

# Employee perceptions and experiences with tirzepatide treatment for obesity or overweight in the US

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## OBJECTIVE

This study examined the perspectives of employees starting tirzepatide (“initiators”) regarding their employer-sponsored healthcare benefits and highlighted barriers to accessing obesity medications.

## CONCLUSION

- In this real-world survey, majority of participants had employer-sponsored health insurance; however, among those only a little more than half (56%) had OM coverage.
- A majority of participants expressed that their employer-sponsored health insurance should include OM coverage.
- Participants viewed OM coverage as an important benefit that could potentially improve their job satisfaction and retention.
- Over half of the participants considered changing jobs to get access to employee-sponsored OM coverage.

**Abbreviations:** EHI, employer-sponsored health insurance; GLP-1 RA, Glucagon-like peptide-1 receptor agonist; OM, obesity medications; SD, standard deviation  
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## Background

- Obesity is a chronic disease that has a negative impact on work productivity.<sup>1</sup> It is often associated with absenteeism, disability, and overall work impairment.<sup>1</sup>
- An understanding of the burden of obesity on work productivity may encourage employers to take proactive measures for management.
- A small weight reduction (5%–10% range) can significantly improve patient outcomes.<sup>2</sup>
- Obesity medications (OMs), such as tirzepatide, have the potential to positively influence work productivity by supporting effective weight management.<sup>3</sup>
- There are gaps in understanding employees’ perceptions on accessing OMs through employer-sponsored benefits.

## Methods

### Study design and population

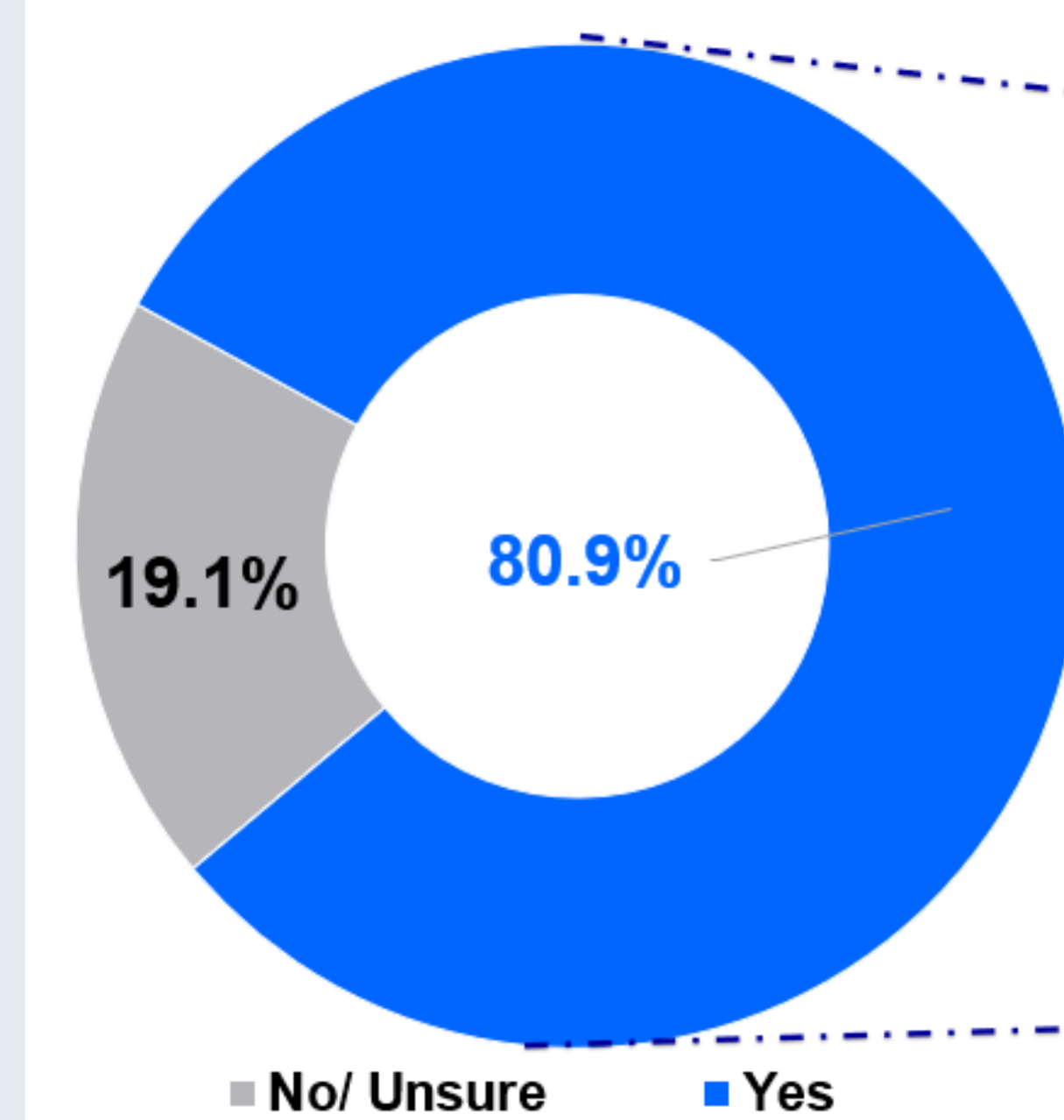
- This was an analysis of baseline data from an ongoing longitudinal, non-interventional, electronic survey in the US conducted from June to November 2025.
- Adults (≥18 years) were included if they were employed full-time, OM-eligible (BMI ≥30 kg/m<sup>2</sup>, or 27–29.9 kg/m<sup>2</sup> with ≥1 obesity-related complication) without type 2 diabetes, and initiated tirzepatide for obesity/overweight.

### Data collection and analysis

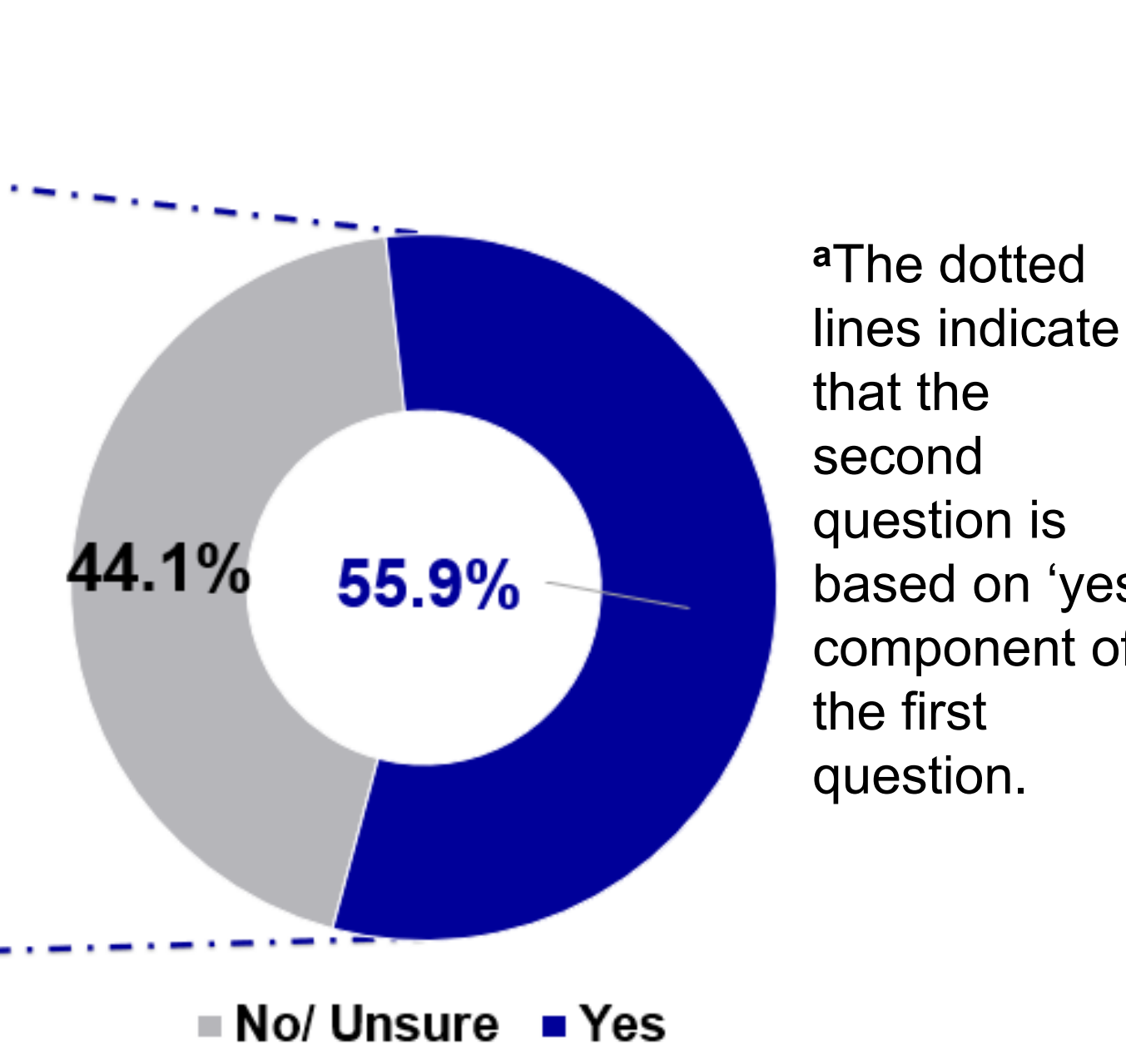
- Data were collected on sociodemographic and employment characteristics. Participants reported perceptions of employer-sponsored health insurance (including obesity medication coverage), job satisfaction, retention, prioritization of employer benefits, and involvement in workplace wellness programs.
- Analyses were descriptive including mean (standard deviations [SD]) and percentages.

Although most employees had employer-sponsored health insurance (EHI) coverage, among those just over half had OM coverage

Do you have EHI from your primary full-time employer? (N=518)



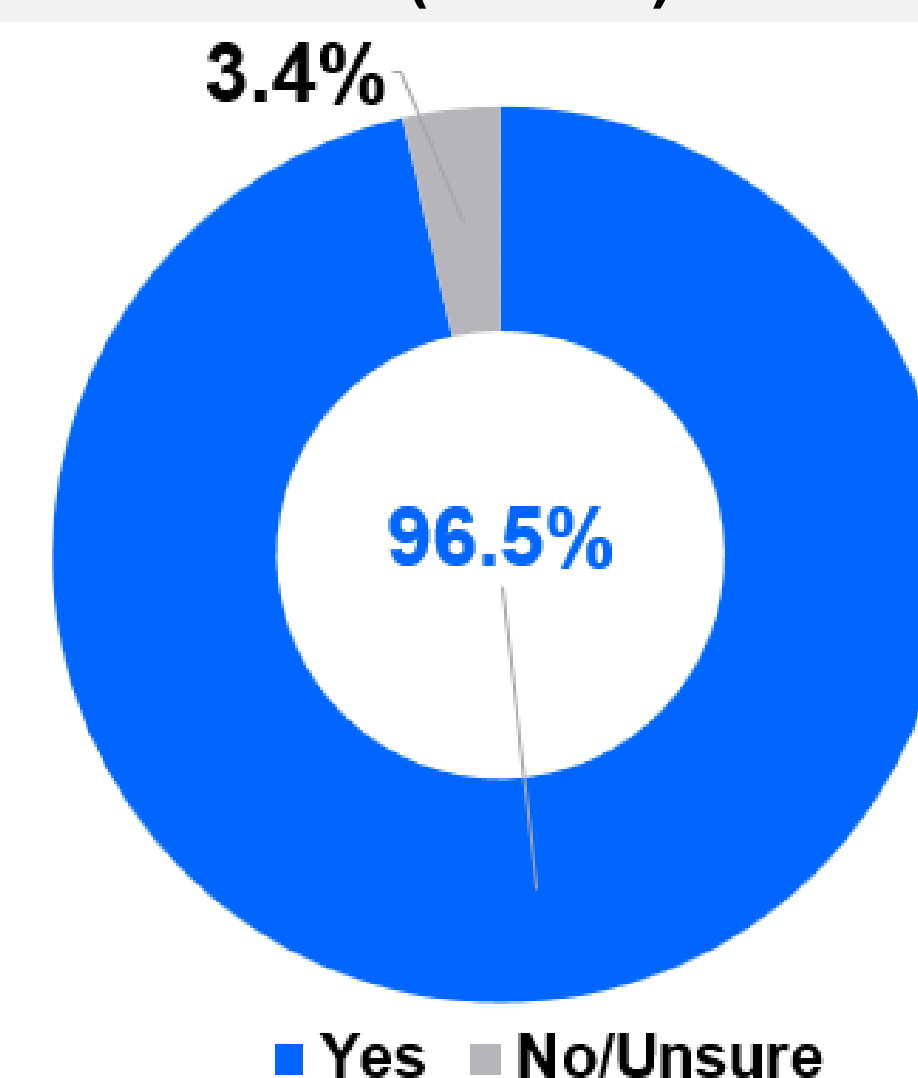
Are medications to treat obesity/overweight covered as a benefit by your EHI? (n=419)<sup>a</sup>



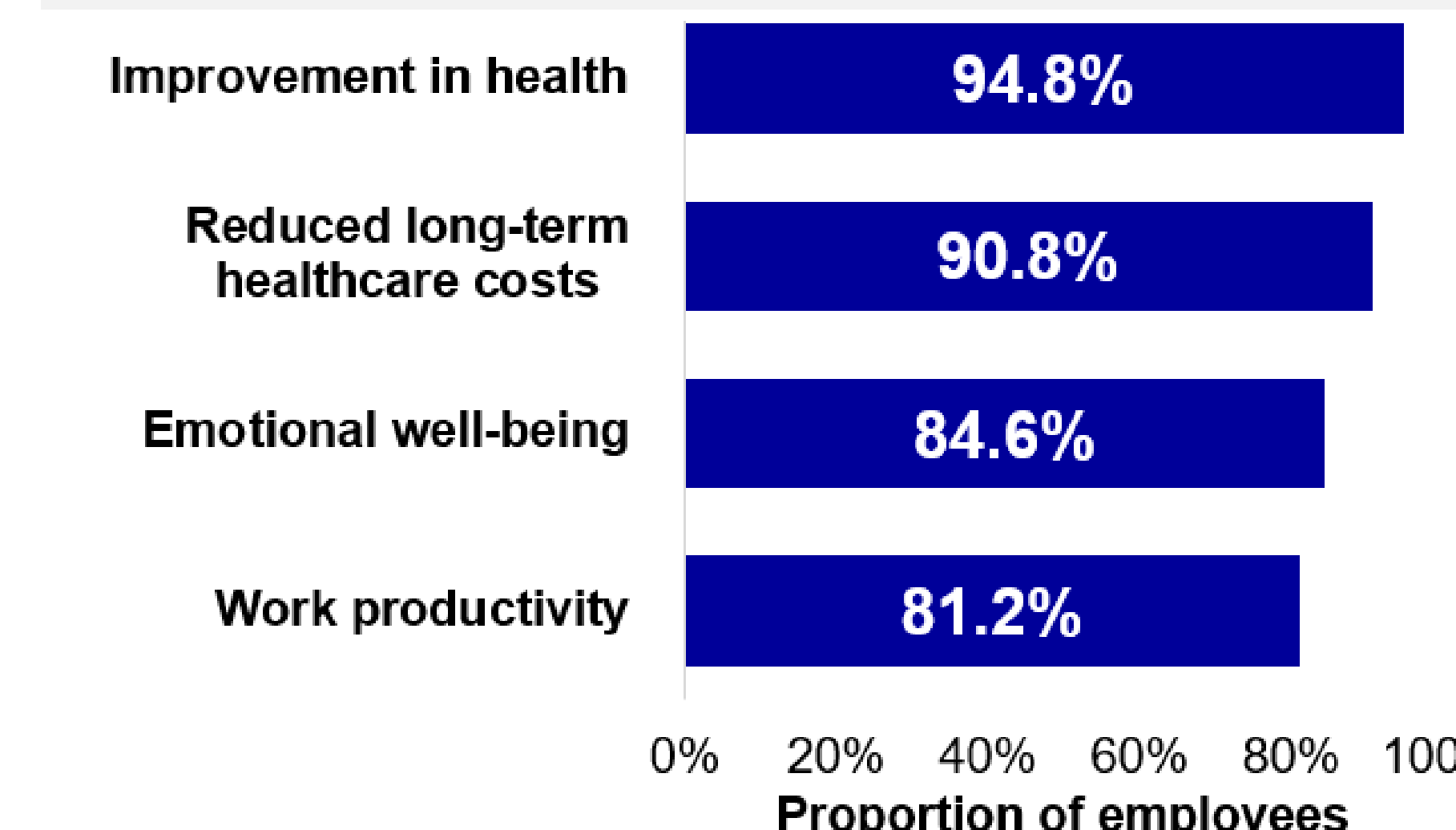
<sup>a</sup>The dotted lines indicate that the second question is based on ‘yes’ component of the first question.

Majority of employees expressed EHI should include OM coverage

Do you believe that medications to treat obesity/overweight should be covered by EHI? (N=518)



Why do you believe that obesity/overweight medications should be covered by EHI?<sup>b</sup> (n=500)



<sup>b</sup>participants could select multiple responses

## Sociodemographic and clinical characteristics

Characteristics	Tirzepatide Initiators (N= 518)
Age, (years), Mean (SD)	46.0 (11.6)
Female, n (%)	405 (78.2)
Race <sup>a</sup> , n (%)	
White	360 (69.5)
Black or African American	128 (24.7)
Other <sup>b</sup>	49 (9.4)
Ethnicity, n (%)	
Not Hispanic or Latino	468 (90.3)
Hispanic or Latino	50 (9.7)
BMI, (kg/m <sup>2</sup> ), Mean (SD)	38.4 (8.4)
Highest Education Level, n (%)	
Bachelor’s degree	152 (29.3)
Graduate/Post-graduate degree	151 (29.2)
Other <sup>c</sup>	215 (41.5)
Employment duration, (years), Mean	7.5
Top three employment industries, n (%)	
Hospital/Provider Systems	84 (16.2)
Education	84 (16.2)
Government	27 (5.2)

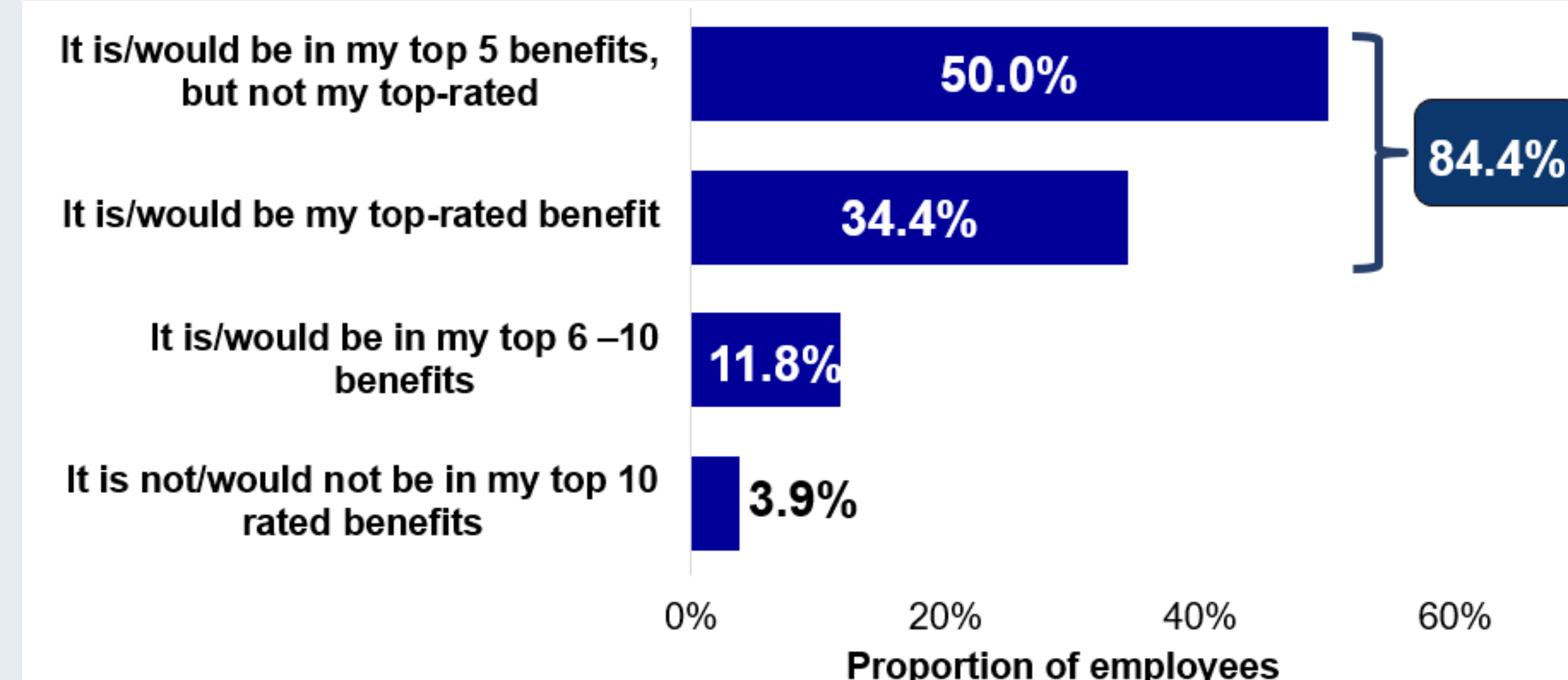
<sup>a</sup>Employees could choose more than one race, and therefore counts exceed the sample size; <sup>b</sup>Other race: American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, and others; <sup>c</sup>Other education: Associate’s degree, High school diploma or equivalent, Some high school, but no diploma, other

14.7% of employees reported that they were required to enroll in employer’s wellness programs to access tirzepatide

Question	n (%)
Does your full-time employer offer wellness programs for weight loss? (N=518)	
Yes	170 (32.8)
No/Unsure	348 (67.2)
Were you required to enroll in your employer’s wellness program to receive tirzepatide or a GLP-1 RA medication to manage your weight? (n=157)	
Yes	23 (14.7)
No	134 (85.4)

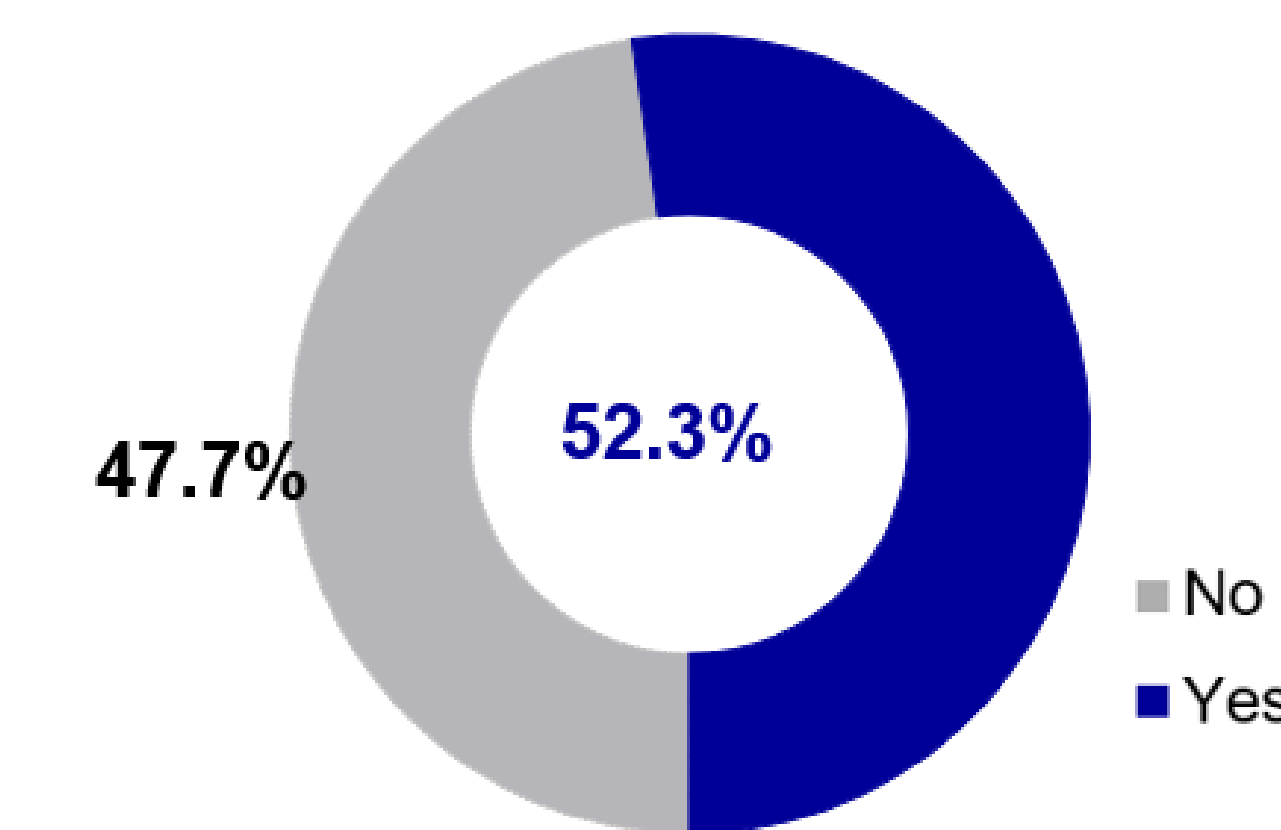
Majority of employees reported that OM coverage would be rated in their top 5 employer benefits

How do you or would you rate having medication to treat obesity/overweight as an employee benefit compared to any other benefits offered by your employer?



More than half of employees<sup>a</sup> would consider changing jobs to get access to employee-sponsored OM coverage

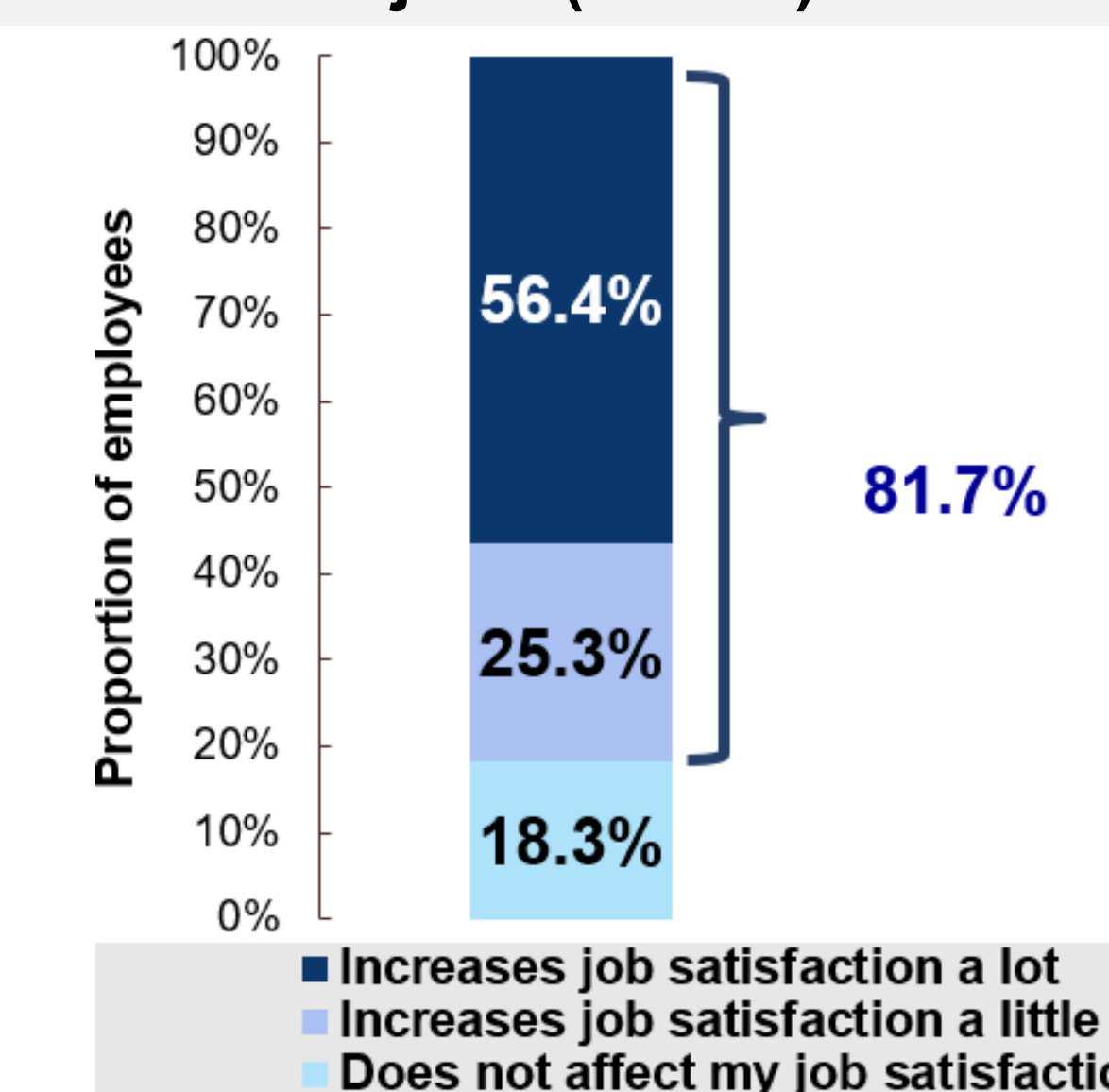
Would you consider changing jobs to get access to EHI coverage for your medication to treat obesity/overweight if it was not offered by your current primary full-time employer?



<sup>a</sup>sample included subset of employees with overweight or obesity

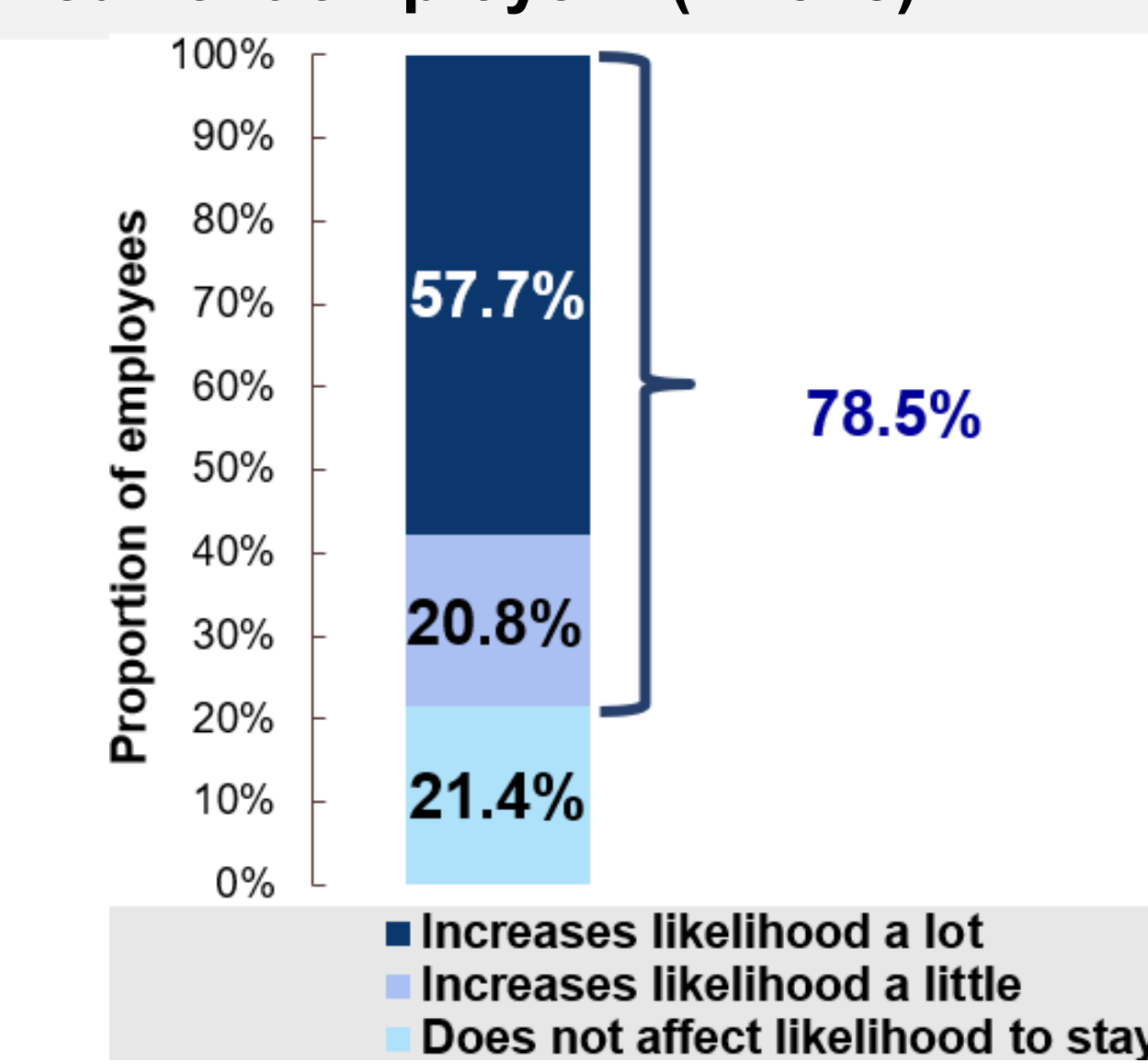
Majority of employees<sup>a</sup> expressed OM coverage would enhance job satisfaction and increase retention

Does or would having medication to treat obesity/overweight as an employee benefit increase your satisfaction with your current job? (N=518)



<sup>a</sup>The sample included subset of employees with overweight or obesity

Does or would having medication to treat obesity/overweight as an employee benefit increase your likelihood to stay with your current employer? (N=518)



## Limitations

- The survey only included full-time employees with overweight or obesity receiving tirzepatide, which may limit generalizability of the results to individuals with other employment statuses.
- Self-reported measures and short interval from first dose to survey completion limit causal inference; future longitudinal follow-up should quantify these findings, recognizing that durability of benefit depends on continued therapy and may be impacted by coverage dynamics.
- The survey produced answers from a non-random sample of mostly White females, which limits the generalizability of these findings to a broader population; however, this population is similar to what has been reported in other real-world studies.<sup>4,5</sup>
- Survey data relies on participants’ self-reported information, which may be affected by recall errors, social desirability bias, or misinterpretation of questions. Participants in this survey were receiving tirzepatide at data capture, which could have influenced their views on OM coverage.

## References

1. Shrestha N, et al. Curr Obes Rep. 2016;5(3):344–60; 2. Fruh SM. J Am Assoc Nurse Pract. 2017;29(S1):S3–s1; 3. Cerchi, E., et al. Int J Obes. 2025;49(12):2415–2425; 4. Gible TH, et al. Clin Ther. 2025;47(8):572-580; 5. Hankosky ER, et al. Diabetes Metab. 2025;51(3):101636.