First-Quarter 2022 Earnings Conference Call Prepared Remarks
May 3, 2022

[Slide 4: Opening Remarks – Albert Bourla]

Albert Bourla – ***Pfizer Inc. – Chairman and Chief Executive Officer***

[Slide 5: Q1 2022 Key Highlights]

Pfizer has had a solid start to the year. Revenues were up 82% operationally compared with the first quarter of 2021.

Key growth drivers for the quarter included Comirnaty, Paxlovid, Eliquis and Vyndaqel/Vyndamax globally, and our Prevnar family of vaccines and our oncology biosimilars portfolio in the U.S.

Overall, we reached an estimated 468 million patients around the world with our innovative medicines and vaccines – which represents a 140% increase from the prior-year quarter and is a testament to our purpose: Breakthroughs that change patients' lives.

[Slide 6: Comirnaty: Continuing to Supply the World]

We continue to supply the world with Comirnaty, which remains a critical tool in helping prevent severe illness, hospitalization and death from COVID-19. To date, we have shipped nearly 3.4 billion doses of our vaccine to 179 countries. Comirnaty is the most utilized mRNA vaccine in the markets in which we operate and that report market share data. Pfizer's cumulative share of doses administered in these markets has increased from 52% on January 1, 2022, to 62% on May 1, 2022. In developed markets, our share has increased from 59% to 67% over that same time period.

[Slide 7: Comirnaty: Regulatory Milestones]

We also have had a strong start to the year with regard to regulatory milestones, including:

- Emergency Use Authorization (EUA) from the U.S. Food & Drug Administration (FDA) and Conditional Marketing Authorization from the European Medicines Agency (EMA) for our 12–15-year-old booster dose,

- an EUA from the FDA for a second booster (fourth dose) in patients 50 years of age and older and 12 years of age and older who are immunocompromised, and
- an extension to a 12-month frozen shelf-life label from both the FDA and EMA. Our ambition is to eventually achieve a 24-month shelf life, which would help alleviate concerns some governments may have about having expiring doses in stock.

In addition to the U.S. and the EU, we now have authorizations for the 5-11 age group in 44 other markets around the world. In addition, we have recently released new results from a Phase 2/3 clinical trial demonstrating that a 10-µg booster dose of BNT162b2 in healthy children 5 to 11 years of age increases geometric mean neutralizing antibody titers against wild type and Omicron variants. Based on these data, last week we submitted an application to the FDA for an EUA of a 10-µg booster dose for children in this age group, and we look forward to filing in other jurisdictions in the near future.

We also expect to share data on our ongoing study in children who are six months to under five years of age in the next few weeks. This study is looking at the safety and efficacy of three doses of the vaccine in this age group, and we hope to submit an application for an EUA soon, pending the results of the data readout.

[Slide 8: Comirnaty: Boosters]

Lastly, we stand ready to support boosting authorized populations today, as well as in the fall ahead of the traditional flu season. Independent real-world evidence from several countries has demonstrated that our BNT162b2 booster doses improve protection that may have waned from the primary vaccination or since the first booster.

Our market research shows that greater than 96% of healthcare provider respondents in key markets (US and EU5) continue to recommend a third dose/booster to their patients. We also have seen an upward trend in uptake of a third dose/booster in various developed markets. In these same key markets, 74% of people who have received the initial two-dose regimen reported that they have already received a third dose/booster shot, and 13% of the respondents said they are very likely to receive a booster. We believe this is an encouraging leading indicator for the potential uptake of a fourth dose.

We also continue to evaluate potential next-generation vaccines, including variant vaccines, to provide broad coverage for the fall, and we look forward to evaluating and sharing these data in the coming months.

[Slide 9: Paxlovid: Delivering on Our Commitments]

We also are delivering on our commitments for Paxlovid, which is already having a profoundly positive impact on the lives of patients around the world.

Through the end of March, we produced more than 6 million treatment courses, all of which have been shipped. Because the financial calendar quarter for international markets ends in February, and the majority of these treatments were produced in March, only a small portion of these shipments were recorded in our first-quarter revenues. In fact, as of today, we have shipped approximately 8 million treatment courses.

Our manufacturing ramp-up is progressing as planned, and we are on track to produce 24 million courses in the second quarter for a total of 30 million in the first half of the year. All of these quantities have already been allocated to existing orders. In addition, we remain on track to produce 120 million courses for the full year, as previously stated.

[Slide 10: Paxlovid: Expanding Access Globally]

To date, Paxlovid has received regulatory approvals or temporary authorizations for use with certain populations in more than 60 countries. We continue to have discussions with governments and regulatory agencies around the world about bringing this potential breakthrough treatment to additional markets.

Some countries that have experienced recent outbreaks have come back to us to request additional treatment courses, which we are responding to with urgency. Others are taking steps to expand access. For example:

- The Italian government recently announced an expansion of prescribing into primary care. We believe this shift from having only specialists prescribe Paxlovid will help ensure more patients get access at the right time.
- In the U.K., Paxlovid will now be included in the National Panoramic Study, which we expect will increase access and collect further data regarding how the therapy works in a market where the majority of the adult population is vaccinated. This is important because, to date, the U.K. has restricted Paxlovid use to a very limited population, and this study could lead the government to open up access to a much broader population, closer to the authorized population.
- In Canada, we expect increasing supply and the lifting of COVID-19 restrictions will enable greater access for patients across the country. Quebec and Ontario, which represent the two largest provinces and are home to more than 60% of Canada’s population, have expanded distribution to eligible pharmacies, allowed pharmacists to prescribe, and started a comprehensive direct-to-consumer and social media campaign to ensure all eligible patients are aware of the availability of Paxlovid.

[Slide 11: Paxlovid: Nearly Ten-Fold Growth in U.S. Utilization]

Here in the U.S., we have seen Paxlovid's utilization grow nearly ten-fold in recent weeks. Paxlovid was administered to more than 79,000 COVID-19 patients in the U.S. the week ending April 22, 2022 — up from approximately 8,200 patients for the week ending February 25, 2022. We will continue to work with the U.S. government and healthcare providers to appropriately drive even higher utilization.

And based on data from IQVIA Xponent, Paxlovid's market share relative to molnupiravir in the retail, long-term care, and mail order channels grew from 44% in the week ending January 28, 2022, to almost 90% in the week ending April 22, 2022. Together these channels represent an estimated 50% of Paxlovid utilization in the U.S.

[Slide 12: Paxlovid: Expanding Access in U.S.]

The number of locations in the U.S. with Paxlovid supply continues to increase with more than 33,000 sites live as of today. This is more than a four-fold increase since late-February, leading to easier patient access. The U.S. government declared its intention to double these sites again in the coming weeks and making Paxlovid available to any pharmacy which wishes to stock it.

In addition, 77% of recent U.S. COVID-19 cases occur within five miles of the closest retail point of care, which is up from 23% since February. We expect this trend to continue to increase, driven by the U.S. government’s Test to Treat Initiative. For example, nearly 1,100 more Test to Treat locations have been added since the beginning of April. Today there are more than 2,200 locations open.

Overall, we expect the recent trends to expand access, as well as inquiries received from governments as the virus mutates and causes spikes in infections around the world, to result in increased orders in the coming months as governments continue to help protect their citizens who are at high risk of severe disease, hospitalization and death in response to emerging variants and continuing outbreaks.

[Slide 13: Business Development Strategy: Etrasimod]

Now I will turn to our business development strategy. We leverage business development opportunities to advance our business strategies and objectives.

We recently announced positive top-line results from a yearlong phase 3 trial of etrasimod in moderately-to-severely active ulcerative colitis. These results underscore Pfizer’s ability to identify strong business development targets as this potentially best-in-class drug candidate came to us via our recent acquisition of Arena. We look forward to presenting these data and filing for approval later this year.

[Slide 14: Business Development Strategy: ReViral]

Last quarter, we discussed how the strength of our balance sheet and cash flows gives us the ability to pursue new business development opportunities that, if successful, could add at least $25 billion of risk-adjusted revenues to our 2030 topline expectations. Our planned acquisition of ReViral is the first deal to be counted toward this ambition.

ReViral is a privately held, clinical-stage biopharmaceutical company focused on discovering, developing and commercializing novel antiviral therapeutics that target Respiratory Syncytial Virus (RSV). We believe annual revenue for these programs, if successful, has the potential to reach or exceed $1.5 billion. We also are excited about the prospect of adding several experienced virologists to our team.

[Slide 15: Business Development Strategy: Partner of Choice for Biotechs]

Building relationships within the growing biotech ecosystem remains a priority for Pfizer. We continue to pursue new, creative ways of partnering with biotechs to increase our access to cutting-edge innovation and to bring our resources to bear to help drive breakthroughs for patients.

We believe our scientific expertise and end-to-end development and manufacturing capabilities make us an extremely attractive partner, as seen, for example, through our relationship with BioNTech. And we are confident that we have the financial resources to support business development opportunities that will complement and enhance our internal R&D efforts and add capacity and flexibility to support our growing clinical portfolio.

[Slide 16: ESG Update (1 of 2)]

Next, I would like to discuss some of our recent ESG highlights.

First, we announced in February the results of Pfizer's third annual pay equity study, in which a recognized compensation expert confirmed equitable pay practices for employees at Pfizer. The results indicated that Pfizer compensates female colleagues at a level that is greater than 99% of what male colleagues are paid across the globe. Additionally, in the U.S., minorities are paid at dollar-for-dollar parity of what non-minorities are paid. When you look at Pfizer's median pay for women globally, it is 102.3% of the median pay of males. However, when you look at the median pay for minorities in our U.S. workforce, it is 85.5% of the median pay for our non-minorities. This median race pay gap is an area we are actively addressing and that we expect to narrow.

Second, I want to reiterate that Pfizer stands with the unified global community in opposition to Russia's invasion of Ukraine. While Pfizer is maintaining our humanitarian supply of medicines to Russians, we will be donating all profits of our Russian subsidiary to causes that provide direct humanitarian support to the people of Ukraine. Additionally, we will no longer initiate new clinical trials in Russia and will stop recruiting

new patients in our ongoing clinical trials in the country. Pfizer will work with the FDA and other regulators to transition all ongoing clinical trials to alternative sites outside Russia. And consistent with our commitment to putting patients first, we will continue providing needed medicines to the patients already enrolled in clinical trials. Lastly, we are ceasing all future investments with local suppliers intended to build manufacturing capacity in Russia.

[Slide 17: ESG Update (2 of 2)]

Third, further demonstrating our commitment to equitable access, we have made the decision that for as long as the pandemic lasts, Pfizer will not profit from sales of our COVID-19 treatment to the world's poorest countries. In March, Pfizer announced an agreement with UNICEF to supply up to four million treatment courses of Paxlovid to 95 low- and middle-income countries. Under the agreement, all low- and lower-middle-income countries will be offered the treatment courses at a not-for-profit price, while upper-middle-income countries will pay a price defined in Pfizer’s tiered pricing approach.

Lastly, I’m pleased to share that Pfizer continues to be recognized as an ethical, patient-focused company that holds itself, its employees and its business partners to high standards.

In March, Pfizer was recognized as one of the World’s Most Ethical Companies by Ethisphere, a global leader in defining and advancing the standards of ethical business practices. And just last week, for the first time ever Pfizer ranked first among big pharma companies in the PatientView Global Survey in 2021. This ranking is based on feedback from more than 2,000 patient organizations and associations worldwide. As recently as 2018, we were ranked fifth, and we have steadily climbed in the rankings ever since.

[Slide 18: Welcome William Pao and David Denton]

Now I would like to welcome two new members of Pfizer’s Executive Leadership Team who have joined the company since our last earnings call.

Dr. William Pao joined us on March 21 as Executive Vice President and Chief Development Officer. Throughout his 25-year career as an oncologist and scientist, William has amassed extensive clinical and deep scientific expertise that make him the ideal leader to continue our pursuit of breakthrough medicines and vaccines for the benefit of patients and society.

Just yesterday, David Denton joined us as Chief Financial Officer and Executive Vice President. Dave brings with him more than 25 years of finance and operational expertise, including more than 20 years in the healthcare sector. As a result, he brings to Pfizer a unique perspective on the role of payers, the needs of patients, and the rapidly evolving healthcare landscape.

We are thrilled to welcome these two highly effective and visionary leaders at this critical time for our company and global health.

Before I hand it off to Mikael, I want to take a moment to thank Frank D'Amelio for his many contributions to Pfizer. In addition to helping ensure Pfizer's financial strength and discipline, Frank has been an incredible mentor to many of Pfizer's current leaders, helped shape our long-term growth strategy, and worked tirelessly to ensure Pfizer has the resources it needs to help improve the lives of patients around the world. Frank, on behalf of all Pfizer colleagues – and I'm sure all the analysts on today's call, I wish you continued good health and success.

With that, I will turn it over to Mikael to update you on our R&D efforts. After Mikael, Frank will provide financial details on the first quarter and our outlook for the remainder of 2022.

[Slide 19: Scientific Updates – Mikael Dolsten]

Mikael Dolsten – ***Pfizer Inc. – Chief Scientific Officer and President, Worldwide Research, Development and Medical***

Thank you, Albert. I'd like to start by highlighting two recent external acknowledgments of Pfizer's R&D turnaround.

Pfizer was ranked first for innovation in the 11th annual Pharmaceutical Innovation and Invention Index and first for what Forbes termed "total R&D productivity over 20 years" in a paper published in Drug Discovery Today.

This is a testament not only to the work of our scientists over the past year, but our purposeful efforts to improve our R&D engine over the past 10 years.

[Slide 20: Advancing Breakthroughs at the Speed of Science]

Today, I will share updates on COVID-19, inflammation & immunology, RSV, oncology, Lyme disease and hemophilia.

In some cases, I may reference publicly available data on other agents so that you can understand our enthusiasm about what we are seeing in our development programs. Of course, head-to-head clinical trials would be necessary to support any comparative claims.

[Slide 21: COMIRNATY: Comprehensive Clinical Strategy]

We continue to pursue a comprehensive and data-driven clinical strategy for COMIRNATY focused on evaluating real-world vaccine effectiveness, demonstrating higher immunogenicity with boosters, expanding access to the pediatric population and addressing emerging variants of concern.

[Slide 22: COMIRNATY: Data-Driven Booster Strategy]

On the left, in the Phase 2/3 trial of COMIRNATY administered to children aged five through 11, we have shown that a third 10 mcg dose demonstrated a 6-fold boost in neutralizing wild-type SARS-CoV-2, and a 36-fold boost in neutralizing the Omicron variant.

Last week, we submitted an Emergency Use Authorization request to the FDA for a third-dose boost in this population.

On the right, we show that a third 30 mcg dose administered to adults in the landmark clinical trial effectively neutralized the Omicron sub-lineages, including BA.2, one month after dose 3.

[Slide 23: COMIRNATY: Data-Driven Booster Strategy]

We've also now received Emergency Use Authorization for a second booster in people aged 50 and older, and for individuals 12 years of age and older who have certain kinds of immunocompromise.

This expanded authorization was based on data from Israel, generated while the Omicron variant was dominant. An approximately 11-fold increase in geometric mean neutralizing antibody titers against wild-type virus, and Delta and Omicron variants, respectively, were reported at two weeks after the second booster as compared to five months after the first booster.

Here, we show recently published real-world data from Israel that a fourth dose of COMIRNATY lowered rates of hospitalization, severe illness and death amidst the Omicron outbreak.

A fourth dose is now recommended for certain high-risk populations in more than 15 countries.

[Slide 24: COMIRNATY: Pediatric (6 months through 4 years) Update]

There has been a notable increase in the number of pediatric infections and hospitalizations in the last few weeks and we recognize that parents of younger children and healthcare providers have been waiting for an effective vaccine. We have been working with urgency to generate data.

We began the rolling submission for Emergency Use Authorization in children aged six months through four years in February while continuing to evaluate a third 3 µg dose, which may be optimal to deliver a higher degree of protection against Omicron.

We expect to analyze and submit the three-dose data by late May/early June and anticipate both FDA and CDC advisory committees to meet soon after to consider the submission.

[Slide 25: PAXLOVID: Broad Clinical Program to Address Patient Needs]

Turning to PAXLOVID, following Emergency Use Authorization in December for both high-risk adults and high-risk children 12 and older weighing at least 40 kg, we expect to file soon and anticipate an FDA decision on the New Drug Application in these populations in the second half of 2022.

Recently, the World Health Organization strongly recommended PAXLOVID for people with mild to moderate COVID-19 who are at the highest risk for hospitalization because they are unvaccinated, older, or immunocompromised.

We expect a pivotal readout of the standard-risk study in the second half of 2022 and reported top-line results from the household contact prophylaxis study last week.

In March, we initiated a study in children and expect to have data in the second quarter of 2023. We are first enrolling children aged six to 17 years and working to develop an age-appropriate formulation for children younger than six.

A new study in immunocompromised patients is planned to start in the second half of 2022. Some immunocompromised patients were enrolled in the EPIC-HR study; however, given the high unmet need, we believe EPIC-IC will allow us to generate further data on PAXLOVID's efficacy in this population and ensure the treatment duration is optimized, given their more limited natural immune response to help clear infection.

[Slide 26: Etrasimod: Potential Best-In-Class Oral Ulcerative Colitis Drug]

With the close of the Arena acquisition in March, I'd like to highlight the potential for etrasimod as a best-in-class oral medicine for ulcerative colitis and its strategic fit within our overall Inflammation & Immunology pipeline.

First, etrasimod is differentiated: it is a once-daily pill with rapid onset, no anticipated required titration and a promising benefit-risk profile.

In the Phase 3 ELEVATE studies, etrasimod demonstrated robust clinical remission in patients with moderate to severely active ulcerative colitis. In March, we reported that the ELEVATE UC 52 trial met the co-primary endpoints of clinical remission at both weeks 12 and 52 and all key secondary endpoints.

Looking at the totality of data across Phase 2 and Phase 3 studies, we see a 12-week remission rate of 25-30%, compared to placebo at 6-15%.

We expect to present data from ELEVATE UC 52 and 12 later this year.

[Slide 27: Etrasimod: S1P Mechanism Has Broad Potential Beyond UC]

We are projecting a filing in ulcerative colitis in the second half of 2022. This candidate also has broad potential beyond UC.

The adaptive Phase 2/3 study in Crohn's disease is ongoing, and we expect to start Phase 3 in Atopic Dermatitis in the fourth quarter.

The potential expansion into Crohn's and Eosinophilic Esophagitis strengthens our gastroenterology pipeline.

Overall, given that immuno-inflammatory diseases have heterogenous disease drivers which require multiple options for effective treatment and the continuing significant unmet need of patients in achieving long-term remission, we are excited about the portfolio of diverse and promising candidates from Arena that nicely complement our existing I&I pipeline.

[Slide 28: Ritlecitinib: Unique Cytokine Modulation to Address Drivers of Disease]

Ritlecitinib is our unique cytokine modulator. It is a potent pan-TEC family inhibitor which spares IL-10 protective cytokine and spares dominant JAK activity of existing effective oral JAK agents.

You have seen Phase 3 data in alopecia, and we have encouraging Phase 2 efficacy in vitiligo and ulcerative colitis. The Phase 2 study in Crohn's disease is ongoing.

Ritlecitinib received FDA breakthrough designation for alopecia, and we expect to file this quarter.

We are finalizing potential Phase 3 study protocols for vitiligo.

[Slide 29: Ritlecitinib Phase 2b Study in Vitiligo]

In Phase 2b, ritlecitinib demonstrated robust efficacy in both facial and total Vitiligo Area Severity Indexes, or VASI. Here we show the facial VASI improvement.

On the left, ritlecitinib demonstrated up to 66% improvement from baseline through 48 weeks.

Efficacy was observed across light and dark skin types. On the right, you see two visual representations of significant improvement in facial VASI at 48 weeks.

[Slide 30: Agreement to Acquire ReViral Augments RSV R&D Leadership]

Last month, we announced our intent to acquire ReViral and its Respiratory Syncytial Virus therapeutic candidates.

RSV remains a significant unmet need globally, with no approved treatments, and the proposed acquisition will strengthen our capabilities in infectious disease R&D with a complementary strategy to help improve patient outcomes through treatment and prevent illness through vaccination.

This mirrors our COVID-19 strategy: establishing leadership across vaccines and therapeutics for RSV to deliver potential breakthroughs.

Our RSV vaccine candidate elicited high RSV A and RSV B neutralizing titers in preclinical animal models and in Phase 1/2 studies and has received FDA Breakthrough Designation for the maternal and adult programs. We anticipate pivotal readouts of the maternal and adult studies in the second half of 2022.

ReViral's pipeline includes a lead candidate, sisunatovir, which has received Fast Track Designation, and a second program focused on the inhibition of RSV replication targeting the viral N protein.

[Slide 31: ReViral Acquisition: Potential Best-in-Class RSV Antivirals]

Sisunatovir is an orally administered inhibitor designed to block fusion of the RSV virus to the host cell.

In a Phase 2 healthy adult challenge study, sisunatovir significantly reduced viral load. The data are shown on the right.

There is also an ongoing three-part adaptive Phase 2 study in hospitalized infants. Successful completion of Part A was achieved in June 2021 with favorable safety and pharmacokinetics. Part B is ongoing.

[Slide 32: 3 Year Follow-Up Data from Phase 3 CROWN Trial of lorlatinib]

We turn now to oncology and encouraging data from the Phase 3 trial of LORBRENA.

Three-year follow-up data presented at AACR confirmed prolonged progression-free survival in first-line ALK-positive non-small cell lung cancer patients.

There was a 73% reduction in risk of disease progression or death vs. crizotinib.

The 3-year PFS rate in the LORBRENA arm was 63.5%. Three-year rates for second generation medicines are generally 20 percentage points lower, based on cross-trial assessment. No definitive conclusions can be drawn from cross-trial comparisons.

There were no new safety signals and a low permanent discontinuation rate of 7.4% for patients on LORBRENA.

[Slide 33: 3 Year Follow-Up Data from CROWN Trial of lorlatinib]

High central nervous system activity is important for patients with and without brain metastases.

Between 25 and 40% of ALK+ patients present with brain metastases at diagnosis and between 24 and 40% of patients develop them within two years of diagnosis. Brain metastases are one of the most common causes of death in this patient population.

Leveraging our expertise in developing brain penetrant oncology treatments, LORBRENA was specifically designed to meet this significant unmet need.

We have seen high activity in patients with or without baseline brain metastasis. Significant intracranial activity was observed with LORBRENA, as evidenced not only by intracranial response rates but also by time to intracranial progression as shown here.

At three years of follow-up, 92.3% of patients treated with LORBRENA were alive and free of intracranial events compared with 37.7% treated with crizotinib.

In LORBRENA-treated patients without brain metastases, only 1 of 112 patients had evidence of intracranial progression, suggesting a potential protective effect against development of brain metastases with LORBRENA treatment.

[Slide 34: Lyme Vaccine: Positive Pediatric Phase 2 Data]

Here, we show the first data from the pediatric cohort of the Phase 2 trial of our Lyme disease vaccine candidate, the only one of its kind in clinical development.

Lyme disease affects all age groups, but children are considered the population most at-risk due to their outdoor activities.

We saw robust immunogenicity across all pediatric age groups and serotypes, and the safety profile was similar to that previously reported in adults.

The program has received FDA Fast Track Designation, and we plan to include pediatric participants in the Phase 3 trial, expected to start in the third quarter. As in adults, the immunogenicity and safety data support a three-dose primary vaccination schedule in pediatric participants in the Phase 3 study.

[Slide 35: Portfolio with Potential Therapy for All Persons with Hemophilia]

Now, I’d like to highlight our robust portfolio of investigational therapies to potentially treat all people with hemophilia. We expect a number of clinical trials for our hemophilia portfolio to read out in 2023.

Marstacimab is our novel non-factor treatment candidate with the potential to address a broad patient population as a new subcutaneous prophylactic treatment for patients with hemophilia A or B, including those with inhibitors.

We anticipate a pivotal readout in second quarter of 2023. Marstacimab has FDA Fast Track designation for hemophilia A and B with inhibitors. If successful, we project submitting for the non-inhibitor indication in both hemophilia A and B in third quarter of 2023.

Turning to our gene therapy candidates, last year at ASH we presented updated Phase 1b/2 data from the largest cohort of persons with hemophilia B who have had at least 3 years of follow-up with AAV gene therapy.

93% of participants achieved factor 9 activity in the mild or normal range between 3 to 5.5 years of follow-up.

We expect a pivotal readout in the first quarter of 2023.

In hemophilia A, we also presented updated Phase 1b data at ASH. Factor 8 activity was 25% of normal after two years in the highest-dose cohort.

The FDA has lifted the clinical hold on our Phase 3 pivotal study, and we anticipate study resumption in the third quarter of this year with a pivotal readout estimated in the second half of 2023.

[Slide 36: Key 2022 Milestones]

Finally, here are the top 25 key milestones achieved and anticipated for the rest of year, six in the regulatory space, 12 pivotal readouts and seven early-stage readouts.

I'd also note that last week, we announced the planned opening of the first U.S. sites in our Phase 3 trial evaluating our investigational mini-dystrophin gene therapy for ambulatory patients with Duchenne muscular dystrophy. The trial also has received regulatory approvals to restart in several other countries. Pending regulatory feedback, we anticipate that nearly all sites will open by the end of June.

In addition, the European Medicines Agency's Committee for Medicinal Products for Human Use granted PRIME designation for GBS6, our maternal vaccine candidate against group B Streptococcus infection. It is currently being evaluated in an ongoing Phase 2 study.

Thank you for your attention and I look forward to your questions. Now, let me turn it over to Frank.

[Slide 37: Financial Review – Frank D'Amelio]

Frank D'Amelio – ***Pfizer Inc. – Chief Financial Officer, Executive Vice President***

[Slide 38: Quarterly Income Statement Highlights]

Thanks Mikael.

I know you've seen our release, so let me provide a few brief highlights regarding the financials.

Turning to the income statement. Revenue increased 82% operationally in the first quarter of 2022 driven by COVID-19 vaccine and Paxlovid sales, and strong performance from a number of our other key growth drivers.

And looking at the revenue excluding the COVID-19 vaccine direct sales and alliance revenues and Paxlovid contribution, it increased by 2% operationally. The effect of fewer selling days year-over-year decreased revenues by about 1%, and losses of exclusivity negatively impacted revenues by 2%. Operational growth would have been approximately 5% without these. Also, please remember that Q1 2021 grew 8% operationally excluding Comirnaty vs the prior year quarter, resulting in a very difficult comparable.

This was broadly as expected and is embedded in our current guidance.

The Adjusted cost of sales increase shown here reduced this quarter's gross margin by approximately 10 percentage points, as compared to the first quarter of 2021, with 14 percentage points attributable to the impact of higher COVID-19 vaccine sales year-over-year, partially mitigated by net favorable product mix for other products, primarily driven by higher sales of Paxlovid and higher alliance revenues.

Adjusted SI&A expenses in the first quarter decreased primarily due to lower spending on corporate enabling functions, partially offset by increased spending for Comirnaty and Paxlovid.

The increase in Adjusted R&D expense this quarter was primarily driven by increased investments in multiple late-stage clinical programs, as well as additional spending on programs to prevent and treat COVID-19.

The growth rate for reported diluted EPS was +59%, while Adjusted diluted EPS grew 76% operationally for the quarter.

Foreign exchange movements resulted in a negative 5% impact to revenue as well as a negative 4% impact, or $0.04, to Adjusted diluted EPS.

[Slide 39: 2022 Financial Guidance]

Let's move to our updated 2022 guidance.

We expect total company revenue to be in a range of $98.0 to $102.0 billion, representing an operational growth rate of 27% at the mid-point. This revenue range reflects an additional $2 billion of anticipated

negative impact from changes in exchange rate, as the US dollar continued to strengthen against other currencies since we last updated our exchange rate assumptions.

Regarding our COVID-19-related revenues, we continue to expect the vaccine revenue for the year to be approximately $32 billion, unchanged compared to our prior guidance provided on February 8th, despite the impact of $1 billion of incremental negative foreign exchange. For Paxlovid, we expect sales of approximately $22 billion, keeping the guidance unchanged, despite an incremental $500 million headwind due to foreign exchange.

This means that excluding the COVID-19-related revenues, we expect sales to be approximately $46 billion at the midpoint, representing operational growth of 5% and absorbing the increased negative impact of about $500 million for foreign exchange. While this is slightly below the 6% CAGR that we continue to expect between 2020 and 2025, we continue to be confident in our ability to achieve that 2025 target.

Let me give you some detail on our cost and expense guidance.

We've slightly improved our guidance for adjusted cost of sales, reducing the entire range by 0.2% with the new range being 32 to 34%.

We've separated the former R&D line into two - R&D and a new line for acquired IPR&D - to isolate the IPR&D charges which are driven by business development transactions.

Our guidance includes $900 million of this expense for 2022, based on business development transactions which have either already closed or are already signed as of mid-April, of which only $100 million was previously assumed in our R&D guidance for adjusted results. We will not forecast acquired IPR&D for transactions which are not closed or signed.

We've also increased our Adjusted R&D expense guidance by $500 million to reflect incremental lifecycle spending for COVID-19 vaccines and antivirals, and investments in other projects.

In addition, as noted with fourth quarter results, we've made a decision to modify our adjusted results' treatment of amortization of intangibles. Previously, we only excluded amortization related to large mergers and acquisitions, but we will now exclude all intangible asset amortization expense. [This is anticipated to contribute 6 cents to our 2022 adjusted diluted earnings per share, and improves comparability with our peers.] This 6 cents was included in our previous 2022 guidance.

These assumptions yield an Adjusted diluted EPS range of $6.25 to $6.45 or 61% operational growth at the midpoint compared to 2021. This updated EPS guidance includes a 10 cents operational improvement, offset by a negative 11 cents due to foreign exchange, and another negative 11 cents due to IPR&D. Together, these impacts net out to an adjusted EPS range which is 10 cents lower than our initial guidance.

2022 guidance once again assumes no incremental share repurchases, beyond the $2 billion of share repurchases we completed in March 2022.

[Slide 40: Capital Allocation Framework]

And going forward we will continue to be prudent in our capital allocation activities with the opportunities for deployment shown here on this slide.

[Slide 41: Key Takeaways]

Before I turn the call back to Chris to start the Q&A session, I wanted to make a personal comment. This conference call will mark my last as Pfizer's CFO, and I wish Dave and Pfizer all the success in the world. It has been my immense pleasure and privilege to serve as Pfizer's CFO for nearly 15 years. I have always enjoyed my interactions with you, our investors and analysts, and I will miss them. To my Pfizer colleagues, I am so proud of what we have accomplished together, and I look forward to your achieving even more success in the future. And, as a large Pfizer shareholder, you can be sure that I will be watching.

With that, let me turn it over to Chris for Q&A.

Disclosure Notice*: This material represents prepared remarks for Pfizer Inc.'s earnings conference call and is not an official transcript. Except where otherwise noted, the information contained in these prepared remarks is as of May 3, 2022. We assume no obligation to update any forward-looking statements contained in these prepared remarks as a result of new information or future events or developments.*

These prepared remarks contain forward-looking statements about, among other topics, our anticipated operating and financial performance; reorganizations; business plans, strategy 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 the Pfizer-BioNTech COVID-19 vaccine (Comirnaty) and our oral COVID-19 treatment (Paxlovid); and our expectations regarding the impact of COVID-19 on our business, operations and financial results that involve substantial risks and uncertainties. You can identify these statements by the fact that they use future dates or use words such as "will," "may," "could," "likely," "ongoing," "anticipate," "estimate," "expect," "project," "intend," "plan," "believe," "assume," "target," "forecast," "guidance," "goal," "objective," "aim," "seek," "potential," "hope" and other words and terms of similar meaning. Among the factors that could

cause actual results to differ materially from past results and future plans and projected future results are the following:

Risks Related to Our Business, Industry and Operations, and Business Development:

- *the outcome of research and development (R&D) activities, including, the ability to meet anticipated pre-clinical or clinical endpoints, commencement and/or completion dates for our pre-clinical or clinical trials, regulatory submission dates, and/or regulatory approval and/or launch dates; the possibility of unfavorable pre-clinical and clinical trial results, including the possibility of unfavorable new pre-clinical or clinical data and further analyses of existing pre-clinical or clinical data; the risk that pre-clinical and clinical trial data are subject to differing interpretations and assessments, including during the peer review/publication process, in the scientific community generally, and by regulatory authorities; and whether and when additional data from our pipeline programs will be published in scientific journal publications and, if so, when and with what modifications and interpretations;*
- *our ability to successfully address comments received from regulatory authorities such as the U.S. Food and Drug Administration or the European Medicines Agency, or obtain approval for new products and indications from regulators on a timely basis or at all; regulatory decisions impacting labeling, including the scope of indicated patient populations, product dosage, manufacturing processes, safety and/or other matters, including decisions relating to emerging developments regarding potential product impurities; the impact of recommendations by technical or advisory committees; and the timing of pricing approvals and product launches;*
- *claims and concerns that may arise regarding the safety or efficacy of in-line products and product candidates, including claims and concerns that may arise from the outcome of post-approval clinical trials, which could impact marketing approval, product labeling, and/or availability or commercial potential, including uncertainties regarding the commercial or other impact of the results of the Xeljanz ORAL Surveillance (A3921133) study or actions by regulatory authorities based on analysis of ORAL Surveillance or other data, including on other Janus kinase (JAK) inhibitors in our portfolio;*
- *the success and impact of external business-development activities, including the ability to identify and execute on potential business development opportunities; the ability to satisfy the conditions to closing of announced transactions in the anticipated time frame or at all; the ability to realize the anticipated benefits of any such transactions in the anticipated time frame or at all; the potential need for and impact of additional equity or debt financing to pursue these opportunities, which could result in increased leverage and/or a downgrade of our credit ratings; challenges integrating the businesses and operations; disruption to business and operations relationships; risks related to growing revenues for certain acquired products; significant transaction costs; and unknown liabilities;*

- *competition, including from new product entrants, in-line branded products, generic products, private label products, biosimilars and product candidates that treat or prevent diseases and conditions similar to those treated or intended to be prevented by our in-line products and product candidates;*
- *the ability to successfully market both new and existing products, including biosimilars;*
- *difficulties or delays in manufacturing, sales or marketing; supply disruptions, shortages or stock-outs at our facilities or third-party facilities that we rely on; and legal or regulatory actions;*
- *the impact of public health outbreaks, epidemics or pandemics (such as the COVID-19 pandemic), including the impact of vaccine mandates where applicable, on our business, operations and financial condition and results, including impacts on our employees, manufacturing, supply chain, sales and marketing, research and development and clinical trials;*
- *risks and uncertainties related to our efforts to develop and commercialize a vaccine to help prevent COVID-19 and an oral COVID-19 treatment, as well as challenges related to their manufacturing, supply and distribution, including, among others, uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as risks associated with pre-clinical and clinical data (including the Phase 1/2/3 or Phase 4 data for Comirnaty or any other vaccine candidate in the BNT162 program or Paxlovid or any other future COVID-19 treatment) in any of our studies in pediatrics, adolescents or adults or real world evidence, including the possibility of unfavorable new pre-clinical, clinical or safety data and further analyses of existing pre-clinical, clinical or safety data or further information regarding the quality of pre-clinical, clinical or safety data, including by audit or inspection; the ability to produce comparable clinical or other results for Comirnaty or Paxlovid, including the rate of effectiveness and/or efficacy, safety and tolerability profile observed to date, in additional analyses of the Phase 3 trial for Comirnaty or Paxlovid and additional studies, in real-world data studies or in larger, more diverse populations following commercialization; the ability of Comirnaty or any future vaccine to prevent, or Paxlovid or any other future COVID-19 treatment to be effective against, COVID-19 caused by emerging virus variants; the risk that more widespread use of the vaccine or Paxlovid will lead to new information about efficacy, safety or other developments, including the risk of additional adverse reactions, some of which may be serious; the risk that pre-clinical and clinical trial data are subject to differing interpretations and assessments, including during the peer review/publication process, in the scientific community generally, and by regulatory authorities; whether and when additional data from the BNT162 mRNA vaccine program, Paxlovid or other programs will be published in scientific journal publications and, if so, when and with what modifications and interpretations; whether regulatory authorities will be satisfied with the design of and results from these and any future pre-clinical and clinical studies; whether and when*

submissions to request emergency use or conditional marketing authorizations for Comirnaty or any potential future vaccines in additional populations, for a booster dose for Comirnaty or any potential future vaccines (including potential future annual boosters or re-vaccinations), and/or biologics license and/or EUA applications or amendments to any such applications may be filed in particular jurisdictions for Comirnaty or any other potential vaccines, and if obtained, whether or when such EUA or licenses will expire or terminate; whether and when submissions to request emergency use or conditional marketing authorizations for Paxlovid or any other future COVID-19 treatment and/or any drug applications for any indication for Paxlovid or any other future COVID-19 treatment may be filed in any jurisdiction, and if obtained, whether or when such EUA or licenses will expire or terminate; whether and when any application that may be pending or filed for Comirnaty or other vaccines that may result from the BNT162 program, Paxlovid or any other future COVID-19 treatment or any other COVID-19 program may be approved by particular regulatory authorities, which will depend on myriad factors, including making a determination as to whether the vaccine's or drug's benefits outweigh its known risks and determination of the vaccine's or drug's efficacy and, if approved, whether it will be commercially successful; decisions by regulatory authorities impacting labeling or marketing, manufacturing processes, safety and/or other matters that could affect the availability or commercial potential of a vaccine or drug, including development of products or therapies by other companies; disruptions in the relationships between us and our collaboration partners, clinical trial sites or third-party suppliers, including our relationship with BioNTech; the risk that other companies may produce superior or competitive products; the risk that demand for any products may be reduced or no longer exist which may lead to reduced revenues or excess inventory; the possibility that COVID-19 will diminish in severity or prevalence, or disappear entirely; risks related to the availability of raw materials to manufacture or test any such products; challenges related to our vaccine's formulation, dosing schedule and attendant storage, distribution and administration requirements, including risks related to storage and handling after delivery by Pfizer; the risk that we may not be able to successfully develop other vaccine formulations, booster doses or potential future annual boosters or re-vaccinations or new variant-specific vaccines; the risk that we may not be able to recoup costs associated with our R&D and manufacturing efforts; risks associated with any changes in the way we approach or provide research funding for the BNT162 program, Paxlovid or any other COVID-19 program; challenges and risks associated with the pace of our development programs; the risk that we may not be able to maintain or scale up manufacturing capacity on a timely basis or maintain access to logistics or supply channels commensurate with global demand for our vaccine or any treatment for COVID-19, which would negatively impact our ability to supply the estimated numbers of doses of our vaccine or treatment courses of Paxlovid within the projected time periods; whether and when additional supply or purchase agreements will be reached; the risk that demand for any products maybe

reduced or no longer exist; uncertainties regarding the ability to obtain recommendations from vaccine or treatment advisory or technical committees and other public health authorities and uncertainties regarding the commercial impact of any such recommendations; pricing and access challenges for such products; challenges related to public confidence or awareness of our COVID-19 vaccine or Paxlovid, including challenges driven by misinformation, access, concerns about clinical data integrity and prescriber and pharmacy education; trade restrictions; potential third-party royalties or other claims related to our COVID-19 vaccine or Paxlovid; and competitive developments;

- *trends toward managed care and healthcare cost containment, and our ability to obtain or maintain timely or adequate pricing or favorable formulary placement for our products;*
- *interest rate and foreign currency exchange rate fluctuations, including the impact of possible currency devaluations in countries experiencing high inflation rates;*
- *any significant issues involving our largest wholesale distributors or government customers, which account for a substantial portion of our revenues;*
- *the impact of the increased presence of counterfeit medicines or vaccines in the pharmaceutical supply chain;*
- *any significant issues related to the outsourcing of certain operational and staff functions to third parties; and any significant issues related to our JVs and other third-party business arrangements;*
- *uncertainties related to general economic, political, business, industry, regulatory and market conditions including, without limitation, uncertainties related to the impact on us, our customers, suppliers and lenders and counterparties to our foreign-exchange and interest-rate agreements of challenging global economic conditions and recent and possible future changes in global financial markets;*
- *any changes in business, political and economic conditions due to actual or threatened terrorist activity, civil unrest or military action;*
- *the impact of product recalls, withdrawals and other unusual items, including uncertainties related to regulator-directed risk evaluations and assessments;*
- *trade buying patterns;*
- *the risk of an impairment charge related to our intangible assets, goodwill or equity-method investments;*
- *the impact of, and risks and uncertainties related to, restructurings and internal reorganizations, as well as any other corporate strategic initiatives, and cost-reduction and productivity initiatives, each of which requires upfront costs but may fail to yield anticipated benefits and may result in unexpected costs or organizational disruption;*

<u>Risks Related to Government Regulation and Legal Proceedings:</u>

- *the impact of any U.S. healthcare reform or legislation or any significant spending reductions or cost controls affecting Medicare, Medicaid or other publicly funded or subsidized health programs or changes in the tax treatment of employer-sponsored health insurance that may be implemented;*
- *U.S. federal or state legislation or regulatory action and/or policy efforts affecting, among other things, pharmaceutical product pricing, intellectual property, reimbursement or access or restrictions on U.S. direct-to-consumer advertising; limitations on interactions with healthcare professionals and other industry stakeholders; as well as pricing pressures for our products as a result of highly competitive insurance markets;*
- *legislation or regulatory action in markets outside of the U.S., including China, affecting pharmaceutical product pricing, intellectual property, reimbursement or access, including, in particular, continued government-mandated reductions in prices and access restrictions for certain biopharmaceutical products to control costs in those markets;*
- *the exposure of our operations globally to possible capital and exchange controls, economic conditions, expropriation and other restrictive government actions, changes in intellectual property legal protections and remedies, as well as the impact of political or civil unrest or military action, including the ongoing conflict between Russia and Ukraine and the related economic consequences, unstable governments and legal systems and inter-governmental disputes;*
- *legal defense costs, insurance expenses, settlement costs and contingencies, including those related to actual or alleged environmental contamination;*
- *the risk and impact of an adverse decision or settlement and the adequacy of reserves related to legal proceedings;*
- *the risk and impact of tax related litigation;*
- *governmental laws and regulations affecting our operations, including, without limitation, changes in laws and regulations or their interpretation, including, among others, changes in tax laws and regulations internationally and in the U.S., including, among others, potential adoption of global minimum taxation requirements and potential changes to existing tax law by the current U.S. Presidential administration and Congress;*

<u>Risks Related to Intellectual Property, Technology and Security:</u>

- *any significant breakdown or interruption of our information technology systems and infrastructure (including cloud services);*
- *any business disruption, theft of confidential or proprietary information, extortion or integrity compromise resulting from a cyber-attack;*
- *the risk that our currently pending or future patent applications may not be granted on a timely basis or at all, or any patent-term extensions that we seek may not be granted on a timely basis, if at all; and*

- *our ability to protect our patents and other intellectual property, such as against claims of invalidity that could result in loss of exclusivity, including challenges faced by our collaboration or licensing partners to the validity of their patent rights, unasserted intellectual property claims and in response to any pressure, or legal or regulatory action by, various stakeholders or governments that could potentially result in us not seeking intellectual property protection for or agreeing not to enforce or being restricted from enforcing intellectual property related to our products, including our vaccine to help prevent COVID-19 and our oral COVID-19 treatment.*

We cannot guarantee that any forward-looking statement will be realized. Should known or unknown risks or uncertainties materialize or should underlying assumptions prove inaccurate, actual results could vary materially from past results and those anticipated, estimated or projected. Investors are cautioned not to put undue reliance on forward-looking statements. A further list and description of risks, uncertainties and other matters can be found in our Annual Report on Form 10-K for the fiscal year ended December 31, 2021 and in our subsequent reports on Form 10-Q, in each case including in the sections thereof captioned "Forward-Looking Information and Factors That May Affect Future Results" and "Item 1A. Risk Factors," and in our subsequent reports on Form 8-K.

These prepared remarks include discussion of certain financial measures that were not prepared in accordance with generally accepted accounting principles (GAAP). Reconciliations of those non-GAAP financial measures to the most directly comparable GAAP financial measures can be found in the Company's Current Report on Form 8-K dated May 3, 2022.

These prepared remarks may include discussion of certain clinical studies relating to various in-line products and/or product candidates. These studies typically are part of a larger body of clinical data relating to such products or product candidates, and the discussion herein should be considered in the context of the larger body of data. In addition, clinical trial data are subject to differing interpretations, and, even when we view data as sufficient to support the safety and/or effectiveness of a product candidate or a new indication for an in-line product, regulatory authorities may not share our views and may require additional data or may deny approval altogether.

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.

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

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