Team, some initial thoughts for storyline for the kick-off meeting with Risha next week:

Kickoff Deck Storyline: Project "Beacon" (Learning from Orforglipron launch for Maritide Commercial Pull-Through Strategy)

Deck Outline:

- **Slide 1: Title & Vision** - Project Beacon: Accelerating Maritide Launch Excellence via Early Adopter Analytics
- **Slide 2: The Challenge** - A Crowded Obesity Market Demands Surgical Targeting
- **Slide 3: Our Solution** - ML-Driven Early Adoption Modeling using Integrated Data
- **Slide 4: Data Assets** - Leveraging IQVIA LAAD, Xponent, and Optum EHR
- **Slide 5: Project Phases** - Timeline to Actionable Insights
- **Slide 6: Desired Outcomes** - Actionable Go-to-Market Strategy for Amgen
- **Slide 7: Next Steps** - Data Access, workshops and Immediate Action Items

---

Storyline

Slide 1: Title & Vision

- **Headline:** Project Beacon: Driving Maritide Launch Success via Predictive Early Adopter Modeling
- **Sub headline:** Using Orforglipron (2026) as a lighthouse project to identify high-potential HCPs for Amgen's MariTide portfolio.
- **Key Message:** We are not just analyzing the market; we are predicting the next wave of adopters to ensure Amgen gains a dominant footprint in the crowded anti-obesity medication (AOM) landscape.
- **Success Metrics:** Predicting 60% of early adoptors in for Orforglipron.

Slide 2: The Challenge: A Crowded, Evolving Market

- **Visual:** Map of 2026 AOM Market (Wegovy, Zepbound, Orforglipron, and MariTide in Phase 3).
- **Key Message:** 2026 is a "transition year" where oral formulations (Orforglipron) and new, high-efficacy compounds (MariTide) change the game.
- **The Problem:** Simply targeting top prescribers of current GLP-1s is inefficient.

- **Goal:** Identify which HCPs will switch to or adopt **oral** GLP-1s quickly, and which have patient profiles suitable for 4-weekly (monthly) injections like MariTide.

Slide 3: Our Solution: ML-Driven Early Adopter Modeling

- **Headline:** Turning Data into Predictive Intelligence.
- **Content:**
    - **Identify:** Locate HCPs with high concentrations of patients requiring convenient oral options (Orforglipron).
    - **Signals** from different HCP personas
        - **Early Cross-Adopters:** HCPs who were fast to adopt Wegovy are likely to be early adopters of Orforglipron.
        - **The "Pill-Friendly" Profile:** HCPs with high concentrations of patients complaining about injection anxiety or needing simpler administration (small molecule benefit).
        - **Clinical Inertia Breakdown:** Identifying doctors managing patients with comorbidities (HTN, Diabetes, OSA) who have failed or refused injectors.
        - **High-Volume Discontinuers:** Detecting early switchers who are stopping Zepbound/Wegovy due to supply issues or side effects, who are prime candidates for a daily oral pill.
    - **Predict:** Use machine learning to rank HCPs based on predicted 90-day post-launch uptake.
- **Talking Point:** "We are moving beyond descriptive analytics to prescriptive, actionable targeting."

Slide 4: Comprehensive Data Assets (The Power of Triangulation)

- **Visual:** Data assets to be used IQVIA LAAD, IQVIA Xponent, and Optum EHR.
- **Data Usage:**
    - **IQVIA LAAD (Longitudinal Access and Adjudication Data):** Patient-level journey, comorbidities, switch patterns.
    - **IQVIA Xponent:** Localized, physician-level prescribing volume trends.
    - **Optum EHR:** Unstructured data to identify patient motivation (e.g., "desires pill," "injection fatigue") and clinical markers. Clinical notes (BMIs, labs, failure on diet/exercise).

- **Key Insight:** This combination allows us to understand the *why* behind the *what*.

Slide 5: Project Timeline (Phases)

- **Phase 1 (Weeks 1-3):** Data Aggregation & Cleaning (IQVIA LAAD + EHR).
- **Phase 2 (Weeks 4-6):** Model Training & Validation (Identifying early Orforglipron adopters).
- **Phase 3 (Weeks 7-8):** Translating Learnings to MariTide Targeting (Mapping "Orforglipron-like" behavior to potential MariTide, considering its different, less-frequent dosing profile).
- **Phase 4 (Week 9):** Final Deliverable: Interactive Dashboard of High-Value HCPs.

Slide 6: Desired Outcomes: Amgen Go-to-Market Strategy

- **Outcome 1:** Identifying, monitoring and tracking early adopters for oral/short-acting AOM volume.
- **Outcome 2:** foundational learnings for segmentation strategy:
    - **Tier 1: "The Early Catalysts" (High Score):** High volume, fast adopters of new technology. Focus: Early access, speaker programs, trial data.
    - **Tier 2: "The Switchers" (Medium-High Score):** High volume of injectors, but low continuity. Focus: "Convenience + Efficacy" messaging.
    - **Tier 3: "The Skeptics" (Low-Medium Score):** Low adoption of current GLP-1s. Focus: Education on ease of use.
    - **Geographical Hotspots:** Identifying "Heat Maps" of high-potential geographies (e.g., suburban areas with high out-of-pocket, high-demand, or specific, untapped primary care areas).

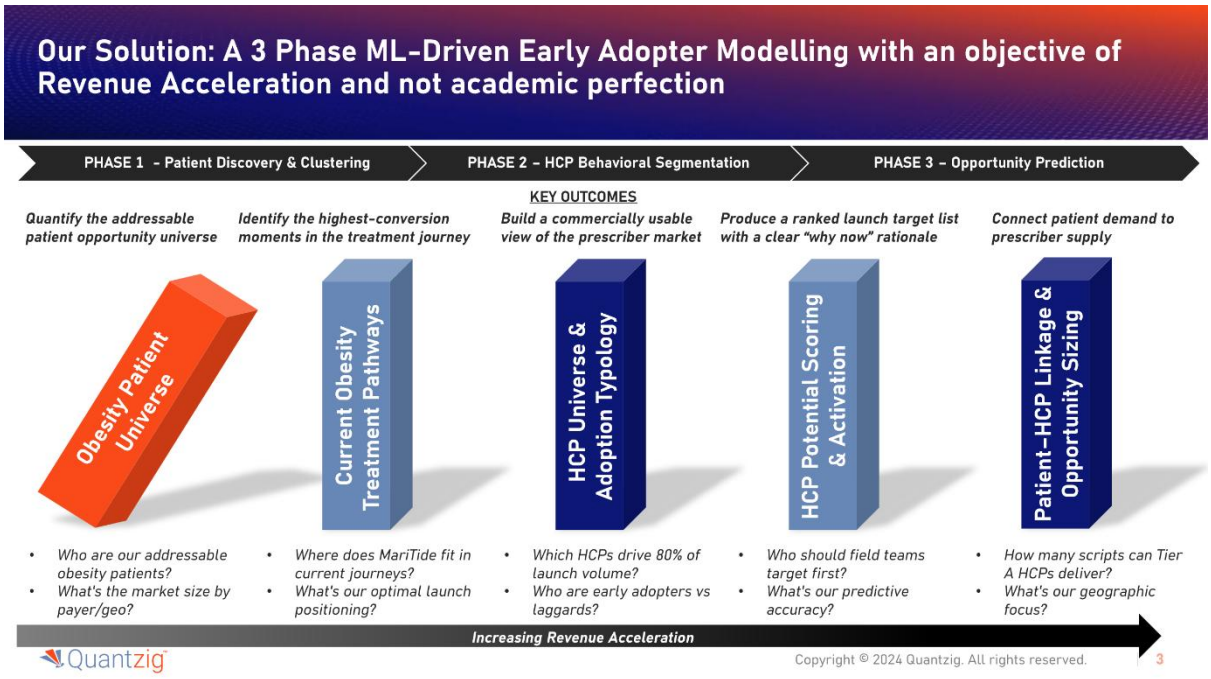
To devise tailored messaging strategy for HCPs based on their patient base (e.g., emphasizing convenience for PCP, efficacy for Endo).

- **Outcome 3:** Proactive identification of KOLs which can be mapped to MariTide champions.

Slide 7: Next Steps

- **Immediate Action:** Access for the team for data and disease area related studies; TPA with Optum & IQVIA(if required) for the access.
- **Workshop Planning:** Align on key "Early Adopter" definition, workshop to learn about the market definition, Patient universe, HCP universe, key hypothesis for modeling Obesity treatment and early adopter behavior, incorporation of external impact(supply chain, pricing, payers contracting change, etc.)

- **Governance** meetings to review progress and working sessions for continued development



This is how I am thinking, we identify early Maritide adopters by first locating HCPs with a high density of clinically ready obesity patients who are ready to start or switch treatments using clinical information available in Optum, validating their feasibility and access in the LAAD using the plan information available for these patients, and then prioritizing those HCPs who have demonstrated willingness to adopt new GLP-1 therapies using historical prescription data in Xponent. We would augment the approach using the learnings from the data once we get access to it:

The key idea is that **early adoption in pharma is not driven by one factor**. It happens when:

1. the physician is willing to try new therapies,
2. they have enough *clinically ready patients*, and
3. real-world access and logistics don't block initiation.

Our modeling approach mirrors this reality.

Big picture: what we are trying to predict

We are not just predicting "high writers."
We are predicting **which HCPs are most likely to write the new obesity therapy within the first ~90 days of launch**.

That requires separating:

- *Behavioral willingness* to adopt
- *Patient opportunity* in the HCP's panel
- *Product-specific readiness* (e.g., oral vs injectable)

- **Learn "early-adopter behavior" from past launches by quantifying patient opportunity using clinical and claims data**

What we do

We train predictive models on **three historical analog launches**:

- **Wegovy (injectable)**: June 2021 – Dec 2021
- **Zepbound (injectable, differentiated)**: Nov 2023 – Apr 2024
- **Wegovy (oral pill)**: Dec 2025 – Mar 2026

For each launch, we label HCPs as:

- **Early adopters** = wrote at least one prescription within the above-mentioned launch time
- **Non-early adopters** = did not

We validate these models using actual post-launch prescription data.

Why this matters:

Different launches capture different adoption behaviors:

- Wegovy shows *category creation behavior for Obesity*
- Zepbound shows *competitive switching behavior*
- Wegovy Oral Pill shows *MOA form factor disruption behavior for Obesity and inclination towards Oral*

Across the 3 launches, we learn something fundamental:

A. Which HCPs tend to adopt new obesity therapies early, regardless of brand.

B. This becomes a **behavioral "DNA" score** for early adoption.

C. Importantly, this step uses **Xponent heavily**, because prescribing behavior is the best signal of willingness to act.

➢ We create 3 scoring datasets to score early adopters for the launch of orforglipron. Using historical validation, we classify the early adopters in each model and create a final list of HCPs who may write Orforglipron during the initial launch phase.

Each model will be unique but capturing some initial thoughts on how we sequence the development of this model(their would be nuances when we will start penciling this down)

➢ Which HCPs have a *concentration of patients* who are clinically eligible and approaching an action moment?

- Create HCP-level features like:

- % panel with BMI ≥30
- % BMI 27–29 + comorbidity
- % with recent metabolic deterioration
- % with failed prior therapies
- % commercially insured & engaged

➢ Integrate learnings from LAAD

- Now apply LAAD to the **Optum-derived HCP list**:

- Are these patients visible in claims?
- Do plans historically allow obesity therapy?
- Is there abandonment friction?
- Are comorbidities consistent across sources?

➢ Xponent should answer:

“Given the opportunity, will this HCP act quickly?”

- Early GLP-1 adoption behavior
- Overall prescription behavior
- Obesity vs diabetes prescribing mix