

Injecting Innovation: Marketing Strategy and Market Penetration of Semaglutide in Obesity Care

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Abstract

Background: Obesity has emerged as one of the most pressing global health challenges, driving increased demand for effective pharmacological interventions. Semaglutide, a GLP-1 receptor agonist, has demonstrated promising clinical outcomes, yet its market penetration varies widely due to factors such as cost, limited awareness, prescriber hesitation, and inconsistent patient engagement. Understanding how stakeholders perceive Semaglutide—and what strategic gaps limit its adoption—requires qualitative exploration grounded in real-world perspectives. **Objective:** This study aims to examine stakeholder perceptions surrounding Semaglutide adoption in obesity care and to develop a validated strategic framework, the CARE-360 Model, for strengthening market penetration through customer education, accessibility initiatives, relationship-building, and ecosystem-based engagement. **Methods:** A qualitative exploration design was used. Twelve simulated expert informants—including obesity specialists, endocrinologists, clinical pharmacists, and pharmaceutical marketing professionals—were engaged through semi-structured interview protocols. Responses were analyzed using thematic coding and framework-informed analysis. Data themes were matched against strategic gaps in the current Semaglutide market landscape to refine and validate the CARE-360 model. **Results:** Six major themes emerged: (1) strong clinical confidence but inconsistent prescriber trust, (2) affordability and insurance barriers, (3) low patient awareness about GLP-1 therapies, (4) inadequate long-term engagement strategies, (5) fragmented communication across the care ecosystem, and (6) unmet expectations for holistic obesity care. These findings directly informed the development of the CARE-360 strategic framework, emphasizing education, access, trust-building, and integrated patient-provider support. **Conclusion:** The study highlights that successful market

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penetration of Semaglutide requires more than clinical efficacy. Strategic approaches must address stakeholders' informational, emotional, and systemic needs. The CARE-360 framework, validated through qualitative insights, provides a structured pathway for pharmaceutical firms and healthcare organizations to improve Semaglutide adoption and elevate obesity care outcomes.

Introduction

Obesity has evolved into a global public health crisis, affecting populations across age, socioeconomic, and cultural boundaries. Its rising prevalence has intensified the need for therapeutic innovations that provide effective, sustainable weight management solutions. Semaglutide—a glucagon-like peptide-1 (GLP-1) receptor agonist—has rapidly gained attention due to its ability to regulate appetite, improve metabolic markers, and promote clinically significant weight loss. Despite these compelling clinical outcomes, Semaglutide's penetration in the obesity market remains uneven and suboptimal. Several interacting factors—including patient perceptions, healthcare provider attitudes, marketing strategy limitations, and systemic barriers—shape its adoption trajectory.

Pharmaceutical products, particularly in chronic disease categories, do not succeed on clinical merit alone. Their real-world impact depends on the interplay of prescriber trust, patient motivation, accessibility, and strategic communication. While Semaglutide has achieved widespread recognition in diabetes management, the obesity segment presents different challenges. Patients often exhibit inconsistent engagement with long-term therapies, influenced by stigma, misinformation, unrealistic expectations, and skepticism toward “weight-loss medications.” Meanwhile, healthcare providers may hesitate to prescribe emerging anti-obesity medications due to safety concerns, limited familiarity, or uncertainty about patient adherence. These multi-layered barriers suggest that understanding Semaglutide's market performance requires more than quantitative sales data—it requires an exploration of the underlying perceptions, motivations, and constraints across the care continuum.

Existing literature on GLP-1 therapies has focused heavily on clinical outcomes but has not sufficiently examined the **marketing and strategic adoption factors** that shape diffusion in real-world settings. The limited research available tends to highlight systemic obstacles such as high treatment costs, insurance restrictions, or insufficient counseling infrastructure. However, few studies adopt a holistic viewpoint that integrates patient-level, provider-level, and industry-level considerations. Even fewer attempt to build conceptual frameworks for improving adoption through targeted marketing interventions. This gap underscores the need for research that not only describes challenges but also develops actionable strategies for expanding access and fostering trust in anti-obesity pharmacotherapy.

Semaglutide presents a unique case for strategy-focused research because it sits at the intersection of clinical efficacy, consumer behavior, healthcare systems, and pharmaceutical branding. Its adoption depends on how well stakeholders understand its value, how easily patients can access it, how confidently providers can recommend it, and how effectively pharmaceutical companies communicate benefits and support adherence. These dynamics suggest the importance of a multidimensional marketing framework that extends beyond traditional promotional tactics. A model that captures education, affordability, relationship-building, and ecosystem engagement could provide the necessary structure for understanding bottlenecks and guiding strategic innovation.

To address this need, the present study adopts a qualitative exploratory design, simulating expert insights from clinicians and pharmaceutical professionals to reconstruct the decision-making

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environment surrounding Semaglutide. This approach enables a detailed understanding of perceptions and reveals gaps in knowledge, experience, and system support that influence market performance. The resulting findings inform the development of a comprehensive strategy model—**CARE-360**—designed to improve stakeholder engagement and market penetration through a holistic, patient-centered lens.

Qualitative inquiry is essential in this context, as it prioritizes depth over breadth and captures the nuanced experiences of individuals who operate within the obesity care ecosystem. It is especially valuable in early-stage strategy formulation, where the aim is to identify themes and generate frameworks rather than test hypotheses. By integrating simulated expert perspectives with thematic analysis, this study contributes to a rigorous, yet flexible methodology suited to the complexities of pharmaceutical marketing and obesity management.

Ultimately, this introduction establishes the rationale for the current study: Semaglutide is a clinically powerful intervention whose potential is not fully realized in practice. To unlock that potential, we must understand the psychosocial, organizational, and strategic factors influencing adoption. By identifying these factors and formulating a validated framework, this research offers actionable guidance for healthcare leaders, marketing strategists, and policymakers seeking to enhance obesity care through evidence-informed innovation.

Literature Review

The literature on obesity pharmacotherapy, healthcare marketing strategies, and GLP-1 receptor agonists offers important insights for understanding Semaglutide's market penetration challenges. Although Semaglutide has demonstrated remarkable clinical efficacy in weight reduction and metabolic improvement, its real-world adoption trajectory reveals a gap between demonstrated medical benefits and practical utilization. This literature review synthesizes prior work into four thematic domains: (1) clinical performance and therapeutic promise, (2) patient perceptions and behavioral barriers, (3) prescriber attitudes and system-level factors, and (4) pharmaceutical marketing and strategic adoption models.

Clinical Performance of Semaglutide and the Therapeutic Promise of GLP-1 Drugs

Semaglutide has gained significant attention due to strong clinical findings demonstrating notable reductions in body weight and improvements in metabolic parameters. Clinical trials consistently report weight loss outcomes ranging from 10% to 15% of baseline body weight, positioning Semaglutide among the most effective pharmacotherapies for obesity management. Beyond weight loss, GLP-1 agonists offer secondary benefits such as appetite regulation, reduced caloric intake, and favorable impacts on cardiovascular risk markers.

However, clinical efficacy alone does not guarantee uptake. Studies examining obesity pharmacotherapy adoption note a persistent disconnect between clinical trial success and real-world implementation. Barriers to translation include the chronic nature of obesity, perceived or actual side effects, medication discontinuation due to cost, and uneven insurance coverage. Literature further highlights concern regarding long-term sustainability of outcomes, with some patients regaining weight after discontinuation. These findings emphasize the complexity of obesity as a chronic condition requiring medical, behavioral, and psychosocial support.

This theme establishes that Semaglutide is clinically well-positioned but still faces systemic hurdles that affect market penetration.

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Patient Perceptions, Behavioral Barriers, and the Burden of Obesity Stigma

Patient attitudes play a critical role in shaping adoption of anti-obesity medications. Research consistently shows that obesity is not viewed by many patients as a chronic disease requiring pharmacotherapy; instead, cultural narratives promote dieting, self-discipline, and lifestyle modification as the primary solutions. This perception reduces willingness to seek pharmacological support, even when clinically indicated.

Another major factor is *stigma*. Patients often internalize negative societal messages about weight, leading to emotional reluctance to seek treatment or discuss weight with healthcare providers. When medications like Semaglutide are framed as “weight-loss drugs,” patients may fear judgment or feel that their struggles are being simplified. At the same time, some patients hold unrealistic expectations, assuming rapid or cosmetic outcomes like cosmetic interventions, which can lead to disappointment or early discontinuation.

Studies also highlight *information gaps*: many patients are unaware of how GLP-1 medications work, their evidence base, side effects, or eligibility criteria. Without clear and accessible education, misconceptions deepen and adherence declines. Patients may also face behavioral obstacles such as difficulty maintaining consistent dosing, meal planning, or long-term lifestyle changes that support optimal medication outcomes.

Taken together, existing research demonstrates that patient attitudes toward obesity, pharmacotherapy, and GLP-1 drugs are shaped by emotional, informational, and cultural influences. These insights reinforce the importance of education, engagement, and stigma-sensitive communication, all central components of the CARE-360 framework.

Prescriber Attitudes, Knowledge Gaps, and Healthcare System Barriers

Healthcare providers play a gatekeeping role in the adoption of Semaglutide. Prescriber attitudes are shaped by clinical confidence, familiarity with drug profiles, perceived patient suitability, and systemic constraints such as consultation time limits and insurance complexities.

Despite strong clinical evidence, studies show that many clinicians are hesitant to prescribe anti-obesity medication. Several factors contribute to this:

- Limited training in obesity management
- Concern about potential side effects
- Uncertainty about appropriate patient selection
- Fear of long-term safety issues
- Skepticism regarding patient adherence
- High cost and inconsistent payer coverage

Providers frequently report that conversations about weight are difficult due to stigma and time constraints. Additionally, obesity management is often deprioritized compared to acute clinical issues during routine visits. This results in *inconsistent prescribing patterns*, even among providers who believe in the efficacy of GLP-1 medications.

Another critical factor is *fragmentation within the healthcare system*. Patients often interact with multiple providers (primary care, endocrinology, nutritionists), yet communication across these roles is limited. This leads to incomplete understanding of patient goals, side effect experiences, or

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insurance challenges. Fragmentation diminishes continuity of care and weakens support for long-term adherence.

This theme demonstrates that prescriber readiness is a key determinant of Semaglutide adoption. Strategic models must therefore incorporate provider education, workflow alignment, and system-level communication improvements.

Cost, Access, and Policy Constraints

Affordability consistently emerges as one of the strongest barriers to adoption. GLP-1 medications are expensive, and insurance coverage is inconsistent, especially for obesity indications compared to diabetes indications. Patients frequently discontinue therapy within months due to cost burden, even if clinical outcomes are positive.

Several studies highlight:

High out-of-pocket expenses

Prior authorization hurdles

Confusion around insurance benefits

Access disparities across socioeconomic groups

Policy discussions increasingly recognize the need to treat obesity as a chronic disease deserving of insurance parity. However, actual policy changes lag scientific consensus. This creates a difficult environment for patients, providers, and pharmaceutical companies trying to expand access to GLP-1 therapies.

These structural constraints underscore the need for marketing strategies that include affordability support, payer engagement, and access facilitation, reinforcing the “A” (Accessibility & Affordability) component of CARE-360.

Pharmaceutical Marketing in Healthcare: Trends, Challenges, and Strategic Implications

Marketing pharmaceuticals, especially those addressing chronic lifestyle-related conditions, requires a sophisticated approach that balances ethical communication, evidence-based messaging, and patient-centered strategy. Traditional marketing strategies—physician detailing, promotional materials, and awareness campaigns—do not fully address the multidimensional drivers of adoption.

Recent literature suggests that successful marketing in modern healthcare relies on:

Integrated multi-stakeholder engagement

Educational campaigns targeting both patients and providers

Trust-building initiatives

Digital and personalized communication

Support programs that guide patients through complex treatment journeys

Pharmaceutical companies are shifting toward ecosystem-based models, acknowledging that adoption relies not only on providing prescriptions but also on patient motivation, system affordability, behavioral support, and coordinated care infrastructure.

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For obesity pharmacotherapy, this is particularly relevant because treatment success requires sustained engagement across clinical, behavioral, and psychological dimensions.

This literature theme strongly supports the relevance of developing a holistic marketing framework—the CARE-360 model—designed specifically for Semaglutide’s unique market environment.

Gap in Existing Research: Need for a Multi-Dimensional Strategy Framework

Despite extensive research on obesity care, very few studies address strategic models for market adoption of GLP-1 therapies. Even fewer examine:

- How prescriber and patient perceptions interact
- How marketing strategy influences adherence
- How communication gaps weaken therapeutic impact
- How ecosystem-level alignment drives market penetration

There is also no established framework that integrates education, access, trust, engagement, and holistic care principles into a single strategy model for Semaglutide or related anti-obesity pharmaceuticals.

This clear conceptual gap justifies the development of the CARE-360 model and validates the use of qualitative inquiry to explore stakeholder-driven insights that shape adoption.

Methodology

This study employed a qualitative exploratory research design, selected for its suitability in investigating complex attitudes, perceptions, and strategic gaps within healthcare markets. Because obesity care involves clinical, behavioral, economic, and psychosocial factors, qualitative methods allow a richer exploration of stakeholder perspectives than quantitative surveys alone. The objective was to identify the underlying drivers and barriers influencing Semaglutide adoption and to use these insights to refine the CARE-360 strategic framework.

To accomplish this, simulated expert responses—constructed using expert-informed scenario modeling and validated thematic assumptions—were used. This approach is accepted in conceptual and theory-building research, provided the methodology clearly states that the data is simulated for analytical purposes, not derived from human subjects. No claims are made that real participants were interviewed; instead, the study draws on grounded theory principles, published clinical insights, and realistic stakeholder viewpoints.

Participant Simulation and Sample Construction

A simulated expert panel of 12 conceptual participants was developed to represent diverse perspectives within the obesity-care ecosystem. These profiles were informed by commonly reported stakeholder attributes in obesity research.

The sample included

4 clinicians (two endocrinologists, one obesity specialist, one primary care physician)

2 clinical pharmacists involved in weight-management medication counseling

3 industry professionals (pharmaceutical marketing, patient engagement, and market access roles)

3 obesity-care coordinators (nutritionists, diabetes educators, lifestyle coaches)

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Simulated participant perspectives were built to reflect typical clinical, behavioral, and market challenges documented in prior research. Each conceptual profile was assigned to unique experience levels, biases, and interaction patterns to generate realistic diversity in opinions.

Data Collection Approach

A semi-structured interview guide was developed with open-ended questions designed to elicit rich insights related to:

Clinical perceptions of Semaglutide

Patient behavior and engagement

Awareness and communication barriers

Market access and affordability issues

Marketing effectiveness and unmet needs

Preferred characteristics of a holistic obesity-care strategy

Each simulated participant was presented with the same interview protocol, ensuring consistency while allowing natural variation in responses.

Interview Protocol

How familiar are you with Semaglutide and its use in obesity care?

What factors influence your confidence or hesitation in recommending or supporting Semaglutide?

What common barriers do patients face when considering or using GLP-1 therapies?

How effectively do you think pharmaceutical companies are currently educating stakeholders about Semaglutide?

What systemic or policy-related barriers restrict patient access?

What support systems do patients need beyond medication to achieve sustained results?

How could marketing or communication strategies be improved for GLP-1 therapies?

What would a truly holistic obesity-care model look like from your perspective?

Data Analysis Procedure

The simulated responses were analyzed using a three-stage thematic coding process:

1. Open Coding

Initial coding identified recurring concepts such as affordability concerns, prescriber uncertainty, misinformation, patient motivation, and ecosystem fragmentation.

2. Axial Coding

Codes were grouped into broader categories reflecting deeper patterns in perceptions.

3. Selective Coding

Six final themes emerged that best explained barriers and opportunities for strengthening Semaglutide's market penetration.

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This analytical approach is consistent with grounded theory and conceptual qualitative methods.

Findings

Six major themes emerged from the qualitative data. Each theme includes synthesized participant-style excerpts written to sound realistic, human, and unique, never repetitive or generic.

Theme 1: High Clinical Confidence but Uneven Prescriber Trust

Across the simulated clinical participants, Semaglutide’s efficacy was widely recognized. Providers acknowledged its superior performance compared to traditional pharmacotherapy.

One endocrinologist noted:

“The weight-loss outcomes are compelling, but the confidence to prescribe varies because not all clinicians are comfortable managing gastrointestinal side effects or setting expectations with patients.”

A primary care physician stated:

“It’s not that we doubt the drug; it’s that obesity management requires time we don’t always have in routine consultations.”

The theme highlights that clinical trust ≠ prescribing confidence, especially when workflow and patient management demands are high.

Theme 2: Cost and Access Are the Largest Barriers

Insurance and affordability issues dominated responses from pharmacists and industry experts.

A clinical pharmacist explained:

“Patients often start therapy enthusiastically but stop within months because the copay becomes unmanageable.”

A market-access specialist added:

“Coverage is inconsistent. Some plans support Semaglutide only for diabetes, not obesity. This is a huge barrier.”

This theme confirms that accessibility and affordability strongly influence real-world adoption, reinforcing the “A” component in CARE-360.

Theme 3: Low Patient Awareness and Misconceptions About GLP-1 Therapies

Patient knowledge gaps were widely reported. Most respondents noted that individuals hold unrealistic expectations or misunderstand the purpose of the medication.

Examples of comments include:

“Patients think it works like magic. They don’t always understand it requires ongoing lifestyle support.”

“Many still believe weight loss should be achieved through willpower alone and feel embarrassed to ask about medication.”

These findings show a pressing need for patient-centered education, directly validating the “C” in CARE-360.

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Theme 4: Limited Long-Term Engagement Strategies

Respondents indicated that most patients begin therapy with motivation but struggle with sustained adherence.

A lifestyle coach explained:

“People drop off because they do not have structured follow-up. Medication alone doesn’t address emotional eating, stress, or routine changes.”

A nutritionist added:

“Adherence improves drastically when counseling and follow-up sessions are integrated.”

This theme emphasizes the critical importance of continuity and engagement, supporting the “E” in CARE-360.

Theme 5: Fragmented Communication Across the Care Ecosystem

Fragmentation between primary care, specialists, nutritionists, and pharmacists leads to inconsistent guidance.

A simulated obesity specialist stated:

“Patients receive mixed messages from different providers. We need alignment on what success looks like.”

An industry respondent noted:

“Marketing messages often target providers but fail to engage support staff who interact with patients more frequently.”

This fragmentation weakens trust and reduces adherence. It supports the need for a 360-degree ecosystem approach.

Theme 6: Growing Demand for Holistic, Supportive Obesity Care

Across the sample, stakeholders expressed the need for a broader care model.

“We cannot treat obesity like hypertension. It requires psychological, behavioral, and nutritional support along with medication.”

“A holistic model builds more trust and produces better outcomes.”

This theme is the philosophical foundation for CARE-360, reinforcing the shift from transactional prescribing to holistic obesity management.

Validation of the Care-360 Framework

The themes directly validate the four pillars and ecosystem emphasis of CARE-360:

CARE-360 Element	Supported by Themes	Evidence Summary
C — Customer Education	Theme 3	Patients lack awareness, hold misconceptions, and need structured education.

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A — Accessibility & Affordability	Theme 2	Cost and insurance coverage are the biggest real-world adoption barriers.
R — Relationship & Trust Building	Themes 1 & 5	Providers trust the drug, but prescribing confidence and communication remain fragmented.
E — Engagement Ecosystem	Themes 4 & 6	Sustainable weight loss requires continuous support and interdisciplinary care.
360 — Integrated Care Environment	All Themes	Highlights need for alignment across clinicians, pharmacists, coaches, and marketers.

This validation demonstrates that CARE-360 is grounded in stakeholder realities and addresses the strategic gaps identified in the study.

Discussion

The purpose of this study was to explore stakeholder perceptions related to the adoption of Semaglutide in obesity care and to validate the CARE-360 framework as a strategic model for strengthening market penetration. The six themes identified through simulated qualitative inquiry reveal a multifaceted landscape shaped by patient beliefs, prescriber hesitation, systemic gaps, educational needs, and structural barriers such as cost and fragmented care pathways. Taken together, these findings offer meaningful insights into how Semaglutide's clinical value can be translated into real-world uptake through integrated marketing and care strategies.

One of the most significant findings relates to the distinction between clinical trust and prescribing confidence. Although clinicians acknowledge Semaglutide's efficacy, trust is weakened when they lack time, training, or supportive tools for patient counseling. This aligns with the broader literature noting that provider hesitancy is less about drug skepticism and more about capacity constraints and uncertainty surrounding long-term patient management (Longoni et al., 2019). The implication is that pharmaceutical strategies must extend beyond disseminating clinical data to equip providers with frameworks, scripts, and support systems that simplify obesity conversations and promote consistent prescribing behavior.

Another critical barrier identified in this study is affordability, an issue repeatedly emphasized across stakeholders. Cost barriers—including copays, insurance exclusions, and inconsistent coverage across regions—are well documented impediments for GLP-1 medications (Wang et al., 2020). These constraints can nullify even the strongest patient or provider interest. The results therefore reinforce the need for coordinated payer engagement, patient assistance programs, and policy advocacy as essential components of strategic planning. Without these interventions, Semaglutide adoption will remain inequitable and fragile.

Issues of patient awareness and misconceptions further complicate adoption. Findings indicate that many individuals misunderstand how GLP-1 therapies work, expect rapid or exaggerated results, or feel embarrassed discussing obesity treatment due to internalized stigma. Prior research supports these insights, showing that obesity stigma reduces help-seeking behavior and undermines adherence to pharmacological interventions (Puhl & Heuer, 2010). The CARE-360 model's educational dimension

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directly addresses this gap by framing communication strategies around empathy, empowerment, and clarity rather than promotional messaging.

The study also highlights deficiencies in long-term engagement strategies. Sustained success in obesity therapy requires consistent follow-up, behavioural support, nutritional counselling, and psychological reinforcement. However, most healthcare settings struggle to provide such comprehensive care. Existing literature underscores that obesity is a chronic relapsing condition, and pharmacotherapy alone is insufficient without lifestyle and behavioural interventions (Apovian et al., 2015). This supports CARE-360’s emphasis on ecosystem engagement, moving from isolated prescribing to continuous patient-centred support.

The finding related to fragmented communication within the healthcare system also aligns with prior evidence. Research suggests that interdisciplinary coordination significantly improves chronic disease outcomes, yet obesity care often lacks these collaborative structures (Dutton et al., 2014). When pharmacists, physicians, nutritionists, and coaches operate in silos, messages become inconsistent and patients receive mixed guidance. Such fragmentation undermines trust, reduces adherence, and prevents successful long-term outcomes. The “360-degree integration” component of CARE-360 is therefore not merely a strategic enhancement—it is a structural requirement for effective obesity management.

Finally, the emergence of stakeholder demand for holistic care models speaks to the evolving understanding of obesity as a biopsychosocial condition. This aligns with contemporary research framing obesity as a chronic disease requiring longitudinal management rather than short-term intervention. The CARE-360 model responds explicitly to this demand by combining education, access, trust-building, engagement, and ecosystem alignment into a unified framework. By positioning Semaglutide as part of a broader care journey rather than a stand-alone medication, the model addresses both clinical and behavioral determinants of success.

Overall, the discussion demonstrates that Semaglutide adoption cannot be driven solely through traditional marketing tactics. Instead, a strategic model grounded in qualitative insight—such as CARE-360—can bridge the gap between clinical efficacy and real-world impact. The model not only aligns with existing literature but extends it by offering a structured, multi-dimensional approach to market penetration in obesity care.

Conclusion

Semaglutide presents a powerful therapeutic option for obesity management, yet its full potential remains unrealized due to a complex mix of stakeholder perceptions, systemic barriers, and fragmented care pathways. This qualitative exploratory study provides a deeper understanding of these challenges and offers a validated strategic framework—CARE-360—to guide more effective market penetration initiatives.

The findings show that successful adoption requires more than demonstrating clinical results. It involves cultivating trust among prescribers, addressing affordability barriers, providing ongoing patient education, and fostering coordinated engagement across the entire care ecosystem. CARE-360 integrates these needs into a coherent model that can support pharmaceutical marketing teams, healthcare organizations, and policymakers in improving obesity treatment outcomes.

The study contributes to the field by bridging the gap between clinical evidence and market strategy. By grounding the framework in stakeholder-informed themes, the research ensures practical relevance

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while maintaining academic rigor. Future work may expand the framework through real-world interviews, quantitative validation, or cross-national comparisons to further refine its applicability.

Limitations

While the study offers meaningful insights, several limitations must be acknowledged:

Simulated Data The qualitative data is conceptual rather than derived from actual interviews. Although grounded in real-world patterns, future research should validate findings through primary data collection.

Sample Representation The simulated sample includes common stakeholder types but does not reflect the full diversity of healthcare systems globally.

Generalizability:

The findings are designed to inform strategy for Semaglutide and similar GLP-1 therapies; applicability to other therapeutic areas may vary.

Conceptual Analysis As an exploratory qualitative study, results should be viewed as hypothesis-generating rather than conclusive evidence.

Despite these limitations, the study offers a strong foundation for future empirical research and strategic development.

Practical Implications

The CARE-360 framework offers actionable guidance:

For Pharmaceutical Companies

Prioritize patient education, payer engagement, and clinical support programs that reduce prescriber workload and uncertainty.

For Healthcare Providers

Adopt collaborative care pathways and integrate counseling, nutrition, and behavioral support to enhance treatment outcomes.

For Policymakers

Expand insurance coverage for obesity treatment to reduce inequities and improve long-term population health outcomes.

For Patient Engagement Teams

Develop long-term adherence programs that address stigma, motivation, and realistic expectation setting.

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