Zepbound linked to lower healthcare costs in adults over age 55 with obesity according to a real-world study

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First-of-its-kind study shows sustained Zepbound use in older adults with obesity lowers costs, reinforcing the potential value of the Medicare GLP-1 Bridge program

Individuals treated with Zepbound had lower rates of hospital admissions and emergency department visits

INDIANAPOLIS, Aug. 26, 2026 /PRNewswire/ -- Eli Lilly and Company (NYSE: LLY) today announced results from a real-world study of adults over 55 with overweight or obesity, which found that staying on Zepbound (tirzepatide) for weight management lowered healthcare costs over time relative to similar untreated adults, driven in part by fewer hospital admissions and emergency department visits. For adults over the age of 55, including patients in Medicare's GLP-1 Bridge program, these lower costs translate into meaningful savings as early as 12 months into treatment. This is the first study of its kind in this age group, and the results were published in Diabetes, Obesity and Metabolism.

Key findings[1]

The study estimated cost differences over time, excluding Zepbound costs,[2] using two established methods. Both approaches yielded, on average, lower monthly healthcare costs with sustained Zepbound use versus those who are untreated.

- At six months, costs were up to 15% lower (up to $181 per patient, per month).
- The difference widened by 12 months, with an estimated difference of up to $607 per patient, per month, reflecting on average up to 38% lower costs than those not treated.[3]
- In the primary analysis, adults older than 55 treated with Zepbound had lower rates of hospital admissions and emergency department visits across every follow-up period, and numerically higher rates of routine outpatient and office visits, consistent with greater engagement in routine care.[4]
- Beginning at six months, estimated healthcare cost savings nearly covered the Medicare GLP-1 Bridge program's monthly treatment cost of $195 per patient, per month. Starting at 12 months, estimated healthcare cost savings exceeded the cost of Zepbound treatment, suggesting that sustained treatment in an aging population may lead to meaningful cost savings.[1]

"This compelling real-world evidence highlights the impact that treating obesity with Zepbound can have on older patients and the healthcare system," said Ilya Yuffa, executive vice president and president, Lilly USA and Global Customer Capabilities. "This analysis shows treatment costs can be lowered, and in some cases more than covered, by savings elsewhere in care – including for payers and in Medicare. As coverage expands across Medicare, states and employers, these data offer evidence on the cost implications of long-term obesity treatment and should help shape decisions."

About this study

Who was included in the study?

This retrospective observational cohort study utilized the Komodo's Healthcare Map, which includes de-identified claims data from over 330 million individuals enrolled in U.S. healthcare plans. The analysis included 15,843 adults aged above 55 (mean age 64.5 years) with obesity (BMI ≥30 kg/m²) or overweight (BMI ≥27 kg/m²) with at least one obesity-related complication, who initiated Zepbound between November 2023 and September 2025. Each Zepbound user was matched 1:1 with a control who met the same eligibility criteria but did not initiate any GLP-1 or GIP/GLP-1 receptor agonist medication. People were matched based on their baseline demographics, clinical characteristics, obesity-related complications and healthcare utilization patterns. All participants had at least 12 months of continuous enrollment prior to beginning the study.

How was the study analyzed?

To account for the fact that not all patients remained in the study for the same length of time, researchers used two complementary analytic methods: one that directly compared costs between the matched pairs (pairwise analysis, the secondary analysis), and another that statistically reweighted the results so that patients who left the study early were still fairly represented, correcting for any differences between those who stayed on Zepbound and those who didn't (Inverse Probability of Censoring Weighting analysis, the primary analysis). Both approaches showed consistent results.

What were the results of the study?

Two analytic methods found lower monthly healthcare costs with sustained Zepbound use versus no treatment. At six months, the pairwise analysis showed a 15% lower increase in costs, a difference of $181 per patient, per month; the IPCW analysis showed a 12% lower increase, a difference of $145 per patient, per month. At 12 months, the pairwise analysis showed an estimated difference of $607 per patient, per month, reflecting on average 38% lower costs; the IPCW analysis showed an estimated difference of $319 per patient, per month, reflecting on average 25% lower costs.

How should the healthcare cost findings be interpreted?[2]

Claims data do not capture Zepbound's net price, so the study excluded the cost of Zepbound from total treatment costs. As a result, the reported cost differences reflect potential savings that could offset the price of Zepbound (not the net cost impact of treatment overall).

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.

Endnotes and references

1. Upadhyay N, Bonakdar A, Subedi K, Banerjee S, Behrend B, Hankosky ER. Trends in Cost of Care With Tirzepatide in Adults Aged Over 55 Years With Overweight or Obesity Without Diabetes: A Matched Cohort Analysis.
2. Claims data do not capture Zepbound's net price, so the study excluded the cost of Zepbound from total treatment costs. As a result, the reported cost differences reflect potential savings that could offset the price of Zepbound (not the net cost impact of treatment overall).
3. Estimated cost differences varied between $319 and $607, depending on model.
4. Results were numerically lower, but not statistically significant in the secondary analysis (pairwise).

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 will be 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 contact Lilly at 1-800-LillyRx (1-800-545-5979).

How to take

- Read the Instructions for Use that come with Zepbound.
- Use Zepbound exactly as your healthcare provider says.
- Use Zepbound with a reduced-calorie diet and increased physical activity.
- Inject Zepbound under the skin (subcutaneously) of your stomach (abdomen), thigh, or have another person inject in the back of the upper arm. **Do not** inject ZEPBOUND into a muscle (intramuscularly) or vein (intravenously).
- **Use Zepbound 1 time each week, at any time of the day.**
- Change (rotate) your injection site with each weekly injection. **Do not** use the same site for each injection.

If you take too much Zepbound, call your healthcare provider, call the Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away.

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

Learn more

Zepbound is a prescription medicine. For more information, call 1-800-LillyRx (1-800-545-5979) or go to **www.zepbound.lilly.com**.

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

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About Lilly

Lilly is a medicine company turning science into healing to make life better for people around the world. We've been pioneering life-changing discoveries for 150 years, and today our medicines help tens of millions of people across the globe. Harnessing the power of biotechnology, chemistry and genetic medicine, our scientists are urgently advancing new discoveries to solve some of the world's most significant health challenges: redefining diabetes care; treating obesity and curtailing its most devastating long-term effects; advancing the fight against Alzheimer's disease; providing solutions to some of the most debilitating immune system disorders; and transforming the most difficult-to-treat cancers into manageable diseases. With each step toward a healthier world, we're motivated by one thing: making life better for millions more people. That includes delivering innovative clinical trials that reflect the diversity of our world and working to ensure our medicines are accessible and affordable. To learn more, visit Lilly.com and Lilly.com/news, or follow us on Facebook, Instagram, and LinkedIn. P-LLY

Cautionary Statement Regarding Forward-Looking Statements

This press release contains forward-looking statements (as that term is defined in the Private Securities Litigation Reform Act of 1995), including statements about the supply and access of Zepbound (tirzepatide) as a treatment for adults with obesity or overweight and reflects Lilly's current belief and expectations. However, as with any pharmaceutical product, there are substantial risks and uncertainties in the process of drug research,

development, access, and commercialization. Among other things, there can be no guarantee that future study results will be consistent with the results to date, that Zepbound will receive additional regulatory approvals, or that Lilly will execute its access and other strategies as planned. For further discussion of these and other risks and uncertainties, see Lilly's most recent 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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