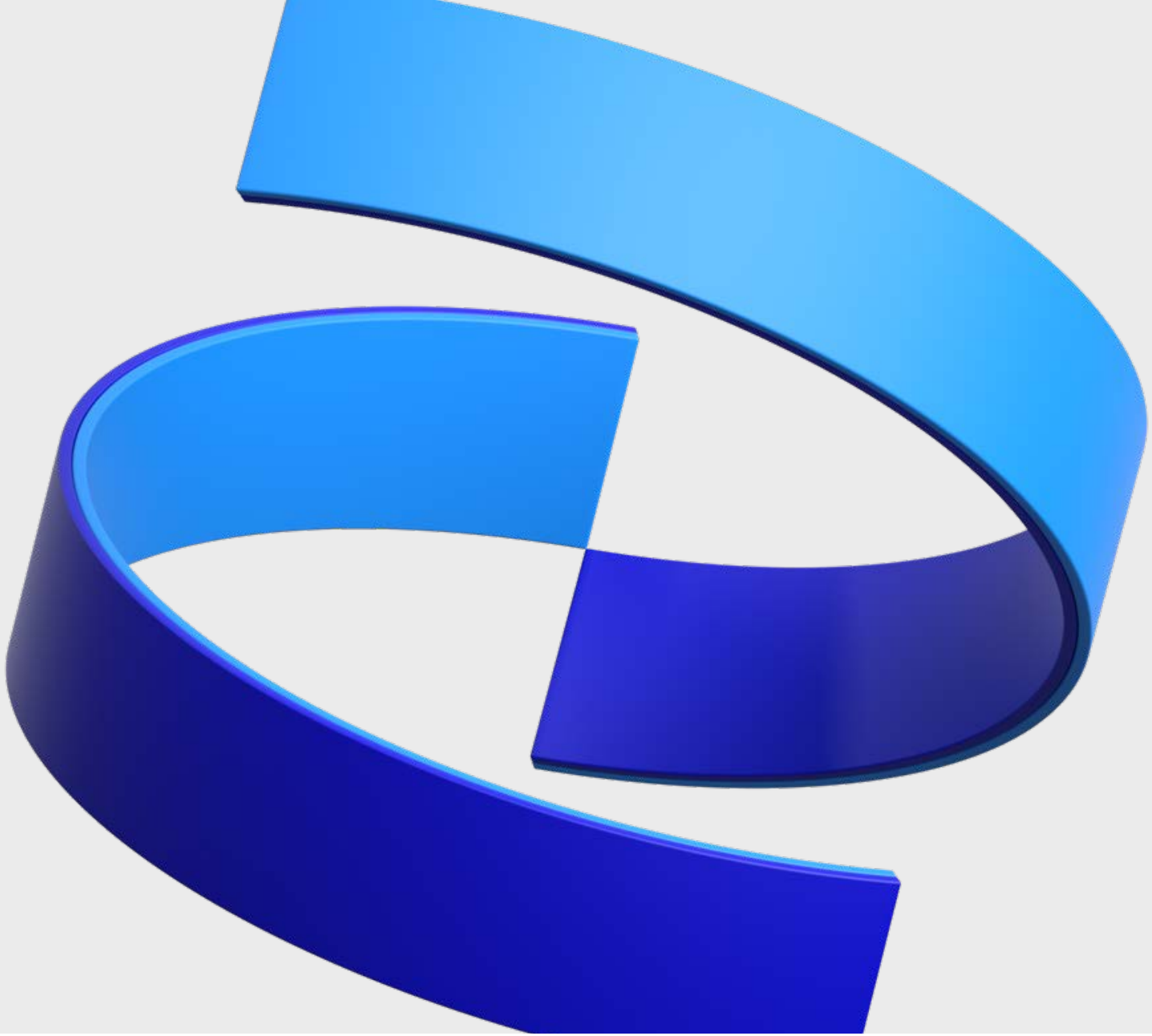
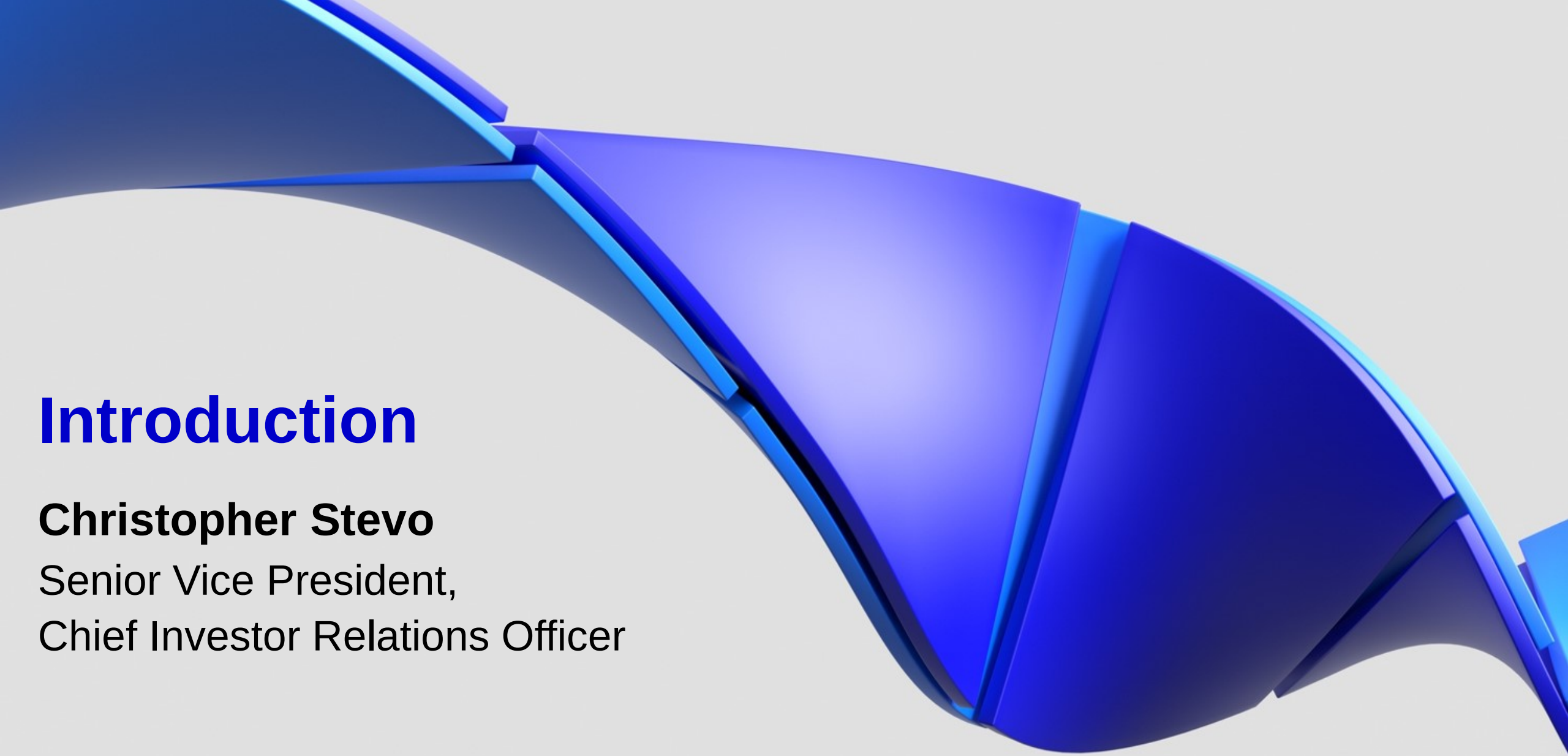
First Quarter 2022 Earnings Teleconference

May 3, 2022



Pfizer

Breakthroughs that change patients' lives ®



Introduction

Christopher Stevo

Senior Vice President,

Chief Investor Relations Officer

Forward-Looking Statements and Non-GAAP Financial Information

- Our discussions during this conference call will include forward-looking statements that are subject to substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. We include forward-looking statements about, among other topics, our anticipated operating and financial performance, reorganizations, business plans and prospects, expectations for our product pipeline, in-line products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, clinical trial results and other developing data, revenue contribution, growth, performance, timing of exclusivity and potential benefits, strategic reviews, capital allocation objectives, dividends and share repurchases, plans for and prospects of our acquisitions, dispositions and other business development activities, and our ability to successfully capitalize on these opportunities, manufacturing and product supply, our efforts to respond to COVID-19, including Comirnaty and our oral COVID-19 treatment (Paxlovid), our expectations regarding the impact of COVID-19 on our business, operations and financial results, and our Environmental, Social and Governance strategy. Among other things, statements regarding revenue and earnings per share growth; the development or commercial potential of our product pipeline, in-line products, product candidates and additional indications, including expected clinical trial protocols, the timing of the initiation and progress of clinical trials and data read-outs from trials; the timing for the submission of applications for and receipt of regulatory approvals; expected profile and labeling; and expected breakthrough, best or first-in-class or blockbuster status of our medicines or vaccines are forward-looking and are estimates that are subject to change and clinical trial and regulatory success. These statements are subject to risks, uncertainties and other factors that may cause actual results to differ materially from past results, future plans and projected future results. Additional information regarding these and other factors can be found in Pfizer's Annual Report on Form 10-K for the fiscal year ended December 31, 2021 and its subsequent reports on Form 10-Q, including in the sections thereof captioned "Risk Factors" and "Forward-Looking Information and Factors That May Affect Future Results", as well as in our subsequent reports on Form 8-K, all of which are filed with the U.S. Securities and Exchange Commission and available at www.sec.gov and www.pfizer.com. Potential risks and uncertainties also include the impact of COVID-19 on our sales and operations, including impacts on employees, manufacturing, supply chain, marketing, research and development and clinical trials. The forward-looking statements in this presentation speak only as of the original date of this presentation and we undertake no obligation to update or revise any of these statements.
- Also, the discussions during this conference call will include certain financial measures that were not prepared in accordance with U.S. generally accepted accounting principles (GAAP). Additional information regarding non-U.S. GAAP financial measures can be found on slides 42-44 and in our earnings release furnished with Pfizer's Current Report on Form 8-K dated May 3, 2022. Any non-U.S. GAAP financial measures presented are not, and should not be viewed as, substitutes for financial measures required by U.S. GAAP, have no standardized meaning prescribed by U.S. GAAP and may not be comparable to the calculation of similar measures of other companies.
- Today's discussions and presentation are intended for the investor community only; they are not intended to promote the products referenced herein or otherwise influence healthcare prescribing decisions.

Opening Remarks

Albert Bourla

Chairman and Chief Executive Officer

Q1 2022 Key Highlights

Strong Financial Performance

+82%

Operational Revenue Growth

+76%

Operational Adj. Diluted EPS[1] Growth

Key Growth Drivers

COMIRNATY
$13.2B * op
U.S. $2.3B, +14%
Int'l $10.9B, * op

PAXLOVID™
$1.5B * op
U.S. $1.0B, *
Int'l $455M, * op

ELIQUIS apixaban
$1.8B +12% op
U.S. $1.1B, +10%
Int'l $713M, +14% op

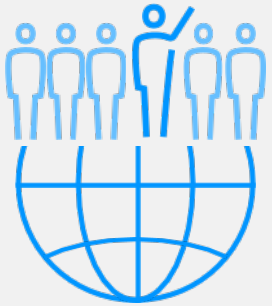
Prevnar Family[2]
$1.6B +23% op
U.S. $1.0B, +59%
Int'l $551M, -12% op

Vyndamax (tafamidis)[3]
$612M +41% op
U.S. $265M, +29%
Int'l $347M, +52% op

Oncology Biosimilars
$464M +35% op
U.S. $357M, +60%
Int'l $107M, -10% op

Breakthroughs that change patients' lives.

~468M Patients
reached worldwide in Q1 2022 with our medicines and vaccines[4]

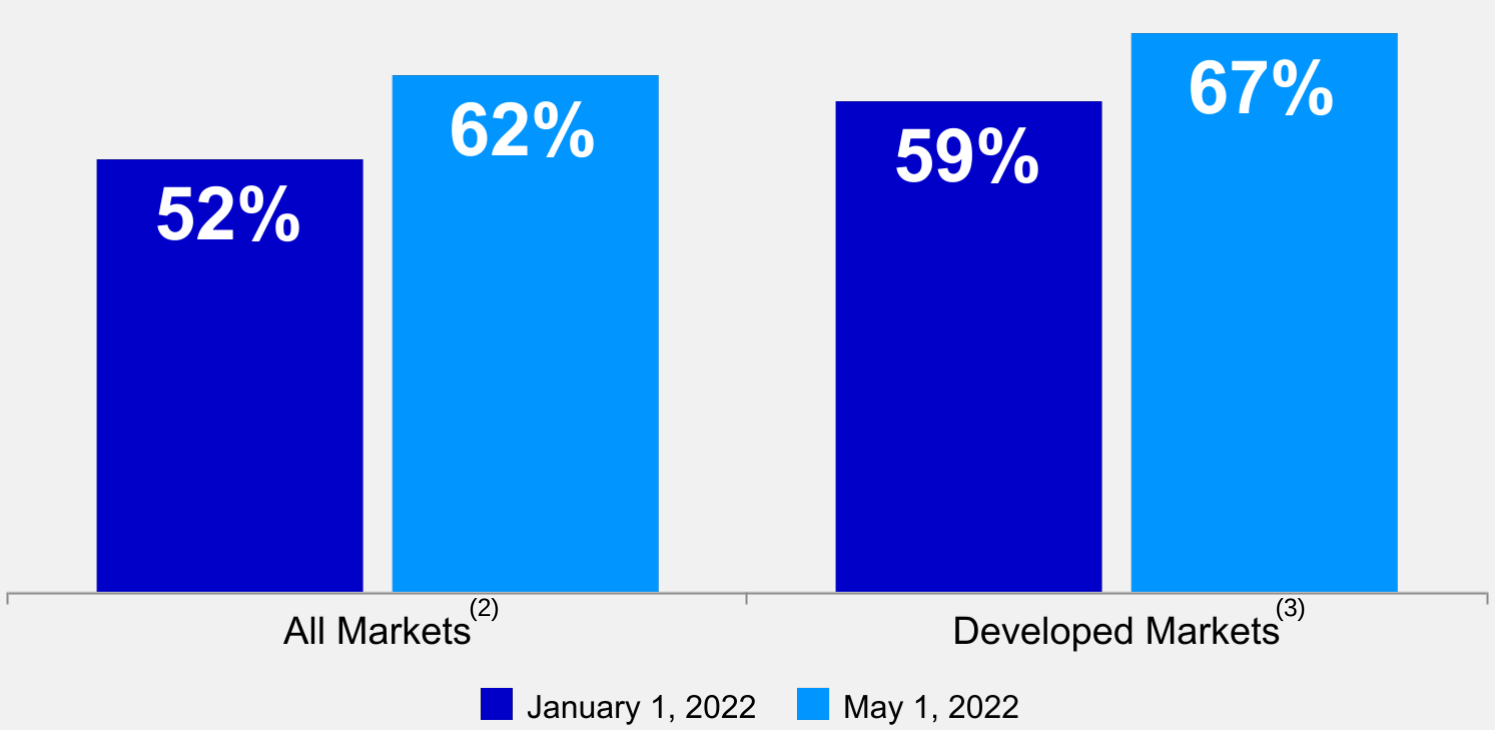


140% Increase
from prior-year quarter

(1) See Slides 42-44 for definitions
(2) Presented figures include sales of both Prevnar/Prevenar 13 and 20
(3) Presented figures include sales of both Vyndaqel and Vyndamax
(4) Patient counts are estimates derived from multiple data sources; ~109M patients ex-Comirnaty
*Indicates calculation not meaningful

Comirnaty: Continuing to Supply the World

Cumulative Share of Doses[1]



Nearly

3.4B

doses shipped to
179 countries to date

[1] Market share data includes only those markets in which Pfizer operates and that report market share data
[2] Includes all markets in Developed Markets[3] plus Emerging Markets (Argentina, Chile, Ecuador, Hong Kong, Nepal, Peru, South Africa, Uruguay)
[3] Includes the U.S., EU/EEA, other Int'l Developed markets (Japan, South Korea, Switzerland, Ukraine)

Comirnaty: Regulatory Milestones

FDA

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

12-15

Booster

EUA/CMA

FDA

50+ & 12+
Immuno-compromised

2nd Booster/4th Dose

EUA

FDA

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

12-Month

Frozen Shelf Life

Extension

Aspire to Achieve 24-Month Shelf Life

Recently submitted EUA application to FDA for booster for children 5 to 11 years, and look forward to filing in other jurisdictions in near future

Comirnaty: Boosters

>96%

of healthcare providers, on average across major markets(1), recommend a 3rd dose/booster to their patients(2)

~74%

of consumers, on average across major markets(1), report they have received a 3rd dose/booster(2)

~13%

report they are very likely to receive a 3rd dose/booster(2)

Continue to evaluate potential next-gen vaccines, including variant-specific

(1) U.S. and EU5 (France, Germany, Italy, Spain and U.K)..
(2) Pfizer internal research

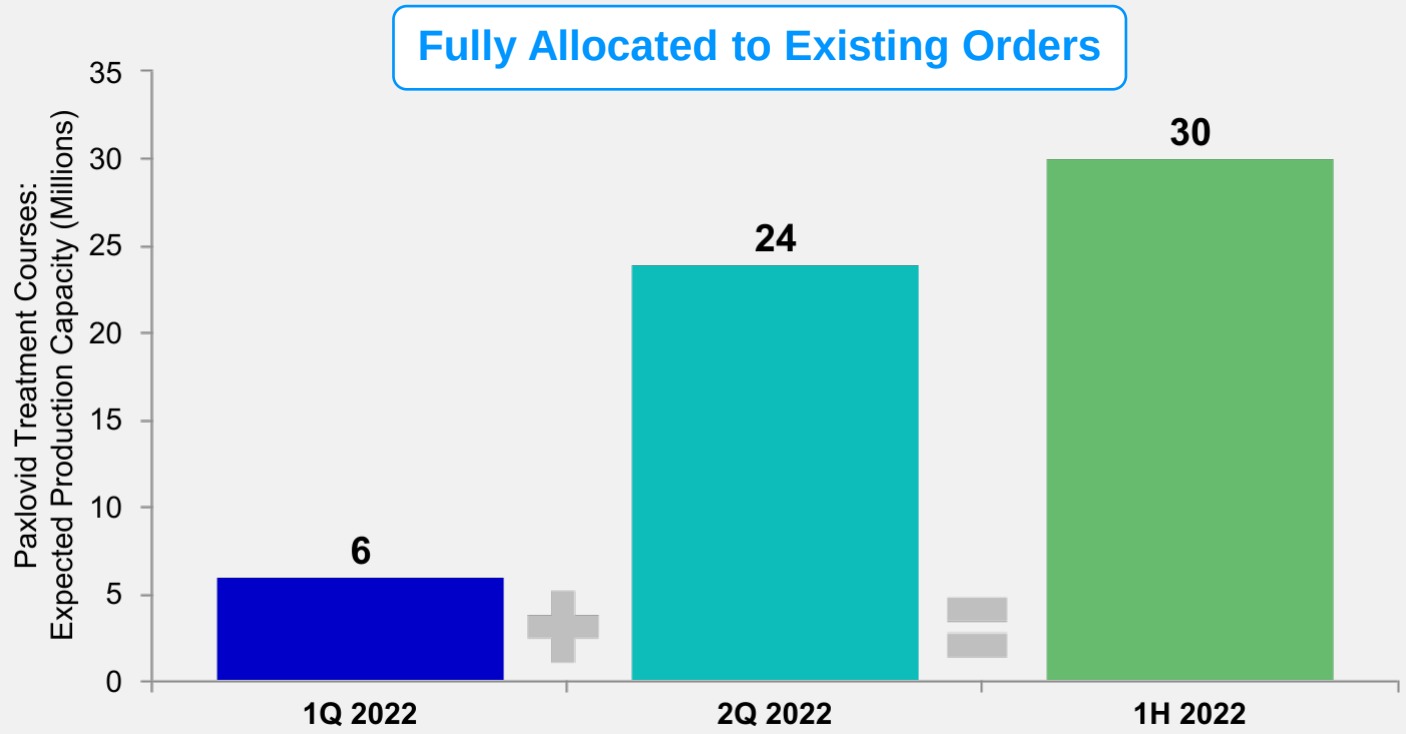
Paxlovid: Delivering on Our Commitments

>6M
treatment courses produced in Q1, **all of which have been shipped**

~8M
treatment courses shipped to date

International fiscal Q1 ended Feb 27 and majority of treatment courses were produced in March, so only a **small portion** of these shipments were **recorded in our Q1 revenues**

PAXLOVID Manufacturing Capacity



On track to produce **120 million** courses for the full year

Paxlovid: Expanding Access Globally

The Italian government recently announced an **expansion of prescribing into primary care**

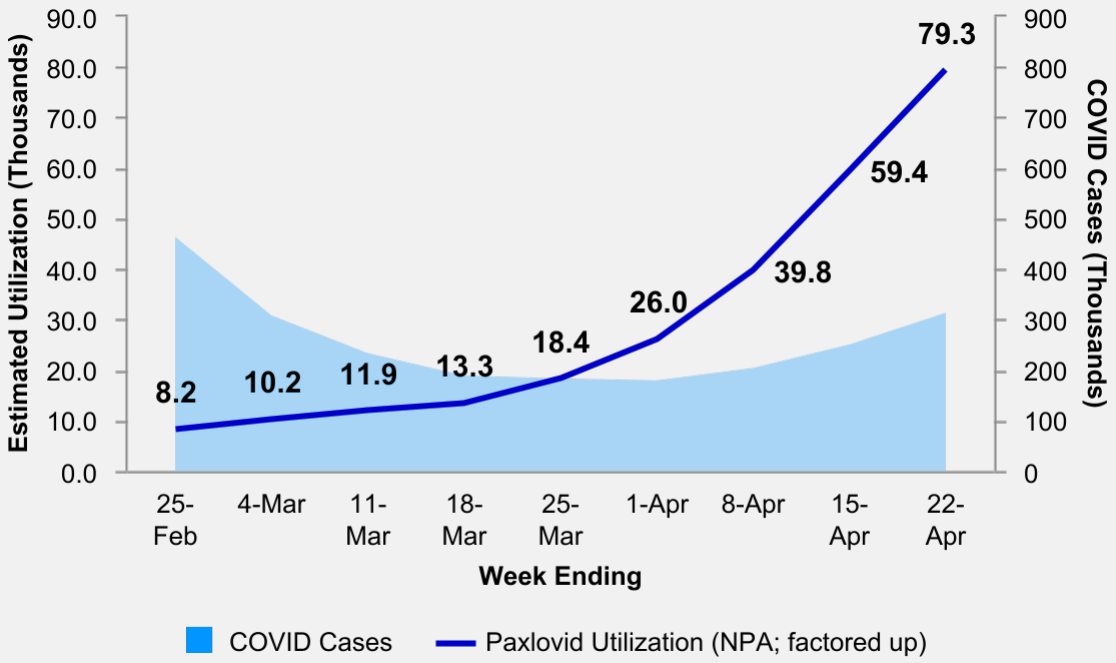
In the U.K., **Paxlovid will now be included in the national Panoramic Study**, which we expect will increase access

In Canada**, increasing supply and lifting of COVID-19 restrictions** is expected to enable greater access for patients

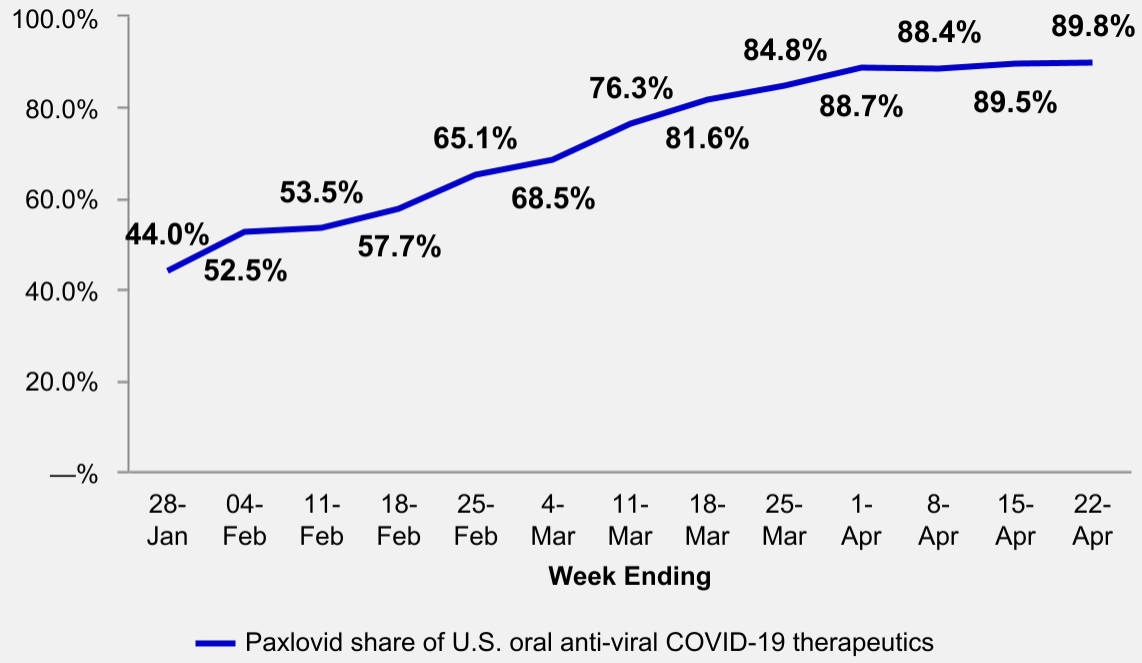
Paxlovid has received emergency or conditional authorization for use with certain populations in **>60** countries

Paxlovid: Nearly Ten-Fold Growth in U.S. Utilization

U.S. Estimated Utilization (NPA)[1] vs. Cases[2]



U.S. Market Share[3] *(%)*



HCPs using more Paxlovid, as utilization is increasing faster than number of COVID-19 cases

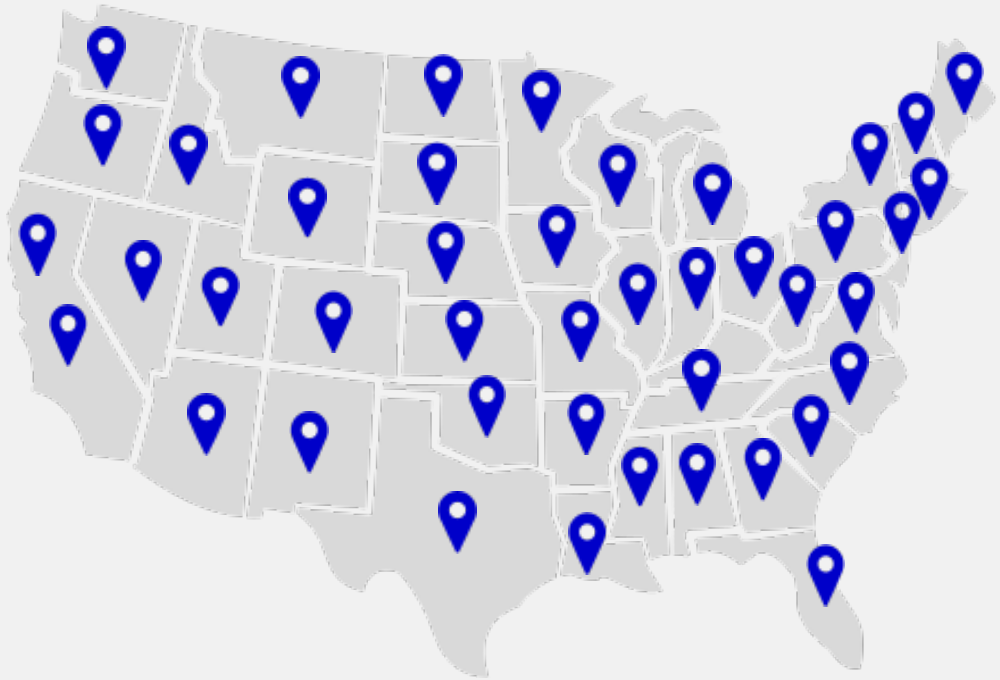
HCPs prescribe Paxlovid over any other COVID-19 oral antiviral therapy

(1) Estimated Paxlovid patients and estimated utilization rates calculated from wholesaler shipping data are compared to Paxlovid utilization from IQVIA's National Prescription Audit (NPA) to determine estimated NPA market coverage and subsequent factor up rate

(2) Reported cases historical are weekly cumulative totals derived from CDC COVID Data Tracker for February 25, 2022 to April 22, 2022.

(3) Based on data from IQVIA Xponent (as of week ending April 22, 2022), relative to molnupiravir in the retail, long-term care, and mail order channels, which together represent an estimated 50% of Paxlovid utilization.

Paxlovid: Expanding Access in U.S.



>33K sites with Paxlovid supply (a **4x increase** since late-Feb)

77% of recent COVID-19 cases occur within **5 miles** of closest retail point of care (up from **23%** since Feb)

>2.2K **Test to Treat** locations open, **~1.1K** locations added in **April**

U.S. government intends to **double the number of sites with Paxlovid supply** in coming weeks & make Paxlovid available to any pharmacy

As the virus mutates and causes spikes in infections around the world, we expect inquiries from foreign governments to result in **increased orders in the coming months**

Business Development Strategy: Etrasimod

ARENA PHARMACEUTICALS

Potential Best-in-Class Asset

etrasimod

Recent positive phase 3 results in moderately-to-severely active ulcerative colitis

Business Development Strategy: ReViral

Potential Business Development

Could add at least...

$25B

of risk-adjusted revenues to
our 2030 top-line expectations

1st Deal Counted Toward This $25B Ambition

REVIRAL™

Annual revenue for ReViral's RSV programs, if successful, has the potential to reach or exceed…(1)

$1.5B

(1) The proposed transaction is subject to customary closing conditions, including receipt of regulatory approvals.

Business Development Strategy: Partner of Choice for Biotechs

ESG Update (1 of 2)

Diversity, Equity, and Inclusion

Pay Equity

Globally, female colleagues paid

>99%

of what male colleagues are paid

In U.S., minorities paid

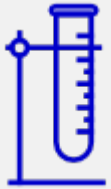
100%

of what non-minorities are paid

Business Ethics

Russia & Ukraine

Donating **all profits** of our Russian subsidiary to causes that **provide direct humanitarian support** to the people of Ukraine



No longer initiate new clinical trials in Russia and will **stop recruiting new patients** in our ongoing clinical trials in the country

Ceasing all future investments with local suppliers intended to build manufacturing capacity in Russia

ESG Update (2 of 2)

Equitable Access and Pricing

COVID-19 Treatment

Will not profit from sales of our COVID-19 treatment to the world's poorest countries

unicef

Agreement to supply up to

4M

treatment courses of Paxlovid to 95 low- and middle-income countries, with all low- and lower-middle-income countries to be offered the treatment at a not-for-profit price

Business Ethics

Patient Centricity

ETHISPHERE GOOD. SMART. BUSINESS. PROFIT.

Recognized as one of the **World's Most Ethical Companies**

PATIENT VIEW

2021 Global Survey - Ranked **1st** for the first time ever (up from 5th in 2018)

Welcome William Pao and David Denton

Dr. William Pao
Chief Development Officer,
Executive Vice President

David Denton
Chief Financial Officer,
Executive Vice President

Scientific Updates

Mikael Dolsten

Chief Scientific Officer and President, Worldwide Research, Development and Medical

Advancing Breakthroughs at the Speed of Science

Q1 2022 Earnings Call Pipeline Updates

COVID-19 Science Areas

COMIRNATY®

PAXLOVID™

Oral Protease inhibitor

Inflammation & Immunology

- Ulcerative Colitis Franchise
- Ritlecitinib Immunology Franchise

RSV

- ReViral Antiviral Candidates

Oncology

- Lorlatinib First-Line ALK+ NSCLC

Vaccines

- Pediatric Lyme

Rare Disease

- Hemophilia Franchise

NSCLC = non-small cell lung cancer
The proposed acquisition of ReViral is subject to customary closing conditions, including receipt of regulatory approvals

COMIRNATY: Comprehensive Clinical Strategy

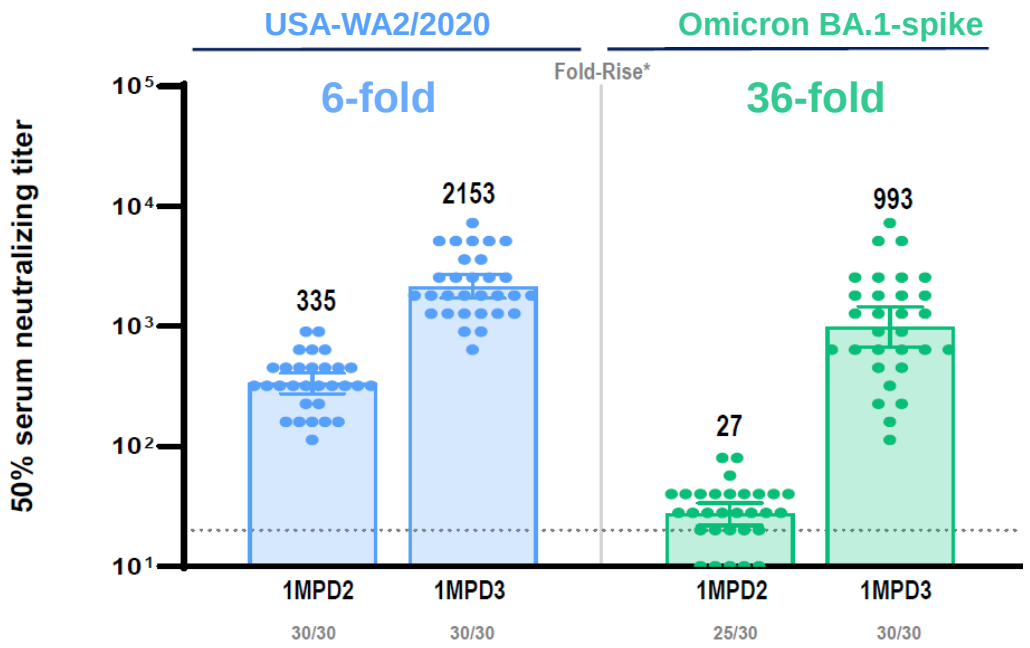
Data-Driven Approach Across Patient Populations and Variants

1. **EVALUATING** Real-world Vaccine Effectiveness
2. **DEMONSTRATING** Higher Immunogenicity with Booster
3. **EXPANDING** Vaccine to Pediatric Populations
4. **ADDRESSING** Emerging Variants of Concern

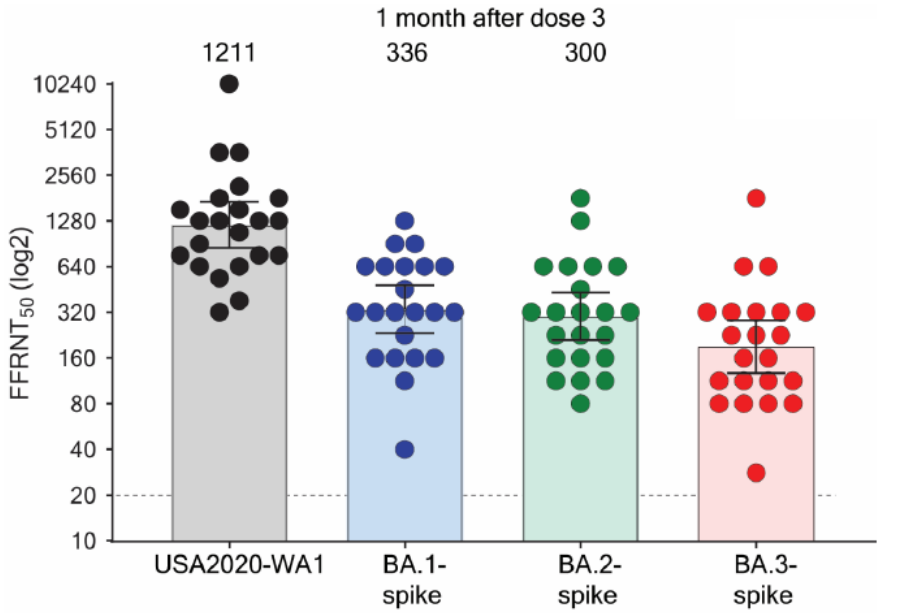
COMIRNATY: Data-Driven Booster Strategy

Booster (Third Dose) Drives Strong Neutralization in Ages 5-11 and Omicron Sub-lineages in Adults

Robust Boost Against WT and Omicron Observed Following Third COMIRNATY dose in Ages 5-11[1]



BA.2 and Other Omicron Sub-lineages Effectively Neutralized with Three Doses[2]



- COMIRNATY well tolerated with no new safety signals observed in most recent booster data readout (n=401)
- EUA request submitted for booster (third dose) ages 5-11[1]

(1) Pfizer and BioNTech Submit Application for U.S. Emergency Use Authorization for a COVID-19 Vaccine Booster Dose in Children 5 Through 11 Years of Age | Pfizer
(2) Neutralization of Omicron BA.1, BA.2, and BA.3 SARS-CoV-2 by 3 doses of BNT162b2 vaccine | bioRxiv

WT= wild type; 1MPD2 = 1 month post dose 2; 1MPD3 = 1 month post dose 3; FFRNT = fluorescent focus reduction neutralization test

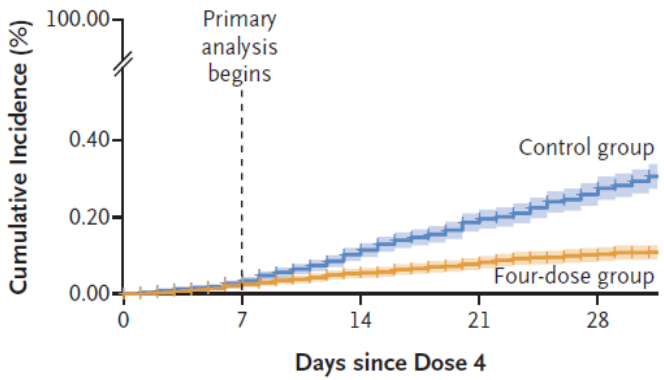
COMIRNATY: Data-Driven Booster Strategy

Second Booster (Fourth Dose) EUA for Ages 50 and Above Enables Increased Protection

Lower Rates of Hospitalization[1], Severe Illness[1,2] and Death[1] Observed with 4th Dose During Omicron Pandemic

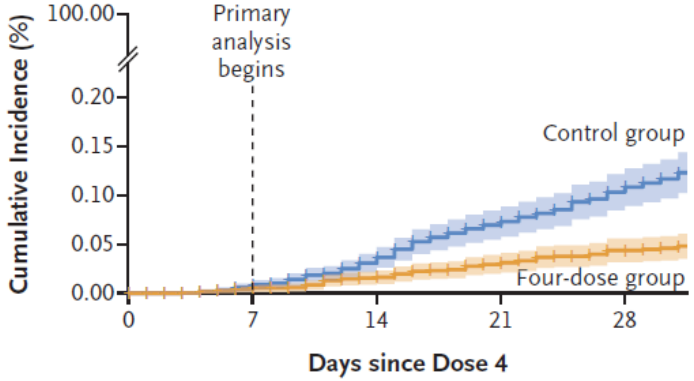
Real World Data from Israel[1, 2]

Covid-19-Related Hospitalization



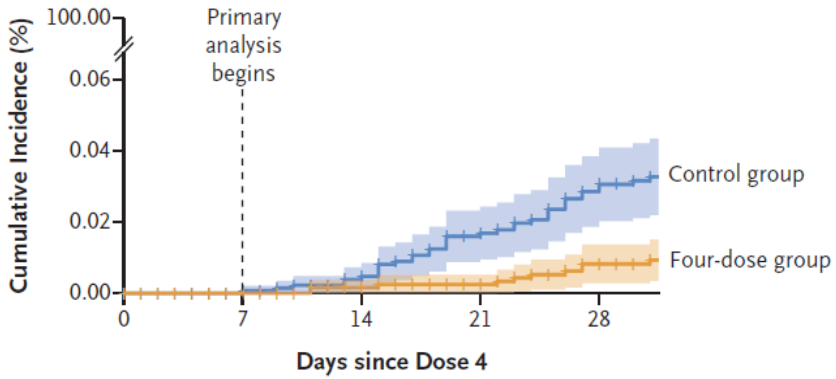
68% reduction in hospitalization after 4th dose compared to 3rd dose

Severe Covid-19



62% reduction in severe Covid-19 after 4th dose compared to 3rd dose

Death from Covid-19



74% reduction in death after 4th dose compared to 3rd dose

Fourth dose now recommended[3] for certain high-risk populations in >15 countries including US, Israel, UK, Germany, France, Canada, Australia, South Korea, and Sweden

(1) Magen O, Waxman JG, Makov-Assif M et al. Fourth Dose of BNT162b2 mRNA Covid-19 Vaccine in a Nationwide Setting, *NEJM*. Published April 13, 2022DOI:10.1056/NEJMoa2201688
(2) Bar-On YM, Goldberg Y, Mandel M, et al. Protection by 4th dose of BNT162b2 against Omicron in Israel. *NEJM*. Published online April 5, DOI: 10.1056/NEJMoa2201570
(3) As of March 29, 2022

COMIRNATY: Pediatric (6 months through 4 years) Update

Jan 31, 2022 ✔
- **Initiate 3rd dose evaluation in pivotal study**

Feb 1, 2022 ✔
- **EUA rolling Ped submission: 2-dose data to start**

May-June 2022
- **EUA rolling submission**
- **3-dose data to be added**

June 2022
- **Anticipated FDA Advisory committee / EUA**
- **CDC ACIP recommendation**

- Anticipate need for a third dose which may help increase protection against Omicron[1]
- Concerning surge in pediatric cases and hospitalizations due to Omicron
- **Initiated rolling submission** of 2-dose data for **potential EUA**[1]

EUA = Emergency Use Authorization
(1) Subject to data/regulatory authorization

PAXLOVID: Broad Clinical Program to Address Patient Needs

	High Risk	Standard Risk	Household Contact
			
Study	EPIC-HR[1]	EPIC-SR	EPIC-PEP
Trial Size	2,246	1,980	2,957
Milestone	Anticipated NDA Decision 2H 2022[2]	Pivotal Readout 2H 2022[2]	Pivotal Readout Reported

	Pediatric	Immunocompromised
		
Study	EPIC-Peds	EPIC-IC
Trial Size	~100[3]	150
Milestone	Readout Q2 2023[2]	Study Start 2H 2022[2]

EPIC-HR = Evaluation of Protease Inhibition for COVID-19 – High Risk; EPIC-SR = Evaluation of Protease Inhibition for COVID-19 – Standard Risk; EPIC-PEP = Evaluation of Protease Inhibition for COVID-19 – Post-Exposure Prophylaxis; EPIC-IC = Evaluation of Protease Inhibition for COVID-19 in Immunocompromised Patients; EPIC-PEDS = Evaluation of Protease Inhibition for COVID-19 in Pediatric Patients

(1) Study results published in NEJM 2022; 386:1397-1408 DOI: 10.1056.

(2) Anticipated timing, under review and subject to change.

(3) Cohort 1 (40kg+, ages 6-18,N=50) & cohort 2 (20-40kg, ages 6-18, N=50), subsequent cohort doses and "n's" to be determined from cohort 1 & 2 Data.

Etrasimod: Potential Best-In-Class Oral Ulcerative Colitis Drug

Acquisition of Arena Closed March 11, 2022 with Potential 2023 FDA Approval

Anticipated Drug Profile

- Oral, once-a-day administration
- Rapid onset of effect, no anticipated dose titration
- Robust benefit to risk profile
- Differentiated pharmacology in S1P class

Potential Best-in-Class Efficacy

ELEVATE UC 12

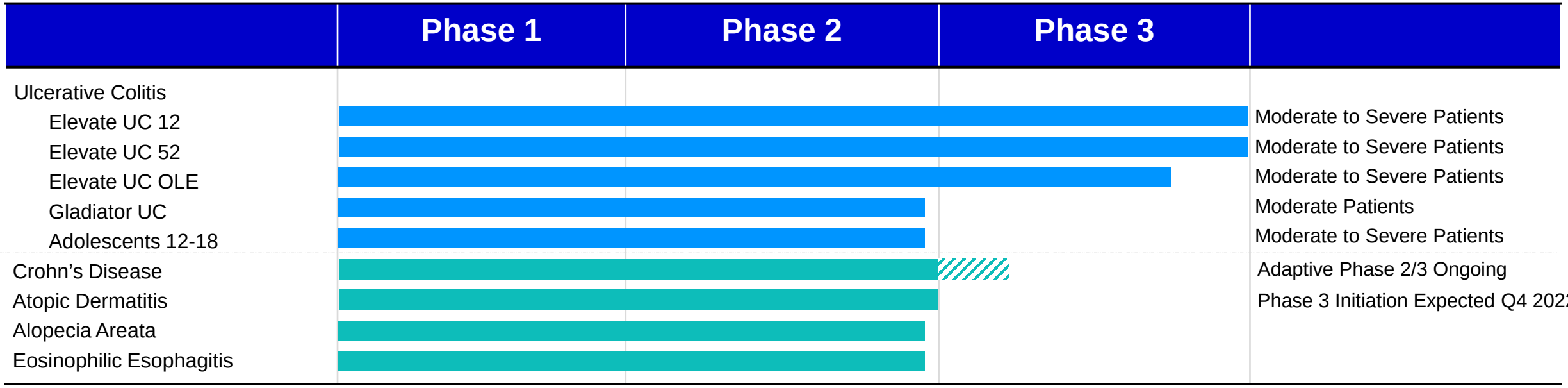
- Met primary endpoint of clinical remission at week 12
- Achieved all key secondary endpoints
- Safety profile consistent with prior Phase 2 studies

ELEVATE UC 52

- Met co-primary endpoints of clinical remission at both weeks 12 and 52
- Achieved all key secondary endpoints
- Safety profile consistent with prior Phase 2 studies

ELEVATE UC 12 and ELEVATE UC 52 conducted in moderate to severe active ulcerative colitis patients; all dates are subject to change and subject to clinical and regulatory success

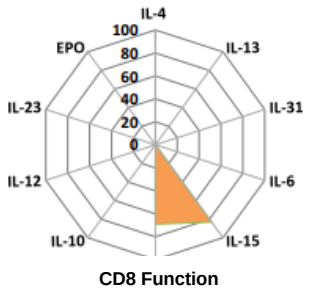
Etrasimod: S1P Mechanism Has Broad Potential Beyond UC



- Projected filing in UC 2H 2022
- Robust risk-benefit profile with competitive potential efficacy across approved and emerging treatments
- Potential lifecycle expansion into Crohn's Disease and EOE expands Gastroenterology footprint
- Enhances portfolio in critical years with potential near-term strength in gastroenterology and long-term options in immuno-inflammatory

OLE: Open Label Extension; UC: Ulcerative Colitis; EOE: Eosinophilic Esophagitis

Ritlecitinib: Unique Cytokine Modulation to Address Drivers of Disease



Inhibits IL-15 & CD8 Function
Spares IL-10

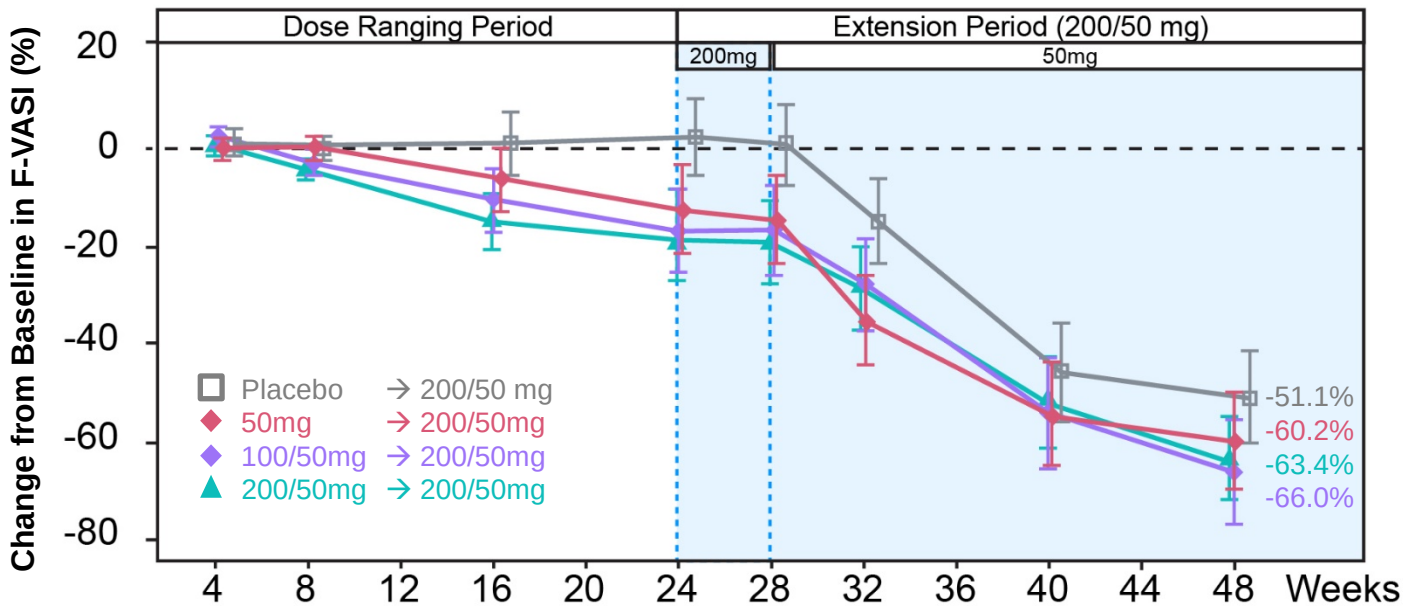
- Potent pan-TEC family inhibitor, spares IL-10 protective cytokine
- Spares activity on JAK1, JAK2 and TYK2 - the dominant JAK activity of existing effective oral JAK agents
- Potential to address underlying drivers of a broad range of immuno-inflammatory diseases
- Encouraging data demonstrated in Phase 3 for Alopecia Areata, Phase 2 for Vitiligo and Ulcerative Colitis

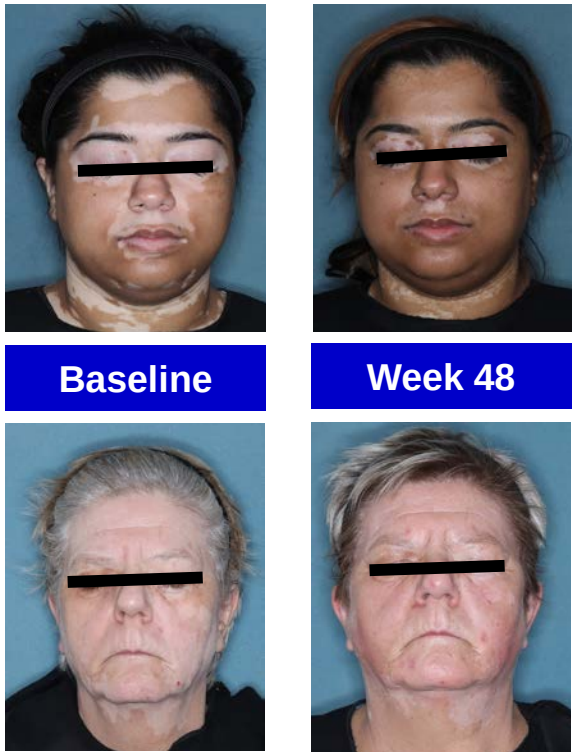
Indication	Phase of Development	Status
Alopecia Areata	**Phase 3**	Breakthrough designation, regulatory filing expected Q2 2022
Vitiligo	**Phase 2**	Finalizing Phase 3 protocols
Ulcerative Colitis	**Phase 2**	Next steps under review
Crohn's Disease	**Phase 2**	Study ongoing, anticipated readout 2023

Ritlecitinib Phase 2b Study in Vitiligo

No Plateau of Efficacy Observed at Week 48 Across Light and Dark Skin Types

Facial Vitiligo Area Severity Index (F-VASI) Improvement (48 weeks)





- **Significant, continuous improvement** in facial VASI and total VASI[1] **at 48 weeks**
- **Favorable benefit/risk profile** in patients with active non segmental vitiligo[2]
- **Next Steps:** Potential Phase 3 start 2H 2022

VASI = Vitiligo Area Scoring Index; JAK3 = Janus Kinase 3; TEC = Tyrosine-Protein Kinase Tec
(1) Total VASI data not shown
(2) Safety profile consistent with alopecia Ph 2/3 program

Agreement to Acquire ReViral Augments RSV R&D Leadership

Complementary Strategy Leveraging Pfizer's Expertise

Significant Unmet Need Globally, with No Approved Treatments

~64M
Infections Annually[1]

Over 3M
Hospitalized Annually [2-6]

~160,000
Deaths Annually[1]

Pfizer RSVpreF Vaccine Program

- Bivalent stabilized prefusionF vaccine candidate elicited high RSV A and RSV B neutralizing titers in preclinical animal models and in Phase 1/2 studies
- **Breakthrough Designation** for maternal and adult programs

ReViral Anti-Viral Candidates

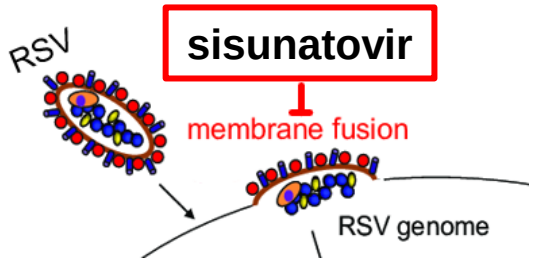
- sisunatovir: orally administered RSV-F protein inhibitor targets viral-host cell fusion
  - **Fast Track Designation**
- Oral N-protein inhibitor targets viral replication

RSV = Respiratory Syncytial Virus; The proposed transaction is subject to customary closing conditions, including receipt of regulatory approvals

(1) NIH (https://www.niaid.nih.gov/diseases-conditions/respiratory-syncytial-virus-rsv)
(2) Shi, Ting et al. Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in young children in 2015: a systematic review and modelling study. *Lancet.* 2017 Sep 2; 390(10098): 946–958.
(3) Hall CB, Weinberg GA, Iwane MK, Blumkin AK, Edwards KM, et al. The burden of respiratory syncytial virus infection in young childrenexternal icon. *NEJM*. 2009;360(6):588-98.
(4) Rha B, Curns AT, Lively JY, et al. Respiratory Syncytial Virus–Associated Hospitalizations Among Young Children: 2015–2016external icon. *Pediatrics*. 2020;146(1):e20193611
(5) Falsey AR, Hennessey PA, Formica MA, Cox C, Walsh EE. Respiratory syncytial virus infection in elderly and high-risk adultsexternal icon. *NEJM*. 2005;352(17):1749-59
(6) Pfizer internal analysis

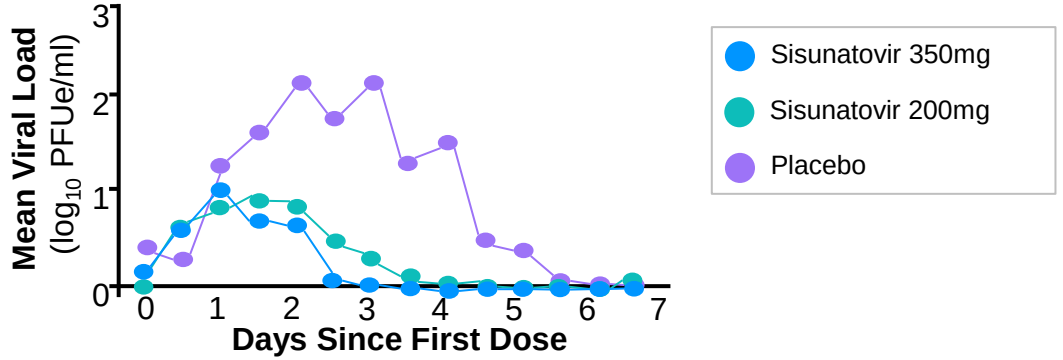
ReViral Acquisition: Potential Best-in-Class RSV Antivirals

Sisunatovir: Oral RSV F-Protein Inhibitor

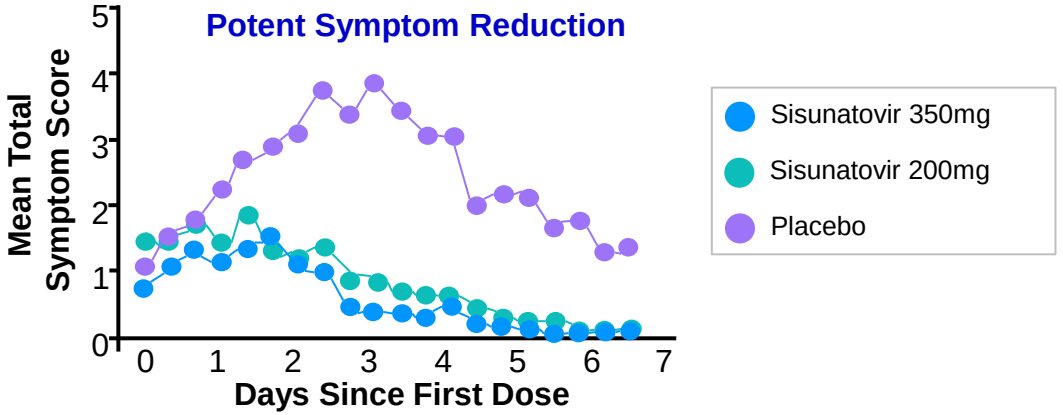


- U.S. FDA Fast Track designation
- Significantly reduced viral load in Phase 2 RSV healthy adult challenge study
- Ongoing three-part adaptive Phase 2 study in hospitalized infants
  - Successful completion of Part A in June 2021 with favorable safety and PK
  - Part B ongoing – double-blind, placebo-controlled stage

Phase 2 Healthy Adult Challenge Study Met Primary Endpoint of Change in Viral Load



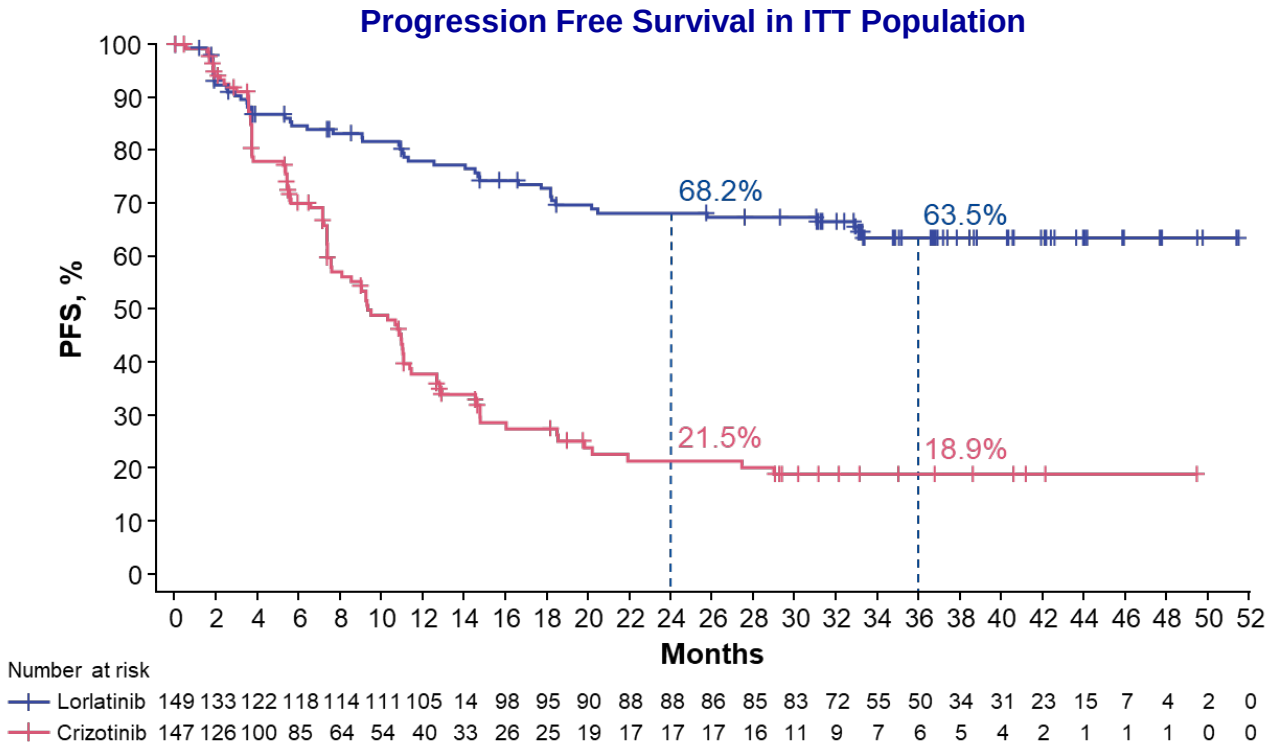
Potent Symptom Reduction



Antimicrob Agents Chemother. 2020 Jan 27;64(2):e01884-19.
PK: Pharmacokinetics; The proposed transaction is subject to customary closing conditions, including receipt of regulatory approvals

3 Year Follow-Up Data from Phase 3 CROWN Trial of LORBRENA

Results Presented at AACR[1] Confirm Prolonged PFS in First-Line ALK+ NSCLC



	ITT	
	Lorlatinib (n=149)	**Crizotinib (n=147)**
Events	49	92
PFS, median (95% CI), months	NR (NR–NR)	9.3 (7.6–11.1)
HR (95% CI)	0.27 (0.184–0.388)	

High Impact Results:

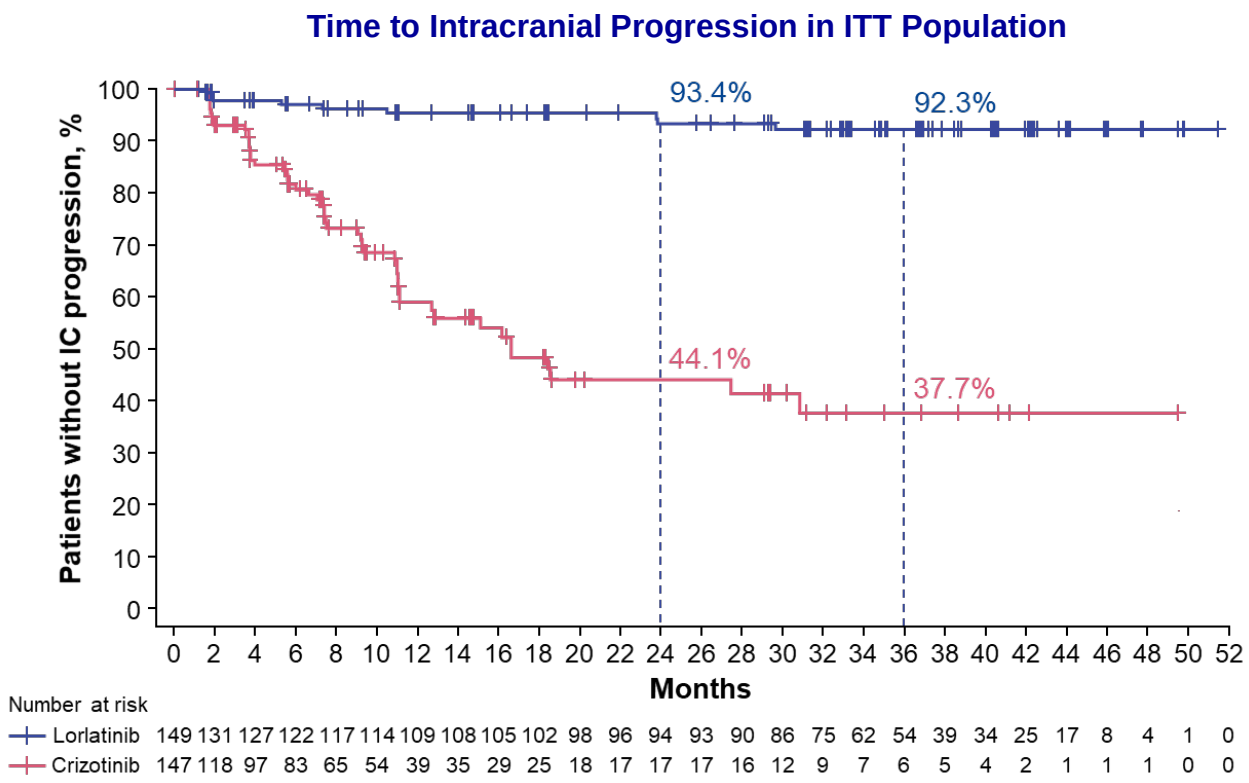
- 73% reduction in risk of disease progression or death vs. crizotinib
- 3-year PFS rate in lorlatinib arm 63.5%
- Efficacy in patients with or without baseline brain metastasis
  - With brain metastases: HR (95% CI): 0.21 (0.10–0.44)
  - Without brain metastases: HR (95% CI) 0.29 (0.19–0.44)

LORBRENA® (lorlatinib, available in Europe under the brand name LORVIQUA)
NSCLC = Non-small Cell Lung Cancer; ITT = Intent to Treat; CI = Confidence Interval; HR = Hazard Ratio; NR = Not Reached; PFS = Progression-free Survival; ORR = Objective Response Rate; DOR = Duration of Response; AACR = American Association for Cancer Research Annual Meeting 2022

(1) Abstract #CT22, AACR 2021 Annual Meeting: Updated efficacy and safety from the phase 3 CROWN study of first-line lorlatinib vs crizotinib in advanced anaplastic lymphoma kinase (ALK)-positive non-small cell lung cancer (NSCLC),

3 Year Follow-Up Data from Phase 3 CROWN Trial of LORBRENA

Time to Intracranial Progression Longer with lorlatinib than crizotinib



	ITT	
	Lorlatinib (n=149)	**Crizotinib (n=147)**
Events	9	51
TTP, median (95% CI), months	NR (NR–NR)	16.6 (11.1–NR)
HR (95% CI)	0.08 (0.040–0.174)	

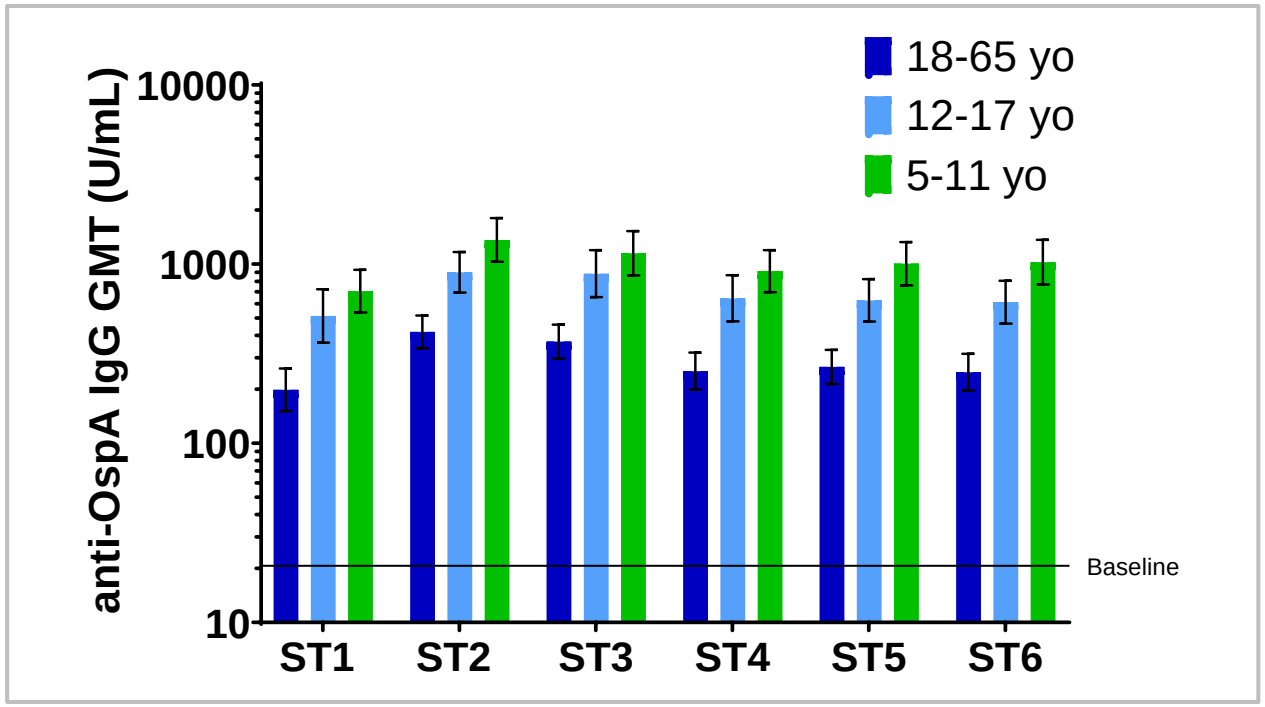
CNS progression in patients without baseline brain metastases:

- 1 of 112 lorlatinib-treated patients had evidence of intracranial progression
- 25 of 108 crizotinib patients had evidence of intracranial progression
- HR (95%CI): 0.02 (0.002–0.14)
- 3-yr rate without intracranial progression:
  - 99% for lorlatinib
  - 50% for crizotinib

LORBRENA® (lorlatinib, available in Europe under the brand name LORVIQUA)
ITT = Intent to Treat; CI = Confidence Interval; HR = Hazard Ratio; NR = Not Reached; TTP = Time to Progression

Lyme Vaccine: Positive Pediatric Phase 2 Data

Robust Immunogenicity Across all Age Groups and OspA Serotypes



Potential to provide protection to population with greatest risk of Lyme disease

- Strong immunogenicity profile observed in study participants aged 5-17 one month after primary vaccination series
- Greater immunogenic response observed in pediatric participants than adults
- Safety profile in pediatric participants similar to previously reported data in adults

- Lyme disease program received **Fast Track designation** by U.S. FDA
- Data support three-dose primary vaccination schedule in pediatric participants in Phase 3 trial
- **Next Steps:** Pediatric population to be included in planned Phase 3 trial, expected to initiate Q3 2022

ST= Serotype; OspA = Outer Surface Protein A; GMT = Geometric Mean Titer

Portfolio with Potential Therapy for All Persons with Hemophilia

Complementary Candidates with anti-TFPI mAb Therapy Marstacimab and Gene Therapies

Clinical Programs

marstacimab

- Novel non-factor treatment candidate
- Potential to address a broad patient population as a new subcutaneous prophylactic treatment for patients with Hemophilia A or B, including those with inhibitors
- Projected pivotal readout Q2 2023, projected submission for non-inhibitor indication Q3 2023
- FDA Fast track designation (Hemophilia A and Hemophilia B), FDA ODD (Hemophilia A and Hemophilia B), EMA ODD (Hemophilia A)

Hemophilia B Gene Therapy[1]

- Updated Phase 1b/2 data presented at ASH 2021
- Largest cohort of persons with Hemophilia B with at least 3 years of follow-up with AAV gene therapy
- Phase 1b/2: 93% (13/14) participants achieved F9 activity in the mild or normal range between 3-5.5 years follow-up
    - Mean ABR ranged from 0.1-0.9 per year over the course of follow-up
    - No patients resumed F9 prophylaxis
- Projected pivotal readout Q1 2023

Hemophilia A Gene Therapy[2]

- Updated Phase 1b data presented at ASH 2021
- F8 activity 25% of normal at week 104 in highest-dose cohort (n=5)
    - ABR of < 1.4
- FDA clinical hold lifted, anticipated study resumption Q3 2022
- Pivotal study >50% enrolled
- Pivotal readout estimated 2H 2023

TFPI = Tissue Factor Pathway Inhibition; mAb = Monoclonal Antibody; ABR = Annualized Bleed Rate; ODD = Orphan Drug Designation; F9 = Factor 9; F8 = Factor 8; ASH = American Society of Hematology Annual Meeting 2021, AAV = Adeno-associated Virus ; All dates are subject to change and subject to clinical and regulatory success

(1) PF-06838435
(2) PF-07055480

Key 2022 Milestones

Select Examples Only

Key Regulatory Decisions	● CIBINQO atopic dermatitis	Jan-US
	● PAXLOVID High Risk CMA	Jan-EU
	● NGENLA growth hormone deficiency	Feb-EU
	● VYDURA acute and prophylactic treatment of migraine	Apr–EU
	○ COMIRNATY 6 month through 4 yr. old	EUA 1H-US
	○ PAXLOVID High Risk	Full NDA 2H-US
Key Pivotal Readouts	● C. difficile	1H
	● COMIRNATY 5-11 booster	2Q
	● PAXLOVID Household Contact	2Q
	○ COMIRNATY 6 month through 4 yr.	1H
	○ PAXLOVID SR (final)	2H
	○ RSV Maternal vaccine	2H
	○ RSV Adult vaccine	2H
	○ TALZENNA+XTANDI mCRPC (TALAPRO-2)	2H
	○ PREVNAR 20 Infants	2H
	○ Elranatamab (BCMA) TCR MM	2H
	○ BRAFTOVI + MEKTOVI BRAF+ NSCLC	2H
	○ XTANDI EMBARK nmCSPC	2H
Key Early-Stage Readouts	● Danuglipron T2DM	1H
	● VLA15 Lyme	1H
	○ ROBO2-Fc FSGS	1H
	○ CDKi 2/4/6 Breast Cancer	2H
	○ IFN-β inhibitor dermatomyositis	2H
	○ TL1A inhibitor UC	2H
	○ mRNA flu vaccine	2022

● Achieved ○ Expected timing; all dates are preliminary, subject to change, and subject to clinical trial and regulatory success

RSV = Respiratory Syncytial Virus; TCR-MM = Triple-Class Refractory Multiple Myeloma; NSCLC = Non-Small Cell Lung Cancer; nmCSPC = Nonmetastatic Castration-Sensitive Prostate Cancer; FSGS = Focal Segmental Glomerulosclerosis; T2DM = Type 2 Diabetes Mellitus; UC = Ulcerative Colitis

Financial Review

Frank D'Amelio

Chief Financial Officer, Executive Vice President

Quarterly Income Statement Highlights

Revenues

$25.7B ↑ +82% op

Primarily driven by Comirnaty[1], Paxlovid, Prevnar family in U.S., Eliquis, Vyndaqel and Oncology Biosimilars in U.S.

Adjusted[1] R&D Expenses

$2.3B ↑ +16% op

Primarily driven by increased investments across multiple late-stage clinical programs

Adjusted[1] Cost of Sales

$10.0B ↑ *

39%[2] ↑ +10.4 ppts

Primarily driven by sales of Comirnaty[1], partially offset by favorable product mix

Diluted EPS

Rep.[1] $1.37 ↑ +59%

Adj.[1] $1.62 ↑ +76% op

Increase in Reported and Adjusted Diluted EPS[1] was primarily driven by higher revenues

Adjusted[1] SI&A Expenses

$2.5B ↓ -4% op

Primarily driven by lower spending on corporate enabling functions, partially offset by increased spending on Paxlovid and Comirnaty

FX Impacts

Revenue $778M ↓ -5%

Adj. Dil. EPS[1] $0.04 ↓ -4%

Primarily driven by USD strengthening against Euro and Japanese Yen

[1] See Slides 42-44 for definitions.
[2] Adjusted[1] cost of sales as a percentage of revenues
*Indicates calculation not meaningful

2022 Financial Guidance[(1)]

Revenues	$98.0 to $102.0 Billion
Adjusted[(1)] Cost of Sales as a Percentage of Revenues	32.0% to 34.0% *(previously 32.2% to 34.2%)*
Adjusted[(1)] SI&A Expenses	$12.5 to $13.5 Billion
Adjusted[1)] R&D Expenses[(1)]	$11.0 to $12.0 Billion *(previously $10.5 to $11.5 billion)*
Acquired IPR&D Expenses[(1)]	~$0.9 Billion *(~$0.1 Billion of this was previously included in Adjusted[(1)] R&D Expenses guidance)*
Adjusted[(1)] Other (Income)/Deductions	Approximately $1.9 billion of income *(previously approximately $1.8 billion of income)*
Effective Tax Rate on Adjusted[(1)] Income	Approximately 16.0%
Adjusted Diluted EPS[(1)]	$6.25 to $6.45 *(previously $6.35 to $6.55)*

Midpoint of Revenue Range Reflects 27% Op Growth Compared to 2021 Revenues;
Midpoint of Adjusted Diluted EPS[(1)] Range Reflects 61% Op Growth Compared to 2021

[(1)] See Slides 42-44 for definitions and for additional information regarding Pfizer's 2022 financial guidance

Capital Allocation Framework

Achieve Medical Breakthroughs

R&D Investments

- Prioritize six core therapeutic areas, and emerging technology platforms
- Ensure resources to drive speed and efficiency in our discovery and development process

Bolt-on M&A & Strategic Partnerships

- Target acquisitions of late stage and in-line assets
- Develop partnerships that help deliver medical breakthroughs across all stages of development

Return Capital to Shareholders

Commitment to Dividend

- 333 consecutive quarters of dividend payments
- 12 consecutive years of dividend increases
- Paid $2.2B in cash dividends to shareholders in Q1 2022
- Paid $86.7B in cash dividends to shareholders from 2010-2021
- Attractive dividend yield of 3.1%(1)

Share Repurchase

- Repurchased $2.0B of shares on the open market in March 2022, at an average cost of $51.10 per share.
- $3.3B remaining share repurchase authorization
- No additional share repurchases currently planned in 2022

(1) Annualized dividend based on Volume Weighted Average Price (VWAP) from January 3, 2022 to April 1, 2022, per Bloomberg

Key Takeaways

- Delivered a strong quarter: Revenues +82% op in Q1 2022
  - +2% op excluding Comirnaty[1] and Paxlovid in Q1 2022, reflecting +4% volume growth and -3% pricing[2]
    - Would have been +5% op if not for -2% LOE impact and -1% impact from fewer selling days in quarter
- Reaffirmed FY guidance[1] for Revenues $98.0B-$102.0B; revised Adj. Diluted EPS[1] $6.25-$6.45, solely to reflect -$0.11 impact for an accounting policy change to include all acquired IPR&D expenses in Adjusted[1] results
- Key product and pipeline milestones since Q4 results:
  - Comirnaty expanded EUA for second booster doses in ages 50+ and immunocompromised ages 12+ in U.S.
  - Prevnar 20 approval in EU[3] for ages 18+
  - Maternal and Adult (ages 60+) RSV vaccine candidate received Breakthrough Therapy Designation from FDA
  - Positive results from two Phase 3 trials for etrasimod in moderately-to-severely active ulcerative colitis
- Completed acquisition of Arena Pharmaceuticals
- Entered agreement to acquire ReViral, subject to customary closing conditions
- Increased Q1 2022 dividend to $0.40/share and paid $2.2B in cash dividends to shareholders in Q1 2022

We Remain Committed to Delivering Attractive Shareholder Returns in 2022 and Beyond

[1] See Slides 42-44 for definitions and for additional information regarding Pfizer's 2022 financial guidance
[2] Amounts may not add due to rounding [3] Will be marketed in EU under brand name Apexxnar

Footnotes (Page 1 of 3)

(1) Comirnaty includes direct sales and alliance revenues related to sales of the Pfizer-BioNTech SE (BioNTech) COVID-19 vaccine, which are recorded within Pfizer's Vaccines therapeutic area. It does not include revenues for certain Comirnaty-related manufacturing activities performed on behalf of BioNTech, which are included in the Pfizer CentreOne contract development and manufacturing organization. Revenues related to these manufacturing activities totaled $47 million for first-quarter 2022.

(2) Revenues is defined as revenues in accordance with U.S. generally accepted accounting principles (GAAP). Reported net income and its components are defined as net income attributable to Pfizer Inc. and its components in accordance with U.S. GAAP. Reported diluted earnings per share (EPS) is defined as diluted EPS attributable to Pfizer Inc. common shareholders in accordance with U.S. GAAP.

(3) Adjusted income and Adjusted diluted EPS are defined as U.S. GAAP net income attributable to Pfizer Inc. common shareholders and reported EPS attributable to Pfizer Inc. common shareholders—diluted before the impact of amortization of intangible assets, certain acquisition-related items, discontinued operations and certain significant items. See the reconciliations of certain GAAP Reported to Non-GAAP Adjusted information for the first quarter of 2022 and 2021 in Pfizer's earnings release furnished with Pfizer's Current Report on Form 8-K dated May 3, 2022. Adjusted income and its components and Adjusted diluted EPS measures are not, and should not be viewed as, substitutes for U.S. GAAP net income and its components and diluted EPS[(2)]. See the *Non-GAAP Financial Measure: Adjusted Income* section of Management's Discussion and Analysis of Financial Condition and Results of Operations in Pfizer's 2021 Annual Report on Form 10-K and the *Non-GAAP Financial Measure: Adjusted Income* section of our earnings release furnished with Pfizer's Current Report on Form 8-K dated May 3, 2022 for a definition of each component of Adjusted income as well as other relevant information.

(4) Pfizer does not provide guidance for GAAP Reported financial measures (other than revenues and acquired IPR&D expenses) or a reconciliation of forward-looking non-GAAP financial measures to the most directly comparable GAAP Reported financial measures on a forward-looking basis because it is unable to predict with reasonable certainty the ultimate outcome of pending litigation, unusual gains and losses, certain acquisition-related expenses, gains and losses from equity securities, actuarial gains and losses from pension and postretirement plan remeasurements and potential future asset impairments without unreasonable effort. These items are uncertain, depend on various factors, and could have a material impact on GAAP Reported results for the guidance period. Financial guidance for full-year 2022 reflects the following:

- Does not assume the completion of any business development transactions not completed as of April 3, 2022, with the exception of signed transactions through mid-April 2022, which are expected to give rise to acquired in-process R&D (IPR&D) expenses.
- Reflects an anticipated incremental negative impact of $0.11 on Adjusted diluted EPS[(3)] related to the inclusion of all acquired IPR&D expenses that have been incurred or are expected to be incurred for transactions signed as of mid-April 2022, which would have been excluded from Adjusted[(3)] results under our previous accounting policy on non-GAAP measures.
- Includes Pfizer's pro rata share of the Consumer Healthcare joint venture anticipated earnings, which is recorded in Adjusted other (income)/deductions[(3)] on a one-quarter lag, and assumes no changes to Pfizer's 32% ownership stake in the joint venture in 2022.
- Includes an estimated benefit of approximately $0.06 on Adjusted diluted EPS[(3)] resulting from a change in policy for intangible amortization expense in which Pfizer began excluding all amortization of intangibles from Adjusted income[(3)] compared to excluding only amortization of intangibles related to large mergers or acquisitions under the prior methodology. This change went into effect beginning in the first quarter of 2022 and prior period amounts have been revised to conform to the new policy.

Footnotes (Page 2 of 3)

- Reflects an anticipated negative revenue impact of $0.7 billion due to recent and expected generic and biosimilar competition for certain products that have recently lost patent protection or that are anticipated to lose patent protection during fiscal-year 2022.
- Exchange rates assumed are a blend of actual rates in effect through first-quarter 2022 and mid-April 2022 rates for the remainder of the year. Financial guidance reflects the anticipated unfavorable impact of approximately $3.6 billion on revenues and approximately $0.19 on Adjusted diluted EPS[(3)] as a result of changes in foreign exchange rates relative to the U.S. dollar compared to foreign exchange rates from 2021.
- Guidance for Adjusted diluted EPS[(3)] assumes diluted weighted-average shares outstanding of approximately 5.8 billion shares, which assumes only share repurchases completed to date in 2022.

(5) Pfizer's fiscal year-end for international subsidiaries is November 30 while Pfizer's fiscal year-end for U.S. subsidiaries is December 31. Therefore, Pfizer's first quarter for U.S. subsidiaries reflects the three months ended on April 3, 2022 and April 4, 2021 while Pfizer's first quarter for subsidiaries operating outside the U.S. reflects the three months ended on February 27, 2022 and February 28, 2021.

(6) The following business development activity, among others, impacted financial results for the current or prior fiscal year:

- On March 11, 2022, Pfizer announced the completion of its acquisition of Arena Pharmaceuticals, a clinical stage company developing innovative potential therapies for the treatment of several immuno-inflammatory diseases, for $100 per share, in cash. The total fair value of the consideration transferred was $6.6 billion ($6.2 billion, net of cash acquired).
- On December 31, 2021, Pfizer completed the sale of its Meridian subsidiary, the manufacturer of EpiPen and other auto-injector products, which generated approximately $300 million in annual revenues and which previously had been managed within the Hospital therapeutic area. Beginning in the fourth quarter of 2021, the financial results of Meridian are reflected as discontinued operations for all periods presented.
- On December 24, 2021, Pfizer entered into a multi-year research collaboration with Beam Therapeutics Inc. (Beam) to utilize Beam's *in vivo* base editing programs, which use mRNA and lipid nanoparticles, for three targets for rare genetic diseases of the liver, muscle and central nervous system. Under the terms of the agreement, Pfizer paid Beam a $300 million upfront payment. If Pfizer elects to opt in to licenses for all three targets, Beam would be eligible for up to an additional $1.05 billion in development, regulatory and commercial milestone payments for a potential total deal consideration of up to $1.35 billion. Beam is also eligible to receive royalties on global net sales for each licensed program.
- On November 17, 2021, Pfizer acquired all outstanding shares, warrants, options and deferred shares not already owned by Pfizer of Trillium Therapeutics Inc. (Trillium), a clinical stage immuno-oncology company developing therapies targeting cancer immune evasion pathways and specific cell targeting approaches, for a price of $18.50 per share in cash, for total consideration of $2.0 billion, net of cash acquired. Pfizer accounted for the transaction as an asset acquisition since the lead asset, TTI-622, represented substantially all of the fair value of the gross assets acquired. As a result, Pfizer recorded a $2.1 billion charge in fourth-quarter 2021, representing the acquired in-process R&D asset.

Footnotes (Page 3 of 3)

- On November 9, 2021, Pfizer and Biohaven Pharmaceutical Holding Company Ltd. (Biohaven) announced a strategic collaboration and license agreement for Pfizer to commercialize rimegepant and zavegepant for the treatment and prevention of migraines outside of the U.S., subject to regulatory approval. Upon the closing of the transaction on January 4, 2022, Pfizer paid Biohaven $500 million, including an upfront payment of $150 million and an equity investment of $350 million. Pfizer recognized $263 million for the upfront payment and premium paid on its equity investment in acquired IPR&D expenses. Biohaven is also eligible to receive up to $740 million in non-U.S. commercialization milestone payments, in addition to tiered double-digit royalties on net sales outside of the U.S. In addition to the milestone payments and royalties above, Pfizer will also reimburse Biohaven for the portion of certain additional milestone payments and royalties due to third parties in accordance with preexisting Biohaven agreements, which are attributed to ex-U.S. sales.
- On July 22, 2021, Arvinas Inc. (Arvinas) and Pfizer announced a global collaboration to develop and commercialize ARV-471, an investigational oral PROTAC® (PROteolysis TArgeting Chimera) estrogen receptor protein degrader. The estrogen receptor is a well-known disease driver in most breast cancers. Under the terms of the agreement, Pfizer paid Arvinas $650 million upfront and made a $350 million equity investment in Arvinas. Arvinas is also eligible to receive up to $400 million in approval milestones and up to $1 billion in commercial milestones. The companies will equally share worldwide development costs, commercialization expenses and profits.

(7) References to operational variances in this presentation pertain to period-over-period changes that exclude the impact of foreign exchange rates. Although exchange rate changes are part of Pfizer's business, they are not within Pfizer's control and since they can mask positive or negative trends in the business, Pfizer believes presenting operational variances excluding these foreign exchange changes provides useful information to evaluate Pfizer's results.

(8) Emergency uses of the Pfizer-BioNTech COVID-19 Vaccine and Paxlovid have not been approved or licensed by the FDA. Emergency uses of Comirnaty have been authorized by the FDA, under an Emergency Use Authorization (EUA) to prevent Coronavirus Disease 2019 (COVID-19) in individuals 5 years of age and older. Comirnaty is licensed by the FDA for individuals 16 years of age and older. In addition, Comirnaty is under EUA for individuals ages 12 through 15, a third dose for certain immunocompromised individuals 5 years of age and older, a booster dose for individuals 12 years of age and older, and a second booster dose for individuals 50 years of age and older and for certain immunocompromised individuals 12 years of age and older. Paxlovid has been authorized for emergency use by the FDA under an EUA, for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg [88 lbs]) with positive results of direct SARS-CoV-2 viral testing, and who are at high-risk for progression to severe COVID-19, including hospitalization or death. The emergency uses are only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of the medical product under Section 564(b)(1) of the FD&C Act unless the declaration is terminated or authorization revoked sooner. Please see the EUA Fact Sheets at www.cvdvaccine-us.com and www.covid19oralrx.com.

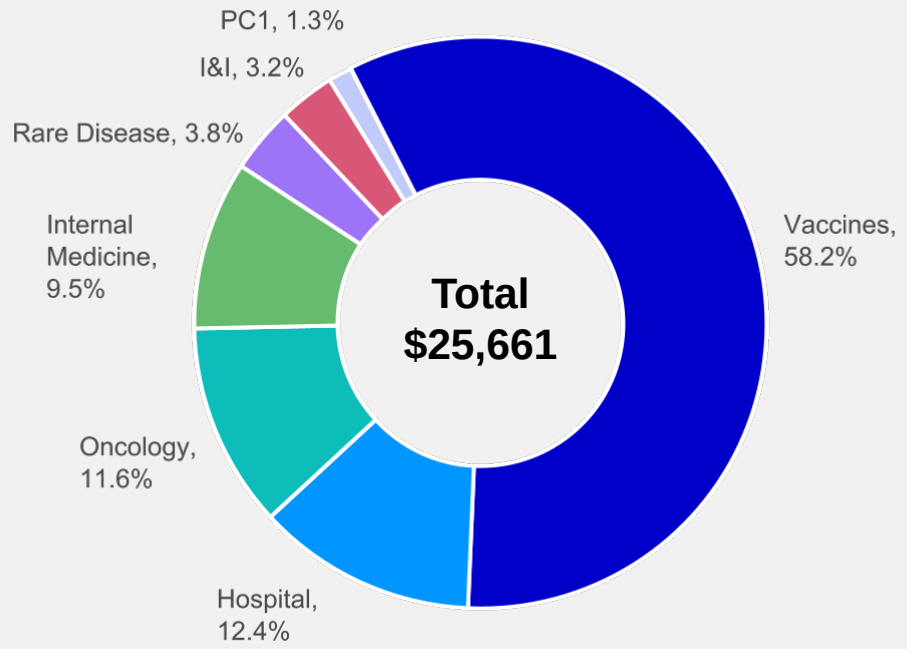
(9) Humira® is a registered trademark of AbbVie Biotechnology Ltd.

- The information contained on our website or any third-party website is not incorporated by reference into this presentation.

Appendix

Q1 2022 Summary Figures (1 of 2)

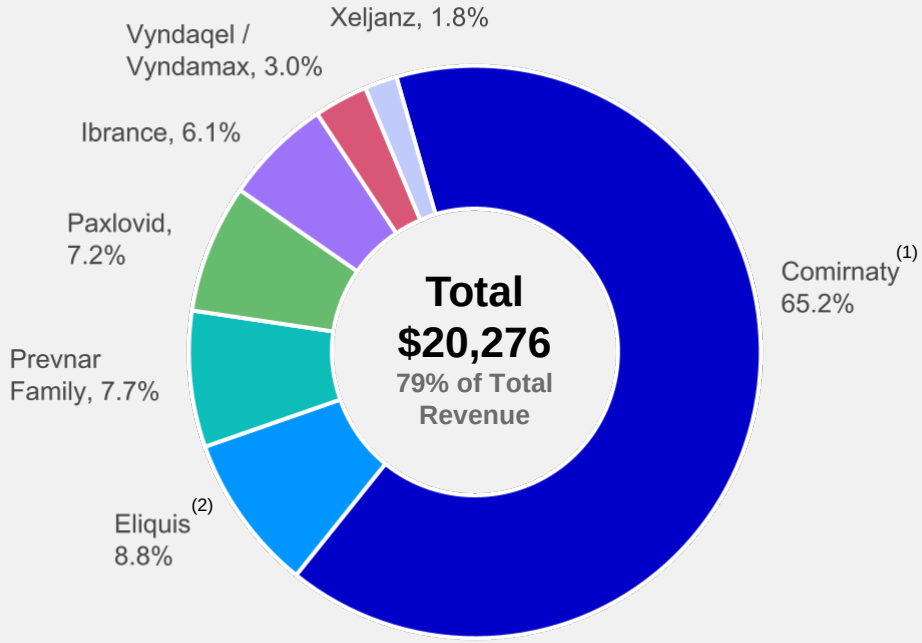
Sales by Therapeutic Area *($M)*



% Operational Growth

Vaccines	Hospital	Oncology	Internal Medicine	Rare Disease	I&I	PC1	Total
>100%	72%	6%	-3%	23%	-20%	-11%	82%

Top 7 Products by Revenue *($M)*



% Operational Growth

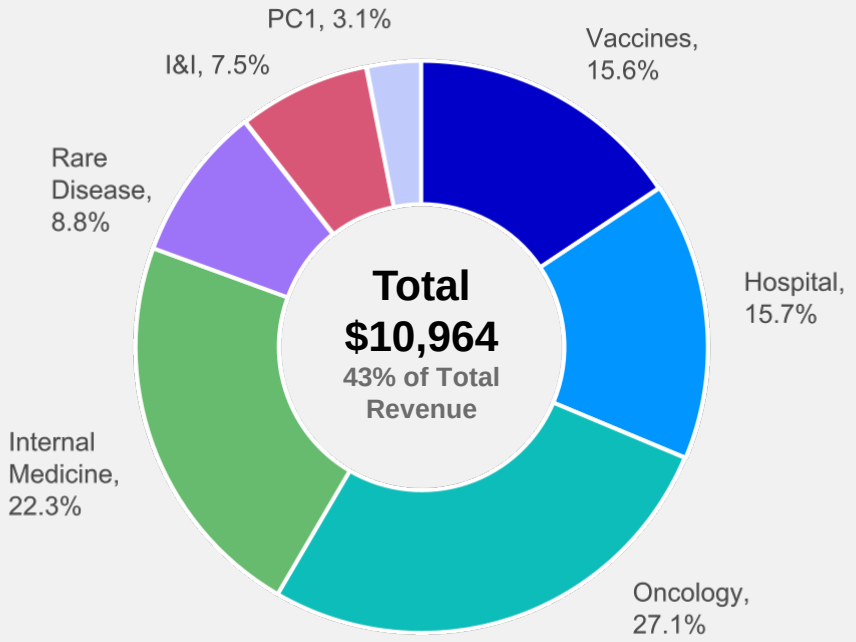
Comirnaty[1]	Paxlovid	Prevnar Family	Ibrance	Eliquis[2]	Vyndaqel/ Vyndamax	Xeljanz
>100%	N/A	23%	1%	12%	41%	-29%

Key Pipeline Readouts Expected in '22: RSV Maternal & Adult, Prevnar 20 Peds, Paxlovid SR

(1) See Slides 42-44 for definitions
(2) Eliquis Alliance Revenues & Direct Sales

Q1 2022 Summary Figures (2 of 2)

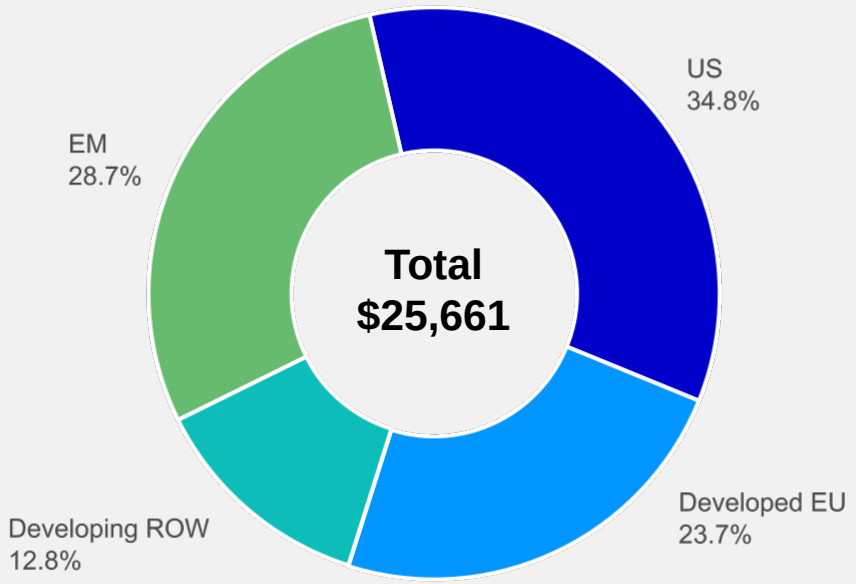
Sales by Therapeutic Area, Ex-COVID[1] *($M)*



% Operational Growth Ex-COVID[1]

Vaccines	Hospital	Oncology	Internal Medicine	Rare Disease	I&I	PC1	Total
22%	-7%	6%	-3%	23%	-20%	-11%	2%

Sales by Geography *($M)*



% Operational Growth

US	Dev EU	Dev ROW	EM	Total
18%	112%	211%	169%	82%

[1] Excludes revenues from Comirnaty direct sales and alliance revenues and Paxlovid
I&I=Inflammation & Immunology; PC1=Pfizer CentreOne; US=United States; EU=European Union; ROW=Rest of the World; EM=Emerging Markets

Strong Portfolio Progression Anticipated in Next 18 Months

Up to

16

Potential Approvals

Up to

19

Projected Pivotal Readouts

Up to

15

Potential Proof of Concept Readouts

(1) As of May 2, 2022, represents expected timing, subject to change, and subject to clinical trial and regulatory success, timeframe: Start Q2 2022 – end of Q3 2023 and includes approvals, readouts and POCs that occurred in Apr 2022

Bolstering the Pipeline with Recent Business Development Opportunities

Select Examples

Year	Therapeutic Area	Organization	Asset/Indication	Status Since Close
2019	Oncology, Rare Disease	ARRAY BIOPHARMA	BRAFTOVI & MEKTOVI – Cancer; LMNA – Cardiomyopathy	Approvals: 1; Pivotal Starts: 2; FIH: 3[1]
	Rare Disease	Vivet Therapeutics	GTx – Wilson Disease	Fast Track Designation (FDA); FIH: Q2 2022[2]
	Rare Disease	Therachon	Recifercept – Achondroplasia	Ph 2 start: 1
	Vaccines	AKCEA / IONIS	Vupanorsen – CV risk & severe hypertriglyceridemia[3]	Discontinued and development rights returned to Ionis
2020	Vaccines	valneva	Vaccine – Lyme Disease	Ph 2 readouts: 3
	Vaccines	BIONTECH	Vaccine – modRNA Flu[4]	Ph 2 Start: 1 / FIH: 1
	Vaccines	BIONTECH	Vaccine – COVID-19	Approvals: 1; EUAs: 5[5]; Ph 3 readouts: 4 / FIH: 1
	Hospital	ARIXA	AV-006 (ARX-1796) – Drug-resistant Gram-negative infections	Pre-clinical
	Oncology, Vaccines	MYOVANT SCIENCES	Relugolix – Prostate Cancer & Women's Health	Approvals: 1; Submissions: 2; Ph 3 Readouts: 2[6]
2021	Hospital	amplyx	Fosmanogepix – Invasive fungal infections	Ph 2
	Hospital	SPERO THERAPEUTICS	SPR206 – Gram (-) infection	Ph 1
	Oncology	ARVINAS	ER PROTAC – Breast Cancer	Ph 1b (w. Ibrance); Ph 2 (monotherapy dose expansion)
	Oncology	TRILLIUM	TTI-622/621 – Oncology	Ph 1b/2
	Internal Medicine	biohaven pharmaceuticals	Rimegepant – Migrane (Ex US)	Approval in EU
	Oncology	Oren Bio	Myeloid DR-02 Platform – Solid tumors	Pre-clinical
	Infla/Immun	ARENA PHARMACEUTICALS	Etrasimod – GI (UC, Crohn's focus) & Other Autoimmune Disorders	Ph 3 readouts: 2
	Oncology	Beam Therapeutics	mRNA/Gene Editing	Pre-clinical
	Vaccines	BIONTECH	mRNA Program – Shingles	Pre-clinical

We also completed 4 transactions in China in 2020-21 with CStone (equity, development of future assets to be defined, co-promotion for NSCLC), LianBio (equity, future assets to be defined), CanSino (meningococcal vaccine), and Ferring (prostate cancer).

[1]Approvals, pivotal starts and FIH apply to multiple assets acquired in Array agreement. [2]Expected timing; all dates are preliminary, subject to change, and subject to clinical trial and regulatory success. [3]Ionis fully acquired Akcea in August 2020. [4]Transaction executed in 2018. [5]5 EUAs for COVID-19 vaccine for 16+, 12-15 yrs, 5-11 yrs, booster 12+ and 2nd booster/4th dose 50+ & 12+ immunocompromised. [6]Approvals, submissions and Phase 3 readouts apply to Relugolix in Women's Health.

FIH=First in Human; GTx=Gene Therapy; CV=Cardiovascular; GI=Gastrointestinal; UC=Ulcerative Colitis

Bolstering the Pipeline with Recent Business Development Opportunities

Select Examples

Year	Therapeutic Area	Organization	Asset/Indication	Status Since Close
2022		NEW REVIRAL	RSV antiviral therapeutics	Transaction Pending[1]

Oncology
Rare Disease
Internal Medicine
Vaccines
Hospital
Infla/Immun

***NEW = recent deals**

[1]Proposed transaction is subject to customary closing conditions, including receipt of regulatory approvals.

Pfizer's ESG Performance: R-Factor™

What does this measure?

Responsibility Factor, or R-Factor™ was developed by State Street Global Advisors as their scoring mechanism to measure the performance of a company's business operations and governance as it relates to financially material(1) (as defined by SASB's(2) Materiality Map) ESG challenges facing a company's industry.

How did we perform?

Pfizer received a designation of "**Leader**" which is the top 10% of companies within the Biotechnology and Pharmaceuticals industry. *(as of April 2022)*

What it means to us?

Pfizer is proud of this designation and its reflection of our ESG approach that Pfizer's values and commitment to long-term sustainability is the way we responsibly fulfill our **Purpose – *breakthroughs that change patients' lives*** – build trust and take accountability for the impact we make on society.

(1) This term is different than the definition of "materiality" used in the context of filings with the U.S. Securities and Exchange Commission. Please see our Annual Report on Form 10-K for more information.
(2) SASB=Sustainability Accounting Standards Board