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November 6, 2012

Amgen Investor Event
2012 AHA Scientific Sessions

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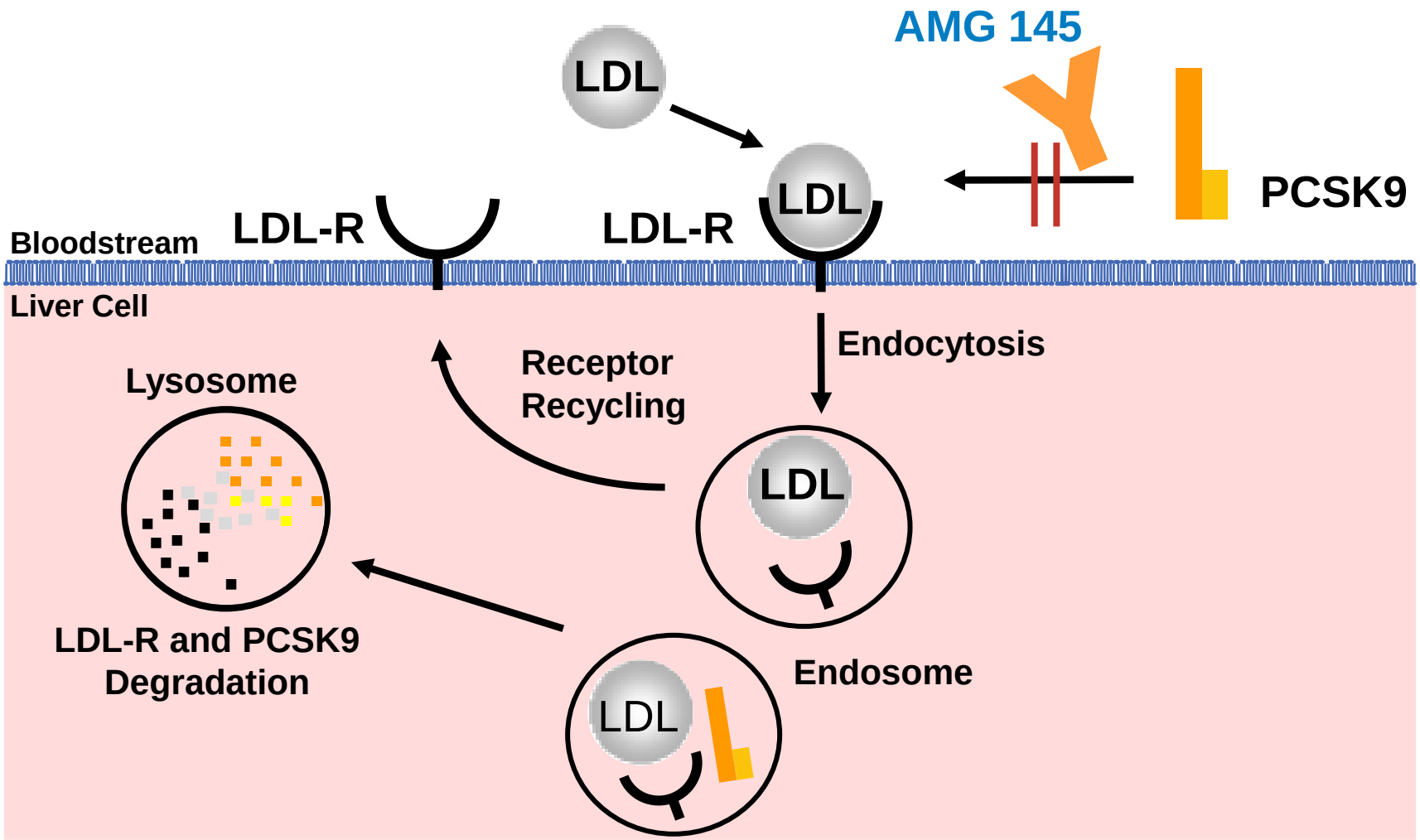
AMG 145 Inhibits PCSK9 and Increases LDL Receptor Expression



LDL = low-density lipoprotein; LDL-R = LDL receptor

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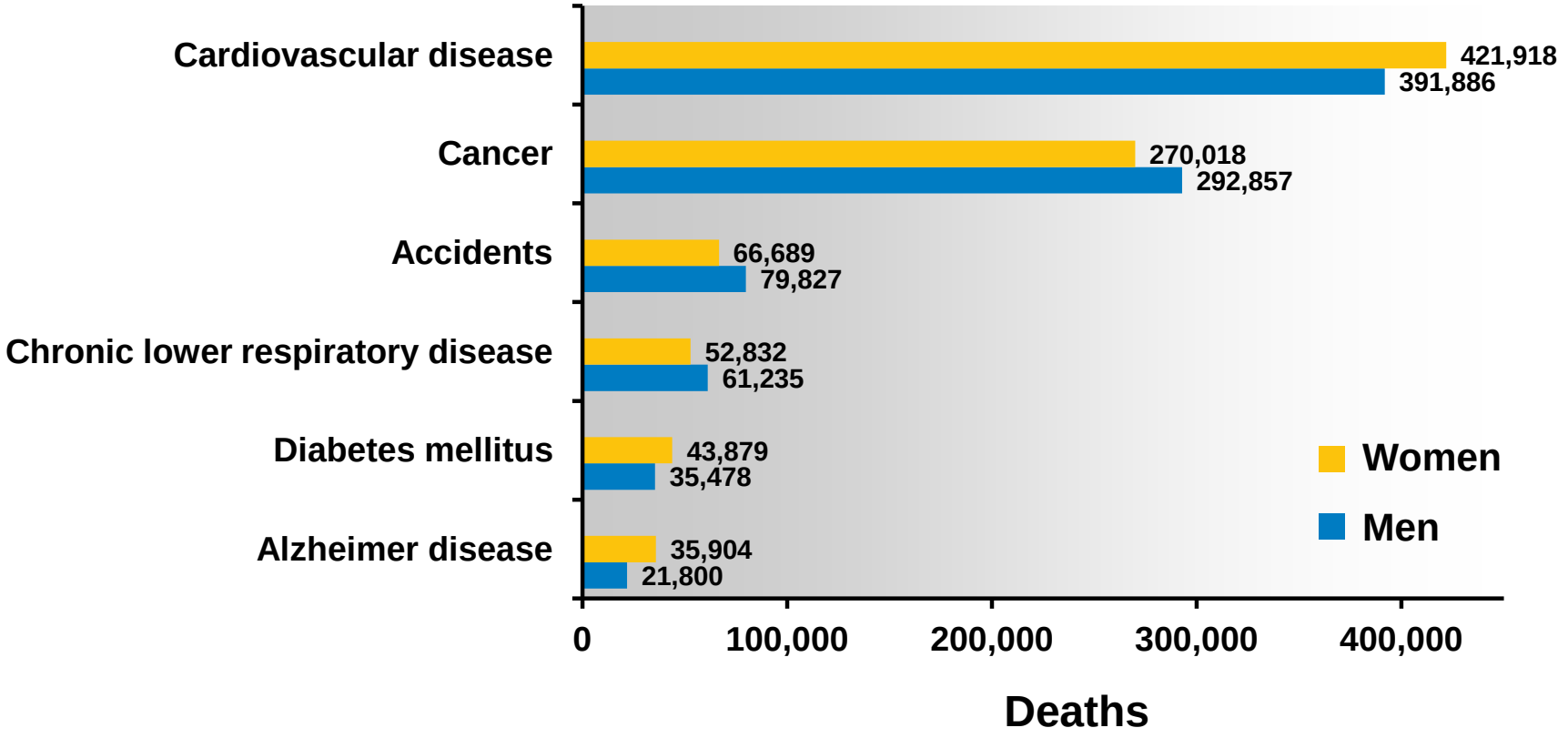
Cardiovascular Disease Is the Leading Cause of Death in the US

Cardiovascular disease and other major causes of death for all males and females (United States: 2007)



Circulation. 2011;123: e18-e203

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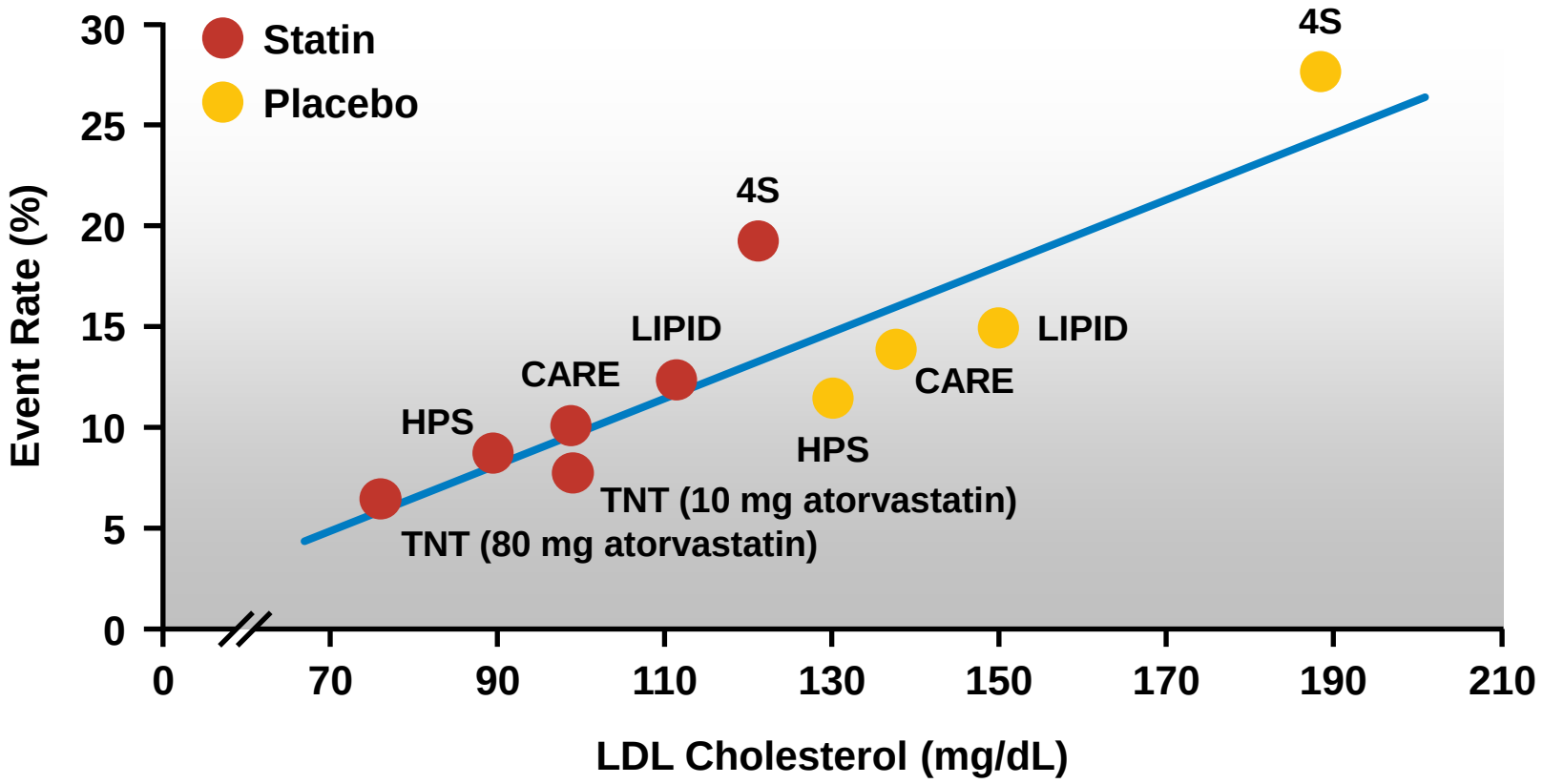
Lowering LDL Cholesterol Is a Proven Intervention to Reduce Cardiovascular Events



Every 1 mg/dL decrease in LDL-C decreases relative risk for CHD by ~1%–2%

LDL-C = LDL cholesterol; CHD = coronary heart disease

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Significant Unmet Need Remains in the Treatment of Hypercholesterolemia

- There are more than 200 million cases of dyslipidemia in the US and Europe[1]
- Two-thirds of people with dyslipidemia have elevated levels of LDL-C[1]
- In the US alone, it is estimated that hypercholesterolemia affects ~70 million adults[2]
- Of these, roughly half receive therapy, and 11 million are not adequately controlled[2]
- ~27% of treated patients do not achieve CPG LDL-C goals[3]
- Approximately two-thirds of treated high-risk patients do not achieve CPG LDL-C goals[3]

CPG = clinical practice guidelines

1. *The Lancet.* 2003;362: 717-31; 2. 2005–2008 NHANES; 3. *Circulation.* 2009;120: 28-34

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Four Key Scientific Questions in Phase 2

Question	Study	Description
What is the safety/efficacy as monotherapy?	MENDEL	Monotherapy
What is the safety/efficacy with statins?	LAPLACE-TIMI 57	Combination therapy
What is the safety/efficacy with statins in patients with LDL-R mutations?	RUTHERFORD	HeFH
What is the safety/efficacy in statin-intolerant patients?	GAUSS	Statin-intolerant

HeFH = heterozygous familial hypercholesterolemia

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AMG 145 Phase 2 Program

	Without Statins*	With Statins ± Ezetimibe
Every 2 and 4 week dosing	MENDEL (Study 20101154) Monotherapy N = 405	LAPLACE-TIMI 57 (Study 20101155) Combination therapy N = 600
Every 4 week dosing	GAUSS** (Study 20090159) Statin-intolerant N = 150	RUTHERFORD (Study 20090158) Heterozygous FH N = 150

***Include ezetimibe comparator**

****16% of subjects in GAUSS (phase 2 statin-intolerant study) were on/able to tolerate a low or atypical dose of a statin**

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Efficacy and Safety of a Fully Human Monoclonal Antibody Against PCSK9 as Monotherapy for Hypercholesterolemia: Results from the MENDEL Study, a Global Phase 2 Trial of AMG 145

Michael J. Koren[1], Rob Scott [2], Jae B. Kim[2], Beat Knusel[2], Thomas Liu[2], Lei Lei[2], Michael Bolognese[3], Scott M. Wasserman[2]

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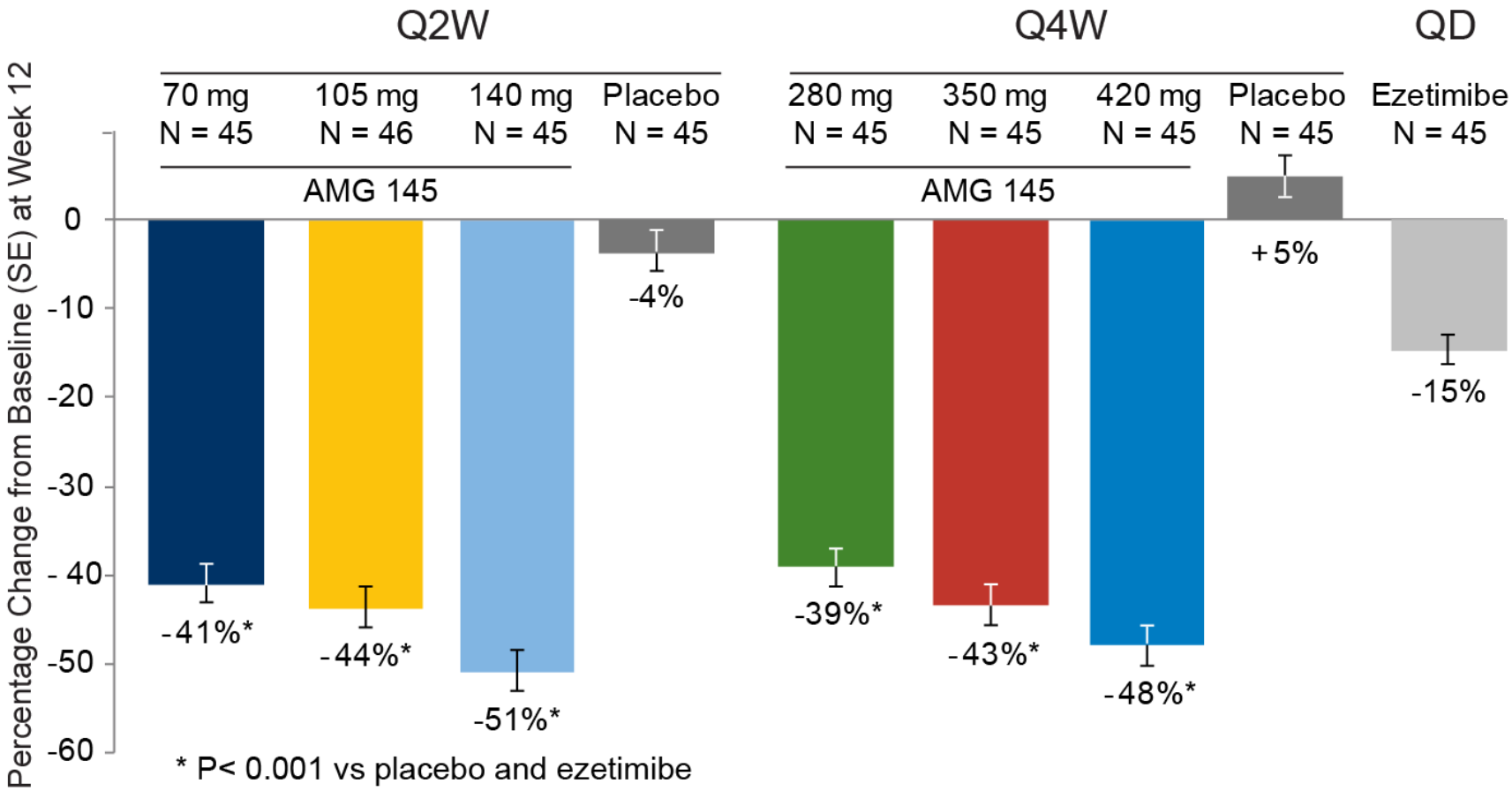
November 6, 2012, Session CS.03
American Heart Association Scientific Sessions, Los Angeles, CA

MENDEL: Effects of AMG 145 Versus Placebo and Ezetimibe on LDL-C



LDL-C values at baseline and week 12 were measured using preparative ultracentrifugation.
Q2W = every 2 weeks; Q4W = every 4 weeks; QD = daily; SE = standard error

MENDEL: Safety and Tolerability

Adverse Events, Patient Incidence, n (%)	Q2W				Q4W				Ezetimibe 10 mg QD N=45
	Placebo N=45	AMG 145 70 mg N=45	AMG 145 105 mg N=46	AMG 145 140 mg N=45	Placebo N=45	AMG 145 280 mg N=45	AMG 145 350 mg N=45	AMG 145 420 mg N=45	
Treatment-emergent AEs	19 (42)	24 (53)	22 (48)	26 (58)	22 (49)	22 (49)	23 (51)	19 (42)	26 (58)
Serious AEs	0 (0)	0 (0)	1 (2.2)	1 (2.2)	0 (0)	0 (0.0)	1 (2.2)	0 (0)	0 (0)
Deaths	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Treatment-related AEs	3 (7)	4 (9)	7 (15)	9 (20)	5 (11)	5 (11)	4 (9)	2 (4)	3 (7)
Most common AEs									
Upper respiratory tract infection	5 (11)	3 (7)	2 (4)	2 (4)	2 (4)	3 (7)	3 (7)	4 (9)	5 (11)
Back pain	0 (0)	1 (2)	1 (2)	2 (4)	4 (9)	1 (2)	1 (2)	3 (7)	1 (2)
Diarrhea	0 (0)	2 (4)	0 (0)	2 (4)	3 (7)	0 (0)	3 (7)	3 (7)	1 (2)
AEs leading to discontinuation	1 (2)	0 (0)	0 (0)	0 (0)	1 (2)	0 (0)	0 (0)	0 (0)	0 (0)
Adjudicated muscle-related AEs	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Injection-site reactions	1 (2)	1 (2)	6 (13)	2 (4)	3 (7)	3 (7)	3 (7)	0 (0)	0 (0)

AE = Adverse event
Some patients experienced more than 1 AE.

LAPLACE-TIMI 57 Primary Results

A Double-blind, Randomized, Placebo-controlled, Dose-ranging Study to Evaluate the Efficacy, Safety, and Tolerability of a Monoclonal Antibody to PCSK9 in Combination with a Statin in Patients with Hypercholesterolemia

Robert P. Giugliano, MD, SM, FAHA, FACC

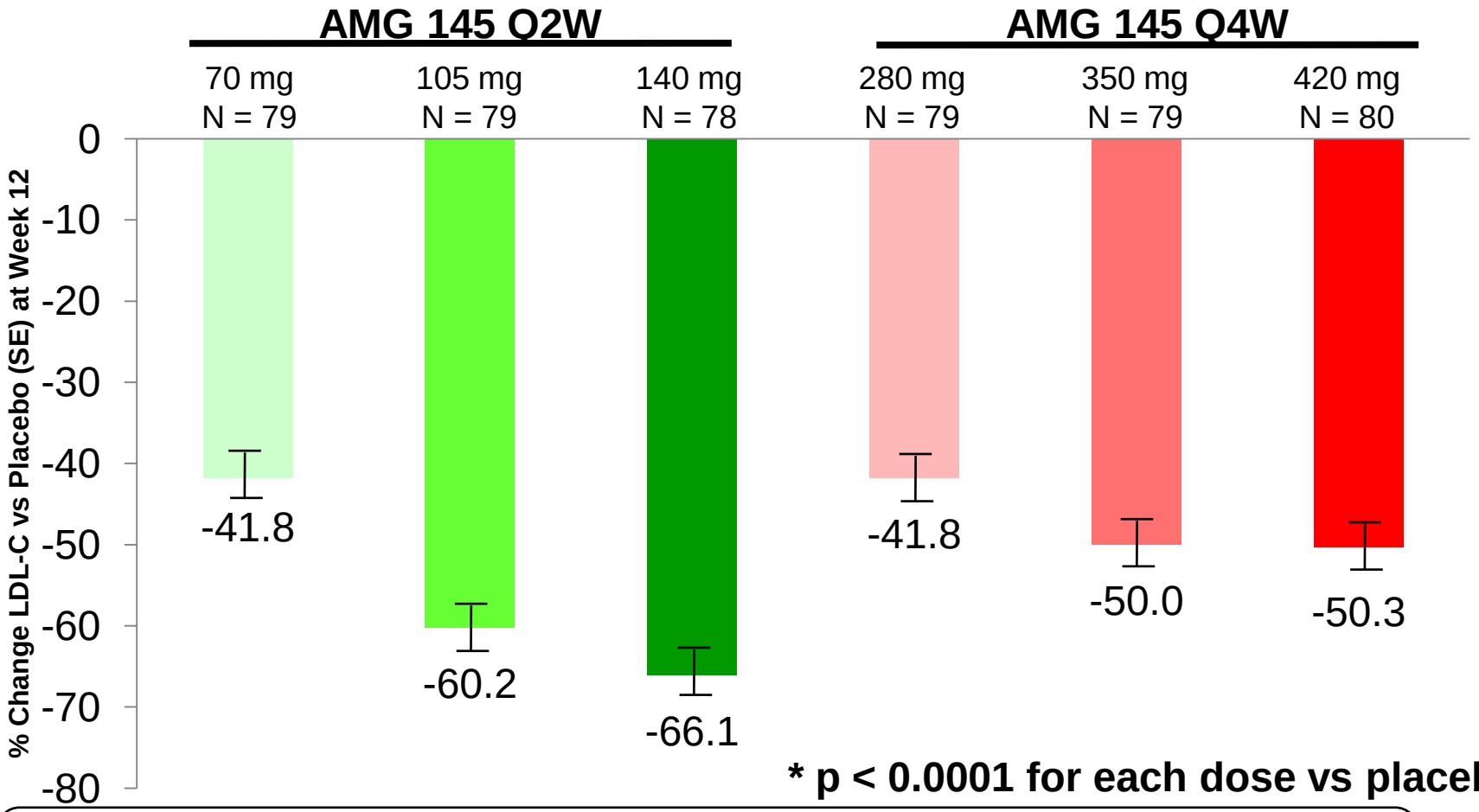
TIMI Study Group, Cardiovascular Division

Brigham and Women's Hospital

Harvard Medical School, Boston, MA

Supported by research grant from Amgen, Inc.

Primary Endpoint:
AMG 145 Reduced LDL-C at 12 wks



LDL-C at 12 wks						
Mean (mg/dL) (SD)	73 (25)	53 (21)	44 (25)	69 (28)	60 (23)	58 (26)

NOTE: LDL-C measured using ultracentrifugation in a central core laboratory

Safety

Adverse Events, Patient Incidence, n	Q2W Dose Groups				Q4W Dose Groups				
		AMG 145				AMG 145			
	Placebo N = 78	70 mg N = 79	105 mg N = 79	140 mg N = 78	Placebo N = 77	280 mg N = 79	350 mg N = 79	420 mg N = 80	Total N = 629
Adverse events	33	41	52	43	38	45	48	48	348
Serious AE	4	0	1	4	0	2	2	2	15
Lead to drug DC	0	0	0	2*	0	0	0	0	2
Drug related AEs	7	4	9	4	4	6	7	9	50†
Lead to drug DC	0	0	0	0	0	0	0	0	0
Injection site rxn	2	1	1	0	1	2	3	1	11
AST or ALT >3x ULN	1	0	0	0	0	0	0	0	1
CPK >5X ULN	0	1	1	1	0	0	0	1	4**
CV events‡	1	1	0	4	0	1	1	0	8
Death	0	0	0	1	0	0	0	0	1

*Both events were reported as non-serious by the investigators.
†All 50 were reported as non-serious by the investigator and none led to discontinuation of drug
** All were asymptomatic ‡Acute coronary syndrome, coronary revascularization, TIA, congestive heart failure requiring hospitalization, or death

Goal Achievement after Utilizing an Anti-PCSK9 Antibody in Statin-Intolerant Subjects (GAUSS): Results from a Randomized, Double-blind, Placebo and Ezetimibe Controlled Study

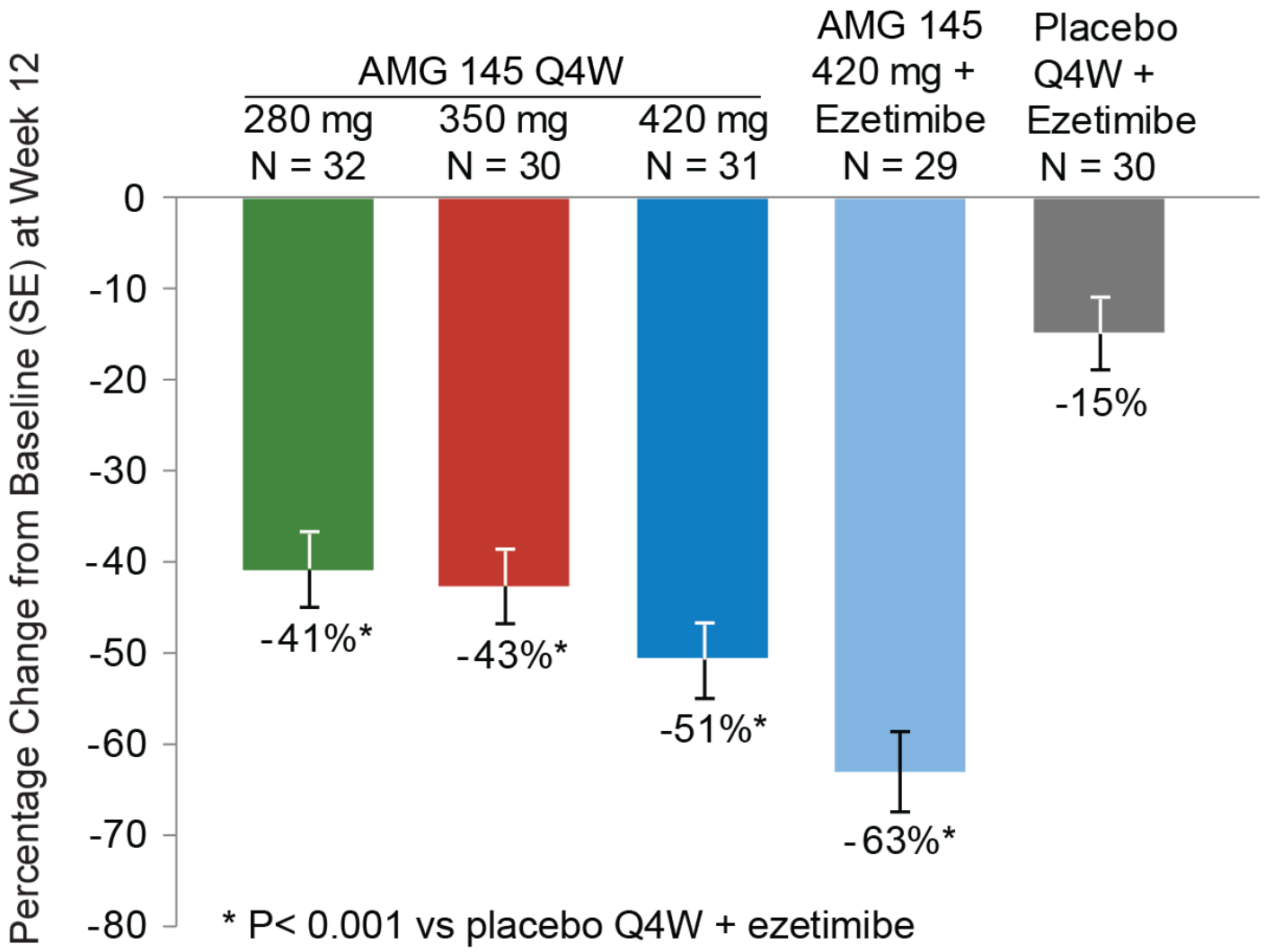
Evan A. Stein[1], David Sullivan[2], Anders G. Olsson[3], Rob Scott[4], Jae B. Kim[4], Allen Xue[4], Thomas Liu[4], Scott M. Wasserman[4]

[1]Metabolic and Atherosclerosis Research Center, Cincinnati, OH, USA; [2]Department of Clinical Biochemistry, Royal Prince Alfred Hospital, Camperdown, NSW, Australia; [3]Stockholm Heart Center, Stockholm, Sweden; [4]Amgen Inc., Thousand Oaks, CA, USA

November 5, 2012, Session LBCT.04

American Heart Association Scientific Sessions, Los Angeles, CA

GAUSS: % Change in LDL-C, by UC, from Baseline at Week 12



LDL-C values at baseline and week 12 were measured using preparative ultracentrifugation.
Q4W = every 4 weeks; QD = daily; SE = standard error

GAUSS: Safety and Tolerability

Adverse Events, Patient Incidence, n (%)	AMG 145 280 mg N = 32	AMG 145 350 mg N = 31	AMG 145 420 mg N = 32	AMG 145 420 mg + Ezetimibe 10 mg N = 30	Placebo Q4W + Ezetimibe N = 32
Treatment-emergent AEs	22 (68.8)	15 (48.4)	18 (56.3)	20 (66.7)	19 (59.4)
Serious AEs*	2 (6.3)	1 (3.2)	1 (3.1)	0 (0.0)	0 (0.0)
Deaths	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Treatment-related AEs	8 (25.0)	3 (9.7)	6 (18.8)	5 (16.7)	7 (21.9)
Muscle-related AEs					
Myalgia	5 (15.6)	1 (3.2)	1 (3.1)	6 (20.0)	1 (3.1)
Muscle fatigue	2 (6.3)	0 (0.0)	0 (0.0)	0 (0.0)	1 (3.1)
Muscle spasms	1 (3.1)	2 (6.5)	0 (0.0)	0 (0.0)	3 (9.4)
AEs leading to discontinuation	0 (0.0)	1 (3.2)	1 (3.1)	1 (3.3)	2 (6.3)
Other most commonly reported AEs					
Nasopharyngitis	2 (6.3)	2 (6.5)	1 (3.1)	3 (10.0)	5 (15.6)
Nausea	2 (6.3)	1 (3.2)	1 (3.1)	0 (0.0)	1 (3.1)
Fatigue	4 (12.5)	0 (0.0)	0 (0.0)	0 (0.0)	2 (6.3)

*Four serious adverse events were reported for AMG 145: acute pancreatitis, coronary artery disease, hip fracture, and syncope. **None were considered treatment related.**

AE = Adverse event. Some patients experienced more than 1 AE.

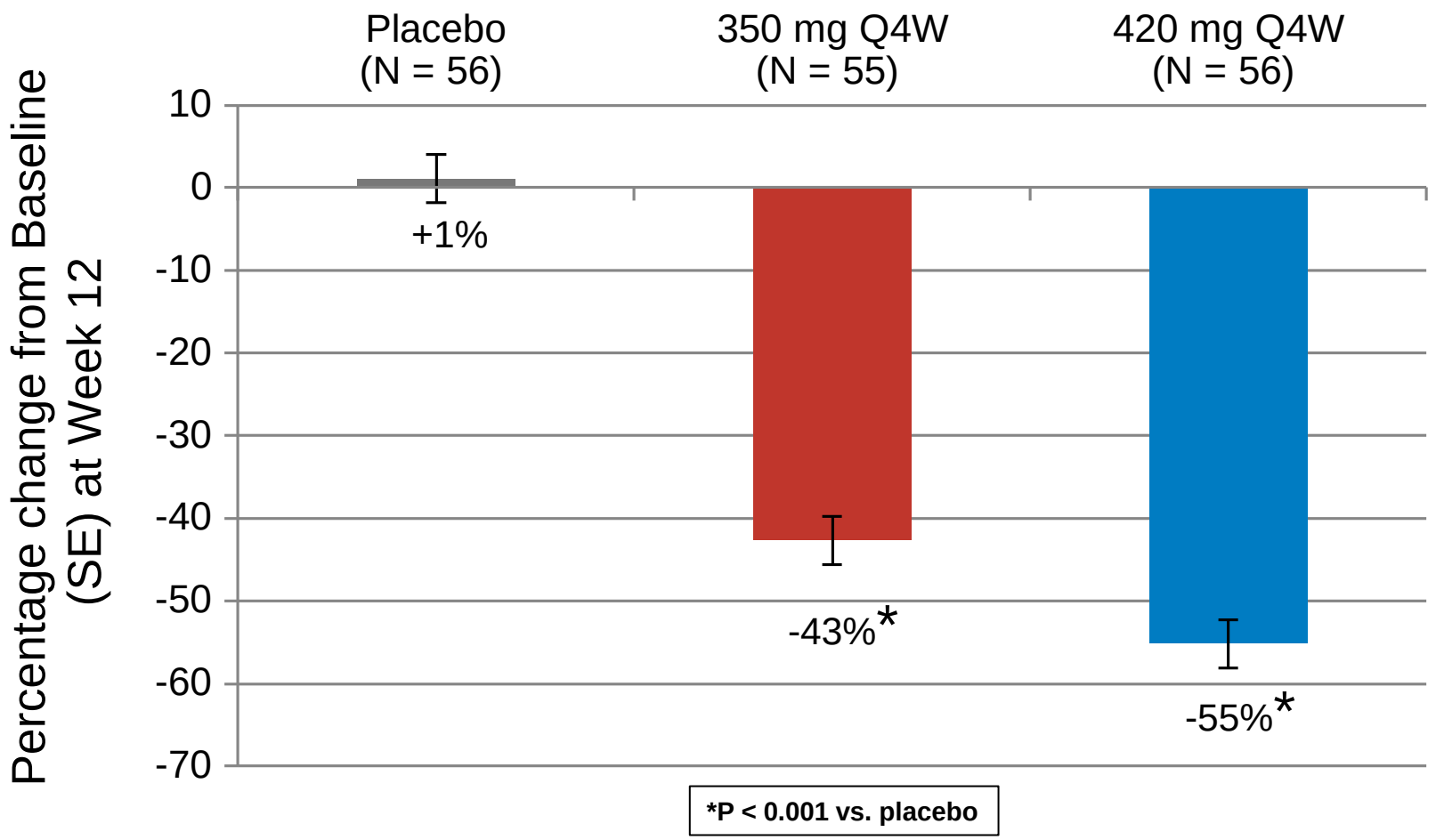
Reduction of LDL-C with PCSK9 Inhibition in Heterozygous Familial Hypercholesterolemia Disorder (RUTHERFORD): Results from a Phase 2, Randomized, Double-Blind, Placebo-Controlled Trial

Frederick Raal[1], Rob Scott[2], Ransi Somaratne[2], Ian Bridges[3], Thomas Liu[2], Scott M. Wasserman[2], Evan A. Stein[4]

[1]Carbohydrate & Lipid Metabolism Research Unit, University of Witwatersrand, Johannesburg, South Africa; [2]Amgen Inc., Thousand Oaks, CA, USA; [3]Amgen Ltd., Uxbridge, UK; [4]Metabolic and Atherosclerosis Research Center, Cincinnati, OH, USA

November 5, 2012, Session: LBCT.04
American Heart Association Scientific Sessions, Los Angeles, CA

RUTHERFORD: % Change in LDL-C, by UC, from Baseline to Week 12



Q4W = every 4 weeks; SE = standard error; UC = ultracentrifugation
LDL-C values at baseline and week 12 were measured using preparative UC.
Least Square Means are presented from the ANCOVA model including treatment and stratification factors as covariates.
Missing UC LDL-C values at week 12 were imputed using last observation carried forward and calculated LDL-C. A Hochberg adjustment was used to control the family wise error rate at $\leq$ 0.05.

RUTHERFORD: Safety and Tolerability

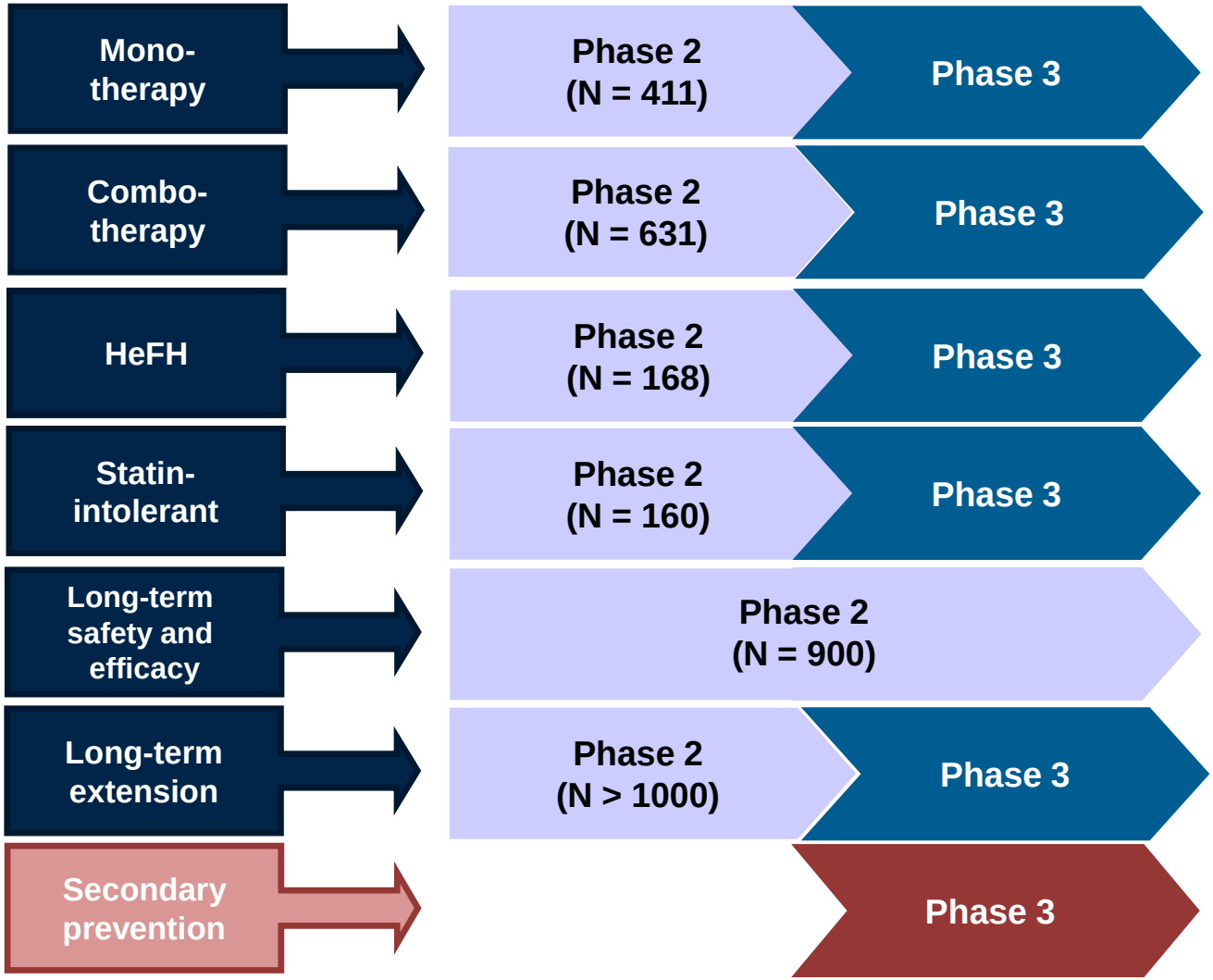
Adverse Events, Patient Incidence, n (%)	Placebo N = 56	AMG 145	
		350 mg N = 55	420 mg N = 56
Treatment-emergent AEs	33 (58.9)	32 (58.2)	37 (66.1)
Most common AEs			
Nasopharyngitis	6 (10.7)	7 (12.7)	7 (12.5)
Injection site pain	1 (1.8)	5 (9.1)	2 (3.6)
Headache	5 (8.9)	3 (5.5)	3 (5.4)
Serious AEs	0 (0)	0 (0)	2 (3.6)
Deaths	0 (0)	0 (0)	0 (0)
Treatment-related AEs	6 (10.7)	13 (23.6)	8 (14.3)
AEs leading to discontinuation	1 (1.8)	1 (1.8)	1 (1.8)
Muscle-related AEs	2 (3.6)	2 (3.6)	4 (7.1)
Injection-site reactions	3 (5.4)	6 (10.9)	2 (3.6)

AE = Adverse event
Some patients experienced more than 1 AE.

Phase 2 Program Summary

- **AMG 145 therapy significantly reduced LDL-C compared to the control arms at 12 weeks in hypercholesterolemic subjects**
  - **As monotherapy**
  - **In combination with a stable regimen of statin ± ezetimibe**
  - **With statin-intolerance**
  - **With heterozygous familial hypercholesterolemia (on statin ± ezetimibe)**
- **AMG 145 had an acceptable safety profile and also resulted in improvements in other lipid and lipoprotein parameters**
- **These results in over 1300 subjects suggest that AMG 145 may offer a new effective treatment option to further reduce LDL-C in patients unable to achieve optimal LDL-C targets on current medications**

Development Plan Supports LDL-C and Secondary Prevention Submissions



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