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PRESENTATION

Louise Alesandra Chen - *Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst*

All right. Good day, everybody. Thank you for joining us for our keynote address with the Chairman and CEO of Pfizer, Dr. Albert Bourla. Dr. Bourla, it's so nice to have you here with us again for our keynote speech at our health care conference.

QUESTIONS AND ANSWERS

Louise Alesandra Chen - *Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst*

Last time that we were together, it was 2021, and we were in the middle of the COVID pandemic. So obviously, a lot to talk about then. So thank you for all your contributions to bring us back to normalcy.

But as we sit here, again, we're in another inflection point in the fight against COVID. We've got new variants, increasing hospitalization rates, a lot of uncertainty heading into the fall and winter. So Dr. Bourla, how do you look at COVID unfolding over the next few months?

Albert Bourla - *Pfizer Inc. - Chairman of the Board & CEO*

Yes. First of all, it's a great honor to be here. And everything we did in Pfizer, we did it because many people work tirelessly. So I was just the face of the company. Many people did it, made it happen.

So I think you're touching on the most important question that investors are having on the COVID, which is the uncertainty. The people, they try to understand how big of a medical need COVID will be in the months -- in the years to come. And as a result, also from the investors' perspective, what will be the value of the COVID prophylaxis and treatment.

And I would say there are 3 major uncertainties that people are torturing themselves with. One, it is, is COVID going to be around forever or it's going to be disappearing after some time? The second is, are people going to utilize those products to the extent that they utilize them when COVID was new or it's going to be way less? And the third it is, are we going to transition from a government system to a commercial system because that has very different distribution dynamics, very different opportunities for different market shares. It has very different prices and all of that is different. So let's start one after the other.

I think the COVID, I have discussed with a lot of scientists, it is our strong belief that it will continue to be a major health care issue for the years to come. It's going to be like a flu but more important from a health perspective. We said that a few years back, and the reason why we're saying that was because the virus is everywhere. So it's extremely difficult to be eradicated, no? The virus mutates very soon so -- very often. So you will have always new strains that will make previous vaccinations, maybe not very effective.

And the third is that the vaccines or the natural infection, they don't create durable immune protections. Those are the 3 characteristics of this virus. So with that mind, we expect that this will be. And history is proving that we are right. So we are now in the middle of a very important COVID, PAXLOVID utilization, I see is 5x almost what it used to be, let's say, a few months ago on a weekly basis. So it's very clear that people are having way more COVID than before. So that's clear COVID will be.

Now commercialization. When it comes to vaccines, I think also this uncertainty has been removed. In the U.S., we entered already. So we have commercial market like the market that was before, already started a few weeks ago basically.

The third uncertain -- on the outside the U.S., it's going to remain a major government purchase business. And with the main markets being Europe, being Japan, being Canada, all of them, we have long-term contracts, particularly with the Europe. We just renegotiated our contract, and now we have over 4 years basically cover the needs of Europeans with our vaccines. So that uncertainty also is done.

So the last one on the vaccines that I don't think we know yet, it is the vaccination rates, utilization, how many people will go and get the vaccine. We just started, and I haven't seen any data despite the fact that I'm asking every day how -- what is the number of vaccinations that are happening right now in the market. CDC did not collect this data anymore so we have to wait for IQVIA to start producing.

Anecdotally, it's very heavy traffic, but it's anecdotally. So I think we need to wait to see what will happen with the vaccination rates here and in the world.

When it comes to PAXLOVID, uncertainty about commercialization still exists. Still, it's not clear when we end there in the U.S. because we are still in discussions with the U.S. government how to transition. And again, in the other places, that will be governmental business. In terms of utilization of PAXLOVID, it remains very, very highly correlated with infection rate. So we have seen it again, that is picking up. So it's right now in the almost 250,000 per week, what we are giving. So it's a very, very heavy number and likely could go up. So those are the things that are uncertain.

The good news is that all these uncertainties will be behind us by the end of the year. And we have a very good understanding of where we go by the third quarter. The reason why I'm saying that, it is because I don't think whatever happens in terms of the utilization, right, how many people are getting vaccines, how many of the infected people are getting PAXLOVID will be any different in the years to come in this year. This is a year clearly distant from the previous, let's say, COVID fear. It is here, but it is well within the COVID fatigue that people are having. So it's -- I expect that the picture will be clear, and we will know and can predict very reasonably, confidently the COVID business for the next year and the years to come.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. So are you ready to supply the market with COVID vaccines and treatments? Where are you with inventory, with distribution? How do you think about all of that?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

We are fully ready. There is enough product that has been already manufactured and we keep manufacturing. We are very confident that the market will be very well supplied. We are waiting to see how many people who will reutilize these vaccines.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. And how has the transition to a commercial market been for your vaccines and treatments? Has it been smooth as you anticipated? Were there any obstacles that...

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

I think in COVID because the previous vaccine anymore is not recommended, so you don't have the situation that you have 2 different vaccines overlapping in the market, will be very smooth. Of course, it's the first week. And when you are launching a product, always if the people wanted to get it a lot and it seems like there is quite the demand. And we are starting by supplying the first day, 10% of the pharmacies, the second day, another 20%, the third day. So there will be pharmacies the first 10 days that they don't have it until everybody has it. So there is no supply issues, as I said. And I think distribution is covered now very nicely. Again, how many people would want it would be the question mark.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. Great. So you have a very robust vaccine portfolio, both with approved and products that you're launching, such as Prevnar. You also recently had the positive ACIP for your RSV maternal vaccine, so congratulations on that. How do you see all these innovations really changing routine vaccinations for people? I mean, how many vaccines should people get coming into the season and what have you?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

Yes. That's a very good question. Let me -- before going to that -- just also to say something about COVID. I think that in terms of how many people will get it, we made the prediction that we're expecting 24% of Americans to get vaccinated this year, right? And still, the vast majority of that, if it happened, will happen. Irrelevant if we are underestimating or overestimating I don't think will be far less than what we used to be, the 80% that everybody did the vaccines when we were first.

That means that COVID will keep manifesting itself with more severe symptoms because the immune protection of the population, as time elapse, is waning. And not many are renewing their protection with a lot of vaccinations. Also, the strains are very different.

So the current strain, for example, is the strain that escaped more than any other strain before the immune protection of the current vaccine. So it's the most, let's say, distant. That -- then I think we all hear anecdotal, but people are getting more serious. That's something that I had predicted that will happen our scientists told me and I predicted. And I kept saying -- and that will drive because lower vaccination rates will drive more people getting more severe symptoms, I think likely will drive higher utilization of PAXLOVID. But all of that, I think it is theoretical. We'll see by the end of the year where we are.

Now to your question about the vaccines. Look, I think there are a lot of new vaccines that are coming out. But RSV, I think, is the one that really didn't exist before together with COVID. Clearly, there are new flu vaccines that are coming. Clearly, we have in pneumococcal vaccines now out with the pentavalent. Clearly, there is Prevnar, the pneumococcal vaccine that is getting 20. But the RSV is the new one. The RSV is the one that creates a new market right now and make up -- it is, again, a little bit early to see the dynamics of the RSV market, but it looks like it's a really strong demand right now for RSV vaccines. So the vaccinations are very, very high, higher than what we thought it would be. That's clear.

So that's a new one, and that is for the adults. Clearly, there is the maternal as well. I'm very excited about the RSV maternal, not only because it's a very good vaccine, got approved, got almost unanimous recommended to be used in mothers so that the babies are born protected. But that introduced a new platform of how you can protect the babies that potentially could address also how many vaccines -- because the babies are the ones that are getting a lot of vaccines. A lot of the first periods of life could be covered by passing the immune protection from the mother to the baby by vaccinating the mother, typically, at the end of pregnancy. So I think this is where we are.

Also, we see that now people are going and getting COVID vaccine and flu vaccine. I went and I took my COVID vaccine and flu vaccine on the cameras together with Stephane from Moderna and the Secretary of Health. We had an event in Washington, and we did it in front of cameras. So I have to take 2 injections, right, because I got flu and COVID. And if I wanted, it will be 3 injections. Clearly, combinations are going to unlock a lot of potential because the convenience of getting one shot in one visit, 0 co-pay and full protection of respiratory vaccines is very, very compelling proposition.

So that's why we are working on combination vaccines and COVID with RSV and flu with COVID and flu COVID and RSV, all of that, all of the above. And we are -- I hope that we will be able to be successful and not in the distant future, in the next year or the year after.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. So as the vaccine market gets more crowded, how are you staying ahead of the competition? Is it your science? Is it your manufacturing? Is it distribution? Is it a combination of all of these things or something else?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

I think it's a combination of all of these things and all, they play a role. The science is very important. You need good science to be able to make good vaccines that will get, as a result, good reputation. Those vaccines are based on data, objective data, CDC recommend them, you have good science. Science is very important.

But clearly, also, a lot of these vaccines now are having challenges to be manufactured. And our ability to be good at manufacturing, it is always a very strong sign for vaccines. There's multiple times, but there are disruptions in the market, particularly in the flu, because of manufacturing failure. So manufacturing is also very good. And that gives you the reliability of manufacturing. It is a lever to be able to get good contracts also with the retailers, which are coming now.

We have 2 basically big channels that vaccines are finding their way to protect the patients. One, it is physicians' offices and places a health care center, which is the choice basically for the physician, what vaccine he will stock and then he will recommend to his patients.

And then there is the retail setting for a lot of these vaccines that people can just go and take it. And over there, it is a question of agreements with CVS, with Walgreens, with all these retailers and staff. There are a lot of commercial agreements, and then you need to give discounts, but the distribution will play a role. And last but not least, suddenly, the vaccines have become known, not by name but by the manufacturer. Nobody remembers if -- actually, I don't even know how it's called, Moderna's vaccine. I know that it's called the Moderna COVID. And our COVID vaccine, it is COMIRNATY, but nobody knows. Everybody calls it the Pfizer COVID. The brand name is extremely important and -- in the preference of the people. And we have seen that.

For example, Pfizer brand name is very strong. Everybody knows Pfizer is actually the strongest of all pharmaceutical companies ever in the history because of what happened during COVID. Everybody in the world recognize the name Pfizer. And 60%, they have very favorable opinion about the brand of Pfizer. That drives a lot of -- it's a very big competitive advantage. It's not what -- ABRYSV, which is the brand name for RSV. It is on the Pfizer RSV. So that's something that also will play a key role in your ability to compete.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

So I wanted to ask you a little bit more about the competitive landscape. It's been a long time since I've seen preferential recommendation being given by the ACIP. And I think historically, people have thought vaccines are a winner-take-all market. So has anything changed? Has there been an evolution of thought? Or is it just something that coincidentally just hasn't happened recently?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

I can't comment how the agencies are thinking, but let me share some thoughts. First of all, we need to distinct FDA and CDC. FDA is there to approve a product. And without that, CDC cannot do anything. So first, you need to make sure that you have enough data to convince FDA that this is a product of addressing in a safe and effective way medical need. And then CDC comes and it can recommend in different ways how this vaccine will be used.

I have seen that there is a preference for CDC not to create winners and losers. So even if there are some differences in the vaccines, they try to give similar recommendations unless it is very big. The difference as it was in pneumococcal, for example, I mean polysaccharide and the old pneumococcal vaccine and the modern. Then they gave a preferential because it was very big, the difference. But between the 15 and 20, they gave the same more or less a recommendation in pneumococcal to both of us because they try not to create with the recommendation the winner or the loser.

Nevertheless, in pneumococcal, we got the adult 95% market share. 20 is better than 15 and matters in the name of physicians and everybody else. And I think now we launched the pneumococcal to end in babies. And I'm expecting that we have equally very, very good results in terms of market share. So I think the CDC is an iconic institution as well as FDA. It is the best regulator in the world, they're more advanced. And they will continue

making, I think, decisions based on science and on evidence. And they will recommend good vaccines, and they will not recommend bad vaccines. I plan to bring to the market good vaccines.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. Great. So I wanted to move on to another big debate in our industry, which is obesity. And you have a product, danuglipron. You're in front of data here. What would you like your data to show to be competitive in the market?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

Yes. Let me start with the obesity. The obesity market is very big. We had predicted a year almost ago, 9 months, that this is a market that I think will go to \$90 billion. And we thought that the orals could take 1/3 of that. Clearly, everybody was disputing at the time. Now everybody is way ahead of our estimations of \$90 billion. So that's, I think, a very big -- a very good market, and I think it will be more than \$100 billion. And the orals will play a very significant role because not everybody likes injections. And also, of course, you have the bottleneck of manufacturing, which is not easy to be resolved because it's in the syringe, not in the API, the bottlenecks.

So now we are waiting the results at the end of the year of danuglipron. What we need to be able to compete it is, but we have a profile in terms of efficacy and safety. But it is as good or better than the competitive products that we have seen so far. And so that's what we are waiting.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Do you think it has to be as good as an injectable product or because it's an oral, there's a different bar for oral products?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

There is a different but cannot be very inferior than -- if it is superior, that's great. But also, we will have data from other orals at the time, right, because Lilly will publish some data. So also needs to be very competitive in the oral space. Clearly, the orals, they cannot be way apart in efficacy from the injectables to be successful. They need to be in the ballpark. And then to be able to be successful in the oral, you need to meet -- match the competition.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

And then how do you think about the opportunity for your modified release tablet? Will you have that data for danuglipron and the modified release at the same time? Or do you think they might come at different times? How do you think about timing all of that?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

They may come with a year difference or at the same time. So it's not going to be a very long time. I think the most important -- we are working on that very intensively. The most important thing will be to see the data of the danu as an active substance as a molecule. And I think it's not difficult to make it sustainable relationship.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. And that \$90 billion or \$100 billion market opportunity that people have kind of pegged to, I think there's probably upside to it. In your mind, if you think there's upside, where do you think that might come from?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

I don't know. That's something that if it comes, it will come from a higher utilization because we see that people really want to do it. There will be price pressures on all these medications because that will create a very big cost, and there will be -- I'm sure payers who try to control. But the products are good, I think, so that's where things are going.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. Another debate that's out there is whether or not these new products that keep coming into the market, including yours, could just cannibalize the existing products versus continue to grow the market. How do you think of that? Or do you think there's still a large unmet need?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

I think both will happen. I think they will grow the market. As more products are coming, particularly for a different, oral. But also if there are more injectables or more oral, more companies are out there promoting. So this grows the market. So it clearly will be that. At the same time, if more competitors are there, they are taking market share. So we'll see the phenomenon that both: the market will grow, and the market shares would start adjusting.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. Another debate that people have in obesity is a lot of the headline risks associated. So we see things where people don't take it for more than a year, potential safety issues of long-term use and what have you. So how do you think about potential headline risk to Pfizer for obesity?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

Look, I mean, regulators are smart and they take those things into consideration when they approve a product. Now we have seen multiple times that after massive use of many products, things popping up because we have a system that we can pick up side effects or we can pick up, let's say, patterns of utilization, which is what you alluded.

Still, there is a little bit of risk out there. So I think we need to wait to see. But it's not that -- for example, one of our molecules failed, right, because you had high elevated enzymes that we saw. So something could come up. But right now, there is nothing to tell us that something like that will happen. What we know it is, it works, so far safe and people want it. So this is what we know.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. I do want to ask you about Seagen. We get a lot of questions on that. And closing large deals is a lot harder than it used to be because of FTC regulation and what have you. So I know you're in the final stages of getting this done. How do your timelines now compare your mind to what you've initially said? And what are your final things that you need to get done to close this deal?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

Seagen, let's start that Seagen right now and our Oncology portfolio, it is where I spend most of my time. We -- in preparation of the Seagen acquisition, we made some changes in the R&D organization. We created an Oncology group, but it is end-to-end, so starting from the -- before, Pfizer was early discovery and development into 2 parts, and all therapeutic areas of early and all therapeutic areas of late were in those 2 groups.

Now we have Oncology end-to-end as one group, and that reports directly to me. And so that's -- and we have appointed Chris Boshoff, which is someone that it is a Pfizer veteran that I know his leadership, his skills and he's my choice.

Now underneath that, if the deal closes, and I'm coming to that because that's the question, I'm very happy because in the new Pfizer Oncology unit, we have already announced 8 positions that will report to the Head of R&D, 5 are coming from Seagen. 5 of the top Seagen guys are taking 5 of the top of the 8 top jobs at Oncology in Pfizer, excluding the head. That's a testament to how excited this organization and our organization is into what we can do for patients and cancer together.

And that addresses one of my concerns always when a big company is acquiring a small company, that the big company goes for the golden eggs rather than for the goose that is making the golden eggs. And we are going for the second. So we want to make sure that we are not going to be arrogant and the big -- and kill the innovation with the content. We want this smaller group to infect and revitalize our innovation in Oncology. So I think that.

In terms of pipeline also with Seagen, we -- they had 3, 4 readouts that were very, very positive. And the last one was recently. I'm very, very excited to see that this is coming into fruition, and I really can't wait to close the deal.

Now where we are with the antitrust. In Europe, I think we are expecting by the -- within October, the clearance. We submitted. They are reviewing it. I think the deal is so clean from all aspects that a typical antitrust agency would approve it immediately. The problem isn't -- don't have a typical antitrust agency nowadays. They are having -- they are very strict in the way that they try -- not strict, they are very vague and broad in the way that they try to interpret the law. And they are coming usually, if they don't like a deal with novel theories in case of Amgen was that maybe they will bundle. They have asked us a lot of questions, not about bundling because there is no bundling, but if innovation is maintained.

So the second request came as was expected from them, and it came with very onerous requirements. We have a very good antitrust team, and we have a very good external lawyers. So they work day and night. And despite the fact that they are -- they ask tremendous details, thousands of pages basically, we will be on time. So we will submit our answers to them, hopefully, by the end of the month, maybe the first week of October, something like that. But we will submit.

[Pfizer has a clarification on the above comment. In response to a question, a Pfizer spokesperson stated that we expect to certify compliance with the FTC second request in late September / early October. Rather, our target is for late October / November. This remains consistent with our overarching expectation of a potential transaction closing in late 2023 / early 2024.] (added by company after the call).

And then the clock starts for the authorities. They have 30 days to yea or nay. And if it is nay, we will go to the court. There is no doubt. I mean we will fight it, and we believe it is very, very -- if it is yea, which is what I hope or we need a bit more time, I don't know, if they ask. But I think we need to move fast. If it is yea, then we close the year. And if it is nay, we'll close some time next year provided that we prevail in court, as everybody else prevail so far.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

So wanted to ask you a little bit more about M&A. That's always a big question we get on Pfizer. And is -- are things on hold now? As you look at Seagen, are you progressing business as usual? And if you are, what therapeutic areas, stages of development, geographies, are you most interested in?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

Yes. The -- we stated a goal to acquire revenues of 2030 to the tune of \$25 billion, right, with our capital. And we announced so far, either we acquire or we announced, if you include Seagen, deals that in our math, they are making \$20 billion of revenue by year 2030. The Street right now is at \$17.5 billion moving to \$18 billion. I think they will adjust also Seagen up after those numbers. So over there, we are, I think, very close and pretty

much, I think I'm very optimistic in other products that we have acquired. And the data is showing that we are going to do quite well. So over there, I think Street and Pfizer pretty soon will agree it's \$20 billion and actually, we'll start counting the upsides there.

But we said we want to do \$25 billion. So we do have room to do additional \$5 billion, but clearly, it's not my #1 priority right now. My #1 priority, it is, one, to close Seagen and get it off in the most successful way. The first year of an integration, it is always one of the most important years that will demonstrate the potential of the company. So that's why all this personal attention and putting the people that I trust to run it.

And the second is, as you know, we are launching 19 products this year. And the most of them are happening now didn't happen are happening. I mean some happened in the -- but most of them are happening now. So that's the other area that I want to pay attention rather than to integrate another company. So we do have some time before we get some revenues.

Now this additional, are they going to come into late stage, early stage in oncology or in vaccines or in -- we are -- clearly, will come in areas that we can add value, and vaccines and oncology are areas that we can add value, primary care are areas that we can add value, immunology are areas that we can add value. So we will assess the returns of any particular asset when we are ready to go back, and then we'll do it.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

I wanted to ask you a more broader question on M&A you sit in the center of a lot of discussions. I'm curious, how do you think about next year? Do you think deal flow will be the same, more or less? Any thoughts?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

I don't see why it would be less than what it is right now. I think still likely, we won't see mega mergers because the environment clearly will not tolerate something like that. But the biotechs acquired by big pharmas, I think, we'll continue seeing almost in the same tune. It's a little bit expensive because interest rates are high. And with Seagen we announced that we raised \$33 billion of capital, this cost, right? There's a cost associated with that, which is bigger now than it was 2 years ago.

But I think there is a lot of innovation that's happening in biotechs and there is a need for pharmas for growth. So I think we will see the same. Post the election, who knows what will be the political environment. And if we will go back to mega mergers so that we are basically aiming to cut cost because all the acquisitions targeting biotechs, they are not targeting any cost really. Mostly, they are targeting the growth that we'll be able to achieve if they put their muscle behind the pipeline of the biotech.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. As an industry bellwether, I do want to ask you about this Medicare drug price negotiation. So we're past our 10-drug reveal that everybody has been waiting for. So where do you think things go from here? And how do you think Inflation Reduction Act really impacts the drug industry?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

It is a bad impact. This is not negotiation, it's very clear. They are imposing the price. They do it in a very nontransparent way. They have full authority to do whatever they want, basically to confiscate your property, although it is on patent, right? You have intellectual property, but that has not been waived and they go and they take it with excessive penalties and taxation. So all the things that we all say in the industry are very bad.

And in addition to that, likely in a vertical, they have created this pill penalty that if you do a pill rather than an injection or if you do small molecules rather than a large molecule, you are getting 9 years compared to 13, which is obscene. And that also is -- instead of the science picking winners and losers in terms of medicine, candidate medicines, now the government is picking winners and losers. They are telling you don't develop a small

molecule because I'm going to give you only 9 years. Try to do a large molecule. Even if it is not as good, you get 13 years of exclusivity. So all of that is very bad and I think needs to change. And I'm not optimistic that we will see any change in this -- let's say, in the last year.

Again, who knows what happens after that in terms of -- if there will be divided, government or and who will have it. We were lucky because we had 3 medicines that we're expecting to -- expected Pfizer to be included into the '26 release, and only one was included. The other 2, they didn't. And the other 2 also, even if they exclude the next year, they will have 2 or 3 months of LOE. So it's basically the whole MPV was safe. So we don't -- we are not going to have a big burden ourselves in the short term. But clearly, in the long term, defines the way that we make decisions about those things.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Do you think the legal action that some of the pharmaceutical companies are taking against the government, do you think they'll be successful?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

It's not only pharmaceutical companies. I think legal actions are taken by several individual companies. They have also pharma is taking actions, the U.S. Chamber of Commerce is taking actions. And I'm not a lawyer. I think will be a battle -- a legal battle. I think, for me, looks like that shouldn't be allowed, that the government confiscates your property without appropriate compensation. That looks like it's not constitutional. They can come and say, we need your house because we want to build a road. I'm going to take it for the price that I'm going to define, okay? They are obliged because it's your property to give you a fair value. So it's the same. The patents cannot be lifted, that's property. And they just take it and with -- by threatening catastrophic measures to you. So I don't think how the court would see that.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

So as we're getting close to the end of our time here today...

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

Oh, time flies. Good discussion with you.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Yes, that's true. So before we close, I do want to ask you what is on the horizon for Pfizer? And what are some of the things that you anticipate next year that you think people haven't talked about enough or might be surprised by?

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

Yes. Let me remind, I said before that we made a statement that we're going to make \$25 billion. We made \$20 billion in acquisitions, and The Street is \$17 billion and \$18 billion. We also made the statement that the 19 products that we are launching now could generate \$20 billion in the year 2030. And The Street is not there yet. It is at \$13.5 billion, so those new launches.

So what is exciting for Pfizer is to do the launches because we haven't done them yet, right? Some of them, we have, and be very successful. I think, again, that will take away -- will provide a lot of clarity for next year also on the non-COVID business, right? Because we will have all these 19 already seeing the first signs.

Some of these products, they did poorly, in my opinion. I was expecting more. CIBINQO, for example, that was launched last year, not this year, right, is growing. It's a good contributor of growth, but I was expecting way, way more. However, some other products are doing very, very well. I spoke about the Pevnar. That is really, really doing very well and it's very big.

RSV, I spoke, but I think will surprise all of us how big the market is and to have quite good clarity in the next 2 months, right, because you will see the trajectory and what is bringing. The acquisition that we did for the migraine medicine, very, very well it's doing. This also that I'm quite confident that this will continue going up. Actually, that will increase. I think the analysts when they see -- if they see another year, let's say, doing well, I think we can increase. So there's so much things are happening. Then we are about to launch now 2 additional oncology products. We are going to launch 2 additional immunology: one additional to launch and one we just launched for alopecia. We are going to launch an additional vaccine other than the Pevnar and the RSV, which is the pneumococcal pentavalent. And we are expecting results for flu.

I just want to remind you that from the 19 launches in 18 months, all but one have been technically derisked, so either have been approved or at the late stages of approvals with high probability of getting approved or they are about to be submitted with very strong packets of data. The data came positive. The only one that we have don't have data yet is flu. So that's -- and that's part of the 19.

So if flu comes, I see quite good potential because of the combinations. Combinations of flu and COVID could unlock a lot the market. I remind you that we were -- we said that this year would be 24% of Americans. But we'll take COVID, and we are waiting to see if we are overestimating or underestimating this number. But this year, we expect 48%, 49% of Americans to get a flu vaccine, which is the same like last year and the same the year before.

And I checked the trajectory of the flu vaccinations, how it's doing this year, so it's a surrogate for how maybe COVID will do. And they are doing identical as they did last year. Up to, let's say, mid of September, flu vaccinations were identical as mid of September of the year before. So I think that also will unlock a lot of revenues. The combinations of the respiratory diseases would unlock significant opportunities. So a lot to be excited.

But for me, I -- and there's a closing comment also if we don't have time, I -- what I want to do, it is to make sure that we execute on Seagen deal. Oncology represents a significant opportunity for us, and Seagen's portfolio could provide significant upsides to the numbers that we are discussing.

Vaccines, we have a powerhouse over there. And we need to make sure that we maintain our speed, and we need to make sure that we are going to have the combinations fast and with a good profile of products, easy for the users. We need to push all our pipeline on the rest of the therapeutic area. And we need to remove all the uncertainty of investors. Our stock is suffering this year. It's the same degree, I think, more or less, with all the COVID stocks, right? We are at 33%, 34% down. Moderna is 43% down. BioNTech is 30% down. So all of us, we are going down. And I think because there's a lot of uncertainty that people need to see the certain. So we are going to provide certainty. We hope that we are right about our projections. If not, we will adjust our cost base.

Louise Alesandra Chen - Cantor Fitzgerald & Co., Research Division - MD & Senior Research Analyst

Okay. Thank you very much, Dr. Bourla. Thank you for your time, and this has been a wonderful discussion.

Albert Bourla - Pfizer Inc. - Chairman of the Board & CEO

Thank you very much.

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