Rare Disease: Amgen's Newest Therapeutic Area Pillar to Drive Long-Term Growth
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. 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 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 negatively affect our business and operations. Further, we rely on strategic relationships with third parties for research and development of certain products, and if we are not able to maintain or develop similar collaborations in the future, our business may be adversely affected. 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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Rare Disease Overview
Advancing Our Mission to Serve Patients Across Four Pillars of Growth

GENERAL MEDICINE

ONCOLOGY

INFLAMMATION

RARE DISEASE

Marketed Products

Innovative Pipeline

Biosimilars

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Rare Disease Is a Strong Strategic Fit for Amgen

<table>
<thead>
<tr>
<th>Balanced Portfolio</th>
<th>• Strengthens and balances Amgen’s portfolio of first-in-class / best-in-class innovative medicines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Capabilities</td>
<td>• Leverages Amgen’s global scale and decades of leadership in inflammation and nephrology</td>
</tr>
<tr>
<td>Scientific Capabilities</td>
<td>• Leverages Amgen’s R&amp;D and manufacturing capabilities on a portfolio still early in its lifecycle</td>
</tr>
</tbody>
</table>
| Attractive Financial Profile | • Robust combined cash flow enables sustained investment in innovation, on-schedule deleveraging, and growing dividend  
• Additive to long-term revenue growth; accretive to non-GAAP earnings in 2024 |

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Rare Disease Business Anchored by Four Highly Innovative, Early-in-Lifecycle Medicines

**TEPEZZA**
teprotumumab-trbw

**Only** thyroid eye disease (TED) treatment

**KRYSTEXXA**
pegloticase

**First and only** uncontrolled gout treatment

**UPLIZNA**
inebilizumab-cdon

**Fastest-growing biologic** in neuromyelitis optica spectrum disorder

**TAVNEOS**
(avacopan)

**Only complement inhibitor** for ANCA-associated vasculitis

INTERNATIONAL EXPANSION AND INNOVATIVE PIPELINE PROVIDE INCREMENTAL GROWTH OPPORTUNITIES

*ANCA = anti-neutrophil cytoplasmic antibody.*

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Rare Diseases Require a Different Approach

- ~10,000 rare diseases, but only 5% have approved medicines\(^1\)
- Low disease awareness and difficult to identify patients
- Challenges encountered with misdiagnosis, limited options, and insurance barriers
- Dedicated patient support needed through the duration of therapy, not just the onset
- Developing Rare Disease medicines requires unique insights

“Rare Disease is in need of new champions and prioritization to help drive progress and to radically change patients' lives. Amgen, with its history in research and fearless drive for innovation, is perfectly positioned to create meaningful impact for rare patients and their families. The work being done is critical and much needed.”

–Nicole Boice, Founder and Chief Mission Officer, Global Genes

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\(^1\) National Organization for Rare Diseases (NORD) (https://rarediseases.org/rare-diseases/). Provided February 22, 2024, as part of an oral presentation and is qualified by such; contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
Rare Disease Products Generating Strong Growth, With Opportunities to Expand in the U.S. and Internationally

1. FY’20 and H1’23 net sales based on Horizon Therapeutics, Plc. SEC filings; 2H’23 net sales information from Amgen earnings call webcasts on October 31, 2023 and February 6, 2024.
2. Based on disclosures in Amgen’s 10-K for the year ended December 31, 2023.
3. Consists of ACTIMMUNE®, BUPHENYL®, DUEXIS®, PENNSAID 2%, PROCYSBI®, QUINSAIR®, RAVICTI®, RAYOS®, and VIMOVO®.

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INNOVATIVE PIPELINE WILL ALSO BE ADDITIVE TO LONG-TERM GROWTH

<table>
<thead>
<tr>
<th></th>
<th>TEPEZZA®</th>
<th>KRYS'TEXX®</th>
<th>UPLIZNA®</th>
<th>TAVNEOS®</th>
<th>Ultra-Rare / Other</th>
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<tbody>
<tr>
<td>Pro forma net sales (USD billions)</td>
<td>$2.2</td>
<td>$3.9</td>
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</table>

2020

2023

1. FY’20 and H1’23 net sales based on Horizon Therapeutics, Plc. SEC filings; 2H’23 net sales information from Amgen earnings call webcasts on October 31, 2023 and February 6, 2024.
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Rare Disease
Patient Journey
Rare Disease Requires Specialized Skills to Help Patients Navigate the Long Journey to Diagnosis and Treatment

ON AVERAGE, ~5 YEARS AND MORE THAN 7 SPECIALISTS FOR A PATIENT TO GET AN ACCURATE DIAGNOSIS

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TEPEZZA® for Thyroid Eye Disease (TED)
Thyroid Eye Disease (TED) is an autoimmune disease that significantly impacts the quality of a patient’s life.

- TED is a rare autoimmune disease in which the eye muscles and fatty tissue behind the eye become inflamed. TED is often associated with hyperthyroidism, but it is separate and distinct from Graves disease.
- IGF-1R signaling is a key driver of TED-related symptomology.

**Proptosis (Eye Bulging)**
Inflammation and tissue expansion behind the eye causes proptosis, the most disfiguring sign of TED.

**Diplopia (Double Vision)**
TED is associated with diplopia, which is a result of misalignment of the eyes.

**Pain, Redness, and Swelling**
TED presents with highly variable signs, symptoms, and activity levels that differ from patient to patient.
TEPEZZA® Is the First and Only FDA-Approved Treatment for Thyroid Eye Disease (TED)

Updated Indication

- TEPEZZA® is indicated for the treatment of TED **regardless of activity or duration**

Mechanism of Action

- TEPEZZA® is designed to bind to IGF-1R, and block its activation and signaling
- By targeting IGF-1R, TEPEZZA® reduces inflammation and prevents muscle and fat tissue remodeling and expansion behind the eye
- Treatment administered via intravenous infusions over a total of 8 infusions
TEPEZZA® Provides Benefit in TED Patients Regardless of Disease Activity or Duration

**Phase 3 Trial in High CAS TED Patients**

- High CAS symptoms are illustrated by inflammation, pain, redness, and swelling
- Initial diagnosis < 9 months; CAS score ≥ 4
- Primarily seen by ophthalmologists and endocrinologists

**Phase 4 Trial in Low CAS TED Patients**

- Low CAS symptoms see reduced redness and swelling, but pain, proptosis, and diplopia remain
- Initial diagnosis between 2 and 10 years; CAS score < 2
- Primarily seen by ophthalmologists and endocrinologists

TED = thyroid eye disease; CAS = clinical activity score; PBO = placebo; TEP = teprotumumab. Proptosis response is defined as a reduction of ≥ 2 mm at Week 24.

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Approval in Low–Activity Thyroid Eye Disease (TED) Setting has Significantly Increased TED Addressable Patient Population

U.S. TED Patient Population

- High Clinical Activity Score (CAS)
- Low Clinical Activity Score (CAS)

ADDRESSABLE PATIENTS AT LAUNCH

~20K

CURRENT ADDRESSABLE PATIENTS

~80K

U.S. TED Market Opportunity Is Attractive

- Current TEPEZZA® penetration in high single digits
- Opportunity in low CAS patients is increasing as we broaden the prescriber base and secure reimbursement
  - Despite significant burden of TED on patients, physicians generally underestimate the quality-of-life impact

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Executing on U.S. TEPEZZA® Growth Strategy Is Driving Positive Momentum

- Educating stakeholders on new clinical data and updated indication to drive uptake across full spectrum of Thyroid Eye Disease (TED) patients
- Expanding our reach and penetration to new prescribers, including ophthalmologists and endocrinologists, to reach broader patient populations
- Continuing to generate favorable medical policies leveraging our clinical data

CONTINUING TO OPTIMIZE THE PATIENT EXPERIENCE THROUGH DEVELOPMENT OF A SUBCUTANEOUS ADMINISTRATION

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Significant Opportunity to Leverage Existing Amgen Footprint to Drive Long-Term Growth

**Japan: ~25K-35K addressable patients**
- 50/50 split between High Clinical Activity Score (CAS) and Low CAS
- Orphan Drug Designation granted in December 2023
- Filing completed January; launch expected in 2025
- Phase 3 trial in Low CAS Thyroid Eye Disease (TED) patients ongoing

**Additional international markets**
- Approved in Brazil and progressing in additional countries
- Europe: ~90K-100K patients in France, Germany, Italy, Spain, and the U.K.
  - ~1/3 and ~2/3 of patients are High CAS and Low CAS, respectively
  - EMA and U.K. filings planned in H1 2024
  - No additional clinical trials required
- Filings in Canada and Australia expected in 2024

INTERNATIONAL LAUNCHES WILL CONTRIBUTE TO GROWTH IN 2025 AND BEYOND
Subcutaneous Development Provides Opportunity for Increased Adoption and Improved Patient Experience

Current state

TEPEZZA® infusion duration currently 60–90 minutes every 3 weeks

Opportunity

Plan to initiate pivotal Phase 3 global program in H1 2024

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We Are Confident in the Growth Outlook for TEPEZZA®

- TEPEZZA® in the U.S. is early in its lifecycle and has significant growth potential given current penetration
- Strong experience partnering with providers and helping patients along the continuum of care
- Significant opportunity exists for expansion outside the U.S., which we are rapidly advancing through our existing footprint

SUBCUTANEOUS DEVELOPMENT PROVIDES OPPORTUNITY FOR INCREASED ADOPTION AND IMPROVED PATIENT EXPERIENCE

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KRYSTEXXA®
for Uncontrolled Gout
Uncontrolled Gout Is a Systemic Disease That Is Unresponsive to Conventional Therapies

• Gout is the most common inflammatory arthritis\(^1\)
• Uncontrolled gout is a systemic disease that is unresponsive to conventional therapies and can affect bones, joints, and organs
• Characterized by multiple comorbidities, including chronic kidney disease and hypertension
• Buildup of uric acid crystals in many areas of the body
• Principle characteristics include elevated sUA levels, acute gout flares, and possible tophi

sUA = Serum uric acid

1. Zhu Y, Pandya BJ, Choi HK. Provided February 22, 2024, as part of an oral presentation and is qualified by such, contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
KRYSTEXXA® Is a Pegylated Uricase Enzyme That Depletes Serum Uric Acid to Treat Uncontrolled Gout

• KRYSTEXXA® converts urate, the source of uric acid crystals, into a water-soluble substance, allantoin

  ◦ Current oral urate-lowering therapies target patients’ serum uric acid levels by addressing the overproduction or underexcretion of uric acid, whereas the body can rapidly and easily eliminate nearly all allantoin

• Renal excretion of allantoin is up to 10x more efficient than excretion of uric acid¹

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KRYSTEXXA® Significantly Lowers Uric Acid Levels, Dissolves Years of Gout Buildup, and Rapidly Reverses Progression

DECT = Dual-energy computed tomography.

1. Sundy JS, Baraf HS, Yood RA, et al. Efficacy and Tolerability of Pegloticase for the Treatment of Chronic Gout in Patients. Provided February 22, 2024, as part of an oral presentation and is qualified by such; contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
Significant Unmet Need in Uncontrolled Gout

- > 100K addressable uncontrolled gout patients in the U.S.
- Annual penetration of ~6%
- Primarily being seen by rheumatologists and nephrologists

2. Approximate number of patients in our annual addressable target market in rheumatology and nephrology; Amgen estimate.
3. Source: Amgen-sponsored market research.

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Executing on KRYSTEXXA® Growth Strategy

• Accelerate the urgency to treat uncontrolled gout

• Redefine KRYSTEXXA® with immunomodulation therapy as the standard of care

• Drive healthcare professional and patient conviction in KRYSTEXXA® as the treatment of choice

• Improve patient experience and perceived burden of treatment through current and future activities
  ◦ Improve perceived burden of treatment with a focus on shorter and less-frequent infusions
  ◦ Evaluate shorter infusion duration and monthly dosing through two Phase 4 clinical studies
UPLIZNA® for Neuromyelitis Optica Spectrum Disorder (NMOSD)
Neuromyelitis Optica Spectrum Disorder (NMOSD) Can Lead to Permanent Disability From Blindness and Paralysis

WHAT IS NMOSD?

• NMOSD is an autoimmune, inflammatory disease of the central nervous system
• Attacks the optic nerve and the spinal cord and can also affect the brain and brainstem
• Can be severe, rare, and relapsing
• Attacks result in accumulation of neurological damage and can result in blindness, paralysis, and death

NMOSD CAN LEAD TO INFLAMMATION OF THE

- Optic Nerve (Optic Neuritis)
- Spinal Cord (Myelitis)
- Brain/Brain Stem

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UPLIZNA® Is an Anti-CD19, Humanized Monoclonal Antibody

- CD19 targeted B-cell depleter with potential in multiple autoimmune diseases
  - Depletes a broad array of B-cells, including plasmablasts and certain plasma cells that anti-CD20 therapies do not target
- Provides targeted, rapid, and sustained CD19+ B-cell depletion
- Convenient 6-month dosing interval minimizes patient impact and enables long-term adherence

CD = cluster of differentiation; NK = natural killer.
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UPLIZNA® Is the Fastest Growing Biologic in Neuromyelitis Optica Spectrum Disorder (NMOSD)¹

- **U.S.: Approved June 2020**
  - ~10K U.S. NMOSD patients; ~8K AQP4+ and are appropriate for UPLIZNA®²
  - Drive awareness and understanding of the comprehensive benefits and differentiated clinical profile of UPLIZNA®
  - Drive patient initiation and adherence; cultivate a positive patient experience

- **Europe: Approved April 2022 (~8K–10K addressable patients)**
  - Accelerate adoption in EU-4 (France, Germany, Italy, Spain) and launch into remaining parts of Europe

- **Brazil: Approved December 2022 (Brazil’s patient population is similar in size to the U.S. or Europe alone)**
  - Rollout of diagnostic programs and engagement with patient advocacy groups to address the high unmet need

- **Canada: Approved January 2024**

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1. Year-to-date by market share
2. Source: Amgen sponsored market research

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IgG4-Related Disease Is Chronic and Debilitating; Phase 3 Topline Data Expected in H2 2024

Characteristics and Symptoms

- Chronic, debilitating rare disease characterized by tumor-like inflammatory and fibrotic mass formation in affected organs
  - Affects mostly men (75%)
  - Specific symptoms depend on which organs are affected; multiple organ involvement is typical
  - Major causes for mortality include liver cirrhosis, portal hypertension, retroperitoneal fibrosis, etc.
- U.S. prevalence: ~20K-40K; large variance due to limited epidemiology data
- Significant unmet need; potential to be first FDA-approved therapy

IgG4-Related Disease Is Caused by Multiple Mechanisms of B-Cell Dysfunction

IgG4-RD = Immunoglobulin G4-related disease; FDA = U.S. Food and Drug Administration.
1. Source: Amgen sponsored market research.

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Phase 3 Trial Design Aims to Reduce gMG-Related Disability in Two Different Patient Populations

- gMG is a chronic, rare autoimmune neuromuscular disorder
  - Two main types of gMG: AChR+ and MuSK+
- Symptoms include weakness in voluntary muscles, especially those that control the eyes, mouth, throat, and limbs
- Prevalence: ~55K in the U.S.¹
- UPLIZNA® provides potential for differentiation based on unique MOA and convenient, predictable 6-month dosing
- Phase 3 topline data expected in H2 2024

Common gMG Symptom: Drooping Eyelids (Ptosis)

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¹ Source: Amgen sponsored market research. Provided February 22, 2024, as part of an oral presentation and is qualified by such; contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
We Are Driving UPLIZNA® Growth, With Significant Upside Potential in New Indications

- Uptake driven by patients naïve to biologics, as well as patients switching from competitive biologic therapies
- Drive awareness and understanding of the comprehensive benefits and differentiated clinical profile of UPLIZNA®
- Drive patient initiation and adherence; cultivate a positive patient experience
- Expand internationally, including into Brazil and Europe
- Expansion into IgG4-RD and gMG, with Phase 3 data readouts in H2 2024

IgG4-RD = Immunoglobulin G4-related disease; gMG = generalized myasthenia gravis.
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ANCA-Associated Vasculitis Is a Chronic and Progressive Autoimmune Disease that Destroys Vasculature Throughout the Body¹–⁶

ANCA = anti-neutrophil cytoplasmic antibody; GBM = glomerular basement membrane.


ANCA-associated small vessel vasculitis
- Granulomatosis with polyangiitis (GPA)
- Microscopic polyangiitis (MPA)
- Eosinophilic granulomatosis with polyangiitis (EGPA)

Figure adapted with permission from Jennette JC, et al.⁴

Images used with permission from Kitching AR et al.³ and Simion MS et al.⁶

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TAVNEOS® Selectively Antagonizes C5aR and Is Designed to End the Vicious Inflammatory Amplification Loop

- Blocks neutrophil activation and migration
- Selective inhibition of C5aR leaves the beneficial C5a pathway through the C5L2 receptor functioning normally
- Is believed to not block C5b-9 production; MAC complex remains intact for host defense mechanisms
- Is thought to not interfere with the “upstream” components of the complement cascade

The precise mechanism by which avacopan exerts a therapeutic effect in patients with ANCA-associated vasculitis has not been definitively established.

C5aR = C5a receptor; C5a = complement component 5a; C5L2 = transmembrane domain receptor for complement fragment C5a; C5b-9 = complement component C5b-9; MAC = complement membrane attack complex; ANCA = anti-neutrophil cytoplasmic antibody; C3 = complement component C3; FB, FD, properdin = factor B, factor D, and properdin; FH = complement factor H; C3a = complement component C3a; C3b = complement component C3b; C5 = complement component C5; C5b = complement component C5b; C6, C7, C8, C9 = complement components C6, C7, C8, and C9; C5b-9 MAC = C5b-9 membrane attack complex.

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TAVNEOS® Regimen Reduced the Risk of Relapse of ANCA-associated Vasculitis by Half Compared to Standard Therapy\(^1\)

Time to Relapse\(^1\)

Estimated relapse risk reduction demonstrated by the TAVNEOS® regimen vs standard therapy\(^1\)

Relapse is defined as the occurrence of remission (BVAS of 0) had been achieved:\(^1\)
- ≥ 1 major item in the BVAS, or
- ≥ 3 minor items in the BVAS, or
- 1-2 minor items in the BVAS recorded at ≥ 2 consecutive visits

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<tr>
<th>Days to Relapse</th>
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<th>Standard Therapy arm</th>
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Figure adapted from Jayne DRW, et al.\(^1\)

ANCA = anti-neutrophil cytoplasmic antibody; BVAS = Birmingham Vasculitis Activity Score.


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Opportunity to Leverage Amgen Leadership in Rheumatology and Nephrology to Drive Growth

• TAVNEOS® is a first-in-class treatment option for patients with severe active disease or relapses of ANCA-associated vasculitis
• Establish TAVNEOS® as the standard of care in severe active GPA and MPA
• Educate stakeholders on data supporting use for patients experiencing new, relapsing, or persistent disease activity
  ◦ Continued real-world evidence generation
  ◦ Using data and AI to locate patients to enable outreach to providers

IN THE U.S., APPROXIMATELY 2,700 PATIENTS HAVE NOW BEEN TREATED WITH TAVNEOS®

ANCA = anti-neutrophil cytoplasmic antibody; GPA = granulomatosis with polyangiitis; MPA = microscopic polyangiitis; AI = artificial intelligence.
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We Are Driving Growth Across Our Rare Disease Portfolio

Expand to a broader range of eligible Thyroid Eye Disease (TED) patients, broaden and deepen the prescriber base, generate favorable policy changes, optimize patient experience, and expand internationally

Accelerate the urgency to treat, drive healthcare provider and patient conviction as the treatment of choice, and improve patient experience

Serve more patients with NMOSD in the U.S. and around the world through the differentiated mechanism of action and patient-friendly dosing regimen; Phase 3 data readouts in IgG4-RD and gMG in H2 2024

Establish TAVNEOS® as the standard of care in severe active GPA and MPA, supporting its use as an adjunct therapy for patients experiencing new, relapsing, or persistent disease activity

OUR RARE DISEASE PIPELINE DELIVERS LONG-TERM GROWTH THROUGH ADVANCEMENT OF MID- AND LATE-STAGE CLINICAL PROGRAMS

NMOSD = neuromyelitis optica spectrum disorder; IgG4-RD = immunoglobulin G4-related disease; gMG = generalized myasthenia gravis; GPA = granulomatosis with polyangiitis; MPA = microscopic polyangiitis.

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Pipeline
Advancing Rare Disease R&D Through Amgen’s Human Data Platforms and Capabilities

Center for Observational Research

Advanced data & analytic capability enables robust RWE generation

- Characterize disease and unmet need with SOC
  - Natural history studies
  - RWE cohorts to enable single-arm registrations
- Patient identification and outcome prediction
- Evaluate benefit/risks of therapeutic intervention

Real-World Data Platform (350+M)

EHR
Claims
Biobank
Biomarkers
Images
Registries
Synthetic

Population-scale datasets enable enhanced understanding of rare disease

- 3.2M genotyped individuals
- 800K whole genome sequences
- 16 populations

deCODE has broad applicability

- Understand disease biology
- Target validation
- Protein biomarkers
- Determine likelihood of adverse events
- Broaden the indication to common diseases

R&D = Research and Development; RWE = real-world evidence; SOC = standard of care; EHR = electronic health records.
Provided February 22, 2024, as part of an oral presentation and is qualified by such; contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
THE INCIDENCE OF ADVERSE RENAL OUTCOMES IS COMMON AMONG PATIENTS WITH GPA OR MPA

GPA = granulomatosis with polyangiitis; MPA = microscopic polyangiitis; CKD = chronic kidney disease; ESRD = end-stage renal disease.

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Multiple Innovative Pipeline Programs With Potential to Reach Additional Patients With High Unmet Need

<table>
<thead>
<tr>
<th>Medicine/Candidate</th>
<th>Program/Potential Indication</th>
<th>Preclinical</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
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<tbody>
<tr>
<td>TEPEZZA®</td>
<td>Chronic/Low CAS Thyroid Eye Disease (TED) in Japan</td>
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<td></td>
<td>Subcutaneous Administration¹</td>
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<td>UPLIZNA®</td>
<td>Generalized Myasthenia Gravis (gMG)</td>
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<td>IgG4-Related Disease (IgG4-RD)</td>
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<td>Dazodalibep</td>
<td>Sjögren’s Disease¹</td>
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<tr>
<td>Daxdilimab</td>
<td>Discoid Lupus Erythematous (DLE)</td>
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<td></td>
<td>Dermatomyositis (DM) and Anti-Synthetase Inflammatory Myositis (ASIM)</td>
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<tr>
<td>Fipaxalparant</td>
<td>Diffuse Cutaneous Systemic Sclerosis (dcSSc)</td>
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<tr>
<td></td>
<td>Idiopathic Pulmonary Fibrosis (IPF)</td>
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<tr>
<td>AMG 329</td>
<td>Sjögren’s Disease¹</td>
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</tbody>
</table>

TWO ADDITIONAL PHASE 4 PROGRAMS: KRYSTEXXA® SHORTER INFUSION DURATION AND KRYSTEXXA® MONTHLY DOSING

CAS = clinical activity score.
1. Planned programs; to initiate 1H 24
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Sjögren’s Disease Is a Chronic, Systemic Autoimmune Disease Affecting Exocrine Glands With Overactive CD40-CD40L Pathway

- Attacks exocrine glands; severe cases involve multiple organ systems
- Symptoms include dry eyes and mouth, arthritis, and kidney or lung dysfunction
- CD40/CD40L overexpression observed at sites of inflammation and in circulation
- Prevalence: ~250K-350K patients in the U.S.; OUS prevalence similar in size as U.S.¹
- No FDA-approved disease modifying treatments

CD40 = cluster of differentiation 40; CD40L = cluster of differentiation 40 ligand; OUS = Defined as prevalence for France, Germany, Italy, Spain, UK and Japan; FDA = Federal Drug Administration.

¹. Maciel G, et al. (2017) Provided February 22, 2024, as part of an oral presentation and is qualified by such; contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
Dazodalibep Is a CD40L Antagonist in Phase 3 Development for Sjögren’s Disease

- Dazodalibep is a next-generation CD40L antagonist that blocks the CD40 pathway and undesired immune responses

- CD40L drives inflammation through CD40R which is expressed on the salivary gland, spleen, kidney, joint, gut, and skin

- The CD40/CD40L pathway is implicated in Sjögren’s disease and other autoimmune diseases
Dazodalibep Demonstrated Statistically Significant Improvement in Sjögren’s Disease in a Phase 2 Study

Population 1: Systemic Sjögren’s Moderate-to-High Systemic Disease Activity (ESSDAI ≥ 5)

Population 2: Symptomatic Sjögren’s Moderate-to-Severe Patient-Reported Symptoms (ESSPRI ≥ 5, ESSDAI < 5)

ESSDAI = EULAR Sjogren’s Syndrome Disease Activity Index; ESSPRI = EULAR Sjogren’s Syndrome Patient Reported Index.

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Idiopathic Pulmonary Fibrosis and Diffuse Cutaneous Systemic Sclerosis Are Fibrotic Diseases With Significant Unmet Need

**Idiopathic Pulmonary Fibrosis (IPF)**
- Non-systemic interstitial lung disease of unknown cause, associated with interstitial pneumonia
- Prevalence: ~75k–100K patients in the U.S.¹
- Significant mortality rate with a 2- to 5-year mean survival post diagnosis

**Diffuse Cutaneous Systemic Sclerosis (dcSSc)**
- Rare, chronic, autoimmune disease marked by fibrosis or skin thickening
- Rapidly progressive fibrosis of internal organs
- Prevalence: ~35K patients in the U.S.¹
- No FDA-approved disease modifying treatments; one of the most fatal rheumatologic diseases

¹ Bergamasco, Aurore et al. 2019 Prevalence from Epidemiology Assumptions Presentation; FDA = U.S. Food and Drug Administration. Provided February 22, 2024, as part of an oral presentation and is qualified by such; contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
Fipaxalparant Is an LPAR1 Antagonist in Phase 2 Development for IPF and dcSSc

- Fipaxalparant is a small molecule designed to block dysregulated LPA signaling via LPAR1
- LPA is a bioactive molecule that works through several receptors (LPAR) on cells
- Dysregulated signaling via LPAR1 can cause leaky blood vessels, inflammation, and fibrosis, leading to many fibrotic diseases
- In Phase 2 development for:
  - Idiopathic pulmonary fibrosis; data readout H2 2024
  - Diffuse cutaneous systemic sclerosis

LPAR1 = Lysophosphatidic acid receptor 1; LPA = lysophosphatidic acid; LPAR = Lysophosphatidic acid receptor; IPF = idiopathic pulmonary fibrosis; dcSSc = diffuse cutaneous systemic sclerosis. Provided February 22, 2024, as part of an oral presentation and is qualified by such; contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
## Severe Autoimmune Diseases With Significant Unmet Need

### Primary Discoid Lupus Erythematosus
- A chronic, inflammatory skin condition categorized by plaques that develop into permanent atrophic disfiguring scars and alopecia
- Largest segment within cutaneous lupus
- Prevalence: < 40k patients in the U.S.\(^1\)
- No FDA approved, highly effective treatments

### Dermatomyositis & Anti-Synthetase Inflammatory Myositis
- Debilitating autoimmune inflammatory diseases
  - Muscle manifestation: muscle weakness, dysphagia, dysphonia
  - Skin manifestation: papules, plaques, red or purple rash on skin, calcium deposits under skin
  - Systemic manifestations: cardiovascular, respiratory, and endocrine
- Prevalence: ~ 40k patients in the U.S.\(^2\)
- Need for new therapies that can target underlying disease

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Note: CLASI-A: Cutaneous lupus erythematosus disease area and severity index-activity
FDA = U.S. Food and Drug Administration.
1. Lambley, Peter et al. 2019
2. Kronzer, Vanessa L et al. 2023
Provided February 22, 2024, as part of an oral presentation and is qualified by such, contains forward-looking statements, actual results may vary materially; Amgen disclaims any duty to update.
Daxdilimab Is a First-in-Class, Plasmacytoid Dendritic Cell Depleter in Phase 2 Development for Primary DLE, DM, and ASIM

- Daxdilimab depletes plasmacytoid dendritic cells

- Plasmacytoid dendritic cells:
  - Present in high numbers
  - Constantly activated in autoimmunity
  - Secrete large amounts of type I interferons
  - Depletion (via targeting ILT7) reduces type I interferon production (and potentially other cytokines and chemokines), controlling inflammation

- In Phase 2 development for:
  - Primary discoid lupus erythematosus
  - Dermatomyositis and anti-synthetase inflammatory myositis

ILT7 = immunoglobulin-like transcript 7; DLE = discoid lupus erythematosus; DM = dermatomyositis; ASIM = anti-synthetase inflammatory myositis; NK = natural killer.

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CONCLUSION
Rare Disease: Amgen's Newest Therapeutic Area
Pillar to Drive Long-Term Growth

• Rare Disease establishes a fourth pillar of growth
• Leverages Amgen's decades of experience and leadership in inflammation, world-class manufacturing and process development, and our extensive global footprint and presence
• Additive to long-term revenue growth; accretive in 2024 to non-GAAP earnings per share
• Strong pipeline of in-line and innovative clinical programs to treat rare diseases that will also be additive to long-term growth

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Q&A