ASTRAZENECA × PULSE INSIGHTS · ENTERPRISE STRATEGY

DRAFT

The Protocol — treat the whole portfolio

Diagnose the friction. Treat it. Prove the lift. Scale it across every brand.

AstraZeneca has bet the decade on growth it must earn through launches and US execution — exactly as the IRA strips price away as a lever (Farxiga −68%) and competitors press every franchise. In that world, the digital properties AZ already owns have to stop measuring friction and start resolving it.

THE SHIFT

The survey was the diagnostic. The agent is the treatment — on the same tag.

Nothing about the integration changes. The same Pulse tag that delivered a survey now delivers a contextual, MLR-safe intervention at the moment of friction. Most of the original 18 brand programs churned because measurement could diagnose a problem it had no mechanism to fix. That gap is the whole opportunity — and the reason this is a win-back, not a cold pitch.

THE PROGRAM

Four layers, on the infrastructure you already run.

1 Standardized measurement

One question + measurement framework across every HCP and DTC surface — comparable at the portfolio level, customizable per brand. The first unified view of how AZ digital actually performs.

2 Intervention agents

Resolve the friction in-session. The intelligence is in the trigger logic; the content is pre-approved, MLR-cleared, brand-controlled. AI without the AI — the benefits, none of the generative-content risk.

3 Proof of impact

Link agent activity to downstream script lift. Cohort-lift works today; NPI-level matching is the build-toward — and AZ's Tempus / IQVIA data depth makes you the ideal partner to establish it.

4 Enterprise intelligence

Cross-brand benchmarks, shared prescriber patterns, and learning transfer — each brand makes every other brand smarter, and each new brand onboards in weeks, not months.

WHERE THE AGENTS GO

Top opportunities, mapped to your growth engines.

HCP	WHAT THE AGENT DOES
Imfinzi (oncology, +29%)	The "digital rep": routes 8 indications to the right trial, dosing, and rep at the decision moment
Farxiga (CVRM, post-IRA)	Specialty-aware routing (cardio / neph / endo / PCP) to defend volume

Lokelma (the beachhead)	RAASi-continuation support at the titration moment

DTC	WHAT THE AGENT DOES
Farxiga savings	Catches the Medicare-exclusion dead-end; honest off-ramp to AZ&Me
Alexion rare disease	Switch-friction + adherence support (highest value per intervention)
R&I biologics	Adherence intercept at months 4–9, before Dupixent re-converts

Imfinzi agent ↗ Farxiga agent ↗ Lokelma agent ↗

WHY ENTERPRISE, NOT BRAND-BY-BRAND

The value compounds — that's the network effect.

A single-brand pilot becomes a portfolio play because benchmarks, cross-brand prescriber patterns, and transferable wins only exist at scale. Brand #8 costs a fraction of brand #1 — the framework and governance are already in place. That's what turns a ~$50K brand pilot into a ~$500K+ enterprise program.

> THE PROOF THAT LANDS HARDEST
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> It isn't NJ Transit (73% unaware → 40% CTR, 8% sign-up — the public benchmark for the mechanism). It's your own history: Tagrisso's "Pulse Implementation" waited 1,337 days for a guided experience; Precision Med's "Guided Experience" waited 384 days, then churned. You wrote the brief. The same tag can finally build it.

THE PATH

Start small, prove it, scale to the portfolio.

- **Pilot** on Lokelma — where the tag and the relationship already live; live in weeks.
- **Add a second brand** — oncology or savings-card — the moment the first shows signal.
- **Stand up the enterprise layer** — two brands live unlocks portfolio benchmarks and learning transfer.
- **Name an executive sponsor** — so brand-by-brand approval stops being the bottleneck.
