



Lilly's EloraTZP (combination of eloralintide and tirzepatide) delivered greater weight loss and A1C reduction vs. tirzepatide 15 mg in adults with obesity and type 2 diabetes

September 30, 2026

Participants taking EloraTZP lost up to an average of 54.1 lbs (23.3%) compared to 34.4 lbs (14.8%) with tirzepatide 15 mg

Participants taking EloraTZP lowered their A1C by up to an average of 2.9% compared to 2.4% with tirzepatide 15 mg

Based on results of this 48-week Phase 2b study, Lilly will initiate Phase 3 trials of EloraTZP in Q4 2026

INDIANAPOLIS, Sept. 30, 2026 /PRNewswire/ -- Eli Lilly and Company (NYSE: LLY), the maker of Zepbound (tirzepatide) and Foundaro (orforglipron), today announced positive results from a Phase 2b trial evaluating the safety and efficacy of EloraTZP, an investigational combination of eloralintide, a selective amylin receptor agonist, and tirzepatide, a dual GIP and GLP-1 receptor agonist, in 367 adults with obesity or overweight and type 2 diabetes. At 48 weeks, all combinations of EloraTZP met the primary and secondary endpoints, delivering substantial weight loss and A1C reduction. Results from the trial were presented at the 62nd Annual Meeting of the European Association for the Study of Diabetes (EASD) in Milan, Italy.

EloraTZP was developed to simultaneously activate three complementary nutrient-stimulated hormones: GIP, GLP-1, and amylin, with minimal activity at the calcitonin receptor. These substances are released naturally by the body after eating, with each acting through its own distinct receptor to help regulate hunger and blood sugar.¹

"Obesity and type 2 diabetes are interconnected, and we are seeing the potential benefit of targeting multiple hormonal pathways to address both," said Liana K. Billings, M.D., Director of Clinical and Genetics Research in Diabetes and Cardiometabolic Disease at Endeavor Health, Evanston, Illinois, and lead author. "Across the dose combinations studied with eloralintide and tirzepatide, participants had substantial weight loss alongside meaningful reductions in A1C. These are outcomes that matter to patients. We need to continue building on these findings so that, in the future, we can offer patients more treatment options that address both weight and glucose and better reflect the complexity of living with type 2 diabetes and obesity."

Eloralintide alone reduced body weight by up to an average of 28.6 lbs (12.3%) and A1C by up to an average of 1.4%, while tirzepatide 15 mg reduced body weight by an average of 34.4 lbs (14.8%) and A1C by 2.4%. Participants taking EloraTZP lost up to an average of 54.1 lbs (23.3%) and lowered their A1C by up to an average of 2.9% at 48 weeks, beyond what either medicine achieved alone.

Phase 2 Efficacy Estimand Results²

	Primary Endpoint: Change in body weight from an avg. baseline of 232.4 lbs (105.4 kg) ⁱ		Secondary endpoint: Change in A1C from an avg. baseline of 8.1%
Elora 3 mg + TZP 5 mg	-13.2 %	-30.7 lbs	-2.2 %
Elora 6 mg + TZP 5 mg	-19.4 %	-45.1 lbs	-2.7 %
Elora 6 mg + TZP 10 mg	-19.9 %	-46.2 lbs	-2.6 %
Elora 9 mg + TZP 15 mg	-23.3 %	-54.1 lbs	-2.9 %
TZP 15 mg	-14.8 %	-34.4 lbs	-2.4 %
Elora 3 mg	-8.2 %	-19.1 lbs	-1.1 %
Elora 6 mg	-12.3 %	-28.6 lbs	-1.4 %
Elora 9 mg	-11.1 %	-25.8 lbs	-1.3 %
Placebo	-3.0 %	-7.0 lbs	-0.3 %

ⁱPrimary endpoint was percent change in body weight for EloraTZP vs. placebo. All other comparisons were secondary endpoints.

The most common adverse events were gastrointestinal-related and generally mild or moderate, occurring primarily during dose escalation. These events were seen more frequently in the combination arms than with eloralintide or tirzepatide alone. Treatment discontinuation rates due to adverse events were 10.8% to 27.0% with EloraTZP, 0% to 10.8% with eloralintide, 2.9% with tirzepatide and 16.7% with placebo.

"Lilly continues to pioneer new medicines for people living with obesity and diabetes, building on our scientific track record with tirzepatide, the first approved GIP and GLP-1 dual agonist, and retatrutide, our investigational triple agonist," said Kenneth Custer, Ph.D., executive vice president and president of Lilly Cardiometabolic Health. "EloraTZP represents our next frontier, pairing a selective amylin receptor agonist with tirzepatide, which could be an additive and more physiological approach to managing metabolic health. We are highly encouraged by our Phase 2 results with EloraTZP and look forward to quickly initiating Phase 3 studies."

Eloralintide is already being evaluated as a single agent in Phase 3 trials for the treatment of obesity. Lilly plans to initiate Phase 3 studies of an EloraTZP co-formulation product by the end of 2026 using an optimized escalation schedule.

About EloraT2P

EloraT2P is an investigational combination of eloralintide, a selective amylin receptor agonist, and tirzepatide, a dual GIP and GLP-1 receptor agonist and the active ingredient in Zepbound and Mounjaro. By engaging both amylin and incretin pathways concurrently, EloraT2P has the potential to improve weight and blood sugar through the body's naturally occurring metabolic signals. In the Phase 2b study (NCT06603571), eloralintide and tirzepatide were administered as separate injections in adults with obesity or overweight and type 2 diabetes. Lilly plans to advance an EloraT2P co-formulation product into Phase 3 by the end of 2026.

About eloralintide

Eloralintide is an investigational once-weekly, selective amylin receptor agonist previously known as LY3841136.^{3,4} Eloralintide has the potential to decrease calorie intake, and the effects are likely mediated by affecting satiety, or the feeling of fullness. Phase 3 trials of eloralintide for the treatment of obesity and in adults with obesity or overweight with or without type 2 diabetes are currently ongoing. Lilly has also conducted a Phase 2b study (NCT06230523) comparing the efficacy and safety of once-weekly eloralintide with placebo in adults with obesity or overweight and at least one weight-related comorbidity without type 2 diabetes.⁵

About Zepbound (tirzepatide) injection

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 the study

The Phase 2b study (NCT06603571) was a 48-week, parallel-group, double-blind, placebo-controlled study to investigate weight management with eloralintide and Zepbound, alone or in combination, in adult participants with obesity or overweight with type 2 diabetes. The trial randomized 367 participants in the U.S. and Argentina in a 1:1:1:1:1:1:1:1 ratio to placebo, eloralintide, tirzepatide or EloraT2P. The primary objective of the study was to demonstrate that eloralintide in combination with Zepbound is superior to placebo in percent change in body weight from baseline at 48 weeks.

All participants taking eloralintide started the study at 1 mg or 3 mg and escalated to their final target dose of 6 mg or 9 mg. All participants taking a combination of eloralintide and tirzepatide started the study at eloralintide 1 mg or 3 mg and tirzepatide 2.5 mg and escalated every four weeks until reaching their target dose. All participants taking tirzepatide started the study at 2.5 mg and escalated every four weeks until reaching their target dose of 15 mg. For some participants taking eloralintide as an add-on to tirzepatide, eloralintide was administered at week 24 starting with 3 mg and escalated to 6 mg after four weeks.

Endnotes and References

1. Hayes MR, Mietlicki-Baase EG, Kanoski SE, De Jonghe BC. Incretins and amylin: neuroendocrine communication between the gut, pancreas, and brain in control of food intake and blood glucose. *Annu Rev Nutr.* 2014;34:237-260.
2. The efficacy estimand represents efficacy had all randomized participants remained on study intervention (with possible dose interruptions and/or dose modifications) for 48 weeks.
3. Briere DA, Long A, Bullock DM, *et al.* 849-P: Eloralintide (LY3841136), a Selective Amylin Mimetic, Lowered Body Weight with Improved Quality of Weight Loss and GI Tolerability in Rats Compared with Cagrilintide. *Diabetes* 2025;74 (Supplement_1):849-P. <https://doi.org/10.2337/db25-849-P>
4. Bhattachar SN, Tham L-S, Tidemann-Miller B, *et al.* 882-P: Eloralintide, a Selective, Long-Acting Amylin Receptor Agonist for Obesity—Phase 1 Proof of Concept. *Diabetes* 2025;74 (Supplement_1):882-P. <https://doi.org/10.2337/db25-882-P>
5. Eli Lilly & Company. (November 6, 2025). Lilly's selective amylin agonist, eloralintide, demonstrated meaningful weight loss and favorable tolerability in a Phase 2 study of adults with obesity or overweight. Eli Lilly and Company News Release. <https://lilly.gcs-web.com/news-releases/news-release-details/lillys-selective-amylin-agonist-eloralintide-demonstrated>

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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U.S. FOUNDAYO INDICATION AND SAFETY SUMMARY WITH WARNINGS

Foundayo (fown-DAY-oh) is a 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.

- Foundayo should not be used with other GLP-1 receptor agonist medicines.
- It is not known if Foundayo is safe and effective for use in children.

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

Foundayo may cause serious side effects, including:

Inflammation of the pancreas (pancreatitis). Stop taking Foundayo 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. Sometimes you may feel the pain from your abdomen to your back.

Severe stomach problems. Stomach problems, sometimes severe, have been reported in people who use Foundayo. 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.

Low blood sugar (hypoglycemia). Your risk for getting low blood sugar may be higher if you use Foundayo with medicines that can cause low blood sugar, such as an insulin or sulfonylurea. **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.

Serious allergic reactions. Stop using Foundayo 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.

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

Gallbladder problems. Gallbladder problems have happened in some people who use Foundayo. 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.

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

Common side effects

The most common side effects of Foundayo include nausea, constipation, diarrhea, vomiting, indigestion, stomach (abdominal) pain, headache, swollen belly, feeling tired, belching, heartburn, gas, and hair loss. These are not all the possible side effects of Foundayo. 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 taking Foundayo

- **Tell your healthcare provider about all the medicines you take.** Foundayo may affect the way some medicines work, and some medicines may affect the way Foundayo works.
- **Pregnancy Exposure Registry:** There will be a pregnancy exposure registry for women who have taken Foundayo during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Talk to your healthcare provider about how you can take part in this registry, or you may contact Eli Lilly and Company at 1-800-LillyRx (1-800-545-5979).
- **If you take birth control pills by mouth, talk to your healthcare provider before you take Foundayo. Birth control pills may not work as well while taking Foundayo.** Your healthcare provider may recommend another type of birth control for 30 days after starting Foundayo and for 30 days after each dose increase of Foundayo.
- **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.

Review these questions with your healthcare provider:

- ☐ Do you have other medical conditions, including problems with your pancreas or kidneys, or severe problems with your liver, severe problems with your stomach, such as slowed emptying of your stomach (gastroparesis) or problems digesting food?
- ☐ Do you have a history of diabetic retinopathy?
- ☐ Are you scheduled to have surgery or other procedures that use anesthesia or deep sleepiness (deep sedation)?
- ☐ Are you pregnant or plan to become pregnant? Foundayo may harm your unborn baby.
- ☐ Are you breastfeeding or plan to breastfeed? Breastfeeding is not recommended during treatment with Foundayo.
- ☐ Do you take any other prescriptions or over-the-counter medicines, vitamins, or herbal supplements?

How to take

- Take Foundayo exactly as your healthcare provider tells you to.
- Use Foundayo with a reduced-calorie diet and increased physical activity.
- Take Foundayo by mouth 1 time each day, with or without food.
- Swallow tablets whole. Do not break, crush, or chew the tablet.
- If you miss a dose, take it as soon as possible. **Do not** take **2** doses of Foundayo in the same day.
- **Do not take more than 1 tablet per day.**
- If you miss taking Foundayo for 7 or more days in a row, call your healthcare provider to talk about how to restart your treatment.
- If you take too much Foundayo, call your healthcare provider or Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away.

Learn more

Foundayo is a prescription medicine available in 0.8 mg, 2.5 mg, 5.5 mg, 9 mg, 14.5 mg, or 17.2 mg oral tablets. For more information, call 1-800-545-5979 or go to foundayo.lilly.com.

This summary provides basic information about Foundayo 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 Foundayo and how to take it. Your doctor is the best person to help you decide if Foundayo is right for you.

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U.S. MOUNJARO INDICATIONS AND SAFETY SUMMARY WITH WARNINGS

Mounjaro[®] (mown-JAHR-OH) is an injectable prescription medicine used along with diet and exercise to improve blood sugar (glucose) in adults and children 10 years of age and older with type 2 diabetes and to reduce the risk of major cardiovascular events such as heart attack, stroke, or death in adults with type 2 diabetes who are at high risk for these events.

- It is not known if Mounjaro is safe and effective for use in children under 10 years of age.

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

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

Inflammation of the pancreas (pancreatitis). Stop using Mounjaro and call your healthcare provider right away if you have severe pain in your

stomach area (abdomen) that will not go away, with or without nausea or vomiting. Sometimes you may feel the pain from your abdomen to your back.

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

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

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.

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

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

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

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

Common side effects

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

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

Before using Mounjaro

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

Review these questions with your healthcare provider:

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

How to take

- Read the **Instructions for Use** that come with Mounjaro.
- Use Mounjaro exactly as your healthcare provider says.
- A caregiver may give you Mounjaro injections, or you may self-inject if a healthcare provider determines that it is appropriate.
- Inject Mounjaro under the skin (subcutaneously) of your stomach (abdomen), thigh, or another person should inject in the back of the upper arm. **Do not** inject Mounjaro into a muscle (intramuscularly) or vein (intravenously).
- **Use Mounjaro 1 time each week, at any time of the day.**
- **Do not** mix insulin and Mounjaro together in the same injection.
- You may give an injection of Mounjaro and insulin in the same body area (such as your stomach area), but not right next to each other.
- Change (rotate) your injection site with each weekly injection. **Do not** use the same site for each injection.
- If you take too much Mounjaro, call your healthcare provider or Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away.

Learn more

Mounjaro is a prescription medicine available as a pre-filled single-dose pen in 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, or 15 mg per 0.5 mL injection. For more information, call 1-800-LillyRX (800-545-5979) or go to www.mounjaro.lilly.com.

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

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This press release contains forward-looking statements (as that term is defined in the Private Securities Litigation Reform Act of 1995) about eloralintide, EloraTZP, and eloralintide as an add on therapy to tirzepatide as a potential treatments for adults with obesity or overweight with type 2 diabetes, and the timeline for future clinical studies, presentations, and other milestones and clinical trials 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 eloralintide or EloraTZP will prove to be safe and effective treatments for obesity or overweight with type 2 diabetes, that eloralintide or EloraTZP will receive regulatory approval, 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.

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