Project Narrative

Predicting Early HCP Adoption for Next-Generation Obesity Therapies

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1. Strategic Context and Business Importance

Amgen is making a **strategic long-term investment in the obesity and cardiometabolic (OBCD) market**, which is expected to become one of the largest therapeutic categories globally.

- The **U.S. obesity market alone is projected to exceed $1 trillion over the long term**, with near-term expectations of ~$250B over the next 7–10 years.
- Within this space, Amgen has **multiple pipeline assets**, the most important being **Maritide**, expected to launch in **late 2027 / early 2028**.
- Maritide has the potential to become a **portfolio-defining asset**, with revenue potential comparable to Amgen's current total portfolio.

Given this context, **launch excellence is mission-critical**, and data-driven decision-making around **early prescriber adoption** is a core capability Amgen wants to build.

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2. Core Business Question

At the heart of the discussion is a focused but high-impact question:

Which HCPs (Healthcare Providers) are most likely to adopt a new obesity therapy early in its launch cycle, and how can that be predicted with confidence?

This question supports:

- Targeted commercial engagement
- Efficient field force deployment
- Early market penetration
- Learnings that can be scaled to Maritide's launch

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3. Why Historical Launches Matter

To answer this question, the team proposes **learning from prior obesity drug launches**, specifically GLP-1–based therapies, which have already reshaped the market.

Three recent launches provide **distinct and complementary behavioral signals**:

3.1 Category Creation (First GLP-1 Obesity Launch)

- Example: **Wegovy** from **Novo Nordisk**
- Represented the **first major GLP-1 obesity treatment**
- Required:
    - High clinical conviction
    - Early-adopting HCPs willing to take perceived risk
    - Influence from KOLs and peer signaling

Behavioral insight:
Early adoption driven by *clinical severity, innovation appetite, and thought-leadership influence*.

3.2 Switch Behavior (Second Entrant)

- Example: **Zepbound / Mounjaro** from **Eli Lilly**
- Entered an **already established category**
- Adoption depended on:
    - Comparative efficacy
    - Duration of effect
    - Clinical differentiation
    - Justification for switching stable patients

Behavioral insight:
HCPs exhibit *switching inertia* unless clear clinical or economic advantages are evident.

3.3 Mode-of-Administration Shift (Oral Therapy)

- First **oral GLP-1–class obesity therapies** approved in late 2025
- Introduced a new adoption dimension:
    - Injectable vs oral preference
    - Patient lifestyle and adherence considerations

Behavioral insight:
Some HCPs selectively adopt based on *patient acceptability and convenience*, not just efficacy.

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4. Proposed Analytical Approach

The proposal is to **treat these three launches as separate learning systems**, not a single blended dataset.

4.1 Three-Model Framework

Each historical launch informs a **distinct predictive model**:

1. **Category-Creation Model**
    - Identifies innovation-forward HCPs
    - Focuses on early adopters under uncertainty
2. **Switching Model**
    - Captures HCPs who actively migrate patients between therapies
3. **Administration-Preference Model**
    - Identifies HCPs sensitive to delivery format (injectable vs oral)

These models are then **combined to predict adoption likelihood** for future launches.

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5. Validation Strategy Using Near-Term Launches

Before applying this framework to Maritide, the team proposes a **real-world validation exercise**:

- Use an upcoming **Eli Lilly oral obesity therapy** launch (expected April–May)
- Assume the role of "Eli Lilly":
    - Build the model **before launch**
    - Observe real prescribing behavior **post-launch**
    - Validate predictive accuracy

Target benchmark:
~60% predictive accuracy as a proof of concept.

If successful, the same methodology can be confidently scaled to Maritide.

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6. Data Landscape and Constraints

6.1 Data Sources

- **Claims Data** (e.g., IQVIA longitudinal claims)
    - Captures adjudicated prescriptions
    - Includes payer approvals and delays
- **Prescription Data**
    - Faster but less clinically rich
- **EHR Data (Optum)**
    - Used internally by Amgen's **C4 (Center for Research) team**
    - Supports Real-World Evidence (RWE): comorbidities, labs, prior meds, adverse events

6.2 Data Lag Reality

- Approval → shelf availability → prescribing → claims adjudication → vendor reporting
- This introduces **weeks to months of delay**, which must be explicitly modeled.

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7. Time Horizon and Adoption Windows

There is an open discussion on:

- **90-day vs 180-day adoption windows**
- Shorter windows capture "true early adopters"
- Longer windows improve signal stability

Final decision to be aligned with Amgen leadership (Risha).

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8. Engagement and Commercial Model

8.1 Initial Phase (4–6 Weeks)

- Build baseline models
- Demonstrate early value
- Share insights and adoption predictions

8.2 Ongoing Phase (Paid Engagement)

- Continuous monitoring of HCP behavior
- Model recalibration as real data flows in
- Progressive refinement leading up to Maritide's launch

Key positioning:
This is not a one-time model, but a **living, learning system**.

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9. Broader Context (Out of Scope for Phase 1)

The team acknowledges that:

- HCP adoption is only **one piece of the launch puzzle**
- Other dimensions include:
    - Patient identification
    - Market access and payer strategy
    - Field engagement optimization
    - Messaging and positioning

For now, the recommendation is to **stay sharply focused on early HCP adoption**, while leaving room to expand later.

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10. Next Steps and Ownership

- **Deck creation**: Solution narrative and architecture
- **Internal review**: Mid-week
- **Client discussion**: Share deck with Risha before next call
- **Workshops proposed**:
    - Market definition
    - Competitive landscape
    - Pre-launch brand planning (if not already available)

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11. Executive Summary (One-Line)

The project aims to build and validate a predictive system that identifies early HCP adopters of obesity therapies by learning from prior GLP-1 launches, validating the approach on an upcoming oral launch, and scaling the capability to support Amgen's Maritide launch with high confidence.