

Project Beacon: A Strategic Framework for Predictive HCP Adoption Modeling and Commercial Excellence in the Next-Generation Obesity Market

The Strategic Metamorphosis of the Global Obesity Landscape

The pharmaceutical industry is currently witnessing an unprecedented evolution within the obesity and cardiometabolic (OBCD) therapeutic area. What was once considered a niche segment characterized by lifestyle interventions and limited pharmacological efficacy has transformed into a strategic cornerstone for global pharmaceutical leaders. The United States obesity market alone is projected to exceed \$1 trillion in the long term, with near-term expectations approaching \$250 billion over the next seven to ten years. As we move toward 2026, the market is shifting from a period of category consolidation into one of rapid acceleration, driven by clinical breakthroughs, shifting governmental policies, and fundamental changes in market dynamics.

Within this highly competitive environment, Amgen is positioned to introduce MariTide (maridebart cafraglutide) in late 2027 or early 2028. MariTide represents more than just another entry into a crowded field; it is envisioned as a portfolio-defining asset with the potential to match the revenue of Amgen's entire current portfolio. However, the success of such an asset is not guaranteed by clinical efficacy alone. The obesity market of 2026 and beyond will be characterized by a "transition year" where the introduction of oral formulations, such as Eli Lilly's orforglipron, and new, high-efficacy compounds will fundamentally alter prescriber and patient behavior.

The central challenge for commercial teams is no longer simply

identifying high-volume prescribers. In a market distorted by drug shortages, varying payer coverage, and the "consumerization" of healthcare through telehealth and direct-to-consumer (DTC) channels, traditional targeting methods are insufficient. Project Beacon is the strategic response to this complexity. It is an AI-driven initiative designed to move beyond descriptive analytics toward predictive intelligence, identifying the specific healthcare providers (HCPs) who will act as the earliest adopters of next-generation therapies. By triangulating longitudinal claims data, physician-level prescribing trends, and deep clinical insights from electronic health records (EHR), Project Beacon seeks to build a living, learning system that ensures launch excellence for MariTide.

The Core Business Problem: The Inadequacy of Traditional Targeting

The traditional pharmaceutical launch playbook relies heavily on historical volume. Sales forces are typically deployed to target "Decile 10" physicians—those who have written the most prescriptions in a given therapeutic class over the previous twelve months. However, the obesity market is undergoing structural shifts that render these historical patterns less predictive of future behavior. Simply targeting the top prescribers of current injectable GLP-1s, such as Wegovy or Zepbound, is an inefficient strategy for several reasons.

First, the introduction of oral GLP-1s like orforglipron creates a new dimension of adoption focused on administration preference rather than just efficacy. Some high-volume injectable writers may be slow to adopt orals, while others may see them as the primary solution for patients with "injection fatigue" or those who have refused treatment due to needle aversion. Second, external market factors, including persistent drug shortages and shifts in payer formularies, have forced many physicians to engage in "substitution behavior," which can create misleading signals in purely volume-based data. Third, the rise of telehealth and cash-pay markets has

enabled a new class of high-volume prescribers who operate outside of traditional clinical settings and display different adoption velocities than established specialists.

The fundamental business question at the heart of Project Beacon is whether a manufacturer can predict, with confidence, which physicians will be the earliest adopters of a new therapy before the first prescription is even written. This requires an understanding of an HCP's "Behavioral DNA"—a combination of their intrinsic willingness to innovate, the clinical composition of their patient panel, and the real-world operational barriers they face within their specific practice environment.

Table 1: Comparative Limitations of Descriptive vs. Predictive Targeting Models

Dimension	Descriptive (Traditional) Model	Predictive (Project Beacon) Model
Primary Metric	Historical prescription volume (Deciles).	Predicted 90-day adoption likelihood.
Data Scope	Static pharmacy fill data.	Triangulated claims, EHR, and behavioral logs.
Market Context	Assumes stable market conditions.	Incorporates shortages and policy changes.
HCP Insight	What the doctor did.	Why the doctor will act.
Actionability	Reactive resource allocation.	Proactive, prescriptive field engagement.

The Project Beacon Solution: A Multi-Phased Machine Learning Framework

Project Beacon is architected not as a one-time analysis, but as a strategic AI capability that continuously improves as new data flows into the system. The project is structured into four distinct phases designed to move from raw data aggregation to actionable commercial intelligence.

Phase 1: Data Aggregation and Clinical Discovery (Weeks 1-3)

The initial phase focuses on the ingestion and cleaning of disparate data assets. This is not merely a technical exercise but a clinical discovery process. By leveraging IQVIA's Longitudinal Access and Adjudication Data (LAAD) alongside Optum EHR data, the team can map the patient universe in high resolution. This involves identifying patients who are clinically eligible for next-generation obesity treatments but remain untreated or are on suboptimal regimens.

A key objective in this phase is the use of probabilistic models to infer missing diagnoses. Obesity is notoriously under-coded in traditional claims data; therefore, the model must look for clinical markers such as BMI values, metabolic deterioration, or the presence of comorbidities like hypertension and obstructive sleep apnea to identify "latent" obesity patients. This clinical grounding ensures that the subsequent HCP targeting is rooted in actual patient need rather than just historical prescribing patterns.

Phase 2: Model Training and Historical Validation (Weeks 4-6)

The core of Project Beacon involves training predictive models on three distinct historical "analog" launches: Wegovy (Category Creation), Zepbound (Competitive Switching), and the 2025/2026 launch of Oral Wegovy (MOA Disruption). Each of these launches provides a different behavioral signal. Wegovy adoption highlights physicians who are willing to take clinical risks in a new category; Zepbound adoption reveals those sensitive to comparative efficacy; and the oral launch

signals a preference for convenience and lifestyle fit.

By labeling HCPs as "early adopters" (those writing a script within the first 90 days) versus "non-early adopters," the system identifies the common features that drive rapid uptake. Machine learning algorithms, such as Gradient-Boosted Trees (XGBoost) or Random Forests, are utilized to process thousands of variables, including specialty, location, historical adoption velocity, and patient panel characteristics. The target benchmark for this phase is a 60% predictive accuracy, which serves as a proof of concept for the broader commercial organization.

Phase 3: Translating Learnings to the MariTide Strategy (Weeks 7-8)

Once the models are validated against historical analogs, the focus shifts to MariTide. This requires a nuanced translation of data, as MariTide's profile is unique. Unlike daily orals or weekly injectables, MariTide offers the prospect of monthly or even quarterly dosing. The modeling must therefore identify a new archetype: the "Maintenance-Oriented" HCP. This physician is likely to value durability and long-term adherence over the immediate, rapid weight loss of daily therapies.

This phase maps "Orforglipron-like" behavioral signals (preference for convenience) to the potential for MariTide's less-frequent dosing profile. It also incorporates geographic "heat maps" of high-potential areas, such as suburban regions with high out-of-pocket spending or specific primary care clusters that are currently underserved by specialist-led GLP-1 initiatives.

Phase 4: Final Deliverable and Interactive Intelligence (Week 9)

The project culminates in the delivery of an interactive dashboard that provides a ranked list of high-value HCP targets. Crucially, this is not just a list of names; it includes a "why now" rationale for each physician. This allows field teams

to tailor their messaging based on the specific needs of the HCP's patient base—for example, emphasizing convenience for a primary care provider (PCP) or clinical efficacy and cardiometabolic benefits for an endocrinologist.

Table 2: Project Beacon Phase-Gate and Deliverable Schedule

Phase	Timeline	Core Activities	Key Deliverables
Phase 1	Weeks 1-3	Data cleaning; clinical marker identification; BMI clustering.	Addressable Patient Universe Map.
Phase 2	Weeks 4-6	Analog model training (Wegovy, Zepbound); accuracy validation.	Validated Early Adopter Predictors.
Phase 3	Weeks 7-8	Behavioral mapping to MariTide profile; geographic heat mapping.	MariTide Launch Target Prioritization.
Phase 4	Week 9	Deployment of interactive targeting dashboard.	Commercial Targeting Dashboard & "Why Now" Rationale.

Data Assets: The Power of Triangulation

The sophistication of Project Beacon lies in its ability to triangulate three distinct data sources, each providing a different piece of the commercial puzzle. The integration of these assets allows the team to understand the "why" behind the "what" of physician behavior.

IQVIA LAAD (Longitudinal Access and Adjudication Data)

LAAD is the primary tool for understanding the patient journey and the impact of the payer environment. It provides a comprehensive view of the patient experience, including adjudicated prescriptions, payer approvals, and the specific reasons for delays or denials. In the obesity market, where rejection rates can exceed 40%, visibility into payer control is critical. LAAD allows the model to identify HCPs whose patients are experiencing high rates of "abandonment friction" at the pharmacy counter, signaling a potential need for therapies with better access or lower cost burdens.

IQVIA Xponent

While LAAD is patient-centric, Xponent is physician-centric. It provides granular, physician-level prescribing volume trends across all payers and channels. Xponent is the best signal for an HCP's "willingness to act". The Project Beacon model uses Xponent data to calculate the Launch Adoption Index (LAI)—a proprietary metric that measures how quickly an HCP adopts new therapies relative to their peers. This allows the team to differentiate between a high-volume "laggard" (who eventually writes many scripts but is slow to try new things) and an "early catalyst" (who may have lower total volume but is a first-mover on innovation).

Optum EHR (Electronic Health Records)

The inclusion of EHR data via Amgen's C4 (Center for Research) team provides a critical clinical layer that claims

data cannot replicate. Optum EHR contains unstructured data from clinical notes, such as a patient expressing a "desire for a pill" or a physician noting "injection fatigue". This data allows the model to detect "clinical inertia breakdown"—identifying doctors who are managing patients with multiple comorbidities (e.g., hypertension, diabetes) who have failed or refused traditional injectable treatments. By identifying these clinically ready patient clusters, Project Beacon can predict adoption before it appears in prescribing data.

Table 3: Strategic Integration of Core Data Assets

Data Source	Type	Primary Value for Modeling	Key Data Elements
IQVIA ALADDIN	Longitudinal Claims	Mapping the patient journey; tracking switches.	Adjudicated Rx's, Payer approvals, Co-pay usage.
IQVIA Axponent	Prescriber Data	Measuring adoption velocity and volume.	NPI-level volume, Brand market share.
Optum EHR	Clinical Records	Identifying patient motivation and clinical readiness.	BMI values, Lab results, Unstructured clinical notes.

The Competitive Arena: Analyzing the Obesity Arms Race

To build a predictive system for 2027, one must deeply understand the competitive dynamics of 2025 and 2026. The obesity market is currently dominated by two primary players—Novo Nordisk and Eli Lilly—but the entry of oral formulations and next-generation injectables like MariTide will redefine the

leadership structure.

Category Creation and Innovation Leadership: Novo Nordisk

Novo Nordisk established the category with Wegovy (semaglutide) in 2021. Adoption of Wegovy was driven by physicians with high clinical conviction and a willingness to take risks in an unproven market. As the first entrant, Novo Nordisk built significant brand loyalty, particularly among cardiologists and pediatric specialists, due to extensive data on cardiovascular risk reduction and pediatric obesity. However, Wegovy faces challenges related to supply constraints and the inherent burden of weekly injections.

Competitive Switching and Efficacy Dominance: Eli Lilly

Eli Lilly's Zepbound (tirzepatide) entered an established category and achieved rapid market share by demonstrating superior weight loss results in clinical trials. Adoption of Zepbound is often driven by "utility-focused" HCPs who are willing to migrate patients from Wegovy if they see a clear clinical advantage. Lilly has also pioneered new distribution models, such as LillyDirect, which reduces administrative friction for both HCPs and patients.

Form Factor Disruption: The Rise of Orals

The most significant shift in the 2026 market will be the launch of oral GLP-1s, specifically Eli Lilly's orforglipron. Orlforglipron is a small-molecule agonist that does not require cold-chain storage or specific timing with food, making it highly attractive to a different patient archetype. The adoption of orforglipron will likely follow a "convenience-driven" pattern, capturing patients who have previously avoided the category due to needle aversion or lifestyle constraints.

MariTide's Unique Position: The Maintenance Paradigm

Amgen's MariTide is positioned to transcend the trade-off between convenience and efficacy. As a peptide-antibody

conjugate, it offers strong weight loss potential with the unique advantage of monthly or even quarterly dosing. MariTide is likely to dominate the "maintenance" phase of obesity treatment. While daily orals and weekly injectables are ideal for the initial "induction" phase of weight loss, a monthly or quarterly injection is a compelling solution for the millions of patients who will require lifelong weight management.

Table 4: Landscape of Strategic Weight Loss Therapies (2025-2028)

Therapy	Manufacturer	Form Factor	Dosing	Strategic Profile
Wegovy	Novo Nordisk	Injectable	Weekly	Established safety; primary category leader.
Zepbound	Eli Lilly	Injectable	Weekly	Efficacy leader; aggressive switching strategy.
Orforglipron	Eli Lilly	Oral Pill	Daily	MOA disruptor; convenience-driven adoption.
MariTide	Amgen	Injectable	Monthly/Quarterly	Maintenance leader; paradigm-changing durability.

Predicting HCP Behavior: The Modeling of Adoption DNA

Project Beacon's predictive engine is built on the premise that adoption is not random; it is a measurable behavioral trait. By analyzing the historical behavior of over 400,000 physicians, the model identifies specific archetypes that are likely to drive

early volume for next-generation products.

Archetype 1: The Early Catalyst (Innovation-Forward)

These are the physicians who prescribe a new therapy within the first 90 days of launch. They are often specialists (Endocrinologists) who are deeply engaged with clinical research and peer signaling. The model identifies them by their rapid adoption of Wegovy and Zepbound. For Amgen, these physicians are the primary targets for early medical engagement and speaker programs.

Archetype 2: The Utility Switcher (Efficacy-Driven)

This segment is characterized by a willingness to migrate patients between therapies to achieve better outcomes. They are high-volume writers who are sensitive to the "clinical delta" between products. The model identifies them by looking for high rates of brand switching within their historical Xponent data. These HCPs are prime targets for MariTide's superior weight-maintenance data.

Archetype 3: The Convenience-Focused Practitioner

This archetype manages a large panel of "lifestyle-conscious" patients. They are likely to be early adopters of oral therapies or less-frequent injectables. The model identifies them using Optum EHR data to find clusters of patients expressing dissatisfaction with weekly injections. These HCPs are essential for the launch of both orforglipron and MariTide.

Table 5: HCP Behavioral Archetypes and Modeling Signals

Archetype	Defining Behavior	Modeling Signal (Xponent/LAAD)	Messaging Strategy
Early Catalyst	Rapidly adopts any innovation.	First 90-day writer for Wegovy & Zepbound.	Innovation; clinical differentiation.

Utility Switzer	Moves patients for better efficacy.	High patient turnover between GLP-1 brands.	Efficacy; cardiometabolic markers.
Convenience Seek.	Prioritizes ease of use/lifestyle.	High volume of oral scripts in other classes.	Convenience; dosing frequency.
Laggard	Cautious; waits for long-term safety.	Late-stage adopter of Wegovy (1.75+ years).	Education; long-term clinical evidence.

The Orforglipron Validation Pilot: A Strategic Stress-Test

To ensure that the Project Beacon model is robust before the MariTide launch, the team proposes a real-world validation pilot using Eli Lilly's upcoming launch of orforglipron. Orforglipron is expected to receive FDA approval in the second quarter of 2026, with a target action date of April 10, 2026.

Simulation of the Manufacturer Role

In this pilot, the analytics team will "pretend to be Eli Lilly". Using only data available up to November 2025, the team will build a predictive model to identify the HCPs who will adopt orforglipron in early 2026. This exercise addresses several critical modeling challenges, including:

- 1 Modeling the MOA Shift:** Can historical injectable behavior predict oral adoption?
- 2 Accounting for Data Lag:** The model must simulate the weeks-to-months delay between drug approval, shelf availability, and data reporting.

3 Measuring Predictive Accuracy: Once real orforglipron prescribing data arrives in late 2026, the team can validate the accuracy of their predictions against actual market behavior.

Success Benchmarks

The team has set a target benchmark of 60% predictive accuracy for this pilot. In a market as volatile as obesity, correctly identifying six out of ten early adopters represents a massive increase in commercial efficiency. If successful, the model will be recalibrated with actual orforglipron data to achieve 70% to 80% accuracy for the MariTide launch.

Table 6: Orforglipron Launch and Validation Timeline (2026)

Milestone	Expected Date	Significance
Project Beacon Model Finalized	January 2026	Baseline predictions generated for the oral launch.
FDA Target Action Date	April 10, 2026	Official launch window for orforglipron.
Medicare Expansion Pilot	April 1, 2026	New coverage opens access for millions of patients.
Initial Market Read (Xponent)	June 2026	First 90-day prescribing behavior becomes visible.
Accuracy Validation Report	August 2026	Comparison of predicted vs. actual early adopters.
MariTide Model Recalibration	September 2026	Integration of oral adoption signals for future planning.

External Market Catalysts: Medicare, Policy,

and Pricing

The obesity market of 2026 will be heavily influenced by external factors that could either accelerate or hinder HCP adoption. Project Beacon must incorporate these signals to maintain its predictive edge.

The 2026 Medicare Part D Expansion

A transformative shift will occur on April 1, 2026, when a pilot program begins covering certain obesity medications under Medicare Part D. Historically, Medicare was prohibited by law from covering drugs used solely for weight loss. The new policy, implemented via CMS demonstration authorities, will allow coverage for beneficiaries with obesity and "qualifying comorbidities," such as pre-diabetes or cardiovascular disease.

Under this framework, pricing for injectable GLP-1s will be capped at approximately \$245 per month, with patient copays limited to \$50. This expansion is expected to cover approximately 10% of the Medicare population, representing millions of new potential patients. Project Beacon will use LAAD data to identify HCPs with high concentrations of "Medicare-eligible" obesity patients, prioritizing them for engagement as access hurdles diminish.

The Rise of "TrumpRx" and Direct-to-Consumer Models

Concurrent with Medicare expansion is the emergence of alternative distribution and pricing models. The administration has announced a platform called "TrumpRx.gov" that aims to offer GLP-1 injections for approximately \$350 per month, primarily targeting cash-pay patients and bypassing traditional intermediaries like pharmacy benefit managers (PBMs). Furthermore, oral GLP-1s like orforglipron are expected to enter the market with introductory cash pricing as low as \$149 per month for the starting dose.

These models will accelerate the "consumerization" of the

obesity market. Physicians who are comfortable with cash-pay workflows or who already utilize digital health platforms (e.g., LillyDirect) are likely to display much faster adoption velocities for new therapies.

Table 7: Forecasted GLP-1 Pricing by Channel (2026)

Channel	Model / Platform	Est. Monthly Cost	Copay Cap
Medicare Part D	BALANCE Pilot	\$245	\$50
Medicaid	Opt-in Model	\$245	\$50
Self-Pay / Cash	TrumpRx.gov	\$350	N/A
DTC (Oral)	LillyDirect	\$149 (Start Dose)	N/A
DTC (Injectable)	LillyDirect	\$299 - \$449	N/A

Advanced Analytics: The Machine Learning Engine

Project Beacon utilizes a suite of advanced analytical techniques to transform raw data into predictive scores. The goal is to create a model that is both highly accurate and clinically interpretable.

Feature Engineering and Unsupervised Clustering

The foundational layer of the model involves creating AI-driven segments of the ~400,000 active obesity prescribers. Using unsupervised clustering, the system groups physicians based on multi-dimensional behaviors, such as their adoption timing, therapy loyalty, and responsiveness to digital versus personal

promotion.

Key predictive signals discussed for feature engineering include:

- **Historical Innovation Score:** Speed of adoption of prior first-in-class therapies (e.g., Wegovy).
- **MOA Flexibility:** Previous willingness to prescribe oral versus injectable options in adjacent disease areas like T2D.
- **Clinical Severity Mix:** The proportion of an HCP's panel with high BMI, metabolic deterioration, or failed prior treatments.
- **Operational Agility:** Frequency of co-pay card utilization or successful prior authorization (PA) submissions in the LAAD dataset.

Model Selection and Explainability

The project prioritizes "Explainable AI" to ensure that commercial teams can defend and utilize the model's outputs. While complex models like XGBoost or LightGBM offer strong predictive performance on tabular claims data, simpler baselines like Logistic Regression are used to ensure clinical intuition is maintained.

To bridge the gap, the team utilizes SHAP (SHapley Additive exPlanations) values to provide "reason codes" for each HCP score. For example, a high score for a specific physician might be explained by: *"High volume of Zepbound discontinuers + 40% panel with metabolic deterioration + High historical adoption velocity for orals"*.

Table 8: Predictive Modeling Techniques and Applications

Technique	Goal	Application in Project Beacon
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Unsupervised Clustering	HCP Segmentation	Grouping 400k physicians by adoption behavior.
Gradient-Boosted Trees	Predictive Performance	High-accuracy scoring of adoption likelihood.
Logistic Regression	Explainability	Ensuring clinical intuition drives targeting.
SHAP Reason Codes	Actionability	Providing "why now" rationale to field reps.
Survival Analysis	Persistence	Predicting 30/60/90-day patient drop-off.

Operationalizing the Strategy: Governance and Workshops

Project Beacon is not merely a technical deliverable; it is a collaborative commercial strategy. To ensure alignment across Amgen's medical, commercial, and analytics teams, the project includes structured workshops and governance meetings.

Immediate Action Items

The first step is securing comprehensive data access for the modeling team, including the finalization of TPAs (Third-Party Agreements) with Optum and IQVIA. Simultaneously, the team will initiate a "Market Definition Workshop" to align on the core definitions of the patient and HCP universes.

Key workshop topics will include:

- 1 Defining the "Early Adopter":** Will the system focus on a 90-day or 180-day adoption window? Shorter windows capture "true innovators," while longer windows provide a more stable signal.

- 2 **Hypothesis Generation:** Collaborating with therapeutic area experts to identify the specific "action moments" in a patient's treatment journey (e.g., metabolic deterioration, BMI milestones).
- 3 **External Impact Incorporation:** Aligning on how to model the impact of drug shortages, pricing changes, and payer contracting shifts in 2026.

Table 9: Implementation Roadmap for Project Beacon

Phase	Milestone	Primary Responsibility
Setup	Data Access & TPA Execution.	Amgen IT / Data Procurement.
Discovery	Market Definition & Hypothesis Workshop.	Strategy & Commercial Teams.
Modeling	Analog Training & Orforglipron Validation.	Analytics & AI Team.
Governance	Bi-weekly Progress Reviews.	Steering Committee (Risha).
Activation	Dashboard Deployment & Field Training.	Commercial Operations.
Refinement	Post-Launch Recalibration.	Analytics & AI Team.

Future Outlook: Scaling to MariTide Launch Excellence

The ultimate goal of Project Beacon is to ensure that Amgen's MariTide enters the market with a dominant footprint. By 2027, the obesity market will be a complex ecosystem of multiple therapies and varied payer channels. MariTide's success will depend on Amgen's ability to identify the "Maintenance

"Catalyst"—the physician who recognizes that long-term success in obesity requires a therapy that reduces the burden on the patient while maintaining high efficacy.

The Beacon framework is designed to be a living system. As real-world data from the orforglipron launch and the Medicare expansion flows in, the models will continuously recalibrate. This "learning velocity" is a core competitive advantage, allowing Amgen to adjust its messaging, field force deployment, and payer strategies in near real-time.

In summary, Project Beacon represents a shift from an intuition-based commercial model to a data-driven system of predictive intelligence. It ensures that Amgen does not just react to the market but anticipates its evolution, securing a leading position in the defining therapeutic category of the decade.

Strategic Recommendations for Proposal Implementation

Based on the synthesis of discussion materials and current market research, the following recommendations are provided to ensure the commercial proposal is comprehensive and actionable:

- 1 Adopt the 90-Day Adoption Window for Innovator Targeting:** While 180-day windows offer stability, the 90-day window is the superior signal for identifying the "True Early Adopters" who drive momentum and word-of-mouth advocacy during the critical first phase of launch.
- 2 Explicitly Model the "Medicare Inflection" in 2026:** The April 1, 2026 expansion represents the largest single unlock of patient volume in the history of the obesity market. The targeting models must prioritize HCPs with a high Medicare patient skew to capture this immediate surge in accessible demand.
- 3 Differentiate "Induction" vs. "Maintenance" Targets:**

Use the orforglipron pilot to identify HCPs who prioritize "lifestyle fit" (orals) versus those who prioritize "adherence durability" (long-acting injectables). This distinction will be the primary lever for MariTide's positioning against daily oral competitors.

- 4 Prioritize Clinical Notes Extraction in the Optum EHR Stream:** The most predictive features for next-generation adoption lie in unstructured notes regarding "injection fatigue" and "patient desire for simplicity". Investing in Natural Language Processing (NLP) to extract these markers will provide a significant competitive advantage over competitors using only structured claims data.
- 5 Build a Defensible "Why Now" Sales Enablement Layer:** The output of the model must be integrated directly into the CRM, providing field reps with clear, data-driven rationale for why each HCP is prioritized and what specific clinical data will resonate with their patient base.

By executing on this framework, Amgen will not only maximize the launch potential of MariTide but will also build a sustainable, AI-driven commercial capability that can be scaled across its entire cardiometabolic portfolio.