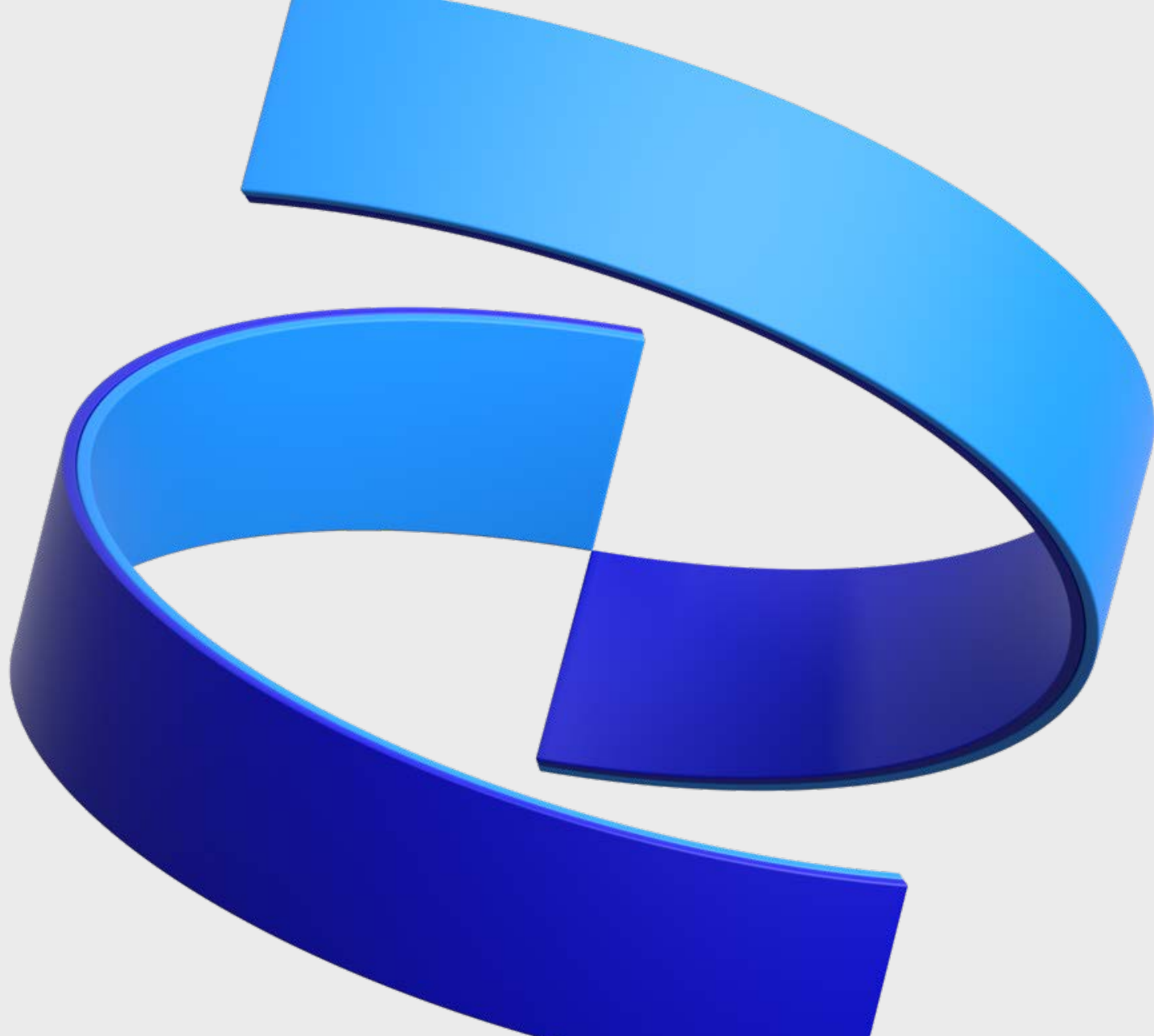




Second Quarter 2022 Earnings Teleconference

July 28, 2022



Breakthroughs that change patients' lives[®]

An abstract graphic on the right side of the slide, composed of several overlapping, curved, and faceted planes in various shades of blue and purple. The shapes create a sense of depth and movement, resembling a stylized architectural element or a modern sculpture. The colors transition from a deep blue at the bottom to a lighter, almost white-blue at the top.

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, strategy and prospects, our Environmental, Social and Governance (ESG) priorities and goals, 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 41-43 and in our earnings release furnished with Pfizer's Current Report on Form 8-K dated July 28, 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.



The background features a series of overlapping, curved, three-dimensional shapes in shades of blue and purple. These shapes create a sense of depth and movement, with some areas appearing to be in shadow and others brightly lit. The overall effect is a modern, abstract graphic design.


Opening Remarks

Albert Bourla

Chairman and Chief Executive Officer

Q2 2022 Key Highlights

Strong Financial Performance



+53%

Operational Revenue Growth



+100%
Operational Adj.
Diluted EPS⁽¹⁾ Growth

Key Growth Drivers

\$8.1B * op
PAXLOVID™
U.S. \$4.5B, *
Int'l \$3.7B, * op

\$8.8B 20% op
COMIRNATY™
U.S. \$1.1B, -47%
Int'l \$7.8B, +43% op

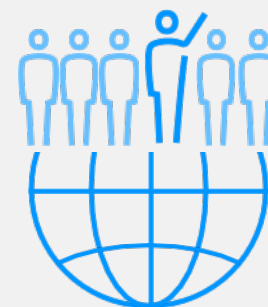
\$1.7B +23% op
ELIQUIS[®]
apixaben
U.S. \$1.1B, +28%
Int'l \$681M, +16% op

\$1.4B +18% op
Prevnam Family⁽²⁾
U.S. \$906M, +41%
Int'l \$523M, -7% op

\$552M +16% op
Vyndamax⁽³⁾
(*tafamidis*)
U.S. \$296M, +32%
Int'l \$256M, +3% op

Breakthroughs that change patients' lives.

~845M Patients
reached worldwide YTD 2022 with
our medicines and vaccines⁽⁴⁾



77% Increase
from prior-year quarter



Second Quarter 2022 Earnings

*Indicates calculation not meaningful

(1) See Slides 41-43 for definitions

(2) Presented figures include sales of both Prevnam/Prevenar 13 and 20

(3) Presented figures include sales of both Vyndaqel and Vyndamax

(4) Patient counts are estimates derived from multiple data sources; ~182M patients ex-Comirnaty

COVID-19: Where Do We Go From Here?



COVID-19

likely to remain a
global healthcare concern
for years to come



Pfizer

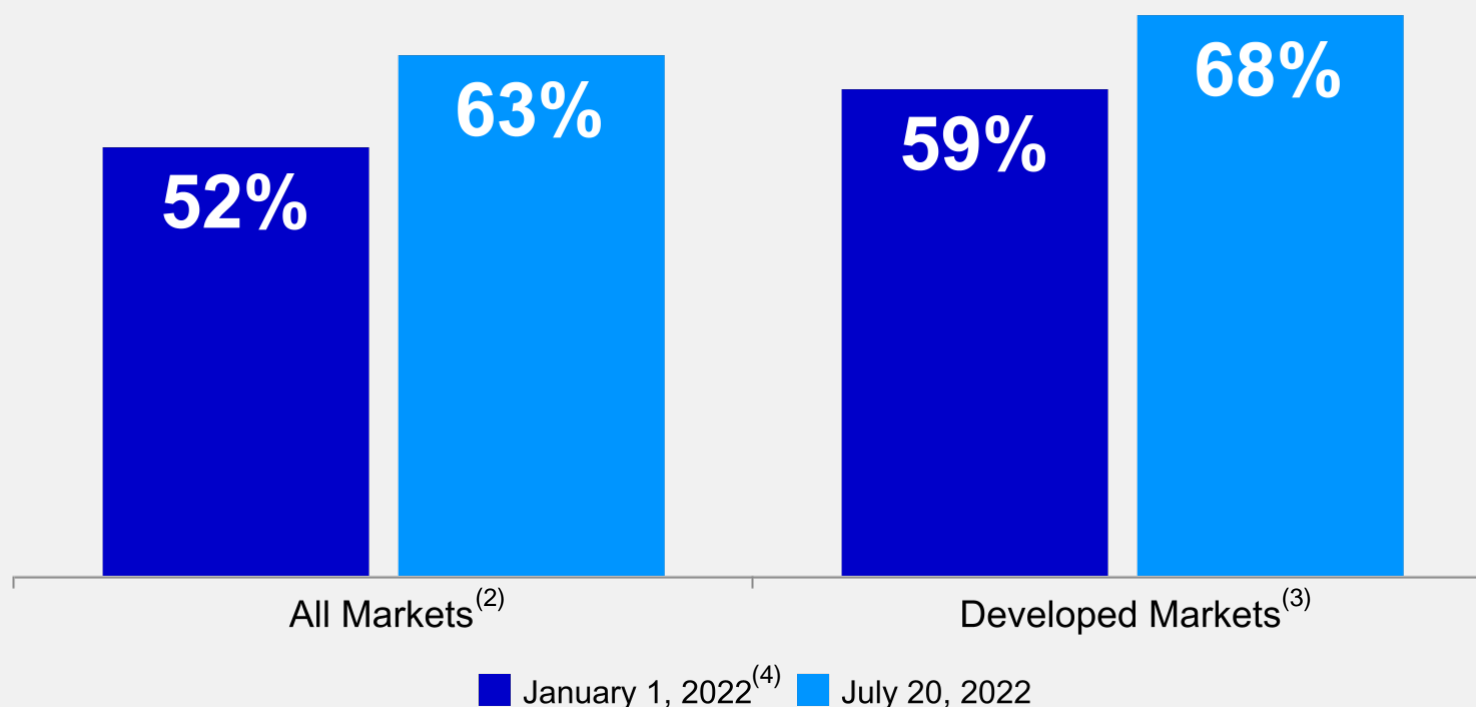
well-positioned to continue
commercial leadership in
battle against
COVID-19



Pfizer's science
continues to address
**highly mutative
virus**

Comirnaty: Continued Leadership In the Fight Against COVID-19

Cumulative Share of Doses⁽¹⁾



More than
3.6B
doses shipped to
180 countries and
territories to date⁽⁵⁾



Second Quarter 2022 Earnings

⁽¹⁾ Market share data includes only those markets in which Pfizer operates and that report market share data

⁽²⁾ Incl. 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)

⁽⁴⁾ Starting date of January 1, 2022 for this data set is from Q1 2022 earnings presentation

⁽⁵⁾ From December 2020

Omicron-Adapted COVID-19 Vaccine Candidates for Fall 2022 Boosters



Submitted data to EMA⁽¹⁾

BA.1 Bivalent Omicron-modified



FDA requests

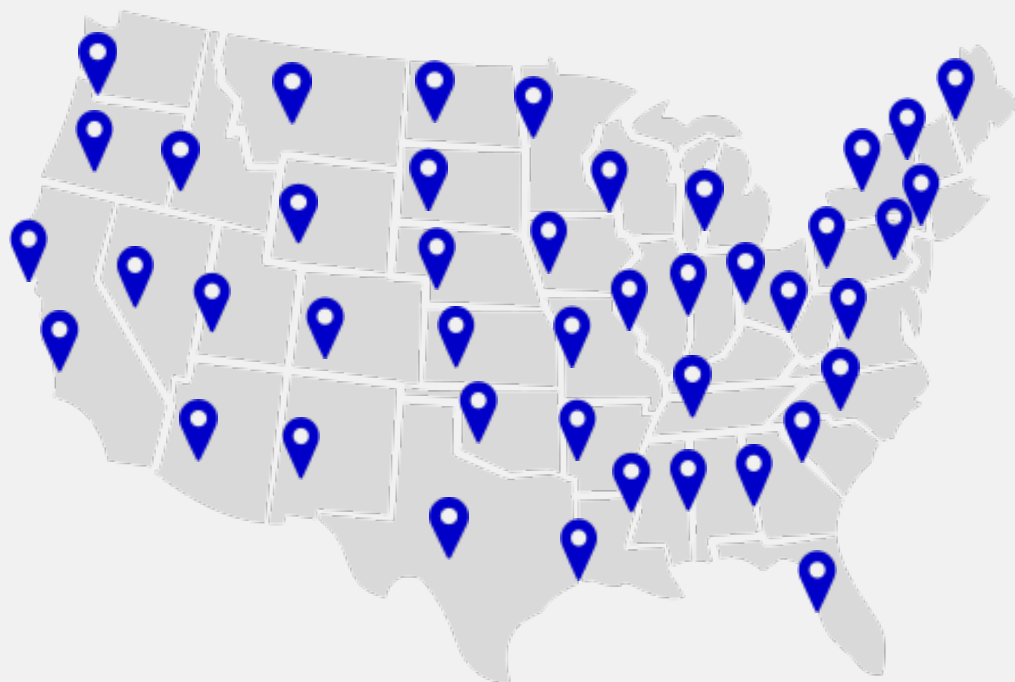
BA.4/BA.5 Bivalent Omicron-modified



Because of our robust manufacturing capabilities, we are planning to deliver both variant vaccines in the fall, pending regulatory approvals

⁽¹⁾ European Medicines Agency

Paxlovid: Expanding Access in U.S.



>41K

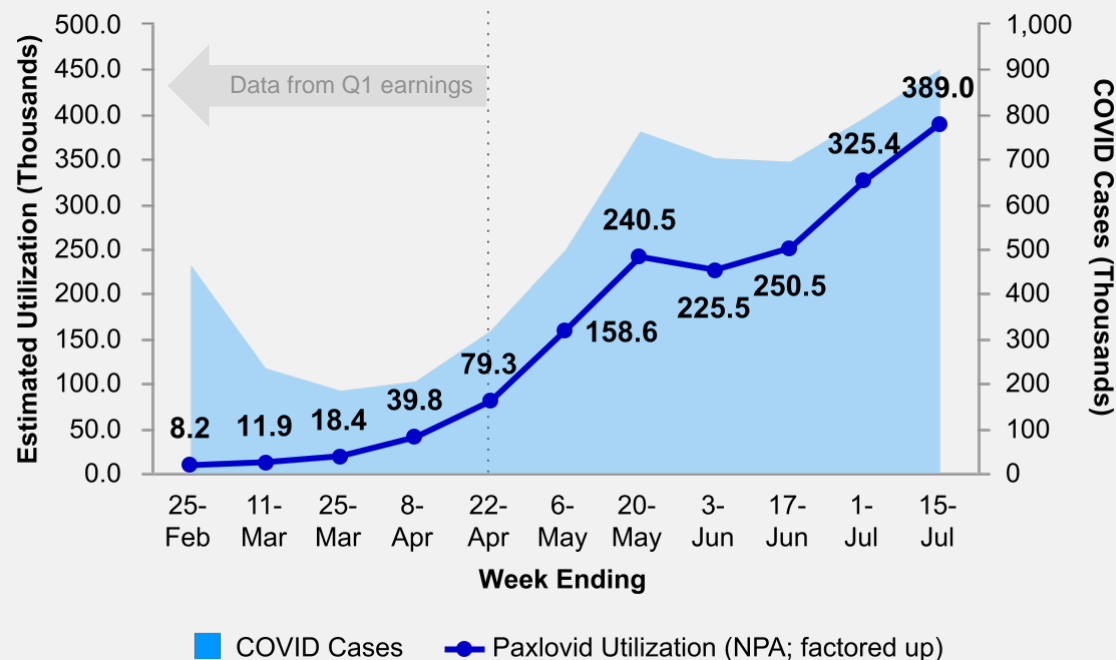
sites with Paxlovid supply as of July 15
(increase of >7K since early-May)



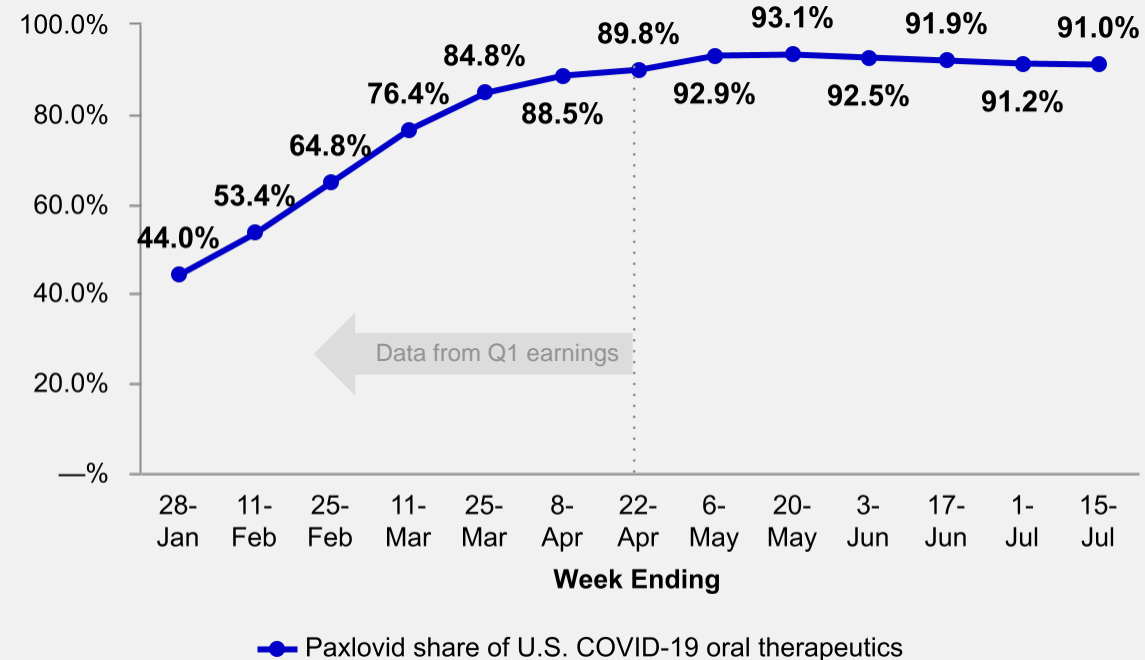
On July 6, FDA revised EUA to authorize state-licensed pharmacists to prescribe Paxlovid under certain conditions

Paxlovid: Nearly Five-Fold Growth in U.S. Utilization Since Q1⁽¹⁾

U.S. Estimated Utilization (NPA)⁽²⁾ vs. Cases⁽³⁾



U.S. Market Share⁽⁴⁾ (%)



HCPs using more Paxlovid, as number of reported COVID-19 cases rises



Paxlovid is prescribed more than any other COVID-19 oral therapy



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- ⁽¹⁾ Since week ending April 22, 2022, the last week for which data was presented at Q1 2022 earnings update
- ⁽²⁾ 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
- ⁽³⁾ Reported cases historical are weekly cumulative totals derived from [CDC COVID Data Tracker](#) for February 25, 2022 to July 15, 2022.
- ⁽⁴⁾ Based on data from IQVIA Xponent (as of week ending July 15, 2022), relative to molnupiravir in the retail, long-term care, and mail order channels, which together represent ~80% of Paxlovid utilization.

Paxlovid: Expanding Access in International Developed Markets



Recent wave of BA.4/BA.5 resulting in **increased hospitalizations, ICU admissions and deaths⁽¹⁾**

Average daily deaths increased from 6/24 - 7/24



Europe⁽²⁾: ~2x (0.6 \Rightarrow 1.15 per 1M people)



Japan: ~3x (0.12 \Rightarrow 0.34 per 1M people)



~116% increase⁽³⁾
in usage across international
developed markets

⁽¹⁾ Based on data over the month from June 24, 2022 to July 24, 2022 from [Our World in Data](#) (ICU admissions and deaths) and [ECDC data](#) (hospitalizations)

⁽²⁾ Includes EU and non-EU countries

⁽³⁾ Based on internal estimates comparing June 24, 2022 to July 15, 2022

Prevnar 20 Adult: Market-Leading U.S. Performance



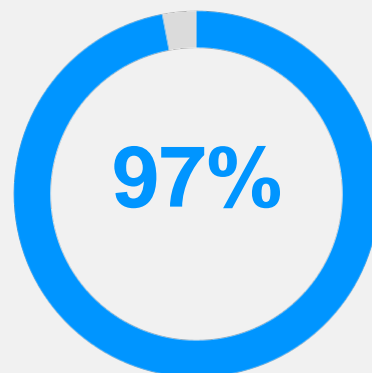
**Successful
U.S. Launch**

Q2 U.S. Adult Revenue⁽¹⁾

337% op
vs prior year
quarter, to
\$431M

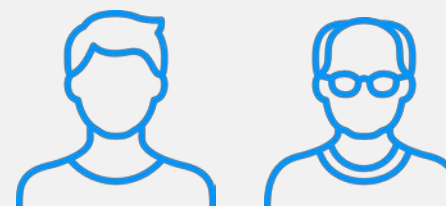


**Market
Share**

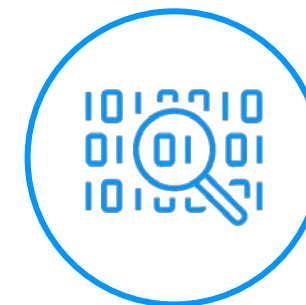


**Routine
Recommendation**

19-64 Years

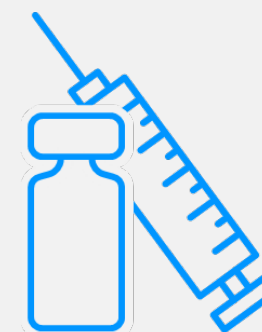


with underlying medical condition



**Strong
Uptake**

Simplicity of 1-shot



⁽¹⁾ Prevnar 13 and Prevnar 20 Adult revenue - Prevnar 20 represented more than 3/4 of total Adult revenue



Second Quarter 2022 Earnings

Ibrance: Encouraging U.S. Trends



Q2 U.S. Revenues



Up 1%

vs prior year quarter

despite continued increase in proportion
of patients accessing Ibrance through our
Patient Assistance Program

Q2 U.S. Total Volume Demand⁽¹⁾



Up 3%

vs prior year quarter

⁽¹⁾ Total volume dispensed



**First quarterly
uptick in U.S.
revenues since
Q4 2020**

ESG: Turning Commitment into Action



Equitable Access and Affordability

Accord for a Healthier World⁽¹⁾

- All current and future Pfizer patented medicines and vaccines available in U.S. and EU to be offered on a not-for-profit basis to 1.2B people in 45 lower-income countries
- First product has arrived in Rwanda

⁽¹⁾ See [May 25, 2022 press release](#)



Climate Change

Net-Zero Standard⁽²⁾

- Goal to achieve Net-Zero Standard across our value chain by 2040, ten years ahead of a new voluntary external standard

⁽²⁾ See [June 30, 2022 Pfizer statement](#)



Business Ethics

Support for Ukraine⁽³⁾

- Donating equivalent of all profits from our sales in Russia to causes that provide direct humanitarian support to people of Ukraine
- First down payment of \$5M to 8 global and local NGOs
- Continuing to serve patients while helping the people of Ukraine

⁽³⁾ See [June 22, 2022 Pfizer statement](#)

MSCI ESG Rating Upgrade



Quartile Key: Bottom Quartile ● Top Quartile ●●●●

Rating Trend Key: Maintain ◀▶ Upgrade ▲ Upgrade by two or more notches ▲▲ Downgrade ▼ Downgrade by two or more notches ▼▼

The background features a series of overlapping, curved, three-dimensional shapes in shades of blue and purple. These shapes create a sense of depth and movement, with some surfaces appearing to be lit from above, casting soft shadows. The overall composition is modern and abstract.

Scientific Updates

Mikael Dolsten

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

Leading the Way to Breakthroughs

Deep expertise and successful track record in COVID-19 and infectious disease



Annaliesa Anderson, Ph.D., FAAM
Senior Vice President and Head,
Vaccine Research & Development

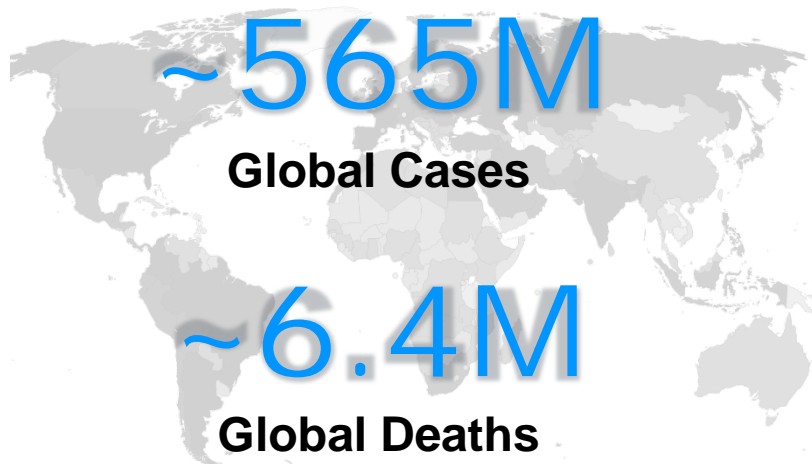


Charlotte Allerton
Chief Scientific Officer, Anti-Infectives
Head of Medicine Design

The Pandemic Continues to Evolve

New variants emerging in shorter time intervals

COVID-19 Global Cases/Deaths

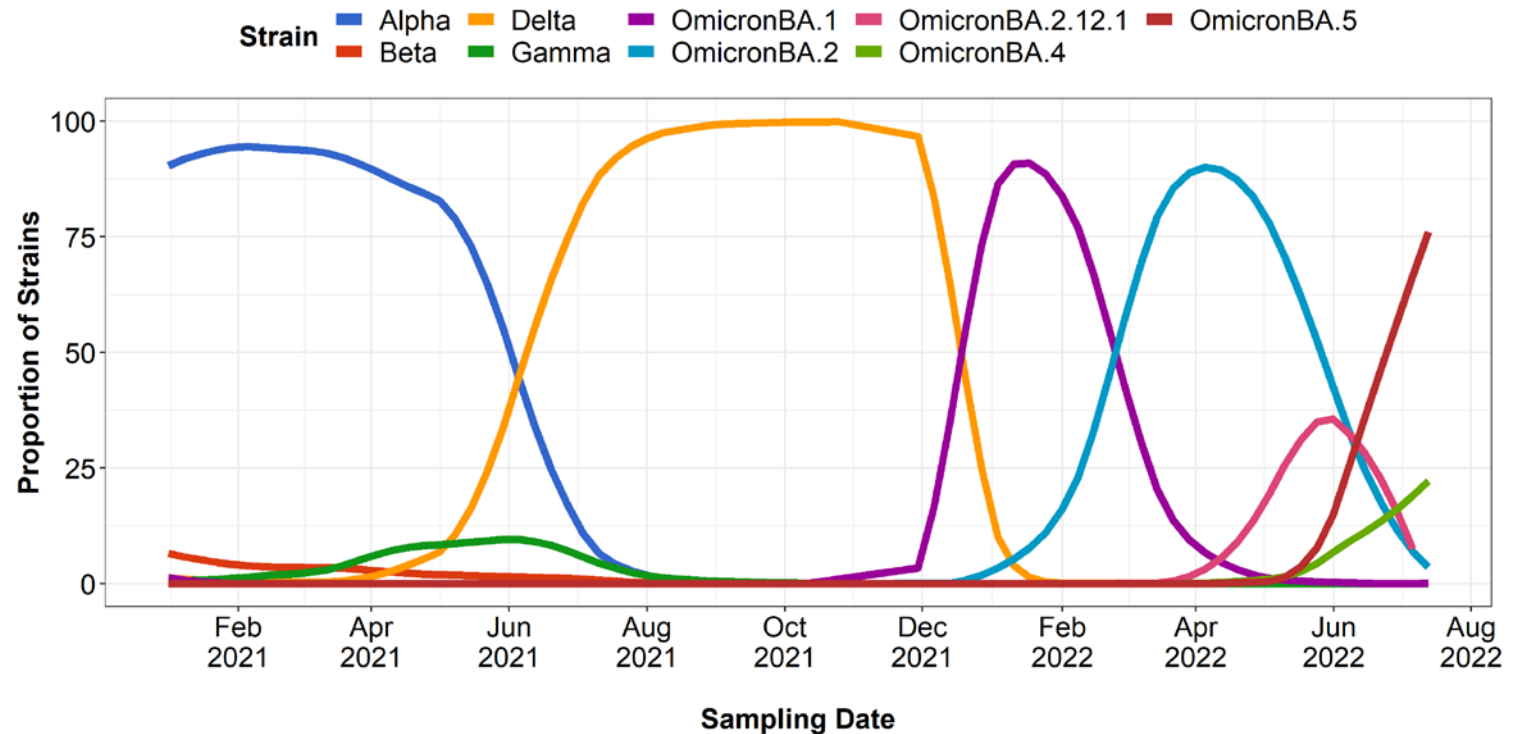


As of July 19, 2022: John Hopkins University Covid-19
site: <https://coronavirus.jhu.edu/>



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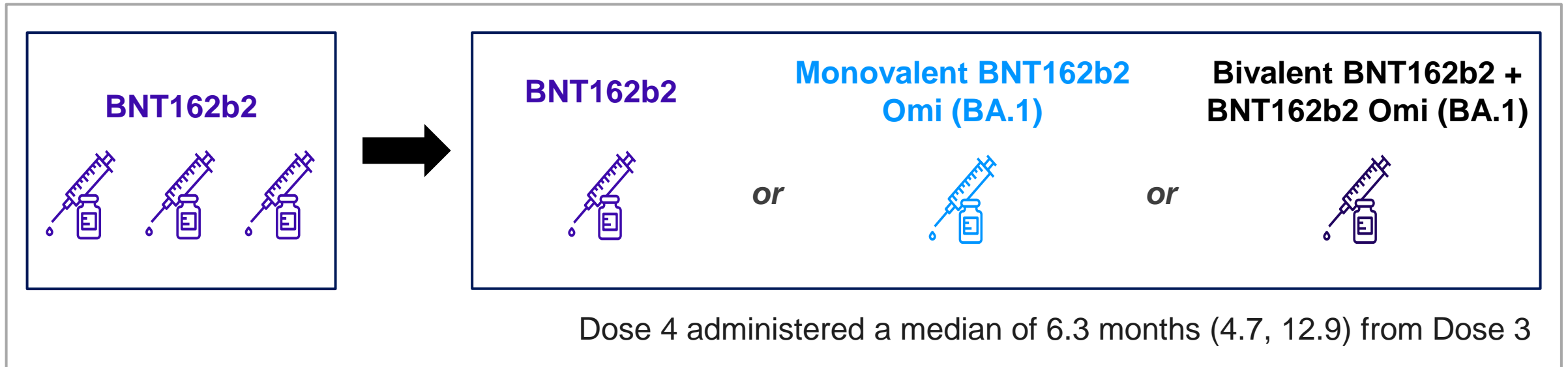
Global Circulating Strains Trend



GISAIID data as of July 22, 2022

Advancing Omicron Variant-modified Vaccine Candidates

Evaluated safety & immunogenicity of mono- and bivalent Omicron (BA.1)–modified vaccine candidates in ~1,920 participants >55 years



- Monovalent BNT162b2 Omi (BA.1), bivalent BNT162b2 + BNT162b2 Omi (BA.1) also being evaluated in participants 18-55 years of age
- 30 µg bivalent candidate selected following guidance from regulators

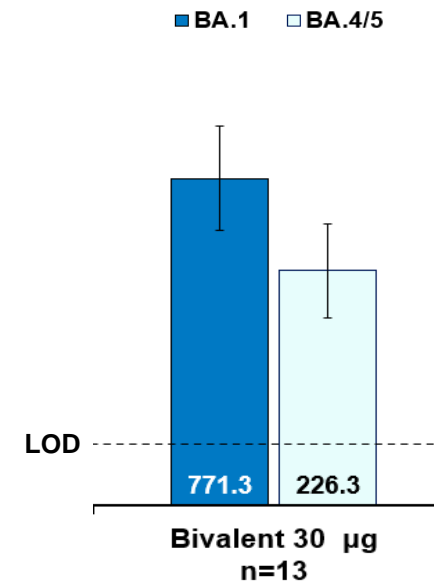
Advancing Omicron Variant-Modified Vaccine Candidates

In sub-study evaluating BA.1-modified vaccine candidates compared to wild type vaccine, results for Omicron BA.1 demonstrate:

- ✓ GMR consistent with simple superiority criterion
- ✓ Seroreponse rate exceeds noninferiority criterion
- ✓ Neutralization activity substantially increased with 4th dose booster
- ✓ Similar local reaction and systemic event profile to wildtype vaccine

BA.4/BA.5 response to BA.1-modified vaccine candidate

Participants WITHOUT Evidence of Infection up to 1 Month After First Study Vaccination

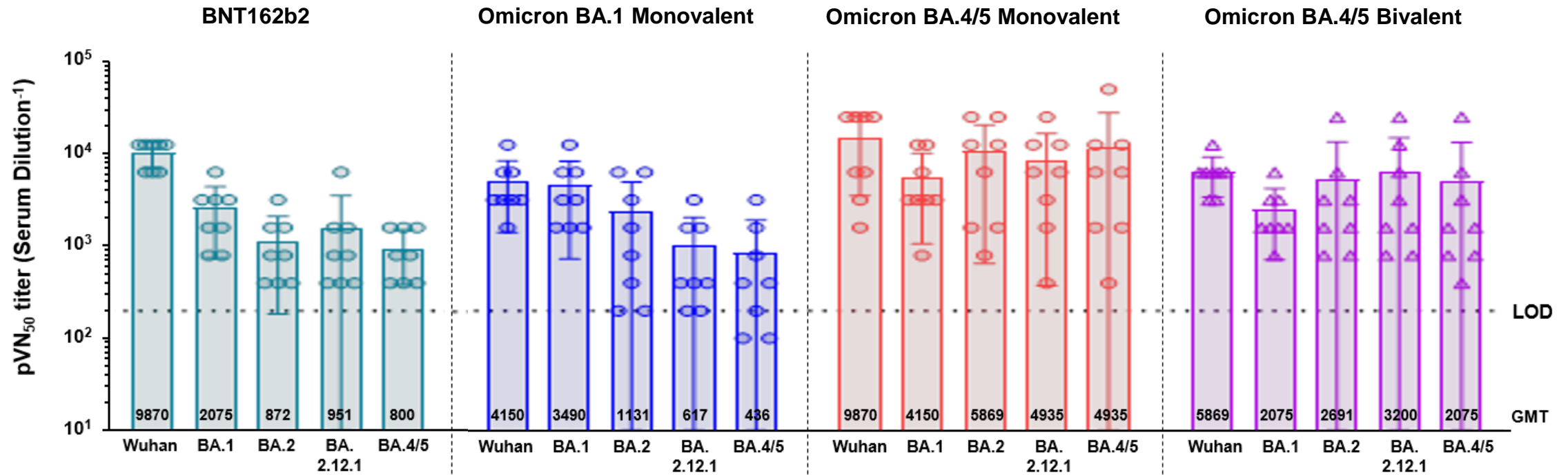


Omicron responses to BA.1-modified vaccine candidates were higher overall compared to the original vaccine, though BA.4/5 was lower than BA.1

Results from Substudy E: evaluating safety & immunogenicity of mono- and bivalent Omicron (BA.1)-modified vaccine candidates in ~1,920 participants >55 years;
FFRNT, fluorescent foci reduction neutralization test; LOD, Limit of Detection
Presented at June 28, 2022 Vaccines and Related Biological Products Advisory Committee

Omicron BA.4/5 Monovalent and Bivalent Boosters in Mice

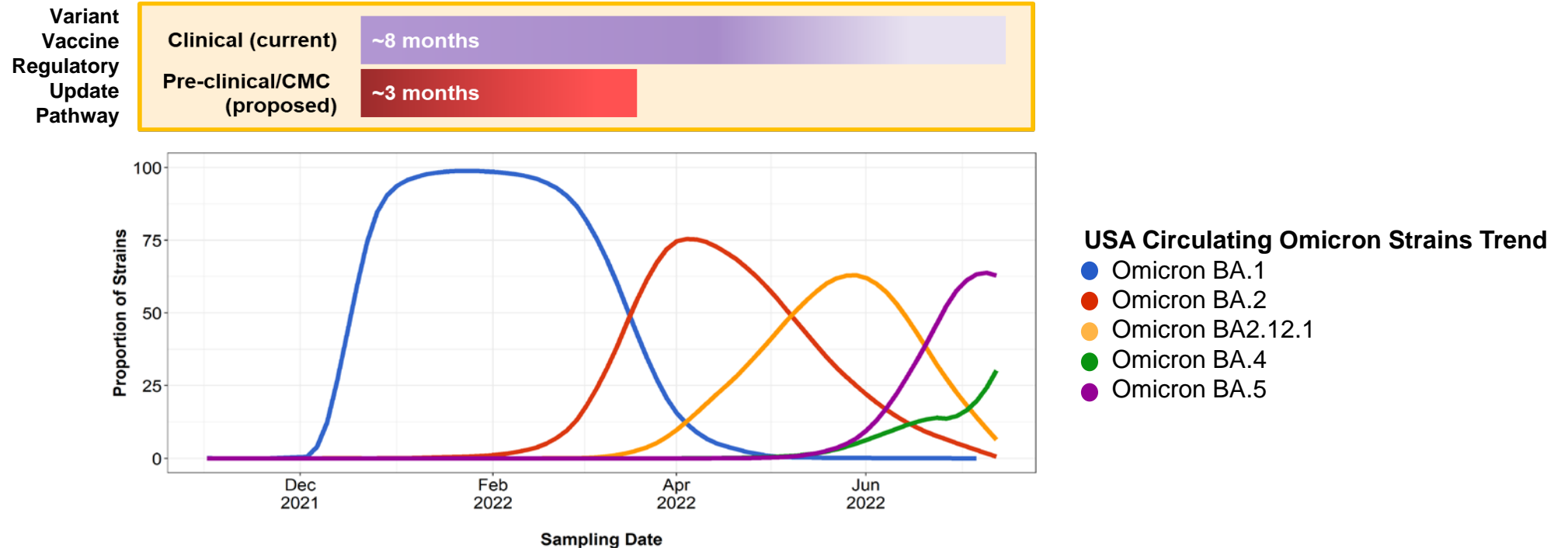
Substantial increase in Omicron neutralization responses to all Omicron variants



n=8. Mice preimmunized with 2 doses of BNT162b2; boosters given at day 104
pVN = Pseudovirus neutralization assay; LOD = Limit of Detection; GMT = Geometric mean titer
Presented at June 28, 2022 Vaccines and Related Biological Products Advisory Committee

Bivalent Booster Strategy to Adapt to Pace of Virus

Potential to enable a more rapid response to changing variant landscape



- Overall responses similar between human clinical and mouse data
- Extensive clinical experience with variant modified vaccines with same mRNA platform and manufacturing may enable preclinical immunogenicity data and bivalent CMC package to be sufficient for future EUAs¹

GISAID data as of July 22, 2022

⁽¹⁾ Subject to regulatory agreement.

Strategies Aiming to Provide Durable Disease Protection Against Emerging Variants







Next-generation SARS-CoV-2 Spike Antigen

- Phase 1/2 study initiated with bivalent vaccine candidate (WT and Omicron BA.2)
- Next-generation spike protein engineering aims to:
 - Increase prefusion stability
 - Expose more neutralization-sensitive epitopes

Future Proof-of-Concept Study Planned for Clinic 2H 2022

- Pan-SARS-CoV-2 vaccine candidate

Continued Expansion of PAXLOVID Clinical Studies

	High Risk	Immunocompromised	Hospitalized
			
Study	EPIC-HR ¹	EPIC-IC	EPIC-Hos ⁴
Trial Size	2,246	150	279
Milestone	PDUFA Date Expected Q1 2023 ^{2, 3}	Planned Study Start 2H 2022 ²	Planned Study Start 2H 2022 ²
	Long COVID	Retreatment	Pregnancy
			
Study	Multiple collaborative studies being considered	Working with FDA to finalize protocol	NCT05386472
Trial Size			45
Milestone			Ongoing

EPIC = Evaluation of Protease Inhibition for COVID-19; HR = High Risk; IC = Immunocompromised; Hos = Hospitalized

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

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

⁽³⁾ NDA submission supported by data from EPIC-HR, EPIC-SR (SR = Standard Risk), and EPIC-PEP (PEP = Post-Exposure Prophylaxis)

⁽⁴⁾ IC and non-IC high-risk hospitalized patients

Current Flu Vaccines are Suboptimal in Addressing Unmet Need

mRNA platform shortens timelines potentially enabling quicker response to flu evolution

3–5M

Severe cases/yr globally¹

5-20% US population becomes infected
with **≥ 200K hospitalizations** and
up to **79K deaths/yr**²

Elderly account for
70–85%
of deaths³

Up to
\$25B
in economic loss in U.S.⁴

Inefficient flu vaccine cycle results in suboptimal effectiveness

Potential Advantages of mRNA vaccines for Flu:

- Improved strain match
- More rapid, reliable manufacturing to facilitate seasonal strain changes
- Broader immune responses (both antibodies & T cells)

⁽¹⁾ World Health Organization: <http://www.who.int/mediacentre/factsheets/fs211/en/>;

⁽²⁾ Centers for Disease Control and Prevention: <http://www.cdc.gov/flu/about/qa/disease.htm>;

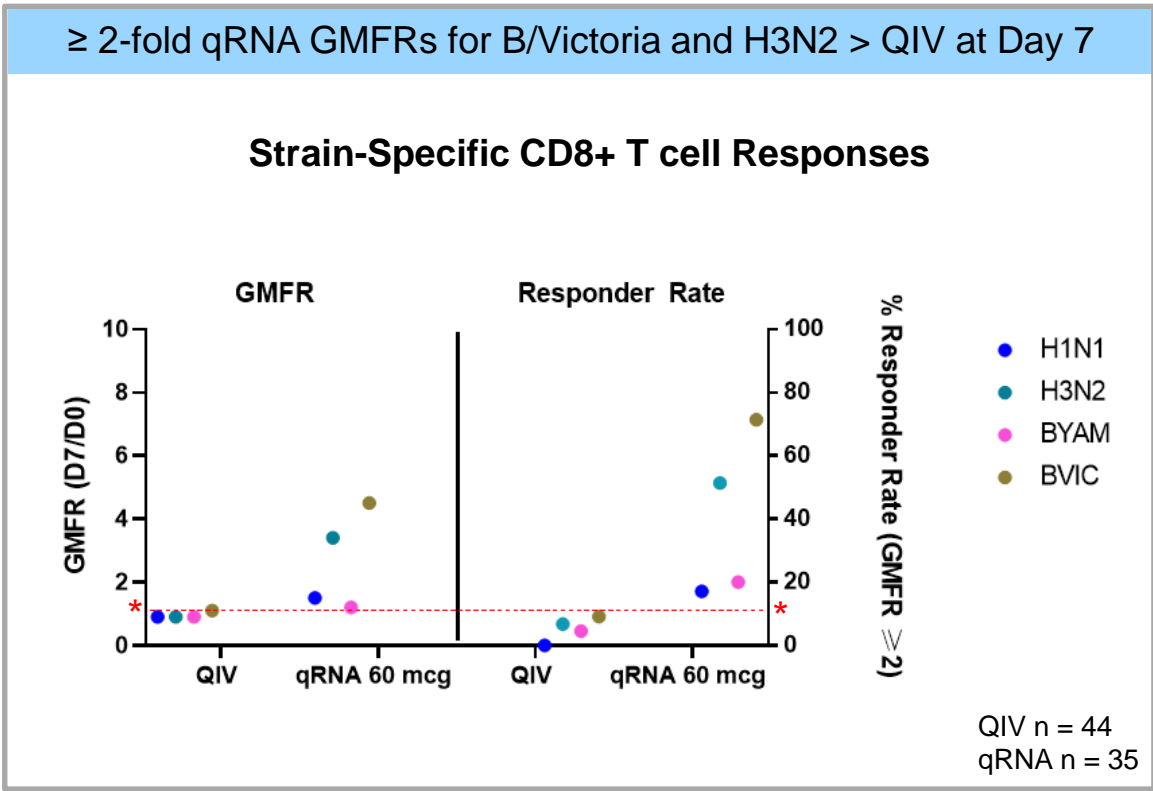
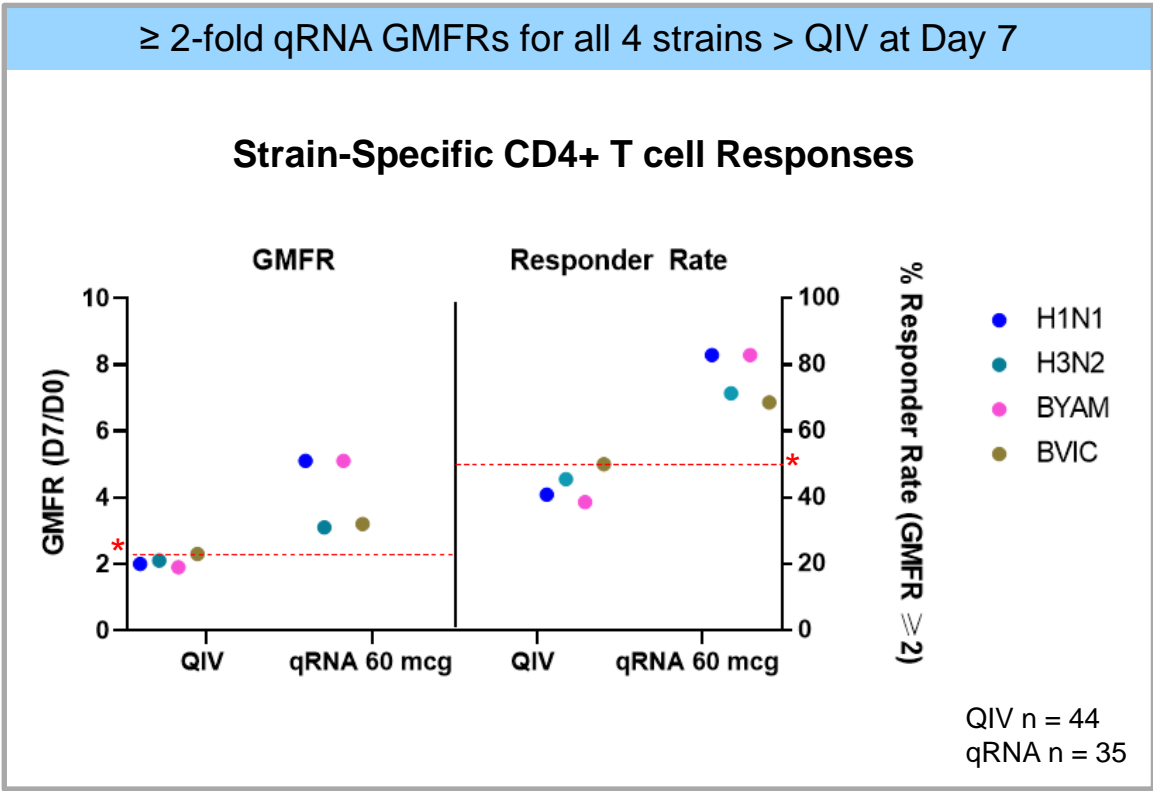
⁽³⁾ Centers for Disease Control and Prevention: <https://www.cdc.gov/flu/highrisk/65over.htm>

⁽⁴⁾ Putri et al, Vaccine. 2018 Jun 22;36(27):3960-3966. doi: 10.1016/j.vaccine.2018.05.057

Quadrivalent modRNA Flu Vaccine Candidate: Ongoing Phase 2 Study

First evidence of substantial induction of both CD4+ and CD8+ responses

Phase 2 Expansion Study in Subjects 65+ Years of Age (n=118)



Phase 3 study planning based on encouraging T cell responses and seroconversion

modRNA = modified RNA; qRNA = quadrivalent modRNA; QIV = quadrivalent influenza vaccine (Fluzone HD); HA1 = hemagglutinin A; H1N1 = Influenza A Subtype; H3N2 = Influenza A Subtype; BYAM = Yamagata B Subtype; BVIC = Victoria B Subtype; GMFR = Geometric Mean Fold Rise

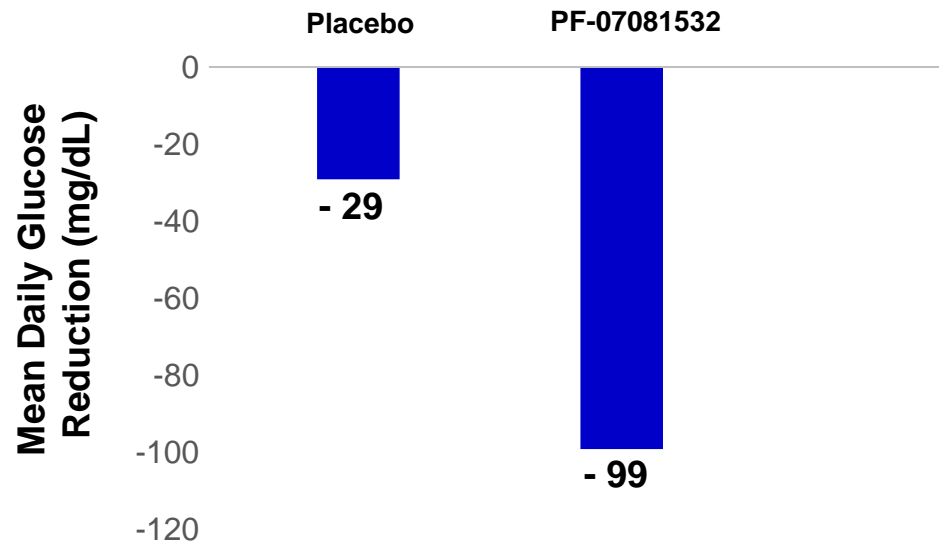
(*) GMFR axis: Highest QIV strain-specific IFNγ+ CD4 or CD8 T cell responses at Day 7; % Responder Rate axis: Highest responder rate for QIV



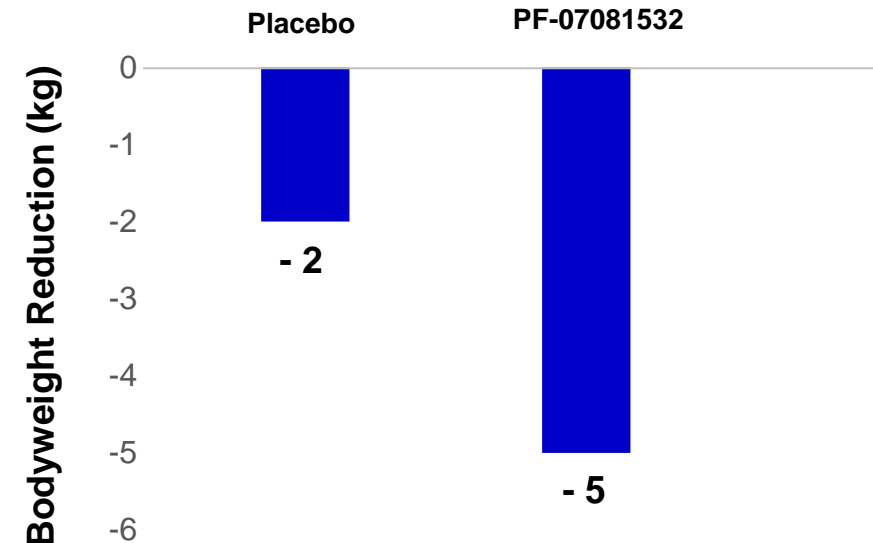
PF-07081532: Potential Best-In-Class Once-Daily Oral GLP-1 Profile

Upcoming EASD Phase 1 data show rapid, robust reduction in glucose and body weight¹

99 mg/dL Reduction in Mean Daily Glucose after 6 weeks¹



5kg Reduction in Body Weight after 6 weeks¹



- Similar changes in body weight observed in participants with non-diabetic obesity
- Safety and tolerability profile consistent with GLP-1 RA class, further titration optimization in planned Phase 2 Study
- Three presentations² across oral GLP-1 RA franchise at EASD Annual Meeting, September 2022

EASD = European Association for the Study of Diabetes; T2DM = Type 2 Diabetes Mellitus; GLP-1 = Glucagon-like Peptide-1; RA = Receptor Agonist
Results from Clinicaltrials.gov identifier: NCT04305587, Randomized, double-blind, placebo-controlled, multiple ascending dose Phase 1 Study in adults with T2DM and non-diabetic obesity

⁽¹⁾ Abstract #114, 58th Annual Meeting - Once-Daily Oral Small Molecule GLP-1R Agonist PF-07081532 Robustly Reduces Glucose and Body Weight within 4-6 Weeks in Adults with T2DM and Non-Diabetic Adults with Obesity, Modelled means presented, Mean baseline daily glucose 212 mg/dL, Mean baseline bodyweight in T2DM participants 90kg

⁽²⁾ Abstracts #114, 588, 589



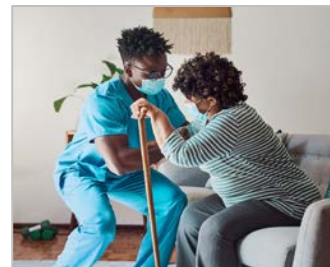
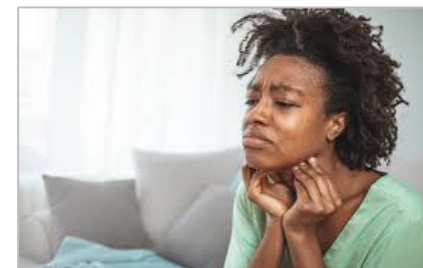
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Anti-IFN- β : Potential to Address Key Driver of Autoimmunity

- IFN- β is one of ~20 Type I interferons which are important for normal immune function
- Administration of IFN- β can lead to autoimmunity in people
- Patients with dermatomyositis show elevated Type I IFN gene signature in blood, skin and muscle, correlates with disease activity in skin
- Blocking IFN- β has potential for broader utilization in other inflammatory autoimmune diseases such as lupus (~200,000 U.S. patients¹)

Anti-IFN- β in Dermatomyositis (DM)

- DM is life-threatening and chronically debilitating
- Manifestations include skin lesions and progressively debilitating muscle weakness, cardiac impairment, lung and joint manifestations, increased risk of malignancy
- Approximately 50,000 dermatomyositis (DM) and 50,000 – 55,000 polymyositis (PM) U.S. patients
- Opportunity to be first approved targeted therapy for DM and PM²



⁽¹⁾ <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/lupus.htm>

⁽²⁾ Subject to clinical trial success / regulatory review

Anti-IFN- β : Updated Phase 2 Dermatomyositis Positive Data

Phase 2, Placebo Controlled Study

Skin

Muscle

Stage 1

Stage 2

Amended Stage 2

Stage 3

Skin
Predominant
Disease

Skin
Predominant
Disease
Dose
Ranging

Skin
Predominant
Disease
Fixed
Sequence

Muscle
Predominant
Disease

n=32

n=9

n=16

n=18

Efficacy

Skin Predominant Disease

- Both doses (600mg and 150mg) met primary efficacy endpoint as assessed by Cutaneous Dermatomyositis Disease Area and Severity Index (CDASI-A)

Muscle Predominant Disease

- Numerically better efficacy scores across all key muscle endpoints

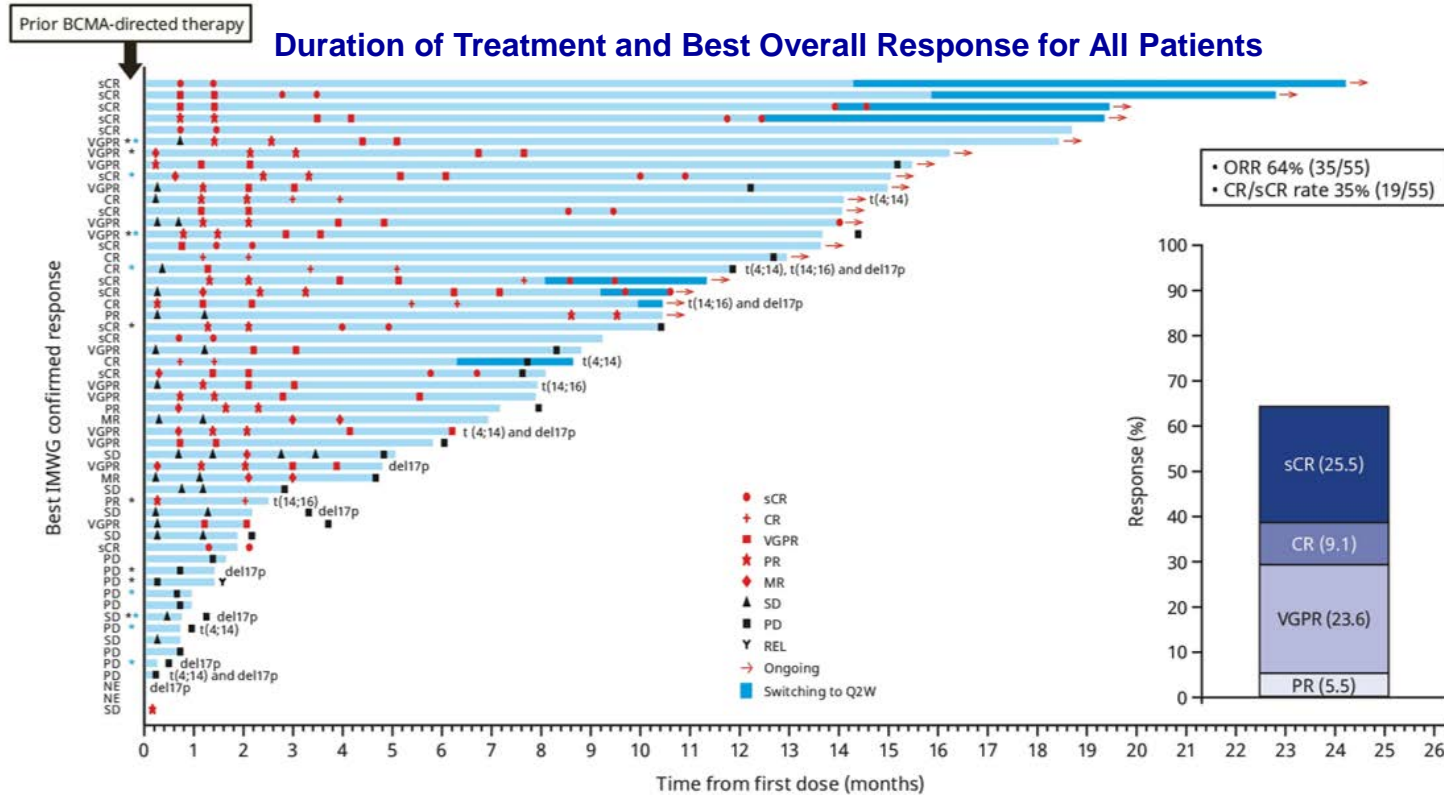
Safety

- Generally well tolerated with favorable safety profile in all stages of the study, no safety signals identified
- No cases of Herpes Zoster or Herpes Simplex

Results strengthen growing I&I portfolio with diverse mechanisms to help address multiple drivers of disease and unmet need

Follow-up Phase 1 MagnetisMM-1 Trial of elranatamab for MM

ASCO¹ results show confirmed ORR of 64% in patients with RRMM



MM = Multiple Myeloma; RRMM = Relapsed/refractory multiple myeloma; ASCO = American Society of Clinical Oncology; ADC = antibody drug conjugate; BCMA = B-cell maturation antigen; CAR-T = chimeric antigen receptor T-cell therapy; CR = complete response; MR = minimal response; NE = not evaluable; ORR = overall response rate; PD = progressive disease; PR = partial response; REL = relapse; sCR = stringent complete response; SD = stable disease; VGPR = very good partial response; CRS = cytokine release syndrome

Efficacy:

- Confirmed ORR was 64% among 55 patients
- 35% of patients (19/55) achieved sCR or CR
- 54% (7/13) of patients who received prior BCMA-directed therapy (ADC or CAR-T) achieved a response
- For responders (n=35), the probability of being event free at 9 months was 77% (95% CI, 58-88%)

Safety:

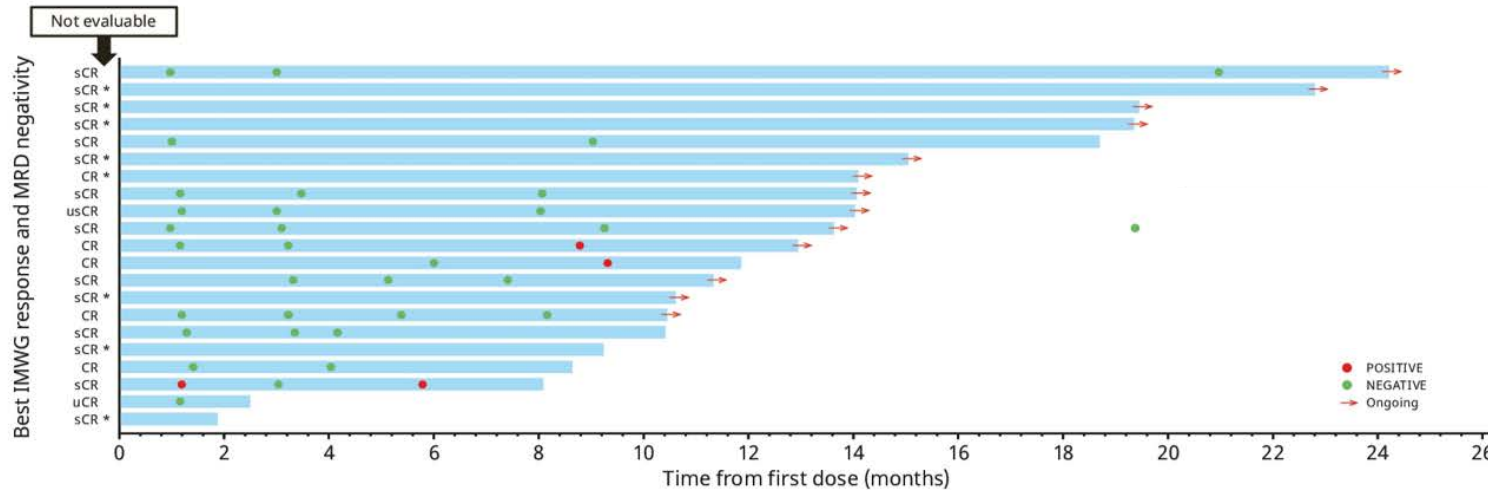
- Manageable safety profile
- With pre-medication and 1-step priming, no Grade 3 or higher CRS, incidence was 66.7% divided equally between Grade 1 and 2

⁽¹⁾ Abstract #8014, ASCO 2022 Annual Meeting: Elranatamab, a BCMA-Targeted T-Cell Redirecting Immunotherapy, for Patients with Relapsed or Refractory Multiple Myeloma: Updated Results from MagnetisMM-1

Follow-up Phase 1 MagnetisMM-1 Trial of elranatamab for MM

ASCO¹ results show durable MRD negativity

Duration of Treatment and Molecular Response for CR/sCR Patients



MM = multiple myeloma; MRD = Minimal residual disease; RRMM = Relapsed/refractory multiple myeloma; ASCO = American Society of Clinical Oncology; CR = complete response; sCR = stringent complete response

(1) Abstract #8014, ASCO 2022 Annual Meeting: Elranatamab, a BCMA-Targeted T-Cell Redirecting Immunotherapy, for Patients with Relapsed or Refractory Multiple Myeloma: Updated Results from MagnetisMM-1

(2) Triple-Class Refractory Multiple Myeloma: ClinicalTrials.gov Identifier: NCT04649359

(3) Double-Class Exposed Multiple Myeloma: ClinicalTrials.gov Identifier: NCT05020236

(4) Newly diagnosed post-transplant Multiple Myeloma ClinicalTrials.gov Identifier: NCT05317416

MRD Negativity:

- 100% (13/13) of evaluable CR/sCR patients (including unconfirmed) achieved MRD negativity at a sensitivity of 1×10^{-5}
- Molecular responses were durable with 62% (8/13) documented MRD negative at >6 months, including 2 patients MRD negative beyond 18 months

MagnetisMM-1 results, and emerging data from MagnetisMM-3², support further development across a broader program with potential registration-enabling studies MagnetisMM-5³ and MagnetisMM-7⁴

Efficacy and safety profile support advancement to earlier lines of treatment



Select 2022 Milestones

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	NDA PDUFA 1Q23 US
Pivotal Readouts	● C. difficile	1H
	● COMIRNATY 5-11 booster	2Q
	● PAXLOVID Household Contact	2Q
	● PAXLOVID SR (final)	1H
	● COMIRNATY 6 month through 4 yr.	1H/2H
	○ RSV Maternal vaccine	2H
	○ RSV Adult vaccine	2H
	○ TALZENNA+XTANDI mCRPC (TALAPRO-2)	2H
	○ PREVNAV 20 Infants	2H
	○ Elranatamab (BCMA) TCR MM	2H
	○ BRAFTOVI + MEKTOVI BRAF+ NSCLC	2H
	○ XTANDI EMBARK nmCSPC	2H
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
	○ modRNA flu vaccine	2H

- Achieved Decision or Readout
- Partially Achieved Decision or Readout
- Expected timing; all dates are preliminary, subject to change, and subject to clinical trial and regulatory success

RSV = Respiratory Syncytial Virus; mCRPC = Metastatic Castration-Resistant Prostate Cancer; 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

An abstract graphic composed of several overlapping, curved, blue geometric shapes that create a sense of depth and movement, resembling a stylized wave or a series of connected planes. The shapes are rendered with gradients and shadows, giving them a three-dimensional appearance.

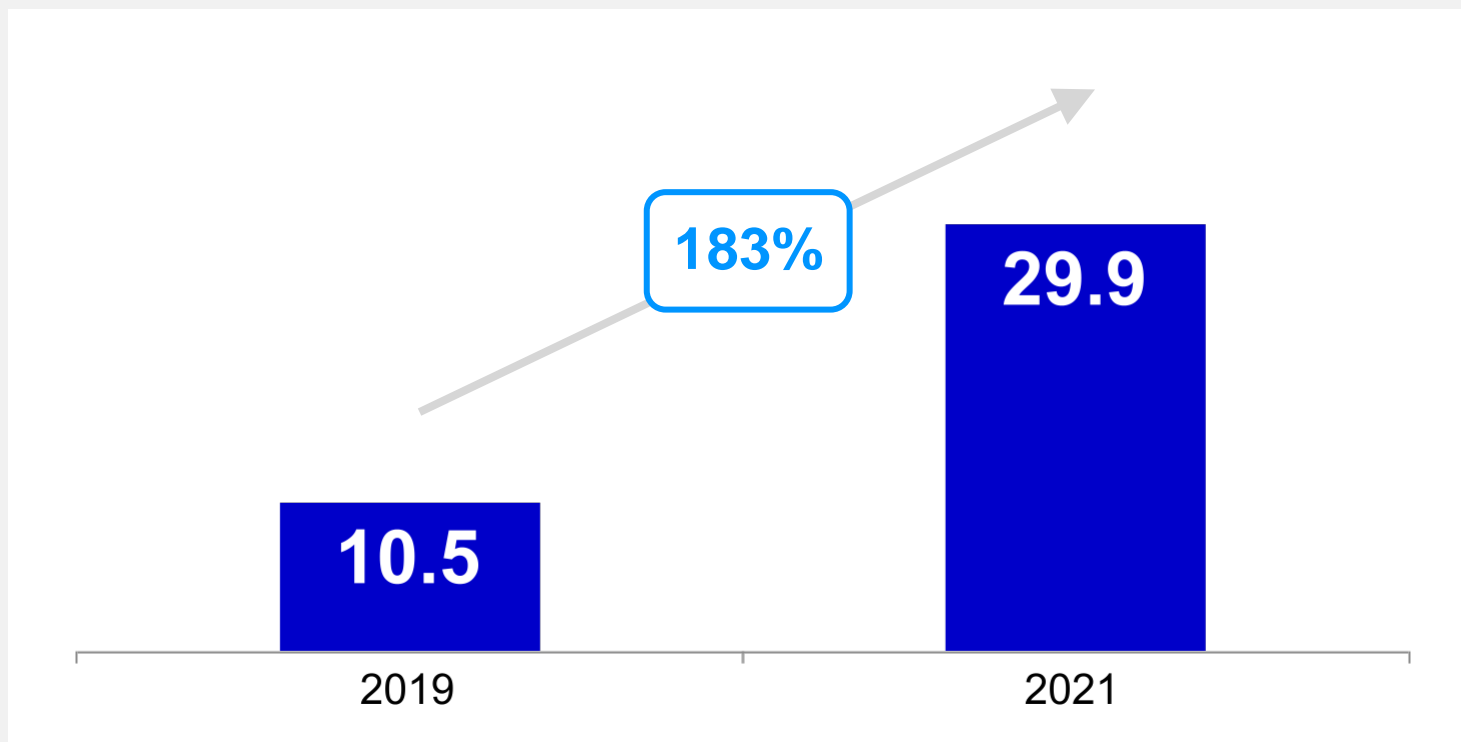
Financial Review

David Denton

Chief Financial Officer, Executive Vice
President

Generating Significant Free Cash Flow⁽¹⁾

Free Cash Flow (\$B)



**Free Cash Flow Has
Increased by \$19.3
Billion⁽²⁾ Over the Last
Three Years**

⁽¹⁾ See Slides 41-43 for definitions.

⁽²⁾ Amounts may not add due to rounding.

Efficient Cash Deployment Focused on Three Pillars: 2019-2021

Capital Deployment for Enhancing Shareholder Value and Returning Capital ~\$86 Billion



**Internal
R&D⁽¹⁾**

~\$27B⁽¹⁾

in spend

**External
BD⁽²⁾**

~\$25B⁽²⁾



**Paying/Growing
Dividends**

>\$25B

returned to shareholders



**Share
Repurchases**

~\$9B

of capital returned to
shareholders to enhance ROIC⁽³⁾

⁽¹⁾ Internal R&D = Adjusted R&D Expenses in 2019-2021 recast to remove Acquired IPR&D expenses

⁽²⁾ External BD = External Business Development. See selected examples in Appendix: Bolstering the Pipeline with Recent Business Development Opportunities. Figure represents total upfront and equity payments.

⁽³⁾ Return on Invested Capital

Efficient Cash Deployment Focused on Three Pillars: YTD 2022

Capital Deployment for Enhancing Shareholder Value and Returning Capital ~\$19 Billion



**Internal
R&D⁽¹⁾**

\$5.1B⁽¹⁾

in spend

**External
BD⁽²⁾**

>\$7B⁽²⁾



**Paying/Growing
Dividends**

\$4.5B

returned to shareholders



**Share
Repurchases**

\$2.0B

of capital returned to
shareholders to enhance ROIC⁽³⁾

⁽¹⁾ Internal R&D = R&D Expenses as reported in Q1 2022 and Q2 2022

⁽²⁾ External BD = External Business Development. Completed business development transactions, including approximately \$6.3 billion for the acquisition of Arena Pharmaceuticals, Inc.

⁽³⁾ Return on Invested Capital


Quarterly Income Statement Highlights

Revenues

\$27.7B  **+53% op**



Primarily driven by Paxlovid, Comirnaty⁽¹⁾, Eliquis, Plevinar family in U.S. and Vyndaqel

Adjusted⁽¹⁾ R&D Expenses

\$2.8B  **+27% op**



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

Adjusted⁽¹⁾ Cost of Sales

COS\$ \$8.6B  **+35% op**
COS Margin 31%  **-5.7 pts**

Increase in COS\$ primarily driven by sales of Comirnaty⁽¹⁾, partially offset by favorable product mix

Diluted EPS

Rep.⁽¹⁾ \$1.73  **+77%**
Adj.⁽¹⁾ \$2.04  **+100% op**



Increase in Reported and Adjusted Diluted EPS⁽¹⁾ was primarily driven by higher revenues

Adjusted⁽¹⁾ SI&A Expenses

\$2.9B  **+7% op**

Primarily driven by higher spending on Paxlovid and Comirnaty, partially offset by a decrease in deferred compensation savings plan expenses

FX Impacts

Revenue \$1.3B  **-7%**
Adj. Dil. EPS⁽¹⁾ \$0.08  **-7%**

Primarily driven by USD strengthening against Euro and Japanese Yen

⁽¹⁾ See Slides 41-43 for definitions.
*Indicates calculation not meaningful

2022 Financial Guidance⁽¹⁾: Revenues and Adjusted Diluted EPS

	Previous Guidance (as of May 3, 2022)	Operational Changes	Impact of Changes in Foreign Exchange Rates	Current Guidance (as of July 28, 2022)
Revenues	\$98.0 to \$102.0 billion	~\$2 billion	(~\$2 billion)	\$98.0 to \$102.0 billion
<i>Operational Growth⁽¹⁾ vs. Prior Year</i>	<i>25% to 30%</i>			<i>27% to 32%</i>
<i>Growth vs. Prior Year</i>	<i>21% to 25%</i>			<i>21% to 25%</i>
Adjusted Diluted EPS⁽¹⁾	\$6.25 - \$6.45	\$0.24	(\$0.19)	\$6.30 - \$6.45
<i>Operational Growth⁽¹⁾ vs. Prior Year</i>	<i>59% to 64%</i>			<i>63% to 67%</i>
<i>Growth vs. Prior Year</i>	<i>54% to 59%</i>			<i>55% to 59%</i>

**Midpoint of Revenue Range Reflects 29% Op Growth Compared to 2021 Revenues;
Midpoint of Adjusted Diluted EPS⁽¹⁾ Range Reflects 65% Op Growth Compared to 2021**

⁽¹⁾ See Slides 41-43 for definitions and for additional information regarding Pfizer's 2022 financial guidance

2022 Financial Guidance⁽¹⁾: COVID-Related Revenues

	1H Actuals (\$B)	As a % of 2H guidance for product		FY Guidance (\$B)
		Q3 Estimated	Q4 Estimated	
Comirnaty ⁽¹⁾	\$22.1	25%	75%	\$32.0
Paxlovid	\$9.6	60%	40%	\$22.0

⁽¹⁾ See Slides 41-43 for definitions and for additional information regarding Pfizer's 2022 financial guidance

2022 Financial Guidance⁽¹⁾: Other Components

Adjusted⁽¹⁾ Cost of Sales as a Percentage of Revenues	32.0% to 34.0%
Adjusted⁽¹⁾ SI&A Expenses	\$12.2 to \$13.2 Billion <i>(previously \$12.5 to \$13.5 billion)</i>
Adjusted⁽¹⁾ R&D Expenses⁽¹⁾	\$11.5 to \$12.0 Billion <i>(previously \$11.0 to \$12.0 billion)</i>
Acquired IPR&D Expenses⁽¹⁾	Approximately \$0.9 billion
Adjusted⁽¹⁾ Other (Income)/Deductions	Approximately \$1.9 billion of income
Effective Tax Rate on Adjusted⁽¹⁾ Income	Approximately 15.5% <i>(previously approximately 16.0%)</i>

⁽¹⁾ See Slides 41-43 for definitions and for additional information regarding Pfizer's 2022 financial guidance

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 \$55 million and \$101 million for second-quarter and the first six months of 2022, respectively, and \$87 million for both second-quarter and the first six months of 2021.
- (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 second quarter and the first six months of 2022 and 2021 in Pfizer's earnings release furnished with Pfizer's Current Report on Form 8-K dated July 28, 2022. Free cash flow is defined as U.S. GAAP net cash provided by operating activities less purchases of property, plant and equipment. See the reconciliation of U.S. GAAP net cash provided by operating activities to Non-GAAP free cash flow below. Adjusted income and its components, Adjusted diluted EPS and free cash flow are not, and should not be viewed as, substitutes for U.S. GAAP net income and its components, diluted EPS⁽²⁾ and net cash provided by operating activities. See the *Non-GAAP Financial Measure: Adjusted Income* sections of Management's Discussion and Analysis of Financial Condition and Results of Operations in Pfizer's 2021 Annual Report on Form 10-K and Quarterly Report on Form 10-Q for the quarterly period ended April 3, 2022 and the *Non-GAAP Financial Measure: Adjusted Income* section of our earnings release furnished with Pfizer's Current Report on Form 8-K dated July 28, 2022 for a definition of each component of Adjusted income as well as other relevant information. The following is a reconciliation of U.S. GAAP net cash provided by operating activities to non-GAAP free cash flow:

(\$ in millions)	2021	2019
Net cash provided by operating activities	\$32,580	\$12,588
Less purchases of property, plant and equipment	(2,711)	(2,046)
Free cash flow	\$29,869	\$10,542

- (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 July 3, 2022, with the exception of signed transactions through mid-July 2022, which are expected to give rise to acquired in-process R&D (IPR&D) expenses during fiscal 2022.

Footnotes (Page 2 of 3)

- 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-July 2022, which would have been excluded from Adjusted⁽³⁾ results under our previous accounting policy on non-GAAP measures. This excludes any impact from the proposed acquisition of Biohaven, which is expected to close by early 2023.
 - Includes Pfizer's pro rata share of Haleon plc's (Haleon) 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 Haleon 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.
 - Reflects an anticipated negative revenue impact of \$0.6 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 second-quarter 2022 and mid-July 2022 rates for the remainder of the year. Financial guidance reflects the anticipated unfavorable impact of approximately \$5.0 billion on revenues and approximately \$0.31 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 5.75 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 second quarter and first six months for U.S. subsidiaries reflects the three and six months ended on July 3, 2022 and July 4, 2021 while Pfizer's second quarter and first six months for subsidiaries operating outside the U.S. reflects the three and six months ended on May 29, 2022 and May 30, 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, Inc., 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.

Footnotes (Page 3 of 3)

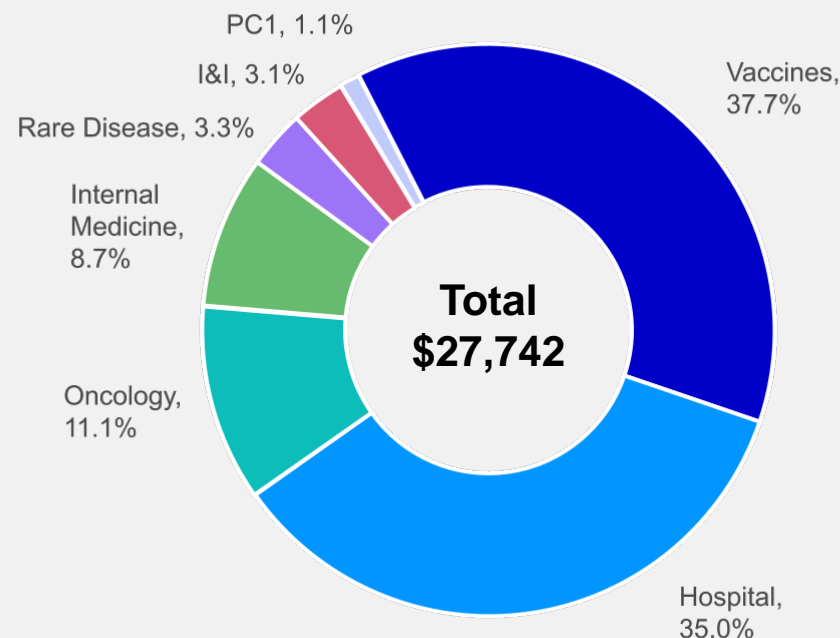
- On November 17, 2021, Pfizer acquired all outstanding shares, warrants, options and deferred shares not already owned by Pfizer of Trillium Therapeutics Inc. (Trillium), a clinical-stage immuno-oncology company developing therapies targeting cancer immune evasion pathways and specific cell targeting 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.
 - 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) Paxlovid and emergency uses of the Pfizer-BioNTech COVID-19 Vaccine 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 6 months of age and older. Comirnaty is licensed by the FDA for individuals 12 years of age and older. In addition, Comirnaty is under EUA for individuals 6 months of age and older, a third dose for certain immunocompromised individuals 5 years of age and older, a booster dose for individuals 5 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 presentation.

Appendix

An abstract graphic composed of several overlapping, curved, blue geometric shapes that resemble stylized pages or segments of a spiral. The shapes are rendered with a gradient from light blue to dark blue, creating a sense of depth and movement. They are set against a plain, light gray background.

Q2 2022 Summary Figures (1 of 2)

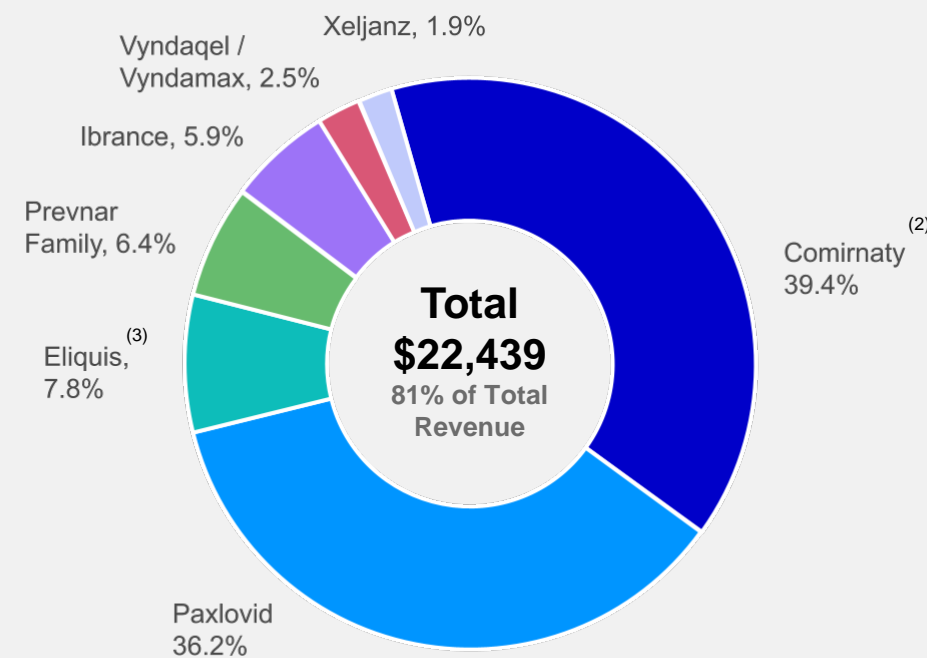
Sales by Therapeutic Area (\$M)



% Operational Growth

Vaccines	Hospital	Oncology	Internal Medicine	Rare Disease	I&I	PC1	Total
20%	>100%	1%	5%	7%	-14%	-25%	53%

Top 7 Products by Revenue⁽¹⁾ (\$M)



% Operational Growth

Comirnaty ⁽¹⁾	Paxlovid	Eliquis ⁽²⁾	Prevnar Family	Ibrance	Vyndaquel / Vyndamax	Xeljanz
20%	N/A	23%	18%	-3%	16%	-24%

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



Second Quarter 2022 Earnings

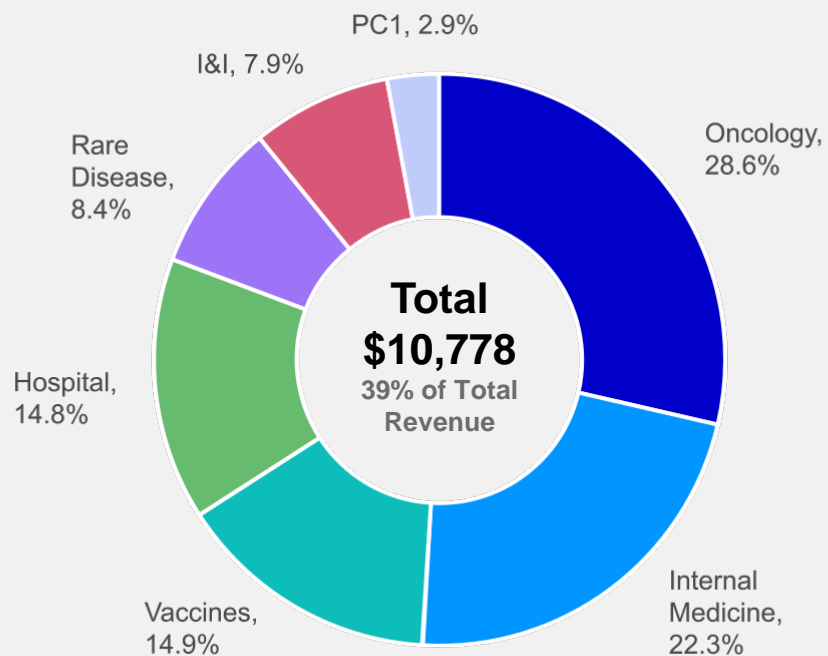
(1) Product percentages are calculated using total of top 7 products by revenue as denominator, as opposed to total company revenue.

(2) See Slides 41-43 for definitions

(3) Eliquis Alliance Revenues & Direct Sales

Q2 2022 Summary Figures (2 of 2)

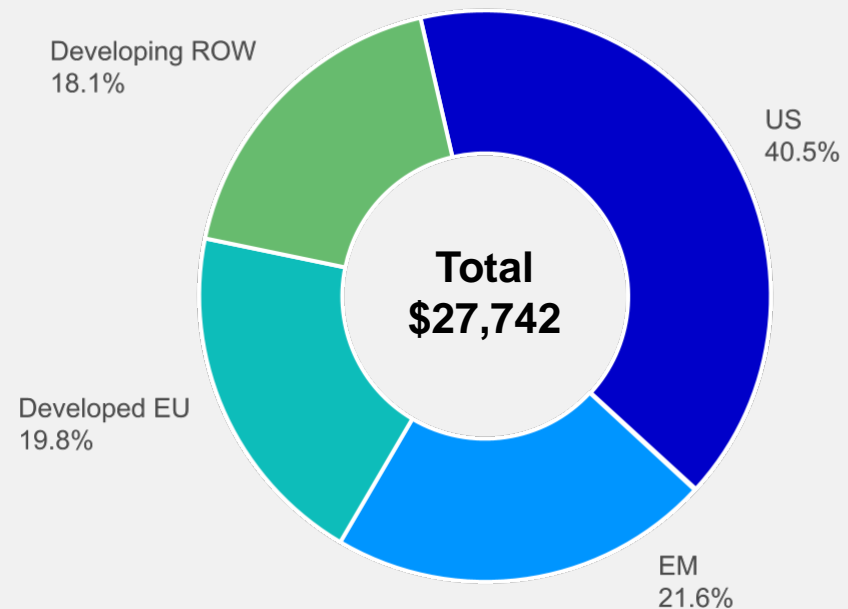
Sales by Therapeutic Area, Ex-COVID⁽¹⁾ (\$M)



% Operational Growth Ex-COVID⁽¹⁾

Oncology	Internal Medicine	Vaccines	Hospital	Rare Disease	I&I	PC1	Total
1%	5%	19%	-6%	7%	-14%	-25%	1%

Sales by Geography (\$M)



% Operational Growth

US	EM	Dev EU	Dev ROW	Total
49%	63%	31%	86%	53%

Strong Portfolio Progression Anticipated in Next 18 Months

Up to

15



**Potential
Approvals**

Up to

14



**Projected
Pivotal Readouts**

Up to





































14



**Potential
Proof of Concept Readouts**

Bolstering the Pipeline with Recent Business Development Opportunities

Select Examples



Year	Therapeutic Area	Organization	Asset/Indication	Status Since Close
2019			BRAFTOVI & MEKTOVI – Cancer; LMNA – Cardiomyopathy	Approvals: 1; Pivotal Starts: 2; FIH: 3 ⁽¹⁾
			GTx – Wilson Disease	Fast Track Designation (FDA); FIH: 2H 2022 ⁽²⁾
			Recifercept – Achondroplasia	Ph 2 start: 1
			Vupanorsen – CV risk & severe hypertriglyceridemia ⁽³⁾	Discontinued and development rights returned to Ionis
2020			Vaccine – Lyme Disease	Ph 2 readouts: 4
			Vaccine – modRNA Flu ⁽⁴⁾	Ph 2 Start: 1 / FIH: 1
			Vaccine – COVID-19	Approvals: 2 ⁽⁵⁾ ; EUAs: 6 ⁽⁶⁾ ; Ph 3 readouts: 4 / FIH: 1
			AV-006 (ARX-1796) – Drug-resistant Gram-negative infections	Pre-clinical
			Relugolix – Prostate Cancer & Women's Health	Approvals: 1; Submissions: 2; Ph 3 Readouts: 2 ⁽⁷⁾
2021			Fosmanogepix – Invasive fungal infections	Ph 2
			SPR206 – Gram (-) infection	Ph 1
			ER PROTAC – Breast Cancer	Ph 1b (w. Ibrance); Ph 2 (monotherapy dose expansion)
			TTI-622/621 – Oncology	Ph 1b/2 new combination cohorts initiated
			Rimegepant – Migraine (Ex US)	Approval in EU
			Myeloid DR-02 Platform – Solid tumors	Pre-clinical
			Etrasimod – GI (UC, Crohn's focus) & Other Autoimmune Disorders	Ph 3 readouts: 2
			mRNA/Gene Editing	Pre-clinical
			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⁾2 U.S. approvals for COVID-19 vaccine for 16+ and 12-15 yrs. ⁽⁶⁾6 EUAs for COVID-19 vaccine for 16+, 12-15 yrs, 5-11 yrs, 6 mos to <5 yrs, booster 5+ and 2nd booster/4th dose 50+ & 12+ immunocompromised. ⁽⁷⁾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		REVIRAL	RSV antiviral therapeutics	Sisunatovir (Ph2); RV299 (N-protein inhibitor) (Ph1)
		NEW biohaven pharmaceuticals	CGRP programs (Rimegepant, Zavegepant, 5 pre-clinical assets)	Transaction Pending ⁽¹⁾



Internal Medicine
Vaccines
Hospital
Infla/Immun

Second Quarter 2022 Earnings

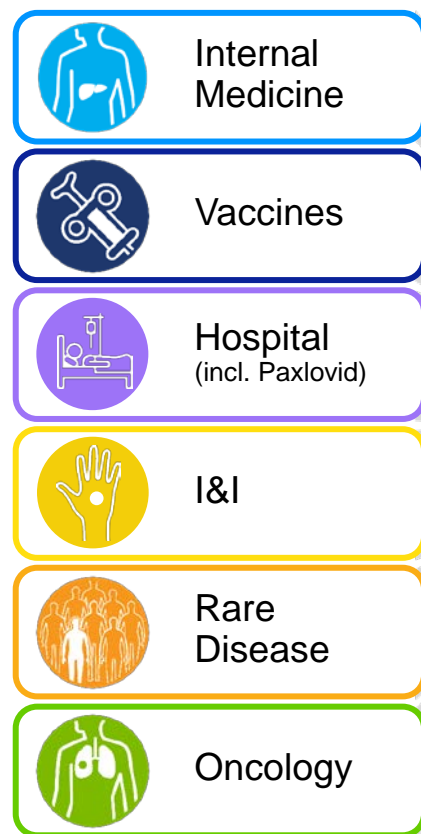
***NEW = recent deals**

⁽¹⁾ Proposed transaction expected to close by early 2023, subject to the completion of the New Biohaven spin-off transaction and other customary closing conditions. All required antitrust clearances have been received.

New Commercial Structure to Optimize COVID & Other Products

Old Reporting Framework for Pfizer
Biopharmaceuticals Group (through 2Q22)

6 Therapeutic Areas



New Reporting Framework for Pfizer
Biopharmaceuticals Group (from 3Q22 onwards)

3 Broad Therapeutic Areas

