UPDATE ON OUR GENERAL MEDICINE PORTFOLIO

NOVEMBER 7, 2022

AMGEN®

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., Kyowa-Kirin Co., Ltd., or any collaboration to manufacture therapeutic antibodies against COVID-19), the performance of Otezla® (apremilast) (including anticipated Otezla sales growth and the timing of non-GAAP EPS accretion), the Five Prime Therapeutics, Inc. acquisition, the Teneobio, Inc. acquisition, or the ChemoCentryx, Inc. 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 such as the ongoing COVID-19 pandemic 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. 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. We or others could identify safety, side effects or manufacturing problems with our products, including our devices, after they are on the market. 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. 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, 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. A breakdown, cyberattack or information security breach 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.

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AGENDA

Topic	Presenter
Introduction	David Reese, MD Executive Vice President, Research and Development, Amgen
FOURIER AND FOURIER-OLE (Open-Label Extension) Studies	Marc S. Sabatine, MD, MPH Chair of TIMI Study Group Distinguished Chair in Cardiovascular Medicine, Brigham and Women's Hospital Professor of Medicine, Harvard Medical School
Reduction of Lipoprotein(a) With Small Interfering RNA	
AMG 133 Program Update	Narimon Honarpour MD, PhD Vice President, Clinical Development, Amgen
Concluding Remarks	
Q&A	All

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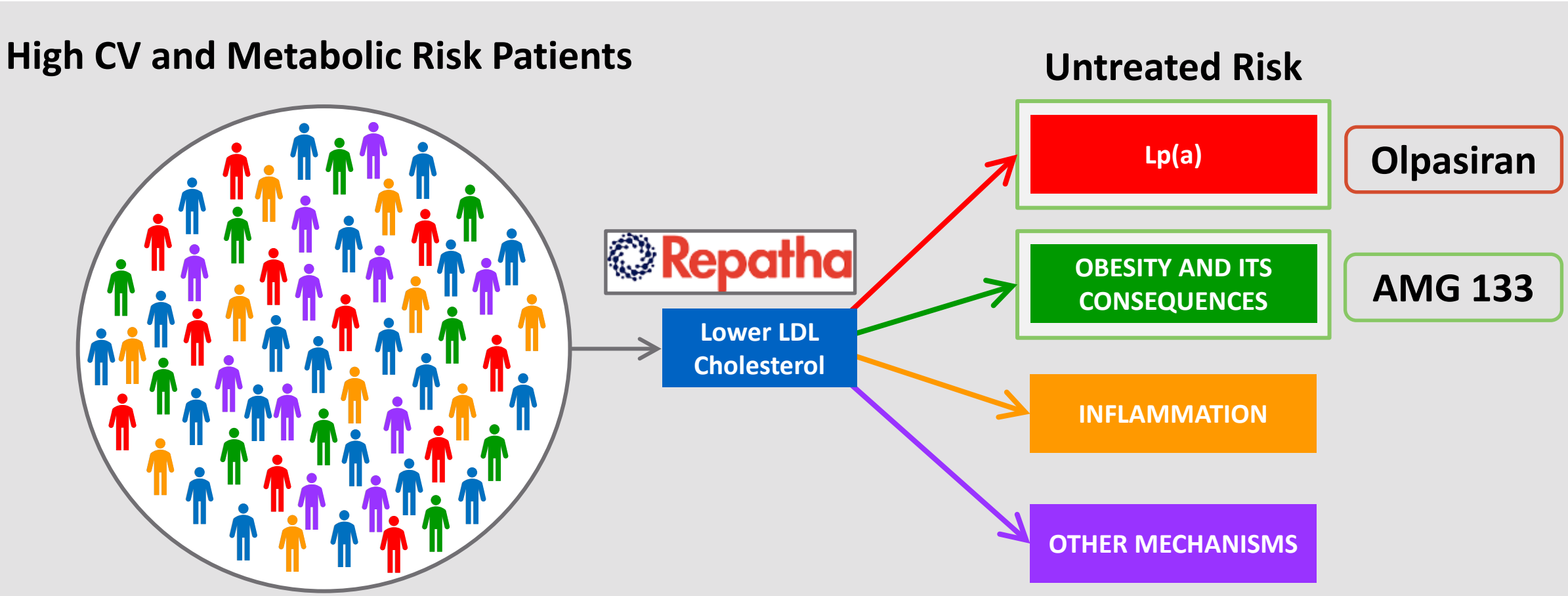
TARGETING MECHANISMS OF RESIDUAL RISK THROUGH INNOVATIVE USE OF HUMAN DATA TO INFORM TARGET DISCOVERY, BIOMARKERS, AND PATIENT SEGMENTATION



Additional programs coming into the clinical pipeline for metabolic/obesity, heart failure and vascular disease

LDL= low-density lipoprotein; Lp(a)= Lipoprotein(a); CV= cardiovascular.

FOURIER AND FOURIER-OLE (Open-Label Extension) Studies

Marc S. Sabatine, MD, MPH

An Academic Research Organization of
Brigham and Women's Hospital and Harvard Medical School

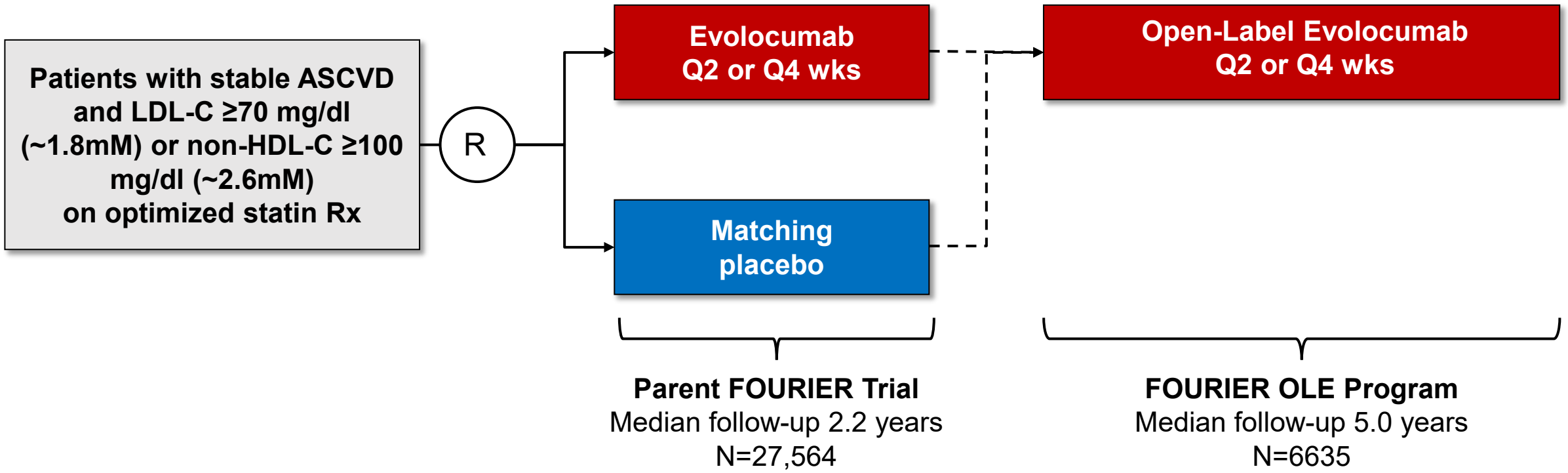
This study was funded by Amgen Inc.

Background

- In the FOURIER trial, 27,564 patients with stable ASCVD were randomized to the PCSK9 inhibitor evolocumab vs. placebo.
- Evolocumab reduced the risk of MACE, but there was no observed effect on CV mortality.
- However, the median follow-up was only 2.2 years.
- Pivotal statin trials had median follow-up of 4-5 years and demonstrated both a lag effect (clinical benefit grew over time) and legacy effect (clinical benefit persisted in extended follow-up after the parent trial ended).
- Thus, very long-term data on safety and efficacy of LDL-C lowering with PCSK9 inhibition are needed.

ASCVD = atherosclerotic cardiovascular disease; PCSK9 = proprotein convertase subtilisin/kexin type 9; MACE = Major adverse cardiac events; CV = cardiovascular; LDL-C = low-density lipoprotein cholesterol.

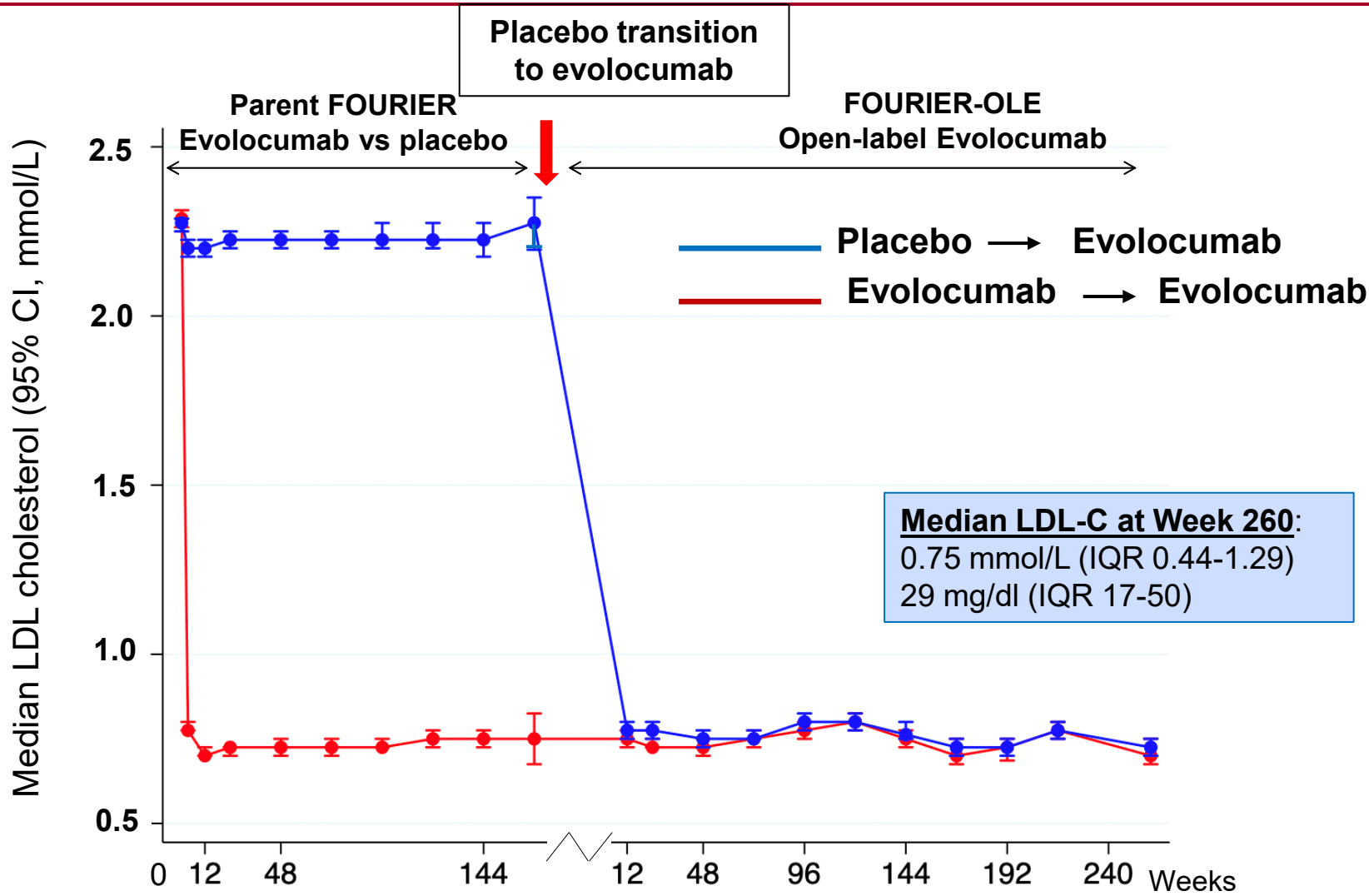
Study Schema



US & Eastern Europe: NCT02867813
Western Europe: NCT03080935

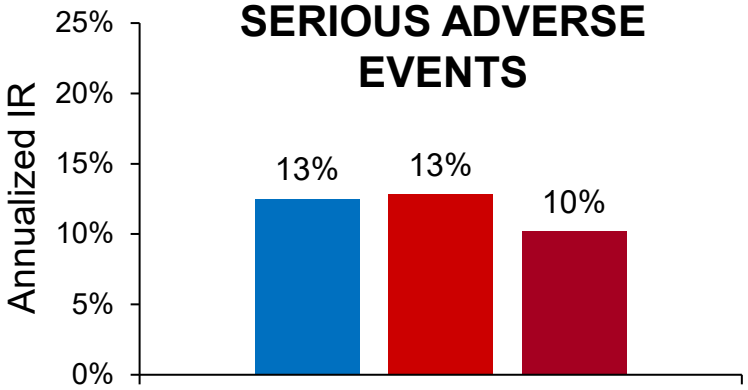
ASCVD = atherosclerotic cardiovascular disease; LDL-C = low-density lipoprotein cholesterol; HDL-C = high density lipoprotein cholesterol; Rx: medical prescription; Q2W = every two weeks; Q4W = every four weeks; OLE = open label extension.

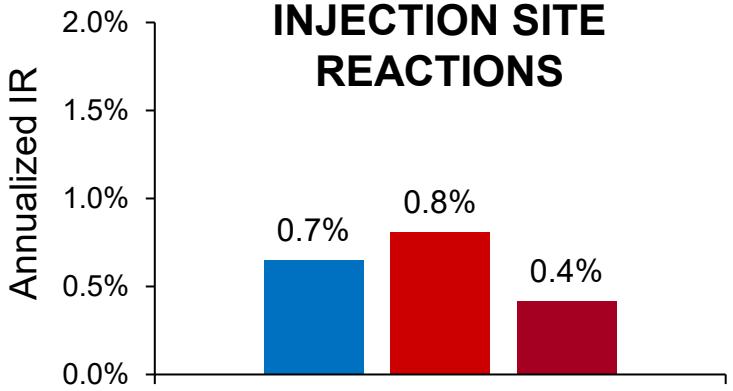
Effect on LDL-C

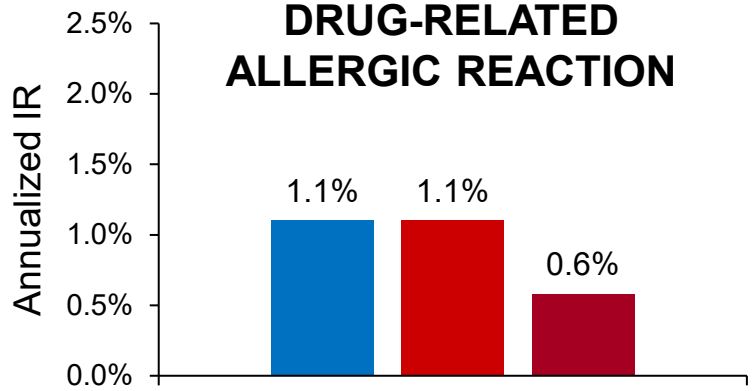


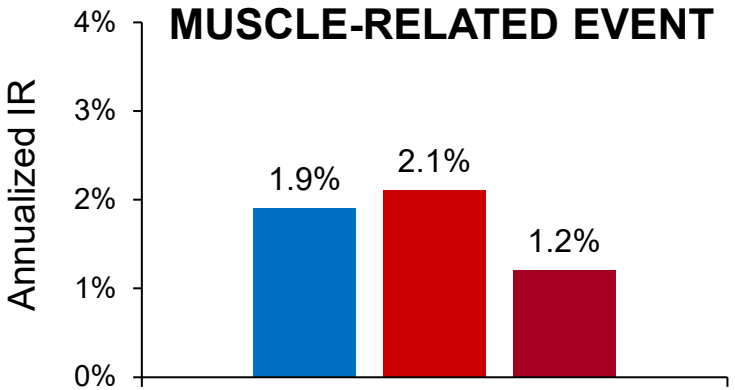
LDL-C = low-density lipoprotein cholesterol; OLE = open label extension; IQR = interquartile range.

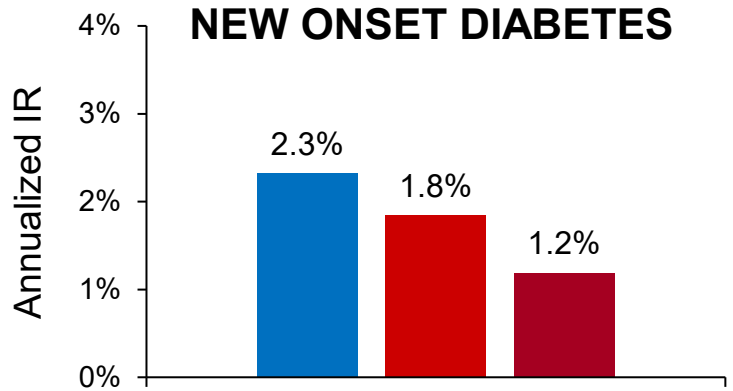
Long-Term Safety

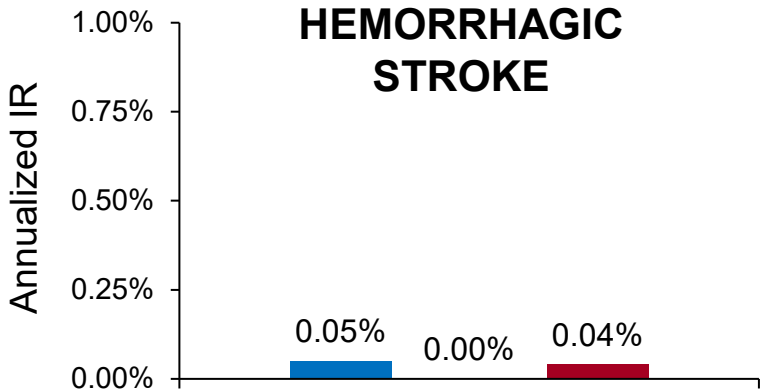








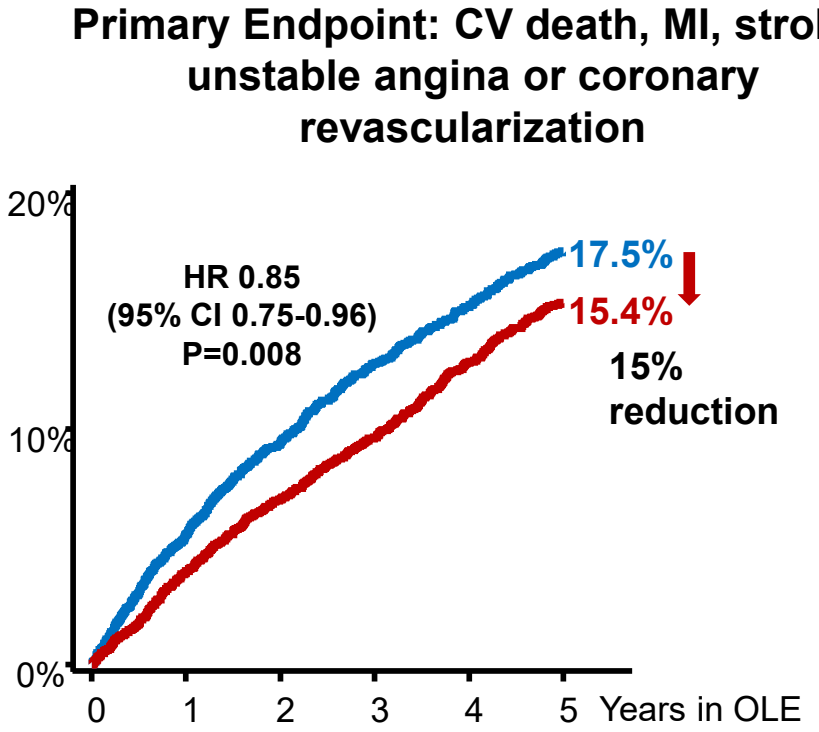


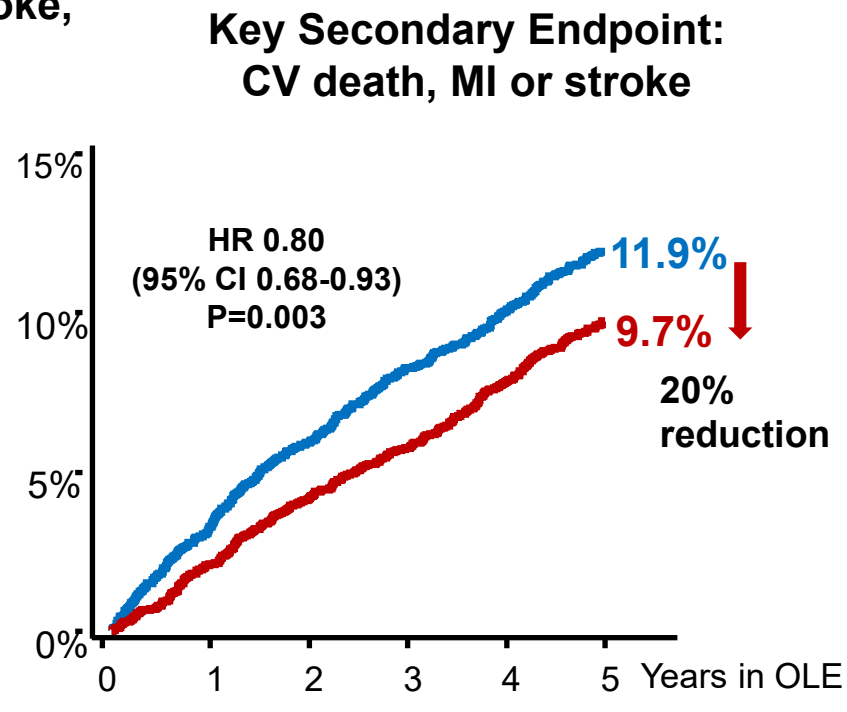


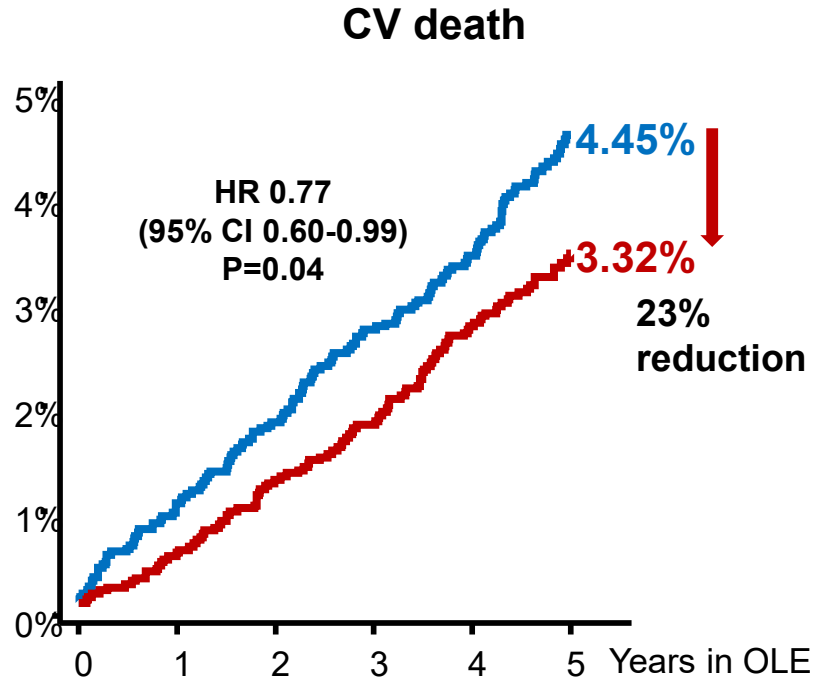
Placebo Phase FOURIER
Evolocumab Phase FOURIER
Evolocumab Phase FOURIER & OLE

IR = Incidence rate; OLE = open label extension

Efficacy during FOURIER-OLE







Placebo → Evolocumab

Evolocumab → Evolocumab

CV = cardiovascular; MI = myocardial infarction; OLE = open label extension; HR = hazard ratio.

Analyses On Very Low LDL-C

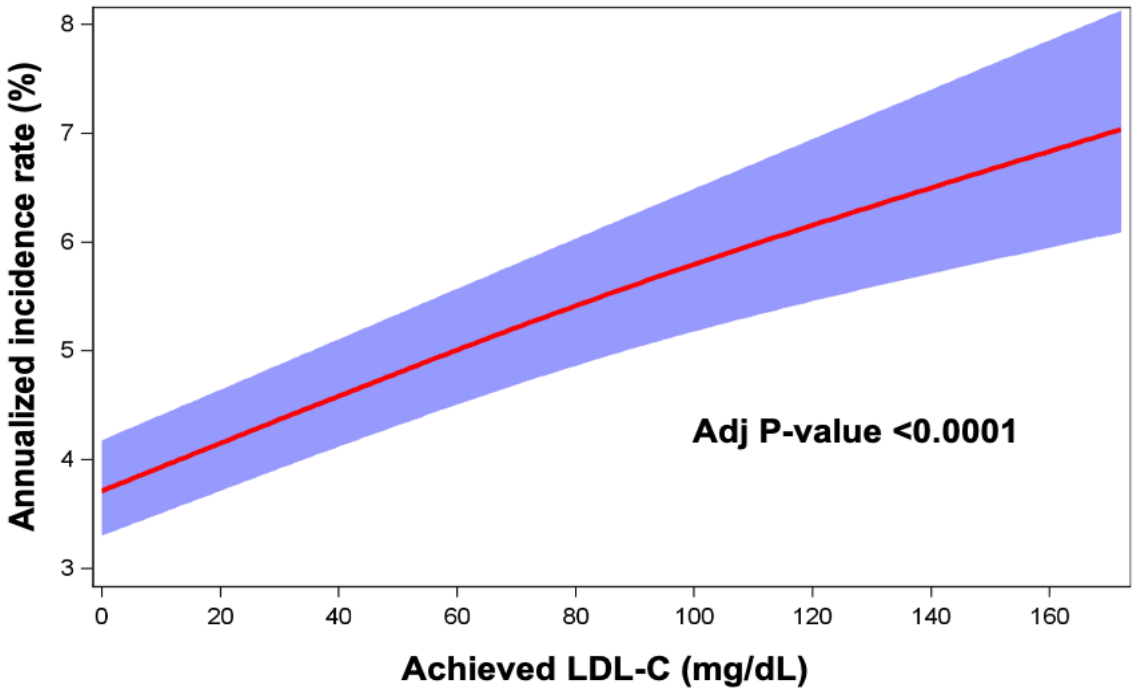
- **The optimal achieved LDL-C level with regards to cardiovascular and safety outcomes in the long-term remains unclear.**

- **We explored the relationship between achieved LDL-C levels and the occurrence of long-term adverse cardiovascular and safety outcomes, down to very low (<20 mg/dL) achieved LDL-C levels.**

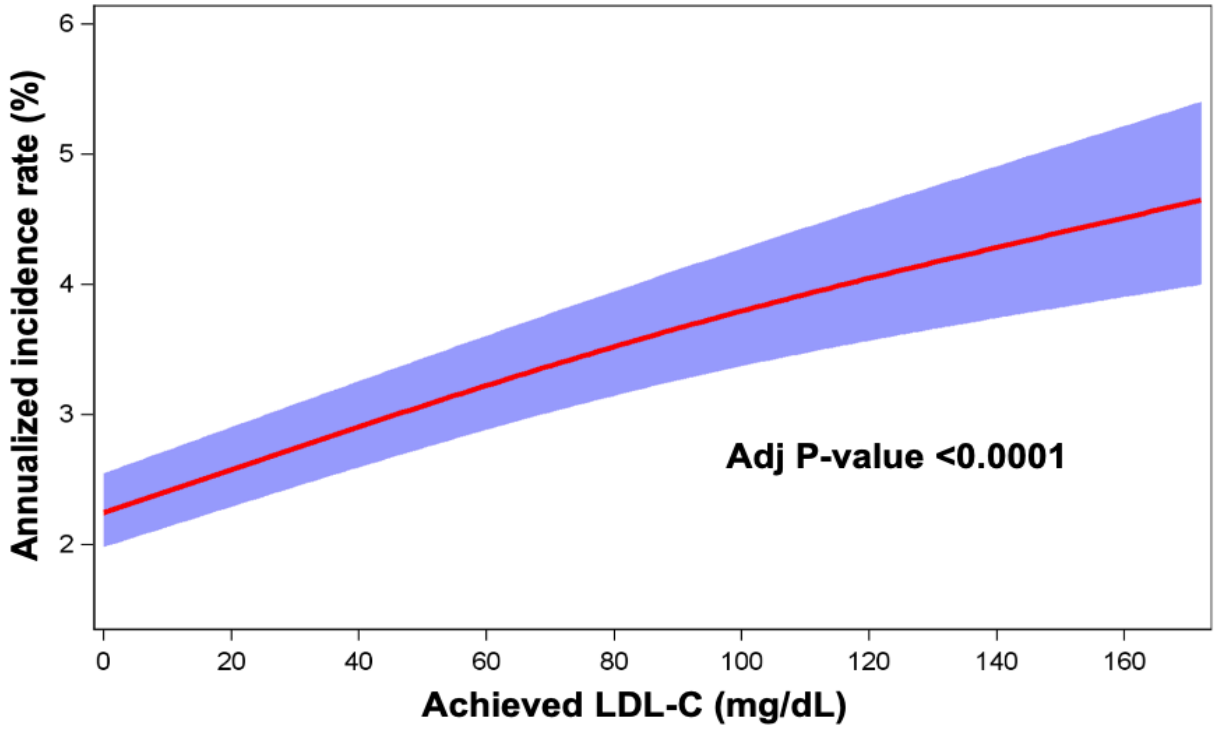
LDL-C = low-density lipoprotein cholesterol.

CV Outcomes and Achieved LDL-C

Primary endpoint: CV death, MI, stroke, coronary revascularization or hospitalization for unstable angina

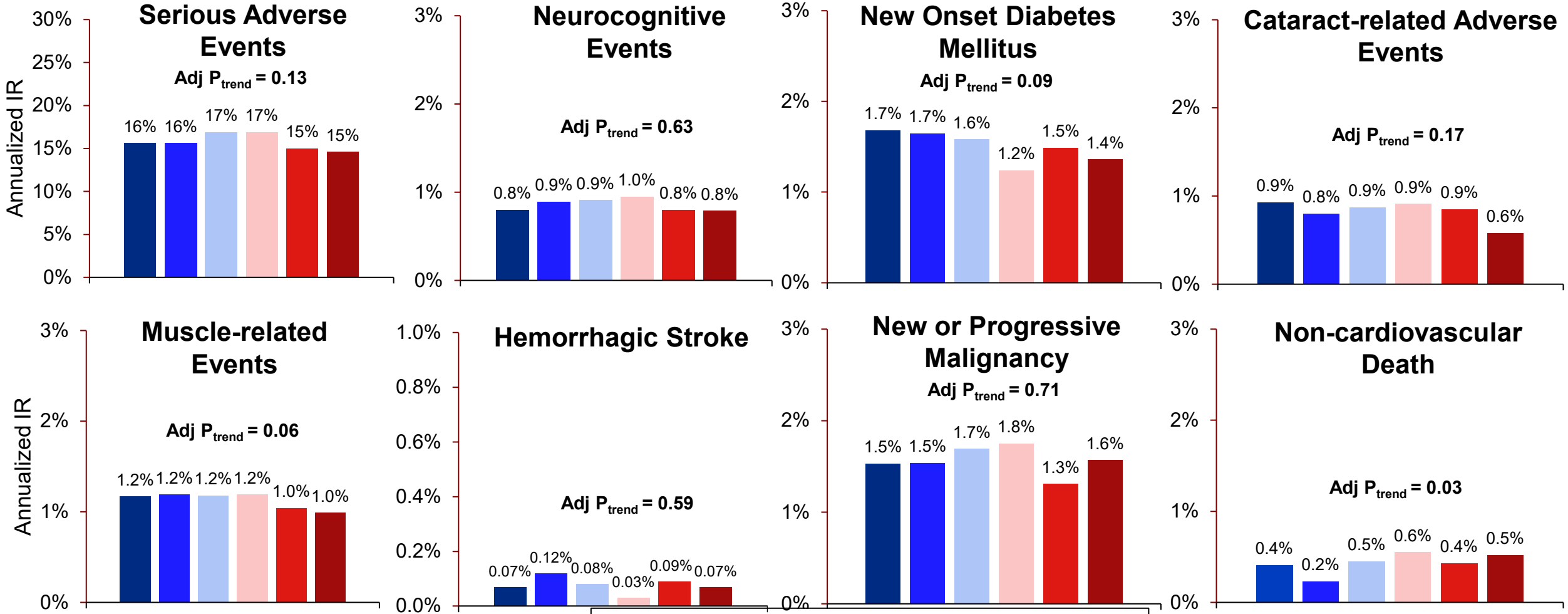


Key secondary endpoint: CV death, MI, or stroke



CV = cardiovascular; MI = myocardial infarction; LDL-C = low-density lipoprotein cholesterol.

Safety and Achieved LDL-C



IR = Incidence rate; LDL-C = low-density lipoprotein cholesterol.

An Academic Research Organization of
Brigham and Women's Hospital and Harvard Medical School

Summary & Conclusions

- **Long-term use of evolocumab with median follow-up of more than 7 years appears both safe and well-tolerated.**
- **Earlier initiation of evolocumab is associated with continued accrual of cardiovascular benefit, including cardiovascular mortality, over the next several years.**
- **Monotonic relationship between lower achieved LDL-C levels, down to very low LDL-C levels <20 mg/dL, and a lower risk of cardiovascular events up to 8.6 years of follow-up.**
- **"There appears to be no LDL-C level below which benefit ceases".**
  (2022 ACC Expert Consensus Decision Pathway on the Role of Non-statin Therapies for LDL-Cholesterol Lowering)

LDL-C = low-density lipoprotein cholesterol; ASCVD = atherosclerotic cardiovascular disease.

#AHA22

Reduction of Lipoprotein(a) With Small Interfering RNA:

Results of the OCEAN(a)-DOSE (TIMI 67) Trial

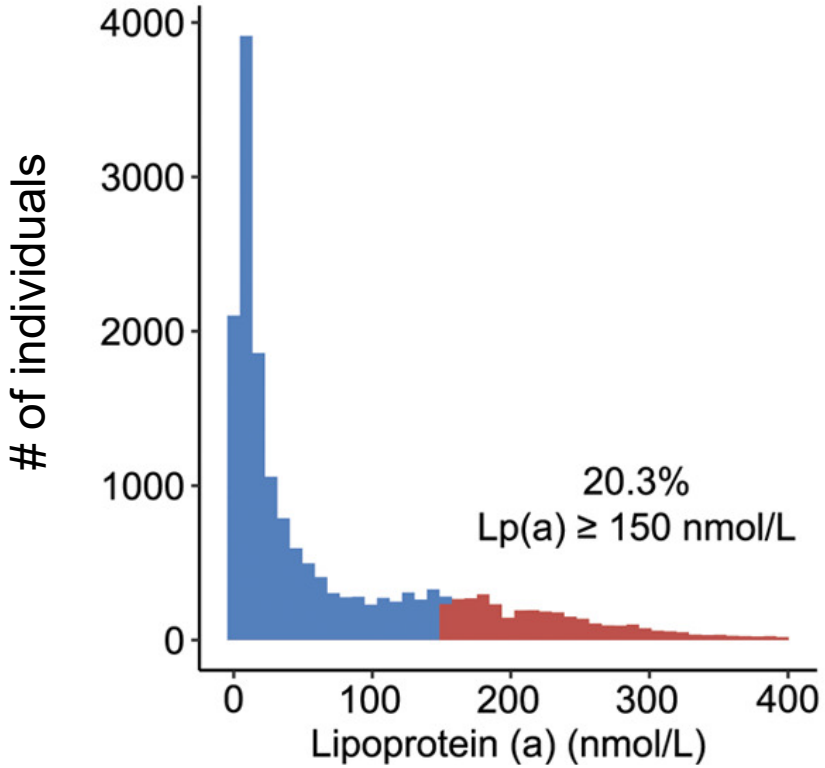
Marc S. Sabatine MD MPH:
On Behalf of the OCEAN(a)-DOSE Trial Investigators

Clinicaltrials.gov: NCT04270760
The study was funded by Amgen

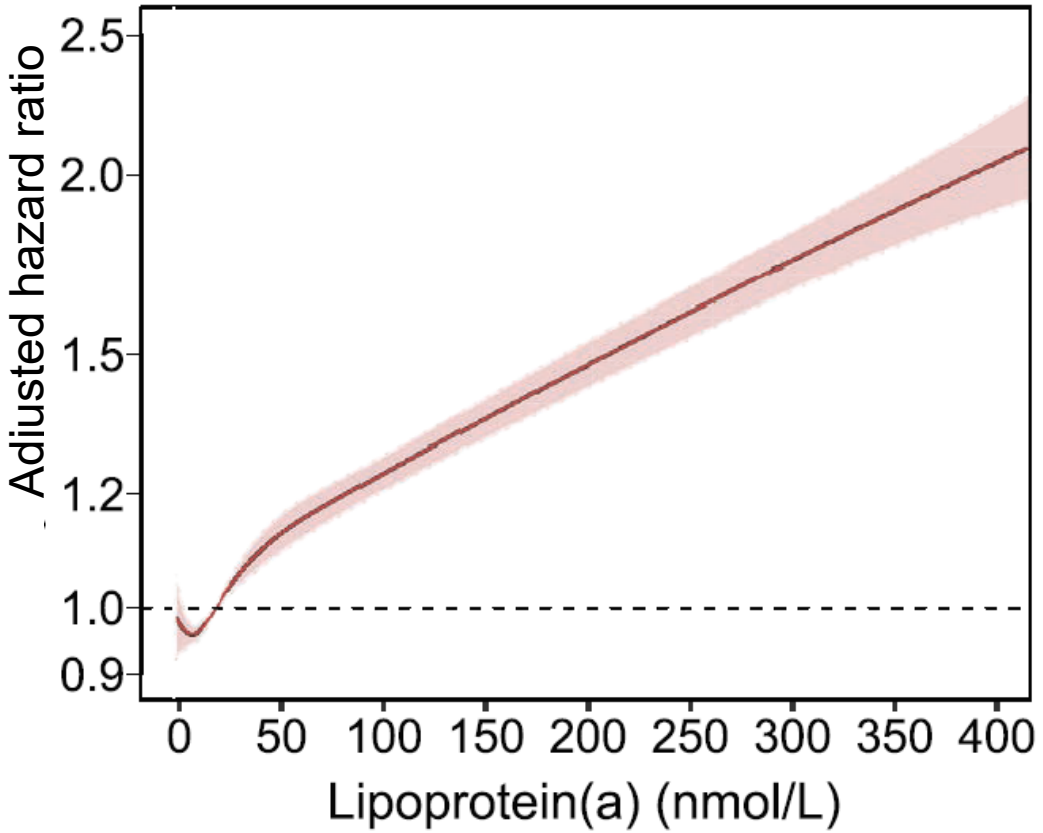
American Heart Association.

Lp(a) and Coronary Heart Disease Risk

Lp(a) distribution in individuals with established atherosclerotic cardiovascular disease



Lp(a) is associated with atherosclerotic cardiovascular disease risk independent of traditional risk factors



Lp(a)= Lipoprotein(a)

Patel et al., *Arterioscler Thromb Vasc Biol* 2021;41:465-474.

OCEAN(a)-DOSE: STUDY SCHEMA

Clinicaltrials.gov: NCT04270760

Patients aged 18-80 years with atherosclerotic disease & Lp(a) >150 nmol/L

N=281

RANDOMIZE 1:1:1:1:1 | **DOUBLE BLIND**

- **Olpasiran 10mg Q12W**
- **Olpasiran 75mg Q12W**
- **Olpasiran 225mg Q12W**
- **Olpasiran 225mg Q24W**
- **Placebo**

Primary Endpoint: % Change in Lp(a) from Baseline to Week 36

Key Secondary Endpoint: % Change in Lp(a) from Baseline to Week 48

Lp(a)= Lipoprotein(a); Q12W = every 12 weeks; Q24W = every 24 weeks.

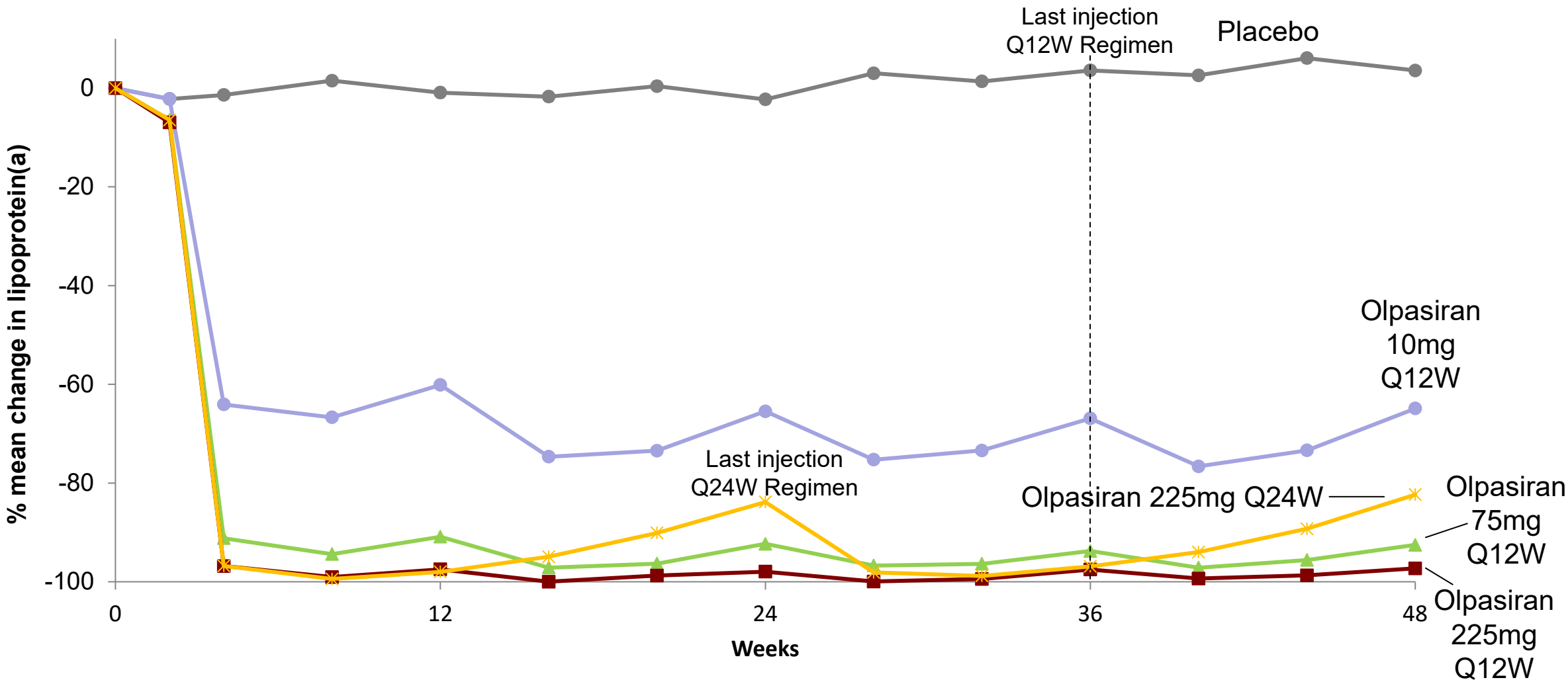
O'Donoghue ML et al., *Am Heart J* 2022;251:61-69

Baseline Characteristics

	Olpasiran Pooled Dose Arms (N=227)	Placebo Q12W SC (N=54)
Age in years, mean (SD)	**61.6 (9.6)**	**63.4 (8.9)**
Female sex	**32%**	**33%**
Coronary Artery Disease	**91%**	**93%**
Myocardial Infarction	**27%**	**37%**
Peripheral Artery Disease	**12%**	**6%**
Cerebrovascular Disease	**20%**	**22%**
Selected lipid lowering therapy use at baseline		
Statin	**89%**	**83%**
Ezetimibe	**55%**	**41%**
PCSK9 inhibitor	**24%**	**22%**
Baseline laboratory values, median (IQR)		
Lipoprotein(a), (nmol/L)	**261 (197, 360)**	**246 (200, 343)**
LDL-C, (mg/dl)	**68 (52, 87)**	**65 (48, 81)**

LDL-C = low-density lipoprotein cholesterol ; SC = subcutaneous; Q12W = every 12 weeks.

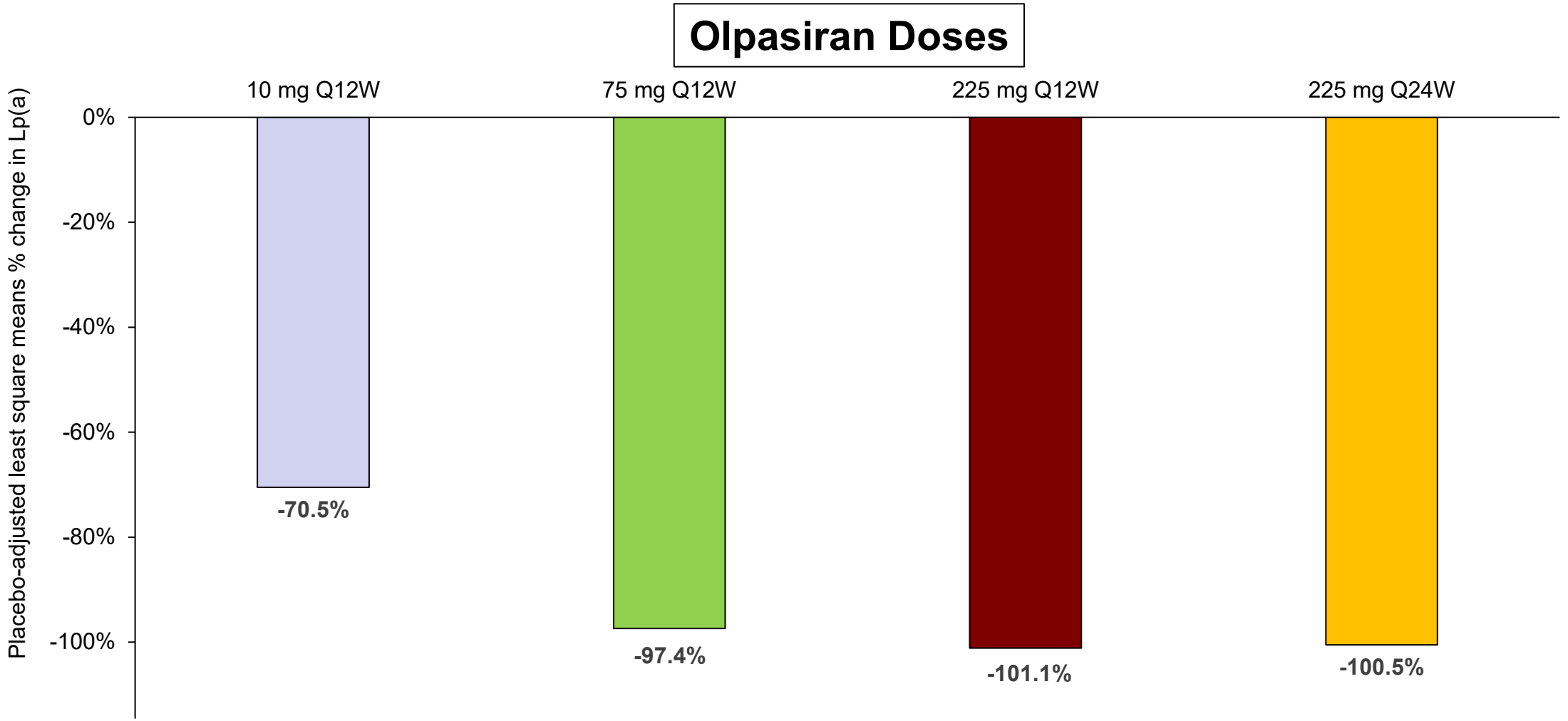
Changes in Lp(a) Through Follow-Up



Lp(a)= Lipoprotein(a); Q12W = every 12 weeks; Q24W = every 24 weeks.

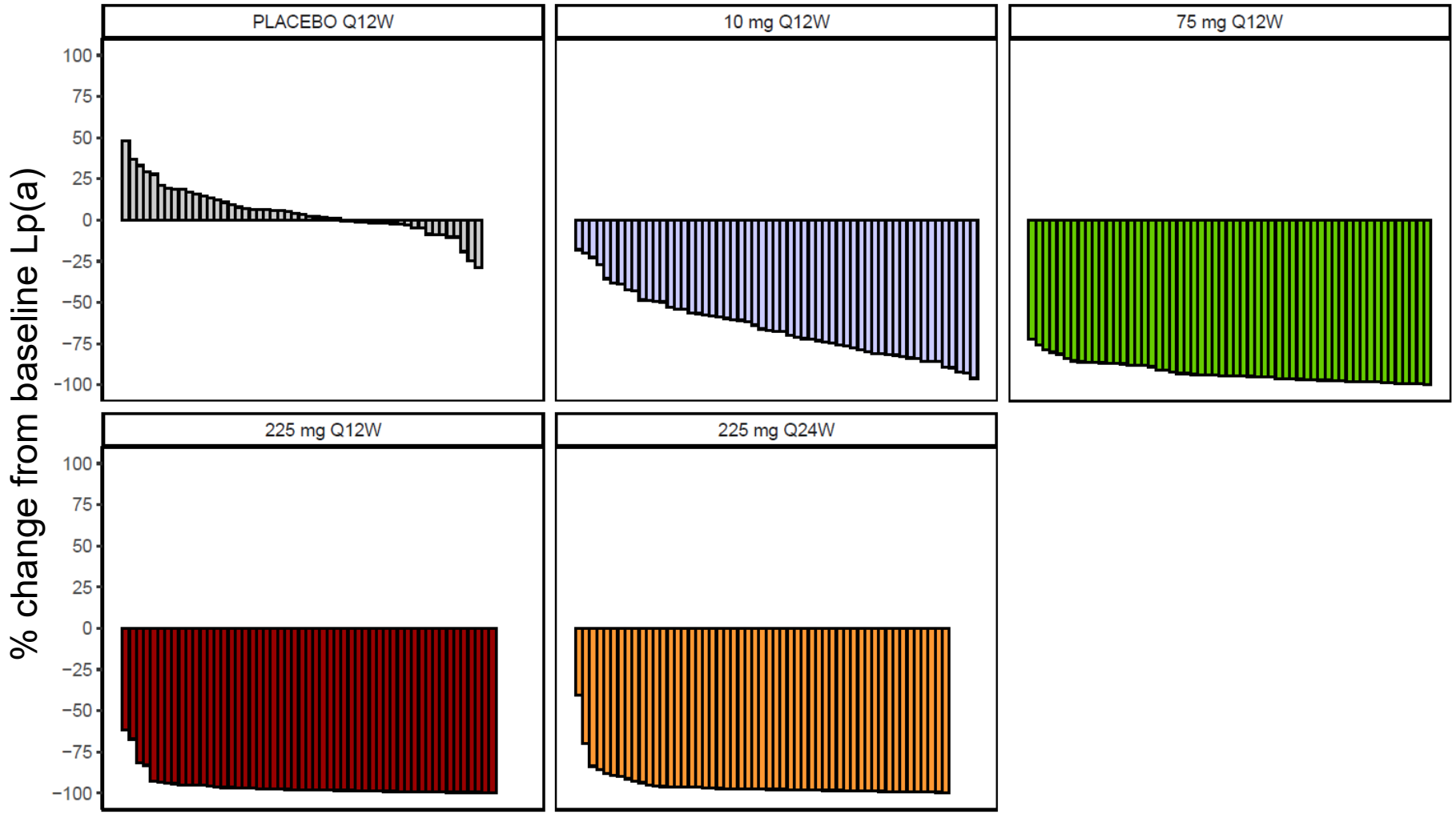
Means reported as least-square means

Primary Endpoint: % Change in Lp(a) at 36 weeks



Lp(a)= Lipoprotein(a); Q12W = every 12 weeks; Q24W = every 24 weeks.

Interindividual Variability in Lp(a) Response at Week 36



Lp(a)= Lipoprotein(a); Q12W = every 12 weeks; Q24W = every 24 weeks.

Safety & Tolerability

	Olpasiran 10 mg Q12W SC (N=58)	Olpasiran 75 mg Q12W SC (N=58)	Olpasiran 225 mg Q12W SC (N=56)	Olpasiran 225 mg Q24W SC (N=55)	Placebo Q12W SC (N=54)
Treatment Emergent Adverse Events	78%	79%	84%	85%	83%
Serious adverse events	5.2%	5.2%	11%	7.3%	15%
Reported as related to study drug	12%	22%	29%	25%	20%
Leading to discontinuation of study drug	1.7%	1.7%	1.8%	1.8%	1.9%
Myalgia	5.2%	1.7%	7.1%	7.3%	7.4%
Liver-related adverse events	1.7%	3.4%	1.8%	1.8%	3.7%
Hyperglycemia, new-onset or worsening diabetes mellitus	8.6%	5.2%	8.9%	5.5%	5.6%
Injection site reactions*	5.2%	19%	21%	24%	11%
Hypersensitivity reactions**	1.7%	6.9%	5.4%	9.1%	1.9%

*Injection site reactions were generally mild

**Hypersensitivity reactions were generally described as mild injection site pain

Q12W = every 12 weeks; Q24W = every 24 weeks.

Conclusions

- Lp(a) is associated with atherosclerotic cardiovascular disease risk independent of traditional risk factors[1]
- Olpasiran, an siRNA, dosed 75 mg or higher every 12 weeks, reduces Lp(a) concentration by more than 95% in patients with established atherosclerotic cardiovascular disease.
- Olpasiran appears both safe and well-tolerated in this study.
- These findings set the foundation for Phase 3 testing scheduled to commence later this year (NCT05581303).

siRNA = small interfering ribonucleic acid; Lp(a)= Lipoprotein(a).

[1]Patel et al., *Arterioscler Thromb Vasc Biol* 2021;41:465-474.

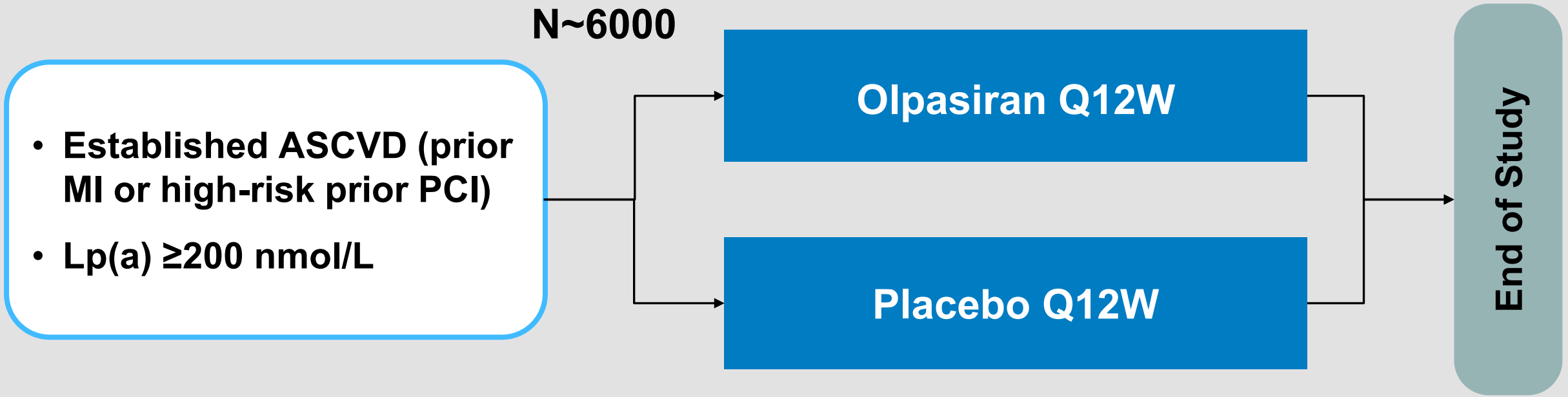
The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Small Interfering RNA to Reduce Lipoprotein(a) in Cardiovascular Disease

Michelle L. O'Donoghue, M.D., M.P.H., Robert S. Rosenson, M.D., Baris Gencer, M.D., J. Antonio G. López, M.D., Norman E. Lepor, M.D., Seth J. Baum, M.D., Elmer Stout, M.D., Daniel Gaudet, M.D., Ph.D., Beat Knusel, Ph.D., Julia F. Kuder, M.A., Xinhui Ran, M.S., Sabina A. Murphy, M.P.H., Huei Wang, Ph.D., You Wu, Ph.D., Helina Kassahun, M.D., and Marc S. Sabatine, M.D., M.P.H., for the OCEAN(a)-DOSE Trial Investigators*

PHASE 3 CARDIOVASCULAR OUTCOMES TRIAL SCHEMA



Primary endpoint: time to first CHD, MI or urgent revascularization

Estimated study start in December 2022

ASCVD = atherosclerotic cardiovascular disease; PCI = percutaneous coronary intervention ; Lp(a)= Lipoprotein(a); Q12W = every 12 weeks; CHD = coronary heart disease; MI = myocardial infarction.

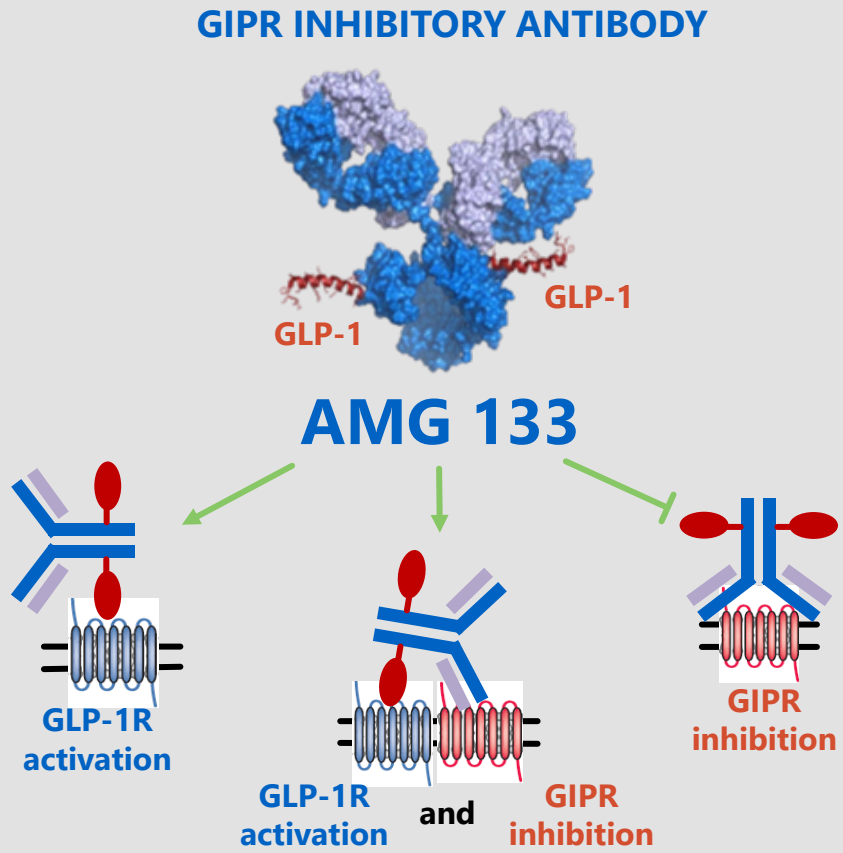
AMG 133 PROGRAM UPDATE

NARIMON HONARPOUR

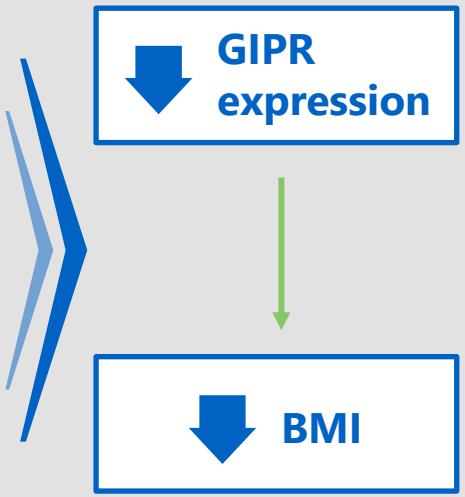
VICE PRESIDENT CLINICAL DEVELOPMENT

AMGEN®

AMG 133, A FIRST-IN-CLASS ANTIBODY-PEPTIDE CONJUGATE TARGETING OBESITY



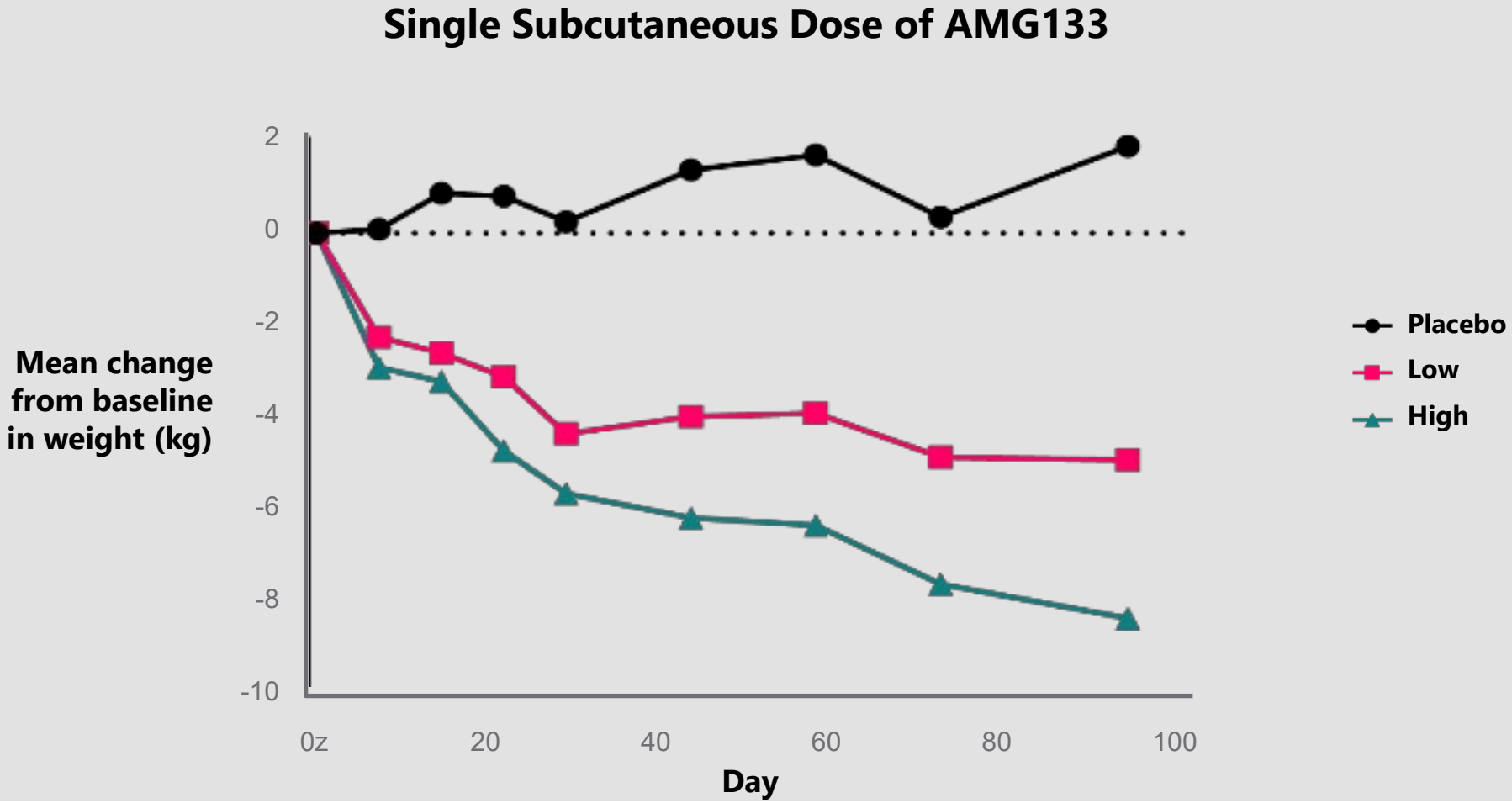
STUDY POPULATIONS OF GIPR VARIANTS
Japanese Genome-wide association study[1]
European Genome-wide association study[2,3]
Whole exome sequencing in UK-Biobank and N. America[4]



GIPR= Gastric Inhibitory Polypeptide Receptor; GLP-1= Glucagon-like peptide-1; GLP-1R= Glucagon-like peptide-1 receptor

GIPR= Gastric Inhibitory Polypeptide Receptor; BMI= body mass index
1. Nature Genetics 2012; 44 (3):302-6
2. Nature Genetics 2010; 42 (11):937-48 (deCODE is collaborator)
3. Nature Genetics 2013; 45 (5):501-12 (deCODE is collaborator)
4. Science 2021; 373 (6550)

AMG 133 HAS DEMONSTRATED EARLY CLINICAL EFFICACY IN OBESE PATIENTS



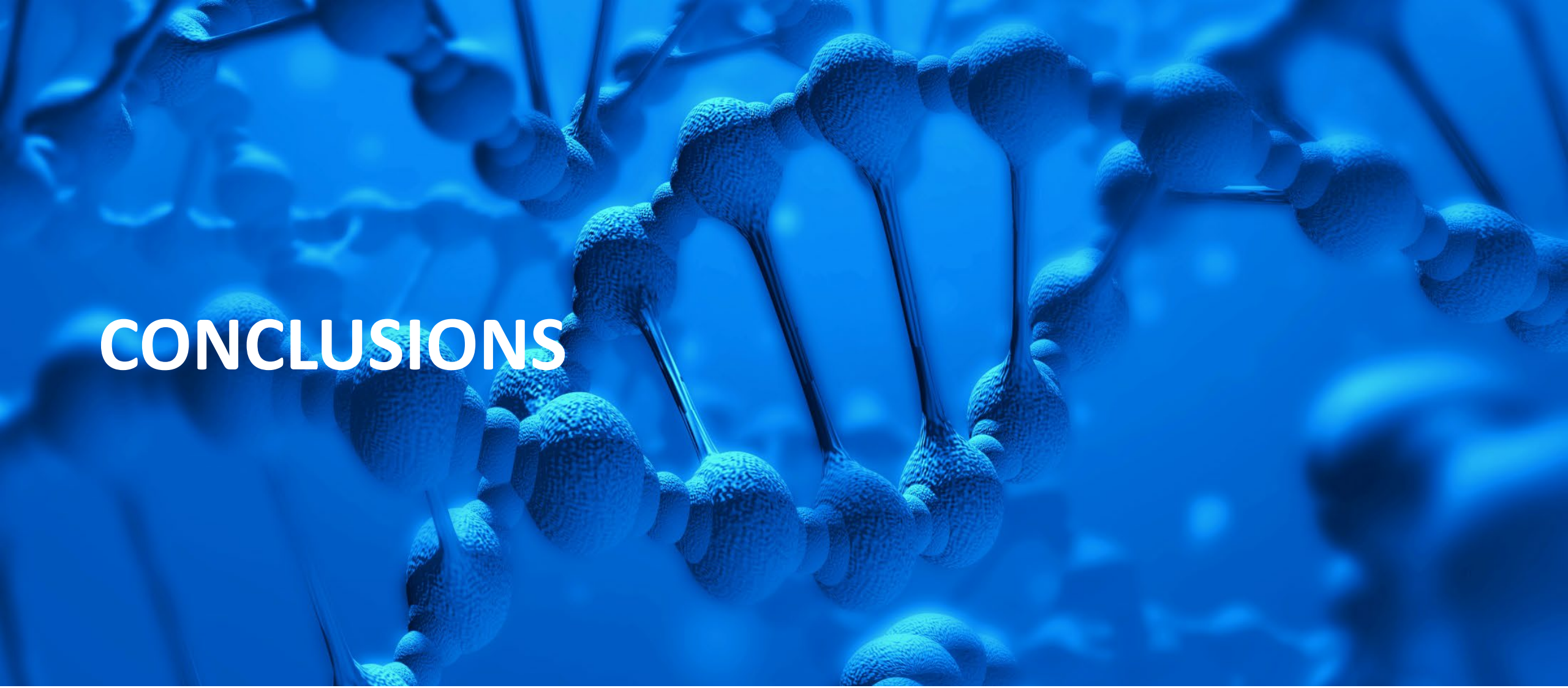
kg= kilogram
Data source: Amgen internal data

SINCE OUR UPDATE IN FEBRUARY, WE'VE CONTINUED TO PROGRESS AMG 133 IN PHASE 1

- **Completed single ascending dose and multiple ascending dose cohorts**
  - **Dosed Q4W, subcutaneously.**
- **Dose-dependent reductions in mean body weight from baseline.**
  - **Multi-dose mean percent change in BW by day 85: -7.19% (low dose) to -14.52% (high dose) in AMG 133-treated vs 1.49% in placebo.**
  - **Total of three doses, each 4 weeks apart.**
  - **Plateau on weight reduction not observed.**
- **No notable safety concerns were identified; most TEAEs were mild and transient.**
- **The pharmacokinetics were dose-proportional with an extended half-life.**
- **Data from the initial cohorts will be presented at the 20th World Congress on Insulin Resistance, Diabetes and Cardiovascular Disease (WCIRDC) Hybrid Conference in Dec.**

Planning underway to rapidly initiate a Phase 2 trial

Q4W= every 4 weeks; BW = body weight; TEAE = treatment emergent adverse event
Data source: Amgen internal data



CONCLUSIONS

NARIMON HONARPOUR

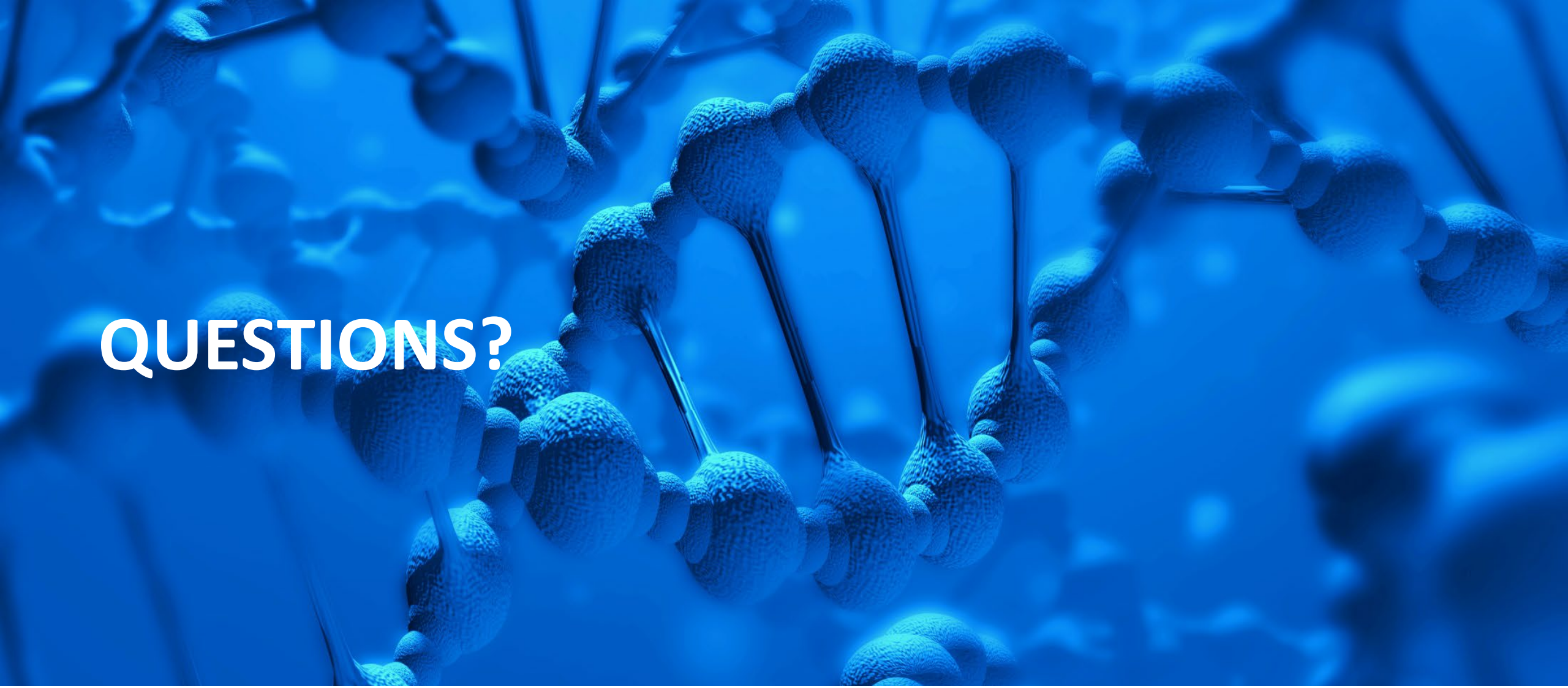
VICE PRESIDENT CLINICAL DEVELOPMENT

AMGEN®

ROBUST CARDIOMETABOLIC PORTFOLIO PROVIDES POTENTIAL LONG-TERM GROWTH OPPORTUNITIES FOR THE COMPANY

- **Portfolio strategy focuses on genetically validated drivers of risk such as PCSK9, Lp(a) and GIPR (for obesity); results are encouraging.**
- **Repatha FOURIER OLE findings argue for early initiation of a significant and sustained LDL-C reduction to maximize clinical benefit.**
- **Olpasiran treatment resulted in rapid and sustained reduction in Lp(a); plan to initiate Phase 3 in December 2022.**
- **AMG 133 demonstrated significant dose-dependent weight-loss of up to ~14.5% @ d85 in obese patients with Q4W dosing; plan to initiate Phase 2 early 2023.**

PCSK9 = proprotein convertase subtilisin/kexin type 9; Lp(a) = Lipoprotein(a); GIPR = Gastric Inhibitory Polypeptide Receptor; OLE = open label extension; LDL-C = low-density lipoprotein cholesterol; Q4W = every 4 weeks



QUESTIONS?

DAVID REESE, MD

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