Pfizer
Rare Disease

ESC 2018
Tafamidis Analyst Briefing

August 27, 2018

Forward Looking Statements

Pfizer
Rare Disease

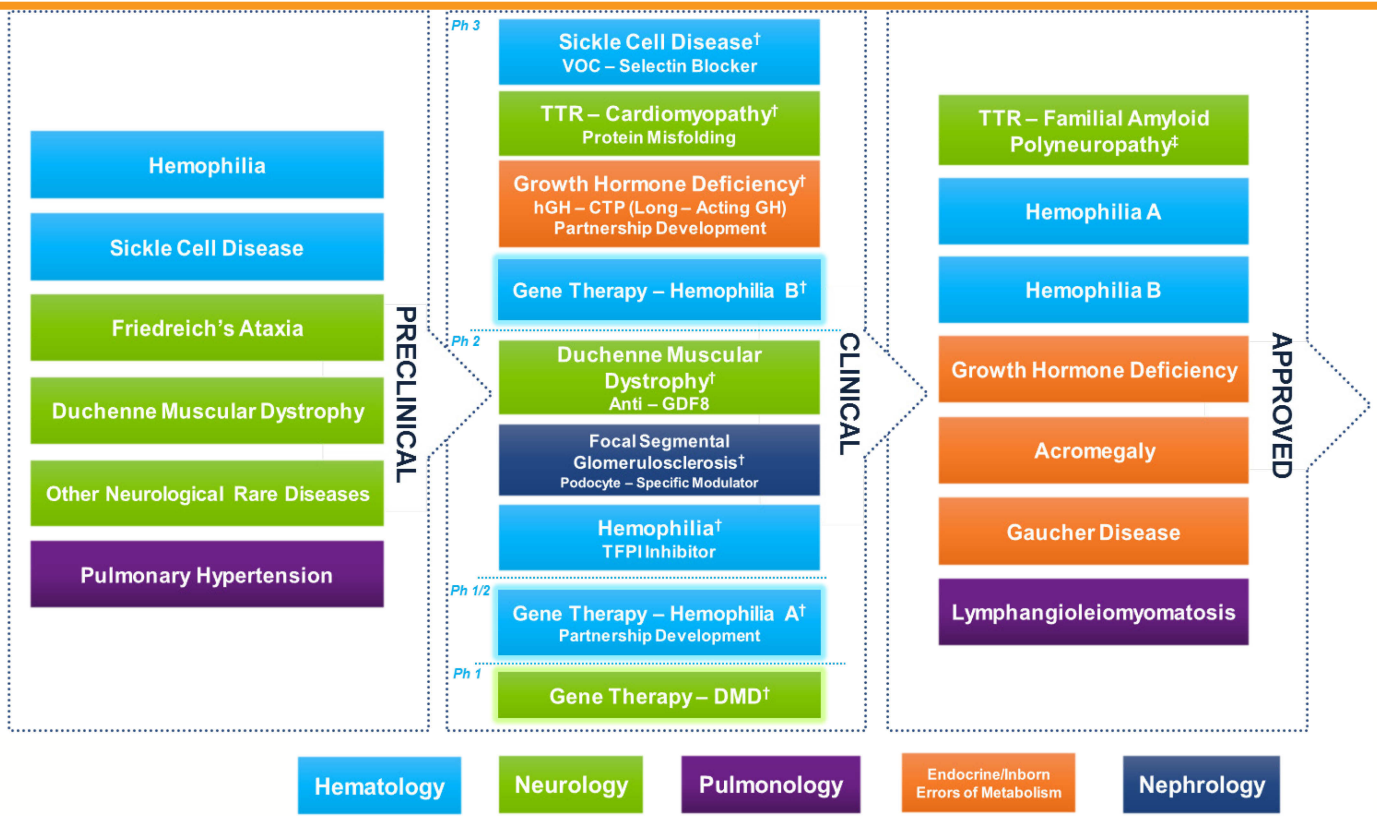
- This presentation includes forward-looking statements about, among other things, a potential indication for Tafamidis for the treatment of transthyretin cardiomyopathy and Pfizer's rare disease portfolio, including their potential benefits, that are subject to substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Additional information regarding these factors can be found in Pfizer's Annual Report on Form 10-K for the fiscal year ended December 31, 2017 and in our 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 US Securities and Exchange Commission (SEC) and available at www.sec.gov and www.pfizer.com.

- 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.

John Young
Group President,
Pfizer Innovative Health

Pfizer Rare Disease: Growing Clinical Potential

Pfizer
Rare Disease



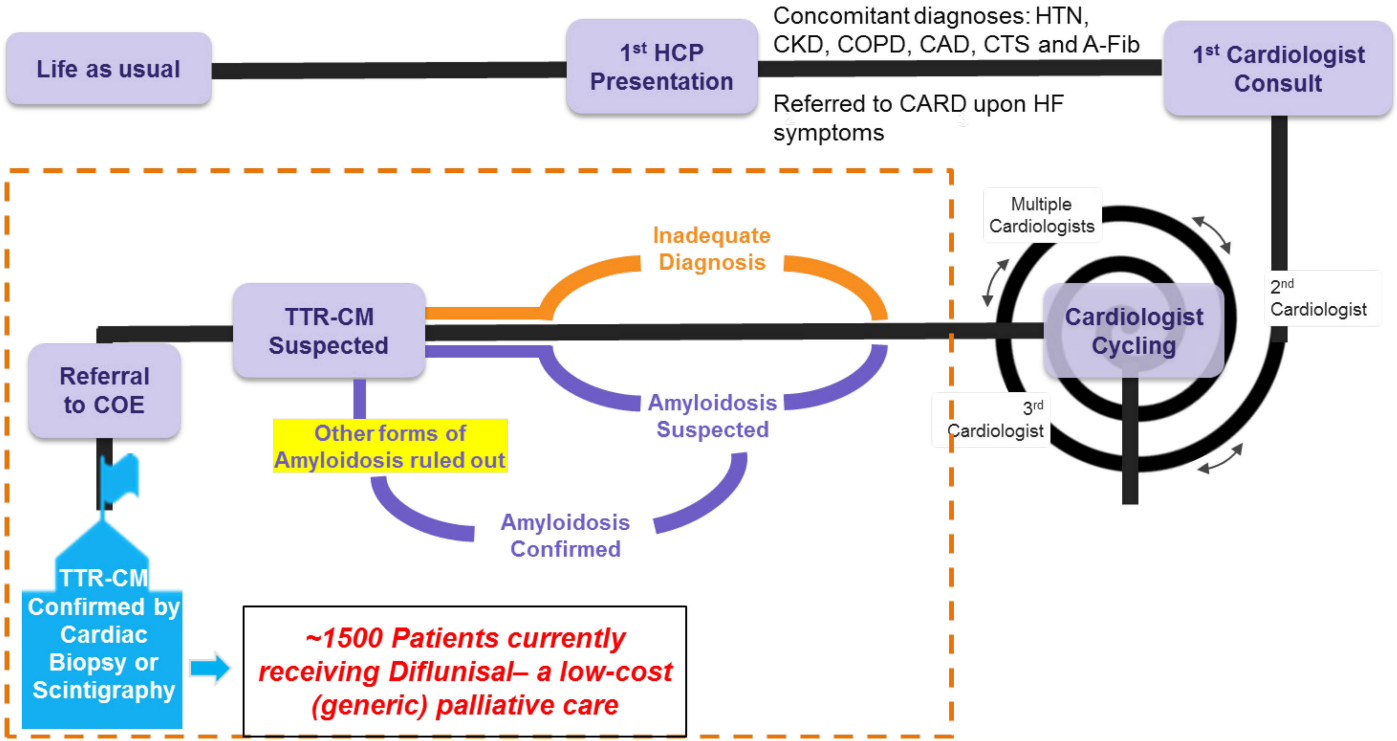
 July 2018

*Pipeline status as of July31, 2018 †This compound is an investigational drug and is not approved by the FDA ‡Not approved in the United States. It is currently in registration in the United States
Duchenne Muscular Dystrophy (DMD)

Patients in Need: ATTR-CM is Currently Poorly Diagnosed

Pfizer Rare Disease

- ATTR-CM is a rare, progressive, and universally fatal disease associated with restrictive cardiomyopathy and progressive heart failure
- Survival in untreated patients is 2.5 years (ATTRm) and 3.6 years (ATTRwt) post diagnosis*
- The patient journey is long, complex and frustrating, creating an opportunity for early diagnosis.



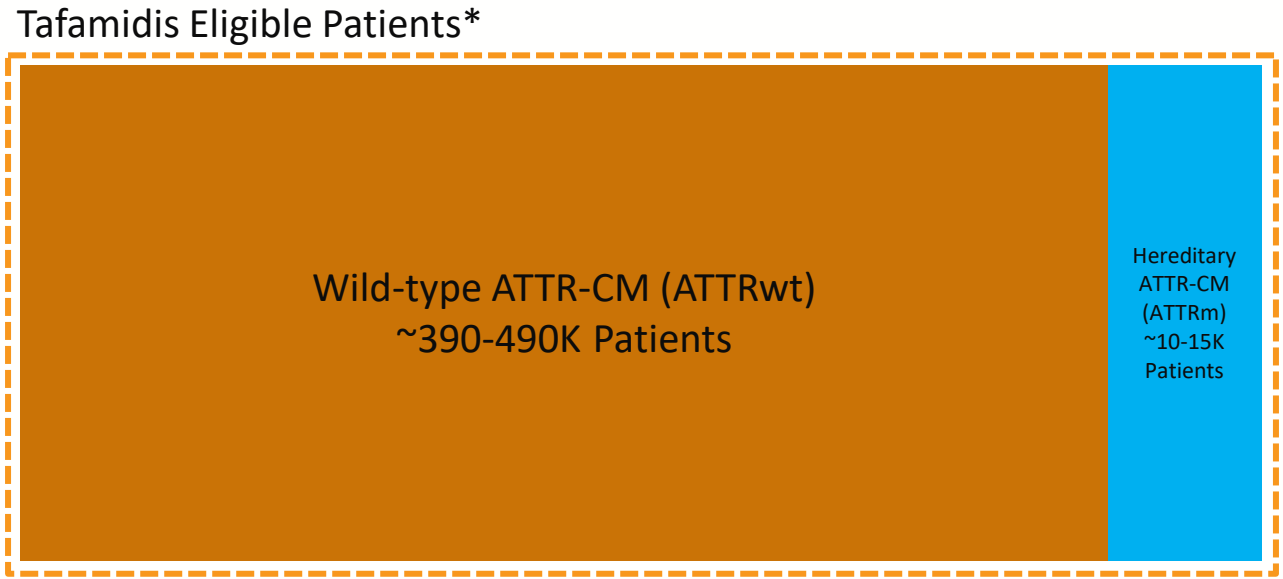
Transthyretin amyloid cardiomyopathy (ATTR-CM); Hypertension (HTN); Chronic Kidney Disease (CKD); Chronic Obstructive Pulmonary Disease (COPD); Coronary Artery Disease (CAD); Carpal Tunnel Syndrome (CTS); Atrial Fibrillation (A-Fib); Cardiologist (CARD)

*Median survival rates

Opportunity in Both Hereditary and Wild-Type ATTR-CM

Pfizer
Rare Disease

- Prevalence of transthyretin cardiomyopathy is presently unknown
- Estimate 400K-500K ATTR-CM patients in developed markets*
  - Less than 1% of people with the disease are diagnosed
  - Approximately 15-25% of these patients are in the US



*Based on NYHA Class II - Class IV patients, tafamidis is an investigational drug and is not approved by the FDA for ATTR-CM

Tafamidis: A Potential New Treatment Option

Pfizer
Rare Disease

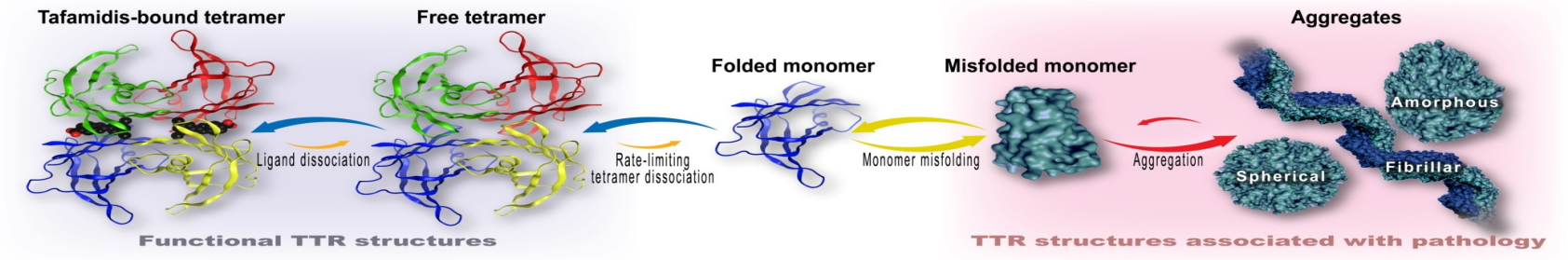
- **ATTR-CM is a significant health burden with both high mortality rates and rates of CV-related hospitalization**
- **Currently ATTR-CM is poorly differentially diagnosed and there are no treatments approved for cardiomyopathy**
- **Both Hereditary and Wild-Type patients impacted**
- **Tafamidis is an investigational therapy for ATTR-CM, and is the only potential treatment for this disease that has completed a Phase 3 study designed to evaluate the safety and efficacy in ATTR-CM**

Tafamidis is an investigational drug and is not approved by the FDA for ATTR-CM. Tafamidis is approved outside the US for TTR-FAP.

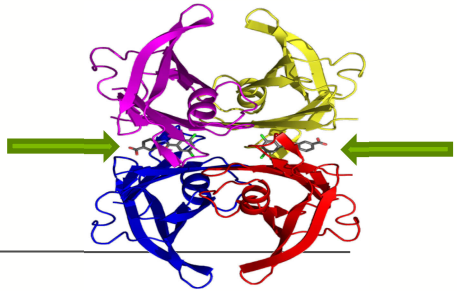
Brenda Cooperstone, MD
Senior Vice President,
Chief Development Officer,
Pfizer Rare Disease

ATTR – Cardiomyopathy Has High Patient Impact

Pfizer
Rare Disease



- **Transthyretin is an inherently unstable molecule in which mutation of *TTR* gene (Hereditary) or age (Wild-type) result in protein breakdown and amyloid deposits**
- **ATTR-CM manifests ≥ 60 yrs of age with signs and symptoms of heart failure**
  - Dyspnea on exertion, fatigue, effort intolerance, orthostatic hypotension, syncope and conduction abnormalities
  - Death occurs 2.5 years (ATTRm) and 3.6 years (ATTRwt) post diagnosis*
- **Tafamidis was designed to bind at thyroxine binding site to stabilize tetramer and inhibit amyloid formation**



*Median survival rates in untreated patients

ATTR-ACT Study: Significant Reduction in Primary Endpoint

Pfizer Rare Disease

Tafamidis provided significant reduction in hierarchical combination of all-cause mortality and frequency of cardiovascular-related hospitalizations

	Pooled Tafamidis n=264	Placebo n=177
P-value from F-S method	**0.0006**	
Patients alive[a] at Month 30, n (%)	186 (70.5)	101 (57.1)
Average cardiovascular-related hospitalizations during 30 mo (per pt per yr) among those alive at Month 30	0.297	0.455

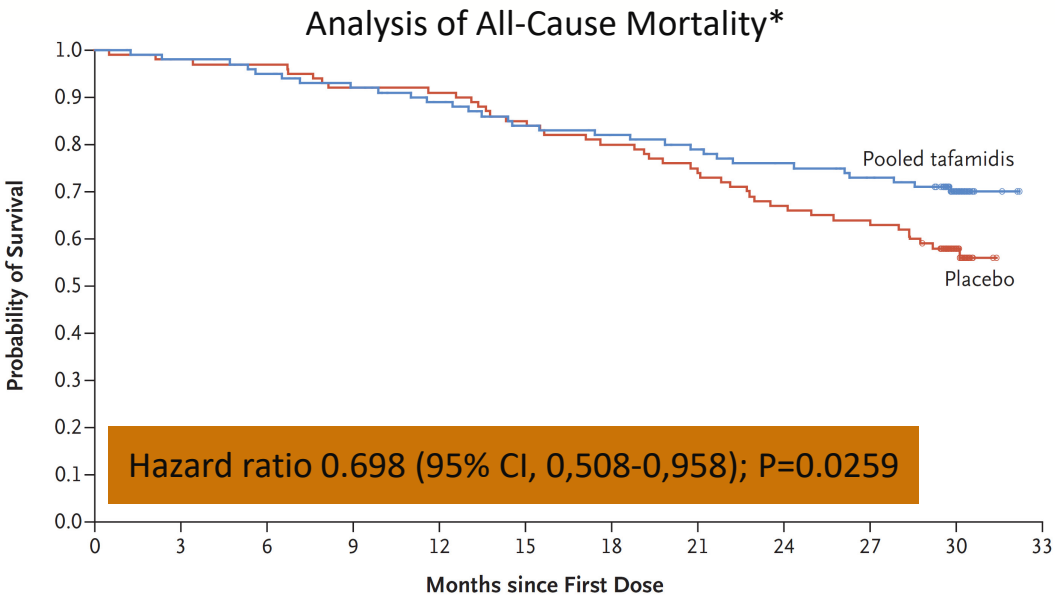
[a]Heart transplant and implantation of a cardiac mechanical assist device were treated as death for this analysis

Reduction in All-cause Mortality with tafamidis

Pfizer
Rare Disease

30% reduction in the risk of all-cause mortality with tafamidis compared with placebo*

33% reduction in the risk of all-cause mortality with tafamidis compared with placebo for the analysis where heart transplant and implantation of a cardiac mechanical device were <u>not</u> treated as death for this analysis (p=0.018)**



*Heart transplant and implantation of a cardiac mechanical assist device were treated as death for this analysis

Reduction in CV-related Hospitalizations with tafamidis

Pfizer
Rare Disease

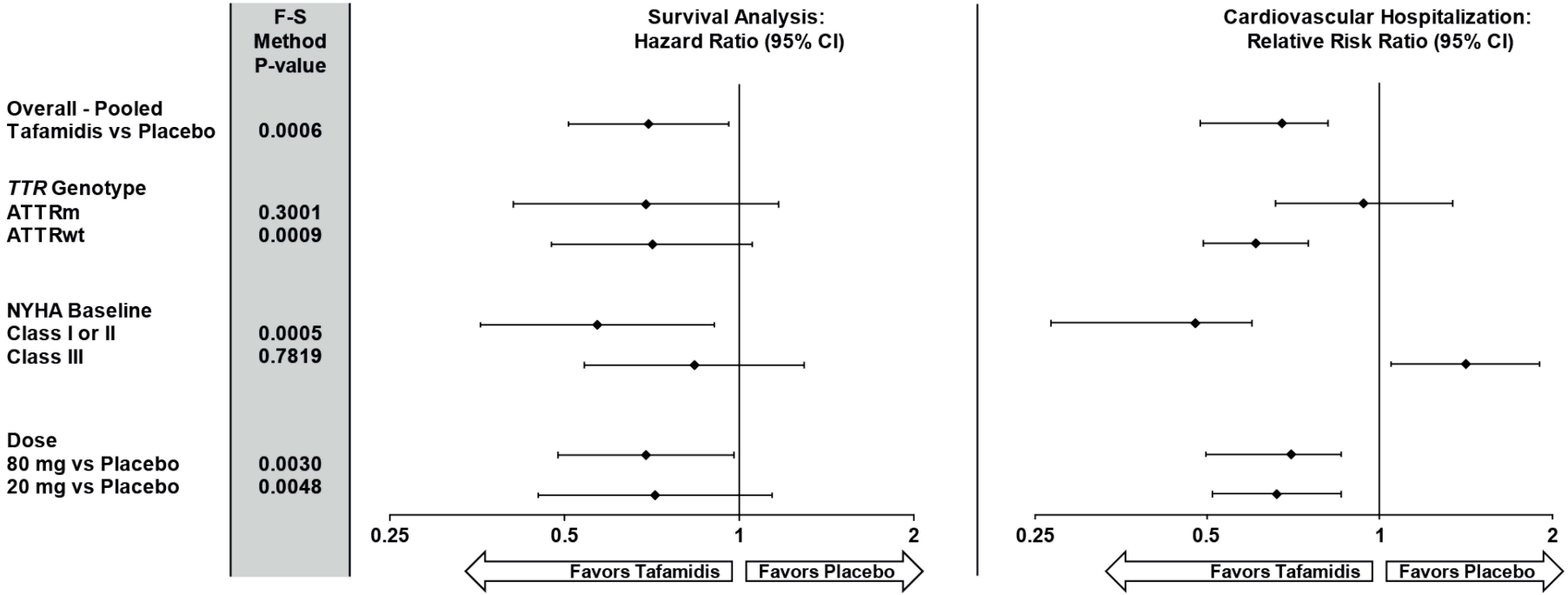
32% reduction in the rate of CV-related hospitalization with tafamidis compared with placebo

	Pooled Tafamidis n=264	Placebo n=177
Total number (%) of patients with CV-related hospitalizations	138 (52.3)	107 (60.5)
CV-related hospitalizations per yr	0.4750	0.7025
Pooled tafamidis vs placebo treatment difference (relative risk ratio)	0.6761	
P-value	**<0.0001**	

Consistency Across Subgroups

Pfizer
Rare Disease

Tafamidis demonstrated consistency across subgroups as compared to placebo



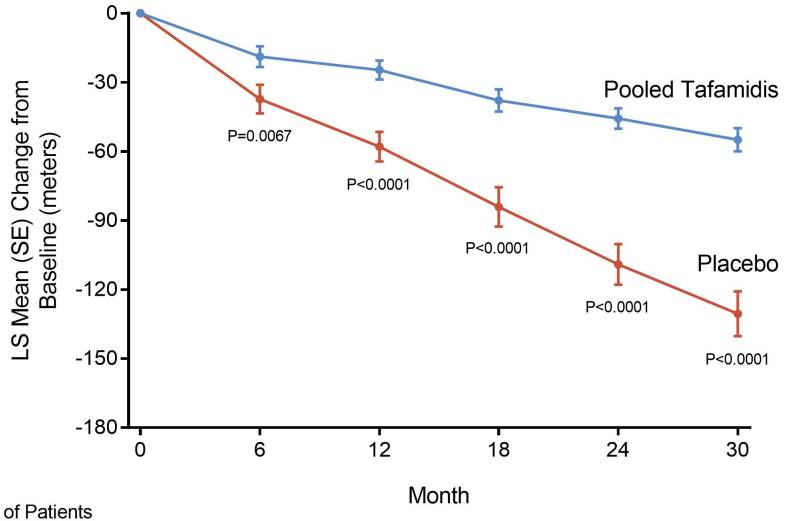
Higher hospitalization rate observed in NYHA Class III which may be attributable to longer survival during a more severe period of disease.

Functional Capacity and Quality of Life Endpoints Achieved

Pfizer
Rare Disease

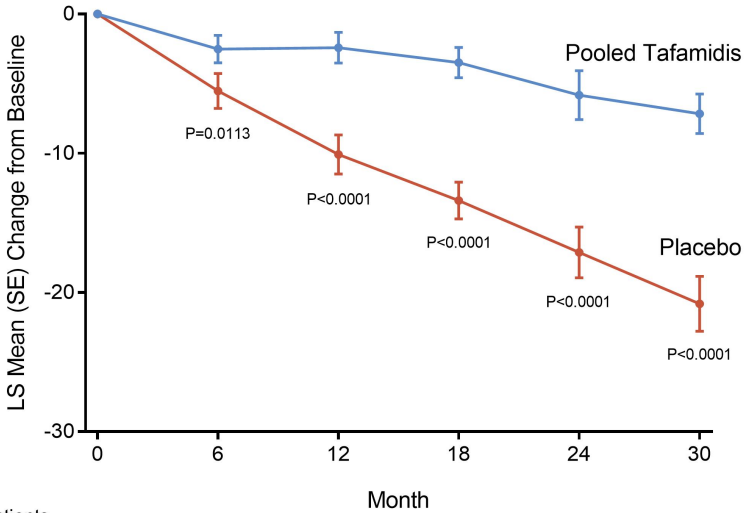
Significant improvement in functional capacity and quality of life measures with tafamidis as compared to placebo

6-Minute Walk Test Change from Baseline



No. of Patients						
Tafamidis	264	233	216	193	163	155
Placebo	177	147	136	111	85	70

KCCQ-OS Change from Baseline



No. of Patients						
Tafamidis	264	241	221	201	181	170
Placebo	177	159	145	123	96	84

Well Tolerated in Both Oral Dose Groups

Pfizer
Rare Disease

Tafamidis was well tolerated across both oral 20mg and 80mg dose groups

	Pooled Tafamidis n=264	Placebo n=177
Mean number of TEAEs per patient	12.02	13.92
Patients with ≥1 TEAE, n (%)	260 (98.5)	175 (98.9)
Patients with ≥1 treatment emergent SAE, n (%)	199 (75.4)	140 (79.1)
Patients with ≥1 severe TEAE, n (%)	164 (62.1)	114 (64.4)
Patients discontinued treatment due to a TEAE, n (%)	56 (21.2)	51 (28.8)
Patients with dose reduced due to a TEAE, n (%)	2 (0.8)	4 (2.3)
Patients with temporary discontinuation due to a TEAE, n (%)	53 (20.1)	46 (26.0)

Treatment emergent adverse events (TEAE); Serious adverse events (SAE)

Conclusions

- **ATTR-CM is a highly under-diagnosed disease, and will require significant market development**
- **Tafamidis is an investigational therapy for ATTR-CM, and is the only potential treatment for this disease that has completed a Phase 3 study designed to evaluate the safety and efficacy in ATTR-CM**
- **Tafamidis demonstrated significant benefit in all-cause mortality and CV related hospitalizations in patients with ATTR-CM***
  - 30% reduction in the risk of all-cause mortality and 32% reduction in cardiovascular-related hospitalization
- **Tafamidis demonstrated benefit in a broad patient population for ATTR-CM with consistent benefit across all pre-specified subgroups****
  - Hereditary ATTR (ATTRm) and Wild-type ATTR (ATTRwt)
- **Tafamidis is well tolerated in both oral 20mg and 80mg dose groups**
- **The survival benefit for tafamidis in NYHA Class I and II, along with the duration of treatment necessary before observing a reduction in mortality, underscores the importance of early diagnosis and treatment in this fatal disease.**

*compared with placebo

**Higher hospitalization rate observed in NYHA Class III which may be attributable to longer survival during a more severe period of disease

Q&A