



Amgen Investor Fact Sheet

Amgen discovers, develops and delivers innovative human therapeutics. A biotechnology pioneer since 1980, Amgen was one of the first companies to realize the new science's promise by bringing novel medicines from lab, to manufacturing plant, to patient. Amgen therapeutics have changed the practice of medicine, helping millions of people in the fight against cancer, kidney disease, rheumatoid arthritis and other serious illnesses. With a broad and deep pipeline of potential new medicines, Amgen remains committed to advancing science to dramatically improve people's lives.

3rd Quarter 2009

This fact sheet is a summary of a more detailed disclosure that can be found in Amgen's U.S. Securities and Exchange Commission (SEC) filings, press releases and other public information available through www.amgen.com. This fact sheet contains forward-looking statements that involve significant risks and uncertainties, discussed on Page 10. Information in this fact sheet taken from other Amgen documents is given as of the date of the referenced documents. Other information in this fact sheet is provided as of the date indicated, or if not indicated, as of November 30, 2009. Amgen expressly disclaims any obligation to update any information in the referenced documents or in this fact sheet.

Amgen's Principal Products

See Form 10-K for the year ended December 31, 2008.

These descriptions are intended to provide only an overview of Amgen's products; for more information, please refer to Amgen's most recent annual report, Form 10-K, press releases and other public information available through www.amgen.com

Safety information on our marketed products provided herein is as of November 30, 2009. For the most current safety and labeling information, please refer to the individual product website as listed at the conclusion of each product section.

Aranesp®

Introduced in 2001, Aranesp® (darbepoetin alfa) is approved in the United States, most countries in Europe, Canada, Australia, and New Zealand for the treatment of anemia associated with chronic renal failure in patients both on dialysis and not on dialysis. In 2002, Aranesp® was also approved in the United States and Europe for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of

QUICK FACTS

Headquarters

One Amgen Center Drive
Thousand Oaks, CA 91320-1799
www.amgen.com

Stock Listing

NASDAQ: AMGN

PRINCIPAL PRODUCTS

Aranesp® (darbepoetin alfa)
Enbrel® (etanercept)
EPOGEN® (Epoetin alfa)
Neulasta® (pegfilgrastim)
NEUPOGEN® (Filgrastim)

Other products include:

Nplate® (romiplostim)
Sensipar® (cinacalcet)
Vectibix® (panitumumab)

CONTACTS

Investors: 805-447-1060
Media: 805-447-5597

Press Releases

A list of all recent press releases can be found on Amgen's web site at www.amgen.com and clicking on 'Media.'

Medical Meetings

This is a list of selected medical meetings in areas in which Amgen conducts research and clinical development activities. Amgen is providing this information as of November 30, 2009, and does not undertake any obligation to update any of this information as a result of new information, future events or otherwise.

December 5-8 American Society of Hematology (New Orleans, LA)

December 10-13 San Antonio Breast Cancer Symposium (San Antonio, TX)

concomitantly administered chemotherapy.

In the US, Aranesp® is indicated for the treatment of anemia due to the effect of concomitantly administered chemotherapy based on studies that have shown a reduction in the need for red blood cell transfusions in patients with metastatic, non-myeloid malignancies. Studies to determine whether Aranesp® increases mortality or decreases progression-free/recurrence-free survival are ongoing.

- Aranesp® is not indicated for use in patients receiving hormonal agents, therapeutic biologic products, or radiotherapy unless receiving concomitant myelosuppressive chemotherapy.
- Aranesp® is not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure due to the absence of studies that adequately characterize the impact of Aranesp® on progression-free and overall survival.
- Aranesp® use has not been demonstrated in controlled clinical trials to improve symptoms of anemia, quality of life, fatigue, or patient well-being.

Aranesp® is a recombinant erythropoietic protein that stimulates production of oxygen-carrying red blood cells and has a longer half-life than Epoetin alfa.

WARNINGS: INCREASED MORTALITY, SERIOUS CARDIOVASCULAR and THROMBOEMBOLIC EVENTS, and INCREASED RISK OF TUMOR PROGRESSION or RECURRENCE.

***Renal failure:* Patients experienced greater risks for death and serious cardiovascular events when administered erythropoiesis-stimulating agents (ESAs) to target higher versus lower hemoglobin levels (13.5 vs. 11.3 g/dL; 14 vs. 10 g/dL) in two clinical studies. Individualize dosing to achieve and maintain hemoglobin levels within the range of 10 to 12 g/dL.**

Cancer:

- **ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in some clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.**
- **To decrease these risks, as well as the risk of serious cardio- and thrombovascular events, use the lowest dose needed to avoid red blood cell transfusion.**
- **Use ESAs only for treatment of anemia due to concomitant myelosuppressive chemotherapy.**
- **ESAs are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure.**
- **Discontinue following the completion of a chemotherapy course.**

Aranesp® is contraindicated in patients with uncontrolled hypertension.

The above safety information is being provided as of November 30, 2009. For the most current safety information, please see <http://www.aranesp.com>

Enbrel®

Enbrel® (etanercept) is a fully human soluble anti-TNF receptor approved for use to reduce the signs and symptoms and inhibit the progression of structural damage in patients with moderately to severely active Rheumatoid Arthritis (RA). It is also approved to reduce the signs and symptoms of active arthritis in patients with psoriatic arthritis, moderately to severely active polyarticular juvenile idiopathic arthritis (JIA) in patients ages 2 and older, ankylosing spondylitis, and chronic moderate to severe plaque psoriasis. ENBREL® acts by binding TNF, one of the dominant inflammatory cytokines or regulatory proteins that play an important role in both normal immune function and the cascade of reactions that causes the inflammatory process.

Q3 2009 Financial Update

(\$ in millions, except Adj. EPS)	Q3 Sales	YOY % Growth
Aranesp®	\$685	(19)%
EPOGEN®	\$663	5%
Neulasta®/ NEUPOGEN®	\$1,210	2%
Enbrel®	\$924	3%
Sensipar®	\$165	2%
Vectibix®	\$58	41%
Total Product Sales	\$3,736	(1)%
Adjusted EPS*	\$1.49	21%

*Non-GAAP Financial measure. See reconciliations of non-GAAP financial measures to Generally Accepted Accounting Principles (GAAP) on pages 11-12.

WARNING: SERIOUS INFECTIONS

Patients treated with ENBREL® are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

ENBREL® should be discontinued if a patient develops a serious infection or sepsis.

Reported infections include:

- Active tuberculosis, including reactivation of latent tuberculosis. Patients with tuberculosis have frequently presented with disseminated or extrapulmonary disease. Patients should be tested for latent tuberculosis before ENBREL® use and during therapy. Treatment for latent infection should be initiated prior to ENBREL® use.
- Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Empiric antifungal therapy should be considered in patients at risk for invasive fungal infections who develop severe systemic illness.
- Bacterial, viral and other infections due to opportunistic pathogens.

The risks and benefits of treatment with ENBREL® should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection.

Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with ENBREL®, including the possible development of tuberculosis in patients who tested negative for latent tuberculosis infection prior to initiating therapy.

MALIGNANCIES:

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, including ENBREL®.

IMPORTANT SAFETY INFORMATION:

ENBREL HAS BEEN ASSOCIATED WITH SERIOUS AND SOMETIMES FATAL INFECTIONS, NEUROLOGIC EVENTS, HEMATOLOGIC EVENTS, MALIGNANCIES, AND HEPATITIS B REACTIVATION. CAUTION SHOULD BE USED WHEN GIVING ENBREL TO PATIENTS WITH MODERATE TO SEVERE ALCOHOLIC HEPATITIS. COMMON ADVERSE REACTIONS: HEADACHE, INFECTIONS AND INJECTION SITE REACTIONS.

The above safety information is being provided as of November 30, 2009. For the most current safety information, please see <http://www.enbrel.com>.

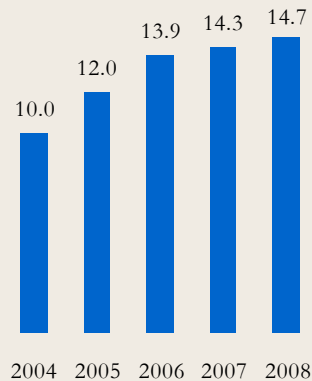
EPOGEN®

Amgen launched EPOGEN® (Epoetin alfa), one of the first biologically derived human therapeutics, into the U.S. medical marketplace in 1989, for the treatment of anemia in patients with chronic renal failure on dialysis. EPOGEN® is also indicated to elevate or maintain the red blood cell level (as manifested by the hematocrit or hemoglobin determinations) and to decrease the need for transfusions in these patients. EPOGEN® is a recombinant protein with the same mechanism of action as endogenous human erythropoietin, a protein produced by the kidneys to stimulate the production of oxygen-transporting red blood cells.

Historical Financials

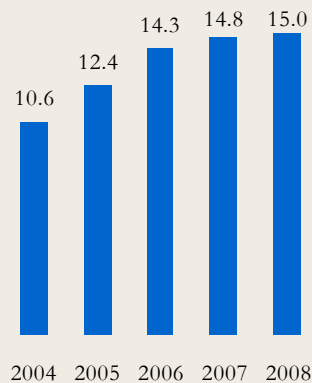
Product Sales

(\$ in billions)



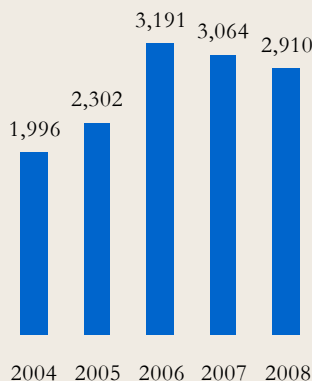
Total Revenues

(\$ in billions)



Adjusted R&D Expenses*

(\$ in millions)



*Non-GAAP Financial measure. See reconciliations of non-GAAP financial measures to GAAP on pages 11-12.

WARNINGS: INCREASED MORTALITY, SERIOUS CARDIOVASCULAR and THROMBOEMBOLIC EVENTS, and INCREASED RISK OF TUMOR PROGRESSION OR RECURRENCE.

Renal failure: Patients experienced greater risks for death and serious cardiovascular events when administered erythropoiesis-stimulating agents (ESAs) to target higher versus lower hemoglobin levels (13.5 vs. 11.3 g/dL; 14 vs. 10 g/dL) in two clinical studies. Individualize dosing to achieve and maintain hemoglobin levels within the range of 10 to 12 g/dL.

Cancer:

- ESAs shortened overall survival and/or increased the risk of tumor progression or recurrence in some clinical studies in patients with breast, non-small cell lung, head and neck, lymphoid, and cervical cancers.
- To decrease these risks, as well as the risk of serious cardio- and thrombovascular events, use the lowest dose needed to avoid red blood cell transfusion.
- Use ESAs only for treatment of anemia due to concomitant myelosuppressive chemotherapy.
- ESAs are not indicated for patients receiving myelosuppressive therapy when the anticipated outcome is cure.
- Discontinue following the completion of a chemotherapy course.

Perisurgery: EPOGEN[®] increased the rate of deep venous thromboses in patients not receiving prophylactic anticoagulation. Consider deep venous thrombosis prophylaxis.

EPOGEN is contraindicated in patients with uncontrolled hypertension.

The above safety information is being provided as of November 30, 2009. For the most current safety information, please see <http://www.epogen.com>

Neulasta[®]

Neulasta[®] (pegfilgrastim) received approval in 2002 in the United States and Europe. Neulasta[®] is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anticancer drugs associated with a clinically significant incidence of febrile neutropenia. Neulasta[®] is a longer-acting form of Filgrastim.

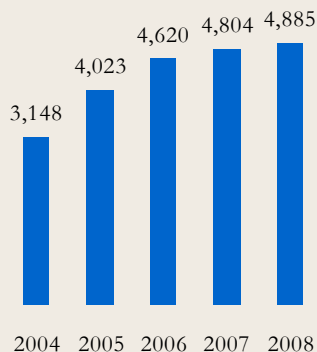
Splenic rupture, including fatal cases, has been reported. If patients report left upper abdominal and/or shoulder tip pain, they should be evaluated for an enlarged spleen or splenic rupture.

Acute respiratory distress syndrome, and sickle cell crises have been reported. Allergic reactions, including anaphylaxis, have also been reported. The majority of these reactions occurred upon initial exposure. However, in rare cases, allergic reactions, including anaphylaxis, recurred within days after discontinuing anti-allergic treatment.

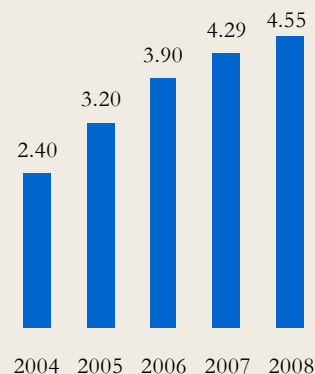
The above safety information is being provided as of November 30, 2009. For the most current safety information, please see <http://www.neulasta.com>

Historical Financials (Cont'd)

Adjusted Net Income* (\$ in millions)



Adjusted EPS* (in dollars)



* Non-GAAP Financial measure. See reconciliations of non-GAAP financial measures to GAAP on pages 11-12.

2009 Selected Guidance†

Revenue* \$14.4B – \$14.8B

Adj. EPS** \$4.90 – \$5.05

† Guidance is as of October 21, 2009 and is not being updated at this time.

* Trending towards upper end of \$14.4B - \$14.8B

** Non-GAAP Financial measure – See reconciliations of non-GAAP financial measures to GAAP on pages 11-12.

NEUPOGEN®

NEUPOGEN® (Filgrastim), launched in 1991 in the U.S. and Europe, is a recombinant version of a human protein that stimulates the production of infection-fighting white blood cells, called neutrophils. It is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelo-suppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.

Splenic rupture, including fatal cases, has been reported. If patients report left upper abdominal and/or shoulder tip pain, they should be evaluated for an enlarged spleen or splenic rupture.

Acute respiratory distress syndrome, sickle cell crises and allergic reactions have also been reported. Allergic reactions occurred with initial or subsequent treatment.

Alveolar hemorrhage manifesting as pulmonary infiltrates and hemoptysis requiring hospitalization has been reported in healthy donors undergoing peripheral blood progenitor cell mobilization, an unapproved use of NEUPOGEN®. Hemoptysis resolved with discontinuation of NEUPOGEN®.

The above safety information is being provided as of November 30, 2009. For the most current safety information, please see <http://www.neupogen.com>

Nplate®

On August 22, 2008, we announced that the Food and Drug Administration (FDA) approved Nplate® (romiplostim), the first platelet producer for the treatment of thrombocytopenia in splenectomized (spleen removed) and non-splenectomized adults with chronic immune "idiopathic" thrombocytopenic purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. Nplate® should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. Nplate® should not be used in an attempt to normalize platelet counts. Nplate®, the first FDA-approved Peptibody protein, has been shown to raise and sustain platelet counts, representing a novel approach for the treatment of this chronic disease.

Serious adverse reactions associated with Nplate® in clinical studies were bone marrow reticulium deposition and worsening thrombocytopenia after Nplate® discontinuation. Additional risks include Bone Marrow Fibrosis, Thrombotic/Thromboembolic Complications, Lack or Loss of Response to Nplate®, and Hematological Malignancies and Progression of Malignancy in Patients with a Pre-existing Hematological Malignancy or Myelodysplastic Syndrome (MDS).

Nplate® is not indicated for the treatment of thrombocytopenia due to MDS or any cause of thrombocytopenia other than chronic ITP.

Monitor CBC's, including platelet counts and peripheral blood smears, prior to initiation, throughout, and following discontinuation of Nplate® therapy.

Nplate® is available only through a restricted distribution program called Nplate® NEXUS (Network of Experts Understanding and Supporting Nplate® and Patients) Program.

The above safety information is being provided as of November 30, 2009. For the most current safety information, please see <http://www.nplate.com>

Sensipar®

Approved by the FDA in March 2004, Sensipar® (cinacalcet) is an oral medication for the treatment of secondary hyperparathyroidism (HPT) in patients with chronic kidney disease (CKD) on dialysis and for the treatment of elevated levels of calcium in patients with parathyroid carcinoma. To regulate parathyroid hormone (PTH), Sensipar® acts directly on the parathyroid gland calcium-sensing receptor.

In Sensipar® postmarketing use, isolated, idiosyncratic cases of hypotension, worsening heart failure, and/or arrhythmia were reported in patients with impaired cardiac function. The causal relationship to Sensipar® therapy could not be completely excluded and may be mediated by reductions in serum calcium levels. Significant reductions in calcium may lower the threshold for seizures. Secondary HPT patients, particularly those with a history of seizure disorder, should be carefully monitored for the occurrence of low serum calcium or symptoms of hypocalcemia.

Sensipar® lowers serum calcium; therefore, it is important that patients have a serum calcium greater than or equal to 8.4 mg/dL when initiating therapy.

Adynamic bone disease may develop if intact parathyroid hormone (iPTH) levels are suppressed below 100 pg/mL.

Patients with moderate to severe hepatic impairment should be monitored throughout treatment with Sensipar®, as cinacalcet exposure assessed by area under the curve (AUC) was higher than in patients with normal hepatic function.

Serum calcium and serum phosphorus should be measured within 1 week and PTH should be measured 1 to 4 weeks after initiation or dose adjustment of Sensipar®. Once the maintenance dose has been established, serum calcium and serum phosphorus should be measured approximately monthly, and PTH every 1 to 3 months.

The above safety information is being provided as of November 30, 2009. For the most current safety information, please see <http://www.sensipar.com>

Vectibix®

Vectibix® (panitumumab) is indicated as a single agent for the treatment of epidermal growth factor receptor (EGFR)-expressing, metastatic colorectal carcinoma (mCRC) with disease progression on or following fluoropyrimidine-, oxaliplatin-, and irinotecan-containing chemotherapy regimens.

The effectiveness of Vectibix® as a single agent for the treatment of EGFR-expressing, metastatic colorectal carcinoma is based on progression-free survival. Currently no data demonstrate an improvement in disease-related symptoms or increased survival with Vectibix®.

Retrospective subset analyses of metastatic colorectal cancer trials have not shown a treatment benefit for Vectibix® in patients whose tumors had *KRAS* mutations in codon 12 or 13 and use of Vectibix® is not recommended for the treatment of colorectal cancer with these mutations.

WARNINGS: DERMATOLOGIC TOXICITY and INFUSION REACTIONS

Dermatologic Toxicity: Dermatologic toxicities occurred in 89% of patients and were severe (NCI-CTC grade 3 and higher) in 12% of patients receiving Vectibix[®] monotherapy. Withhold Vectibix[®] for dermatologic toxicities that are grade 3 or higher or are considered intolerable. If toxicity does not improve to ≤ grade 2 within 1 month, permanently discontinue Vectibix[®]. The clinical manifestations included, but were not limited to, dermatitis acneiform, pruritus, erythema, rash, skin exfoliation, paronychia, dry skin, and skin fissures. Subsequent to the development of severe dermatologic toxicities, infectious complications, including sepsis, septic death, and abscesses requiring incisions and drainage were reported.

Infusion Reactions: Severe infusion reactions occurred in approximately 1% of patients. Severe infusion reactions included anaphylactic reactions, bronchospasm, and hypotension. Although not reported with Vectibix[®], fatal infusion reactions have occurred with other monoclonal antibody products. Stop infusion if a severe infusion reaction occurs. Depending on the severity and/or persistence of the reaction, permanently discontinue Vectibix[®].

The above safety information is being provided as of November 30, 2009. For the most current safety information, please see <http://www.vectibix.com>

Product and Product Candidate Update (as of November 30, 2009)

The Company provides the following updates on selected late-stage clinical programs. The products are not approved for the investigational use(s) discussed below, and no conclusions can or should be drawn regarding the safety or effectiveness of the products for these uses. Only the FDA can determine whether the products are safe and effective for these uses. Healthcare professionals should refer to and rely upon the FDA-approved labeling for the products, and not the information discussed in this fact sheet.

Aranesp[®]

The Reduction of Events with Darbepoetin alfa in Heart Failure ("RED-HF[™]") Trial phase 3 study, initiated in 2006, is a large (2,600 patient), global, randomized, double-blind, placebo-controlled study to evaluate the effect of treatment of anemia with darbepoetin alfa on morbidity and mortality in patients with symptomatic left ventricular heart failure. The RED-HF[™] Trial continues to enroll patients.

The Trial to Reduce Cardiovascular Events with Aranesp[®] Therapy ("TREAT") phase 3 study, initiated in 2004, is a large (4,000 patient), multi-center, randomized, double-blind, controlled trial designed to determine the impact of anemia therapy with darbepoetin alfa on mortality and non-fatal cardiovascular events in patients with CKD, anemia and type 2 diabetes. In December 2007, the TREAT study completed enrollment. In November 2008, we disclosed that the independent Data Safety Monitoring Committee ("DSMC") completed a pre-specified, unblinded review of the data at a point where 80% of the targeted number of fully adjudicated events had been recorded and recommended that the study continue without modification.

In October 2009, we announced that the study failed to meet its primary objectives of demonstrating a reduction in all-cause mortality, cardiovascular morbidity, including heart failure, heart attack, stroke, or hospitalization for myocardial ischemia, or end-stage renal disease (ESRD). Among the components of the primary cardiovascular composite endpoint, the risk of stroke increased by almost two-fold in patients in the Aranesp arm (101 patients [5.0 percent] vs. 53 patients [2.6 percent]; hazard ratio, 1.92; 95 percent confidence interval, 1.38 to 2.68; $P < 0.001$). A post hoc analysis indicates that there were no significant differences between treatment arms in the incidence of cancer or of all-cause deaths in patients who developed cancer during the trial. However, this analysis also showed an excess in overall mortality among patients in the Aranesp arm with a history of cancer. This finding requires further investigation.

Prolia™ (denosumab)

Prolia™ is the first fully human monoclonal antibody in late stage clinical development that specifically targets a ligand known as RANKL (that binds to a receptor known as RANK), an essential regulator of osteoclasts (the cells that break down bone). Prolia™ is being investigated for its potential to inhibit all stages of osteoclast activity through a targeted mechanism. In December 2008, we submitted a biologics license application ("BLA") to the FDA for Prolia™ for the treatment and prevention of postmenopausal osteoporosis ("PMO") and bone loss in patients undergoing hormone ablation for either prostate or breast cancer. On February 18, 2009, the FDA accepted our BLA and informed us that it will target an FDA action within ten months of the BLA's submission date, resulting in a Prescription Drug User Fee Act ("PDUFA") action date of October 19, 2009. The FDA has provisionally approved the trade name Prolia in these proposed indications. In January 2009, we submitted an application to the EMEA for the approval of Prolia™ for treatment of PMO and treatment of bone loss associated with hormone ablation therapy in patients with breast and prostate cancer.

In October 2009, we received Complete Response Letters from the FDA with respect to treatment and prevention of PMO, and for bone loss associated with hormone ablation therapy (HALT) in breast and prostate cancer. The Complete Response Letter on the Prolia™ PMO applications requested several items, including further information on the design and background adverse event rates that will inform the methodology of Amgen's previously submitted post-marketing surveillance program. This letter does not require additional pre-marketing clinical trials to complete the review of the PMO treatment indication. The FDA has requested a new clinical program to support approval of Prolia™ for the prevention of PMO indication. The FDA has determined that a Risk Evaluation and Mitigation Strategy (REMS) is necessary for Prolia™ and must include a medication guide, a communication plan, and a timetable for submission of assessments of the REMS. The Complete Response Letter on the Prolia™ HALT applications requested additional information regarding the safety of Prolia in patients with breast cancer receiving aromatase inhibitor therapy and patients with prostate cancer receiving androgen deprivation therapy. Specifically, the FDA has requested results from additional adequate and well-controlled clinical trials demonstrating that Prolia has no detrimental effects on either time-to-disease progression or overall survival.

Other Settings

Denosumab is also being studied in patients with breast cancer, prostate cancer, other solid tumors or multiple myeloma for treatment to prevent skeletal-related events ("SRE"). The Company expects to review the complete data set for SREs in breast cancer and solid tumors in the second half of 2009. The phase 3 study evaluating denosumab in patients with non-metastatic prostate cancer to prevent bone metastases is ongoing.

Pipeline

For more than two decades, Amgen has played a leadership role in the translation of innovative science and technology into breakthrough human therapeutics. See Amgen's Form 10-K for the year ended December 31, 2008. This table is as of September 3, 2009 and shows the status of selected clinical and preclinical programs and molecules in Amgen's product pipeline. This table contains forward looking statements that involve significant risks and uncertainties; see "Forward Looking Statements" on page 10. Amgen is providing this information as of the date above and does not undertake any obligation to update any forward looking statements contained in this table as a result of new information, future events or otherwise.

Molecule	Disease / Condition	Therapeutic Area
Phase 3 Programs		
Cinacalcet	Cardiovascular disease in patients with secondary hyperparathyroidism and chronic kidney disease undergoing maintenance dialysis	Nephrology
Darbepoetin alfa	Anemia in heart failure	Nephrology
Darbepoetin alfa	Patients with chronic kidney disease, anemia and type 2 diabetes	Nephrology
Denosumab	Bone loss induced by hormone ablation therapy in breast cancer or prostate cancer	Hematology/Oncology
Denosumab	Cancer-related bone damage (SREs) in advanced malignancies in breast cancer, prostate cancer, and solid tumors including multiple myeloma	Hematology/Oncology
Denosumab	Postmenopausal osteoporosis	Bone
Denosumab	Prevention of bone metastases in prostate cancer	Hematology/Oncology
Motesanib	First-line non-small cell lung cancer	Hematology/Oncology
Panitumumab	First- and second-line colorectal cancer	Hematology/Oncology
Panitumumab	Metastatic and/or recurrent head and neck cancer	Hematology/Oncology
Phase 2 Programs		
AMG 102	Various cancer types	Hematology/Oncology
AMG 108	Rheumatoid arthritis	Inflammation
AMG 222	Type 2 diabetes	General Medicine
AMG 223	Hyperphosphatemia	Nephrology
AMG 386	Various cancer types	Hematology/Oncology
AMG 479	Various cancer types	Hematology/Oncology
AMG 785	Bone-related conditions, including PMO and fracture healing	Bone
AMG 827	Inflammatory diseases	Inflammation
Conatumumab (AMG 655)	Various cancer types	Hematology/Oncology
Denosumab	Rheumatoid arthritis	Inflammation
Dulanermin (rhApo2L/TRAIL)	Various cancer types	Hematology/Oncology
Motesanib	First-line breast cancer	Hematology/Oncology
Omeamtiv mecarbil (AMG 423)	Heart failure	General Medicine
Panitumumab	Locally advanced head and neck cancer	Hematology/Oncology
Romiplostim (AMG 531)	Chemotherapy-induced thrombocytopenia	Hematology/Oncology
Romiplostim (AMG 531)	Myelodysplastic syndromes	Hematology/Oncology
Phase 1 Programs		
AMG 145	Hypercholesterolemia	General Medicine
AMG 157	Asthma	Inflammation
AMG 167	Bone-related conditions	Bone
AMG 191	Inflammatory diseases	Inflammation
AMG 208	Various cancer types	Hematology/Oncology
AMG 221	Type 2 diabetes	General Medicine
AMG 557	Systemic lupus erythematosus	Inflammation
AMG 745	Muscle wasting disorders	Hematology/Oncology
AMG 747	Neuroscience	General Medicine
AMG 761	Asthma	Inflammation
AMG 811	Systemic lupus erythematosus	Inflammation
AMG 820	Muscle wasting disorders	Hematology/Oncology
AMG 853	Asthma	Inflammation
AMG 888	Various cancer types	Hematology/Oncology
AMG 890	Various cancer types	Hematology/Oncology

Phase 1 clinical trials investigate safety and proper dose ranges of a product candidate in a small number of human subjects.

Forward Looking Statements

This fact sheet contains forward-looking statements that are based on management's current expectations and beliefs and are subject to a number of risks, uncertainties and assumptions that could cause actual results to differ materially from those described. All statements, other than statements of historical fact, are statements that could be deemed forward-looking statements, including 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 and other such estimates and results. Forward-looking statements involve significant risks and uncertainties, including those discussed below and more fully described in the SEC reports filed by Amgen, including Amgen's most recent annual report on Form 10-K and most recent periodic reports on Form 10-Q and Form 8-K. Please refer to Amgen's most recent Forms 10-K, 10-Q and 8-K for additional information on the uncertainties and risk factors related to our business. Unless otherwise noted, Amgen is providing this information as of November 30, 2009 and expressly disclaims any duty to update information contained in this fact sheet.

No forward-looking statement can be guaranteed and actual results may differ materially from those we project. The Company's results may be affected by our ability to successfully market both new and existing products domestically and internationally, clinical and regulatory developments (domestic or foreign) involving current and future products, sales growth of recently launched products, competition from other products (domestic or foreign), difficulties or delays in manufacturing our products. In addition, sales of our products are affected by reimbursement policies imposed by third-party payors, 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 health care cost containment as well as U.S. legislation affecting pharmaceutical pricing and reimbursement. Government and others' regulations and reimbursement policies may affect the development, usage and pricing of our products. 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 after they are on the market. Our business may be impacted by government investigations, litigation and products liability claims. 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. We depend on third parties for a significant portion of our manufacturing capacity for the supply of certain of our current and future products and limits on supply may constrain sales of certain of our current products and product candidate development. In addition, we compete with other companies with respect to some of our marketed products as well as for the discovery and development of new products. Discovery or identification of new product candidates cannot be guaranteed and movement from concept to product is uncertain; consequently, there can be no guarantee that any particular product candidate 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.

Reconciliation of GAAP Earnings Per Share to "Adjusted" Earnings Per Share

(Unaudited)	Results for the 3 mos. ended September 30,		Results for the years ended December 31,				
	2009	2008	2008	2007	2006	2005	2004
GAAP earnings per share (diluted)^(a)	\$1.36	\$1.05	\$3.77	\$2.74	\$2.36	\$2.90	\$1.81
Adjustments to GAAP earnings per share:							
Legal settlements and cost recoveries	0.01 ^(b)	—	0.21 ^(b)	0.02 ^(b)	—	0.02 ^(b)	(0.01) ^(b)
Amortization of acquired intangible assets, product technology rights	0.04 ^(c)	0.04 ^(c)	0.17 ^(c)	0.16 ^(c)	0.17 ^(c)	0.17 ^(c)	0.16 ^(c)
Incremental non-cash interest expense	0.03 ^(a)	0.04 ^(a)	0.13 ^(a)	0.11 ^(a)	0.12 ^(a)	0.03 ^(a)	—
Restructuring and related costs	0.01 ^(d)	0.01 ^(d)	0.10 ^(d)	0.51 ^(d)	—	—	—
Stock option expense	0.02 ^(e)	0.02 ^(e)	0.07 ^(e)	0.12 ^(e)	0.14 ^(e)	—	—
Write-off of inventory	—	0.06 ^(f)	0.06 ^(f)	0.08 ^(f)	—	—	—
Amortization of acquired intangible assets, research and development (R&D) technology rights	0.01 ^(g)	0.01 ^(g)	0.04 ^(g)	0.04 ^(g)	0.03 ^(g)	—	—
Write-off of acquired in-process R&D	—	—	—	0.53 ^(h)	1.03 ^(h)	—	0.42 ^(h)
Tax settlement	0.03 ⁽ⁱ⁾	—	—	(0.08) ⁽ⁱ⁾	—	—	—
Other merger-related expenses	—	—	—	0.02 ⁽ⁱ⁾	0.02 ⁽ⁱ⁾	0.01 ⁽ⁱ⁾	0.02 ⁽ⁱ⁾
Write-off of manufacturing asset	—	—	—	0.02 ^(k)	—	0.04 ^(k)	—
Severance associated with acquisition	—	—	—	0.01 ^(l)	—	—	—
Impairment of non-ENBREL related intangible asset	—	—	—	—	0.03 ^(m)	—	—
Tax liability related to repatriation of certain foreign earnings	—	—	—	—	—	0.03 ⁽ⁿ⁾	—
Tax benefit from prior period charges	(0.02) ^(p)	—	—	—	—	—	—
Other	—	—	—	0.01	—	—	—
"Adjusted" earnings per share (diluted)	\$1.49	\$1.23	\$4.55	\$4.29	\$3.90	\$3.20	\$2.40

Reconciliation of GAAP Net Income to "Adjusted" Net Income

(In millions, unaudited)	Results for the years ended December 31,				
	2008	2007	2006	2005	2004
GAAP net income^(a)	\$4,052	\$3,077	\$2,809	\$3,633	\$2,363
Adjustments to GAAP net income:					
Legal settlements and cost recoveries	288 ^(b)	34 ^(b)	—	47 ^(b)	(11) ^(b)
Amortization of acquired intangible assets, product technology rights	294 ^(c)	295 ^(c)	321 ^(c)	347 ^(c)	333 ^(c)
Incremental non-cash interest expense	235 ^(a)	219 ^(a)	197 ^(a)	67 ^(a)	—
Restructuring and related costs	148 ^(d)	739 ^(d)	—	—	—
Stock option expense	103 ^(e)	181 ^(e)	233 ^(e)	—	—
Write-off of inventory	84 ^(f)	90 ^(f)	—	—	—
Amortization of acquired intangible assets, R&D technology rights	70 ^(g)	71 ^(g)	48 ^(g)	—	—
Write-off of acquired in-process R&D	—	590 ^(h)	1,231 ^(h)	—	554 ^(h)
Tax settlement	—	(92) ⁽ⁱ⁾	—	—	—
Other merger-related expenses	1 ^(j)	36 ^(j)	41 ^(j)	12 ^(j)	53 ^(j)
Write-off of manufacturing asset	—	30 ^(k)	—	47 ^(k)	—
Severance associated with acquisition	—	21 ^(l)	—	—	—
Impairment of non-ENBREL related intangible asset	—	3 ^(m)	49 ^(m)	—	—
Tax liability related to repatriation of certain foreign earnings	—	—	—	43 ⁽ⁿ⁾	—
Tax effects of certain of the above adjustments	(390)	(490)	(309)	(173)	(144)
"Adjusted" net income	\$4,885	\$4,804	\$4,620	\$4,023	\$3,148



Reconciliation of GAAP R&D Expense to "Adjusted" R&D Expense

(In millions, unaudited)

	Results for the years ended December 31,				
	2008	2007	2006	2005	2004
GAAP R&D expense	\$3,030	\$3,266	\$3,366	\$2,314	\$2,028
Adjustments to GAAP R&D expense:					
Amortization of acquired intangible assets, R&D technology rights	(70) ^(g)	(71) ^(g)	(48) ^(g)	—	—
Stock option expense	(46) ^(e)	(83) ^(e)	(104) ^(e)	—	—
Restructuring and related costs	(3) ^(d)	(19) ^(d)	—	—	—
Other merger-related expenses	(1) ^(k)	(29) ^(k)	(23) ^(k)	(12) ^(k)	(32) ^(k)
"Adjusted" R&D expense	\$2,910	\$3,064	\$3,191	\$2,302	\$1,996

Reconciliation of GAAP Earnings Per Share Guidance to "Adjusted" Earnings Per Share Guidance for the Year Ended December 31, 2009

	2009
GAAP earnings per share guidance (as of Oct. 21, 2009)	\$4.51 – \$4.68
Known adjustments to arrive at "Adjusted" earnings:	
Amortization of acquired intangible assets, product technology rights ^(c)	0.18
Incremental non-cash interest expense ^(a)	0.15
Tax settlement ⁽ⁱ⁾	(0.08)
Stock option expense ^(e)	0.06 – 0.08
Cost savings initiatives ^(d)	0.04
Amortization of acquired intangible assets, R&D technology rights ^(g)	0.04
Legal settlements ^(b)	0.02
California tax law change ^(o)	(0.02)
Tax benefit for prior period charges ^(p)	(0.02)
"Adjusted" earnings per share guidance	\$4.90 – \$5.05

- (a) Effective January 1, 2009, we adopted a new accounting standard that changed the method of accounting for convertible debt that may be partially or wholly settled in cash, which includes our convertible notes. In addition, as required, we revised our previously reported financial statements to retrospectively apply this change in accounting to applicable prior periods.
- (b) To exclude, for the applicable periods, loss accruals or cost recoveries for legal settlements.
- (c) To exclude the ongoing, non-cash amortization of acquired product technology rights, primarily ENBREL, related to the Immunex Corporation ("Immunex") acquisition in 2002.
- (d) To exclude restructuring and related costs primarily including, as applicable, asset impairment charges, staff separation costs, accelerated depreciation, loss accruals for certain leases, integration costs associated with certain cost saving initiatives and the loss on disposal of certain less significant products and related assets.
- (e) To exclude the impact of stock option expense.
- (f) To exclude the write-off of inventory resulting from, in 2008, a strategic decision to change manufacturing processes and, in 2007, changing regulatory and reimbursement environments.
- (g) To exclude, for the applicable periods, the ongoing, non-cash amortization of the R&D technology intangible assets acquired with the 2006 acquisitions of Abgenix, Inc. ("Abgenix") and Avidia, Inc. ("Avidia").
- (h) To exclude, for the applicable periods, the non-cash expense associated with writing-off the acquired in-process R&D related to the acquisitions of Alantox Pharmaceutical Holding, Inc. ("Alantox") and Ilypsa, Inc. ("Ilypsa") in 2007, Abgenix and Avidia in 2006, and Tularik Inc. ("Tularik") in 2004.
- (i) To exclude the income tax benefit (expense) recognized as the result of resolving certain non-routine transfer pricing issues with the Internal Revenue Service for prior periods.
- (j) To exclude, for the applicable periods, merger-related expenses incurred, due to the Alantox, Ilypsa, Abgenix, Avidia, Tularik and Immunex acquisitions, primarily related to incremental costs associated with retention, integration and/or recording inventory acquired at fair value which is in excess of our manufacturing cost for the applicable acquisitions and periods.
- (k) To exclude the impact of writing-off the cost of a semi-completed manufacturing asset that will not be used due to a change in manufacturing strategy.
- (l) To exclude severance-related expenses incurred in connection with our acquisition of the remaining 51 percent ownership interest of Dompé Biotec, S.p.A.
- (m) To exclude the impairment of a non-ENBREL related intangible asset previously acquired in the Immunex acquisition.
- (n) To exclude the tax liability incurred in connection with the repatriation of certain foreign earnings under the American Jobs Creation Act of 2004.
- (o) To exclude the net tax benefit resulting from adjustments to previously established deferred taxes, primarily related to prior acquisitions and stock option expense, due to changes in California tax law effective for future periods.
- (p) To exclude the tax benefit principally related to certain prior period charges excluded from "Adjusted" earnings.

