

Eli Lilly's Mounjaro in India: the race to shape a new market for obesity care

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Introduction

In April 2025, at a national summit in India, Winselov Tucker, the President and General Manager of Eli Lilly India, outlined his company's bold ambitions for its new weight-loss therapy, Mounjaro. "As I think about this vision of a healthy India," he told the audience, "these weight-loss drugs can change the conversation from obesity and weight to how individuals can achieve their best level of health [...] addressing the hormonal and metabolic causes of the disease, not just symptoms" (CNN-News18, 2025).

While Tucker spoke confidently about the future, he was acutely aware that the path ahead was far from simple. Just a month earlier, India's Union Minister, Dr Jitendra Singh, had publicly cautioned against "quick-fix solutions" such as weight-loss injections during the National Obesity Summit organised by the Confederation of Indian Industry (Press Information Bureau, 2025). His remarks, widely heard across the medical community, highlighted the growing tension between medical innovation, public health messaging and cultural perceptions of obesity.

Now, as Eli Lilly prepared to scale Mounjaro across India, Tucker found himself at a critical strategic juncture. The company's early momentum, its vial-first launch, its high-profile awareness campaign and its new partnership with Cipla had created unprecedented traction, but also rising scrutiny, competitive pressure and uncertainty about pricing and the impending arrival of generics. How Lilly positioned itself next, Tucker knew, would shape not only the company's future in India but the landscape of obesity care more broadly.

On 20 March 2025, the American pharmaceutical firm Eli Lilly's Indian arm launched its blockbuster diabetes and weight-loss drug Mounjaro in India. While the timing of the launch appeared contradictory from a regulator–manufacturer perspective, Eli Lilly had planned its launch well in advance. It beat its Danish multinational rival Novo Nordisk's much-awaited entry into the world's most populous country. India has millions of people on the edge of obesity, largely due to the increased consumption of carbohydrate-rich, sugary and preservative-laden foods, which promoted unhealthy weight gain (Sri, 2025).

Mounjaro was launched as a first-of-its-kind treatment for obesity, overweight and type 2 diabetes that activates both glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) hormone receptors (Press Trust of India, 2025).

On 24 June 2025, Novo Nordisk officially launched Wegovy, its weight-loss medication, in India as a once-weekly injectable. Delivered via a user-friendly, self-administered FlexTouch pen-like device, Wegovy eliminated the need for patients to use vials or syringes. The drug works on key centres of the brain that regulate hunger and food cravings, promoting weight

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Disclaimer. This case is intended to be used as the basis for class discussion rather than to illustrate either effective or ineffective handling of a management situation. The case was compiled from published sources.

loss and significantly reducing the risk of major cardiovascular events such as heart attacks and strokes, as well as improvements in liver fibrosis (TOI Lifestyle Desk, 2025).

The obesity crisis

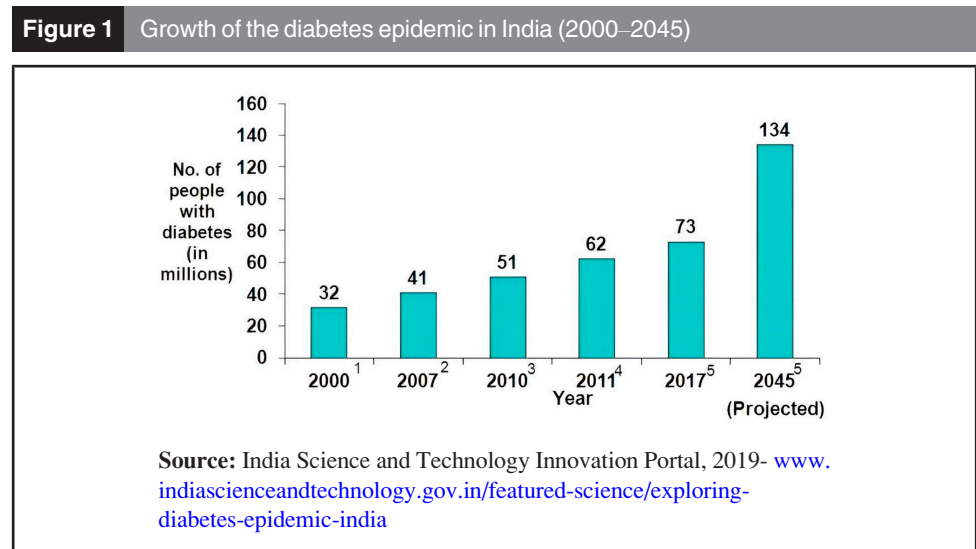
Retail sales of ultra-processed foods (UPFs) in India rose from just Rs. 7,996 crore (\$903m) in 2006 to Rs. 3.3 lakh crore (\$37bn) in 2019. During the same period, obesity rates in the country had doubled (see Figure 1). It is estimated that one in four Indians are obese, one in ten have diabetes and one in three have abdominal diabetes. Childhood obesity also had increased from 2.1% to 3.4% between 2016 and 2019–21 (The Wire, 2025). UPFs are high in fat, sugar, salt and usually use artificially manufactured ingredients, preservatives and additives instead of whole foods. They are designed keeping in mind the convenience factor and have a longer shelf life. Examples are soft drinks, chips, sweetened breakfast cereals, packaged soups, chicken nuggets and ready-to-heat foods.

Studies showed that eating UPFs was detrimental to gut health as they tend to be easily digested and get absorbed quickly into the bloodstream. This starves the microbes in the large intestine, which in turn start eating the organ's protective mucus lining, increasing the gut's susceptibility to pathogens and inflammation (Sanford, 2025).

Consuming UPFs lowers production and release of the naturally produced GLP-1, a hormone released by the small intestine that slows down gastric emptying and signals the brain to promote feelings of fullness (satiety). However, through aggressive marketing, celebrity endorsements and promotional tactics, India's modern food industry drove the widespread consumption of UPFs, leading to retail shop shelves getting stocked with pre-packaged food and beverage products (Mascarenhas, 2025).

Mounjaro's launch

Mounjaro was launched as a once-weekly injection, priced at Rs. 4,375 (\$49) for a 5 mg vial and 3,500 rupees (\$39) for a 2.5 mg vial. While Mounjaro carries a list price of \$1,086.37 (Rs. 9,620) for each monthly fill in the USA, a patient in India had to spend about \$200 (Rs. 17,700) a month when taking a weekly dose of 5 mg. The pricing differential reflected the Eli Lilly team's understanding of the significant variation in healthcare systems, economies and reimbursement policies in each country (Sadam, 2025).



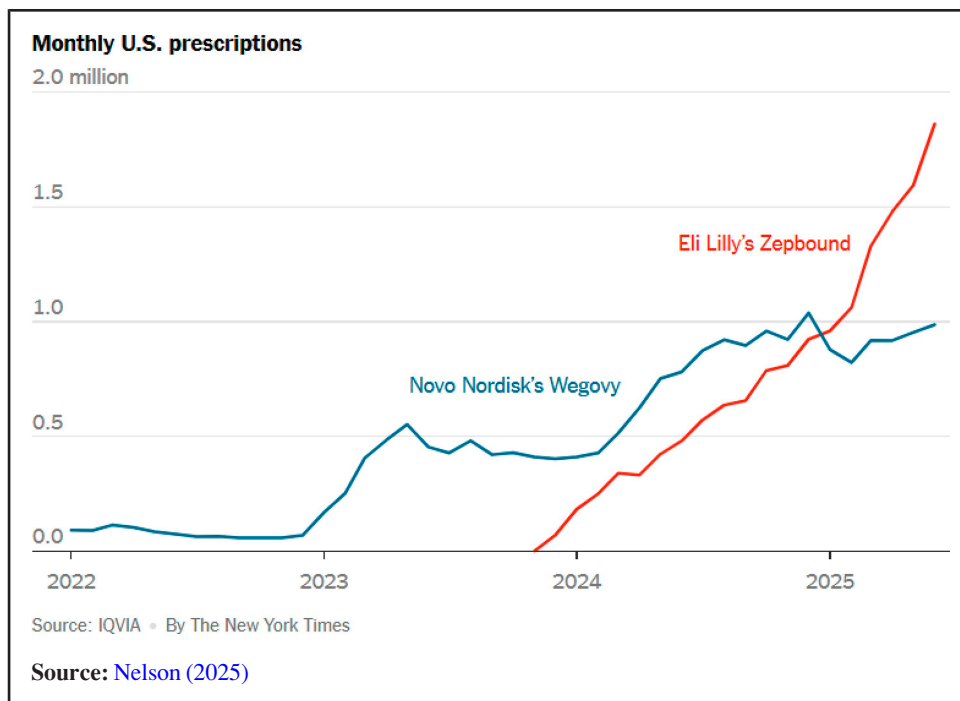
In February 2025, Eli Lilly had appointed Winselow Tucker as president and general manager for Lilly India to lead all of Lilly's operations in India. A Harvard graduate, he had held senior leadership roles at Bristol Myers Squibb, Celgene and Novartis and was specialized in go-to-market strategies and new product development (ET Pharma, 2025). Under his leadership, Lilly prepared an entry sequence that leveraged tirzepatide's scientific differentiation.

Being the first to enter the market with a differentiated GIP/GLP-1 product helped create a fresh path for Mounjaro. Tirzepatide, the key ingredient in Mounjaro, was the first and only therapy that targeted two key incretin hormone receptors GIP and GLP-1, thereby making it unique compared to other treatments using medicines manufactured by competitors. In terms of efficacy, for obesity, trials showed a 20.2% weight reduction using tirzepatide compared with 13.7% with semaglutide. In the case of type 2 diabetes, tirzepatide demonstrated HbA1c reduction of 2.46 percentage points and weight reduction of up to 12.4kg, compared with 1.86 percentage points and 6.2kg, respectively, for semaglutide 1 mg. These results underlined statistically superior outcomes in both glycaemic control and weight reduction for adults with type 2 diabetes (Das, 2025).

From semaglutide, Novo Nordisk earned nearly US\$30bn in FY25 alone and ever since its launch in 2017 in the USA, the drug had been a runaway success. It propelled Novo Nordisk, a relatively lesser-known drugmaker earlier identified with insulin production into becoming the most valuable corporation in Europe within a couple of years of the medicine's roll out.

Historically, Novo Nordisk had a huge head start in the weight-loss drug category. After Ozempic went on sale in 2017, it was another four and a half years before Eli Lilly's Mounjaro was launched in the USA (see Figure 2). But by early 2025, Eli Lilly's Zepbound (tirzepatide marketed for weight-loss) passed Wegovy in new prescriptions in the USA (Nelson, 2025).

Figure 2 US subscriptions of Wegovy and Zepbound (2022–2025)



In 2024–2025, the drug alone brought nearly 70% of the company's turnover. Available under three brand names, namely, Rybelsus for the pill form and Ozempic and Wegovy in injectables, semaglutide was the world's second bestselling drug in 2024, second only to Merck's anti-cancer drug Keytruda. The market for it was estimated to be growing at 40% annually. But its patent on the drug would expire in 2026 across 100 countries and in India, many Indian drugmakers have sought regulatory approvals to conduct late-stage clinical trials for generic versions of the drug (Dutta, 2025b). This made the Indian launch strategically high stakes for Novo Nordisk.

The planned strategy

While Eli Lilly's first big edge over Novo Nordisk was the timing when it launched three months ahead of Wegovy, its most impactful tactical decision was to launch Mounjaro in vials first rather than waiting for global pen supplies. As India was a market where patients were cost-conscious and would not commit easily to expensive new therapies, the vial format provided an affordable trial run. Patients could buy one or two vials to test tolerability before moving to the more expensive KwikPen packs.

This strategy, which was framed due to global pen shortages, turned into a masterstroke for Eli Lilly. It cut the cost barrier for first-time users and allowed physicians to initiate therapy confidently without overburdening patients financially. In contrast, Wegovy was launched only in the pen format, forcing patients to buy entire packs upfront. In cases of side effects or intolerance, patients were left with unused, costly pens, a major deterrent in India's out-of-pocket market, with most patients paying directly for treatment rather than relying on insurance (Bhattacharyya, 2025a).

In July 2025, Eli Lilly launched its first integrated awareness campaign titled "We Know Now" to reshape public perception of obesity by recognising it as a chronic, biologically influenced disease rather than a result of personal failure (see Figure 3). In Tucker's words, "People living with obesity deserve comprehensive care, and that starts with acknowledging and understanding obesity as a chronic disease" (Campaign India, 2025). The idea was to legitimise obesity as a chronic condition requiring long-term care, a key element in category building.

As part of the campaign, a "Gesture of Hope", a symbol meant to promote open conversations about obesity and reduce shame associated with the condition has also been

Figure 3 The "We Know Now" campaign with the gesture of hope symbol



introduced. The campaign leveraged a strategic mix of digital, print and outdoor media to build sustained public awareness around the complexity of obesity and the importance of timely, evidence-based care (Afaqs Bureau, 2025). Lilly also launched a website that taught visitors about obesity (see Figure 4), including a questionnaire that provided a health score and helpful tools like BMI calculators (Adgully, 2025).

Two months later, in response, Novo Nordisk, in association with The Times of India newspaper launched a first-of-its-kind initiative to raise awareness about obesity. The “Choose Your Weight” campaign featured a unique innovation: a waist-measuring tape (see Figure 5) for readers to cut, paste and use to assess their risk, supported by a Quick Response code enabling an instant body mass index (BMI) test. This innovation in print coupled with digital interactivity helped create a simple, engaging and actionable advertisement for Wegovy (Times POP, 2025).

To strengthen distribution, in October 2025, Eli Lilly entered into a partnership with Indian multinational pharmaceutical company Cipla to distribute and promote Tirzepatide in India under a second brand name, Yurpeak. As per the agreement, Eli Lilly would manufacture and supply Yurpeak to Cipla, while Cipla would distribute and promote the brand across India. The product would be priced the same as Mounjaro. Through this move, Tucker’s team aimed at expanding access to the drug in hard-to-reach communities across India. Broader availability of Tirzepatide would ensure that more patients could benefit from the innovation, translating to better sales (Capital Market, 2025).

The company also started working with organisations like Apollo Clinic and Apollo24|7 (the consultation, diagnostics, preventive health checks division of Apollo Hospitals Enterprise Limited, an Indian multinational healthcare group) and Tata 1MG (a healthcare platform providing services like e-pharmacy, diagnostics, e-consultation) as well as medical associations like Association of Physicians of India to strengthen clinical capabilities and promote early diagnosis of obesity (Bhattacharyya, 2025b).

The outcome

By October 2025, Mounjaro had surpassed GlaxoSmithkline’s antibiotic Augmentin as the highest selling brand in the Indian pharmaceutical market. The drug reported net sales of 6.62 lakh units, translating into a moving annual turnover (MAT) of Rs. 333 crore (\$37.6m) (Singh, 2025). Mounjaro’s consumption in India by volume was ten times that of Wegovy in October, became India’s top-selling drug by value with sales hitting Rs. 100 crore (\$11.3m) (HT Lifestyle Desk, 2025).

Figure 4 Home page of Lilly’s comprehensive website on obesity care

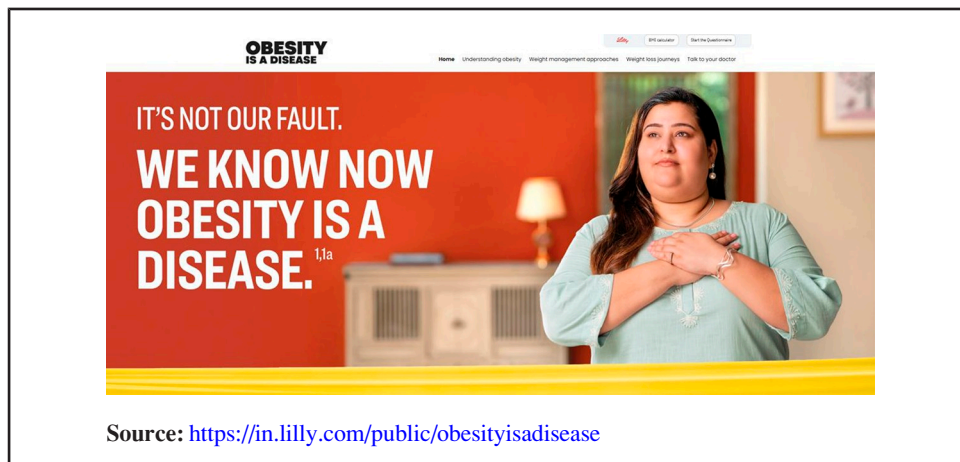


Figure 5 Novo Nordisk print campaign with measuring tape and QR code

THE TIMES OF INDIA
 BENNETT, COULMAN & CO. LTD. | 57th FLOOR, COCHIN | VOL. XV NO. 26 | MONDAY, SEPTEMBER 29, 2025 | ERNAKULAM / KOCHI | PAGES 24 | PRICE ₹ 7.00

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Novo Nordisk
 in partnership with
The Times of India
 presents

Choose your weight.
 An intense to real understanding about obesity
 and empower action for better health.

THE TIMES OF INDIA

Measuring tape on the left: "Cutting calories. Measure your waist regularly." and "Measure your waist."
 Measuring tape on the right: "From 80 cms in women and 90 cms in men, every extra inch raises your risk of diabetes and heart disease."
 Measuring tape at the bottom: "Your waistline can warn you before your body does"

POSTING AREA

THIS IS YOUR TURNING POINT.
 Obesity is being overweight may affect you today but does not have to define your tomorrow.

Choose your weight.

Why let a weighing scale weigh you down?

56% of people living with obesity blame themselves for their weight* | 64% believe forming romantic relationships is harder** | 59% believe getting a job is more difficult**

For people who are overweight or living with obesity, weight management can be a struggle. Remember: this is not your fight alone. With the right medical advice, lifestyle changes, and care, you can move forward.

Take the first step. Talk to your doctor. — wegowithyou.org

SCAN TO CHECK YOUR BMI

For people with overweight or obesity, weight management solutions may not always be suitable and should be discussed under the guidance of a registered healthcare professional. This is for educational purposes only. For more information, reach out to a registered healthcare professional. The product shown are Mounjaro, Wegovy and QwiqPen, all registered trademarks of Novo Nordisk A/S. References: *Survey A on the International Journal of Obesity, 2020; **Survey B on the International Journal of Obesity, 2020. For full details, visit www.wegowithyou.org. © 2025 Novo Nordisk. All rights reserved. ERNAKULAM: 2025-09-29 10:00:00. ERNAKULAM: 2025-09-29 10:00:00. ERNAKULAM: 2025-09-29 10:00:00.

Source: <https://epaper.indiatimes.com/timespaper/publication-the-times-of-india,city-kochi.cms> News masked by authors to emphasise on the advertisement

Interestingly, at a more micro-level, analysis of these drugs' sale in Mumbai, also showed that maximum purchase was registered in clusters having an affluent or celebrity populace as well as weight-loss centres. For example, areas like Juhu, Andheri (West), Colaba and Worli from where customers purchased weight-loss drugs were localities that also had a relatively higher concentration of anti-obesity and weight-loss clinics in Mumbai (Dutta, 2025a).

In August 2025, Eli Lilly launched the KwikPen version of Mounjaro, a single patient use prefilled pen designed for once weekly administration in the Indian market. The price

started from Rs. 14,000 (\$158) for 2.5 mg dose, Rs. 17,500 (\$198) for 5 mg, Rs. 22,000 (\$249) for 7.5 mg and 10 mg and Rs. 27,500 (\$310) for the 12.5 mg and 15 mg doses. This move brought it head-to-head in intensified competition with Novo Nordisk (Thacker, 2025).

In November 2025, Novo Nordisk announced a significant price reduction across all strengths of Wegovy, stating that the decision was made to make the drug more accessible to a broader section of people living with obesity and overweight. Under the revised pricing, the starting dose of Wegovy (0.25 mg) would cost Rs. 2,712 (\$30.6) per week or Rs. 10,850 (\$122.6) for a monthly pack, compared with Rs. 16,260 (\$183.7) earlier. The monthly price for Wegovy's highest dose of 2.4 mg will now cost Rs. 16,400 (\$185), compared with its earlier price of Rs. 24,389 (\$275.6).

Vikrant Shrotriya, Managing Director, Novo Nordisk India, stated that the move was rooted in the company's focus on patients rather than profits, and was made after listening to feedback from patients and doctors (India Today, 2025). The global weight-loss treatments market would be worth Rs. 1,328 crore (\$150bn) annually and the reduced prices would help Novo Nordisk compete aggressively with Eli Lilly in a price-sensitive market like India (Reuters, 2025).

Tucker always maintained that there will not be generic tirzepatide in the marketplace as generics cater to patients from different economic perspectives. As Mounjaro was an innovator product, he was against discounting it and believed that drug's superior efficacy gave resultant value to patients and physicians (Bhattacharyya, 2025c).

As 2026 approached, Mounjaro had achieved unprecedented early success, emerging as India's highest-selling drug by value. Yet Tucker knew this momentum could be fragile. Novo Nordisk's price cuts had shifted patient expectations overnight, and Indian pharmaceutical companies were rapidly preparing semaglutide generics that could dramatically lower reference prices for the entire category. Meanwhile, affordability pressures, increasing public scrutiny and the promise of new oral GLP-1 therapies added new layers of complexity.

For Tucker, the challenge was no longer simply about gaining early share; it was about setting Lilly's long-term strategy in a market that was evolving faster than anyone had anticipated. Should he defend Mounjaro's premium positioning anchored in superior efficacy, or selectively adjust prices to protect volume? Should he deepen partnerships like Cipla to scale access, even at the risk of diluting brand control? Or should he accelerate the development and launch of Lilly's oral GLP-1 therapy to get ahead of the next wave of competition?

Standing at this strategic crossroads, Tucker recognized that his choices in the coming months would shape not only Lilly's competitive position in India, but also the broader future of obesity care in one of the world's most important emerging markets. The question now was clear: What should Eli Lilly do next?

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Abstract

Title – *Eli Lilly's Mounjaro in India: the race to shape a new market for obesity care.*

Research methodology – *This case was developed using secondary data sources, including reputable journalism (Reuters, Economic Times, NDTV, Business Standard, India Today, Hindustan Times), industry reports, clinical trial summaries, publicly available company statements and regulatory documentation. All numerical information, quotes and performance metrics are drawn from authenticated public sources. No primary interviews, confidential corporate information or proprietary data sets were used. No material was disguised. As the case uses publicly available secondary information and does not involve human subjects or proprietary data, ethics review board approval was not required.*

Case overview/synopsis – *This compact case examines Eli Lilly India's 2025 launch of Mounjaro (tirzepatide) in the rapidly expanding obesity and metabolic care market. Under the leadership of Winselow Tucker, President and general manager of Eli Lilly India, the company introduced Mounjaro using a vial-first strategy aimed at improving trialability and affordability in an out-of-pocket market. The launch created strong early momentum ahead of Novo Nordisk's Wegovy and was reinforced by a national awareness campaign and a distribution partnership with Cipla. By late 2025, Mounjaro emerged as India's highest-selling drug by value. However, competitive pressures, including Novo Nordisk's price cuts, rising affordability expectations and impending semaglutide generics, created new uncertainties for Lilly. Tucker faced a strategic dilemma: whether to defend Mounjaro's premium positioning, adjust pricing architecture, leverage partnerships for scale or accelerate the development of oral glucagon-like peptide-1 (GLP-1) therapies to secure long-term leadership in India's evolving obesity-care market.*

Complexity academic level – *This case is designed for MBA, executive MBA and upper-level undergraduate courses in:*

- marketing strategy;
- competitive strategy;
- pharmaceutical and health-care management;
- innovation management; and
- emerging markets strategy.

The case is suitable for in-seat, hybrid and online synchronous discussion formats.

Keywords *Competitive strategy, International market entry, Marketing strategy, Product differentiation, Pricing, Global marketing strategy, International business strategy, Patents*