</td>
<td>3</td>
<td>692</td>
<td>Change from Baseline in Hemoglobin A1c (HbA1c)</td>
<td>May 2024</td>
<td>May 2024</td>
</tr>
<tr>
<td>NCT05362058</td>
<td>Diabetes</td>
<td>A Study of Insulin Efsitora Alfa [LY3209590] Compared to Degludec in Adults With Type 2 Diabetes Who Are Starting Basal Insulin for the First Time [QWINT-2]</td>
<td>3</td>
<td>912</td>
<td>Change from Baseline in Hemoglobin A1c (HbA1c)</td>
<td>Apr 2024</td>
<td>Apr 2024</td>
</tr>
</tbody>
</table>

* Molecule may have multiple indications
** Trial may have additional primary and other secondary outcomes

Source: clinicaltrials.gov, April 18, 2023

Not for promotional use
<table>
<thead>
<tr>
<th>Study</th>
<th>Indication*</th>
<th>Title</th>
<th>Phase</th>
<th>Patients</th>
<th>Primary Outcome**</th>
<th>Primary Completion</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT05108922</td>
<td>Mild Cognitive Impairment</td>
<td>A Study of Donanemab [LY3002813] Compared With Aducanumab in Participants With Early Symptomatic Alzheimer’s Disease (TRAILBLAZER-ALZ 4)</td>
<td>3</td>
<td>200</td>
<td>Percentage of Participants Who Reach Complete Amyloid Plaque Clearance on Florbetapir F18 Positron Emission Tomography (PET) Scan (Superiority) on donanemab versus aducanumab</td>
<td>Sep 2022</td>
<td>Jul 2024</td>
</tr>
<tr>
<td>NCT04437511</td>
<td>Alzheimer Disease</td>
<td>A Study of Donanemab [LY3002813] in Participants With Early Alzheimer’s Disease (TRAILBLAZER-ALZ 2)</td>
<td>3</td>
<td>1800</td>
<td>Change from Baseline on the integrated Alzheimer’s Disease Rating Scale (iADRS)</td>
<td>Apr 2023</td>
<td>Aug 2025</td>
</tr>
<tr>
<td>NCT05738486</td>
<td>Alzheimer Disease</td>
<td>A Study of Different Donanemab [LY3002813] Dosing Regimens in Adults With Early Alzheimer’s Disease (TRAILBLAZER-ALZ 6)</td>
<td>3</td>
<td>800</td>
<td>Percentage of Participants with Any Occurrence of Amyloid-Related Imaging Abnormality-Edema/Efussion (ARIA-E)</td>
<td>Mar 2024</td>
<td>May 2025</td>
</tr>
<tr>
<td>NCT05508789</td>
<td>Alzheimer Disease</td>
<td>A Study of Donanemab [LY3002813] in Participants With Early Symptomatic Alzheimer’s Disease (TRAILBLAZER-ALZ 5)</td>
<td>3</td>
<td>1500</td>
<td>Change from Baseline on the Integrated Alzheimer’s Disease Rating Scale (iADRS)</td>
<td>Apr 2027</td>
<td>Jun 2027</td>
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<tr>
<td>NCT05026866</td>
<td>Alzheimer Disease</td>
<td>A Donanemab [LY3002813] Prevention Study in Participants With Alzheimer’s Disease (TRAILBLAZER-ALZ 3)</td>
<td>3</td>
<td>3300</td>
<td>Time to clinical progression as measured by Clinical Dementia Rating - Global Score (CDR-GS)</td>
<td>Oct 2027</td>
<td>Nov 2027</td>
</tr>
</tbody>
</table>

* Molecule may have multiple indications
** Trial may have additional primary and other secondary outcomes

Source: clinicaltrials.gov, April 18, 2023

Not for promotional use
## SELECT TRIALS – IMLUNESTRANT

<table>
<thead>
<tr>
<th>Study</th>
<th>Indication*</th>
<th>Title</th>
<th>Phase</th>
<th>Patients</th>
<th>Primary Outcome**</th>
<th>Primary Completion</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT04975308</td>
<td>Breast Neoplasms</td>
<td>A Study of Imlunestrant, Investigator’s Choice of Endocrine Therapy, and Imlunestrant Plus Abemaciclib in Participants With ER+, HER2- Advanced Breast Cancer (EMBER-3)</td>
<td>3</td>
<td>860</td>
<td>Progression Free Survival (PFS) in the Intent-to-Treat (ITT) Population</td>
<td>Apr 2024</td>
<td>Aug 2027</td>
</tr>
<tr>
<td>NCT05514054</td>
<td>Breast Neoplasms</td>
<td>A Study of Imlunestrant Versus Standard Endocrine Therapy in Participants With Early Breast Cancer (EMBER-4)</td>
<td>3</td>
<td>6000</td>
<td>Invasive Disease-Free Survival (IDFS)</td>
<td>Oct 2027</td>
<td>Mar 2032</td>
</tr>
</tbody>
</table>

* Molecule may have multiple indications
** Trial may have additional primary and other secondary outcomes

Source: clinicaltrials.gov, April 20, 2023

Not for promotional use
## SELECT TRIALS – JARDIANCE

<table>
<thead>
<tr>
<th>Study</th>
<th>Indication*</th>
<th>Title</th>
<th>Phase</th>
<th>Patients</th>
<th>Primary Outcome**</th>
<th>Primary Completion</th>
<th>Completion</th>
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</thead>
<tbody>
<tr>
<td>NCT04509674</td>
<td>Myocardial Infarction</td>
<td>EMPACT-MI: A Study to Test Whether Empagliflozin Can Lower the Risk of Heart Failure and Death in People Who Had a Heart Attack (Myocardial Infarction)</td>
<td>3</td>
<td>6522</td>
<td>Composite of time to first heart failure hospitalization or all-cause mortality</td>
<td>Aug 2023</td>
<td>Aug 2023</td>
</tr>
</tbody>
</table>

* Molecule may have multiple indications  
** Trial may have additional primary and other secondary outcomes  

Source: clinicaltrials.gov, April 18, 2023  
Not for promotional use
## SELECT TRIALS – LEBRIKIZUMAB

<table>
<thead>
<tr>
<th>Study</th>
<th>Indication*</th>
<th>Title</th>
<th>Phase</th>
<th>Patients</th>
<th>Primary Outcome**</th>
<th>Primary Completion</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT05369403</td>
<td>Atopic Dermatitis</td>
<td>A Study of Lebrikizumab (LY3650150) in Adult and Adolescent Participants With Moderate-to-Severe Atopic Dermatitis Previously Treated With Dupilumab (ADapt)</td>
<td>3</td>
<td>120</td>
<td>Percentage of Participants Achieving Eczema Area and Severity Index-75 (EASI-75) &gt;75% Reduction in EASI Score</td>
<td>Oct 2023</td>
<td>Mar 2024</td>
</tr>
<tr>
<td>NCT05372419</td>
<td>Atopic Dermatitis</td>
<td>A Study of (LY3650150) Lebrikizumab to Assess the Safety and Efficacy of Adult and Adolescent Participants With Moderate-to-Severe Atopic Dermatitis and Skin of Color (ADmirable)</td>
<td>3</td>
<td>80</td>
<td>Percentage of Participants Achieving Eczema Area and Severity Index-75 (EASI-75) (&gt;75% reduction from baseline in EASI)</td>
<td>Mar 2024</td>
<td>Aug 2024</td>
</tr>
<tr>
<td>NCT05559359</td>
<td>Atopic Dermatitis</td>
<td>A Study of Lebrikizumab (LY3650150) in Participants 6 Months to &lt;18 Years of Age With Moderate-to-Severe Atopic Dermatitis (ADorable-1)</td>
<td>3</td>
<td>300</td>
<td>Percentage of Participants Achieving Eczema Area and Severity Index-75 (EASI-75) &gt;75% Reduction from Baseline in EASI Score</td>
<td>Jul 2024</td>
<td>Jul 2025</td>
</tr>
<tr>
<td>NCT04392154</td>
<td>Atopic Dermatitis</td>
<td>Long-term Safety and Efficacy Study of Lebrikizumab (LY3650150) in Participants With Moderate-to-Severe Atopic Dermatitis (ADjoin)</td>
<td>3</td>
<td>1000</td>
<td>Percentage of Participants Discontinued from Study Treatment due to Adverse Events through the Last Treatment Visit</td>
<td>Sep 2024</td>
<td>Sep 2024</td>
</tr>
<tr>
<td>NCT05735483</td>
<td>Atopic Dermatitis</td>
<td>A Study to Assess the Long-Term Safety and Efficacy of Lebrikizumab (LY3650150) in Participants 6 Months to &lt;18 Years of Age With Moderate-to-Severe Atopic Dermatitis (ADorable-2)</td>
<td>3</td>
<td>250</td>
<td>Percentage of Participants Discontinued From Study Treatment due to Adverse Events (AEs)</td>
<td>Jun 2026</td>
<td>Jun 2026</td>
</tr>
</tbody>
</table>

* Molecule may have multiple indications
** Trial may have additional primary and other secondary outcomes

Source: clinicaltrials.gov, April 20, 2023

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2023 Q1 EARNINGS
**SELECT TRIALS – MIRIKIZUMAB**

<table>
<thead>
<tr>
<th>Study</th>
<th>Indication*</th>
<th>Title</th>
<th>Phase</th>
<th>Patients</th>
<th>Primary Outcome**</th>
<th>Primary Completion</th>
<th>Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT03926130</td>
<td>Crohn’s Disease</td>
<td>A Study of Mirikizumab (LY3074828) in Participants With Crohn’s Disease (VIVID-1)</td>
<td>3</td>
<td>1100</td>
<td>Percentage of Participants Achieving Clinical Response at Week 12 and Endoscopic Response at Week 52</td>
<td>Aug 2023</td>
<td>Dec 2023</td>
</tr>
<tr>
<td>NCT04232553</td>
<td>Crohn’s Disease</td>
<td>A Long-term Extension Study of Mirikizumab (LY3074828) in Participants With Crohn’s Disease (VIVID-2)</td>
<td>3</td>
<td>778</td>
<td>Percentage of Participants Achieving Endoscopic Response</td>
<td>Jan 2025</td>
<td>Apr 2027</td>
</tr>
<tr>
<td>NCT03518086</td>
<td>Ulcerative Colitis</td>
<td>An Induction Study of Mirikizumab in Participants With Moderately to Severely Active Ulcerative Colitis (LUCENT-1)</td>
<td>3</td>
<td>1281</td>
<td>Percentage of Participants With Clinical Remission at Week 12</td>
<td>Jan 2021</td>
<td>Mar 2024</td>
</tr>
<tr>
<td>NCT03524092</td>
<td>Ulcerative Colitis</td>
<td>A Maintenance Study of Mirikizumab in Participants With Moderately to Severely Active Ulcerative Colitis (LUCENT-2)</td>
<td>3</td>
<td>1177</td>
<td>Percentage of Participants in Clinical Remission at Week 40</td>
<td>Nov 2021</td>
<td>Mar 2025</td>
</tr>
<tr>
<td>NCT03519945</td>
<td>Ulcerative Colitis</td>
<td>A Study to Evaluate the Long-Term Efficacy and Safety of Mirikizumab in Participants With Moderately to Severely Active Ulcerative Colitis (LUCENT-3)</td>
<td>3</td>
<td>960</td>
<td>Percentage of Participants in Clinical Remission</td>
<td>Jun 2025</td>
<td>Apr 2029</td>
</tr>
</tbody>
</table>

* Molecule may have multiple indications
** Trial may have additional primary and other secondary outcomes

Source: clinicaltrials.gov, April 20, 2023
## SELECT TRIALS – ORFORGLIPRON

<table>
<thead>
<tr>
<th>Study</th>
<th>Indication*</th>
<th>Title</th>
<th>Phase</th>
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<tr>
<td>NCT05803421</td>
<td>Type 2 Diabetes</td>
<td>A Study of Daily Oral Orforglipron (LY3502970) Compared With Insulin Glargine in Participants With Type 2 Diabetes and Obesity or Overweight at Increased Cardiovascular Risk (ACHIEVE-4)</td>
<td>3</td>
<td>2620</td>
<td>Time to First Occurrence of Any Major Adverse Cardiovascular Event (MACE-4) [Myocardial Infarction (MI), Stroke, Hospitalization for Unstable Angina, or Cardiovascular (CV) Death]</td>
<td>Aug 2025</td>
<td>Sep 2025</td>
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* Molecule may have multiple indications
** Trial may have additional primary and other secondary outcomes

Source: clinicaltrials.gov, April 18, 2023
### SELECT TRIALS – PIRTOBRUTINIB

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<tr>
<td>NCT04666038</td>
<td>Chronic Lymphocytic Leukemia</td>
<td>Study of LOXO-305 Versus Investigator’s Choice [idelisib or BR] in Patients With Previously Treated Chronic Lymphocytic Leukemia [CLL]/Small Lymphocytic Lymphoma [SLL] [BRUIN CLL-321]</td>
<td>3</td>
<td>250</td>
<td>To evaluate progression-free survival (PFS) of LOXO-305 monotherapy (Arm A) compared to investigator’s choice of idelisib plus rituximab (Arm B) or bendamustine plus rituximab (Arm B)</td>
<td>Dec 2023</td>
<td>May 2027</td>
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<tr>
<td>NCT05023980</td>
<td>Chronic Lymphocytic Leukemia</td>
<td>A Study of Pirtobrutinib [LOXO-305] Versus Bendamustine Plus Rituximab [BR] in Untreated Patients With Chronic Lymphocytic Leukemia [CLL]/Small Lymphocytic Lymphoma [SLL] [BRUIN CLL-313]</td>
<td>3</td>
<td>250</td>
<td>To evaluate progression-free survival (PFS) of pirtobrutinib (Arm A) compared to bendamustine and rituximab (Arm B)</td>
<td>No 2024</td>
<td>Jul 2026</td>
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<tr>
<td>NCT04965493</td>
<td>Chronic Lymphocytic Leukemia</td>
<td>A Trial of Pirtobrutinib [LOXO-305] Plus Venetoclax and Rituximab (PVR) Versus Venetoclax and Rituximab (VR) in Previously Treated Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma [CLL]/Small Lymphocytic Lymphoma [SLL] [BRUIN CLL-322]</td>
<td>3</td>
<td>600</td>
<td>To evaluate progression-free survival (PFS) of pirtobrutinib plus venetoclax and rituximab (Arm A) compared to venetoclax and rituximab (Arm B)</td>
<td>Oct 2025</td>
<td>Jan 2027</td>
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<tr>
<td>NCT05254743</td>
<td>Chronic Lymphocytic Leukemia</td>
<td>A Study of Pirtobrutinib [LDXO-305] Versus Ibrutinib in Participants With Chronic Lymphocytic Leukemia [CLL]/Small Lymphocytic Lymphoma [SLL] [BRUIN CLL-314]</td>
<td>3</td>
<td>650</td>
<td>Percentage of Participants Achieving Complete Response (CR) or Partial Response (PR); Overall Response Rate (ORR)</td>
<td>Mar 2028</td>
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<tr>
<td>NCT04662255</td>
<td>Lymphoma, Mantle-Cell</td>
<td>Study of BTK Inhibitor LOXO-305 Versus Approved BTK Inhibitor Drugs in Patients With Mantle Cell Lymphoma [MCL] [BRUIN MCL-321]</td>
<td>3</td>
<td>500</td>
<td>To compare progression-free survival (PFS) of pirtobrutinib as monotherapy (Arm A) to investigator choice of covalent BTK inhibitor monotherapy (Arm B) in patients with previously treated mantle cell lymphoma (MCL)</td>
<td>Apr 2025</td>
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Source: clinicaltrials.gov, April 18, 2023

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## SELECT TRIALS – REMTERNETUG

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<tr>
<td>NCT05463731</td>
<td>Alzheimer Disease</td>
<td>A Study of Remternetug (LY3372993) in Participants With Alzheimer’s Disease (TRAILRUNNER-ALZ 1)</td>
<td>3</td>
<td>600</td>
<td>Percentage of Participants Who Reach Amyloid Plaque Clearance on Amyloid PET Scan for Remternetug versus Placebo</td>
<td>Feb 2025</td>
<td>Feb 2026</td>
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Source: clinicaltrials.gov, April 18, 2023
## SELECT TRIALS – RETEVMO

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<tr>
<td>NCT03157128</td>
<td>Non-Small Cell Lung Cancer</td>
<td>A Study of Selpercatinib [LOXO-292] in Participants With Advanced Solid Tumors, RET Fusion-Positive Solid Tumors, and Medullary Thyroid Cancer [LIBRETTO-001]</td>
<td>1</td>
<td>2</td>
<td>Phase 1: MTD; Phase 2: ORR</td>
<td>Mar 2024</td>
<td>Sep 2024</td>
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<tr>
<td>NCT04819100</td>
<td>Carcinoma, Non-Small-Cell Lung</td>
<td>A Study of Selpercatinib After Surgery or Radiation in Participants With Non-Small Cell Lung Cancer (NSCLC) [LIBRETTO-432]</td>
<td>3</td>
<td>170</td>
<td>Event-Free Survival [EFS]</td>
<td>Aug 2028</td>
<td>Nov 2032</td>
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# SELECT TRIALS – TIRZEPATIDE

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<td>NCT04184622</td>
<td>Obesity</td>
<td>A Study of Tirzepatide (LY3298176) in Participants With Obesity or Overweight (SURMOUNT-1)</td>
<td>3</td>
<td>2539</td>
<td>Percent Change from Baseline in Body Weight</td>
<td>Apr 2022</td>
<td>May 2024</td>
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<tr>
<td>NCT04657016</td>
<td>Obesity</td>
<td>A Study of Tirzepatide (LY3298176) In Participants After A Lifestyle Weight Loss Program (SURMOUNT-3)</td>
<td>3</td>
<td>806</td>
<td>Percent Change from Randomization in Body Weight</td>
<td>Apr 2023</td>
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<td>NCT04660643</td>
<td>Obesity</td>
<td>A Study of Tirzepatide (LY3298176) in Participants With Obesity or Overweight for the Maintenance of Weight Loss (SURMOUNT-4)</td>
<td>3</td>
<td>783</td>
<td>Percent Change from Randomization (Week 36) in Body Weight</td>
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<td>NCT04844918</td>
<td>Obesity</td>
<td>A Study of Tirzepatide (LY3298176) in Participants With Obesity Disease (SURMOUNT-J)</td>
<td>3</td>
<td>261</td>
<td>Percentage of Participants who Achieve ( \geq 5% ) Body Weight Reduction</td>
<td>Jun 2023</td>
<td>Jun 2023</td>
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<td>NCT05822830</td>
<td>Obesity</td>
<td>A Study of Tirzepatide (LY3298176) in Participants With Obesity or Overweight With Weight Related Comorbidities (SURMOUNT-5)</td>
<td>3</td>
<td>700</td>
<td>Percent Change from Baseline in Body Weight</td>
<td>Feb 2025</td>
<td>Mar 2025</td>
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<tr>
<td>NCT05556512</td>
<td>Obesity</td>
<td>A Study of Tirzepatide (LY3298176) on the Reduction on Morbidity and Mortality in Adults With Obesity (SURMOUNT-MM0)</td>
<td>3</td>
<td>15000</td>
<td>Time to First Occurrence of Any Component Event of Composite (All-Cause Death, Nonfatal Myocardial Infarction (MI), Nonfatal Stroke, Coronary Revascularization, or Heart Failure Events)</td>
<td>Oct 2027</td>
<td>Oct 2027</td>
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* Molecule may have multiple indications  
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## SELECT TRIALS – TIRZEPATIDE (CONT.)

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<tr>
<td>NCT04255433</td>
<td>Type 2 Diabetes</td>
<td>A Study of Tirzepatide (LY3298176) Compared With Dulaglutide on Major Cardiovascular Events in Participants With Type 2 Diabetes (SURPASS-CVOT)</td>
<td>3</td>
<td>13299</td>
<td>Time to First Occurrence of Death from Cardiovascular (CV) Causes, Myocardial Infarction (MI), or Stroke (MACE-3)</td>
<td>Oct 2024</td>
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<tr>
<td>NCT05260021</td>
<td>Type 2 Diabetes</td>
<td>A Study to Evaluate Tirzepatide (LY3298176) in Pediatric and Adolescent Participants With Type 2 Diabetes Mellitus Inadequately Controlled With Metformin or Basal Insulin or Both (SURPASS-PEDS)</td>
<td>3</td>
<td>90</td>
<td>Change From Baseline in Hemoglobin A1c (Hba1c)</td>
<td>Nov 2027</td>
<td>Dec 2027</td>
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<td>NCT04166773</td>
<td>Nonalcoholic Steatohepatitis</td>
<td>A Study of Tirzepatide (LY3298176) in Participants With Nonalcoholic Steatohepatitis (SYNERGY-NASH)</td>
<td>2</td>
<td>196</td>
<td>Percentage of Participants with Absence of NASH with no Worsening of Fibrosis on Liver Histology</td>
<td>Jan 2024</td>
<td>Feb 2024</td>
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<tr>
<td>NCT05412004</td>
<td>Sleep Apnea</td>
<td>Obstructive Sleep Apnea Master Protocol GPIF: A Study of Tirzepatide (LY3298176) in Participants With Obstructive Sleep Apnea (SURMOUNT-OSA)</td>
<td>3</td>
<td>469</td>
<td>Percent Change from Baseline in Apnea-Hypopnea Index (AHI)</td>
<td>Mar 2024</td>
<td>Mar 2024</td>
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<tr>
<td>NCT04847557</td>
<td>HFpEF</td>
<td>A Study of Tirzepatide (LY3298176) in Participants With Heart Failure With Preserved Ejection Fraction and Obesity (SUMMIT)</td>
<td>3</td>
<td>700</td>
<td>A Hierarchical Composite of All-Cause Mortality, Heart Failure Events, 6-minute Walk Test Distance (6MWD) and Kansas City Cardiomyopathy Questionnaire (KCCQ) Clinical Summary Score (CSS) Category</td>
<td>Jun 2024</td>
<td>Jul 2024</td>
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<tr>
<td>NCT05536804</td>
<td>CKD</td>
<td>A Study of Tirzepatide (LY3298176) in Participants With Overweight or Obesity and Chronic Kidney Disease With or Without Type 2 Diabetes (TREASURE-CKD)</td>
<td>2</td>
<td>140</td>
<td>Change from Baseline in Kidney Oxygenation in Participants With or Without T2D [Time Frame: Baseline, Week 52]; Blood oxygenation-level dependent magnetic resonance imaging (BOLD MRI)</td>
<td>Oct 2025</td>
<td>Nov 2025</td>
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Source: clinicaltrials.gov, April 21, 2023

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2023 Q1 EARNINGS
# SELECT TRIALS – VERZENIO

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<tr>
<td>NCT03155997</td>
<td>Breast Cancer</td>
<td>Endocrine Therapy With or Without Abemacliclib (LY2835219) Following Surgery in Participants With Breast Cancer (MonarchE)</td>
<td>3</td>
<td>5637</td>
<td>Invasive Disease Free Survival (IDFS)</td>
<td>Mar 2020</td>
<td>Jun 2029</td>
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<td>NCT05169567</td>
<td>Breast Neoplasm</td>
<td>Abemacliclib (LY2835219) Plus Fulvestrant Compared to Placebo Plus Fulvestrant in Previously Treated Breast Cancer (postMonarch)</td>
<td>3</td>
<td>350</td>
<td>Progression-Free Survival (PFS)</td>
<td>Aug 2023</td>
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<tr>
<td>NCT03706365</td>
<td>Prostate Cancer</td>
<td>A Study of Abiraterone Acetate Plus Prednisone With or Without Abemacliclib (LY2835219) in Participants With Prostate Cancer (CYCLONE 2)</td>
<td>2(\geq)3</td>
<td>350</td>
<td>Radiographic Progression Free Survival (rPFS)</td>
<td>Nov 2023</td>
<td>Jun 2026</td>
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<tr>
<td>NCT05288166</td>
<td>Prostatic Neoplasms</td>
<td>A Study of Abemacliclib (LY2835219) With Abiraterone in Men With Prostate Cancer That Has Spread to Other Parts of the Body and is Expected to Respond to Hormonal Treatment (Metastatic Hormone-Sensitive Prostate Cancer) (CYCLONE 3)</td>
<td>3</td>
<td>900</td>
<td>Radiographic Progression-Free Survival (rPFS) Assessed by Investigator</td>
<td>Oct 2025</td>
<td>Oct 2027</td>
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1 Also lists NSABP Foundation Inc

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# SELECT TRIALS – EARLY PHASE DIABETES AND OBESITY

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<tr>
<td>Muvalaplin (LP[a] Inhibitor)</td>
<td>NCT05563246</td>
<td>Lipoprotein Disorder</td>
<td>A Study of LY3473329 in Adult Participants With Elevated Lipoprotein[a] at High Risk for Cardiovascular Events [KRAKEN]</td>
<td>2</td>
<td>233</td>
<td>Percent Change from Baseline in Lipoprotein [a] Lp[a]</td>
<td>Jan 2024</td>
<td>Jan 2024</td>
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<tr>
<td>Relaxin-LA</td>
<td>NCT05592275</td>
<td>Heart Failure</td>
<td>A Study of LY3540378 in Participants With Worsening Chronic Heart Failure With Preserved Ejection Fraction (HFpEF)</td>
<td>2</td>
<td>432</td>
<td>Change from Baseline in Left Atrial Reservoir Strain [LARS]</td>
<td>Nov 2024</td>
<td>Jan 2025</td>
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## SELECT TRIALS – EARLY PHASE DIABETES AND OBESITY (CONT.)

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<tr>
<td>PYY Analog Agonist</td>
<td>NCT05582096</td>
<td>Overweight</td>
<td>A Study of LY3457263 in Obese Participants</td>
<td>1</td>
<td>45</td>
<td>Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>May 2023</td>
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<td>GIP/GLP Coagonist Peptide</td>
<td>NCT05794243</td>
<td>Healthy</td>
<td>A Multiple-Dose Study of LY3493269 in Healthy Participants</td>
<td>1</td>
<td>70</td>
<td>Pharmacokinetics (PK); Area Under the Concentration-time curve (AUC) of LY3493269</td>
<td>Sep 2023</td>
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<td>DACRA QW II</td>
<td>NCT05380323</td>
<td>Overweight</td>
<td>A Study of LY3541105 in Healthy and Overweight Participants</td>
<td>1</td>
<td>160</td>
<td>Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Sep 2023</td>
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<td>PYY Analog Agonist</td>
<td>NCT05377333</td>
<td>Diabetes</td>
<td>A Study of LY3457263 Alone and in Combination With Dulaglutide (LY2189265) in Participants With Type 2 Diabetes</td>
<td>1</td>
<td>86</td>
<td>Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Sep 2023</td>
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<td>GIPR Agonist LA II</td>
<td>NCT05407961</td>
<td>Diabetes</td>
<td>A Study of LY3532226 in Participants With Type 2 Diabetes Mellitus</td>
<td>1</td>
<td>92</td>
<td>Part A: Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Oct 2023</td>
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<td>Mazdutide</td>
<td>NCT05623839</td>
<td>Overweight</td>
<td>A Study of LY3305677 in Participants With Obesity or Overweight</td>
<td>1</td>
<td>32</td>
<td>Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Dec 2023</td>
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<td>Amylin Agonist LA</td>
<td>NCT05295940</td>
<td>Obesity</td>
<td>A Study of LY3841136 in Healthy and Overweight Participants</td>
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<td>Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Jan 2024</td>
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<td>NRG4 Agonist</td>
<td>NCT04840914</td>
<td>HFrEF</td>
<td>A Study of LY3441767 in Participants With Chronic Heart Failure With Reduced Ejection Fraction</td>
<td>1</td>
<td>50</td>
<td>Number of Participants with One or More Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Mar 2024</td>
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<tr>
<td>APOC3 siRNA</td>
<td>NCT05609825</td>
<td>Hypertriglyceridemia</td>
<td>A Study of LY3875383 in Healthy Participants and Participants With Hypertriglyceridemia</td>
<td>1</td>
<td>120</td>
<td>Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Aug 2024</td>
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<td>PNPLA3 siRNA</td>
<td>NCT05395481</td>
<td>Non-Alcoholic Fatty Liver Disease</td>
<td>A Single-Ascending and Repeated Dose Study of LY3849891 in Participants With Nonalcoholic Fatty Liver Disease</td>
<td>1</td>
<td>176</td>
<td>Part A: Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) (SAEs) Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Nov 2024</td>
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2023 Q1 EARNINGS
## SELECT TRIALS – EARLY PHASE IMMUNOLOGY

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<td>Peresolimab</td>
<td>NCT05516758</td>
<td>Rheumatoid Arthritis</td>
<td>A Study of Peresolimab (LY3462817) in Participants With Moderately-to-Severely Active Rheumatoid Arthritis (RESOLUTION-1)</td>
<td>2</td>
<td>420</td>
<td>Percentage of Participants Achieving American College of Rheumatology (ACR)20</td>
<td>Nov 2023</td>
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<td>BTLA MAB Agonist</td>
<td>NCT05123586</td>
<td>Systemic Lupus Erythematosus</td>
<td>A IMMA Master Protocol: A Study of LY3361237 in Participants With at Least Moderately Active Systemic Lupus Erythematosus</td>
<td>2</td>
<td>90</td>
<td>Percentage of Participants with Arthritis and/or Rash at Baseline Who Achieve Remission of Arthritis and/or Rash</td>
<td>Jan 2024</td>
<td>Apr 2024</td>
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<tr>
<td>CD19</td>
<td>NCT05042310</td>
<td>Healthy</td>
<td>A Study of LY3541860 in Healthy Japanese and Non-Japanese Participants</td>
<td>1</td>
<td>84</td>
<td>Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) [SAEs] Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Jul 2023</td>
<td>Jul 2023</td>
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<tr>
<td>GITR Antagonist Antibody</td>
<td>NCT05486208</td>
<td>Healthy</td>
<td>A Study of LY3844583 in Healthy Participants and Participants With Atopic Dermatitis</td>
<td>1</td>
<td>86</td>
<td>Number of Participants with One or More Adverse Events (AEs), Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) [SAEs] Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Jul 2023</td>
<td>Jan 2024</td>
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* Molecule may have multiple indications
** Trial may have additional primary and other secondary outcomes

Source: clinicaltrials.gov, April 18, 2023

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## SELECT TRIALS – EARLY PHASE NEURODEGENERATION

<table>
<thead>
<tr>
<th>Molecule</th>
<th>Study</th>
<th>Indication*</th>
<th>Title</th>
<th>Phase</th>
<th>Patients</th>
<th>Primary Outcome**</th>
<th>Primary Completion</th>
<th>Completion</th>
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<tbody>
<tr>
<td>O-GlcNAcase Inh.</td>
<td>NCT05063539</td>
<td>Alzheimer Disease</td>
<td>A Study of LY3372689 to Assess the Safety, Tolerability, and Efficacy in Participants With Alzheimer’s Disease</td>
<td>2</td>
<td>330</td>
<td>Change from Baseline to End Time Point in Integrated Alzheimer’s Disease Rating Scale (IADRS)</td>
<td>May 2024</td>
<td>Jun 2024</td>
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<tr>
<td>SARM1 CNS Inhibitor</td>
<td>NCT05492201</td>
<td>Healthy</td>
<td>A Study of LY3873862 in Healthy Participants</td>
<td>1</td>
<td>90</td>
<td>Number of Participants with One or More Treatment Emergent Adverse Events (TEAEs) and Serious Adverse Event(s) [SAEs] Considered by the Investigator to be Related to Study Drug Administration</td>
<td>Apr 2023</td>
<td>Apr 2023</td>
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<tr>
<td>GRN Gene Therapy</td>
<td>NCT04408625</td>
<td>Frontotemporal Dementia</td>
<td>Phase 1/2 Clinical Trial of PR006 in Patients With Frontotemporal Dementia With Progranulin Mutations [FTD-GRN] [PROCLAIM]</td>
<td>1/2</td>
<td>15</td>
<td>Number of Adverse Events (AEs), Serious Adverse Events (SAEs), and Adverse Events Leading to discontinuation</td>
<td>Dec 2027</td>
<td>Dec 2027</td>
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<tr>
<td>GBA1 Gene Therapy</td>
<td>NCT04127578</td>
<td>Parkinson Disease</td>
<td>Phase 1/2a Clinical Trial of PR001 [LY3884961] in Patients With Parkinson’s Disease With at Least One GBA1 Mutation [PROPEL]</td>
<td>1/2</td>
<td>20</td>
<td>Cumulative number of Treatment-Emergent Adverse Events (TEAEs) and Serious Adverse Events (SAEs)</td>
<td>Apr 2028</td>
<td>Apr 2028</td>
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<tr>
<td>GBA1 Gene Therapy</td>
<td>NCT04411654</td>
<td>Gaucher Disease, Type 2</td>
<td>Phase 1/2 Clinical Trial of PR001 in Infants With Type 2 Gaucher Disease [PROVIDE]</td>
<td>1/2</td>
<td>15</td>
<td>Number of Adverse Events (AEs), Serious Adverse Events (SAEs), and Adverse Events leading to discontinuation</td>
<td>Sep 2028</td>
<td>Sep 2028</td>
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<tr>
<td>GBA1 Gene Therapy</td>
<td>NCT05487599</td>
<td>Gaucher Disease</td>
<td>A Clinical Trial of PR001 [LY3884961] in Patients With Peripheral Manifestations of Gaucher Disease [PROCEED]</td>
<td>1/2</td>
<td>15</td>
<td>Incidence and severity of Treatment-emergent Adverse Events (TEAEs) and Serious Adverse Events (SAEs)</td>
<td>Sep 2030</td>
<td>Sep 2030</td>
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* Molecule may have multiple indications  
** Trial may have additional primary and other secondary outcomes  

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# SELECT TRIALS – EARLY PHASE ONCOLOGY

<table>
<thead>
<tr>
<th>Molecule</th>
<th>Study</th>
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<th>Title</th>
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<th>Primary Outcome**</th>
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<tbody>
<tr>
<td>IDH1/2 Inhibitor</td>
<td>NCT04521686</td>
<td>Cholangiocarcinoma</td>
<td>Study of LY3410738 Administered to Patients With Advanced Solid Tumors With IDH1 or IDH2 Mutations</td>
<td>1</td>
<td>200</td>
<td>Recommended Phase 2 dose [RP2D]</td>
<td>May 2023</td>
<td>May 2023</td>
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<tr>
<td>KRAS G12C1</td>
<td>NCT04956640</td>
<td>Carcinoma, Non-Small-Cell Lung</td>
<td>Study of LY3537982 in Cancer Patients With a Specific Genetic Mutation (KRAS G12C)</td>
<td>1</td>
<td>400</td>
<td>Phase 1a: To determine the recommended phase 2 dose [RP2D] of LY3537982 monotherapy</td>
<td>Sep 2025</td>
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<tr>
<td>IDH1/2 Inhibitor</td>
<td>NCT04603001</td>
<td>Acute Myeloid Leukemia [AML]</td>
<td>Study of Oral LY3410738 in Patients With Advanced Hematologic Malignancies With IDH1 or IDH2 Mutations</td>
<td>1</td>
<td>260</td>
<td>To determine the maximum tolerated dose [MTD]/recommended Phase 2 dose [RP2D]</td>
<td>May 2024</td>
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<tr>
<td>PI3K Selective</td>
<td>NCT05307705</td>
<td>Breast Cancer</td>
<td>A Study of LOXO-783 in Patients With Breast Cancer/Other Solid Tumors [PIKASSO-01]</td>
<td>1</td>
<td>400</td>
<td>Phase 1a: To determine the MTD/RP2D of LOXO-783; Number of patients with dose-limiting toxicities [DLTs]</td>
<td>May 2025</td>
<td>May 2025</td>
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<tr>
<td>FGFR3 Selective</td>
<td>NCT05614739</td>
<td>Urinary Bladder Neoplasms</td>
<td>A Study of LOXO-435 in Patients With Cancer With a Change in a Gene Called FGFR3</td>
<td>1</td>
<td>140</td>
<td>Phase 1a: To determine the maximum tolerated dose/recommended phase 2 dose [MTD/RP2D] of LOXO-435: Number of patients with dose-limiting toxicities [DLTs]</td>
<td>Jun 2025</td>
<td>Jun 2025</td>
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<tr>
<td>RET Inhibitor II</td>
<td>NCT05241834</td>
<td>Carcinoma, Non-Small-Cell Lung</td>
<td>A Study of LOXO-260 in Cancer Patients With a Change in a Particular Gene (RET) That Has Not Responded to Treatment</td>
<td>1</td>
<td>110</td>
<td>Phase 1a: To determine the MTD/RP2D of LOXO-260: Dose limiting toxicity [DLT] rate</td>
<td>Apr 2026</td>
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1 Also lists Merck Sharp & Dohme LLC

* Molecule may have multiple indications

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<table>
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<tr>
<td>P2X7 Inhibitor</td>
<td>NCT05620563</td>
<td>Knee Osteoarthritis</td>
<td>A Chronic Pain Master Protocol (CPMP): A Study of LY3857210 In Participants With Osteoarthritis Pain (OA05)</td>
<td>2</td>
<td>125</td>
<td>Change from Baseline for Average Pain Intensity as measured by the Numeric Rating Scale (NRS)</td>
<td>May 2023</td>
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<tr>
<td>P2X7 Inhibitor</td>
<td>NCT05630196</td>
<td>Chronic Low-back Pain</td>
<td>A Chronic Pain Master Protocol (CPMP): A Study of LY3857210 in Participants With Chronic Low Back Pain</td>
<td>2</td>
<td>125</td>
<td>Change from Baseline for Average Pain Intensity as measured by the Numeric Rating Scale (NRS)</td>
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<tr>
<td>P2X7 Inhibitor</td>
<td>NCT05620576</td>
<td>Chronic Pain</td>
<td>A Chronic Pain Master Protocol (CPMP): A Study of LY3857210 in Participants With Diabetic Peripheral Neuropathic Pain (NP05)</td>
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<td>125</td>
<td>Change from Baseline for Average Pain Intensity as measured by the Numeric Rating Scale (NRS)</td>
<td>Oct 2023</td>
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Source: clinicaltrials.gov, April 14, 2023