MariTide Update

November 26, 2024

Safe Harbor Statement

This presentation 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 BeiGene, Ltd. or Kyowa Kirin Co., Ltd.), the performance of Otezla® (apremilast) (including anticipated Otezla sales growth and the timing of non-GAAP EPS accretion), our acquisitions of Teneobio, Inc., ChemoCentryx, Inc., or Horizon Therapeutics plc (including the prospective performance and outlook of Horizon's business, performance and opportunities, any potential strategic benefits, synergies or opportunities expected as a result of such acquisition, and any projected impacts from the Horizon acquisition on our acquisition-related expenses going forward), 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 presentation 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. 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. If we fail to meet the compliance obligations in the corporate integrity agreement between us and the U.S. government, we could become subject to significant sanctions. 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, such as COVID-19, 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. There can be no guarantee that we will be able to realize any of the strategic benefits, synergies or opportunities arising from the Horizon acquisition, and such benefits, synergies or opportunities may take longer to realize than expected. We may not be able to successfully integrate Horizon, and such integration may take longer, be more difficult or cost more than expected. 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 environmental, social and governance 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.

Any scientific information discussed in this presentation relating 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.

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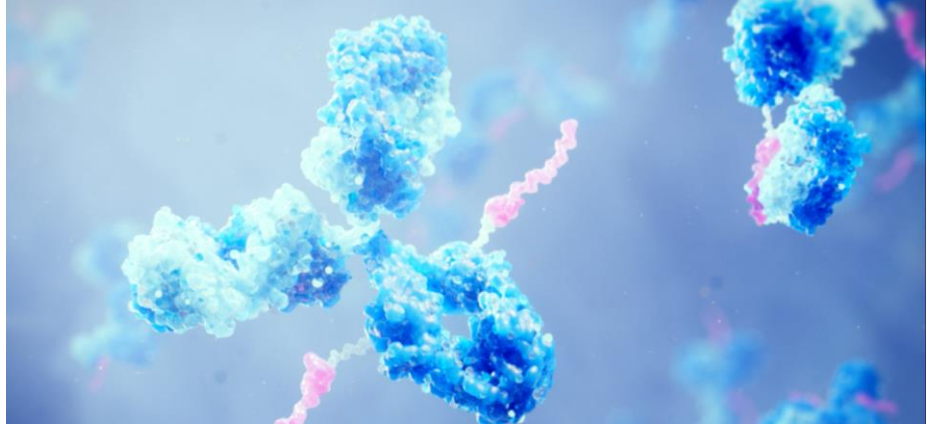
Today's Presenters

Bob Bradway
Chairman and
Chief Executive Officer

Jay Bradner
Executive Vice President,
Research and Development,
and Chief Scientific Officer

Susan Sweeney
Executive Vice President,
Obesity and Related Conditions

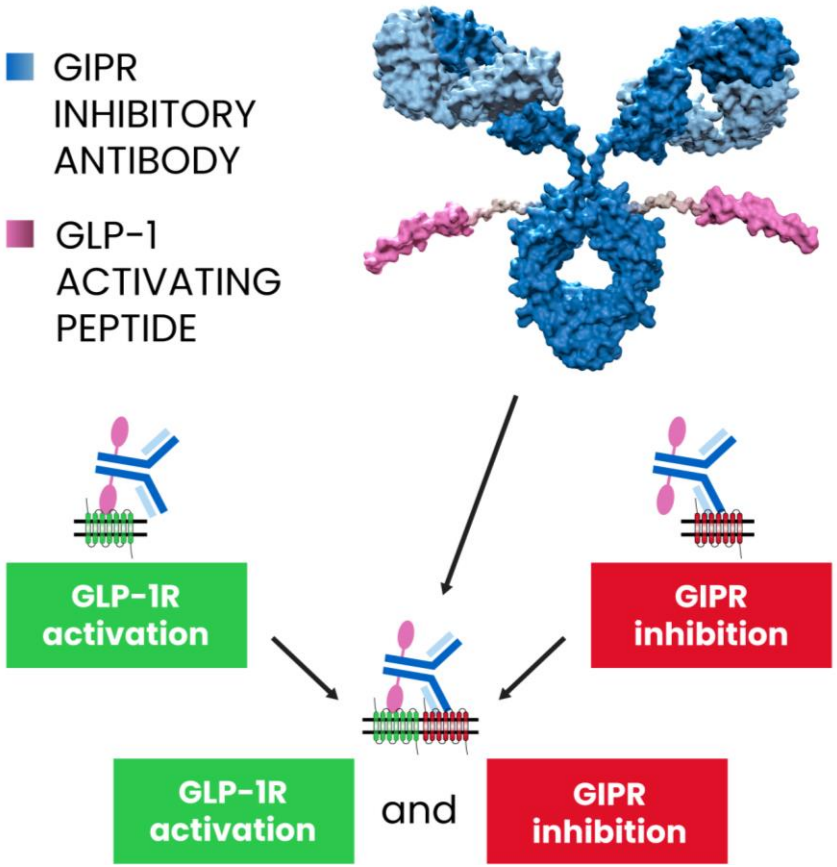
MariTide Has a Unique, Differentiated and Competitive Profile



- **MariTide demonstrates robust weight loss at 52 weeks without a weight loss plateau in people living with obesity or overweight**
- **MariTide is the first obesity treatment with monthly or less frequent dosing to demonstrate safe and effective weight loss in a Phase 2 study**
- **MariTide delivers substantial improvements across cardiometabolic parameters**
- **MariTide benefits from Amgen's longstanding track record of excellence in manufacturing**
- **Amgen announces "MARITIME," a broad Phase 3 clinical development program**

MariTide
(maridebart cafraglutide, AMG 133)

Mode of Action



MariTide is a First-of-its-Kind Peptide Antibody Conjugate That Activates the GLP-1 Receptor and Antagonizes GIPR

MONOCLONAL ANTIBODY BACKBONE
Long half-life with sustained, predictable exposure

SYNERGISTIC EFFECT
Two GLP-1 receptors activating peptides attached to an antibody with two GIPR inhibitory domains creates powerful synergy

GIPR INHIBITION
Genetic research demonstrates that people with reduced GIPR signaling are protected against obesity and some serious illnesses

GLP-1 = glucagon like peptide 1; GLP-1R = glucagon like peptide 1 receptor; GIPR = gastric inhibitory polypeptide receptor.

Overview of MariTide Phase 2 Study (Part 1)

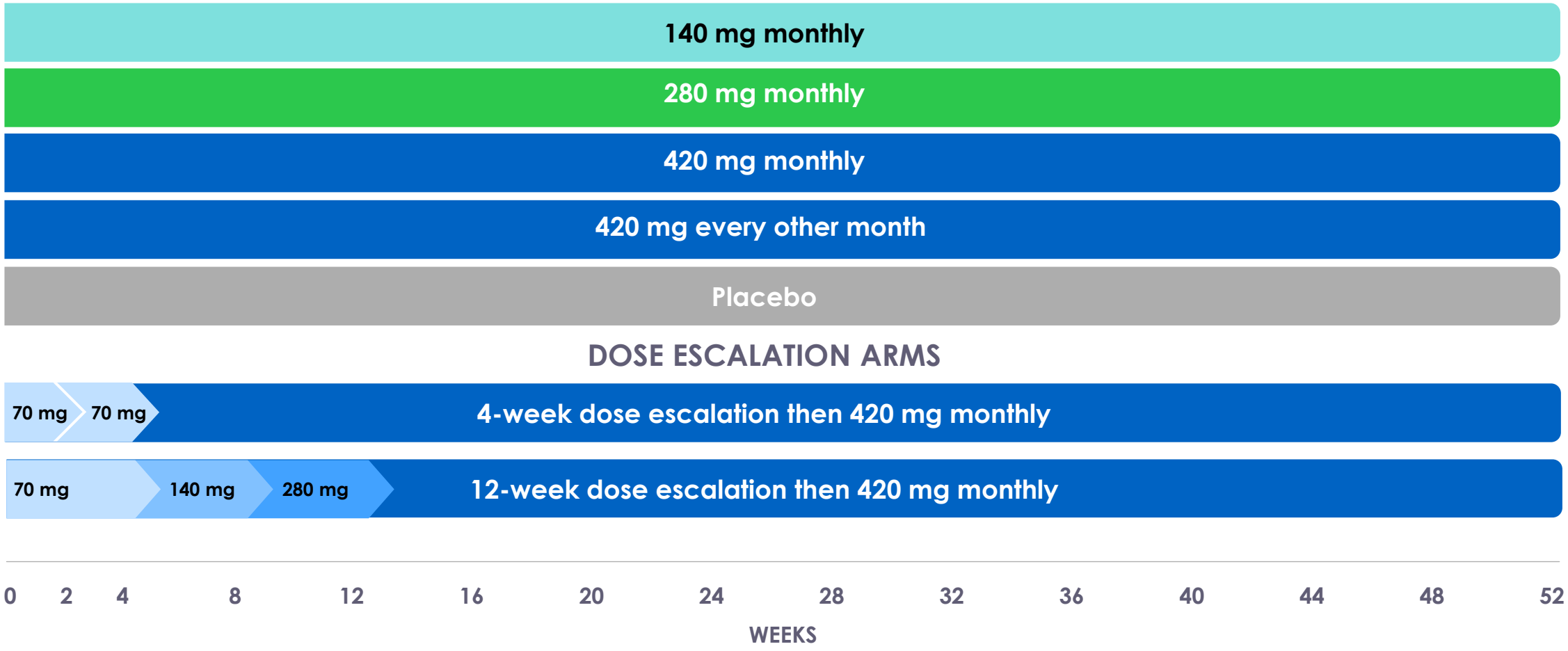
- 52 weeks
- 2 cohorts
    1. Adults living with obesity or overweight WITHOUT Type 2 diabetes
    2. Adults living with obesity or overweight WITH Type 2 diabetes
- 592 adult patients
- 11 arms, including 2 rapid dose escalations arms
- Monthly or less frequent dose schedules

Patients with Obesity or Overweight WITHOUT Type 2 Diabetes

MariTide Phase 2 Study Evaluated Multiple Dosing Options, Including Two Dose Escalation Arms

OBESITY OR OVERWEIGHT WITHOUT TYPE 2 DIABETES

Obesity or Overweight WITHOUT Type 2 Diabetes (n=465)



mg = milligrams.

Select Baseline Characteristics

Adults living with obesity or overweight <u>without</u> Type 2 diabetes (n=465)

OBESITY OR OVERWEIGHT WITHOUT TYPE 2 DIABETES

SEX

MALE

37%

FEMALE

63%

RACE

WHITE	**67%**
ASIAN	**22%**
BLACK	**7%**
OTHER	**4%**

Mean Weight

107kg

Mean BMI

38kg/m²

Mean Waist Circumference

115cm

kg = kilogram; kg/m² = kilogram per meter squared; cm = centimeter.

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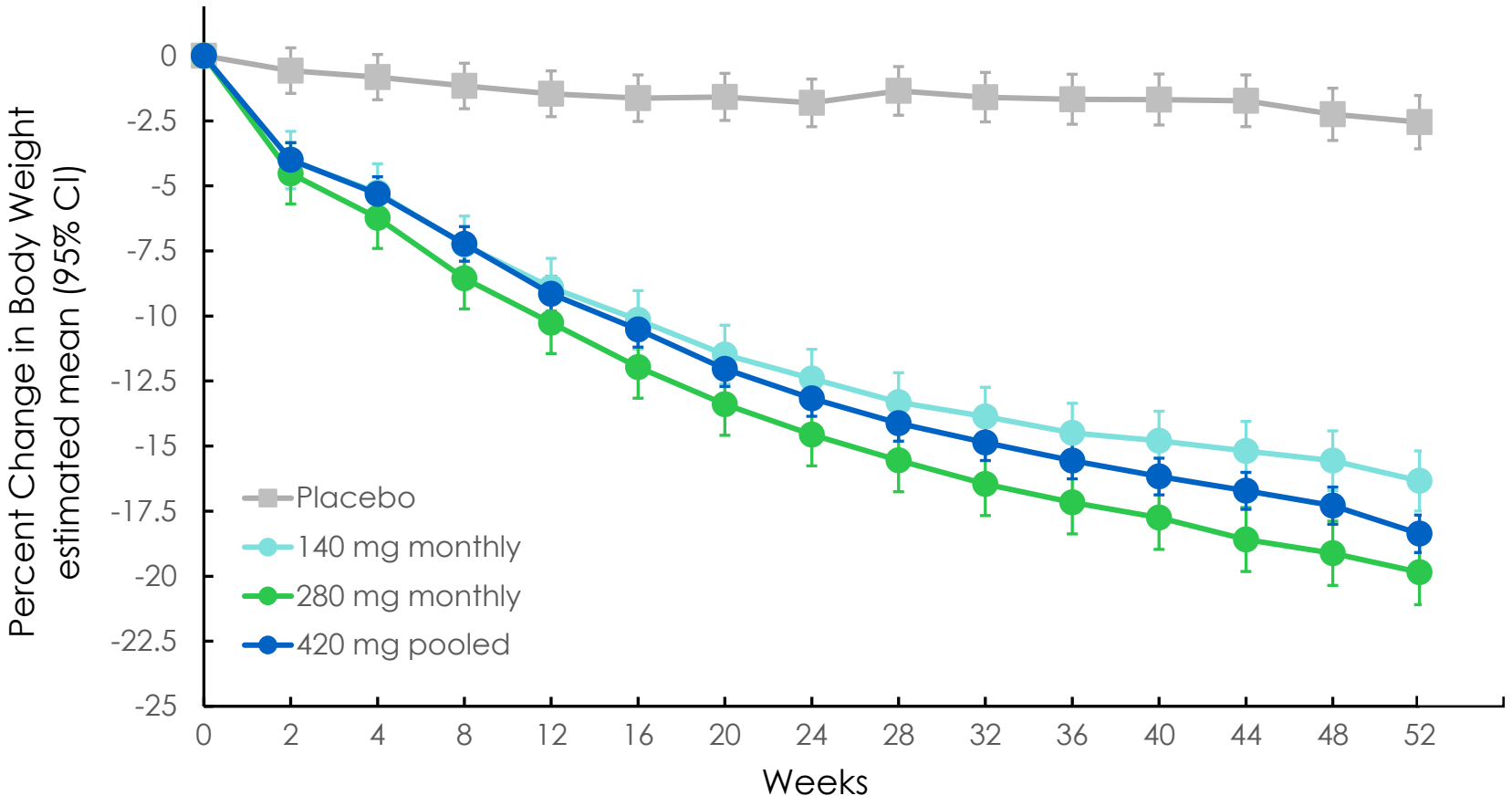
MariTide Demonstrated up to ~20% Average Weight Loss at 52 Weeks Without a Weight Loss Plateau

OBESITY OR OVERWEIGHT
WITHOUT
TYPE 2 DIABETES



- **Substantial and statistically significant weight loss in all dose arms**
- **Dose escalation resulted in similar magnitude of weight loss compared to fixed dosing**
- **Confirmed effectiveness of monthly dosing with potential for less frequent dosing**
- **No weight loss plateau in any arm, indicating the potential for further weight loss beyond 52 weeks**
- **Up to ~98% of patients lost >5% of their body weight**

These and all subsequent efficacy data reported are based on a standard analytical measure commonly used for obesity medicines, the efficacy estimand.

mg = milligram; CI = confidence interval.

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MariTide Demonstrated Robust And Clinically Meaningful Improvements in Cardiometabolic Parameters at 52 Weeks

OBESITY OR OVERWEIGHT WITHOUT TYPE 2 DIABETES

SELECT CARDIOMETABOLIC RISK FACTORS	CHANGE FROM BASELINE TO W52 FOR PLACEBO	CHANGE FROM BASELINE TO W52 FOR POOLED 420 MARITIDE DOSE ARMS
Systolic blood pressure	- 3 mmHg	✓ - 11 mmHg*
LDL-C	+1%	✓ - 5%*
Triglycerides	+1%	✓ - 19%*
hs-CRP	+1%	✓ - 53%*

**statistically significant from baseline*

These and all subsequent efficacy data reported are based on a standard analytical measure commonly used for obesity medicines, the efficacy estimand.

W52 = week 52; mmHg = millimeters of mercury; LDL-C = low-density lipoprotein cholesterol; hs-CRP = high-sensitivity C-reactive protein.

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Patients with Obesity or Overweight WITH Type 2 Diabetes

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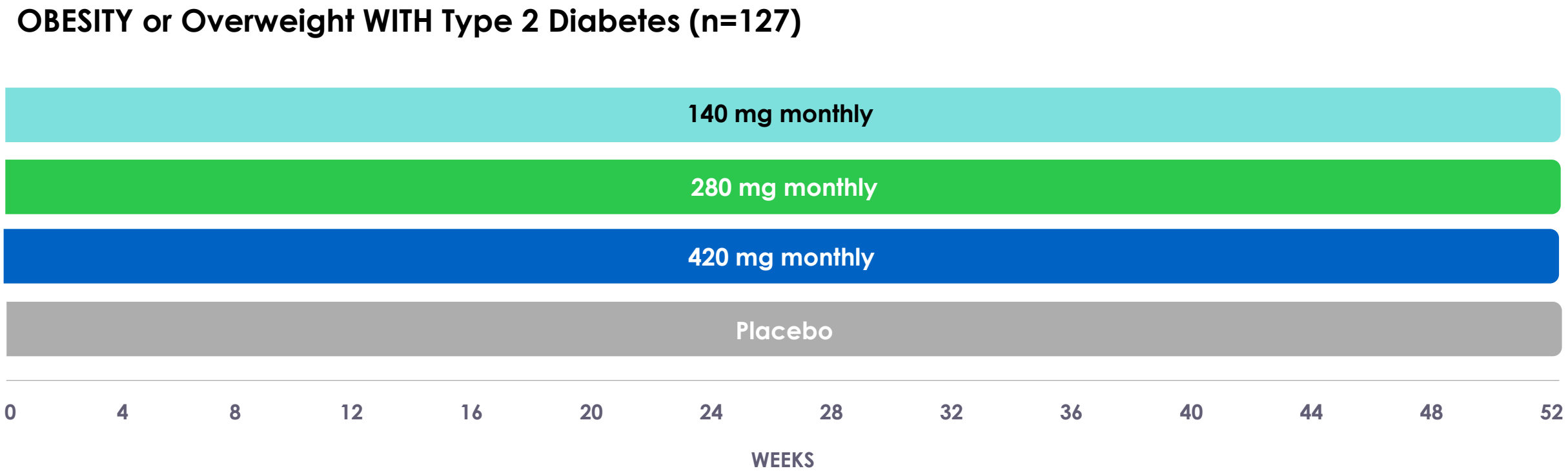
MariTide Phase 2 Study Evaluated Multiple Dosing Options

OBESITY OR OVERWEIGHT WITH TYPE 2 DIABETES



mg = milligrams.

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Select Baseline Characteristics

Adults living with obesity or overweight and Type 2 diabetes (n=127)

OBESITY OR OVERWEIGHT WITH TYPE 2 DIABETES

SEX

MALE

58%

FEMALE

42%

RACE

WHITE	68%
ASIAN	24%
BLACK	7%

Mean Weight

104kg

Mean Hemoglobin A1C

7.9%

Mean BMI

36kg/m²

Mean Waist Circumference

117cm

kg = kilogram; kg/m² = kilogram per meter squared; cm = centimeter.

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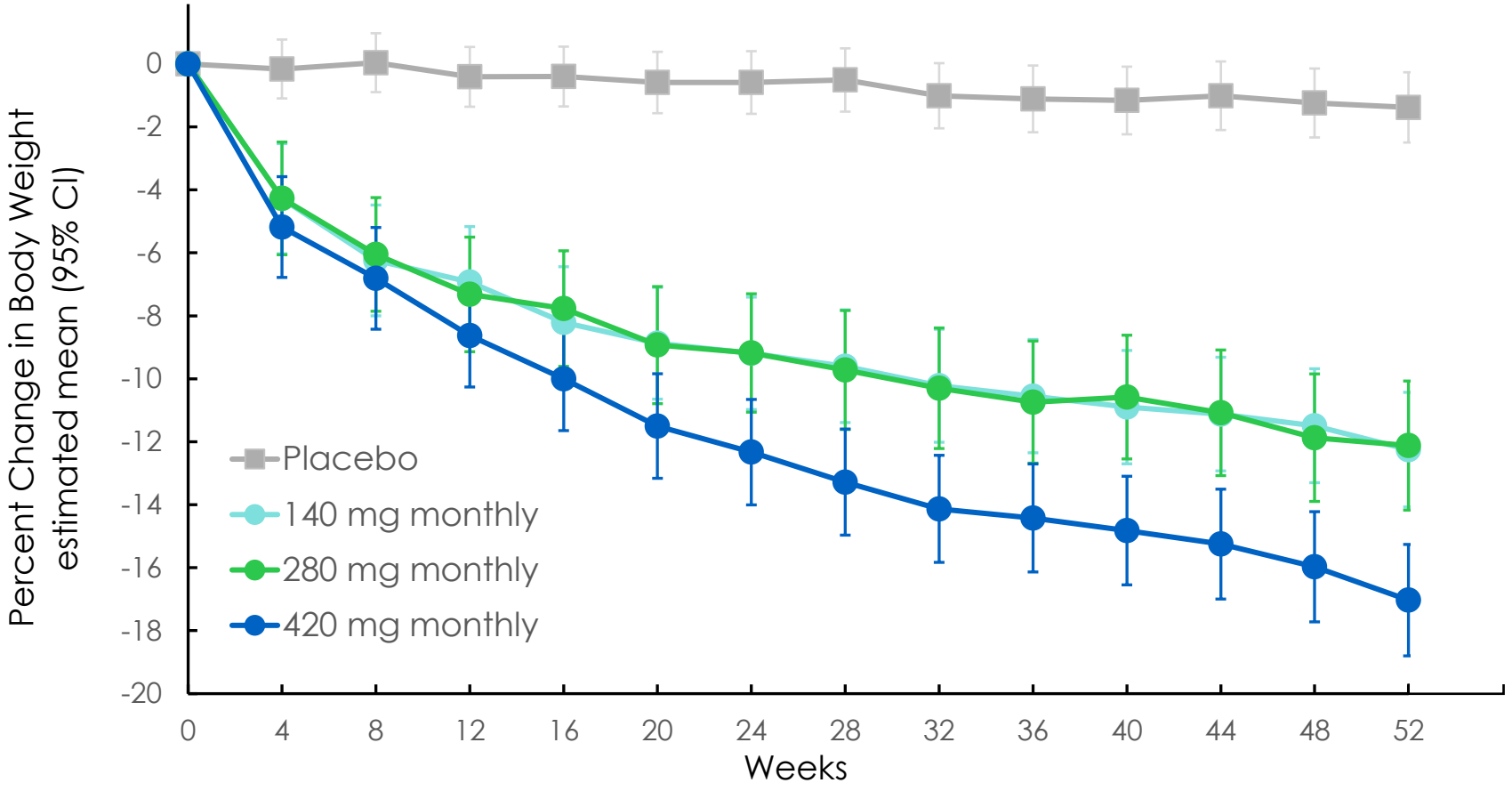
MariTide Delivered an Impressive up to ~17% Average Weight Loss at 52 Weeks Without a Weight Loss Plateau

OBESITY OR OVERWEIGHT WITH TYPE 2 DIABETES



- **Impressive ~17% weight loss at 52 weeks in patients with Type 2 diabetes**
- **Substantial and statistically significant weight loss in all treatment arms**
- **Confirmed effectiveness of monthly dosing**
- **No weight loss plateau in any arm, indicating the potential for further weight loss beyond 52 weeks**
- **Up to ~99% of patients lost >5% of their body weight**

These and all subsequent efficacy data reported are based on a standard analytical measure commonly used for obesity medicines, the efficacy estimand.

mg = milligram; CI = confidence interval.

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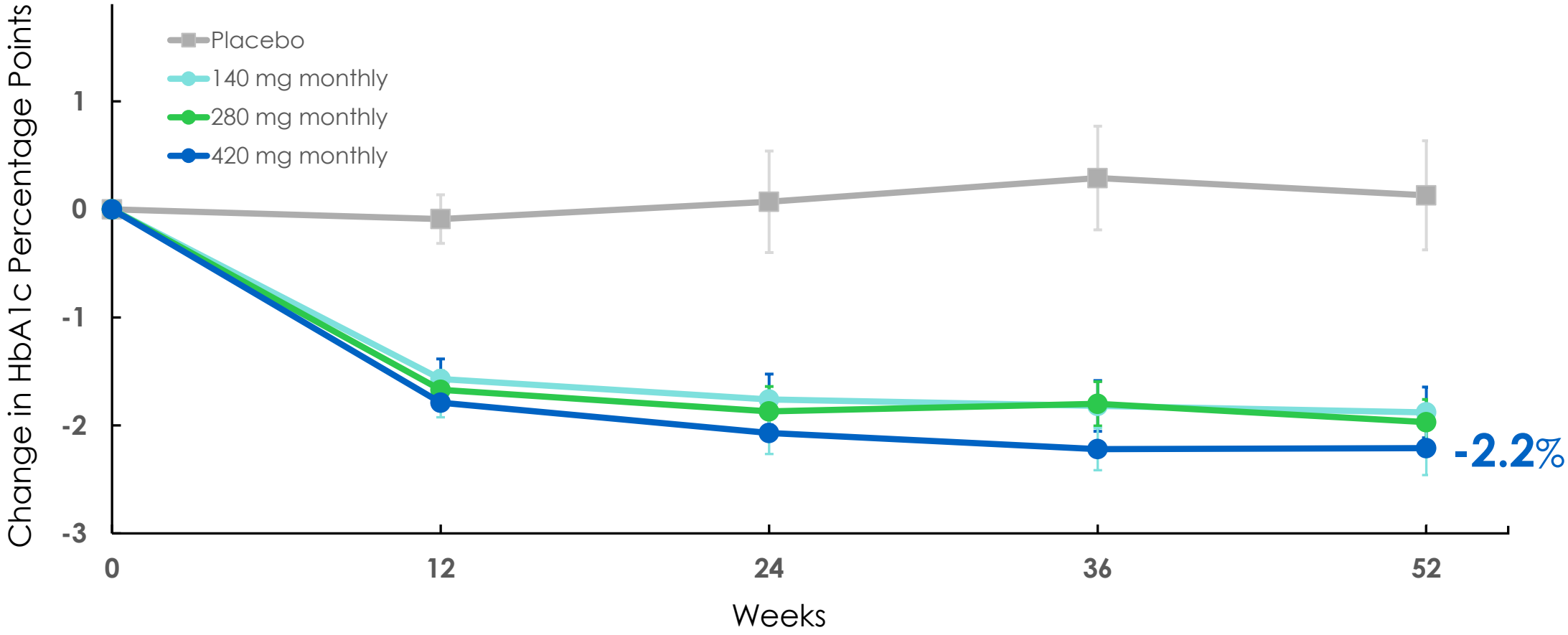
MariTide Significantly Reduced HbA1c in Adults Living With Obesity or Overweight With Type 2 Diabetes

OBESITY OR OVERWEIGHT WITH TYPE 2 DIABETES



**statistically significant*

[a]These and all subsequent efficacy data reported are based on a standard analytical measure commonly used for obesity medicines, the efficacy estimand.

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MariTide Demonstrated Robust and Clinically Meaningful Improvements in Additional Cardiometabolic Parameters at 52 Weeks

OBESITY OR OVERWEIGHT WITH TYPE 2 DIABETES

SELECT CARDIOMETABOLIC RISK FACTORS	CHANGE FROM BASELINE TO W52 FOR PLACEBO	CHANGE FROM BASELINE TO W52 FOR MARITIDE 420 mg MONTHLY
HbA1c	+0.1%	- 2.2%*
Glucose	+22 mg/dL	- 58 mg/dL*
Systolic blood pressure	-2 mmHg	- 11 mmHg*
Triglycerides	+21%*	- 28%*
hs-CRP	-25%	- 72%*

**statistically significant from baseline*
These and all subsequent efficacy data reported are based on a standard analytical measure commonly used for obesity medicines, the efficacy estimand.
LDL-C was similar between placebo and MariTide 420 mg

W52 = week 52; mg = milligrams; HbA1c = hemoglobin A1c; dl = deciliter; mmHg = millimeters of mercury; hsCRP = high-sensitivity C-reactive protein; LDL-C = low-density lipoprotein cholesterol.

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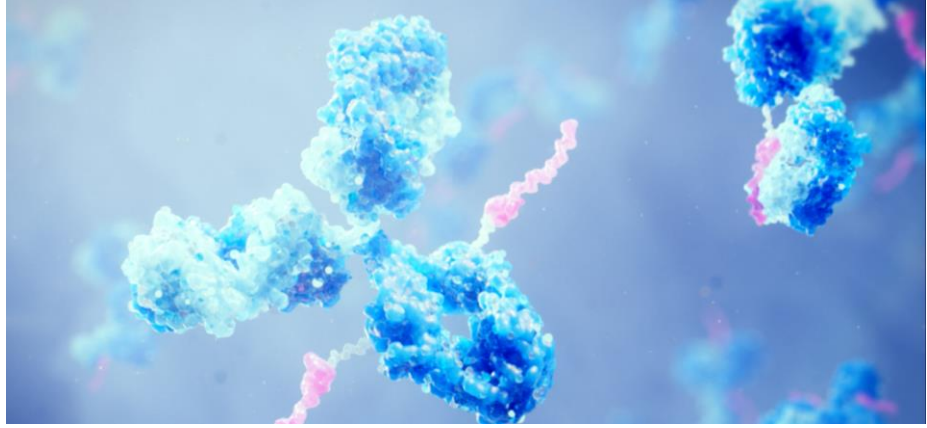
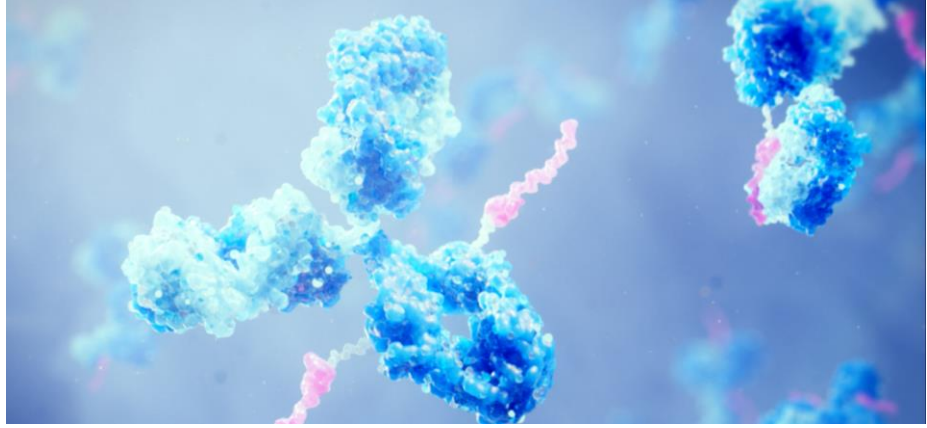
Safety and Tolerability

No Additional Safety Signals Were Identified Through 52 Weeks in the MariTide Phase 2 Study



- All arms were successfully completed, the large majority of patients finished the study and >90% of eligible patients chose to continue on study for another year
- No association between the administration of MariTide and bone mineral density changes
- Changes in heart rate remained within the normal range and were consistent with approved therapies in this category

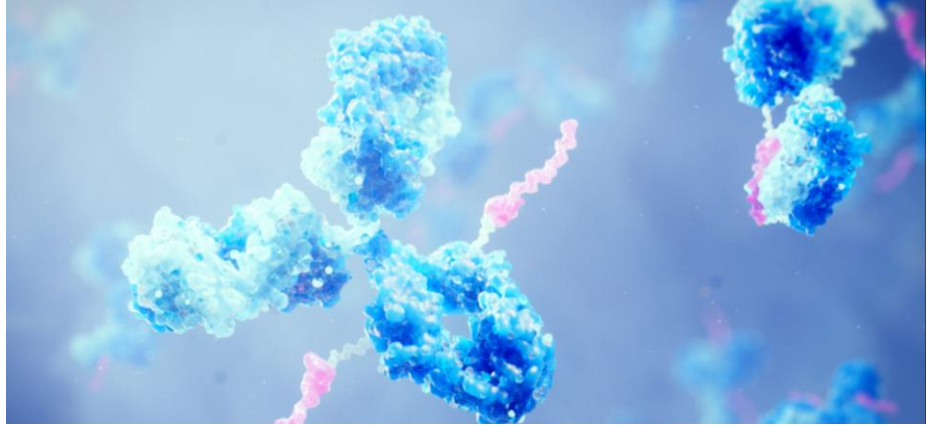
The Most Common Adverse Events Were GI Related, Including Nausea, Vomiting and Constipation



- **Across all dose arms, GI events were predominately mild to moderate, transient, and primarily associated with the first dose**
- **Dose escalation significantly improves GI tolerability**

GI = gastrointestinal.

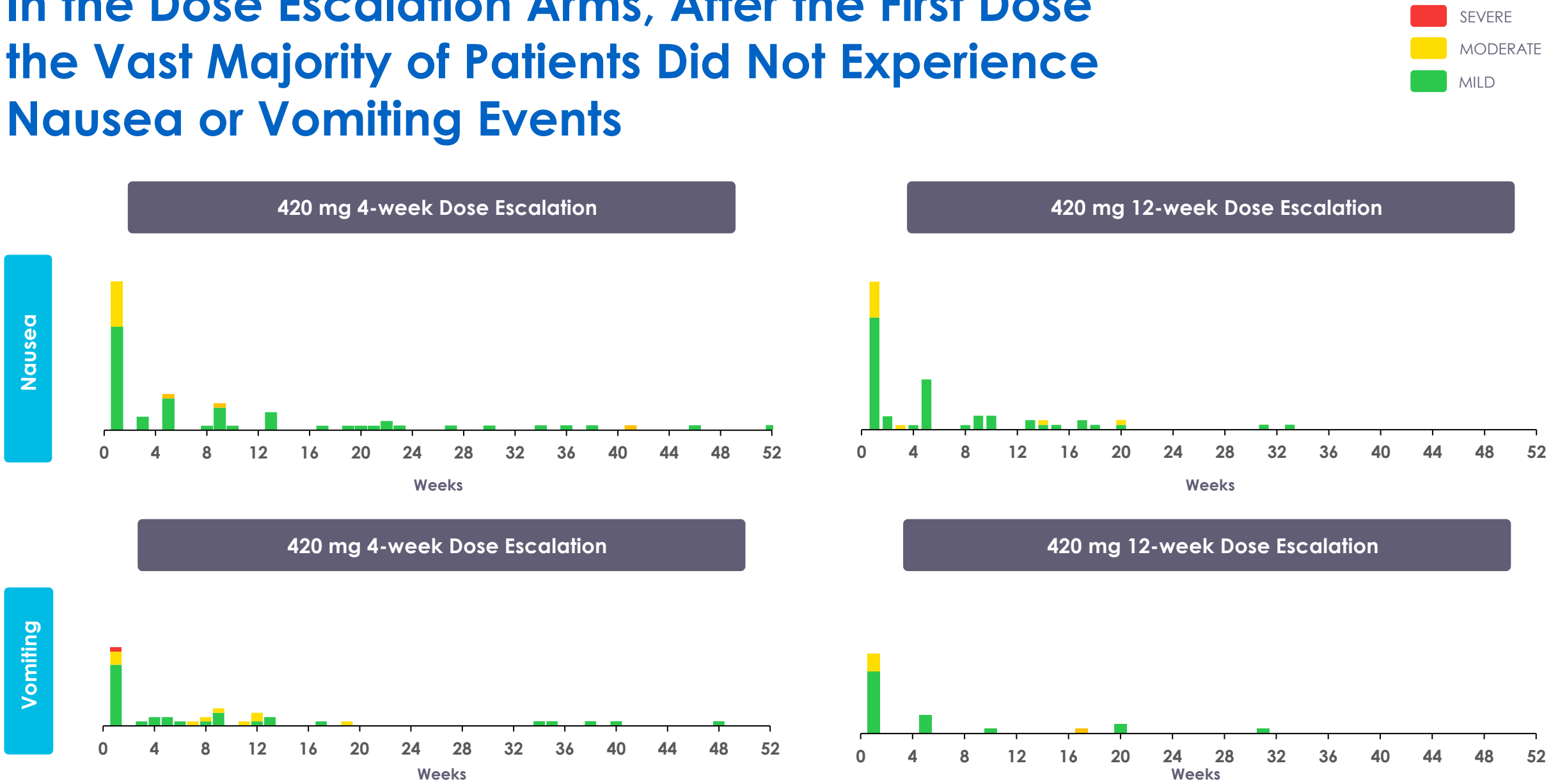
Dose Escalation Improved GI Tolerability in the Phase 2 Study, With Further Improvements Expected



- **Dose escalation was employed in two arms, each with an initial dose of 70 mg**
  - Dose escalation periods were 4 weeks and 12 weeks
- **Improved GI tolerability with this limited dose escalation**
  - Discontinuation rate due to GI events was <8% in these arms
  - Nausea and vomiting were predominantly mild and largely associated with the first dose, episodic and generally resolved within a median window of 6 days and 1-2 days, respectively
- **Following the first dose, subsequent doses were extremely well tolerated**
- **Lower starting doses further improved GI tolerability**

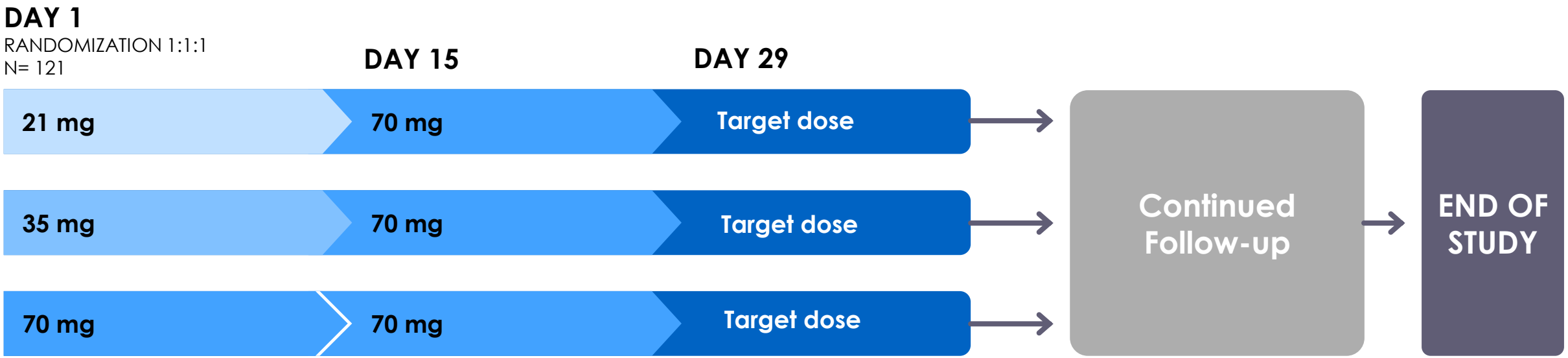
GI = gastrointestinal; mg = milligrams.

In the Dose Escalation Arms, After the First Dose the Vast Majority of Patients Did Not Experience Nausea or Vomiting Events



The incidence graph captures the proportion of subjects who have an AE start within the period captured. For example, during week 1, this is the proportion of subjects with a new AE reported during days 1-7.
mg = milligrams.

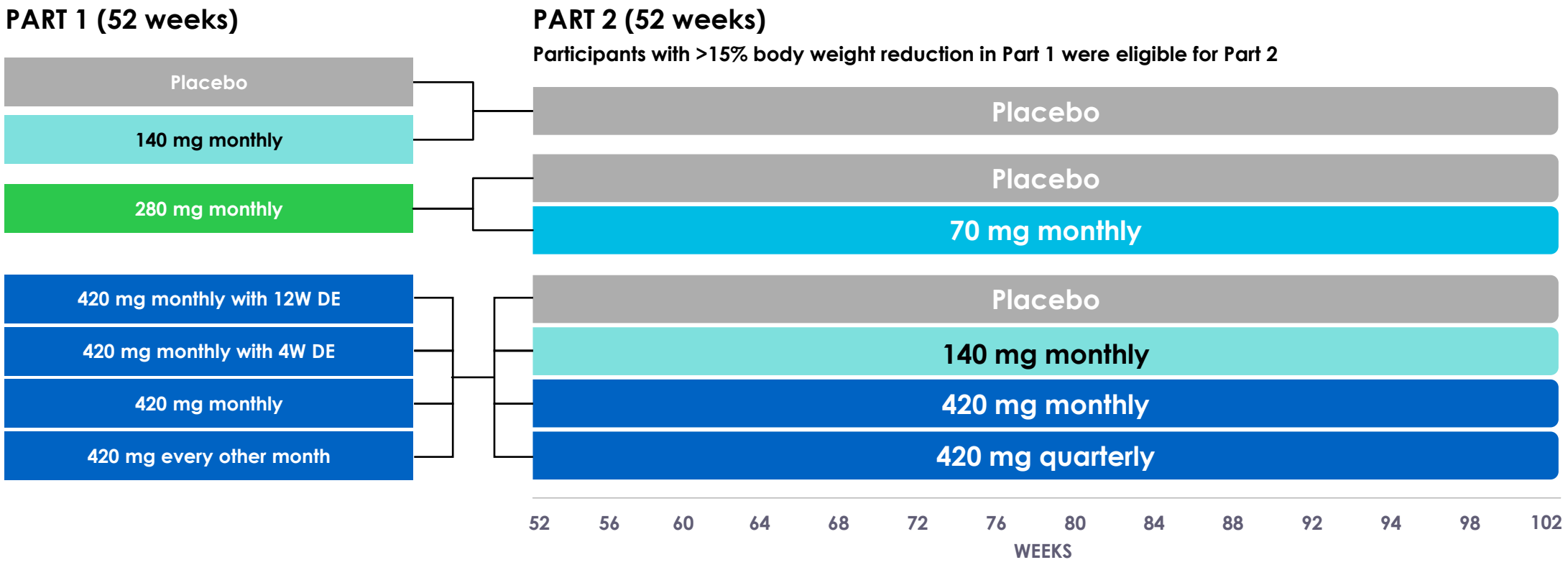
Ongoing Phase 1 Pharmacokinetic Study of Additional Dose Escalation Regimens Starting at Lower Doses of MariTide



Dose escalation with lower starting doses considerably improved GI tolerability

A Randomized, Double-Blind, Multiple-Dose Study
Double-blind administration using placebo double-dummy
mg = milligrams; GI = gastrointestinal.

Part 2 of the Phase 2 Study Will Evaluate Additional Weight Loss, Weight Maintenance and Durability Beyond 52 Weeks



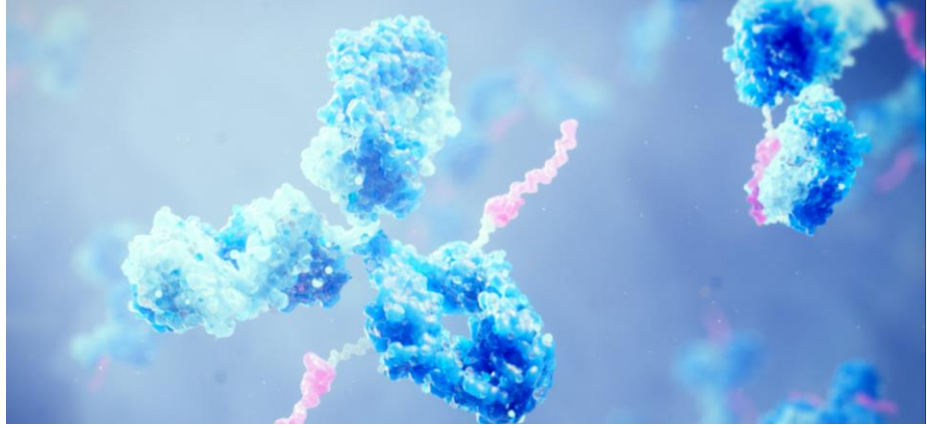
>90% of eligible patients chose to participate in Part 2 of this study

mg = milligrams; DE = dose escalation.

Key Takeaways

MariTide Phase 2 Data Highlight a Unique, Differentiated and Competitive Profile

Key Takeaways



- **Up to ~20% average weight loss at 52 weeks without a weight loss plateau in patients without Type 2 diabetes**
- **First obesity treatment with monthly or less frequent dosing**
- **Up to ~17% average weight loss at 52 weeks without a weight loss plateau in patients with Type 2 diabetes**
- **Lowered average HbA1c by up to 2.2 percentage points at 52 weeks in patients with Type 2 diabetes**
- **Substantial improvements across cardiometabolic parameters**
- **Low discontinuation rates due to any adverse event**
- **Substantially improved tolerability with use of dose escalation**

These and all subsequent efficacy data reported are based on a standard analytical measure commonly used for obesity medicines, the efficacy estimand.

HbA1c = hemoglobin A1c.

Looking Ahead

Announcing MARITIME Clinical Development Program

MARITIME

POTENTIAL INDICATIONS INCLUDE:

www.maritimestudy.com

Obesity/Overweight

Type 2 Diabetes

Kidney Disease

Cardiovascular Disease

Obstructive Sleep Apnea

Heart Failure

More to Follow...

Advancing Additional Assets in Our Obesity Portfolio

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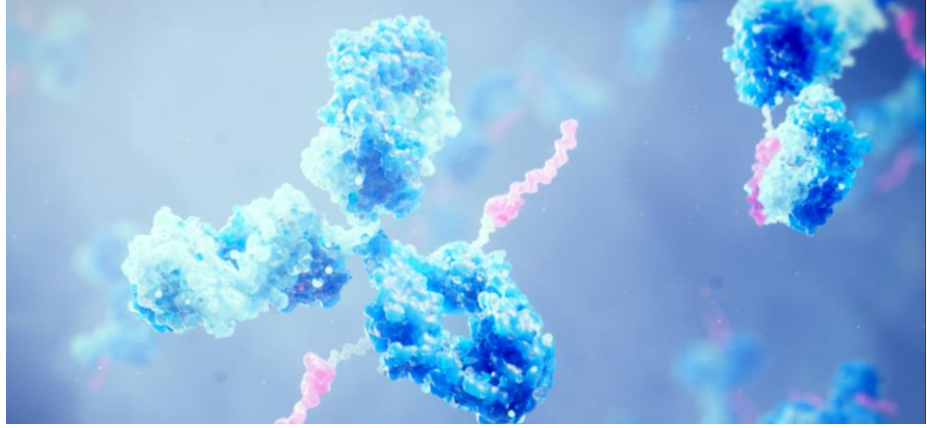
MariTide Supply



- **MariTide will be delivered as a single dose in a convenient, handheld, patient-friendly, autoinjector device with a monthly or less frequent single-injection administration**
- **MariTide can be manufactured on our standard platform, which enables efficient use of existing facilities at each manufacturing stage**
- **Once monthly or less frequent dosing and synergistic molecule design requires substantially less peptide, fewer injections and fewer devices vs. weekly alternatives**

QUESTIONS?

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