Amgen Highlights Data to be Presented at American Society for Bone and Mineral Research (ASBMR) Meeting

September 10, 2009

THOUSAND OAKS, Calif., Sept. 10 /PRNewswire-FirstCall/ -- Amgen (Nasdaq: AMGN) today announced that new data will be presented on the burden of osteoporosis, current osteoporosis treatment challenges and Prolia(TM) (denosumab) at the 2009 American Society for Bone and Mineral Research (ASBMR) annual meeting in Denver from Sept. 11-15, 2009. Prolia currently is being evaluated by regulatory bodies in the United States (U.S.), the European Union, Switzerland, Australia and Canada as a potential therapy for postmenopausal osteoporosis and bone loss in patients undergoing hormone ablation for prostate and breast cancer.

"The continued need for new alternatives to treat postmenopausal osteoporosis is reinforced by data that will be presented at this year's ASBMR meeting. These data highlight challenges with adherence to therapy and show the link between adherence and fracture outcomes," said Roger M. Perlmutter, M.D., Ph.D., executive vice president for Research and Development at Amgen. "Clinical data that will be presented at the meeting include a Phase 3 study sub-analysis showing Prolia's effect on fracture reduction in woman at a greater risk for fracture, 6-year efficacy and safety data from a Phase 2 study, and bone histology data."

ASBMR abstracts are available and can be viewed online at www.asbmr.org. Identified below are selected abstracts of interest on Amgen research.

Prolia(TM) (denosumab)

-- Effects of Denosumab on Bone Mineral Density and Biochemical Markers of Bone Turnover: 6 Year Results of a Phase 2 Clinical Trial

Lead Author: Miller P

Abstract No. 1026 (Saturday, Sept. 12, 2009, 10:15am MT)

-- Effects of Denosumab on Bone Histomorphometry: the FREEDOM and STAND Studies Lead Author: Reid IR

Abstract No. 1027 (Saturday, Sept. 12, 2009, 10:30am MT)

-- Effect of Denosumab on the Incidence of Hip, New Vertebral, and Nonvertebral Fractures Over 3 Years Among Postmenopausal Women with Higher Fracture Risk: A Subgroup Analysis From the FREEDOM Study

Lead Author: Boonen S

Abstract No. 1199 (Monday, Sept. 14, 2009, 3:00pm MT)

-- Effects of Denosumab Treatment and Discontinuation on Bone Mineral Density and Bone Turnover Markers in Postmenopausal Women With Low Bone Mass

Lead Author: Bone H

Abstract No. 1243 (Monday, Sept. 14, 2009, 5:30pm MT)

-- Baseline Remodeling Intensity and Greater Suppression by Denosumab Than Alendronate: Effects on HR-pQCT Parameters at the Radius

Lead Author: Seeman SE

Abstract No. 1244 (Monday, Sept. 14, 2009, 5:45pm MT)

-- Evaluation of Health-Related Quality of Life in Postmenopausal Women Who Participated in the FREEDOM Trial

Lead Author: Siris E

Abstract No. 1282 (Tuesday, Sept. 15, 2009, 11:15am MT)

-- Increases in BMD on Denosumab Explains Much of the Reduction in Fracture Risk

Lead Author: Cummings SR

Abstract No. 1284 (Tuesday, Sept. 15, 2009, 11:45am MT)

Osteoporosis Burden and Treatment Challenges

-- Impact of Treatment Satisfaction (Perceived Benefits, Convenience, Side Effects) on Persistence with Postmenopausal Osteoporosis (PMO) Therapy

Lead Author: Do T

Abstract No. SA0317 (Saturday, Sept. 12, 2009, 11:30 am MT)

-- Impact of Adherence to Osteoporosis Medication on Risk of Fracture

Lead Author: Halpern R.

Abstract No. SA0368 (Saturday, Sept. 12, 2009, 11:30 am MT)

-- Association Between Adherence to Osteoporosis Medication and Inpatient Stays and Medical Services Costs

Lead Author: Iqbal SU

Abstract No. SU0387 (Sunday, Sept. 13, 2009, 11:30 am MT)

-- Comorbidities, Bone Loss and Concomitant Medication Use in European Postmenopausal Women: POSSIBLE EU

Lead Author: Freemantle N

Abstract No. MO0369 (Monday, Sept. 14, 2009, 12:00pm MT)

-- Assessment of Patient Preference, Satisfaction, and Bother with Two Treatments For Postmenopausal Bone Loss

Lead Author: Gold DT

Abstract No. MO0369 (Monday, Sept. 14, 2009, 12:00pm MT)

About Prolia(TM) (denosumab)

Prolia is the first fully human monoclonal antibody in late stage clinical development that specifically targets RANK Ligand, an essential regulator of osteoclasts (the cells that break down bone). Prolia is being investigated for its potential to inhibit all stages of osteoclast activity through a targeted mechanism. Prolia is being studied in a range of bone loss conditions including postmenopausal osteoporosis and bone loss in patients undergoing hormone ablation for prostate and breast cancer.

In February 2009, the U.S. Food and Drug Administration (FDA) accepted the Biologics License Application (BLA), submitted by Amgen for Prolia for the treatment and prevention of osteoporosis in postmenopausal women and cancer treatment-induced bone loss in women and men receiving hormone therapy for either breast cancer or prostate cancer based on these studies and a parallel trial in women with breast cancer. The FDA has provisionally approved the trade name Prolia in these proposed indications, for which denosumab is administered twice yearly subcutaneously at a 60mg dose. The trade name is only for these indications and may not apply for other indications of denosumab.

Amgen has also submitted marketing applications for use of Prolia in the European Union, Canada, Switzerland, and Australia.

Osteoporosis: Impact and Prevalence

Often referred to as the "silent epidemic," osteoporosis is a global problem that is increasing in significance as the population of the world both increases and ages. The World Health Organization (WHO) has recently identified osteoporosis as a priority health issue along with other major non-communicable diseases.

The economic burden of osteoporosis is comparable to that of other major chronic diseases; for example, in the U.S., the costs associated with osteoporosis-related fractures are equivalent to those of cardiovascular disease and asthma.(i,ii,iii) It has been reported that osteoporosis results in more hospital bed-days than stroke, myocardial infarction or breast cancer.(iv)

About Amgen

Amgen discovers, develops, manufactures and delivers innovative human therapeutics. A biotechnology pioneer since 1980, Amgen was one of the first companies to realize the new science's promise by bringing safe and effective medicines from lab, to manufacturing plant, to patient. Amgen therapeutics have changed the practice of medicine, helping millions of people around the world in the fight against cancer, kidney disease, rheumatoid arthritis, and other serious illnesses. With a deep and broad pipeline of potential new medicines, Amgen remains committed to advancing science to dramatically improve people's lives. To learn more about our pioneering science and our vital medicines, visit *www.amgen.com*.

Forward-Looking Statements

This news release contains forward-looking statements that are based on management's current expectations and beliefs and are subject to a number of risks, uncertainties and assumptions that could cause actual results to differ materially from those described. All statements, other than statements of historical fact, are statements that could be deemed forward-looking statements, including estimates of revenues, operating margins, capital expenditures, cash, other financial metrics, expected legal, arbitration, political, regulatory or clinical results or practices, customer and prescriber patterns or practices, reimbursement activities and outcomes and other such estimates and results. Forward-looking statements involve significant risks and uncertainties, including those discussed below and more fully described in the Securities and Exchange Commission (SEC) reports filed by Amgen, including Amgen's most recent annual report on Form 10-K and most recent periodic reports on Form 10-Q and Form 8-K. Please refer to Amgen's most recent Forms 10-K, 10-Q and 8-K for additional information on the uncertainties and risk factors related to our business. Unless otherwise noted, Amgen is providing this information as of Sept. 9, 2009 and expressly disclaims any duty to update information contained in this news release.

No forward-looking statement can be guaranteed and actual results may differ materially from those we project. Discovery or identification of new product candidates or development of new indications for existing products cannot be guaranteed and movement from concept to product is uncertain; consequently, there can be no guarantee that any particular product candidate or development of a new indication for an existing product will be successful and become a commercial product. Further, preclinical results do not guarantee safe and effective performance of product candidates in humans. The complexity of the human body cannot be perfectly, or sometimes, even adequately modeled by computer or cell culture systems or animal models. The length of time that it takes for us to complete clinical trials and obtain regulatory approval for product marketing has in the past varied and we expect similar variability in the future. We develop product candidates internally and through licensing collaborations, partnerships and joint ventures. Product candidates that are derived from relationships may be subject to disputes between the parties or may prove to be not as effective or as safe as we may have believed at the time of entering into such relationship. Also, we or others could identify safety, side effects or manufacturing problems with our products after they are on the market. Our business may be impacted by government investigations, litigation and products liability claims. We depend on third parties for a significant portion of our manufacturing capacity for the supply of certain of our current and

future products and limits on supply may constrain sales of certain of our current products and product candidate development.

In addition, sales of our products are affected by the reimbursement policies imposed by third-party payors, including governments, private insurance plans and managed care providers and may be affected by regulatory, clinical and guideline developments and domestic and international trends toward managed care and healthcare cost containment as well as U.S. legislation affecting pharmaceutical pricing and reimbursement. Government and others' regulations and reimbursement policies may affect the development, usage and pricing of our products. In addition, we compete with other companies with respect to some of our marketed products as well as for the discovery and development of new products. We believe that some of our newer products, product candidates or new indications for existing products, may face competition when and as they are approved and marketed. Our products may compete against products that have lower prices, established reimbursement, superior performance, are easier to administer, or that are otherwise competitive with our products. In addition, while we routinely obtain patents for our products and technology, the protection offered by our patents and patent applications may be challenged, invalidated or circumvented by our competitors and there can be no guarantee of our ability to obtain or maintain patent protection for our products or product candidates. We cannot guarantee that we will be able to produce commercially successful products or maintain the commercial success of our existing products. Our stock price may be affected by actual or perceived market opportunity, competitive position, and success or failure of our products or product candidates. Further, the discovery of significant problems with a product similar to one of our products that implicate an entire class of products could have a material adverse effect on sales of the affected products and on our business and results of operations.

The scientific information discussed in this news release related to our product candidates is preliminary and investigative. Such product candidates are not approved by the U.S. Food and Drug Administration (FDA), and no conclusions can or should be drawn regarding the safety or effectiveness of the product candidates. Only the FDA can determine whether the product candidates are safe and effective for the use(s) being investigated. Further, the scientific information discussed in this news release relating to new indications for our products is preliminary and investigative and is not part of the labeling approved by the U.S. Food and Drug Administration (FDA) for the products. The products are not approved for the investigational use(s) discussed in this news release, and no conclusions can or should be drawn regarding the safety or effectiveness of the products for these uses. Only the FDA can determine whether the products are safe and effective for these uses. Healthcare professionals should refer to and rely upon the FDA-approved labeling for the products, and not the information discussed in this news release.

i. Burge R, et al. *J Bone Miner Res*. 2007; 22:465-475

ii. "Osteoporosis Fast Facts." National Osteoporosis Foundation. Accessed on August 19, 2009 at *http://www.nof.org/osteoporosis/diseasefacts.htm*

iii. "Economic Cost of Cardiovascular Diseases." American Heart Association. Accessed on February 24, 2009 at *http://www.americanheart.org/statistics/10econom.html*.

iv. Lippuner K, et al. "Incidence and direct medical costs of hospitalisations due to osteoporotic fractures in switzerland." *Osteoporosis International.*1997;7:414-25.

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