AMGEN TO PRESENT NEW DATA ACROSS RARE AUTOIMMUNE AND INFLAMMATORY DISEASES AT EULAR 2026

June 3, 2026

New Phase 3 MITIGATE Open-Label Extension Data Support the Long-Term Safety Profile and Sustained Results of UPLIZNA® in IgG4-RD

Real-World Evidence Supports TAVNEOS® Efficacy and Safety Profile with Reduced Steroid Use in ANCA-Associated Vasculitis

THOUSAND OAKS, Calif., June 3, 2026 /PRNewswire/ -- Amgen (NASDAQ:AMGN) today announced the presentation of new data across rare autoimmune and inflammatory diseases at the European Alliance of Associations for Rheumatology (EULAR) 2026 Congress, taking place from June 3-6 in London.

New data from the Phase 3 MITIGATE trial of UPLIZNA® (inebilizumab) provide insights into the biology of immunoglobulin G4-related disease (IgG4-RD),[1] while additional analyses support its long-term safety profile and sustained results in IgG4-RD.[2] Additionally, new real-world evidence on TAVNEOS® (avacopan) further support its established efficacy and safety profile with reduced steroid use in people living with anti-neutrophil cytoplasmic antibodies (ANCA)-associated vasculitis.[3]

"Patients living with rare autoimmune diseases still face significant unmet medical needs despite advances in treatment, with conditions often being difficult to diagnose and challenging to manage," said Paul Burton, M.D., Ph.D., chief medical officer at Amgen. "The data we're presenting at EULAR deepen our understanding of disease biology and demonstrate the strength of our portfolio of options for patients with these conditions, reflecting our commitment to advancing the science and delivering meaningful progress for patients."

Key presentations include:

Long-term Efficacy and Safety of Inebilizumab in IgG4-Related Disease: Primary Results from Year 1 of the Open-Label Period (OLP) of the Phase 3 MITIGATE Trial
Abstract #POS0440, Poster View 1 (Poster View Presentation), Wednesday, June 3 from 3:30–4:30 p.m. BST

IgG4-RD is a chronic and debilitating condition, marked by recurrent, unpredictable flares that can potentially impact multiple organs.[4,5] New Phase 3 MITIGATE data further support the longer-term clinical profile of UPLIZNA.

Key findings include:

- In the first year of the OLP, these data demonstrated sustained results and disease control with continued UPLIZNA treatment in patients with IgG4-RD.
- No patients (0%) who received UPLIZNA in the randomized controlled period (RCP) and continued with UPLIZNA in the OLP (N=56) experienced a flare, and 71.4% achieved flare-free, glucocorticoid-free complete remission at year 1 of the OLP.[2]
- 5.9% of patients who received placebo in the RCP and transitioned to UPLIZNA in the OLP (N=51) experienced a flare, and 41.2% achieved flare-free, glucocorticoid-free complete remission at year 1 of the OLP.[2]
- Safety results were consistent with the established safety profile of UPLIZNA. The most common adverse events in the OLP were COVID-19, upper respiratory tract infection, cough and influenza.[2]
- Across the combined RCP and OLP period, median total UPLIZNA treatment exposure was 2.2 years among participants who received ≥1 dose of inebilizumab.[2]

"For clinicians, a sustained reduction in flares and timely intervention are central to improving long-term outcomes," said John Stone, M.D., M.P.H., principal investigator and a professor of medicine at Harvard Medical School and the Edward A. Fox Chair in Medicine at the Massachusetts General Hospital. "The new MITIGATE data reinforce the long-term safety and efficacy profile of UPLIZNA while advancing our understanding of how IgG4-RD progresses over time. These findings may help clinicians identify opportunities for earlier intervention and reduce avoidable flares."

Natural History of IgG4-RD: Patterns of Organ Involvement and Flare-associated Biomarker Changes in the Phase 3 MITIGATE Trial
Abstract #OP052, Basic and Clinical Abstract Sessions: Insights in Other Diseases (Oral Abstract Presentation), Wednesday, June 3 from 4:30–4:40 p.m. BST

The first-of-its-kind natural history analysis reinforced the chronic and unpredictable nature of IgG4-RD, underscoring widespread and diverse multi-organ involvement and the need for earlier intervention and more comprehensive monitoring and risk stratification.

Key findings include:

- Dynamic patterns of organ involvement over time, including the emergence of new organ manifestations and biological signals that may precede disease flares.[1]
- CD19+ B cells were the first biomarker to rise ahead of a flare, followed by increases in total IgG and IgG subsets within the 30-day window preceding a flare.[1]

An additional exploratory combined analysis (Abstract #POS0089) of clinical trial RCP and OLP data in MITIGATE (N=119) showed how long-term use

of UPLIZNA resulted in mostly mild immunoglobulin (Ig) reduction, with no significant association between these Ig reductions and occurrence of infections or serious infections. The incidence of infections and serious infections did not increase with each additional year of UPLIZNA treatment.

Real-World Evidence Supports TAVNEOS Efficacy, Safety and Reduced Steroid Use

The AQUARIUS analyses (Abstracts #POS0135[6] and #POS0867[3]), conducted at Massachusetts General Hospital and Northwestern University, evaluated the largest U.S. real-world cohort to date of patients with granulomatosis with polyangiitis (GPA) or microscopic polyangiitis (MPA) treated with TAVNEOS (n=159). The findings provide new insights into clinical outcomes in patients with ANCA-associated vasculitis and are consistent with the established clinical efficacy and safety profile of TAVNEOS in patients with severe active GPA or MPA.[3,6]

"Real-world experience with TAVNEOS across two large healthcare systems demonstrates that many patients can achieve meaningful disease control with reduced reliance on glucocorticoids when considering prior standard-of-care glucocorticoid regimens," said Naomi Patel, M.D., rheumatologist at Massachusetts General Hospital and study investigator. "Because prolonged steroid use carries significant risks for patients, these findings are encouraging and also suggest that shorter steroid tapers (e.g., < 2 months) may reduce overall glucocorticoid exposure without compromising effectiveness outcomes."

Key findings include:

- Results highlighted variability in glucocorticoids (GCs) tapering strategies in real world practice and showed that many patients were able to taper to very low or no doses of GCs quickly.[3]
- Observations underscored the complexity of managing ANCA-associated vasculitis and pointed to opportunities to further optimize treatment approaches to reduce steroid exposure while maintaining disease control.[3,6]
- The safety profile observed in this real-world setting was consistent with the established safety profile in patients with severe active GPA or MPA.[3,6] Among patients who experienced hepatic adverse events, all hepatic abnormalities were resolved.

"People living with ANCA-associated vasculitis often have limited treatment options and may rely heavily on steroids for disease control," said Joyce Kullman, executive director, Vasculitis Foundation. "Given the challenges associated with long-term steroid use, these new data reinforce that TAVNEOS can help patients achieve disease control with reduced steroid use. For the vasculitis community, this may represent a step toward reducing treatment burden over time."

For more information on the full list of Amgen abstracts and presentation times, see below.

All Amgen-sponsored abstracts being presented at EULAR:

UPLIZNA® (inebilizumab)

- **Long-term Efficacy and Safety of Inebilizumab in IgG4-Related Disease: Primary Results from Year 1 of the Open-Label Period of the Phase 3 MITIGATE Trial**
  Abstract #POS0440, Poster View 1 (Poster View Presentation), Wednesday, June 3 from 3:30–4:30 p.m. BST
- **Immunogenicity and Impact of Anti-drug Antibodies on the Efficacy and Pharmacokinetics of Inebilizumab In MITIGATE, a Phase 3 Trial in IgG4-Related Disease**
  Abstract #POS0432, Poster View 1 (Poster View Presentation), Wednesday, June 3 from 3:30–4:30 p.m. BST
- **Atypical IgG4-Related Disease: Re-Examining the Entry Criteria of the 2019 ACR/EULAR Classification Criteria**
  Abstract #POS0439, Poster View 1 (Poster View Presentation), Wednesday, June 3 from 3:30–4:30 p.m. BST
- **Natural History of IgG4-RD: Patterns of Organ Involvement and Flare-associated Biomarker Changes in the MITIGATE Trial**
  Abstract #OP052, Basic and Clinical Abstract Sessions: Insights in Other Diseases (Oral Abstract Presentation), Wednesday, June 3 from 4:30–4:40 p.m. BST
- **Serum IgG4 Elevation in IgG4-Related Disease: A Marker of Disease Phenotype and Organ Involvement**
  Abstract #OP056, Basic and Clinical Abstract Sessions: Insights in Other Diseases (Oral Abstract Presentation), Wednesday, June 3 from 5:10–5:20 p.m. BST
- **Long-term Inebilizumab Treatment Results in Mild Immunoglobulin Reduction but No Increase in Infection Risk**
  Abstract #POS0089, Basic and Clinical Poster Tours: From Treatment to Outcome in Other Diseases (Poster Tour Presentation), Thursday, June 4 from 9:30–9:36 a.m. BST

TAVNEOS (avacopan)

- **Reliability and Content Validity of a Definition of Severe Active Granulomatosis with Polyangiitis and Microscopic Polyangiitis**
  Abstract #POS0627, Poster View I (Poster View Presentation), Wednesday, 3 June at 4:20 p.m. BST
- **Clinical Outcomes by Glucocorticoid Duration in Individuals with Granulomatosis with Polyangiitis and Microscopic Polyangiitis Treated with Avacopan in a Real-World Setting in Two Large Healthcare Systems**
  Abstract #POS0867, Poster View IV (Poster View Presentation), Thursday, 4 June at 4:00 p.m. BST
- **One Year Real-World Effectiveness and Safety with Avacopan in Granulomatosis with Polyangiitis and Microscopic Polyangiitis in Two Large Healthcare Systems**

Abstract #POS0135, Clinical Poster Tours: New frontiers in Small Vessel Vasculitis and Behcet's (Poster View Presentation), Thursday, 4 June from 1:36-1:42 p.m. BST

KRYSTEXXA (pegloticase)

- **Association of Pegloticase-Induced Remission with Patient-Reported Quality of Life Outcomes in the MIRROR Randomized Controlled Trial**
  Abstract #POS0841, Poster View IV (Poster View Presentation), Wednesday, June 3 at 3:30 p.m. BST
- **Reduction of Gout Flares with Pegloticase in Patients with or without Tophi at Baseline: A Post Hoc Analysis of the MIRROR Trial**
  Abstract #POS0421, Poster View I (Poster View Presentation), Thursday, June 4 at 4:00 p.m. BST
- **Differences in Gout Management and Outcomes in Patients Referred From Primary Care to Rheumatology**
  Abstract #POS0843, Poster View IV (Poster View Presentation), Thursday, June 4 at 4:00 p.m. BST
- **Baseline Predictors of Gout Remission During Intensive Urate-Lowering with Pegloticase: Post Hoc Analysis of the MIRROR Randomized Trial**
  Abstract #POS0169, Basic and Clinical Poster Tours: Advances in Gout and Crystal Disease (Poster Tour Presentation), Thursday, June 4 from 4:48–4:54 p.m. BST
- **A Phase 4, Randomized, Double-blind Multicenter Non-inferiority Trial Evaluating the Efficacy and Safety of Intravenous Pegloticase Administered Every 4 Weeks vs Every 2 Weeks with Weekly Methotrexate**
  Abstract #OP0294, Basic and Clinical Abstract Session: Beyond Hyperuricemia - New Insights into Gout Detection (Oral Abstract Presentation), Friday, June 5 from 9:05–9:15 a.m. BST

OTEZLA (apremilast)

- **Efficacy of Apremilast in Early Oligoarticular Psoriatic Arthritis by Baseline Active Joint Count: A Post Hoc Analysis of the FOREMOST Study**
  Abstract #POS0490, Poster View I (Poster View Presentation), Wednesday, 3 June from 3:30-4:50 p.m. BST

Partner-Led Abstracts

- **The Sjögren's Tool for Assessing Response (STAR) Demonstrates its Ability to Accurately Detect Treatment Efficacy in 15 Recent RCTs in Sjögren's Disease**
  Abstract #OP0125, Clinical Abstract Sessions: Positive Clinical Trials - A New Era in Sjögren's Disease (Oral Abstract Presentation), Wednesday, 3 June from 4:40-4:50 p.m. BST

About UPLIZNA® (inebilizumab)
UPLIZNA is a humanized monoclonal antibody (mAb) that causes targeted and sustained depletion of key cells that contribute to underlying disease process (autoantibody-producing CD19+ B cells, including plasmablasts and some plasma cells). The precise mechanism by which UPLIZNA exerts its therapeutic effects in IgG4-RD is unknown. After two initial infusions, patients need one dose of UPLIZNA every six months.[7]

About TAVNEOS® (avacopan)
TAVNEOS is an orally administered small molecule indicated as an adjunctive treatment for adult patients with severe active ANCA-associated vasculitis (GPA/MPA). It is a selective complement 5a receptor (C5aR) antagonist that targets inflammation by blocking the activity of C5a, a key driver of neutrophil activation. By inhibiting C5aR, TAVNEOS helps reduce inflammation while preserving other complement system functions. The precise mechanism by which TAVNEOS exerts its therapeutic effects in ANCA-associated vasculitis has not been fully established.[8]

UPLIZNA® (inebilizumab-cdon) U.S. INDICATIONS
UPLIZNA® (inebilizumab-cdon) is indicated in adult patients for the treatment of: anti-aquaporin-4 (AQP4) antibody positive neuromyelitis optica spectrum disorder (NMOSD); Immunoglobulin G4-related disease (IgG4-RD); anti-acetylcholine receptor (AChR) or anti-muscle specific tyrosine kinase (MuSK) antibody positive (Ab+) generalized myasthenia gravis (gMG).

UPLIZNA U.S. IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
UPLIZNA® (inebilizumab-cdon) is contraindicated in patients with a history of a life-threatening infusion reaction to UPLIZNA, active hepatitis B infection, or active or untreated latent tuberculosis.

WARNINGS AND PRECAUTIONS

- **Infusion Reactions:** Infusion reactions, including anaphylaxis, can occur. Symptoms can include headache, nausea, somnolence, dyspnea, fever, myalgia, rash, or palpitations. Infusion reactions were observed in 9.3%, 7.4%, and 10.1% of patients treated with UPLIZNA during the randomized controlled periods (RCPs) of Study 1 in patients with NMOSD, Study 2 in patients with IgG4-RD, and Study 3 in patients with gMG, respectively. Infusion reactions were most common with the first infusion but were also observed during subsequent infusions.
  Administer pre-medication with a corticosteroid, an antihistamine, and an antipyretic. For life-threatening infusion reactions, immediately and permanently stop UPLIZNA and administer appropriate supportive treatment. For less severe infusion

reactions, management may involve temporarily stopping the infusion, reducing the infusion rate, and/or administering symptomatic treatment.

- **Infections:** Serious, including life-threatening or fatal, bacterial, fungal, and new or reactivated viral infections have been observed during and following completion of treatment with B-cell depleting therapies, including UPLIZNA. The most common infections reported by UPLIZNA-treated patients in the NMOSD randomized and open-label clinical trial periods for NMOSD were urinary tract infection (20%), nasopharyngitis (13%), upper respiratory tract infection (8%), and influenza (7%). In the IgG4-RD RCP, the most common infections reported by UPLIZNA-treated patients were urinary tract infection, influenza, and pneumonia. In the gMG RCP, the most common infections reported by UPLIZNA-treated patients were urinary tract infection and nasopharyngitis. Delay UPLIZNA administration in patients with an active infection until the infection is resolved.

  Possible Increased Risk of Immunosuppressant Effects with Other Immunosuppressants: If combining UPLIZNA with another immunosuppressive therapy, consider the potential for increased immunosuppressive effects.

  Hepatitis B Virus (HBV) Reactivation: HBV reactivation has been observed with B-cell-depleting therapies, including UPLIZNA. Fulminant hepatitis, hepatic failure, and death caused by HBV reactivation have occurred in patients treated with B-cell depleting therapies. HBV reactivation was observed in a patient treated with UPLIZNA during the gMG clinical trial and in the postmarketing setting. Patients with active or chronic HBV infection were excluded from clinical trials. Perform HBV screening in all patients before initiation of treatment. Do not administer to patients with active HBV confirmed by positive results for HBsAg and anti-HB tests. For patients who are negative for HBsAg and positive for HBcAb, or who are carriers of HBV (i.e., HBsAg+), consult liver disease experts before starting and during treatment.

  Progressive Multifocal Leukoencephalopathy (PML): Although no confirmed cases of PML were identified in UPLIZNA clinical trials, JC virus infection resulting in PML has been observed in patients treated with other B-cell-depleting antibodies and other therapies that affect immune competence. In UPLIZNA clinical trials one subject died following the development of new brain lesions for which a definitive diagnosis could not be established, though the differential diagnosis included an atypical NMOSD relapse, PML, or acute disseminated encephalomyelitis. At the first sign or symptom suggestive of PML, withhold UPLIZNA and perform an appropriate diagnostic evaluation. MRI findings may be apparent before clinical signs or symptoms. Typical symptoms associated with PML are diverse, progress over days to weeks, and include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes.

  Tuberculosis
  Patients should be evaluated for tuberculosis risk factors and tested for latent infection prior to initiating UPLIZNA. Consider anti-tuberculosis therapy prior to initiation of UPLIZNA in patients with a history of latent active tuberculosis in whom an adequate course of treatment cannot be confirmed, and for patients with a negative test for latent tuberculosis but having risk factors for tuberculosis infection. Consult infectious disease experts regarding whether initiating anti-tuberculosis therapy is appropriate before starting treatment.

  Vaccinations
  Administer all immunizations according to immunization guidelines at least 4 weeks prior to initiation of UPLIZNA. The safety of immunization with live or live-attenuated vaccines following UPLIZNA therapy has not been studied, and vaccination with live-attenuated or live vaccines is not recommended during treatment and until B-cell repletion.

  Vaccination of Infants Born to Mothers Treated with UPLIZNA During Pregnancy
  In infants of mothers exposed to UPLIZNA during pregnancy, do not administer live or live-attenuated vaccines before confirming recovery of B-cell counts in the infant. Depletion of B cells in these exposed infants may increase the risks from live or live-attenuated vaccines. Non-live vaccines, as indicated, may be administered prior to recovery from B-cell and immunoglobulin level depletion, but consultation with a qualified specialist should be considered to assess whether a protective immune response was mounted.

- **Reductions in Immunoglobulins:** There may be a progressive and prolonged hypogammaglobulinemia or decline in the levels of total and individual immunoglobulins such as immunoglobulins G and M (IgG and IgM) with continued UPLIZNA treatment. Monitor the levels of quantitative serum immunoglobulins during treatment with UPLIZNA, especially in patients with opportunistic or recurrent infections, and until B-cell repletion after discontinuation of therapy. Consider discontinuing UPLIZNA therapy if a patient with low immunoglobulin G or M develops a serious opportunistic infection or recurrent infections, or if prolonged hypogammaglobulinemia requires treatment with intravenous immunoglobulins.

- **Fetal Risk:** Based on animal data, UPLIZNA can cause fetal harm due to B-cell lymphopenia and reduce antibody response in offspring exposed to UPLIZNA even after B-cell repletion. Transient peripheral B-cell depletion and

lymphocytopenia have been reported in infants born to mothers exposed to other B-cell-depleting antibodies during pregnancy. Advise females of reproductive potential to use effective contraception while receiving UPLIZNA and for at least 6 months after the last dose.

ADVERSE REACTIONS

- The most common adverse reactions (at least 10% of patients treated with UPLIZNA and greater than placebo): urinary tract infection and arthralgia in NMOSD; urinary tract infection and lymphopenia in IgG4-RD; headache and infusion-related reactions in gMG.

Please see UPLIZNA® full Prescribing Information

TAVNEOS (avacopan) U.S. INDICATION
TAVNEOS (avacopan) is indicated as an adjunctive treatment of adult patients with severe active anti-neutrophil cytoplasmic autoantibody (ANCA)-associated vasculitis (granulomatosis with polyangiitis [GPA] and microscopic polyangiitis [MPA]) in combination with standard therapy including glucocorticoids. TAVNEOS does not eliminate glucocorticoid use.

TAVNEOS U.S. IMPORTANT SAFETY INFORMATION
CONTRAINDICATIONS
Serious hypersensitivity to avacopan or to any of the excipients.

WARNINGS AND PRECAUTIONS

- **Hepatotoxicity:** Serious cases of hepatic injury have been observed in patients taking TAVNEOS, including life-threatening events. In the postmarketing setting, vanishing bile duct syndrome (VBDS) as a consequence of liver injury, including cases with a fatal outcome, has been reported. These events occurred predominantly in Japan in patients aged 65 years and older, but VBDS may affect patients of any age or ethnicity who are receiving TAVNEOS. Obtain liver test panel before initiating TAVNEOS, every 4 weeks after start of therapy for 6 months and as clinically indicated thereafter. For patients of Japanese descent, consider more frequent laboratory testing: every 2 weeks after the start of therapy for the first 3 months, followed by laboratory testing every 4 weeks for the next 3 months of treatment, and as clinically indicated thereafter. If a patient receiving treatment with TAVNEOS presents with an elevation in alanine aminotransferase [ALT] or aspartate aminotransferase [AST] to >3 times the upper limit of normal, evaluate promptly and consider pausing treatment as clinically indicated. If AST or ALT is > 5 times the upper limit of normal (ULN), or ALT or AST > 3 times the ULN with total bilirubin > 2 times the ULN, or alkaline phosphatase ≥ 2 times the ULN, or if the patient has clinical symptoms such as jaundice or pruritus, discontinue TAVNEOS until TAVNEOS-induced liver injury is ruled out. Immediately and permanently discontinue TAVNEOS if VBDS is suspected. TAVNEOS is not recommended for patients with active, untreated, and/or uncontrolled chronic liver disease (e.g., chronic active hepatitis B, untreated hepatitis C, uncontrolled autoimmune hepatitis) and cirrhosis. Consider the risks and benefits before administering this drug to a patient with liver disease.

- **Serious Hypersensitivity Reactions:** Cases of angioedema occurred in a clinical trial, including 1 serious event requiring hospitalization. Discontinue immediately if angioedema occurs and manage accordingly. TAVNEOS must not be readministered unless another cause has been established.

- **Hepatitis B Virus (HBV) Reactivation:** Hepatitis B reactivation, including life-threatening hepatitis B, was observed in the clinical program. Screen patients for HBV. For patients with evidence of prior infection, consult with physicians with expertise in HBV and monitor during TAVNEOS therapy and for 6 months following. If patients develop HBV reactivation, immediately discontinue TAVNEOS and concomitant therapies associated with HBV reactivation, and consult with experts before resuming.

- **Serious Infections:** Serious infections, including fatal infections, have been reported in patients receiving TAVNEOS. The most common serious infections reported in the TAVNEOS group were pneumonia and urinary tract infections. Avoid use of TAVNEOS in patients with active, serious infection, including localized infections. Consider the risks and benefits before initiating TAVNEOS in patients with chronic infection, at increased risk of infection, or who have been to places where certain infections are common.

ADVERSE REACTIONS

- The most common adverse reactions (≥5% of patients and higher in the TAVNEOS group vs. prednisone group) were nausea, headache, hypertension, diarrhea, vomiting, rash, fatigue, upper abdominal pain, dizziness, blood creatinine increased, and paresthesia.

DRUG INTERACTIONS

- Avoid co-administration of TAVNEOS with strong and moderate CYP3A4 enzyme inducers. Reduce TAVNEOS dose when co-administered with strong CYP3A4 enzyme inhibitors to 30 mg once daily. Consider dose reduction of CYP3A4 substrates when co-administering TAVNEOS. Co-administration of avacopan and 40 mg simvastatin increases the systemic exposure of simvastatin. While taking TAVNEOS, limit simvastatin dosage to 10 mg daily (or 20 mg daily for patients who have previously tolerated simvastatin 80 mg daily for at least one year without evidence of muscle toxicity). Consult the concomitant CYP3A4 substrate product information when considering administration of such products together with TAVNEOS.

  TAVNEOS is available as a 10 mg capsule.

Please see Full Prescribing Information and Medication Guide for TAVNEOS.

To report a suspected adverse event, call 1-833-828-6367. You may report to the FDA directly by visiting www.fda.gov/medwatch or calling 1-800-332-1088.

About Amgen
Amgen discovers, develops, manufactures and delivers innovative medicines to fight some of the world's toughest diseases. Harnessing the best of biology and technology, Amgen reaches millions of patients with its medicines.

More than 45 years ago, Amgen helped establish the biotechnology industry at its U.S. headquarters in Thousand Oaks, California, and it remains at the cutting edge of innovation, using technology and human genetic data to push beyond what is known today. Amgen is advancing a broad and deep pipeline and portfolio of medicines to treat cancer, inflammatory conditions, rare diseases, heart disease and obesity and obesity-related conditions.

Amgen has been consistently recognized for innovation and workplace culture, including honors from Fast Company and Forbes. Amgen is one of the 30 companies that comprise the Dow Jones Industrial Average® and it is also part of the Nasdaq-100 Index®, which includes the largest and most innovative non-financial companies listed on the Nasdaq Stock Market based on market capitalization.

For more information, visit Amgen.com and follow Amgen on X, LinkedIn, Instagram, YouTube, Facebook, TikTok and Threads.

Amgen Forward-Looking Statements
This news release contains forward-looking statements that are based on the current expectations and beliefs of Amgen. All statements, other than statements of historical fact, are statements that could be deemed forward-looking statements, including any statements on the outcome, benefits and synergies of collaborations, or potential collaborations, with any other company (including BeOne Medicines Ltd.), the performance of Otezla® (apremilast), our acquisitions of ChemoCentryx, Inc., Dark Blue Therapeutics, Ltd. or Horizon Therapeutics plc (including the prospective performance and outlook of Horizon's business, performance and opportunities, and any potential strategic benefits, synergies or opportunities expected as a result of such acquisition), as well as 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, effects of pandemics or other widespread health problems on our business, outcomes, progress, 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 reports filed by Amgen, including our most recent annual report on Form 10-K and any subsequent periodic reports on Form 10-Q and current reports on Form 8-K. Unless otherwise noted, Amgen is providing this information as of the date of this news release and does not undertake any obligation to update any forward-looking statements contained in this document as a result of new information, future events or otherwise.

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. Even when clinical trials are successful, regulatory authorities may question the sufficiency for approval of the trial endpoints we have selected. 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, including our devices, after they are on the market.

Our results may be affected by our ability to successfully market both new and existing products domestically and internationally, clinical and regulatory developments involving current and future products, sales growth of recently launched products, competition from other products including biosimilars, difficulties or delays in manufacturing our products and global economic conditions, including those resulting from geopolitical relations and government actions. In addition, sales of our products are affected by pricing pressure, political and public scrutiny and reimbursement policies imposed by third-party payers, 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. Furthermore, our research, testing, pricing, marketing and other operations are subject to extensive regulation by domestic and foreign government regulatory authorities. Our business may be impacted by government investigations, litigation and product liability claims. In addition, our business may be impacted by the adoption of new tax legislation or exposure to additional tax liabilities. Further, 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, or we may fail to prevail in present and future intellectual property litigation. We perform a substantial amount of our commercial manufacturing activities at a few key facilities, including in Puerto Rico, and also depend on third parties for a portion of our manufacturing activities, and limits on supply may constrain sales of certain of our current products and product candidate development. An outbreak of disease or similar public health threat, and the public and governmental effort to mitigate against the spread of such disease, could have a significant adverse effect on the supply of materials for our manufacturing activities, the distribution of our products, the commercialization of our product candidates, and our clinical trial operations, and any

such events may have a material adverse effect on our product development, product sales, business and results of operations. We rely on collaborations with third parties for the development of some of our product candidates and for the commercialization and sales of some of our commercial products. In addition, we compete with other companies with respect to many of our marketed products as well as for the discovery and development of new products. Further, some raw materials, medical devices and component parts for our products are supplied by sole third-party suppliers. Certain of our distributors, customers and payers have substantial purchasing leverage in their dealings with us. 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. Our efforts to collaborate with or acquire other companies, products or technology, and to integrate the operations of companies or to support the products or technology we have acquired, may not be successful, and may result in unanticipated costs, delays or failures to realize the benefits of the transactions. A breakdown, cyberattack or information security breach of our information technology systems could compromise the confidentiality, integrity and availability of our systems and our data. Our stock price is volatile and may be affected by a number of events. Our business and operations may be negatively affected by the failure, or perceived failure, of achieving our sustainability objectives. The effects of global climate change and related natural disasters could negatively affect our business and operations. Global economic conditions may magnify certain risks that affect our business. Our business performance could affect or limit the ability of our Board of Directors to declare a dividend or our ability to pay a dividend or repurchase our common stock. We may not be able to access the capital and credit markets on terms that are favorable to us, or at all.

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, and no conclusions can or should be drawn regarding the safety or effectiveness of the product candidates. Further, any 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 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.

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References

1. Stone J, et al. Oral Presentation at European Alliance of Associations for Rheumatology (EULAR) 2026 Congress. June 3-6, 2026: Abstract #OP052.
2. Stone J, et al. Poster Presentation at European Alliance of Associations for Rheumatology (EULAR) 2026 Congress. June 3-6, 2026: Abstract #POS0440.
3. Patel, N, et al. Poster Presentation at European Alliance of Associations for Rheumatology (EULAR) 2026 Congress. June 3-6, 2026: Abstract #POS0867.
4. Stone JH, Zen Y, Deshpande V. IgG4-related disease. N Engl J Med. 2012;366(6):539-551.
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