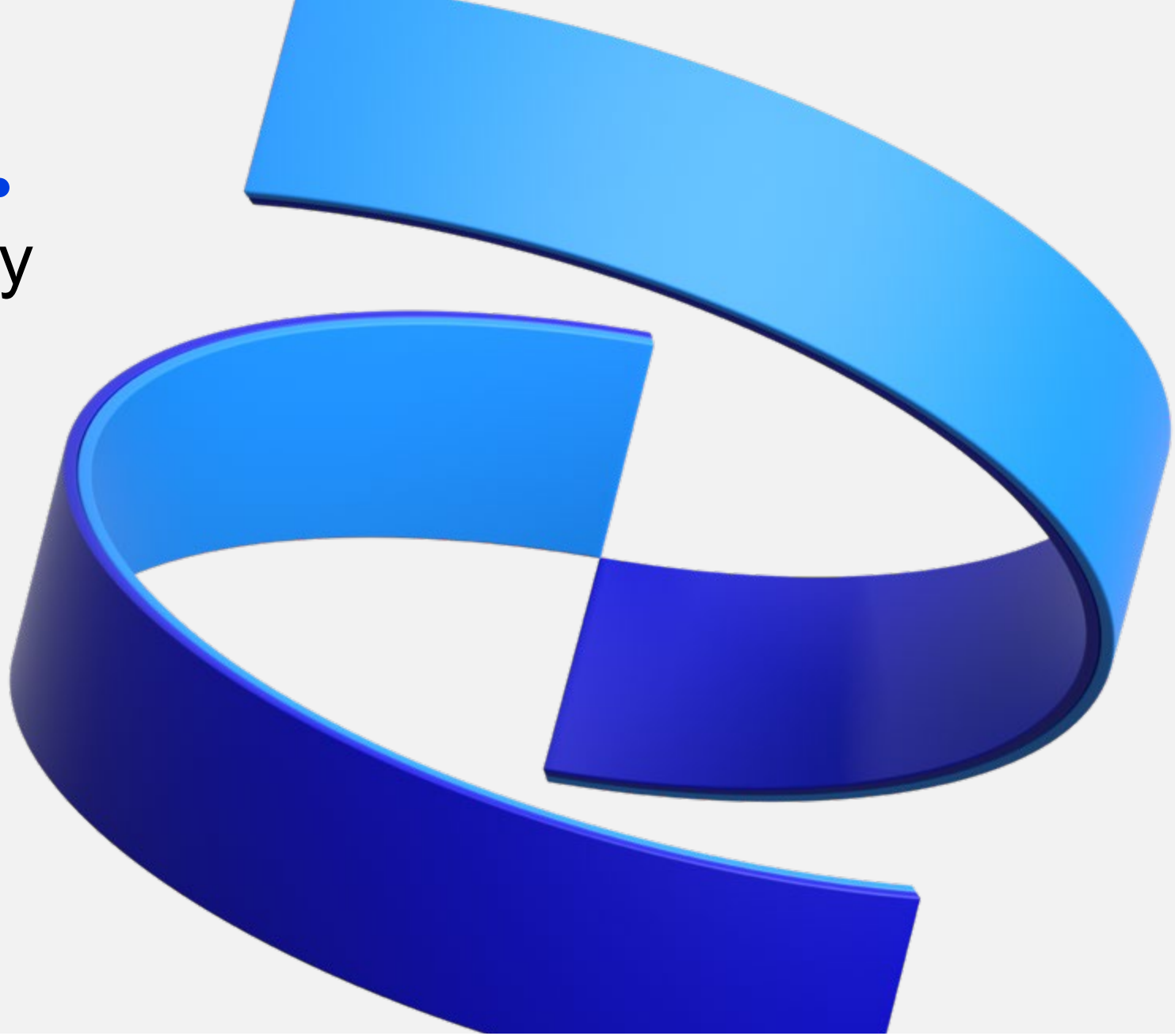
Near-Term Launches + High-Value Pipeline Day



Christopher Stevo
Senior Vice President,
Chief Investor Relations Officer

December 12, 2022

Forward-Looking Statements, Non-GAAP Financial Information and Other Notices

Our discussions during Near-Term Launches + High-Value Pipeline Day includes 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; expectations for our product pipeline, in-line products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, launches, clinical trial results and other developing data, revenue contribution and projections, pricing and reimbursement, potential market dynamics and size, 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; our ability to successfully capitalize on growth opportunities and prospects; manufacturing and product supply; our efforts to respond to COVID-19, including our COVID-19 products; our expectations regarding the impact of COVID-19 on our business, operations and financial results; and other statements about our business, operations and financial results. 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 or combinations, 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; the timing of product launches; expected profile and labeling; potential revenue; expected breakthrough, best or first-in-class or blockbuster status or expected market entry of our medicines or vaccines; the regulatory landscape; and the competitive landscape are forward-looking and are estimates that are subject to change and subject to clinical trial and regulatory success, availability of supply, competitive and market dynamics and other risks, assumptions and uncertainties.

These statements may be affected by underlying assumptions that may prove inaccurate or incomplete, and are subject to unknown risks, uncertainties and other factors that may cause actual results to differ materially from past results, future plans and projected future results. As forward-looking statements involve significant risks and uncertainties, caution should be exercised against placing undue reliance on such statements. 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 global economic and/or geopolitical instability, foreign exchange rate fluctuations and inflationary pressures and 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 Near-Term Launches + High-Value Pipeline Day may 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 in Pfizer's Quarterly Report on Form 10-Q for quarterly period ending October 2, 2022 filed with the SEC on November 9, 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. Definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data as they may be confounded by various factors and should be interpreted with caution. All trademarks in this presentation are the property of their respective owners.

Paxlovid and emergency uses of the Pfizer-BioNTech COVID-19 Vaccine or the Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5), have not been approved or licensed by the FDA. Paxlovid has not been approved, but has been authorized for emergency use by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (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. Emergency uses of the Pfizer-BioNTech COVID-19 Vaccine and the Pfizer-BioNTech COVID-19, Bivalent have been authorized by the FDA under an EUA to prevent COVID-19 in individuals aged 6 months and older. 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 during the COVID-19 pandemic under Section 564(b)(1) of the FFDCA unless the declaration is terminated or authorization revoked sooner. Please see the EUA Fact Sheets at *www.covid19oralrx.com* and *www.cvdvaccine-us.com*.

Agenda

AGENDA

Session 1 – Key Near-Term Launches (1-3:30pm)

Welcome – Chris Stevo

Opening Remarks – Angela Hwang

Potential Product Launches Presentations:

- Nurtec / Vydura – Rodrigo Puga
- RSV Vaccines – Sinan Atlig
- Etrasimod – Kevin Sullivan
- Ritlecitinib – Kevin Sullivan
- Elranatamab – Suneet Varma
- Talzenna Prostate – Suneet Varma

Q&A

Break – 3:30-4pm

Session 2 – High-Value Pipeline (4-6pm)

Pipeline Presentations:

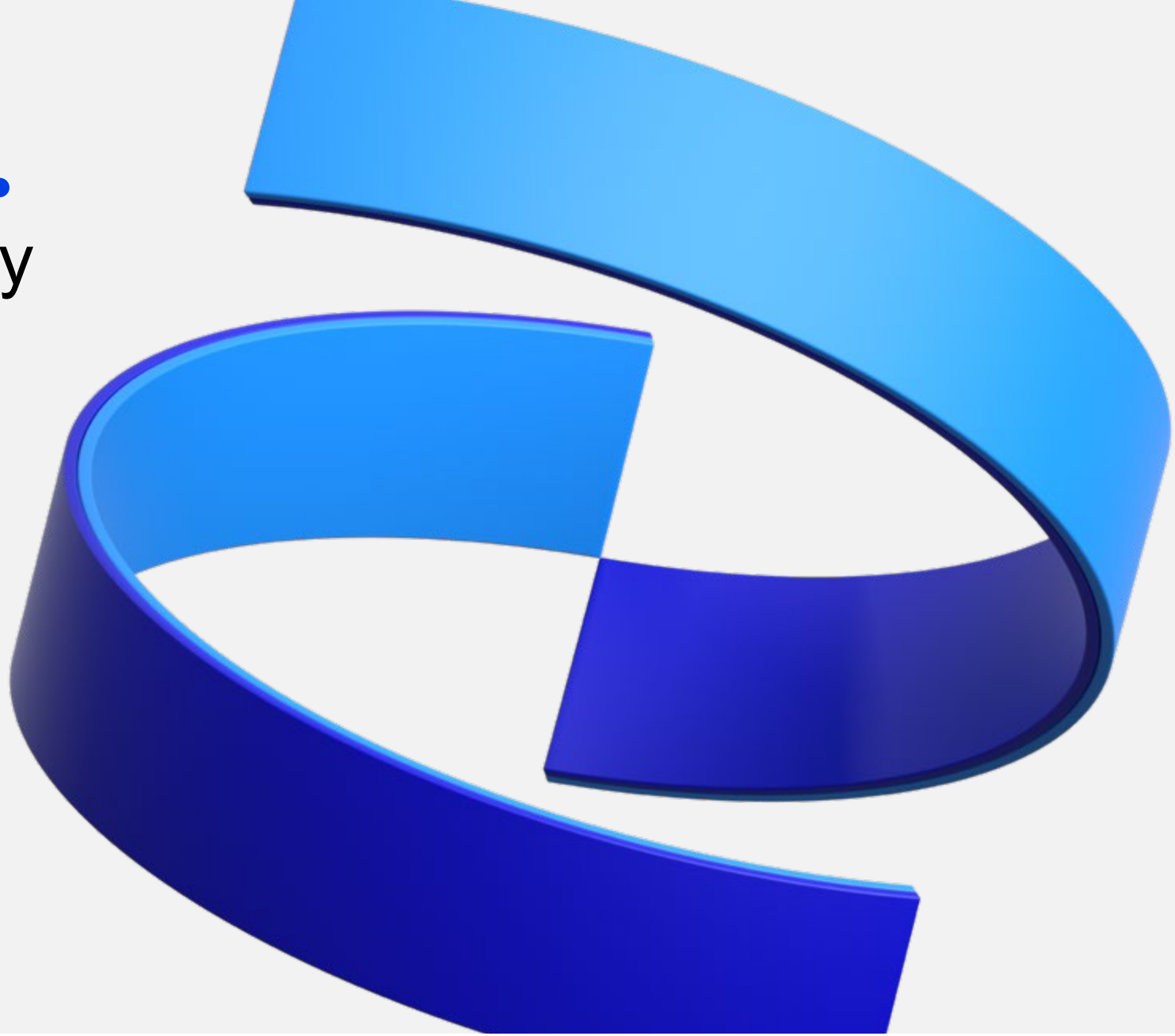
- Anti-IFN-β – Mike Corbo and Andy Schmeltz
- Danuglipron & PF-1532 – Jim Rusnak and Andy Schmeltz
- TTI-622 – Chris Boshoff and Andy Schmeltz
- Inclacumab & GBT-601 – Chris Boshoff and Andy Schmeltz
- mRNA Vaccines – Flu, VZV, Flu / COVID Combo – Annaliesa Anderson & Navin Katyal

Q&A

Closing Remarks – David Denton

6pm-7pm Reception / Passed Hors d'Oeuvres

Near-Term Launches + High-Value Pipeline Day



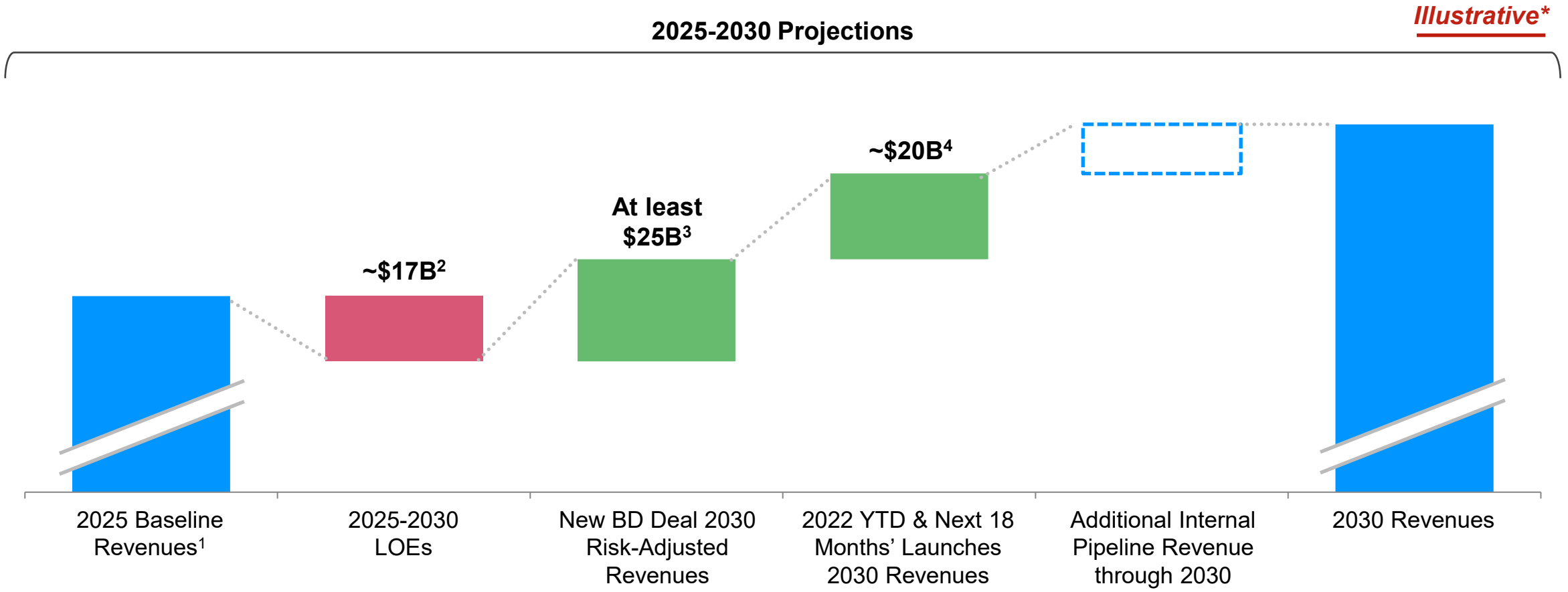
Angela Hwang

Chief Commercial Officer
President, Global Biopharmaceuticals Business

December 12, 2022

Fortifying our Long-Term Growth Plans

*Illustrative**



*For illustration purposes only and not intended to be to scale. All values at constant exchange rates.
[1] Excludes 2022-2025 BD and 2022+ Launches
[2] Midpoint of expected negative LOE impact of $16B-$18B from 2025-2030.
[3] Risk-adjusted 2030 revenue goal from recent and new BD deals
[4] Internal 2030 risk-adjusted revenue expectations for NME and new indications launches as shown in slide 3
Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

New Launches / Co-promotions and Potential Product Launches[1]

Product Candidate	Anticipated Indication	Expected Launch
New Molecular Entity (NME) Launches		
Ngenla (Ex-US)	Growth Hormone Deficiency	2022
Ritlecitinib	Alopecia Areata	2023
Elranatamab	Triple Class Relapsed or Refractory (Resistant to immunomodulators, proteasome inhibitors, and anti-CD38 therapy) Multiple Myeloma	2023
RSV Adults (60+)	Prevention of RSV-associated LRTI in adults >60 years	2023*
RSV Maternal	Prevention of RSV-associated LRTI in infants (via maternal immunization)	2023*
Pentavalent Meningococcal Vaccine	Prevention of meningococcal infection by serogroups ABCWY	2023*
Abrilada	Adalimumab Biosimilar	2023
mRNA flu Vaccine	Influenza	2024*
New Indications		
Myfembree	Endometriosis	August 2022 (Pfizer co-promote)
COVID-19 vaccine BA.4/BA.5 variant	COVID-19	September 2022
Cibinqo	Atopic Dermatitis Adolescent	2023
Braktovi/Mektovi	Lung Cancer (PHAROS)	2023
Talzenna (Talazoparib) + Xtandi (enzalutamide)	Metastatic castration resistant prostrate cancer (TALAPRO2)	2023
Xtandi	nmCSPC (EMBARK)	2023
Prevnar 20 Peds	Prevention of invasive pneumococcal disease, otitis media -Pediatric	2023*
Recently Announced Business Development Deals		
Nurtec ODT/Vydura	Acute treatment and episodic prevention of Migraine	August 2022 (Pfizer promotion)[2]
Zavegepant (intranasal)	Acute Treatment of Migraine	2023
Oxbryta	Sickle cell disease	October 2022 (with merger close)
Etrasimod	Ulcerative Colitis	2023

Note: Expected timing; all dates are preliminary, subject to change, and subject to clinical trial and regulatory success and availability of supply
* Estimated FDA decision; subject to regulatory approval, ACIP and MMWR to follow
[1] Over the next 18 months, we expect to have up to 19 new products or indications in the market – including the five for which we have already begun co-promotion or commercialization earlier this year
[2] Through a standalone detailing arrangement

Data & Analytics Designed to Deliver a Superior Omnichannel Customer Experience

Our customers expect a seamless **experience** that is more **personalized, scientifically robust, and efficient in addressing patient needs**.

A Personalized Experience

Human center, tailored experiences based on **customer needs and preferences** by leveraging **advanced data & analytics.**

High Tech Relevant Engagements

Meet customers where and how they want, with relevant information using expanded channels and high digital tech.

An Expert Resource

Seamless access to **subject matter expertise** who can provide high-quality information to enable critical decisions for patients.

Evolving an Enhanced Customer Experience at Speed and Scale

Redefined Our Go-To-Market Model to Transform How We Engage with HCPs and Patients

68	80+	16,000+	2,500+
Markets now live with the new organizational model including U.S., UK and EU4 (Germany, France, Italy, and Spain). **All markets (78) including China and Japan by January 1, 2023.**	New Data Scientists and a new Applied Intelligence and Insights organization.	Customer Facing roles globally, equipped with hybrid customer engagement technologies.	New Subject Matter expert roles including medical, access and commercial.

Driving Commercial Excellence – Biopharma's Operating Model Evolution

3 Global Customer-Focused Organizations

Angela Lukin Business President	**Kevin Sullivan** Business President	**Suneet Varma** Business President
Global Primary Care **(COVID, Vaccines, Internal Medicine)**	**Global Specialty Care** **(Rare Disease, I&I, Hospital)**	**Global Oncology**

- ✓ Streamlined in-country structure with geographical focus
- ✓ Greater connectivity between global strategy and local execution
- ✓ Embedded Marketing, Medical, and Access capabilities
- ✓ Prioritized markets and brands with the greatest impact with specific focus on launches

Resources, Capabilities & Track Record of Leadership

Commercial and Manufacturing Leadership

- For the 3rd year in a row, Pfizer's sales forces have ranked #1 across Core Specialties, which include Cardiologists, Primary Care (General Practice/Family Medicine/Doctors of Osteopathy) and OBGYNs[1]
- Pfizer Hospital Sterile Injectables and Surgical sales teams voted #1 for Best Customer Facing Colleague[2] for the third consecutive year
- Pfizer Oncology ranked #1 overall in Market Engagement with Key Accounts[3]
- Best in Industry customer service levels and awarded 2022 Gartner Supply Chain Award for Patient Innovation[4]
- Ranked #6 in Gartner's Supply Chain Top 25 list for 2022 for transforming global supply chain from cost driver to competitive advantage[5]

Industry Leadership

- Pfizer ranked #1 for the first time ever in the 2021 Patient View Global Survey
- Pfizer was recognized as one of the World's Most Ethical Companies by Ethisphere
- Pfizer ranked #4 on Fortune's annual World's Most Admired Companies list – the highest ranking we have ever achieved
- Pfizer's brand awareness stands at an impressive 82%; 61% of the general population views Pfizer favorably (compared with 42% for the industry as a whole)

1. This information is an estimate derived from the use of information under license from the following IQVIA information service: Sales Force Structures and Strategies™ for the period 2021-2022. (ref.: table 1 - page 5 and paragraph 1 - page 7). IQVIA expressly reserves all rights, including rights of copying, distribution and republication. 2. 2021 ZS Hospital Customer Survey (double blinded) 3. Health Industries Research Center, April 2022 report: Academic Institution & Health System-Based Cancer Centers: Market Trends & Manufacturer Competitive Assessment 4. https://www.gartner.com/en/supply-chain/research/power-of-the-profession-supply-chain-awards-2022 5. https://www.gartner.com/en/articles/the-gartner-supply-chain-top-25-for-2022 6. Morning Consult survey: Brand Familiarity: Pharmaceutical Brands

New Launches / Co-promotions and Potential Product Launches[1]

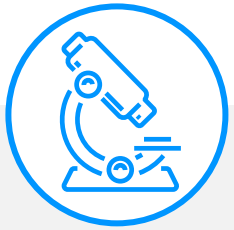
Primary Care

2022

- Nurtec ODT/Vydura

2023

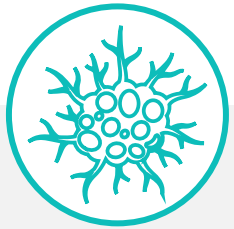
- RSV Adults (60+)
- RSV Maternal



Specialty Care

2023

- Ritlecitinib
- Etrasimod



Oncology

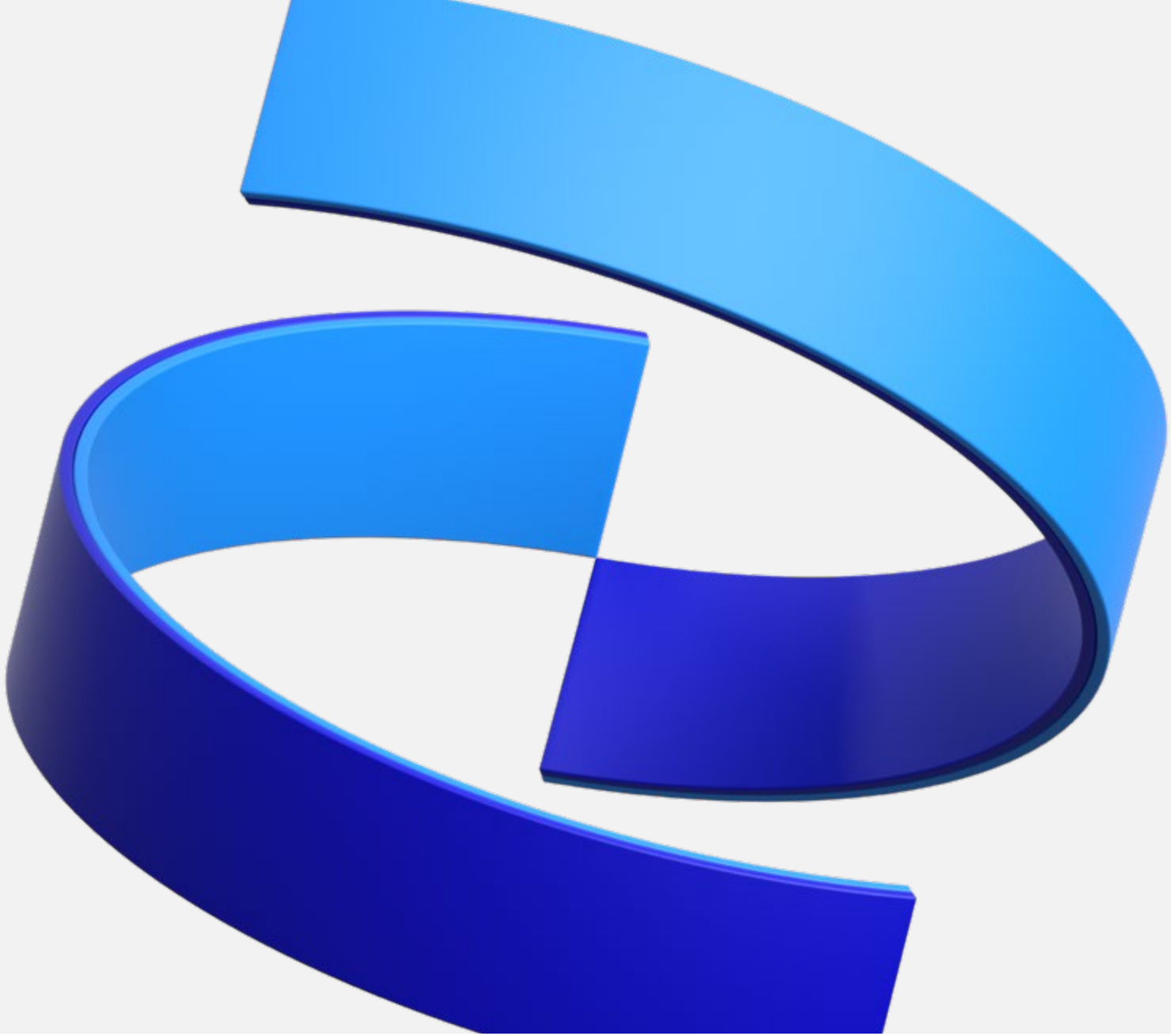
2023

- Elranatamab
- Talzenna (Talazoparib) + Xtandi (enzalutamide)

[1] Over the next 18 months, we expect to have up to 19 new products or indications in the market – including the five for which we have already begun co-promotion or commercialization earlier this year.
Note: Expected timing; all dates are preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial and regulatory success and availability of supply.

Nurtec® ODT/Vydura® and zavegepant (BHV-3500)

Potential Breakthrough Therapies for Patients with Migraine



Rodrigo Puga

US Commercial & Global Business Lead
Internal Medicine

December 12, 2022

Disease Overview & Demographics: Migraine

Migraine is a Debilitating Disease Impacting Over 1B Patients Worldwide

Migraine is a life disrupting disease and has a negative impact ranging from lost productivity at work to repercussions on relationships and parenting[1]

Migraine is a common neurological disease affecting ~1 billion people worldwide. One year prevalence estimated at ~15% of the general population[1]

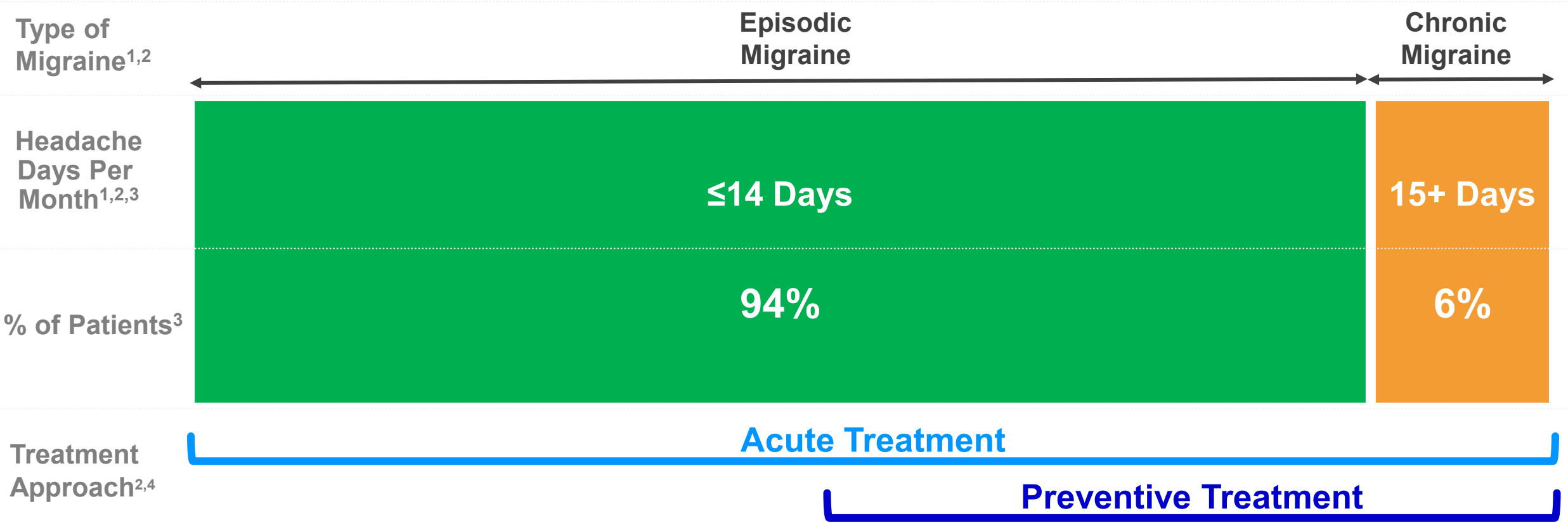
~3-fold higher prevalence in women, compared to men, and peaks at age 35-39 years[1]

Significant health economic burden, estimated ~€50-111 Billion in EU for 2011, the majority of which are indirect costs related to productivity losses[2]

Migraine may be treated acutely to abort an attack, or preventively to reduce the frequency and severity of attacks[3]

Sources: **1.** Ashina M, Katsarava Z, Do TP, et al. *Migraine*: epidemiology and systems of care. Lancet. 2021; 397:1485-95. **2.** Ashina M. *Migraine. N Engl J Med*. 2020;383(19):1866-76. **3.** Ailani J, et al., Headache. 2021 Jul;61(7):1021-1039.

Understanding Migraine Disease & Treatment Approaches



Source: **1**. https://www.ichd-3.org/1-migraine/. **2**. Ailani J, et al., Headache. 2021 Jul;61(7):1021-1039. **3**. Blumenfeld AM et al. Cephalalgia. 2011;31(3):301-315. **4**. Ha H, Gonzalez A. et al., Am Fam Physician. 2019 Jan 1;99(1):17-24.
Note: Nurtec is approved for the acute treatment of migraine in adults (18+) and the preventive treatment of episodic migraine in adults (18+)

Migraine Unmet Needs Span both Acute and Preventive Treatment

Patients With Migraine Have Struggled With The Limitations of Migraine treatments

Potential Limitations: Acute Treatment[1–5]

Need for Rescue Medication

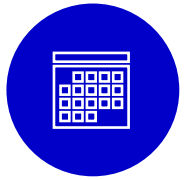
Medication Overuse Headache

Cardiovascular Disease Contraindication

Tolerability Issues

Potential Limitations: Preventive Care[6–12]

Route of Administration



Delayed Efficacy

High Discontinuation Rates

Tolerability Issues

1. Derry C, et al. Cochrane Database Syst Rev 2012;2012:CD008615; **2**. Cameron C, et al. Headache 2015;55(suppl 4):221–235; **3**. Schwedt T, et al. J Headache Pain 2018;19:38; **4**.Rosen N, Duarte R. Pract Neurol (Fort Wash PA) May 2021. Available at: https://practicalneurology.com/articles/2021-may/medication-overuse-headache-2 **5**. Buse D, et al. Headache 2017;57:31–44.

6. Silberstein S et al. Supplemental E-Tables. Neurology 2012;78:1337–1345; **7**. Silberstein S et al. Neurology 2012;78:1337-1345; **8**. Amitriptyline hydrochloride. Package insert. Sandoz Inc.; **9**. Topamax. Package insert. Janssen Ortho LLC. Available at: TOPAMAX-pi.pdf (janssenlabels.com) (Last accessed May 2022); **10**. Divalproex sodium. Package insert. Abbott Laboratories; **11**. Hepp Z et al. Cephalalgia 2017;37:470− 485; 12. Hubig LT et al 2022 Headache.

Nurtec® ODT/Vydura® Can Help Address Many Unmet Needs Associated with Acute and Preventive Therapy

Acute Treatment – Nurtec/Vydura	
Low Need for Rescue Medication	86% of patients had no need for rescue medication[1]
Low Risk of Medication Overuse Headache	CGRP mechanism is not associated with MOH[2]
Not CV Contraindicated	No CV contraindication[2]
Tolerability	Most common AEs include nausea (2.0%) vs. placebo (0.4%)[2]

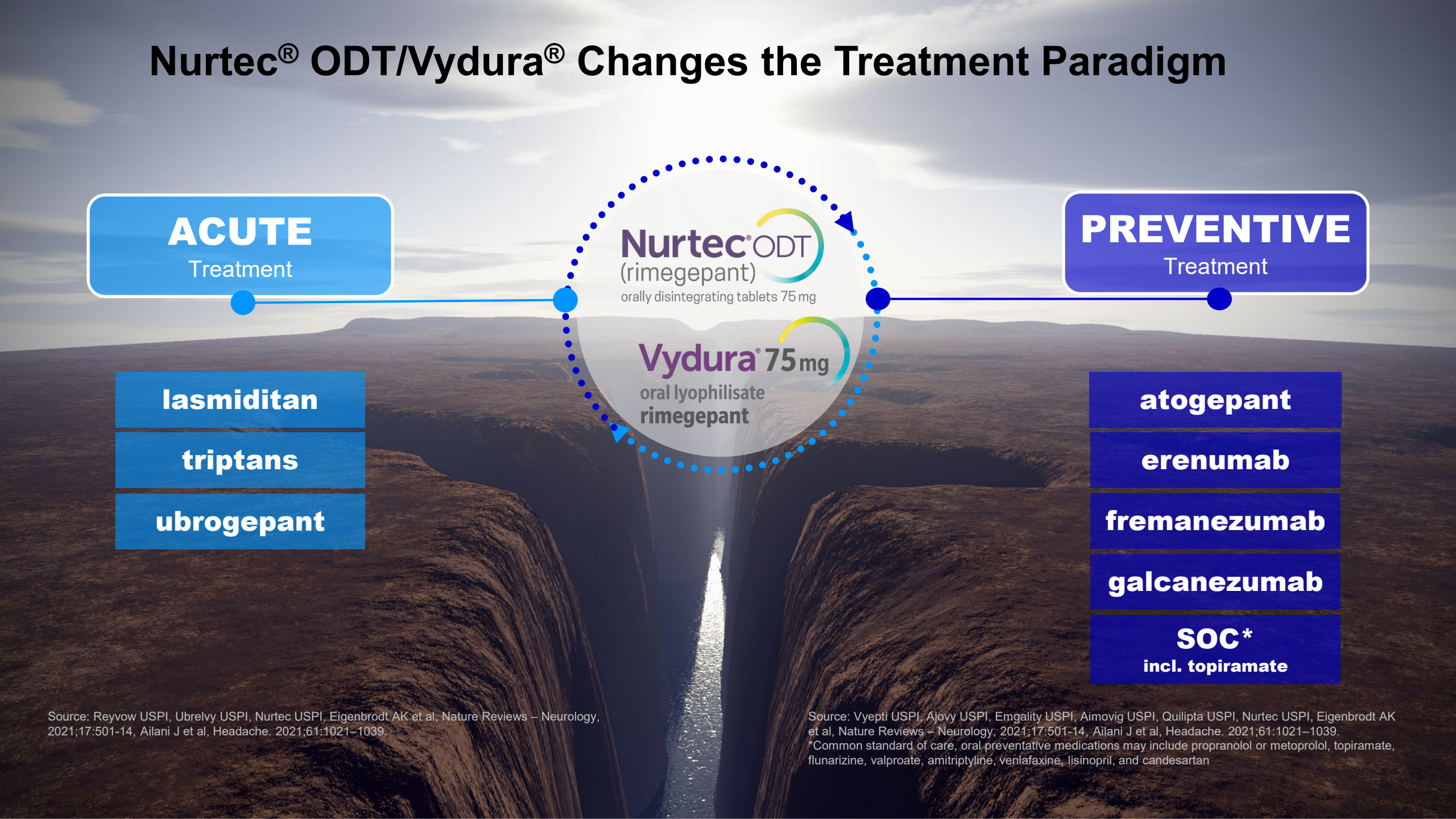
Preventive Treatment – Nurtec/Vydura	
Oral Versus Injectable	Patients starting anti-CGRP therapy have expressed a preference for oral therapy versus injectable[3]
Early Onset Efficacy	Data* suggest preventative effect after 1 week of treatment[4]
Discontinuation Rates	AEs led to discontinuation in 2.8% of patients[5]
Tolerability	Most common AEs include nausea (2.7%) and abdominal pain/dyspepsia (2.4%) vs placebo (0.8% and 0.8%)[2]

MOH: Medication Overuse Headache, USPI: United States Prescribing Information, AEs: Adverse Events

1. Croop R, et al. Lancet. 2019;394(10200):737-745. **2**. Nurtec USPI **3**. Hubig LT et al., Headache. 2022 Oct;62(9):1187-1197 **4**. Lipton R, et al. Poster presented at: AHS 2021 Virtual Annual Scientific Meeting (63rd); June 3-6, 2021. **5**. Lipton RB et al. Oral Presentation at: American Headache Society 64th Annual Scientific Meeting; June 9-12, 2022, Denver, CO, USA

*Exploratory analysis of Ph3 prevention study, which met its primary endpoint of reduction in Monthly Migraine Days during weeks 9-12 vs. placebo

Nurtec® ODT/Vydura® Changes the Treatment Paradigm



Source: Reyvow USPI, Ubrelvy USPI, Nurtec USPI, Eigenbrodt AK et al, Nature Reviews – Neurology, 2021;17:501-14, Ailani J et al, Headache. 2021;61:1021–1039.

Source: Vyepti USPI, Ajovy USPI, Emgality USPI, Aimovig USPI, Quilipta USPI, Nurtec USPI, Eigenbrodt AK et al, Nature Reviews – Neurology, 2021;17:501-14, Ailani J et al, Headache. 2021;61:1021–1039.
*Common standard of care, oral preventative medications may include propranolol or metoprolol, topiramate, flunarizine, valproate, amitriptyline, venlafaxine, lisinopril, and candesartan

Nurtec® ODT/Vydura® Provides Flexibility to Patients and Physicians

Nurtec ODT/Vydura is the First And Only Medication Approved For The Acute Treatment of Migraine and Preventive Treatment of Episodic Migraine in Adults[1]

Nurtec® ODT (rimegepant) orally disintegrating tablets 75 mg

TREAT & PREVENT[1]

Vydura® 75 mg oral lyophilisate rimegepant

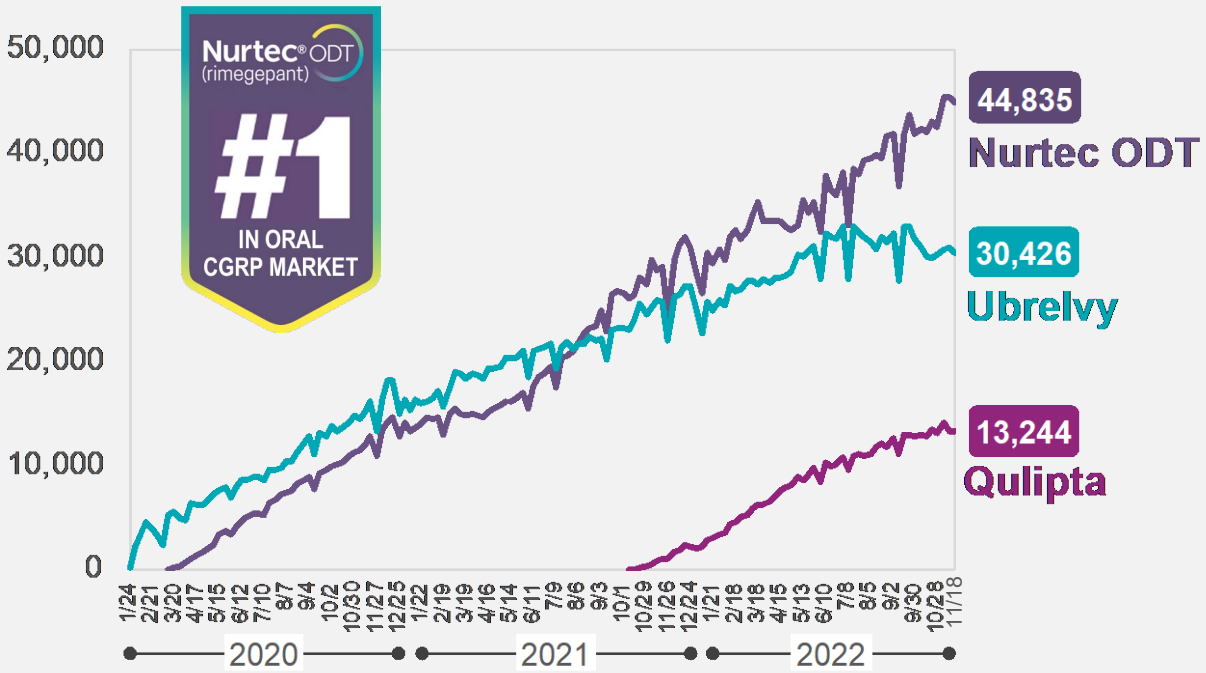
- Achieved Pain Freedom Within 2 Hours[2]
- Provides Sustained Pain Freedom Through 48 hours[2]
- Reduces Monthly Migraine Days[3]
- Established Safety and Tolerability[1]

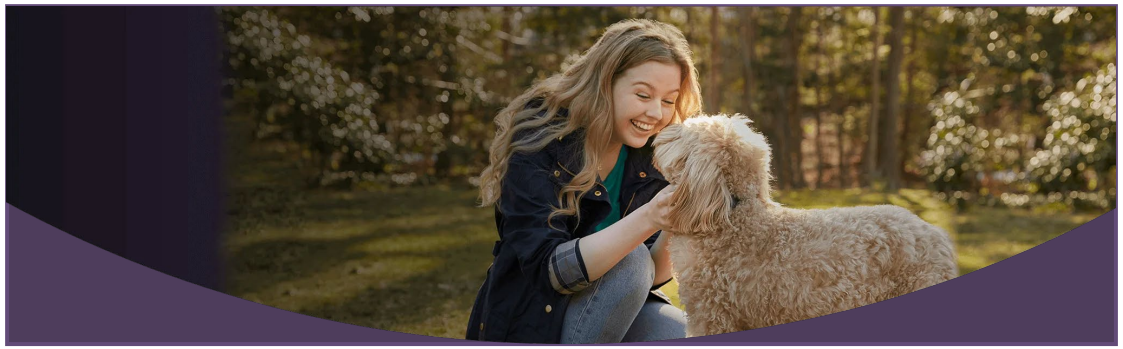
1. VYDURA (rimegepant) [package insert] and NURTEC (rimegepant) [package insert] Dublin, Ireland: Pfizer Incorporated/Biohaven Pharmaceutical Holding; Company Ltd; 2022; 2. Croop R, Goadsby PJ, Stock DA, et al. Efficacy, safety, and tolerability of rimegepant orally disintegrating tablet for; the acute treatment of migraine: a randomised, phase 3, double-blind, placebo-controlled trial. Lancet. 2019;394; (10200):737-745.; 3. Croop R, Lipton RB, Kudrow D, et al. Oral rimegepant for preventive treatment of migraine: a phase 2/3, randomised, double-blind, placebo-controlled trial. Lancet. 2021;397(10268):51-60.

Nurtec® ODT Performance Highlights in the U.S. Market

Since Launch, Nurtec ODT Continues To Show Robust Growth

Total Rx Volume - Oral CGRPs (11/18)[1]

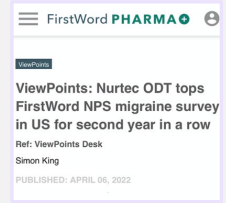




50.7% TRx Share
+6.4% Pt Increase
from May-Nov 2022[1]

>600,000
Unique Patients
Since Launch
in February 2020[2]

>90K HCPs
Unique Prescribers
Since Launch in February 2020[2]

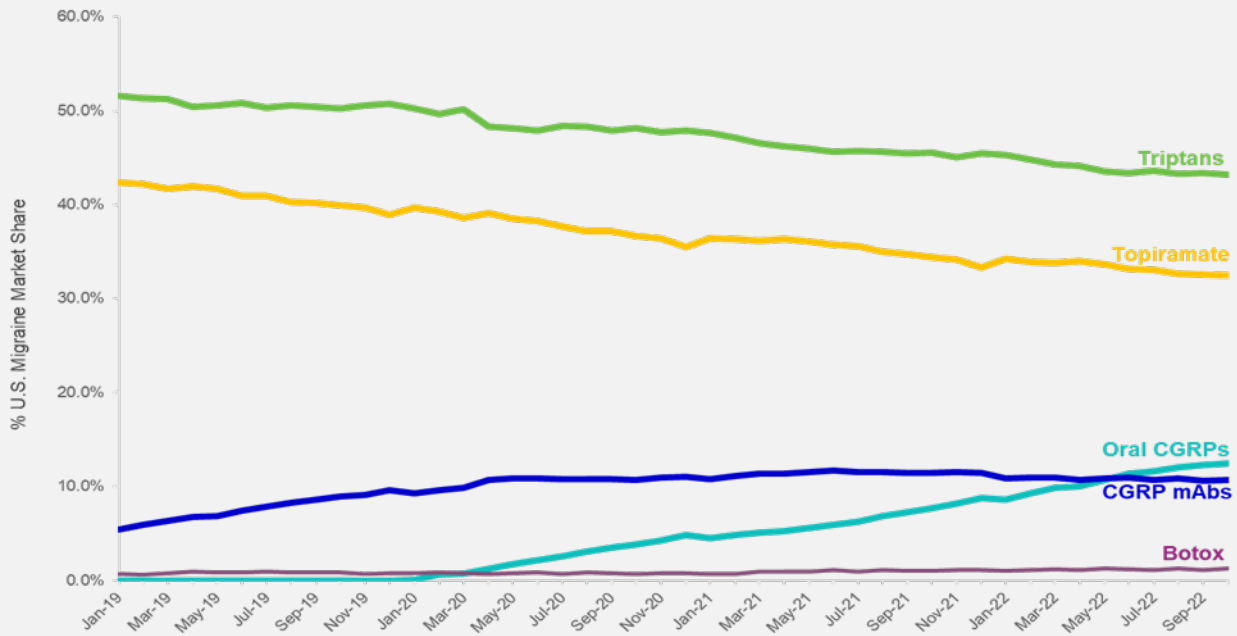


CGRP: calcitonin gene-related peptide; TRx: total prescriptions; HCP: healthcare professional.
Source: 1. TRx numbers 1/24/20 – 11/18/22, IQVIA SMART, accessed 11/28/22. Note: Market definition for share calculations is based on oral CGRP receptor antagonists. 2. Internal Net Sales Data.

High Growth Potential Within A Rapidly Growing Market

US Migraine Market Is Expected to Grow to ~40+ Million Scripts; Oral CGRPs are the Fastest Growing Class

TRx Share[1]

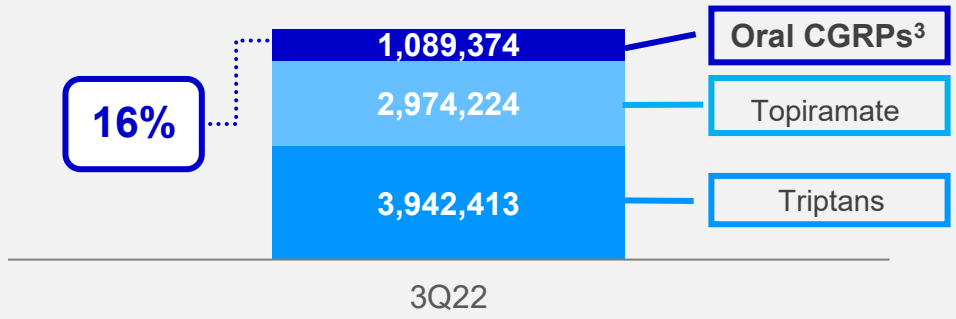


In 2021 Oral CGRPs Reached ~$1B in Net Sales While Only Accounting for 5-6% of Migraine Scripts

Source: **1**. IQVIA NPA data through October 2022. Accessed 11/21/22.

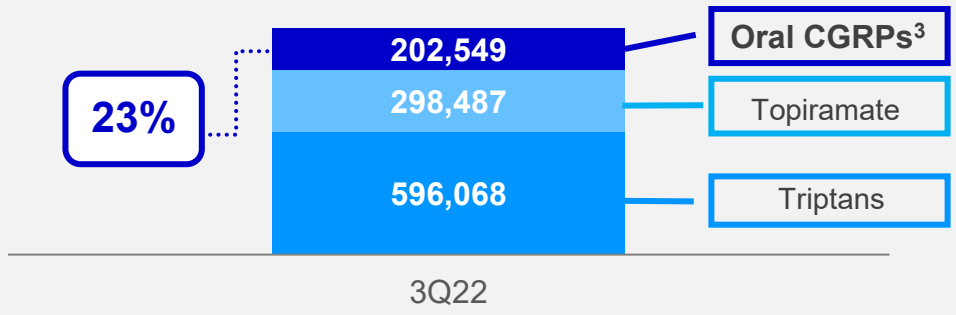
Quarterly TRx Volume

Oral CGRPs vs Triptans + Topiramate[1]



Quarterly NBRx Volume

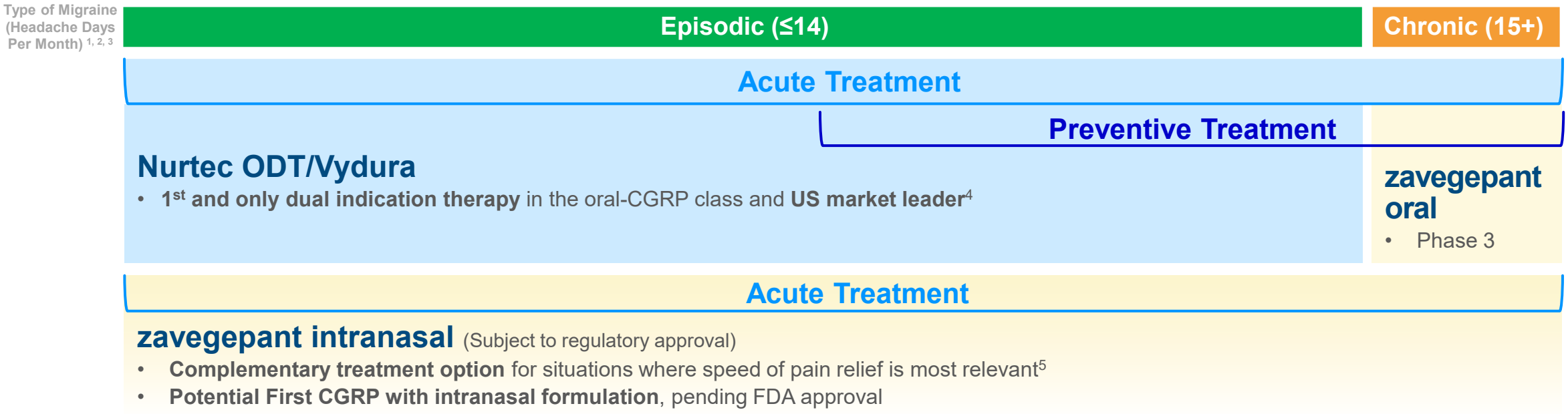
Oral CGRPs vs Triptans + Topiramate[2]



Source: **1**. TRx numbers cover 3Q2022, IQVIA SMART, accessed 10/17/22. **2**. NBRx numbers cover 3Q2022, IQVIA NPA, accessed 10/17/22. **3**. Oral CGRPs = Nurtec ODT, Ubrelvy, and Qulipta.

Building a Franchise to Potentially Meet the Needs of People with Migraine

Nurtec® ODT/Vydura® Is Well-Positioned for Leadership, with zavegepant* Potentially Bringing the Opportunity for Portfolio Play



Source: **1**. https://www.ichd-3.org/1-migraine/. **2**. Ailani J, et al., Headache. 2021 Jul;61(7):1021-1039. **3**. Blumenfeld AM et al. Cephalalgia. 2011;31(3):301-315. **4**. Xponent Plantrak accessed 11/4/2022 Market definition for share calculation based on Nurtec ODT Ubrelvy, and Qulipta.; **5**. Pavlovic, JM, et al, Efficacy And Safety Of Zavegepant Nasal Spray for the Acute Treatment of Migraine: Results of a Phase 3 Double-Blind, Randomized, Placebo Controlled Trial, AHS Annual Meeting, June 2022. Note: Primary endpoints were freedom from pain and freedom from most bothersome symptom (MBS) at 2 hours; statistically significant secondary endpoint demonstrated pain relief at 15 min post-dose with zavegepant compared to placebo. Vydura is indicated for prevention of episodic migraine in patients who have at least 4 migraines a month. Nurtec is only approved for the preventive treatment of episodic migraine. *zavegepant intranasal, subject to regulatory approval, would be indicated for acute treatment.

A Closer Look at Key Drivers of Potential Migraine Revenues

Significant Potential to Build a Blockbuster Migraine Portfolio

	Nurtec® ODT/Vydura®		zavegepant Intranasal*	zavegepant Oral
Indication	Acute Treatment	Episodic Prevention	Acute Treatment	Chronic Prevention
Migraine Population US Diagnosed Adults (age 18+)	16 M	14.6 M	16 M	1.4 M
Treatment Rate	40 – 50%	20 – 25%	40 – 50%	35 – 40%
Treated Patients	6.4 – 8M	2.9 – 3.7M	6.4 – 8M	0.5 – 0.6 M
Potential Peak Share (Among Treated Patients)	13%	8%	6%	8%
Average Utilization	48 tablets / year	96 tablets / year	24 nasal sprays / year	256 tablets / year

Peak Year Sales Worldwide **>$6B**

Tx: Treatment, ODT: Orally Disintegrating Tablets

Note: All population sizes, treatment rates, and market share are estimates. Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply. Nurtec is approved for the acute treatment of migraine in adults (18+) and the preventive treatment of episodic migraine in adults (18+). *zavegepant intranasal, subject to regulatory approval, would be indicated for acute treatment.

Commercial Strategy: Amplifying the Migraine Portfolio

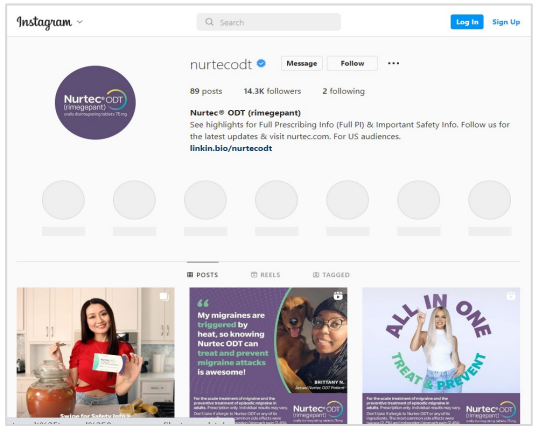
Success in 2023 & Beyond Will Be Driven By Current Momentum and Expanding Reach Across the Globe

Expand customer base to include 250+ US health systems with leading account management; provide **8x more field medical support**

Continue momentum and unlock HCP trial and adoption with PCPs who are CGRP class-naïve by increasing the number of reps detailing Nurtec® ODT in the US

In the process of seeking regulatory approvals Ex-US and planning to **launch in 70+ markets globally** over the long term*

Bring Pfizer's US launch expertise for zavegepant Intranasal (2023)*, a potential first-in-class nasally administered CGRP inhibitor

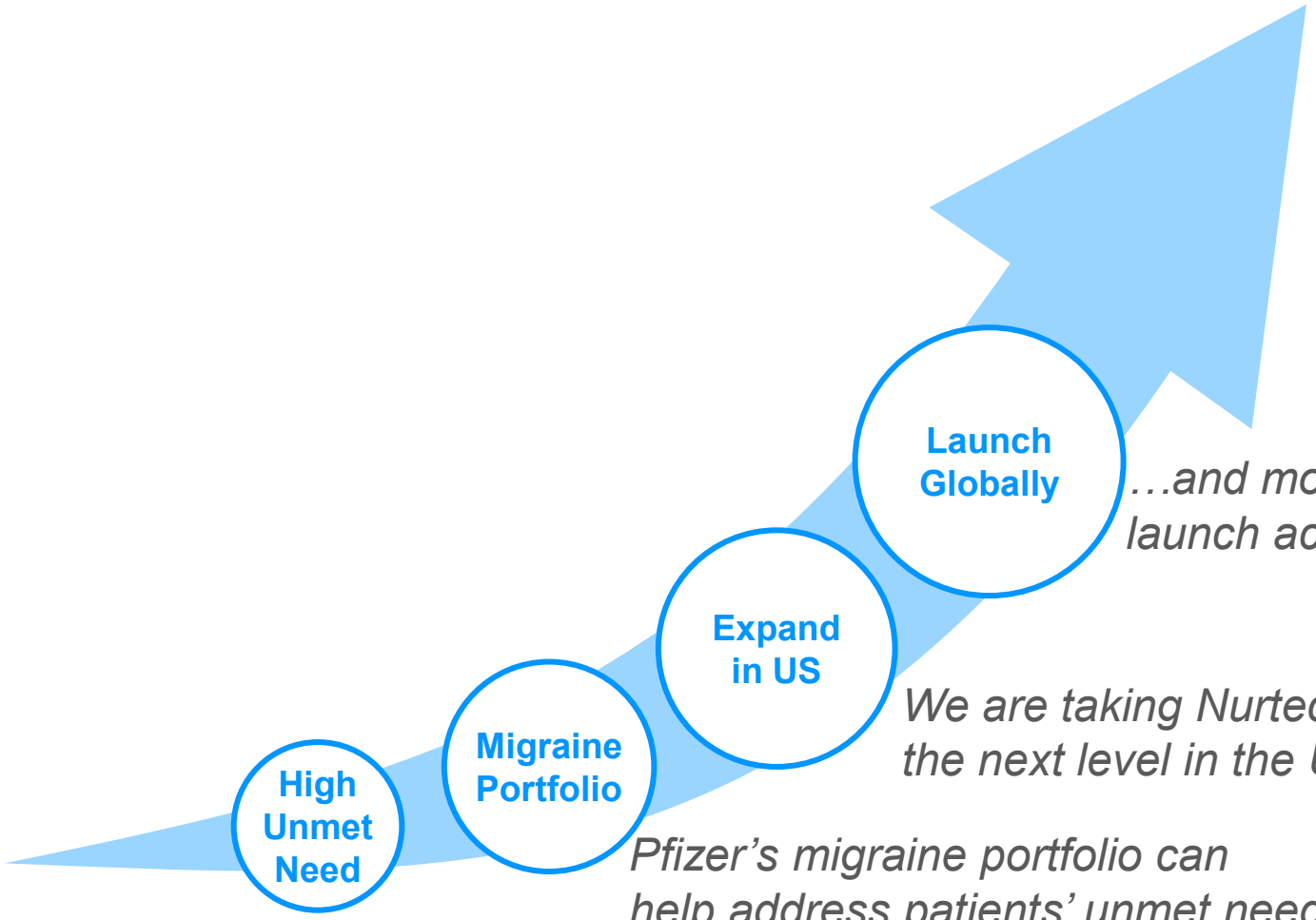


*Subject to regulatory approval and commercial availability (US PDUFA Q1 2023); HCP: healthcare professional; PCP: primary care physician; CGRP: calcitonin gene-related peptide.

Pfizer Is Well-Positioned to Become a Leader in Migraine

Migraine

Growth Trajectory to Potential
$6B Peak Year Sales
for Nurtec® ODT/Vydura® and zavegepant worldwide (est.)



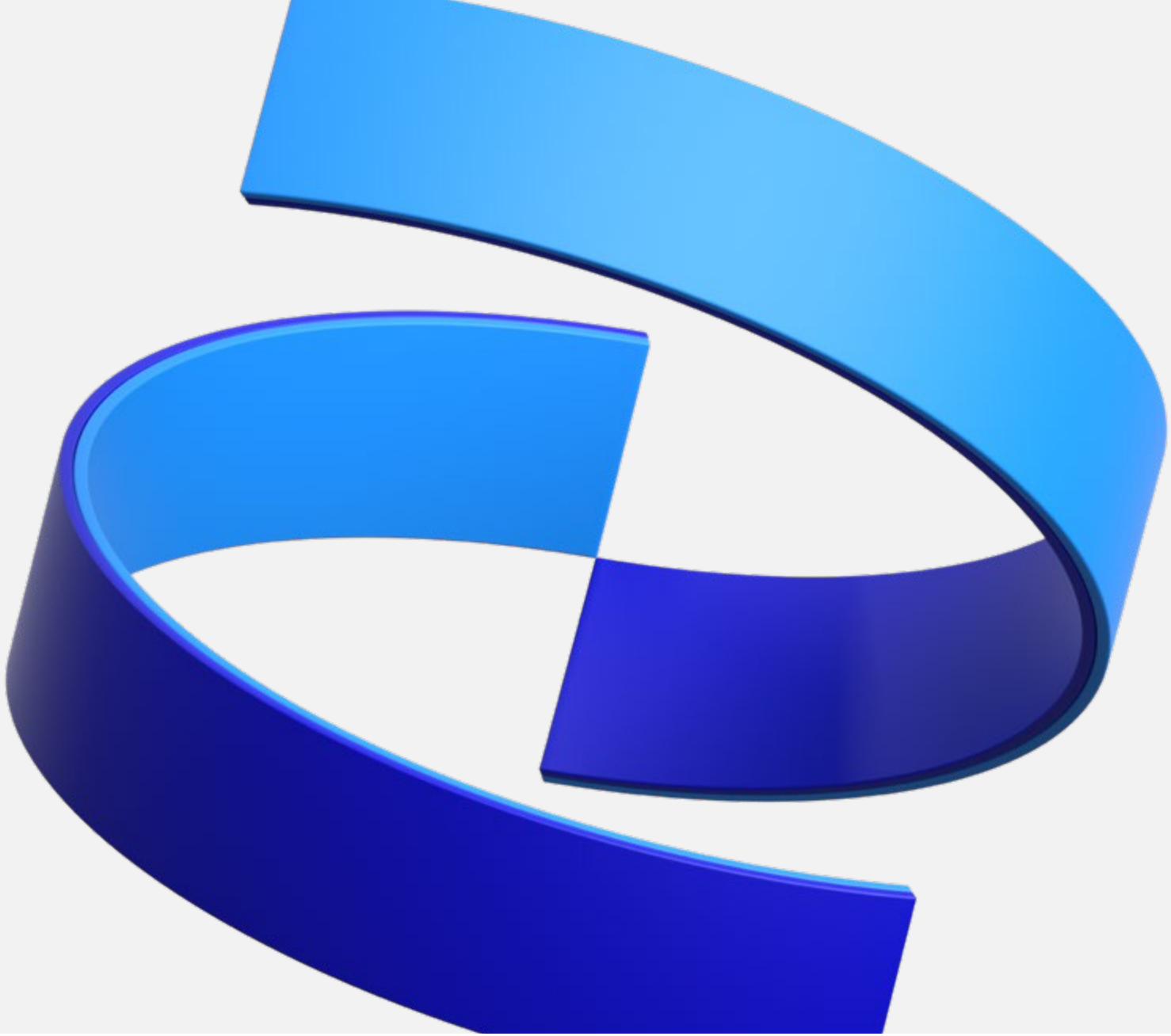
…and moving at lightspeed to launch across the globe

We are taking Nurtec ODT to the next level in the US…

Pfizer's migraine portfolio can help address patients' unmet needs

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

Respiratory Syncytial Virus (RSV) PreF Vaccine Candidate



Sinan Atlig

US Commercial and Global Business Lead for Vaccines

December 12, 2022

Disease Overview & Demographics: Respiratory Syncytial Virus (RSV)

Contagious Virus That Can Cause Serious, Sometimes Life Threatening, Respiratory Illness

RSV in Infants

- A leading cause of global infant respiratory disease[1,2]
- Sickens ~6.6M infants resulting in ~45K deaths globally each year[1]

RSV in Older Adults (≥65 years)

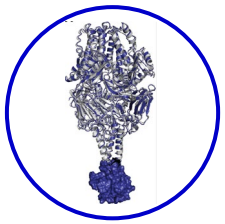
- Common cause of severe respiratory illness, with disease burden similar to influenza[3,4]
- 177,000 hospitalizations and 14,000 deaths annually in the U.S.[5]

Currently No Vaccine to Help Prevent & No Specific Therapeutic to Help Treat RSV Disease

1. Li Y, et al (2022). Lancet 399(10340):2047-2064. 2. Obando-Pacheco P, Justicia-Grande AJ, Rivero-Calle I, et al. J Infect Dis. 2018;217(9):1356-1364. 3. Falsey et al, NEJM (2005).
4. Estimated Influenza Disease Burden 2015-2016 through 2019-2020, CDC (2022) 5. Respiratory Syncytial Virus in Older Adults: A Hidden Annual Epidemic, A Report by the National Foundation for Infectious Diseases, September 2016

Pfizer's RSVpreF Vaccine Candidate – Overview

Vaccine



Bivalent stabilized prefusion F

- Sequence based on contemporary RSV A and RSV B strains
- Elicited high neutralizing titers for both RSV A and RSV B in Phase 1/2 studies[1,2,3]
- No adjuvant or viral vector component

Only RSV Vaccine Candidate Targeting Indications for Older Adult & Maternal Immunization*

Maternal

Immunize pregnant women to prevent RSV-associated lower and severe lower respiratory tract illness (LRTI) in infants from birth through 6 months of age

Older Adult

Active immunization to prevent RSV-associated LRTI in adults ≥ 60 years of age

* Subject to regulatory approval.

1 Falsey A., et al. J. Infect Dis 2022;225(12):2056-2066. 2Walsh E., et al. J. Infect Dis 2022;225(8):1357-1366. 3Baber J., et al. J. Infect Dis 2022 May 11;jiac189.

RSV Older Adult: BLA Granted Priority Review with Potential PDUFA May 2023

Phase 3 RENOIR Study Interim Analysis

Higher efficacy against more severe outcomes ↓

Outcome	Efficacy (1 Season)
RSV acute respiratory illness (ARI)[1]	62%
RSV lower respiratory tract illness >2 symptoms[2]	67%
RSV lower respiratory tract illness >3 symptoms[2]	86%

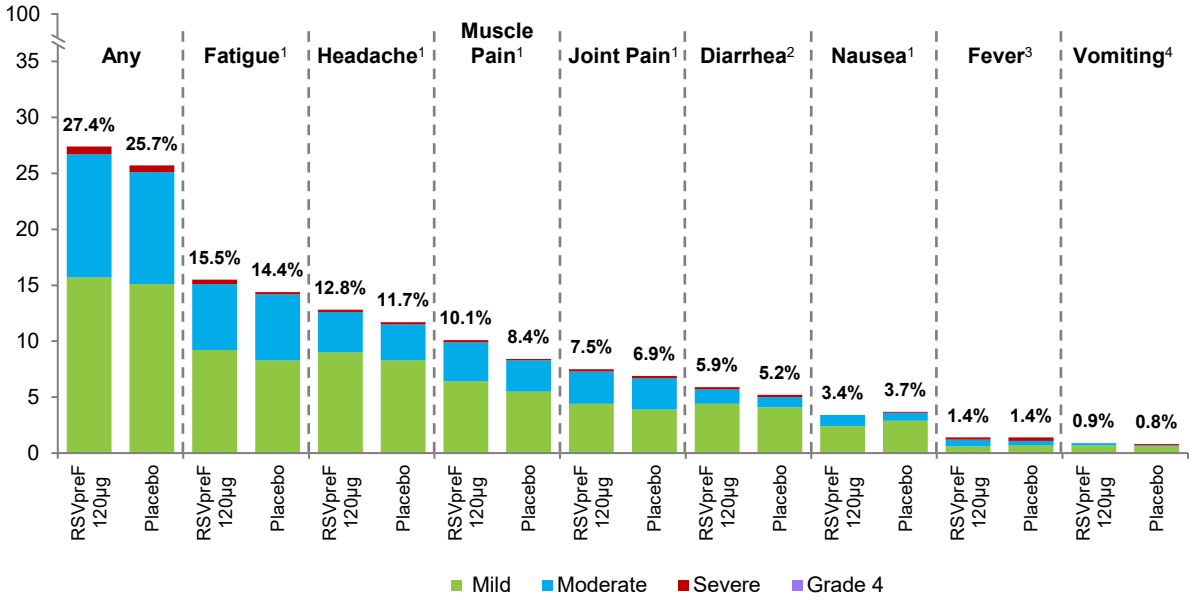
- Strong efficacy
- Consistent efficacy observed across age and comorbidity subgroups
- DMC indicated vaccine was well tolerated, with no safety concerns; local & systemic events were mostly mild to moderate and short lived
- No adjuvant or viral vector component

Efficacy during second season to be assessed

BLA = Biologic License Application; PDUFA = Prescription Drug User Fee Act; DMC = Data Monitoring Committee

1. Acute respiratory illness: ≥1 respiratory symptom lasting more than 1 day. 2. Lower respiratory tract illness: ARI with ≥2 or ≥3 lower respiratory signs/symptoms.

Systemic Events, by Maximum Severity, Within 7 Days After Vaccination



[1]Severity definition: mild = no interference with daily activity; moderate = some interference with daily activity; severe = prevents daily activity
[2]Severity definition: mild = 2-3 loose stools in 24h; moderate = 4-5 loose stools in 24h; severe = 6 or more loose stools in 24h
[3]Severity definition: mild 38.0°C-38.4 °C; moderate >38.4°C-38.9 °C; severe >38.9°C-40.0 °C; grade 4 >40.0 °C
[4]Severity definition: mild = 1-2 time(s) in 24h; moderate = >2 times in 24h; severe = requires intravenous hydration
RSVpreF N = 3619-3621: Placebo N = 3532-3539

RSV Maternal Immunization: Help Protect Infants from Severe RSV* Immediately at Birth

Phase 3 MATISSE Study Interim Analysis

Primary Endpoint: Severe MA-LRTI

	Vaccine Efficacy
First 90 days of life	**81.8%** (CI: 40.6%, 96.3%)
Six-month follow-up	**69.4%** (CI: 44.3%, 84.1%)

Primary Endpoint: MA-LRTI

	Vaccine Efficacy
First 90 days of life	**57.1%** (CI: 14.7%, 79.8%)
Six-month follow-up	**51.3%** (CI: 29.4%, 66.8%)

Confidence intervals are 99.5% CI at 90 days and 97.58% CI at later intervals.

- Maternal immunization with RSVpreF is designed to protect infants from birth through the first 6 months of life, when the risk of severe RSV is greatest[1,2,3]
- Results met study protocol's pre-specified regulatory success criteria for severe MA-LRTI; although statistical significance was not met for MA-LRTI endpoint, clinically meaningful efficacy was observed through six months of age
- DMC indicated RSVpreF investigational vaccine was well-tolerated with no safety concerns for either vaccinated individuals or their newborns

* Subject to regulatory approval

MATISSE: MATernal Immunization Study for Safety and Efficacy MA-LRTI = Medically Attended Lower Respiratory Tract Illness DMC= Data Monitoring Committee

1 Munoz 2019: 2 Parikh, et al., 2017: 3 Li Lancet 2022:

Commercialization Approach: Pfizer Vaccines Commercial Leadership

RSV

Decades of Vaccines Launch Excellence

Robust and Differentiated Contracting Models

Longstanding and Deep Relationships with Key Stakeholders

Proven and Reliable Manufacturing and Distribution

Leading Share of Voice Among Consumers

RSV Vaccine Candidate: Potential Revenues More Than $2Bn

Key Drivers of Potential RSV Vaccine Revenues (Internal Assumptions - US)

	Maternal Immunization	Older Adults
Population (US)	3.5-4 Million (annual birth cohort)	• ~61 Million (≥65 yrs) • New aged-in cohort ~3.5-4 Million annually
Peak Vaccine Uptake	60-70%	50-60%
Market Share	100%	45-60%
Recommendation	Routine, Year Round	Routine, Age Based
Duration of Protection	180 days (current data)	1-2 years
Revaccination	Each pregnancy	Every Other Year
Peak Sales Year	2027	2027

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.
*All population sizes, vaccination rates, penetration rates, recommendations, and market share are estimates.

Pfizer's Respiratory Portfolio: Strong Legacy, Future Potential

RSV

Today → **Tomorrow (potential)**

Pneumococcal Pneumonia

Prevnar 13®
Pneumococcal 13-valent Conjugate Vaccine (Diphtheria CRM_{197} Protein)

Prevnar 20™
Pneumococcal 20-valent Conjugate Vaccine

COVID-19

COMIRNATY®
(COVID-19 Vaccine, mRNA)

PAXLOVID™ [1]
(nirmatrelvir 150 mg tablets | ritonavir 100 mg tablets)
(Treatment)

RSV

- RSVPreF*
- Sisunatovir*† *(Treatment)*

Influenza

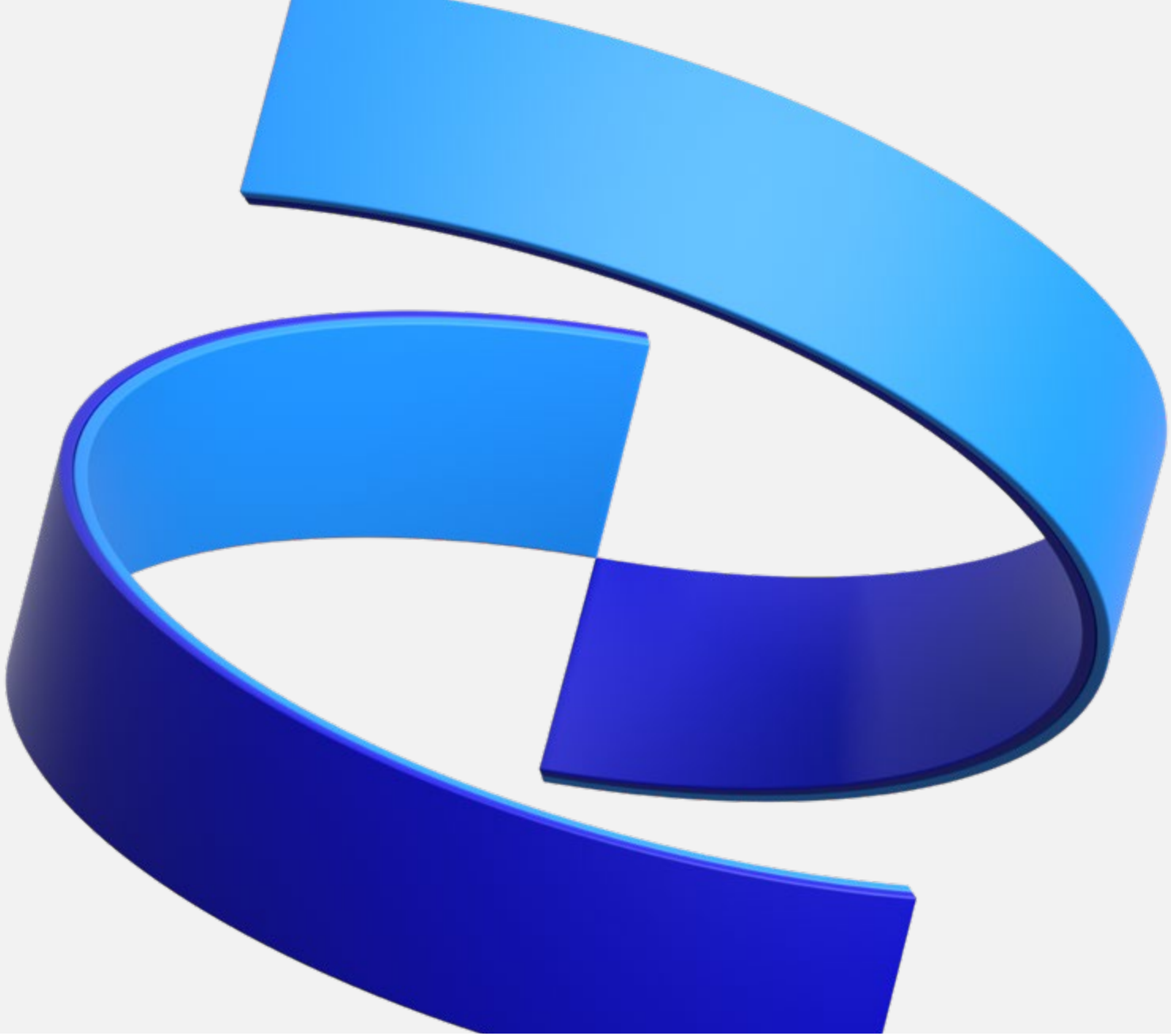
- mRNA Flu*†

Potential Combination Vaccine Candidates

- mRNA Flu / COVID*†
- Potential additional combination respiratory vaccine*†

* Subject to regulatory approval
† Subject to clinical trial success
1 PAXLOVID is authorized in the US for emergency use only, and is not approved for any use
Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

Etrasimod
Ulcerative Colitis (UC)



Kevin Sullivan
Global Specialty Care & US President

December 12, 2022

Disease Overview & Demographics: Ulcerative Colitis

"A UC diagnosis is a life sentence that wreaks havoc on the body. It turns any day to chaos in an instant."[1]

Ulcerative Colitis (UC) is a chronic and often debilitating inflammatory bowel disease that affects an estimated **1 million people in the US**[2]

Symptoms include **chronic diarrhea** with blood and mucus, **abdominal pain** & cramping, and **weight loss**, which can interfere with **work, family and social activities**

Today, even with multiple therapeutic options available, up to **30% of UC patients still progress to colectomy**[3,4]

50% of patients are diagnosed with UC by the age of 35, impacting active and formidable years in patients' lives[5]

Sources: 1) FCB Qualitative UC Patient Research. 2) Extrapolation to US population today from Clin Gastroenterol Hepatol. 2017 June;15(6): 857–863. 3) Ordás I et al. Lancet. 2012;380:1606-1619. 4) Danese S, Fiocchi C. N Engl J Med. 2011;365:1713-1725.5) US data, Mayo Clinic in Olmsted County, MN; data sourced May 4, 2022

The UC Patient Experience

UC is a Debilitating Disease That is Difficult for Those Not Suffering to Understand

You **never know when it's going to strike you and I mean that sincerely**; you can have plans and they get messed up because you have a bout. It's **not only the physical feeling** of having UC which is bad enough, but really, **it's the emotional and the mental aspect of it all**[1]

– UC Patient

Source: 1) Internal Patient Research.

Current Treatment Landscape: Ulcerative Colitis

Majority of UC Patients are on Conventional Therapies and Many Struggle to Achieve and Maintain Remission

52%
Of UC patients on AT **don't retain long-term remission**[1]

UC Treated Patients – New to Tx & Already on Tx[1]

All UC Patients: Mild, Moderate & Severe Dx

Steroid + Conventional 64%

- **Steroid Only** 13%
- **Conventional Therapy (5-ASA & IM)** 51%
- **Advanced Therapy (Biologic/JAK)** 36%

% of Steroid + Conventional Therapy Sub-group:

- **Steroid Only** 20%
- **Conventional Maintained** 53%
- **Conventional Sub-Optimal / Failure** 27%

% of Advanced Therapy Sub-group:

- **Bio Maintained** 48%
- **Bio Switch** 30%
- **Bio Sub-optimal** 22%

Potential etrasimod targets, if diagnosed with moderately active to severely active UC*

Bar sizes are approximations
Median observation period = 1,051 days

Per HCPs **38%** of patients on conventional therapy were not prescribed advanced treatment **due to patient safety / side effect or ROA (IV/SC) concerns**[2]

*Subject to regulatory approval and labeling.

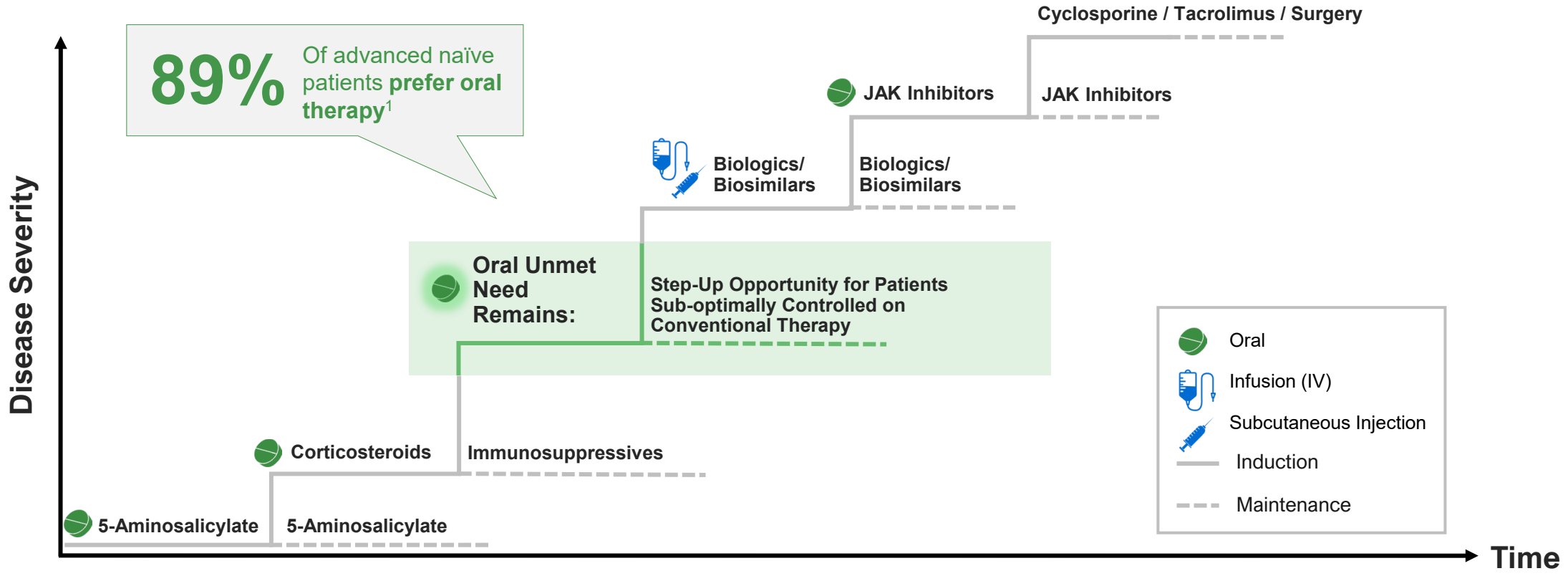
Sources: 1) IQVIA US LRx/Dx data. Qualified patients have 1+ advanced treatment (bio/JAK) OR 1+ conventional treatment (5-ASA/IM) OR 1+ adjuvant treatment (steroids) during the selection period 01 Apr 2019 to 31 Mar 2021; AND 1+ diagnosis for UC in the 90 days preceding the first observed treatment; AND no confounding diagnoses after the UC diagnosis immediately preceding the first treatment observed in the selection period. Newly treated patients have no prior UC treatment in the 24 months preceding the first treatment observed in the selection period. Patients are observed from their first treatment in the selection period through 31 Mar 2022. 2) HCP Reported, Q2 2022 US HCP ATU.

Tx: Treatment | UC: Ulcerative Colitis | IM: Immunomodulators | 5-ASA: 5-Aminosalicylates | ROA: Route of Administration | IV: Intravenous | SC: Subcutaneous | AT: Advanced treatment

Significant Potential Remains for Oral Therapies in 1L Advanced Tx (AT)

Given Current SOC Options, Movement into 1L AT Today Often Means Movement Away from Patient Preferred Oral Therapy[1]

Pre-Arrival of S1Ps: UC Treatment Paradigm



1L: First Line | AT: Advanced Treatment | SOC: Standard of Care | Tx: Treatment
Source: 1) Internal Q2 2022 Awareness, Trial, Usage (ATU) Survey, US

Etrasimod* Overview: The Next S1P With a High Potential Emerging Profile

If Approved, a New S1P with High Potential to Become the Preferred 1L Advanced Treatment (AT) Option by Balancing a Favorable Benefit:Risk Profile and Oral Administration

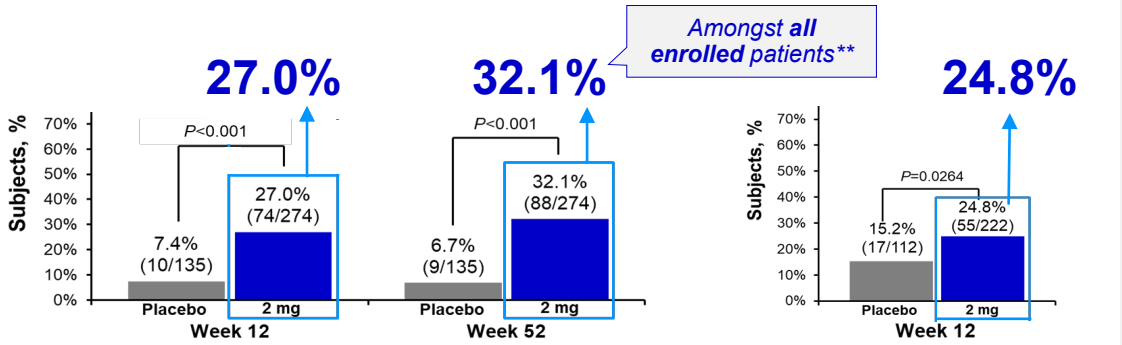
Key Potential Differentiators as a Pre-Biologic Option*

- Safety profile and precedents support potential for **no boxed warning** *(pending final approved labeling)*
- Trials conducted with **once-daily oral** dosing; data support initiation **without complex up-titration** regimen
- Single-dose oral formulation provides cost predictability and could **alleviate burden on infusion sites & health systems**
- Strong efficacy shown in AT-naïve patients[1]
- 100% of patients in clinical remission after 1-year were also steroid free[2]
- If approved, potentially **filling the continued need for oral AT options after conventional therapy failure** and before biologics begin

UC=Ulcerative Colitis | AT=Advanced Treatment; includes biologics and JAKs
*Subject to regulatory approval and labeling.
**Week 52 response rate amongst all enrolled pts, not just among responders at end of induction like many UC trials.

ELEVATE UC 12 and ELEVATE UC 52 Primary Endpoints: Clinical Remission[2]

Strong Clinical Remission – in Oral Form



ELEVATE-52
Baseline MMS 5 to 9 (N=409)

ELEVATE-12
Baseline MMS 5 to 9 (N=334)

- ELEVATE-52: Baseline MMS 5 to 9 (N=409)
- ELEVATE-12: Baseline MMS 5 to 9 (N=334)
- Clinical remission defined as SF subscore =0 (or 1 with a ≥1-point decrease from baseline), RB subscore=0, and ES ≤1 (excluding friability).

Adverse Events:

- Treatment-emergent AEs, including serious AEs, were similar between treatment groups in both trials.
- Most common treatment-emergent AEs in 3% or more of etrasimod-treated patients and greater than placebo up to week 52 in either trial were headache, worsening of UC, COVID-19 infection, dizziness, pyrexia, arthralgia, abdominal pain and nausea.
- No reports of bradycardia or atrioventricular block as serious AEs.

†Separate studies conducted independently; not head-to-head trials.

Sources: 1) Feagan B, et al. Presented at: United European Gastroenterology Week 2022; Vienna, Austria. Poster MP289. 2) Sandborn W, et al. Presented at: Digestive Disease Week 2022; San Diego, CA. Etrasimod 2 mg Once Daily as Treatment for Moderately to Severely Active Ulcerative Colitis: Results From the Phase 3 ELEVATE UC 52 and ELEVATE UC 12 Trials. MMS, Modified Mayo Score; Data were from reported randomized strata. Percent of patients with clinical remission at Week 12 was derived from Cochran-Mantel-Haenszel analysis.

Ulcerative Colitis Marketed Tx Competitive Landscape

For Advanced-Naïve Patients, HCP's Top Prescribing Considerations Span Product Attributes & Company / Brand Perceptions

UC Treatment Landscape: Marketed MOAs – Past / Pre-Arrival of S1Ps

HCP Reported Top Drivers of Prescribing for Advanced-Naïve Patients[1,2]	TNFi	Anti-Integrin	IL12/23	JAKi†
Class Boxed Warning[3]	Boxed Warning	**No** Boxed Warning	**No** Boxed Warning	Boxed Warning
Route of Administration[3]		 *	 **	
Clinical Remission[3]	✓	✓	✓	✓
Steroid-free Remission[3]	✓	✓	✓	✓
Perception Patients May Quickly Accept Tx Recommendation[1,2]	–	–	–	–
Trust & Experience[1,2]	✓	✓	✓	✓

Data represented are not based on H2H studies. Analysis is an indirect comparison of labels and HCP derived drivers of prescribing.

✓ Meets requirement
– Does not always meet requirement
✓ Not reported due to recency of launch

Oral
Infusion (IV)
Subcutaneous Injection

*Anti-integrin only subcutaneous (SC) ex-US. **IL12/23 IV for first infusion and SC thereafter.
†JAKi therapies in the US are restricted to 2L+ advanced treatment use per label
Sources: 1) Internal Demand Study, Q2 2022. 2) Internal Patient & HCP Q2 2022 ATUs. 3) Pivotal Ph. 3 Clinical Trials and product labels.

Ulcerative Colitis Marketed Tx Competitive Landscape

Arrival of the S1P Class to IBD (2021) Provided the return of an Oral Option for 1L Advanced Tx Patients

<3% Of patients **receiving oral** Tx today in 1st Line[4]

UC Treatment Landscape: Marketed MOAs – Current / Post-Arrival of S1Ps

HCP Reported Top Drivers of Prescribing for Advanced-Naïve Patients[1,2]	S1P *New to Market 2021*	TNFi	Anti-Integrin	IL12/23	JAKi†
Class Boxed Warning[3]	**No** Boxed Warning	Boxed **Warning**	**No** Boxed Warning	**No** Boxed Warning	Boxed **Warning**
Route of Administration[3]	Oral	Infusion (IV)	Subcutaneous Injection*	Infusion (IV)**	Oral
Clinical Remission[3]	✓	✓	✓	✓	✓
Steroid-free Remission[3]	✓	✓	✓	✓	✓
Perception Patients May Quickly Accept Tx Recommendation[1,2]	✓	−	−	−	−
Trust & Experience[1,2]	✓	✓	✓	✓	✓

Data represented are not based on H2H studies. Analysis is an indirect comparison of labels and HCP derived drivers of prescribing.

✓ Meets requirement
− Does not always meet requirement
✓ Not reported due to recency of launch

Oral
Infusion (IV)
Subcutaneous Injection

* Anti-integrin only subcutaneous (SC) ex-US. **IL12/23 IV for first infusion and SC thereafter.
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Sources: 1) Internal Demand Study, Q2 2022. 2) Internal Patient & HCP Q2 2022 ATUs. 3) Pivotal Ph. 3 Clinical Trials and product labels.
4) Internal LAAD analysis, US June-August 2022 data.

Commercialization Approach: Etrasimod's Potential Future Opportunity

Potential to Redefine the Treatment Paradigm in 1L Advanced Tx, if Approved

- **Safety profile supports potential for no boxed warning***
- **1 in 3 patients enrolled in clinical remission after 1 year[1]**
- **Benefit: Risk profile supports patient acceptance of 1L AT recommendation, if approved[2,3]**
- **Convenience of once-daily oral dosing; data support initiation without complex up-titration regimen***
- **100% of patients in clinical remission after 1-year were also steroid free[1]**
- **Pfizer's heritage in UC, existing relationships and capabilities set foundation for establishing trust**

*Subject to regulatory approval and labeling.

Sources: 1) Sandborn W, et al. Presented at: Digestive Disease Week 2022; San Diego, CA. Etrasimod 2 mg Once Daily as Treatment for Moderately to Severely Active Ulcerative Colitis: Results From the Phase 3 ELEVATE UC 52 and ELEVATE UC 12 Trials. 2) Internal Demand Study, Q2 2022. 3) Internal Patient & HCP Q2 2022 ATUs.

Etrasimod UC

I&I Category and Specialty Care Commercialization Expertise

Providing an Advanced Therapy Portfolio for Moderate-to-Severe UC Patients*

UC Therapeutic Portfolio

Etrasimod*

Inflectra® infliximab

Abrilada*

XELJANZ® [tofacitinib]

Accelerating Global Access

>50%

of priority market regulatory submissions achieved ahead of plan for etrasimod

Potentially Raising the Standard of Caring for IBD Patients

Goal to become the preferred partner **dedicated to UC patient engagement & advocacy**

*Subject to regulatory approval and labeling.

Etrasimod UC Market Potential

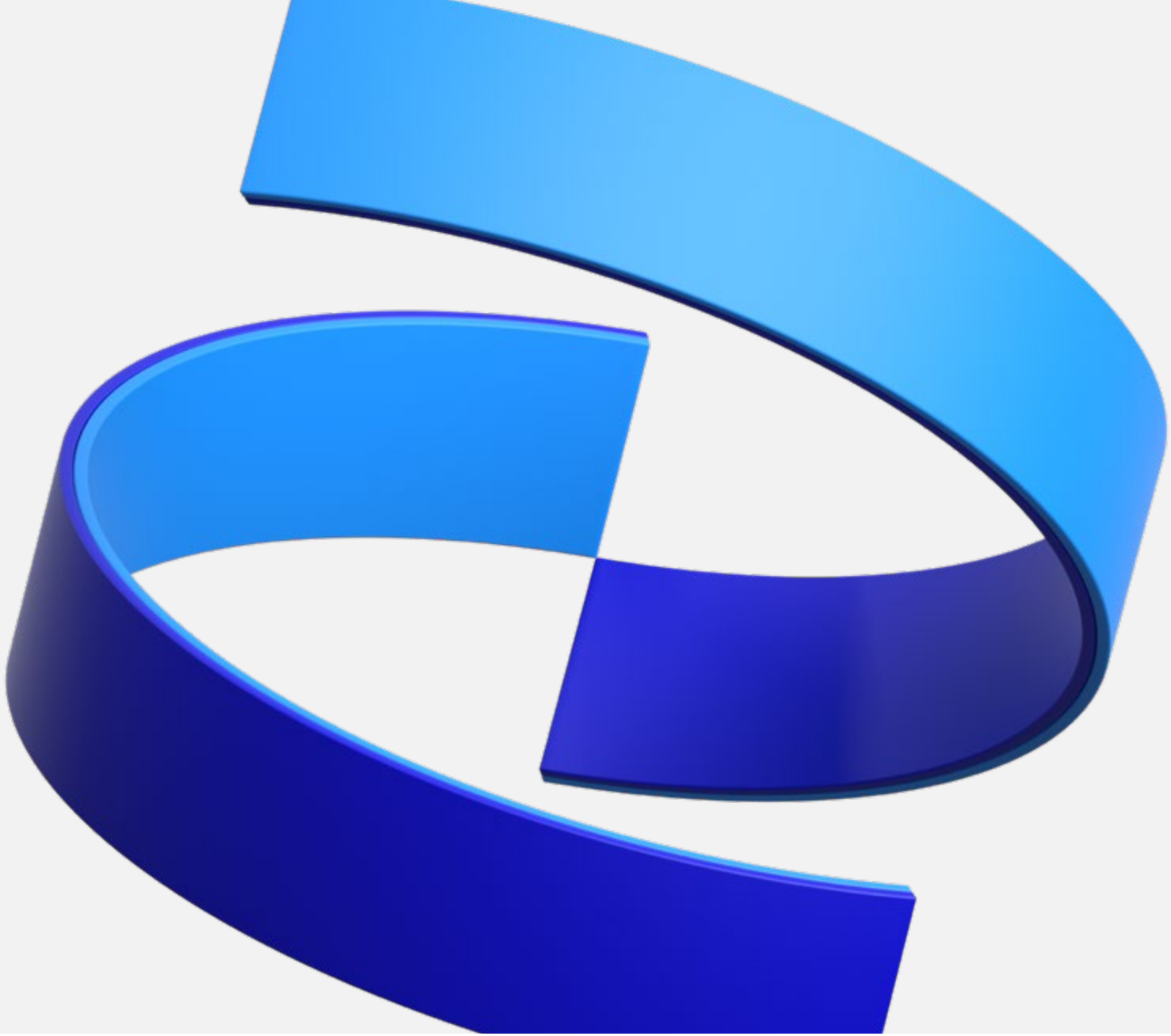
Blockbuster Potential Global Annual Peak Revenues

Etrasimod in Ulcerative Colitis (UC)	
1.7M+	UC Dx prevalence in top 5 developed markets[1]
↓ **80%**	Rx treated patients[2]
↓ **Up to 35%**	Advanced treated patients[3]
50%	Expected market growth in next 5 years[4]
$1-2B	**Global revenue potential**

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

Sources:
1) Internal market size estimates; diagnosed prevalence literature review and market-level data analysis.
2) US RWD Mkt Scan/Optum Claims analysis 2018-2021; all UC patients (mild-to-moderate and moderate-to-severe); JP RWD MDV 2018-2021; ROW internal research estimates.
3) IQVIA LRx/Dx data, period 01 Apr 2019 to 31 Mar 2021. Analyzed April 2022; ROW internal research estimates.
4) Evaluate Pharma Ulcerative Colitis Indication Overview Summary published on 28 October 22.
UC: Ulcerative Colitis | Dx: Diagnosed | Rx: Prescription | ROW: Rest of world

Ritlecitinib
Alopecia Areata (AA)



Kevin Sullivan
Global Specialty Care & US President

December 12, 2022

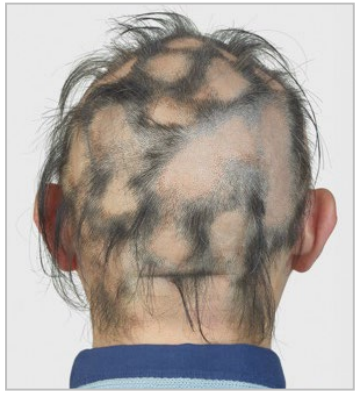
Disease Overview and Demographics: Alopecia Areata (AA)

AA Can Affect Up to 2% of the Global Population Over the Course of Their Lifetime[1-4,10]

AA is an Autoimmune Disease Characterized by Patchy or Complete Hair Loss on the Scalp, Face and or Body[5-9]

Patchy Alopecia Areata

Small round bald spots on the scalp



Patient portrayal

Alopecia Totalis (AT)

Total loss of hair on the scalp

Actual patient

Alopecia Universalis (AU)

Total loss of hair on the scalp, face & body

Actual patient

Other AA presentations include Alopecia incognita, Ophiasis, Sisaipho

Age[9-11]

AA can affect all ages and typically occurs by age 40

Gender[10,12,13]

AA can affect all genders

Race/Ethnicity[14-17]

AA can affect people of any race/ethnicity

Patient Impact[18]

AA burden can include physical, psychosocial and productivity impact

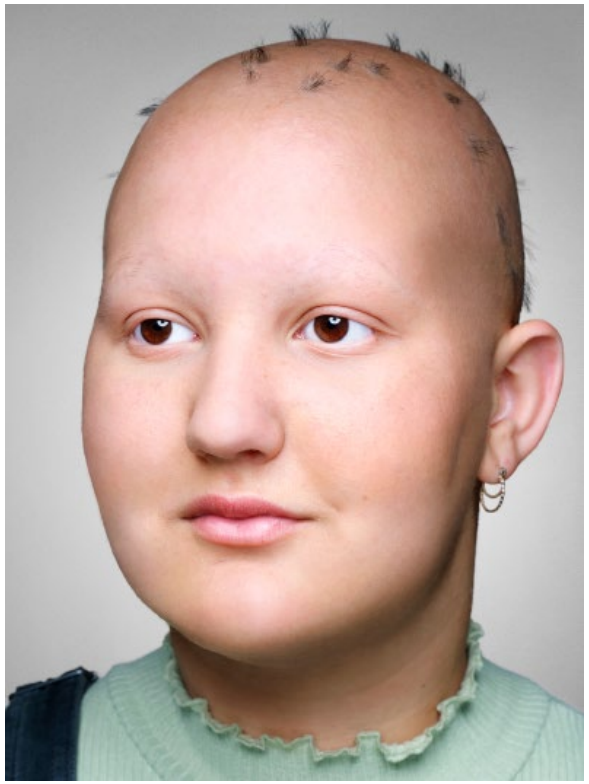
Sources: 1. Suchonwanit P, et al. *Immunotargets Ther*. 2021;10:299-312. 2. Gilhar A, et al. *Autoimmun Rev*. 2016;15(7):726-735.3. Islam N, et al. *Autoimmun Rev*. 2015;14(2):81-89 4. Lee et al. Journal of the American Academy of Dermatology. 2020 Mar 1;82(3):675-82 5. Suchonwanit P, et al. *Immunotargets Ther*. 2021;10:299-312 6. Islam N, et al. *Autoimmun Rev*. 2015;14(2):81-89 7. Cranwell WC, et al. *Australas J Dermatol*. 2019;60(2):163-170 8. Gilhar A, et al. *Autoimmun Rev*. 2016;15(7):726-735. 9. Pratt CH, et al. *Nat Rev Dis Primers*. 2017;3:17011 10. Villasante Fricke AC, Miteva M. Clin Cosmet Investig Dermatol. 2015;8:397-403. 11. Alzolibani AA. Acta Dermatovenerol Alp Pannonica Adriat. 2011;20(4):191-198. 12. Goh C, et al. J Eur Acad Dermatol Venereol. 2006;20(9):1055-1060. 13. Mirzoyev SA, et al. J Invest Dermatol. 2014;134(4):1141-1142. 14. Lee H, et al. J Am Acad Dermatol. 2020;83(4):1064-1070. 15. Harries M, et al. Br J Dermatol. 2022;186(2):257-265. 16. Ramos PM, et al. An Bras Dermatol. 2020;95(suppl 1):39-52. 17. Rossi A, et al. G Ital Dermatol Venereol. 2019;154(6):609-623 18. Online survey of 216 patients with self-reported moder AA. Mesinkovska N, et al. J Investig Dermatol Symp Proc. 2020;20(1):S62-S68.

The Alopecia Areata Patient Experience

AA Can Cause Considerable Burden for Patients, Beyond Hair Loss[1-5]

Studies of Adults and Adolescents Have Shown[6,7]:

- **85%** of patients report that **coping with Alopecia Areata is a daily challenge**
- **>60%** of patients report **withdrawing from social activities** after their first episode of hair loss
- **45%** of patients have said they've **missed work, or even left their jobs** due to their hair loss
- **>50%** of patients describe **feeling insecure, inadequate and self-conscious** as a result of how they look



Actual patient

> [Every day] since I found that first patch…[I have thought] I am damaged, abnormal, unfeminine, or ugly because of my hair loss.[1]

> [Alopecia areata] changed my life, my mind & my heart. It made me weak & vulnerable, battered my self-esteem & heightened my insecurities.[1]

Sources: 1. US Food and Drug Administration. The Voice of the Patient. https://www.fda.gov/media/112100/download. Published March 2018. Accessed September 6, 2022. FDA=US Food and Drug Administration. Participants included patients with AA, totalis, or universalis (N=95), who were aged ≥18 years and residing in the United Kingdom 2 Maghfour J, et al. *Dermatology*. 2021;237(4):658-672. 3 Senna M, et al. *Adv Ther*. 2021;38(9):4646-4658. 4. Toussi A, et al. *J Am Acad Dermatol*. 2021;85(1):162-175. 5. Lee S, et al. *J Am Acad Dermatol*. 2019;80(2):466-477.e16. 6. Mesinkovska N, et al. J *Investig Dermatol Symp Proc*. 2020;20(1):S62-S68 7. Aldhouse et al. Journal of Patient-Reported Outcomes (2020) 4:76

Current Treatment Landscape: Alopecia Areata

High Level of Dissatisfaction with Standard of Care (e.g., Topical and Intralesional Steroids)

Initial Hair Loss & Self Treatment → **HCP Presentation & Diagnosis** → **Topical/Intralesional Steroids** → **Oral Treatments**

Current standard of care has significant limitations

- ✓ Limited efficacy
- ✓ Burdensome for patients/dozens of injections per month
- ✓ High level of treatment dropout
- ✓ Not appropriate for extensive disease
- ✓ Not approved for AA in US & EU

Oral steroids not appropriate for long-term use

One recently approved oral treatment (JAK1/2)

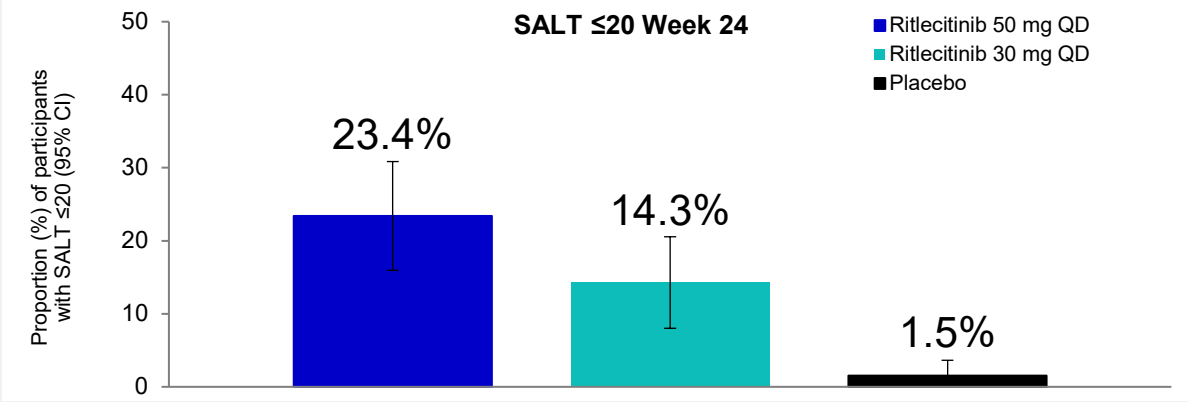
Ritlecitinib (TEC/JAK3)
subject to regulatory approval

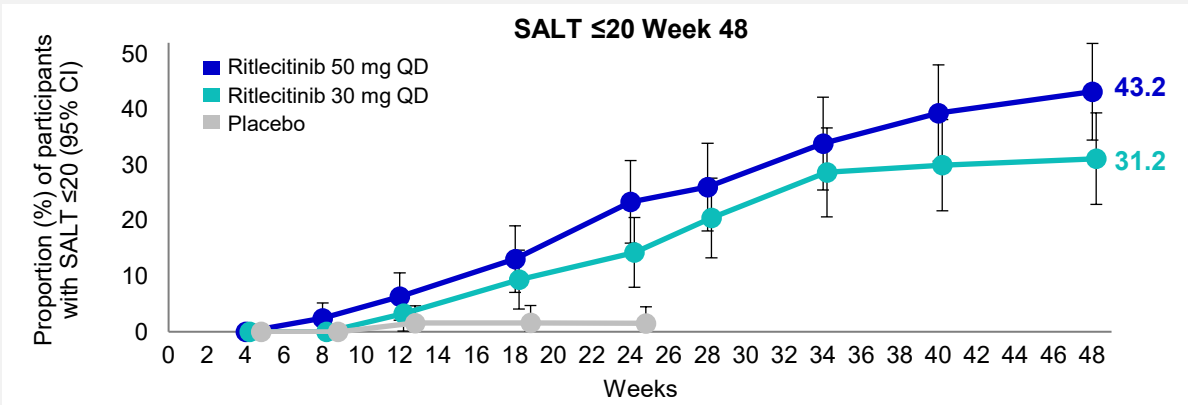
Source: Pfizer AA Patient Journey

Ritlecitinib Overview in Alopecia Areata

Robust Clinical Data Support Transformative Potential

Clinical Results ALLEGRO-2b/3





Clinical Photos ALLEGRO 2b/3

Not all patients taking Ritlecitinib achieved these results. As with all medications, results may vary.

Ritlecitinib safety profile in ALLEGRO-2b/3 was consistent with previous studies. Overall, the percentage of patients with adverse events (AEs), serious AEs and discontinuing due to AEs was similar across all treatment groups. The most common AEs seen in the study were nasopharyngitis, headache and upper respiratory tract infection.

The efficacy and safety of ritlecitinib were evaluated in a pivotal, Phase2b/3, double-blind, placebo-controlled study (ALLEGRO) | Primary endpoint for overall ALLEGRO study is response based on absolute Severity of Alopecia Tool (SALT) Score ≤20 at Week 24 | At baseline, patients had ≥50% scalp hair loss, including 46% who had AT or AU | After 24 weeks, all patients on placebo were randomized to ritlecitinib on either one of two regimens: 200 mg QD for four weeks followed by 50 mg for 20 weeks, or 50 mg for 24 weeks (data not shown)

Sources: Clinical results and Patient B photos from King B, et al. Efficacy and safety of ritlecitinib (PF-06651600) in patients with alopecia areata and ≥50% scalp hair loss: results from the international ALLEGRO Phase 2b/3 randomized, double-blind, placebo-controlled Study (NCT03732807). Poster presented at the 30th Congress of the European Academy of Dermatology and Venereology (EADV); September 29–October 2, 2021; Patient A photos Data on File

Commercialization Approach: Ritlecitinib's* Potential Future Opportunity

Potential to Redefine the Standard of Care in Alopecia Areata*

- First and only dual-selective TEC family/JAK3 inhibitor; sparing inhibition of other JAKs
- Data on complete or near-complete scalp hair regrowth
- Favorable benefit/risk profile
- Data in adults and adolescents
- Potential for sustained hair regrowth
- Profile supports long-term use

* Subject to regulatory approval

Medical Dermatology and Specialty Care Commercialization Expertise

Poised for a Potential Best-in-class Launch

Develop the Market

- Pre-launch omnichannel approach providing unbranded stakeholder education on AA disease and its associated patient burden
- Close collaboration with Patient Advocacy Groups

Unlock Access

- Advocate for adequate AA coverage and reimbursement
- Articulate to payers the unmet need and impact of AA on patients' lives
- Customized Pfizer Dermatology patient access platform

Drive Adoption[1]

- Industry-leading capabilities in patient activation
- Position ritlecitinib as HCP treatment of choice for systemic-appropriate patients

[1] Subject to regulatory approval

Ritlecitinib Alopecia Areata Market Potential

Blockbuster Potential Global Annual Peak Revenues

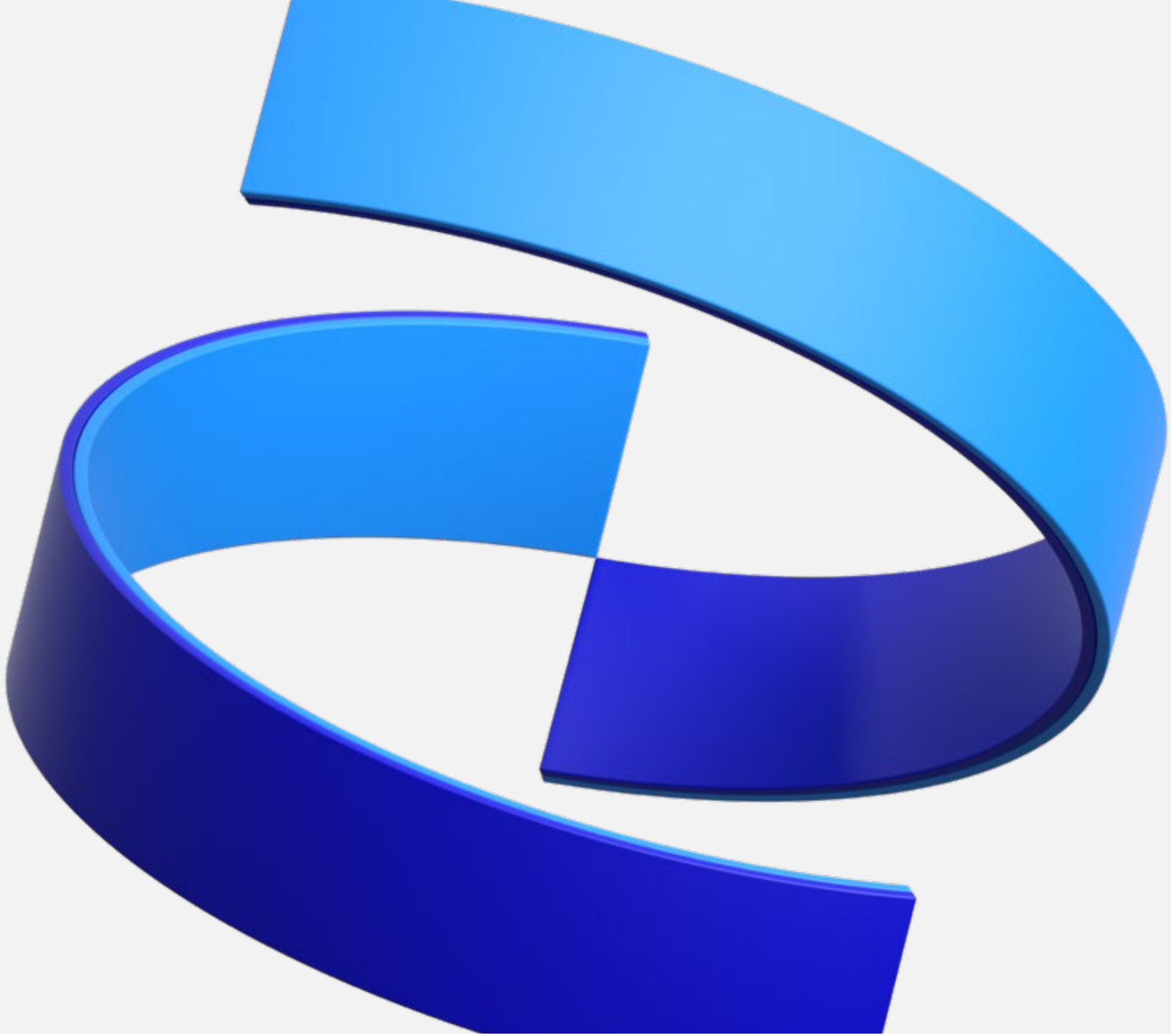
Ritlecitinib in AA	
6.4M	Adult AA prevalence[1]
43%	≥ 50% scalp hair loss[2]
28–49%	Diagnosed and seeing a Dermatologist[3]
38–46%	Candidates for advanced treatment[4]
~$1B	Global revenue potential

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

Sources:
1. Inclusive of G7 countries: population data using UN Data from 2019; adult prevalence data obtained from Benigno overall self-report (all age groups), CCID 2020; French 18+ Prevalence: Richard, JEADV 2018
2. Benigno M, Anastassopoulos KP, Mostaghimi A, et al. A Large Cross-Sectional Survey Study of the Prevalence of Alopecia Areata in the United States. Clin Cosmet Investig Dermatol. 2020;13:259-266
3. NHWS 2019-2021, US Longitudinal Claims 2019, US Epi Claims 2016-2019; growth rate avg of linear trend thru 2029 of NHWS and US Epi Claims year-over-year change
4. PFE projections for peak based on 2021 demand research

Elranatamab

Potential to Bring Transformative Outcomes to More Patients in Multiple Myeloma



Suneet Varma

Global Oncology & US President

December 12, 2022

Disease Overview & Demographics: Multiple Myeloma (MM)

MM is the Second Most Common Hematologic Malignancy Worldwide[1]

13%
of hematologic malignancies in 2020 **were MM**[2]
(18% of those in the US)

~1%
of all new cancer cases in 2020 **were MM**[3]

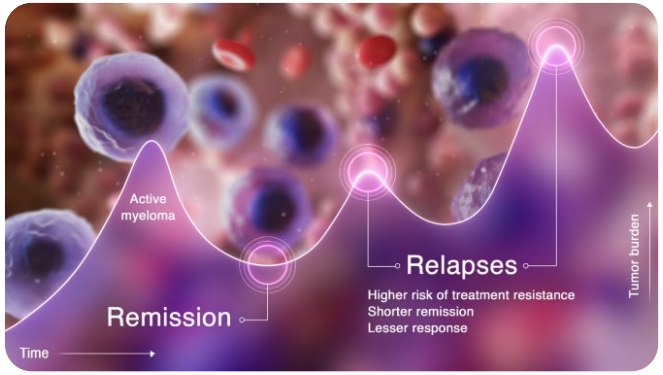
176,404
new cases of MM worldwide in 2020[3]
(~32K new cases in the US in 2020)

54%
5-year survival rate[4]

Despite Advances That Have Improved Survival, MM Remains Incurable, With Most Patients Progressing to RRMM[5]

Each relapse for patients with MM results in[6,7]:

- Higher risk of treatment resistance
- Shorter remission
- Lesser responses to standard treatments



7.4 months mDOR for **triple class exposed (TCE)** patients*,[8]

New treatments are needed for patients that explore novel therapeutic targets and modalities – counter mechanisms that lead to treatment resistance, including immune evasion[5,6]

MM=multiple myeloma; RRMM=relapsed or refractory multiple myeloma; mDOR=median duration of response; TCE=triple class exposed.

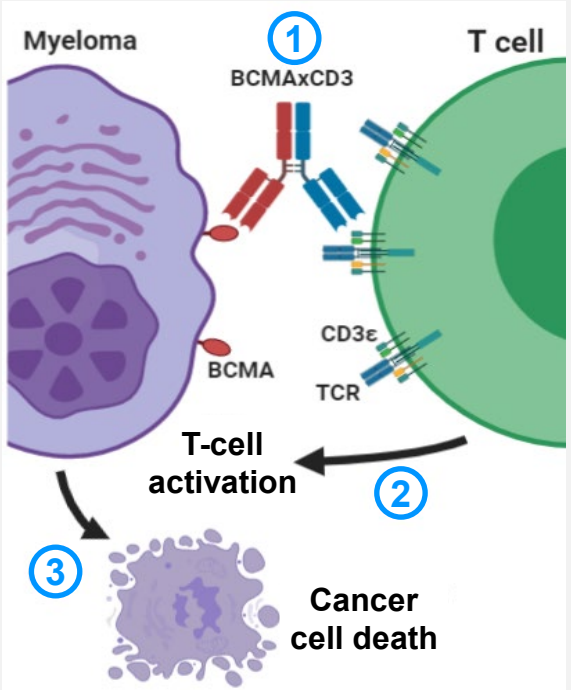
*Data from an ongoing, prospective, non-interventional study detailing the use of real-life current SOC in the treatment of RRMM patients who have received ≥3 prior lines of therapy (LOT) or were double refractory to a PI and an IMiD across 76 sites, including 63 in Europe (Belgium, France, Germany, Italy, Netherlands, Poland, Russia, Spain, and the United Kingdom) and 13 in the United States; 248 patients were enrolled between August 2, 2019 and October 26, 2020.

References: 1. Kazadjian D. Semin Oncol. 2016;43(6):676-681. 2. Awad K,et al. The Pharmaceutical Journal. 2020;online:DOI:10.1211/PJ.2020.20207147. 3. GCO. https://gco.iarc.fr/today/data/factsheets/cancers/35-Multiple-myeloma-fact-sheet.pdf. Accessed November 7, 2022. 4. 1NIH Surveillance, Epidemiology, and End Results (SEER) Program. 5. Nadeem O, Tai YT, Anderson KC. Immunotherapeutic and targeted approaches in multiple myeloma. Immunotargets Ther. 2020;9:201-215. doi:10.2147/ITT.S240886. 6. Shah N, Chari A, Scott E, Mezzi K, Usmani SZ. B-cell maturation antigen (BCMA) in multiple myeloma: rationale for targeting and current therapeutic approaches. Leukemia. 2020;34:985- 1005. doi.org/10.1038/s41375-020-0734-z. 7. Chim CS, Kumar SK, Orlowski RZ, et al. Management of relapsed and refractory multiple myeloma: novel agents, antibodies, immunotherapies, and beyond. Leukemia. 2018;32:252-262. doi:10.1038/leu.2017.329. 8. Mateos MV, et al. Leukemia. 2022; 36:1371–1376.

BCMA-Targeted Treatments in Relapsed or Refractory Multiple Myeloma

BCMA Bispecific Antibodies (BsAbs) have potential to be the preferred modality for treating Multiple Myeloma, promising efficacy and broad availability

Elranatamab Bispecific Antibody Mechanism



1. **Bi-specific antibody brings together T-cell & myeloma cell**
2. **Proximity to myeloma cell triggers T-cell activity**
3. **Myeloma cell killed by T-cell**

HCP Perceptions of BCMA-Directed Modalities – Quotes from Market Research*

ADC	CAR-T	BsAb
Clinically, it's a decent response. But compared to these other BCMAs it's a lot lower. *– US Hem/Onc*	Not everyone is going to be a candidate for CAR-T, it's kind of like transplant. Some of it is performance status and some of it is willingness to travel. *– US Hem/Onc*	I'm excited about BsAbs. You're seeing responses very quickly and they seem to be very durable as well. *– US Hem/Onc*

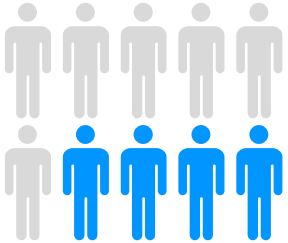
CAR-T=chimeric antigen receptor T cell therapy; ADC=antibody drug conjugate; BCMA=B-cell maturation antigen; BsAbs=bispecific antibodies; CR=complete response; SC=subcutaneous; RRMM=relapsed or refractory multiple myeloma.
*Quotes are from blinded market research and represent third-party perceptions of investigational modalities. Characterization is based on available data comparing across trials, not head-to-head data.
Source: Drivers and Barriers (US). ZS Associates. April 2021.

Elranatamab Overview: Evaluated in a Broad, Heavily Pre-treated Patient Population, Representative of Those with Highest Unmet Need

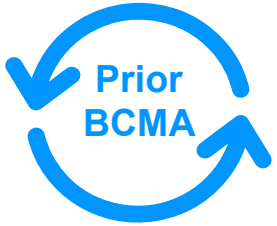
MagnetisMM-3[1] Patient Population (n=187)

~1 in 2

45.5%
(85)
Penta-drug refractory[a]



39.6%
(74)
EMD[c]

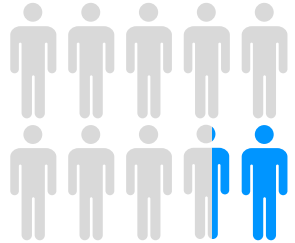


34.2%
(64)
Prior BCMA-therapy exposed[d]

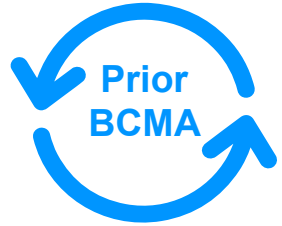
Real World TCE Population[2]

~1 in 6

17.7%
Penta-drug refractory[a]



13.3%
EMD



2.8%
Prior BCMA-therapy exposed[d]

Additional Characteristics

High-Risk Cytogenics[b]	ECOG Performance Status	Previous Treatment History	Disease Burden	Renal Function

EMD=extramedullary disease; BCMA=B-cell maturation antigen; TCE=triple class exposed; ECOG=Eastern Cooperative Oncology Group.
[a]Refers to patients previously treated with at least 2 PIs, 2 IMiDs, and 1 anti-CD38 mAb.
[b]High-risk cytogenic disease is associated with the presence of any of the following chromosomal abnormalities: t(4;14), t(14;16), and/or del(17p).
[c]Extramedullary disease was defined as presence of any plasmacytoma (extramedullary and/or paramedullary) with a soft-tissue component.
[d]Prior BCMA-directed therapies included CAR T-cells or ADC therapies.
References: 1. Data on file. 2. Mateos MV, et al. Leukemia. 2022; 36:1371–1376.

Elranatamab: Opportunity to Be a Leader in the BCMA BsAb Class

Transformative Potential in an Area of High Unmet Need

MagnetisMM-3 Data Presented at ASH 2022 (Dec. 10, 2022)

Ph2: Cohort A (n=123) non-BCMA Exposed, 10.4 Mos Follow Up (October 14, 2022 Cut Off)

Early and Deep Responses

61%
ORR

84%
Probability of Maintaining Response at 9 mos

Manageable Safety Profile

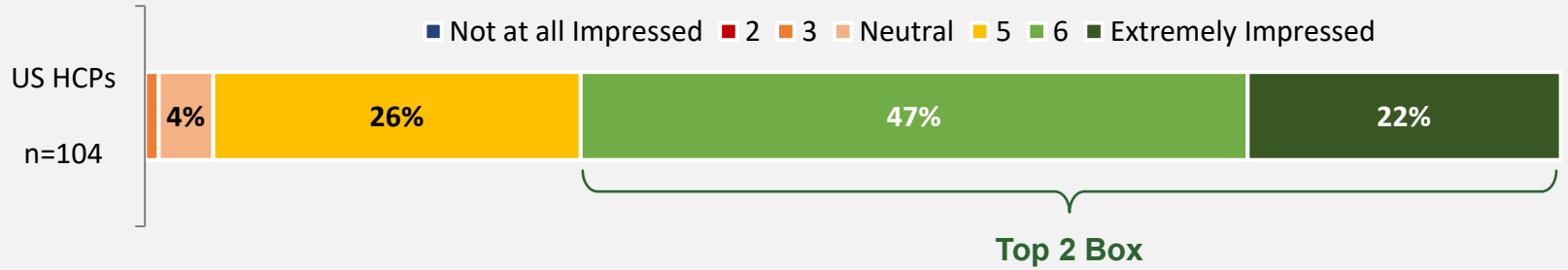
56%
CRS (all Gr1/2)

0
≥Gr3 CRS

Dosing Convenience

- **Off-the-shelf**
- **Subcutaneous**
- **Q2W after W24***
- **Flat Dose**

Overall HCP Reaction to Elranatamab Data



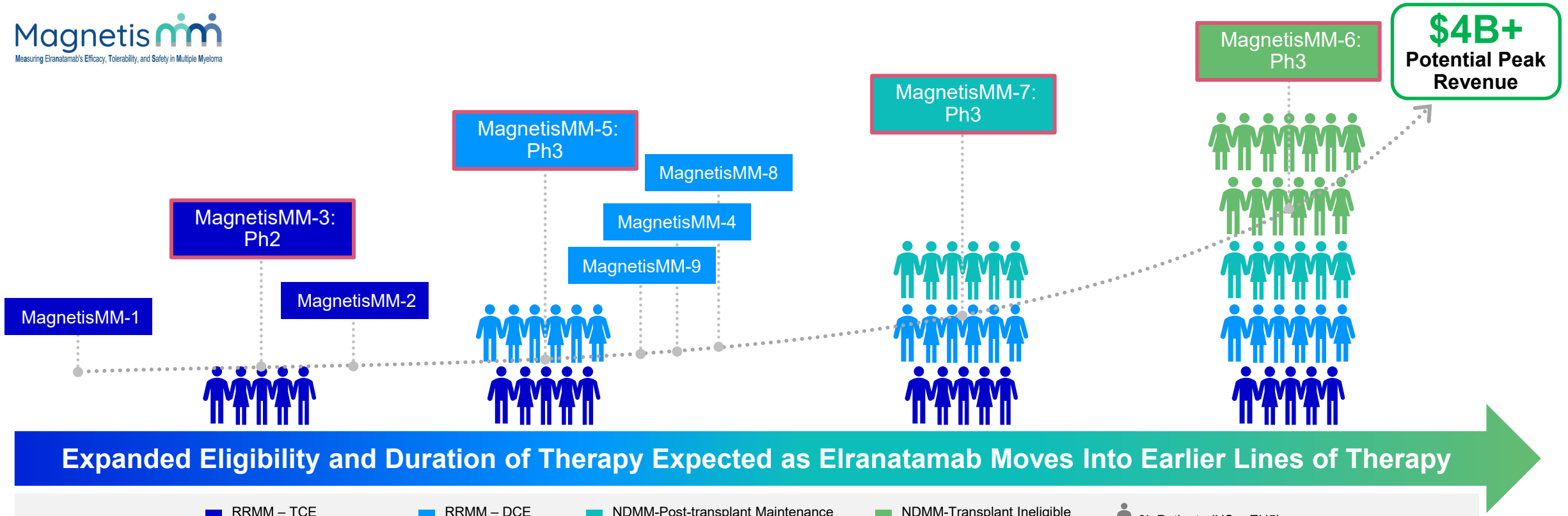
~70% of Surveyed HCPs Were Highly Impressed with Elranatamab Profile

BCMA=B-cell maturation antigen; BsAb=bispecific antibody; ASH=American Society of Hematology; CRS=cytokine release syndrome; HCP=healthcare provider; SQ=subcutaneous; Q2W=once every 2 weeks; ORR=objective response rate.
*Dosing protocol in MagnetisMM-3 and MagnetisMM-5 for monotherapy use
Source: MagnetisMM-3 Oral; Elranatamab US Quantitative Message Testing Research, November 2022

Elranatamab Market Potential: Patient Impact Expected to Build Over Time

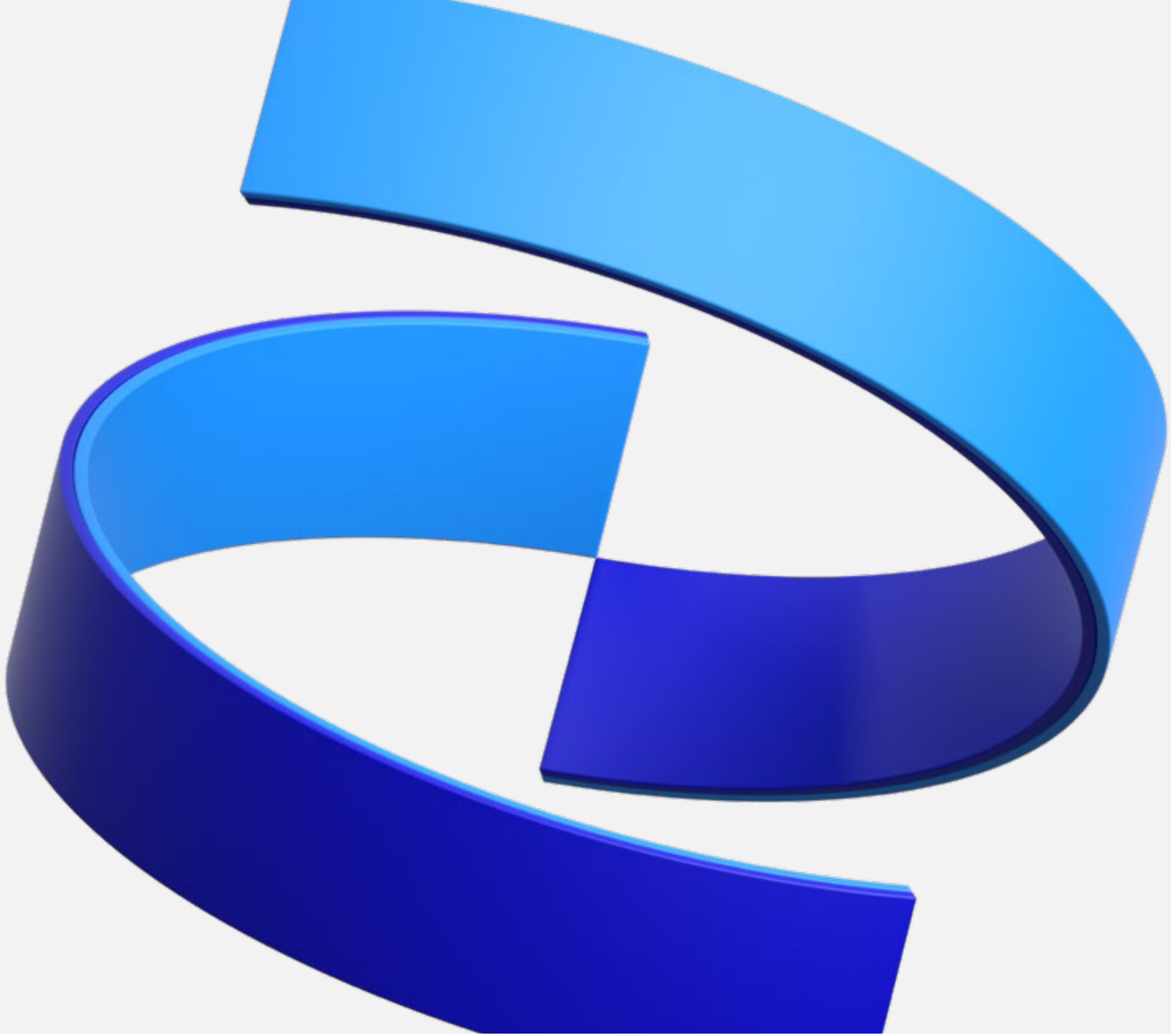
BCMA BsAb Class Potential to Capture 40%-80% Market Share, with Elranatamab 1st or 2nd in Class

Total Addressable Patient Population



BCMA=B-cell maturation antigen; BsAb=bispecific antibody; RRMM=relapsed or refractory multiple myeloma; TCE=triple class exposed; DCE=double class exposed; NDMM=newly diagnosed multiple myeloma.
Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

Talzenna
Prostate Cancer (PC)



Suneet Varma
Global Oncology & US President

December 12, 2022

Disease Overview & Demographics: Prostate Cancer (PC)

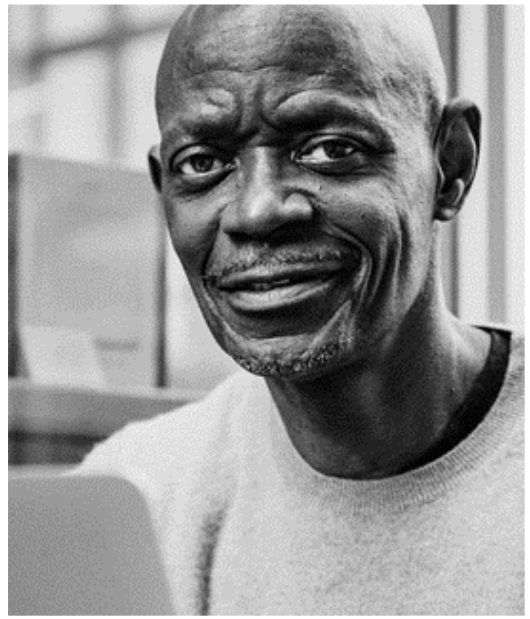
2nd Most Common Cancer in Men and 5th Most Common Cause of Death in Men Worldwide[1]. Metastatic Prostate Cancer is Associated with a Relative 5-year Survival Rate of Only 31%[2]

Worldwide

~1.4 million new cases of prostate cancer reported in 2020[1]

Average age at diagnosis **> 65 years old**[3]

~10–20% of patients develop metastatic castration-resistant prostate cancer (mCRPC) **within 5-7 years of diagnosis**[5]



U.S.

~270,000 new cases of prostate cancer reported in 2020[1]

~70% patients covered by **Medicare**[4]

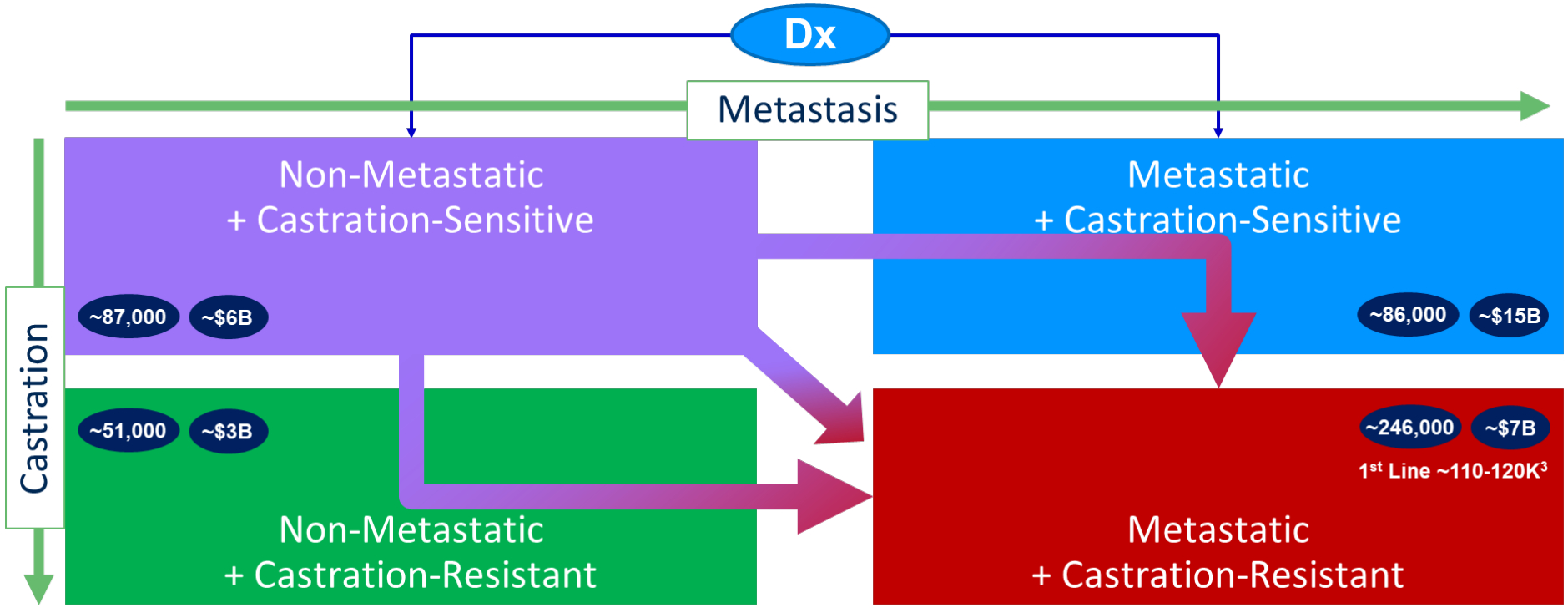
Black men are **2.1x more likely** to die from prostate cancer than white men[6]

1. Prostate Cancer Statistics. World Research Fund International. https://www.wcrf.org/cancer-trends/prostate-cancer-statistics. Accessed 11-09-2022.
2. American Cancer Society. Survival rates for prostate cancer. Accessed July 30, 2021. https://www.cancer.org/cancer/prostatecancer/detection-diagnosis-staging/survivalrates.html.
3. Rawla P. Epidemiology of Prostate Cancer. World J Oncol. 2019 Apr;10(2):63-89. doi: 10.14740/wjon1191. Epub 2019 Apr 20. PMID: 31068988; PMCID: PMC6497009.
4. IQVIA LAAD dataset; payer mix time period is 2020-10 to 2021-09; product basket includes Xtandi and Zytiga / abiraterone across all indications
5. Kirby M, et al. Int J Clin Pract. 2011;11:1180-1192.
6. American Cancer Society. Cancer Facts & Figures for African American / Black People 2022-2024. Atlanta: American Cancer Society, 2022.

Disease Progression to mCRPC is Associated with Poor Outcomes

Prostate Cancer Disease Continuum: How the Disease Progresses

2028 G7 Projected Treatment-eligible Patients and Projected Therapeutic Market Size[1,2]



1. Kantar modified epidemiology
2. Clarivate Decision Resources Group, 2021
3. Internal analysis of Kantar modified epidemiology

Dx: Diagnosed; mCRPC: metastatic castration-resistant prostate cancer

Talzenna PC Overview: TALAPRO-2 is the First PARPi Combined with XTANDI to Demonstrate Clinical Benefit in mCRPC Patients with or without HRR Gene Mutations

Phase 3 study of TALZENNA® (talazoparib), an oral poly ADP-ribose polymerase (PARP) inhibitor, in combination with XTANDI® (enzalutamide) compared to placebo plus XTANDI in men with metastatic castration-resistant prostate cancer (mCRPC), **with or without homologous recombination repair (HRR) gene mutations**

- **Achieved primary endpoint with statistically significant and clinically meaningful improvement in radiographic progress-free survival (rPFS) compared with placebo plus XTANDI** – results of primary endpoint exceeded the prespecified hazard ratio of 0.696
- Trend toward improved overall survival (OS), key secondary endpoint still maturing
- Benefits for other secondary endpoints: Investigator assessed rPFS, ORR, PSA response, time to PSA progression
- **rPFS appears to be the longest observed** in a randomized trial in this setting[1]
- At the time of topline analysis, the safety of TALZENNA plus XTANDI were generally consistent with the known safety profile of each medicine

1. Cross-trial comparisons are not based on head-to-head studies and no direct comparisons can be made

PARPi: Poly ADP-ribose polymerase inhibitor; HRR: homologous recombination repair; rPFS: radiographic progression free survival; OS: overall survival; ORR: overall response rate; PSA: prostate specific antigen; mCRPC: metastatic castration-resistant prostate cancer

TALAPRO-2 Demonstrates Compelling Data on the Use of PARPi + ARi Upfront Regardless of HRR Mutational Status

Potential Synergistic Impact of PARPi + ARi Combination

Androgen receptor inhibitors (ARis) induce a phenotype resembling HRR deficiency and may increase sensitivity to PARP inhibitors

Potentially 1st Combination to Market with XTANDI ARi Backbone*

XTANDI has a distinct mechanism of action as it directly inhibits the AR receptor

XTANDI does not require co-administration with prednisone and has demonstrated OS benefit in combination with ADT in nmCRPC, mCSPC and mCRPC

1L mCRPC All-comers Efficacy with Potential Consistent Effects

Potential to demonstrate consistent effects across clinically relevant sub-populations

- **With or without HRR gene mutations**
- **Patients with prior abiraterone / docetaxel in mCSPC**

PARPi: Poly ADP-ribose polymerase inhibitor; ARi: Androgen receptor inhibitor; HRR: homologous recombination repair; OS: overall survival; ADT: androgen deprivation therapy; mCRPC: metastatic castration-resistant prostate cancer; nmCRPC: non metastatic castration-resistant prostate cancer; mCSPC: metastatic castration-sensitive prostate cancer

* Subject to regulatory approval.

We Expect the TALAPRO-2 Combination to Compete with PROpel Combination in All-comers 1st Line mCRPC, if Approved[1, 2]

	PROpel	MAGNITUDE	TALAPRO-2
	Olaparib + abiraterone	Niraparib + abiraterone	Talazoparib + enzalutamide
Study Population	All-comers (N=796)	(1) DDR positive (n=423) (2) DDR negative (n=233)	(1) All-comers (2) DDR positive
Allowed Prior Treatment for mCSPC	• Docetaxel for mCSPC	• Taxane for mCSPC • Any NHT (except AAP) in mCSPC • ≤4 months AAP for mCRPC	• Docetaxel for mCSPC • Abiraterone for mCSPC
Stratification Factors	• Bone only vs visceral vs other • Prior docetaxel / NHT in CSPC	• Prior taxane for mCSPC • Prior NHT in nmCRPC or mCSPC • Prior AAP for 1L mCRPC • BRCA1/2 vs other HRR	• DDR status • Prior docetaxel/NHT in CSPC
Expected U.S. Order or Entry[2]	1st	2nd	3rd

TALAPRO-1: Ph 2 talazoparib monotherapy in 2L+ HRR-deficient mCRPC; Primary endpoint: ORR; Median rPFS 5.6 months; Median OS 16.4 months. Published in Feb 2021 in *Journal of Clinical Oncology*. **TALAPRO-3:** On-going Ph 3 talazoparib + enzalutamide vs. placebo + enzalutamide in HRR-deficient mCSPC; Primary endpoint: rPFS.

1. Cross-trial comparisons are not based on head-to-head studies and no direct comparisons can be made
2. Subject to clinical trial and regulatory success, these PARPi + NHT combinations are all expected to launch within the next 12 months.

DDR: DNA damage repair; NHT: novel hormonal therapies; AAP: abiraterone acetate plus predisone/predisolone; mCRPC: metastatic castration-resistant prostate cancer; nmCRPC: non metastatic castration-resistant prostate cancer; mCSPC: metastatic castration-sensitive prostate cancer; BRCA1/2: Breast cancer gene 1, 2; HRR: homologous recombination repair

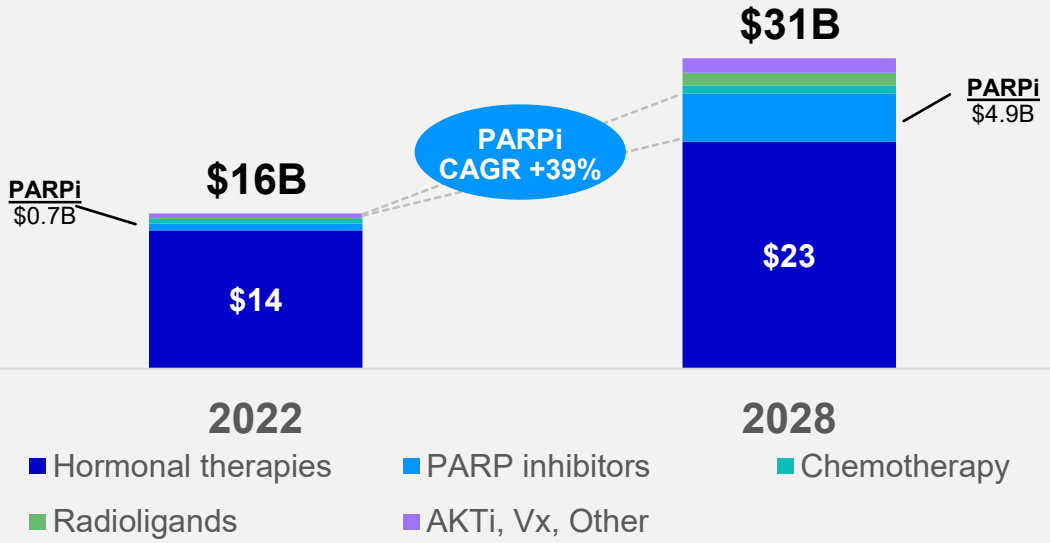
3. Note: Expected timing; all dates are preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial and regulatory success and availability of supply.

Talzenna PC Market Potential

PARP Inhibitor + NHT Combinations are Uniquely Positioned to Drive Market Growth in Advanced Prostate Cancer

Large, Growing Advanced Prostate Cancer Therapeutics G7 Market Projected to Reach ~$31B, CAGR +12%[1]

Expectation of earlier NHT use with longer durations of therapy, earlier and broader use of PARPi combinations[2], and use of PSMA-targeted radioligands



1st Line Peak Year mCRPC Assumptions

$1B+
Potential Peak Revenue

G7 Annual Diagnoses (Treatment Eligible)	~110-120K
Projected Share of Annual Diagnoses	12 - 25%
Projected Duration of Therapy	12 - 24 months

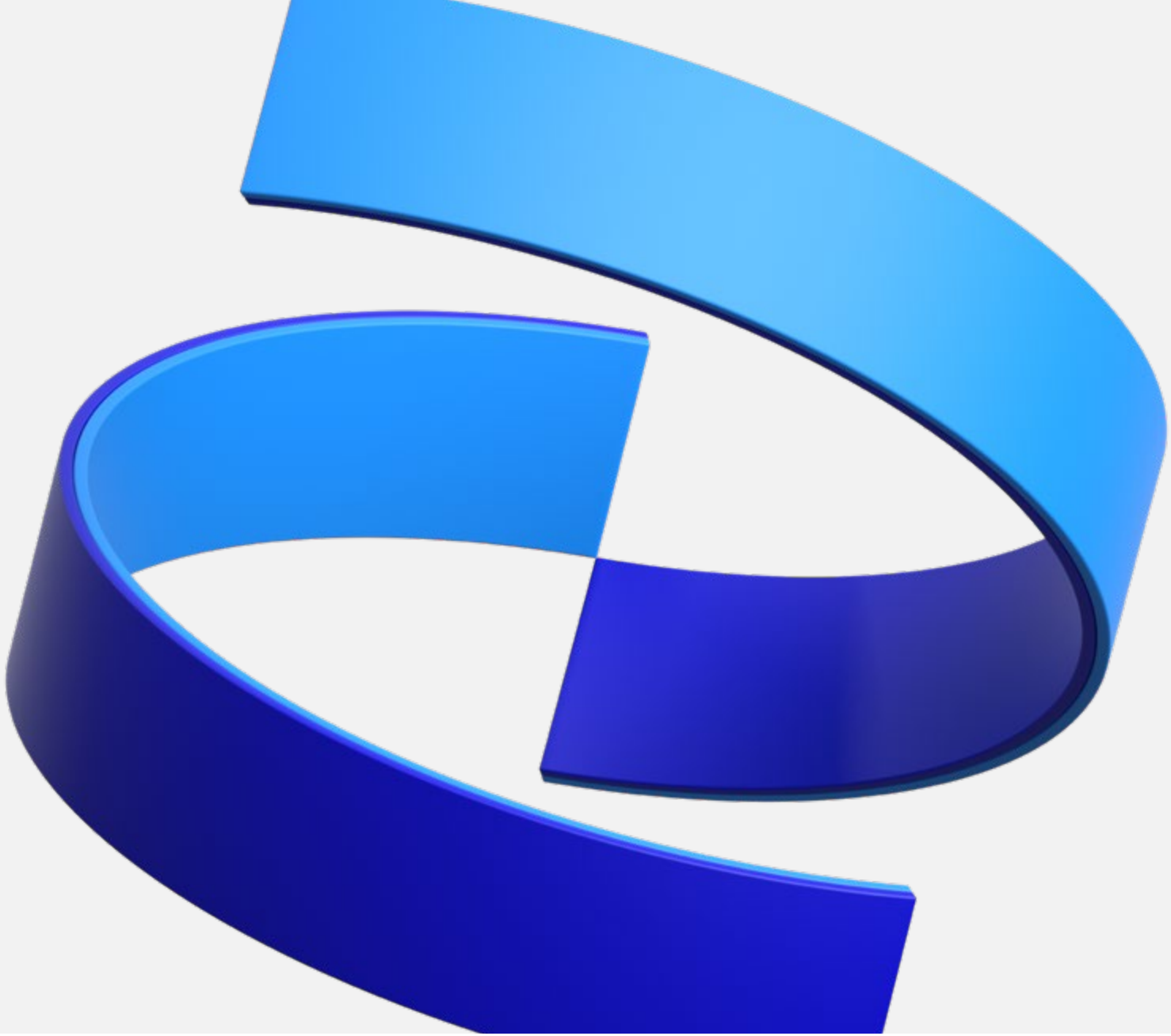
G7 markets: US, Japan, Germany, Italy, France, Spain, UK

1. Clarivate Decision Resources Group, 2021
2. **TALAPRO-3**: On-going Ph 3 talazoparib + enzalutamide vs. placebo + enzalutamide in HRR-deficient metastatic castration-sensitive prostate cancer; Primary endpoint: radiographic progression free survival.

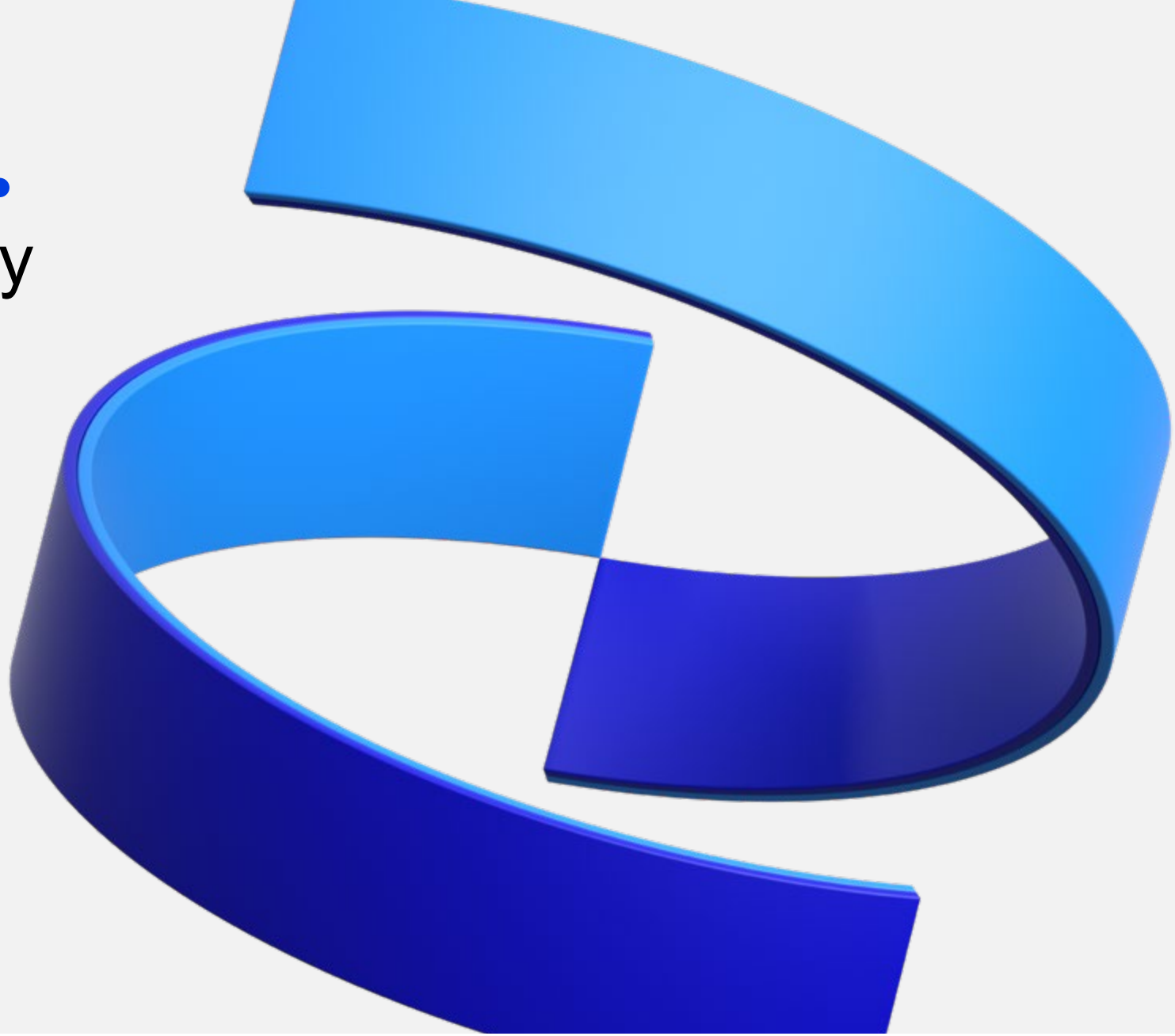
PARPi: Poly ADP-ribose polymerase inhibitor; NHT: novel hormonal therapy; PSMA: prostate-specific membrane antigen; AKTi: AKT inhibitor; mCRPC: metastatic castration-resistant prostate cancer

Q&A

Key Near-Term Launches



Near-Term Launches + High-Value Pipeline Day



Andy Schmeltz
SVP, Commercial Strategy & Innovation

December 12, 2022

Forward-Looking Statements, Non-GAAP Financial Information and Other Notices

Our discussions during Near-Term Launches + High-Value Pipeline Day includes 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; expectations for our product pipeline, in-line products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, launches, clinical trial results and other developing data, revenue contribution and projections, pricing and reimbursement, potential market dynamics and size, 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; our ability to successfully capitalize on growth opportunities and prospects; manufacturing and product supply; our efforts to respond to COVID-19, including our COVID-19 products; our expectations regarding the impact of COVID-19 on our business, operations and financial results; and other statements about our business, operations and financial results. 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 or combinations, 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; the timing of product launches; expected profile and labeling; potential revenue; expected breakthrough, best or first-in-class or blockbuster status or expected market entry of our medicines or vaccines; the regulatory landscape; and the competitive landscape are forward-looking and are estimates that are subject to change and subject to clinical trial and regulatory success, availability of supply, competitive and market dynamics and other risks, assumptions and uncertainties.

These statements may be affected by underlying assumptions that may prove inaccurate or incomplete, and are subject to unknown risks, uncertainties and other factors that may cause actual results to differ materially from past results, future plans and projected future results. As forward-looking statements involve significant risks and uncertainties, caution should be exercised against placing undue reliance on such statements. 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 global economic and/or geopolitical instability, foreign exchange rate fluctuations and inflationary pressures and 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.

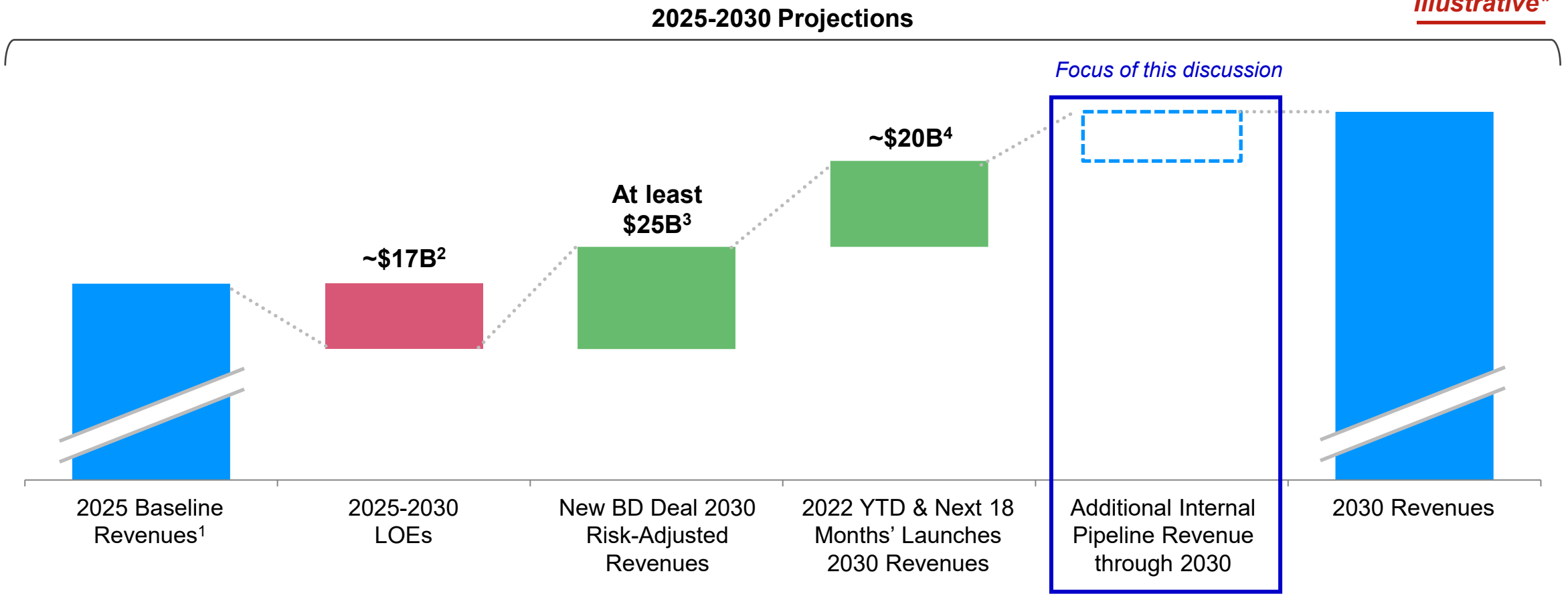
Also, the discussions during Near-Term Launches + High-Value Pipeline Day may include certain financial measures that were not prepared in accordance with U.S. generally accepted accounting principles (GAAP). Additional information regarding non-U.S. GAAP financial measures can be found in Pfizer's Quarterly Report on Form 10-Q for quarterly period ending October 2, 2022 filed with the SEC on November 9, 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. Definitive conclusions cannot be drawn from cross-trial comparisons or anticipated data as they may be confounded by various factors and should be interpreted with caution. All trademarks in this presentation are the property of their respective owners.

Paxlovid and emergency uses of the Pfizer-BioNTech COVID-19 Vaccine or the Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5), have not been approved or licensed by the FDA. Paxlovid has not been approved, but has been authorized for emergency use by the U.S. Food and Drug Administration (FDA) under an Emergency Use Authorization (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. Emergency uses of the Pfizer-BioNTech COVID-19 Vaccine and the Pfizer-BioNTech COVID-19, Bivalent have been authorized by the FDA under an EUA to prevent COVID-19 in individuals aged 6 months and older. 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 during the COVID-19 pandemic under Section 564(b)(1) of the FFDCA unless the declaration is terminated or authorization revoked sooner. Please see the EUA Fact Sheets at *www.covid19oralrx.com* and *www.cvdvaccine-us.com*.

Fortifying our Long-Term Growth Plans

*Illustrative**



*For illustration purposes only and not intended to be to scale. All values at constant exchange rates.
[1] Excludes 2022-2025 BD and 2022+ Launches
[2] Midpoint of expected negative LOE impact of $16B-$18B from 2025-2030.
[3] Risk-adjusted 2030 revenue goal from recent and new BD deals
[4] Internal 2030 risk-adjusted revenue expectations for NME and new indications launches as shown on slide 6
Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

Today We Will Focus On Select High-Value Programs in Our Robust Pipeline[1]

Inflammation & Immunology

- Ritlecitinib
- Etrasimod
- Dekavil1
- PF-06480605 (TNFSF15 Blocker)
- Ritlecitinib +/- zimlovisertib; Ritlecitinib + tofacitinib
- **PF-06823859 (interferon beta 1, IFBN1, Blocker)**
- PF-07038124 (Topical PDE4 inhibitor)
- RIST47211 (CXCR2 antagonist)
- PF-06835375 (anti-CXCR5)
- PF-07054894 (CCR6 Antagonist)
- PF-07242813 (CD1a inhibitor)
- PF-07295324 (Topical Soft JAK Inhibitor)
- PF-07275315 (anti-IL4/13/TSLP)
- PF-07264660 (Anti-IL4/13/33)

Internal Medicine

- Zavegepant (intranasal)
- Ervogastat
- Ervogastat + clesacostat
- **Danuglipron**
- APD418
- Temanogrel
- Ponsegromab
- **PF-070815321 (GLP-1R Agonist)**
- PF-07258669 (MC4R Antagonist)

Oncology

- Sasanlimab + Bacillus Calmette-Guerin
- ARV-471
- Elranatamab
- **PF-07901801 (TTI-622) (CD47-SIRPα Fusion Protein)**
- PF-06647020 (PTK7 Targeted Cytotoxicity)
- PF-06821497 (EZH2 Inhibitor)
- PF-06873600 (CDK 2,4,6 Inhibitor)
- PF-07062119 (GUCY2c CD3 Bispecific Antibody)
- PF-06940434 (Integrin alpha-V/beta-8 Antagonist)
- PF-07209960 (interleukin 15 Activator)
- PF-07220060 (CDK4 Inhibitor)
- PF-07265807 (AXL/MERTK Inhibitor)
- PF-07104091 (CDK2 Inhibitor)
- PF-07248144 (KAT6A Epigenetic modifier)
- PF-07284890 (*BRAF* BP kinase Inhibitor)
- PF-07284892 (SHP2 tyrosine phosphatase Inhibitor)
- PF-07257876 (CD47xPDL1 Bispecific)
- PF-07263689 (OBIR-2 Therapeutic)
- PF-07260437 (B7H4-CD3 Bispecific)
- PF-07265028 (HPK1 Inhibitor)
- PF-07104091 + PF-07220060 (CDK2 + CDK4 inhibitors)
- PF-07799933 BRAF Class 2 (BRAF Class 1 and Class 2 inhibitor)

Rare Disease

- Somatrogon
- Fidanacogene elaparvovec
- Giroctocogene fitelparvovec
- Fordadistrogene movaparvovec
- Marstacimab
- **Inclacumab**
- **GBT021601 (HbS polymerization inbitor)**
- PF-06730512 (Fusion protein containing SLIT ligand portion of ROBO2 receptor)
- Recifercept
- PF-06755347 (Immunomodulation)
- PF-07209326 (Anti-E-selectin inhibitor)

Vaccines

- BNT162b2 bivalent (BA.4/BA.5) (COVID-19 Infection Booster U.S.; EU – 12 years of age and older)[2]
- BNT162b2 bivalent (BA.1) (COVID-19 Infection Booster EU – 12 years of age and older)[2]
- PF-06425090 (Primary *Clostridioides difficile* infection)
- PF-06928316 (Respiratory Syncytial Virus Infection (maternal))
- PF-06886992 (Serogroups ABCWY Meningococcal Infections (adolescent and young adults))
- PF-07307405 (Lyme disease)
- **PF-07252220 (mRNA influenza adults)**
- PF-06842433 (Invasive and Non-Invasive Pneumococcal infections (infants and children))
- PF-06760805 (Invasive Group B Streptococcus Infection (maternal))
- **PF-07845104 (saRNA influenza adults)**
- **mRNAFlu + COVID combo[2,3]**
- **VZV mRNA[2] for Shingles *(preclinical)***

Hospital (Anti-Infectives)

- Paxlovid
- Aztreonam-avibactam
- Fosmanogepix
- Sisunatovir
- PF-07923567 / RV-299 (N-protein inhibitor)
- CTB+AVP (PF-07612577) (Beta Lactam/Beta Lactamase Inhibitor)
- PF-07817883 (SARS-CoV-2 3CL protease inhibitor (oral COVID-19 treatment))

Registration | Phase 3 | Phase 2 | Phase 1

1. Pfizer pipeline snapshot as of November 1, 2022; New Molecular Entities only, does not include Product Enhancements
2. In collaboration with BioNTech
3. Subject to reaching agreement with our partners

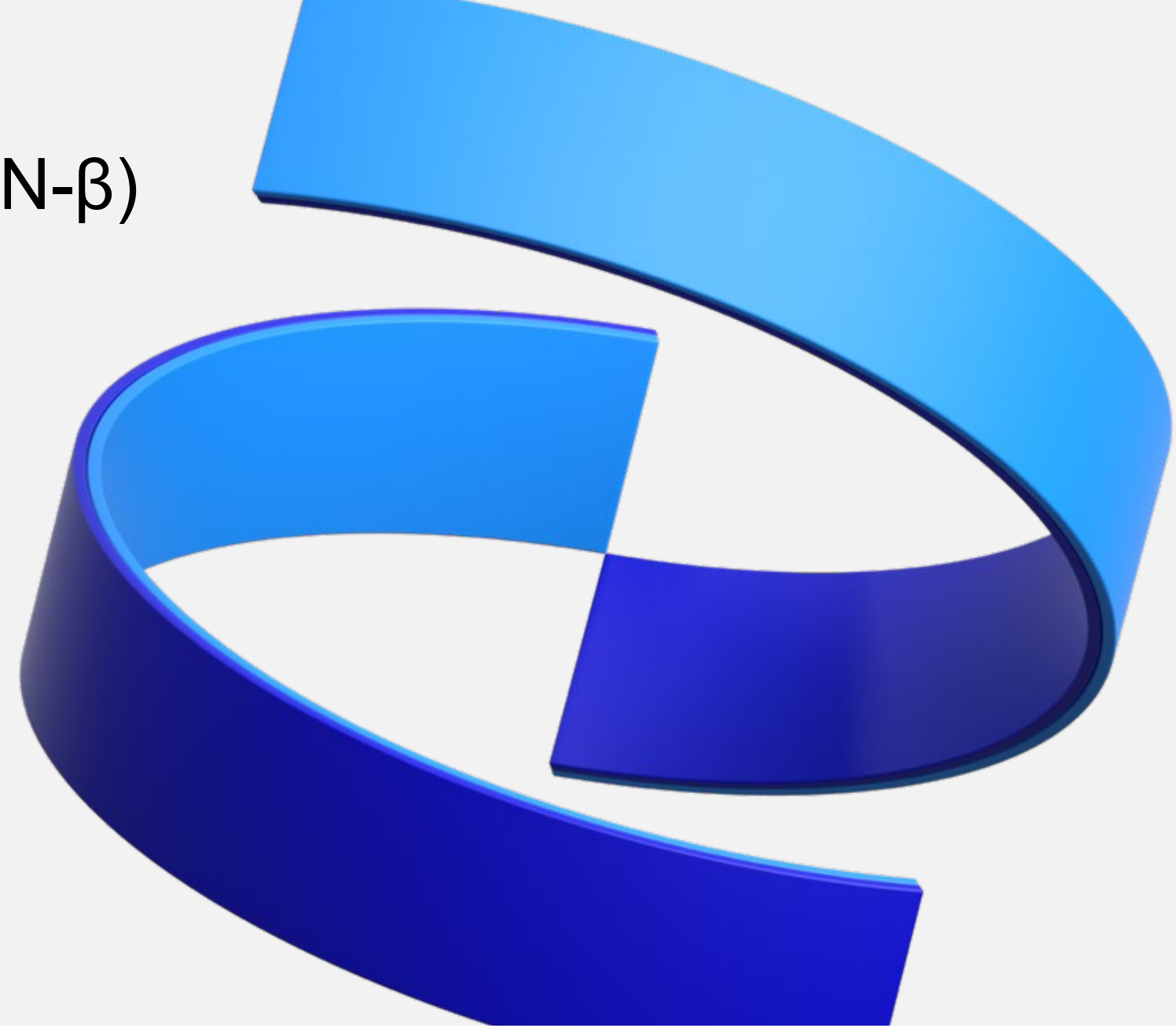
Note: collaborations noted only for programs being highlighted today

High-Value Pipeline Section Agenda

Pipeline Presentations	Speakers
Anti-Interferon-beta (IFN-β)	**Mike Corbo**, Chief Development Officer, Inflammation & Immunology **Andy Schmeltz**, SVP, Commercial Strategy & Innovation
Danuglipron & PF-07081532	**Jim Rusnak**, Chief Development Officer, Internal Medicine & Hospital **Andy Schmeltz**, SVP, Commercial Strategy & Innovation
TTI-622	**Chris Boshoff**, Chief Development Officer, Oncology & Rare Disease **Andy Schmeltz**, SVP, Commercial Strategy & Innovation
Inclacumab & GBT-601	**Chris Boshoff,** Chief Development Officer, Oncology & Rare Disease **Andy Schmeltz**, SVP, Commercial Strategy & Innovation
mRNA Vaccines – Flu, VZV, Flu / COVID combo	**Annaliesa Anderson**, Chief Scientific Officer, Vaccine Research & Development **Navin Katyal**, U.S. Commercial & Global Research Lead for mRNA Portfolio

Anti-Interferon-beta (IFN-β) PF-06823859

A Potential Breakthrough in Dermatomyositis and Polymyositis



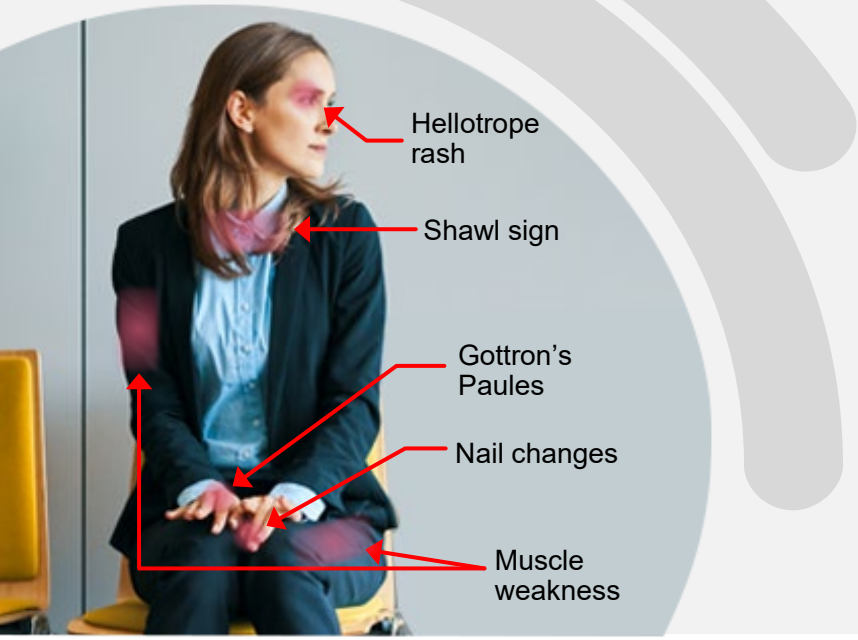
Mike Corbo
SVP, Chief Development Officer,
Inflammation & Immunology

Andy Schmeltz
SVP, Commercial Strategy & Innovation

December 12, 2022

Disease Overview & Unmet Need: Dermatomyositis (DM)

A Severely Debilitating and Life-threatening Specialty Rheumatology Indication



Severely debilitating & **life-threatening** disease affecting skin & muscle[1]

Symptoms: inflammation, malaise, and muscle weakness; severe disease may have fibrotic organ involvement and **significant decrease in physical function**

~40–60K cases in **US**[2]

Associated with malignancy (13-24%); **Decreased life expectancy**[3] → 10-year survival rate ~ 62%

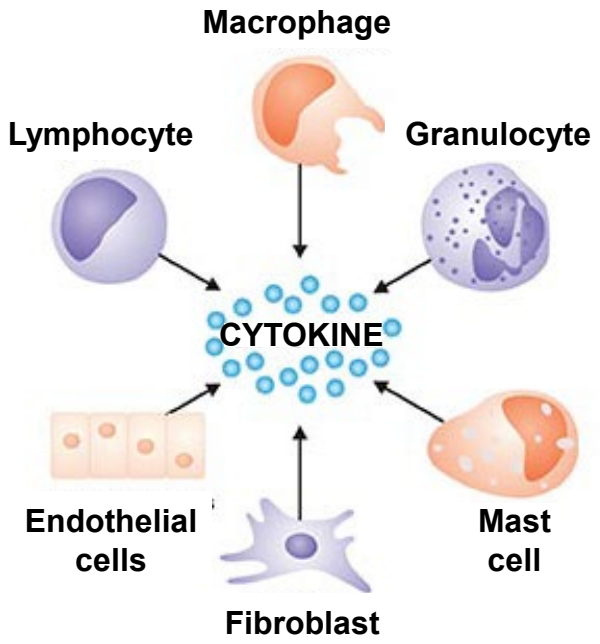
1 branded immunoglobulin approved to treat DM, but **high unmet need exists;** Off-label options have limited efficacy & long-term toxicities

1. Hopkinsmedicine.org; 2. Claims data analysis 2017-2021; 3. Findlay, Andrew R.; Goyal, Namita A.; Mozaffar, Tahseen (2015). "An overview of polymyositis and dermatomyositis". Muscle & Nerve. 51 (5): 638–656 November 22, 2022, 3:36 PM

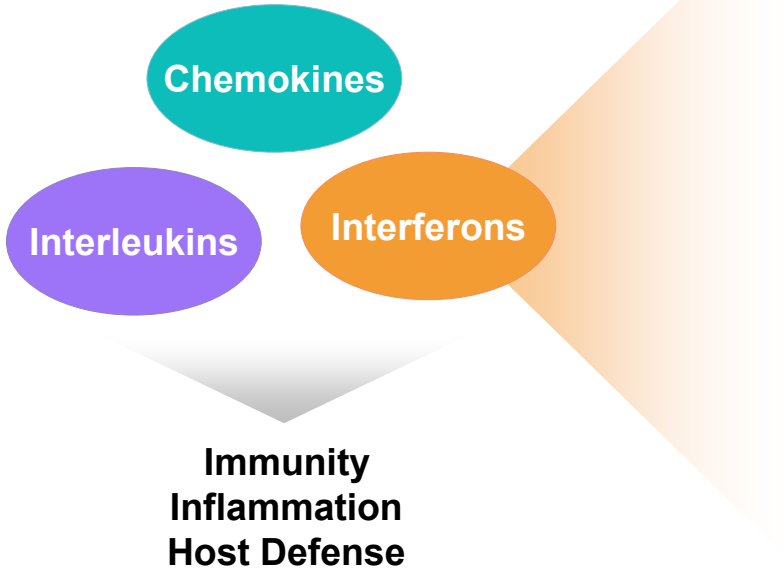
Inhibiting IFN-β is a Promising Novel Approach to Treating Dermatomyositis

Homing in on a Driver of Disease – Interferons: One of Many Immune Modulating Cytokines

Cytokines Are Made by Many Cells and Signal Through the Body



Reduction in Body Weight After 12-week Treatment



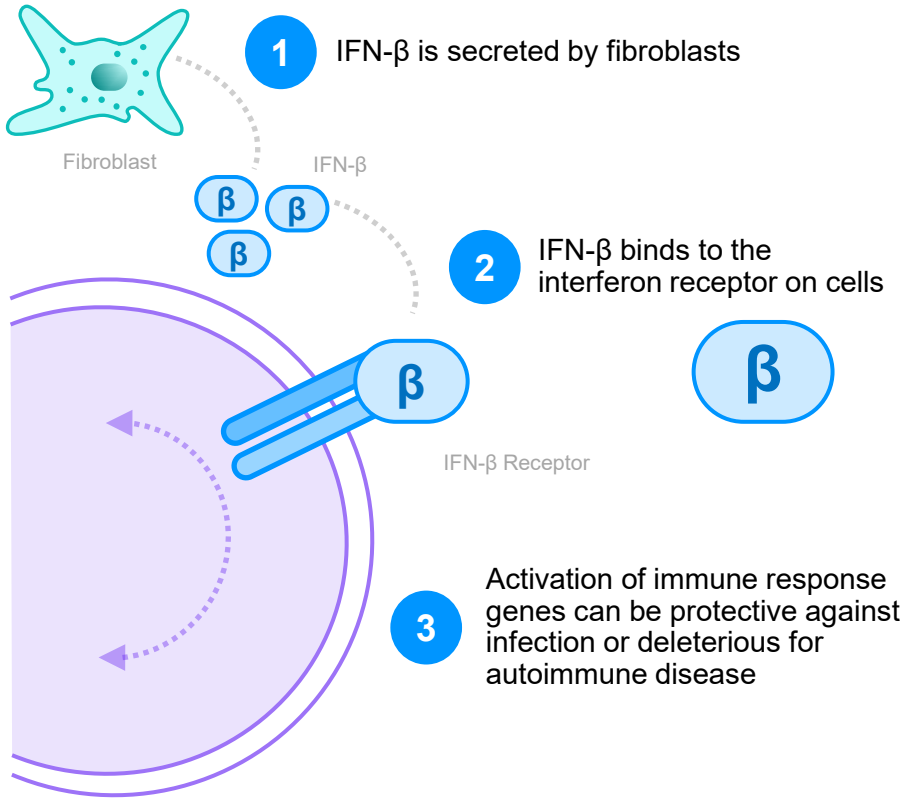
Interferons

- 3 major types of interferons with roles in immune regulation and viral response
- 17 Type 1 interferons
- Type 1 interferons are elevated in multiple autoimmune diseases
- IFN-β is a Type 1 interferon

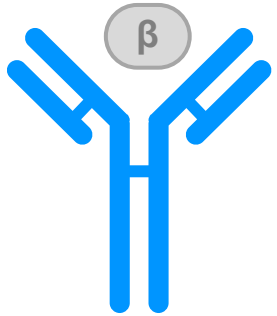
Uncovering a Role for IFN-β in Disease

Pfizer CTI Collaboration Explores Potential Treatment Candidate

Biology



Pfizer CTI Collaboration Delivers Treatment Candidate



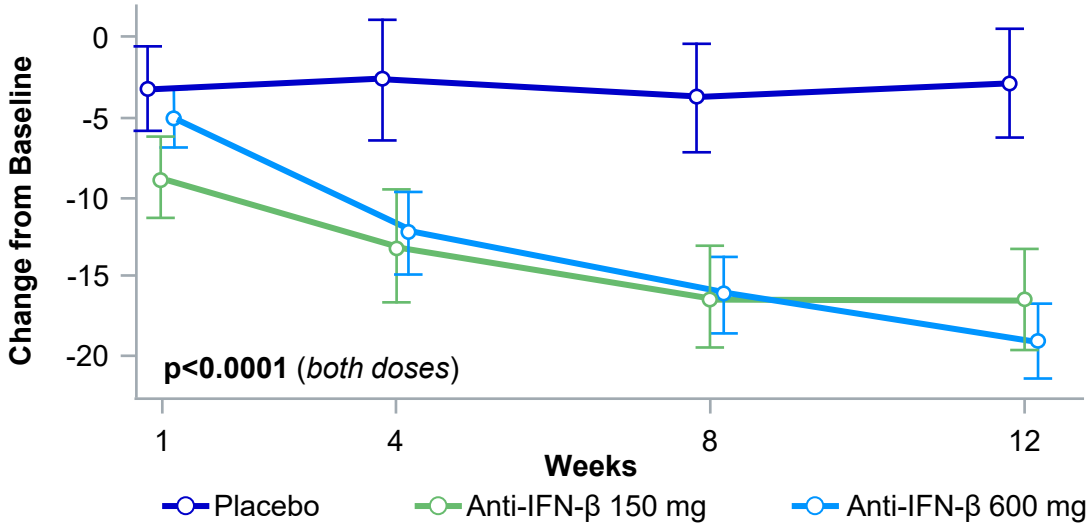
- Researchers at Brigham and Women's Hospital and Harvard Medical School demonstrated a role for IFN-β in dermatomyositis, a life threatening and debilitating autoimmune disease
- Pfizer-made IFN-β antibody potently and selectively blocks IFN-β interaction with receptor on multiple cell types
- Does not block 16 other Type 1 IFNs, which retains the ability of Type 1 IFNs to fight viral infection

IFNβ = Interferon Beta; CTI = Centers for Therapeutic Innovation. CTI pursues breakthrough science at the earliest stages. Projects usually commence when a Principle Investigator proposes a target that is ripe for mounting a drug discovery effort, and then progress collaboratively towards and into the clinic.

Anti-IFN-β Has Breakthrough Potential for Dermatomyositis Based on a Successful Phase 2 Study

Primary Efficacy Endpoint Met: Skin Disease Endpoint Target Value Exceeded

Change in Skin Disease Score



Responder Rates (%)

	Placebo (N=14)	150 mg (N=15)	600 mg (N=15)
Skin Disease Decrease[2] >5%	35.7%	**100%**	**96.4%**
Skin Disease Decrease[2] >40%	7.1%	**80%**	**82.1%**

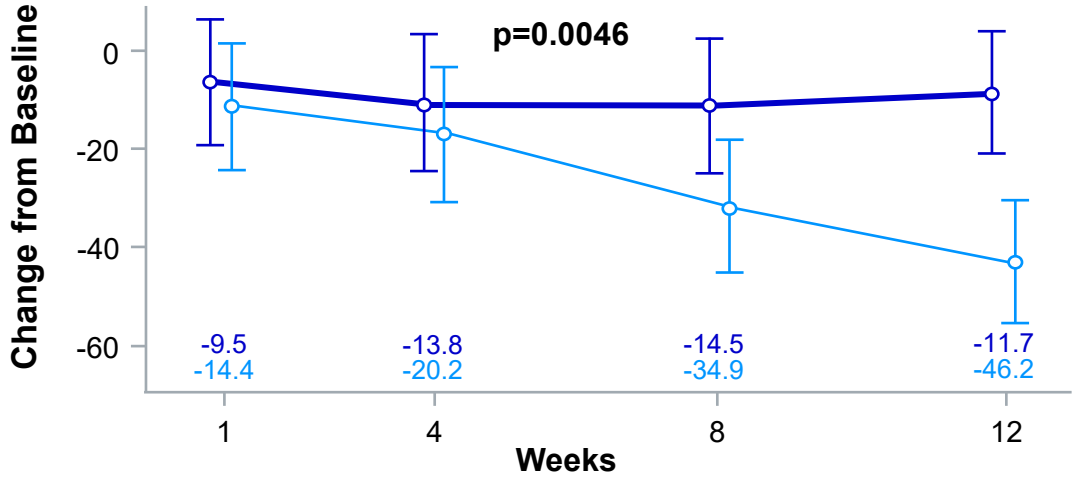
- **Efficacy:** Exceeded primary endpoint. Placebo-adjusted -13.7 (150 mg) & -16.3 (600 mg) change from baseline
  - >80% of patients achieved a >40% change in skin disease score which corresponds to a meaningful quality of life improvement[1]
- **Safety:** Both doses were generally well tolerated
  - Most common TEAEs were infections & infestations; 3 mild cases of infection in Anti- IFN-β group (N=30) vs 2 in placebo group (N=14) (no cases of *H. zoster or simplex*)

1. Ahmed et al., 2020; IFN-β = Interferon Beta; TEAEs = Treatment Emergent Adverse Events; 2. The skin score = CDASI

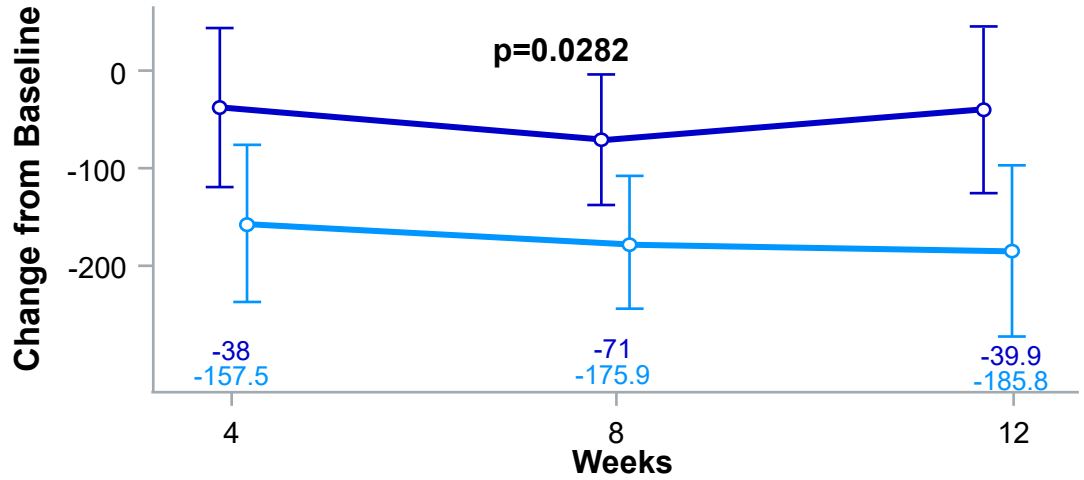
Anti-IFN-β Phase 2 Study Also Delivered Promising Data in Muscle Predominant Cohort

Significant Differences Identified in Patient Reported Outcomes and Improvement Scores

Change in Patient Global Assessment (PtGA) of Myositis



Change in Creatine Kinase Muscle Damage Biomarker



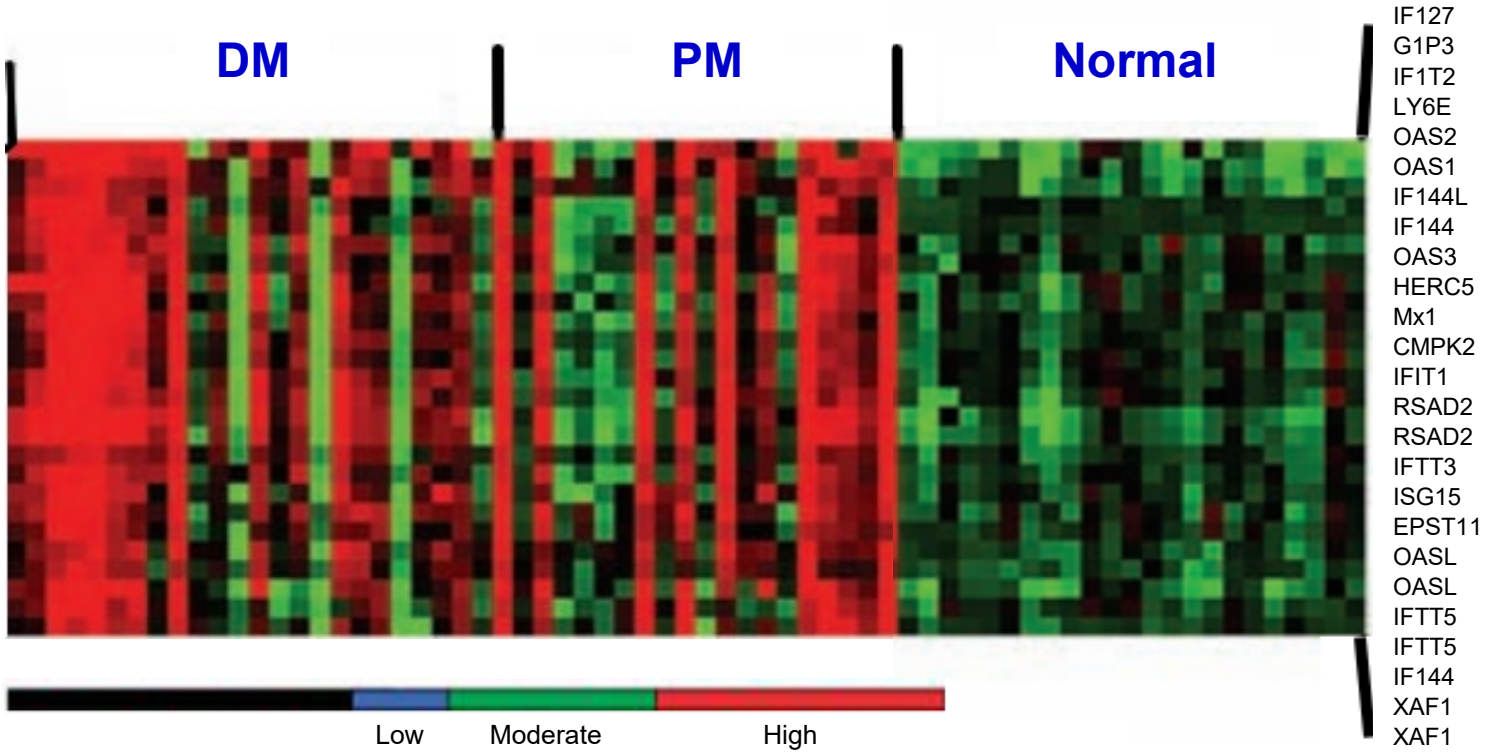
- **Efficacy:** PtGA demonstrated a significant decreasing trend over time and a plateau was not observed after 12 weeks
  - A significant change in creatine kinase was observed after 12 weeks; consistent with clinical improvement in muscle function
- **Safety:** 600mg administered once monthly (total of 3 doses) was also generally well tolerated (consistent with skin safety data)

IFN-β = Interferon Beta; Muscle cohort was not sufficiently powered for efficacy evaluation; First potential approvals in DM & PM; Preliminary peak year sales in DM/JDM & PM, subject to change

Scientific Justification for a Basket Approach

Dermatomyositis (DM) & Polymyositis (PM) Overexpress Type 1 Interferons

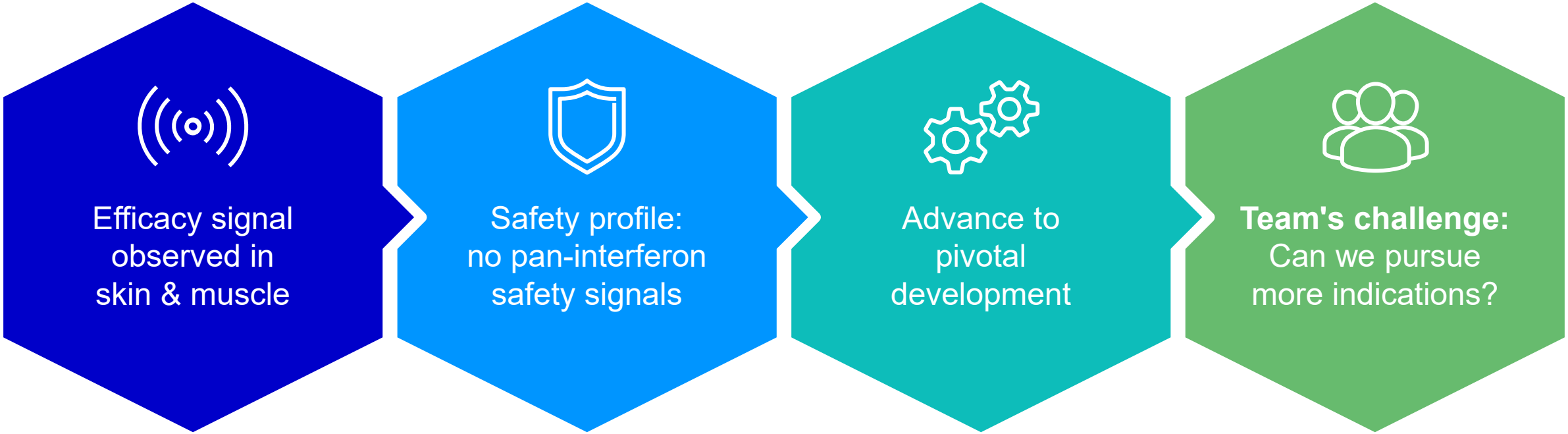
IFN-inducible Genes Are Overexpressed in Both DM & PM Relative to Normal Muscle Biopsies



Liao et al, *Ann Rheum Dis*. 70:831;2011

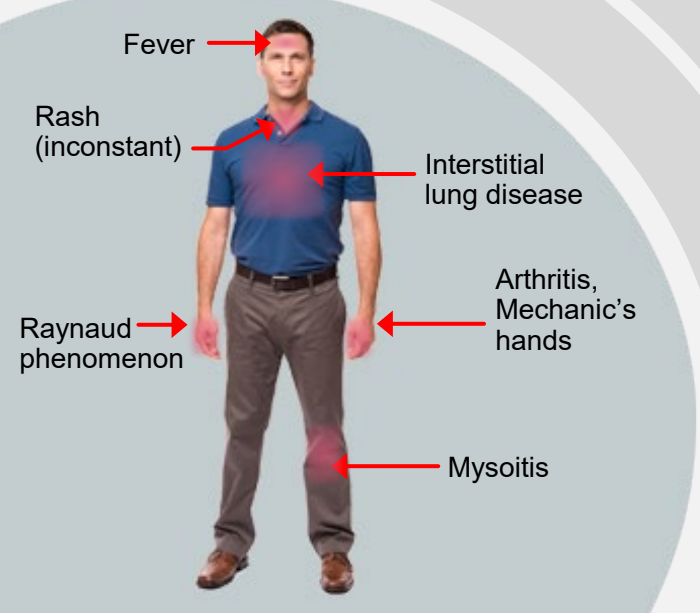
Moving Anti-IFN-β Forward to Phase 3

Plan to Advance to Pivotal Development Concurrently in Dermatomyositis and Polymyositis



Disease Overview & Unmet Need: Polymyositis (PM)

A Severely Incapacitating Specialty Rheumatology Indication



Defined by inflammation of the proximal muscles

Symptoms: muscle weakness, typically symmetrical; **Difficulty going up stairs, combing hair, and raising one's arms or head**

May include **arthritis**, **interstitial lung disease**, and/or **heart involvement** (presenting as arrythmias)

~40–60K cases in US[1]

No approved targeted treatments for Polymyositis. Commonly used therapies have limited efficacy and safety considerations

1. Claims data analysis 2017-2021;

Market Opportunity: Dermatomyositis (DM) and Polymyositis (PM)

~ $6-12B Projected Advanced Therapy Category Spanning DM and PM (2030)

IFN-β

Potential US Total Addressable DM and PM Opportunity – (2030, Projected)

120-180K[1]	×	30-40%[2]	×	80%	×	85%	×	$150K[3]	=	~$3–6B
U.S. Patients Diagnosed		Prescribed Advanced Therapies		Market Access for Advanced Tx		Compliance		Net Annual Price		US Opportunity Size

~2x[4]

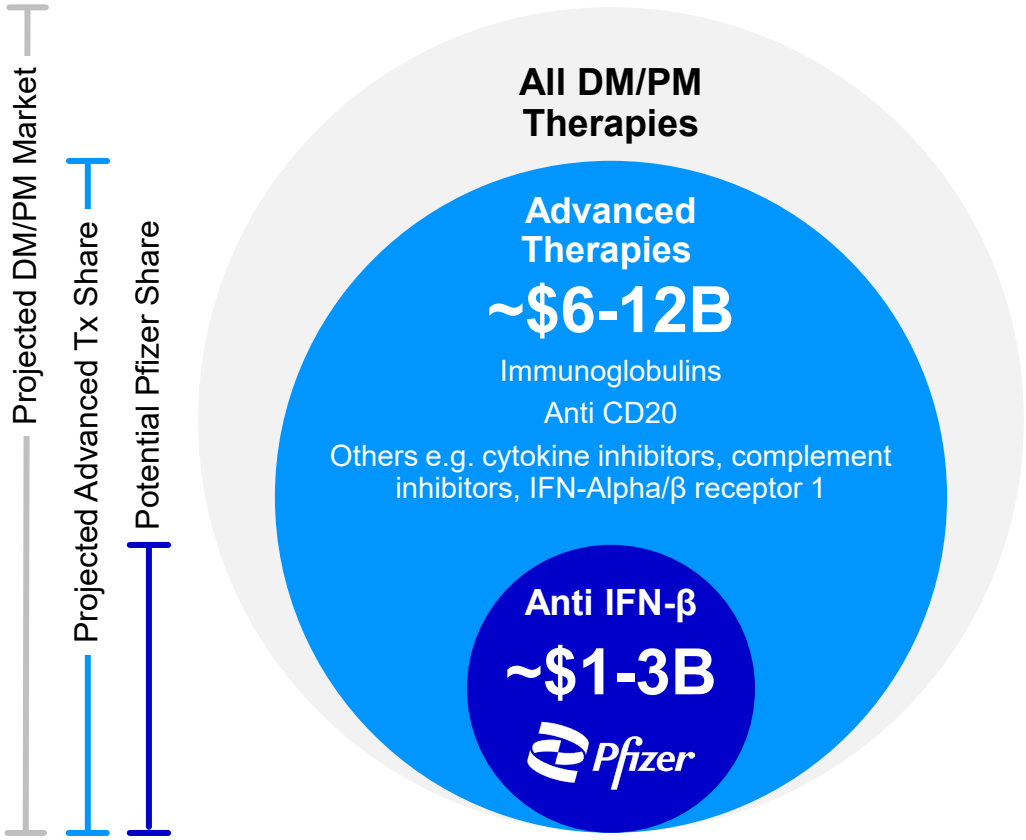
~$6–12B

Global Opportunity Size

1. 2022 diagnosed population of ~80-120K across DM and PM (claims data), growing through 2030 due to better diagnosis. 2. ~85% of diagnosed patients expected to be treated, with ~35-50% receiving advanced therapies (Pfizer market research 2021-2022). 3. Preliminary assumption for average advanced therapy price in a competitive DM treatment environment ; 4. assumption based on demand research in select ex-US countries as well as Rare Disease analogues

Commercial Potential: Anti-IFN-β in Dermatomyositis and Polymyositis

Opportunity to Potentially Contribute $1-3B in Peak Year Sales



Number of diagnosed DM/PM patients projected to **grow by up to ~50%**[1]

>Delayed diagnosis and misdiagnosis are common; opportunity to improve diagnosis

Advanced therapies expected to be prescribed to 30-40% of patients, who have insufficient response or cannot tolerate available immunosuppressants

>Based on physician demand research and consistent with other I&I diseases[2]

Based on the Ph2 data IFN-β is anticipated to be positioned to compete with a **differentiated efficacy and safety profile**

LT: long-term, SOC: standard of care, IIM: idiopathic inflammatory myopathies

1. Delayed diagnosis / misdiagnosis from Pfizer market research and literature. Projected growth in diagnosis based on I&I market analogues following approval of novel therapies ; 2. Pfizer market research 2021-2022 ; 3.Preliminary – scientific and commercial feasibility being evaluated

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

In Brief: Pfizer's Anti-IFN-β is a Potential Game-Changer for Patients

Anti-IFN-β – Potential:

- ✓ Target a single pathway to achieve superior efficacy while avoiding pan-interferon safety signals
- ✓ Strong mechanistic fit could potentially translate into **differentiated risk benefit profile** vs approved and pipeline therapies

A Compelling Value Proposition

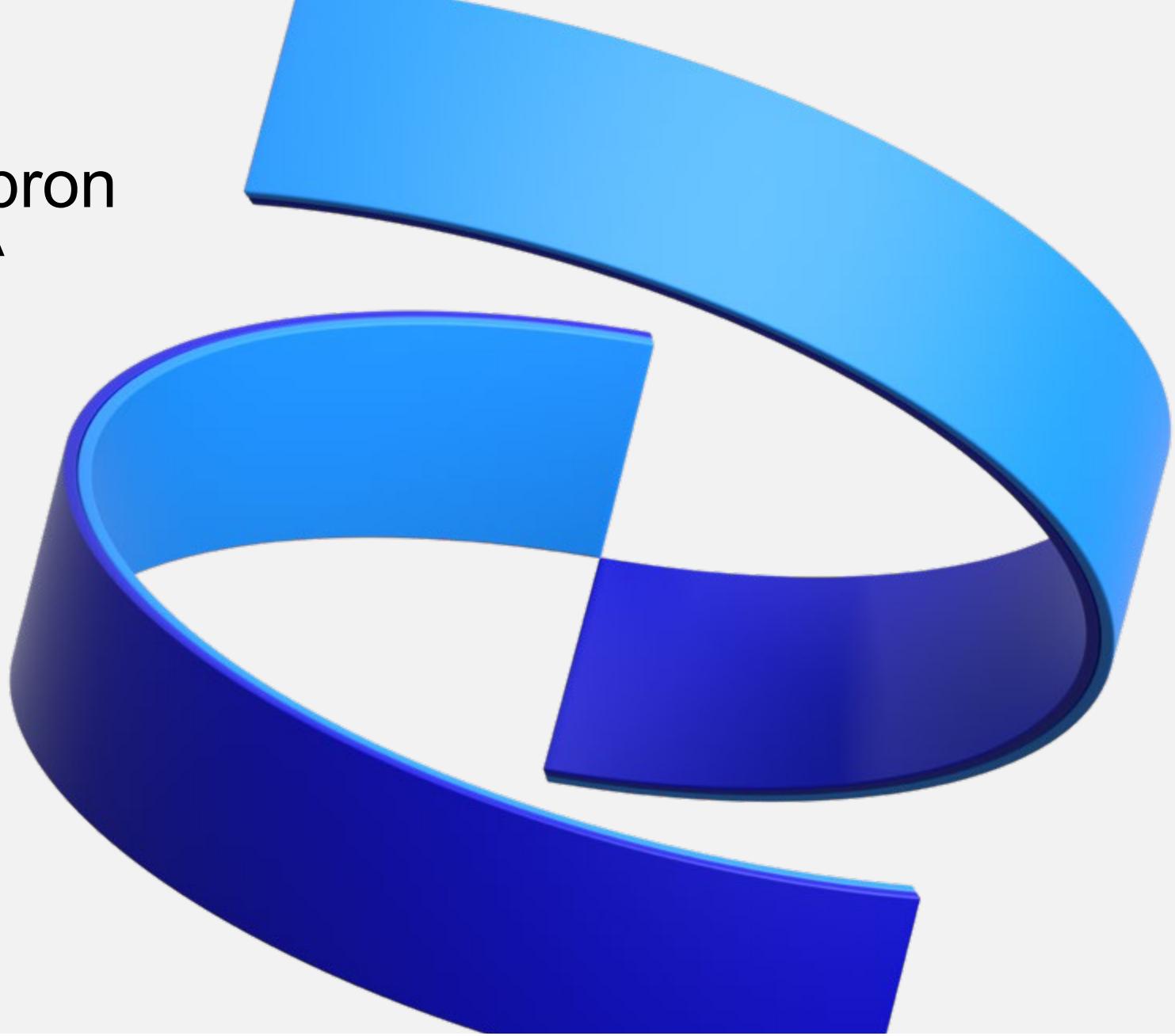
1. Specialty rheumatology diseases with significant unmet need; few treatment options for patients
2. New insights on drivers of these poorly-understood debilitating & life-threatening diseases
3. **Strong mechanistic support, with a successful Ph2 in Dermatomyositis**
4. **Scientific rationale for a registrational enabling basket study in Dermatomyositis, Polymyositis**
5. **Blockbuster commercial opportunity in multiple interferon-β driven diseases**

We Are Excited About the Breakthrough Potential of Our Interferon-beta Antibody for Patients with Dermatomyositis and Polymyositis, for Whom There Are Limited Treatment Options Today

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

PF-07081532 & Danuglipron

Potentially Best-in-Class Oral GLP-1RA



Jim Rusnak

SVP, Chief Development Officer,
Internal Medicine & Hospital

Andy Schmeltz

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Disease Overview & Unmet Need: Obesity and Type 2 Diabetes

Chronic Medical Conditions That Can Lead to Serious CV, Metabolic and Other Health Consequences

Rising rates of obesity and diabetes carry significant health consequences

Global Obesity Prevalence: 650M[1]; 1.025B[2] projected by 2030

Low medical treatment rates[3] (<5%) and increased comorbidity risk (>200 chronic diseases[4]) for patients living with obesity

Global Diabetes Prevalence: 537M[5]; 643M[5] projected by 2030

In the U.S., only ~50% of adults living with diabetes have HbA1c below treatment goal[6]

1.WHO: Obesity and overweight (https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight), 2022; 2. World Obesity Atlas (https://www.worldobesity.org/resources/resource-library/world-obesity-atlas-2022), 2022; 3. DRG 2020; 4. Jastreboff, et al. Obesity as a Disease: The Obesity Society 2018 Position Statement. *Obesity (Silver Spring)*. 2019 Jan;27(1):7-9; 5. International Diabetes Federation: IDF Diabetes Atlas 10th Ed. (https://diabetesatlas.org/atlas/tenth-edition), 2021; 6. Carls, et al. Achievement of Glycated Hemoglobin Goals in the US Remains Unchanged Through 2014. *Diabetes Ther* 8, 863–873 (2017); CV = cardiovascular; HbA1c = hemoglobin A1c.

GLP-1 Receptor Agonists Are Well-suited to Tackle Obesity and Type 2 Diabetes

Class of Medicines Addresses Key Drivers of These Diseases

GLP-1

GLP-1 Receptor Agonists (GLP-1RAs)

Decreased Appetite

Delayed Gastric Emptying

Increased Insulin Secretion

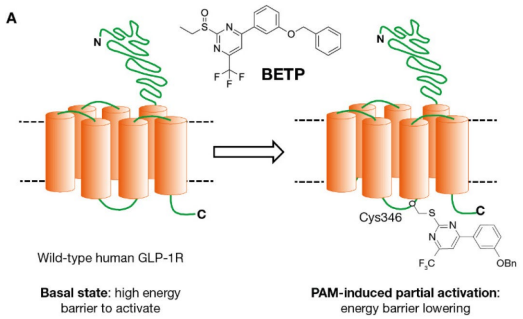
GLP-1RAs Shown to Have Effects on Weight Loss, Glycemic Control and Reduced CV Risk

GLP-1 = glucagon-like peptide 1

Pfizer Innovation Delivers Full Agonist Investigational Oral GLP-1RAs

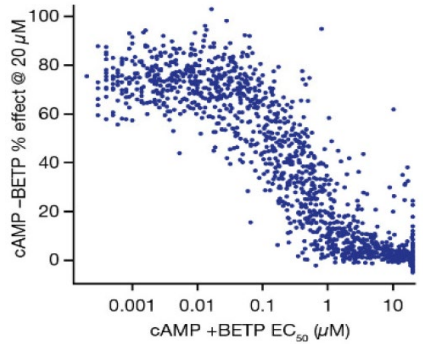
Potent and Efficacious Small-molecule Agonists of the GLP-1R, Differentiated by Full Agonist Biochemical Profiles

Sensitized Screening Assay



Development of sensitized assay overcame challenges associated with identifying agonists

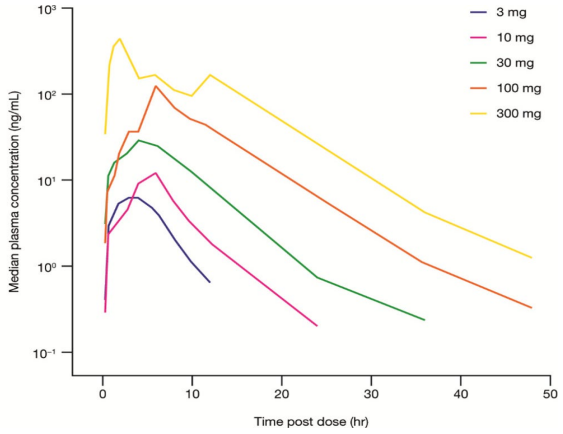
Early Activity in Screening Assay



High-throughput screen of 2.8 million compounds and compound optimization progressed to clinical candidate danuglipron

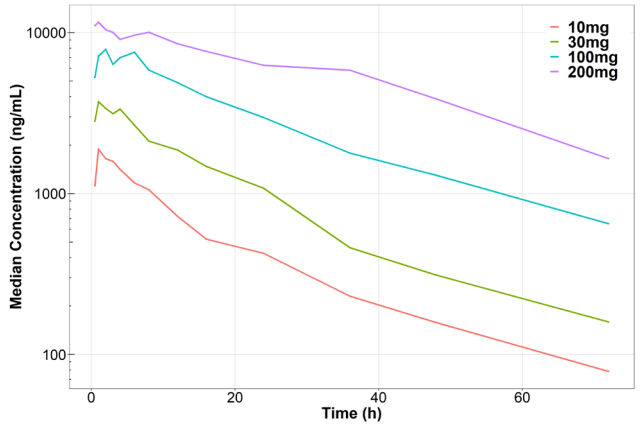
Two oral compounds with favorable characteristics and distinct half-lives. No fasting restrictions.

Danuglipron Plasma Concentration



$t_{½}$ (4.3-5.7 hours)

PF-07081532 Plasma Concentration



$t_{½}$ (18-21 hours)

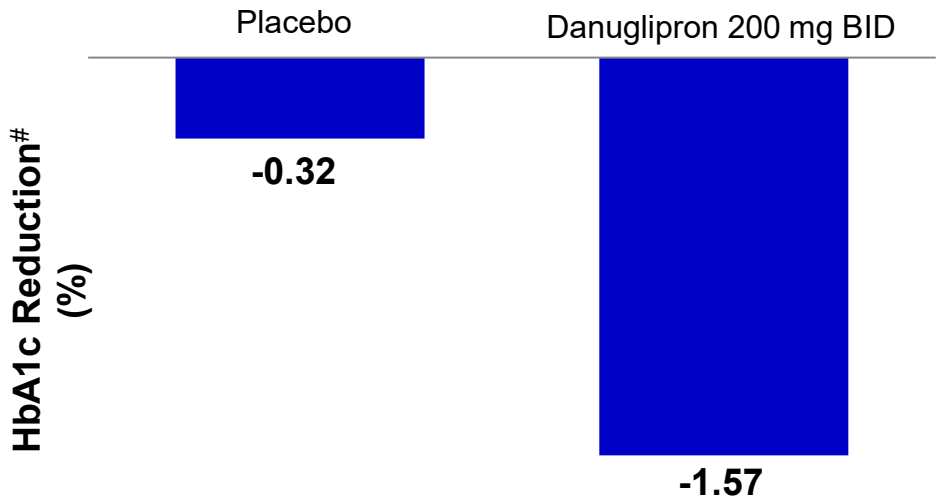
Pfizer's GLP-1RA Candidates: *Only Oral Small Molecule Full GLP-1 Agonists* Among Assets in Development

Griffith et al. *J. Med. Chem.* 2022, 65, 12, 8208–8226; $t_{½}$ = elimination half-life; GLP-1RA = GLP-1 receptor agonist; characterization is based on available data comparing across trials; efficacy based on early-phase data – efficacy profile to be confirmed in Phase 3 trials

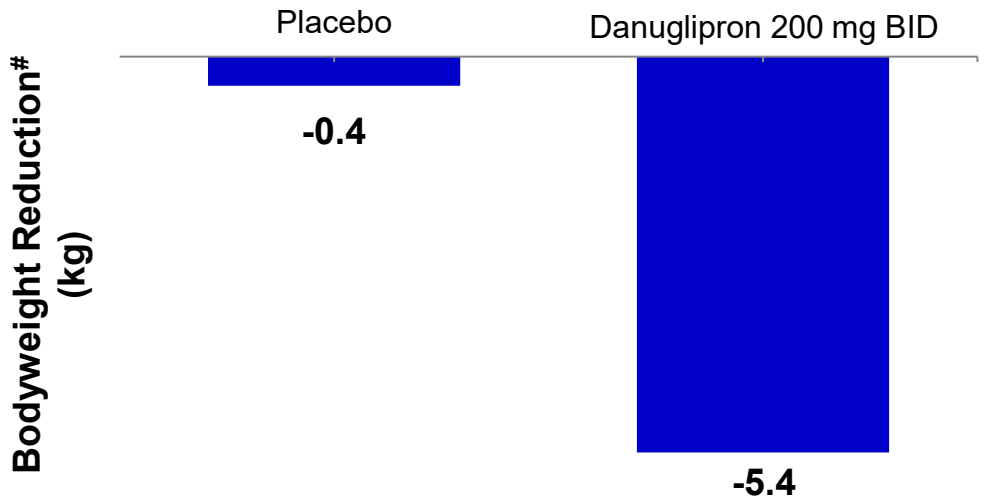
Danuglipron: Potent Glycemic and Weight Loss Efficacy After 12 Weeks in Phase 2a

Dose-dependent Reductions in Both **HbA1c** and **Body Weight** in Patients with **Type 2 Diabetes**

Decrease in HbA1c After 12-week Treatment



Reduction in Body Weight After 12-week Treatment



Participants Randomized to Danuglipron 200 mg BID (n=21) vs. Placebo (n=16)

- Phase 2a study in 123 adults with Type 2 diabetes treated with metformin, assessing tolerability of danuglipron (primary endpoint) and changes from baseline in HbA1c, FPG and body weight at Week 12[1]
- **Safety profile** consistent with **GLP-1 class**; most frequent **Adverse Events** were **generally mild and GI-related**

1. Gorman DN, Saxena AR, Frias J, Lopez RN, Tsamandouras N, Birnbaum MJ. Efficacy, safety and tolerability of danuglipron (PF-06882961) over 12 weeks in Phase 2a study in adults with Type 2 diabetes mellitus. Abstract #588 presented at: Annual Meeting of the European Association for the Study of Diabetes, September 20, 2022, Stockholm, Sweden. Dose range of 80-200 mg BID studied, not all doses shown;

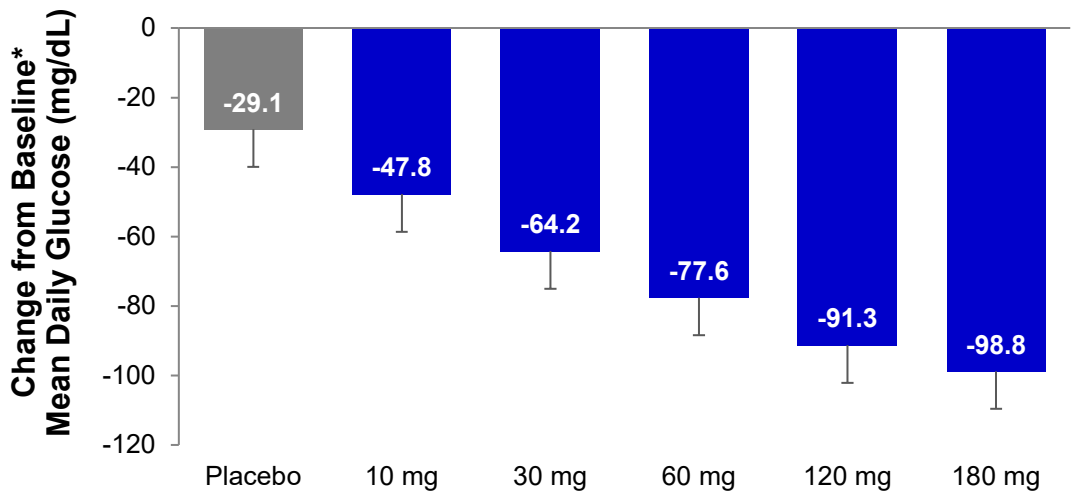
#Least squares mean; HbA1c = Hemoglobin A1c; BID = twice a day; FPG = fasting plasma glucose; GLP-1 = glucagon-like peptide 1

PF-07081532: A Once-daily Full Agonist with Dose-responsive Reductions

GLP-1

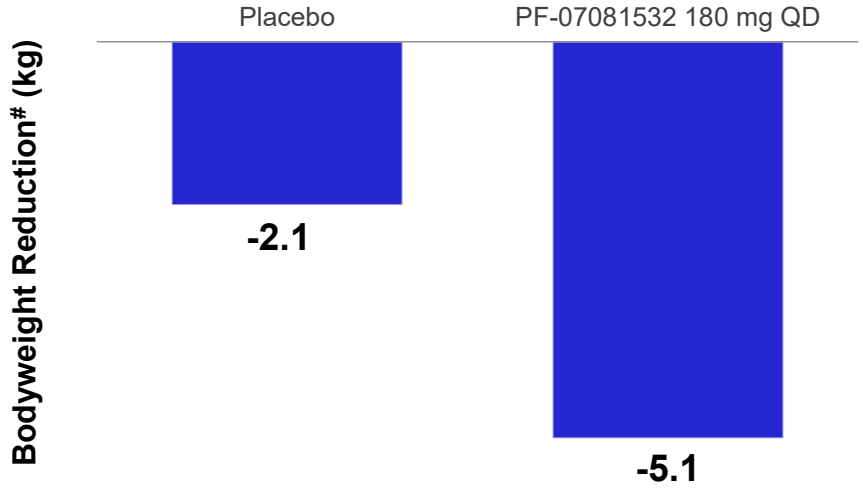
Dose-dependent Reductions in Both **Glucose** and **Body Weight** in Patients with **T2D** (and **Body Weight** in Patients with **Obesity**) After 4-6 Weeks in Phase 1b

Decrease from Baseline in Mean Daily Glucose at 4-6 Weeks



Participants with Type 2 diabetes (n=51)

Reduction in Body Weight at 6 Weeks



Participants w/ T2D at 6 weeks, PF-'1532 180mg QD (n=8) vs. Placebo (n=2)

- Phase 1b study in 51 adults with Type 2 diabetes and 15 adults with obesity (without diabetes), assessing tolerability of PF-'1532 (primary endpoint) and changes from baseline in MDG, FPG, HbA1c and body weight at end of treatment[1]
- **Safety profile** consistent with **GLP-1 class**; most frequent **Adverse Events** were **generally mild and GI-related**

1. Buckeridge C, Tsamandouras N, Carvajal-Gonzalez S, Brown LS, Chidsey KL, Saxena AR. Once-daily oral small molecule GLP-1R agonist PF-07081532 robustly reduces glucose and body weight within 4-6 weeks in a Phase 1b in adults with Type 2 diabetes and non-diabetic adults with obesity (EASD Abstract #114). Abstract #114 presented at: Annual Meeting of the European Association for the Study of Diabetes, September 21, 2022, Stockholm, Sweden. Dose range of 10-180 mg QD studied, not all doses shown.

*Posterior mean and 90% CI (Bayesian Emax model); #Least squares mean; MDG = mean daily glucose; QD = once a day; FPG = fasting plasma glucose; HbA1c = Hemoglobin A1c; T2D = Type 2 diabetes; CI = confidence interval

GLP-1RA Clinical Development Plan

Plan to Advance One Candidate to Phase 3 (T2D & Obesity) Based on Efficacy, Tolerability and Dosing

PF-07081532

Recently Completed	Initiated
Phase 1 (4-6-wk) study (T2D & Obesity) NCT04305587	**Phase 2b (32-wk) study (T2D & Obesity) NCT05579977 – anticipated completion 1Q24** (vs. oral semaglutide and placebo)

Phase 2b study of PF-'1532 will evaluate the safety and efficacy of once-daily doses of 20mg, 40mg, 80mg, 160mg, and 260mg in patients with T2D; and doses of 80mg, 140mg, 200mg, and 260mg in patients with Obesity – compared with once-daily doses of oral semaglutide and placebo. **Primary endpoints:** placebo-adjusted change from baseline in HbA1c at Week 32 in T2D and placebo-adjusted percent change from baseline in body weight at Week 32 in Obesity.

Danuglipron

Recently Completed	Ongoing
Phase 2a (12-wk) study (T2D) – NCT04617275 **Phase 2b (16-wk) study (T2D) – NCT03985293**	**Phase 2b (32-wk) study* (Obesity) – NCT04707313 – anticipated completion 2H23**

Ongoing Phase 2b Studies Will Evaluate:

- **Higher doses of PF-'1532** to potentially drive greater dose-dependent reductions in blood sugar and body weight – potentially exceeding currently approved GLP-1s
- **Monthly titration of both candidates** to allow patients to adjust to higher doses, with potential to minimize temporary GI side effects

*Expanding to evaluate monthly titration schemes; GLP-1RA = GLP-1 receptor agonist; T2D = Type 2 diabetes; HbA1c = hemoglobin A1c

Market Opportunity: GLP-1RA

>$90B Projected GLP-1 Total Addressable Market Spanning Type 2 Diabetes and Obesity (2030, Based on Assumptions)

GLP-1RA Opportunity – Type 2 Diabetes (2030, Projected)

25-30MM	×	100%	×	25-30%	×	65-70%	×	$15-20	=	~$35-40B
U.S. Patients Seeking Treatment		Reimbursement		GLP-1 Class Share		Adherence		Net Daily Price		Market Size

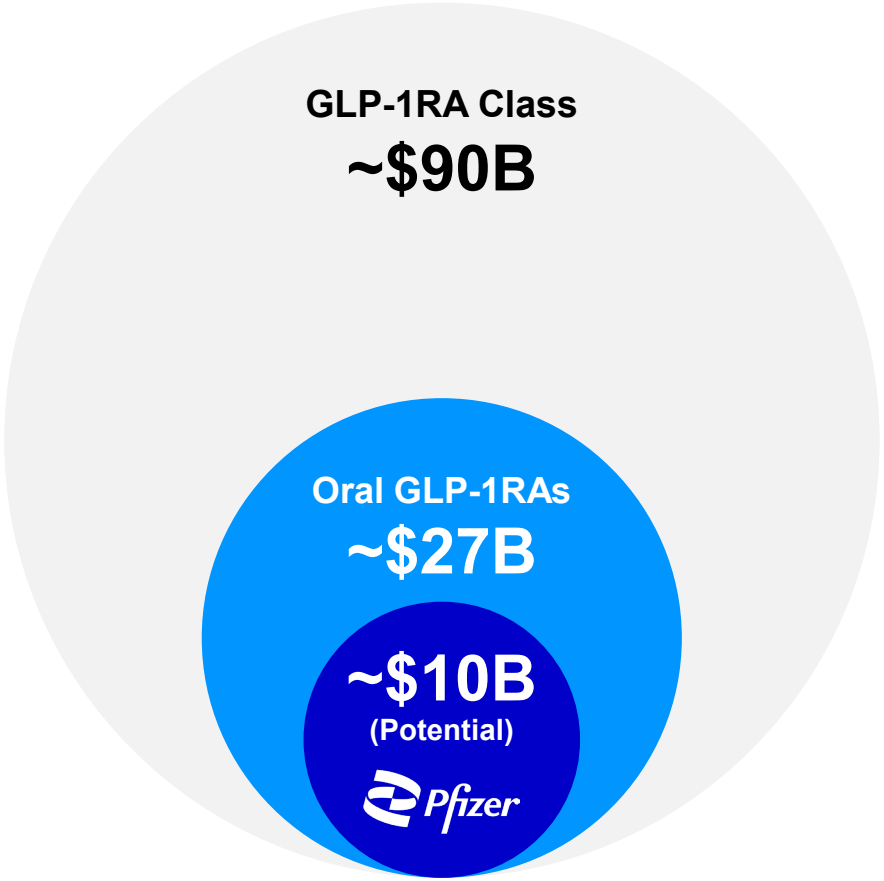
GLP-1RA Opportunity – Obesity (2030, Projected)

40-45MM	×	50%	×	50-60%	×	45-55%	×	$18-23	=	~$50-55B
U.S. Patients Seeking Treatment		Reimbursement (80% Commercial Plans)		GLP-1 Class Share		Adherence		Net Daily Price		Market Size

Sources: Decision Resources Group, T2D and Obesity Market Forecast Assumptions, 2022; Pfizer internal research 2021, 2022; FT Nov '22, Guggenheim Mar '22, Bernstein Jun '22

Danuglipron/PF-07081532 Commercial Potential

Opportunity to Potentially Contribute $10B+ in Peak Year Sales



$25B GLP-1 market currently growing at **+30%** per year, projected to reach **~$90B** by 2030

Orals projected to capture **~30%** of GLP-1 market by 2032 due to strong patient preference

>60% of patients prefer BID oral vs. QW injections

We believe Pfizer's oral GLP-1s are **well-positioned to compete on efficacy, tolerability and simplicity of administration** vs. other oral therapies

BID = twice a day; QW = once a week; Sources: T2D and Obesity Market Forecast Assumptions, 2021, 2022; Pfizer market research 2021, 2022; FT Nov '22, Guggenheim Mar '22, Bernstein Jun '22
Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply

In Brief: Pfizer's Oral GLP-1RA Candidates Are Potential Game-changers

GLP-1

Danuglipron and PF-07081532 – Potential to:

- Deliver potent effects on blood sugar and weight loss
- Have safety and tolerability comparable to peptidic GLP-1RA class
- Offer convenient oral formulation and good oral bioavailability
- Have no food or dose restrictions, unlike oral peptidic GLP-1RAs
- Be used in fixed dose oral combination therapy

A Compelling Value Proposition

1. GLP-1RAs rapidly emerging as increasingly important treatment option for T2D & weight loss
2. An **easy-to-take oral GLP-1RA with simple dosing regimen** could be poised for category leadership
3. Pfizer is well-positioned to deliver a potentially best-in-class therapy for patients with T2D and obesity:
   - **Deep experience and expertise** in drug development and commercialization
   - **#1 rated field force** across Core Specialties, including Primary Care[1]

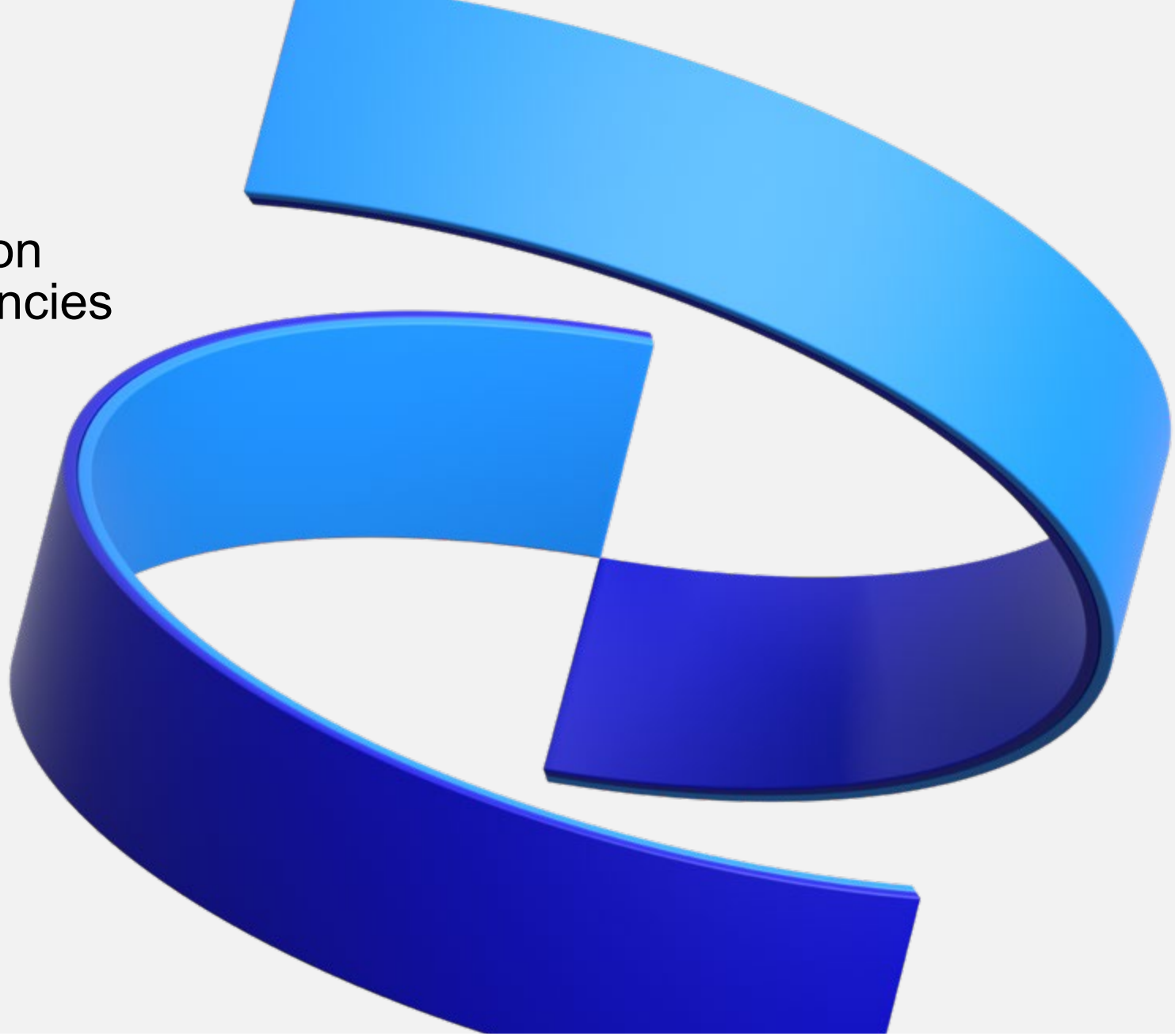
We Are Enthusiastic About the Promise of Pfizer's Potentially Best-in-Class Oral Treatment Option for the Millions of Patients Living with T2D and Obesity

1. Pfizer's sales forces ranked #1 across Core Specialties (2019-2021), which include Cardiologists, Primary Care (General Practice/Family Medicine/Doctors of Osteopathy) and OBGYNs. Estimate derived from the use of information under license from the following IQVIA information service: Sales Force Structures and Strategies™ for the period 2021-2022. (ref.: table 1 - page 5 and paragraph 1 - page 7). IQVIA expressly reserves all rights, including rights of copying, distribution and republication; GLP-1 RA = GLP-1 receptor agonist; T2D = Type 2 diabetes; Potential best-in-class is based on cross-trial comparison, not on head-to-head data;

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

TTI-622

A Potential Backbone Combination Agent for Hematological Malignancies



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Malignant Hematology

Worldwide, ~720K People Die from Blood Cancer Each Year, Accounting for >7% of Cancer Deaths[1]

Heme Malignancies: Multiple myeloma (MM), Diffuse Large B-cell Lymphoma (DLBCL), and Acute Myeloid Leukemia (AML)

Incidence[1] (2022 – US, EU, JP):

MM:	~70K
DLBCL:	~75K
AML:	~40K

5-yr survival rate[2]:

MM:	~55%
DLBCL:	~60–70%
AML:	~30%

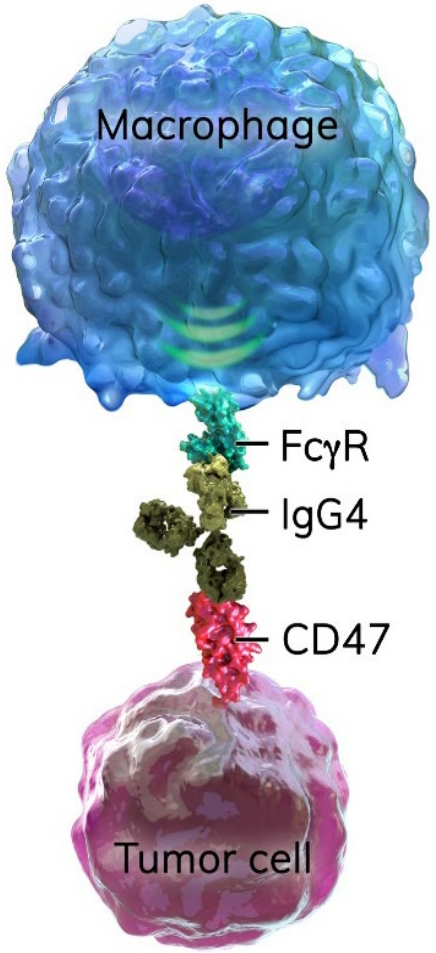
Current Treatments: Cytotoxic Therapies, Stem Cell Transplants, CAR-T, Bi-specifics, Antibody Drug Conjugates, Targeted Therapies

Unmet Need: Further opportunity for novel combination agents to improve safety profile, duration of remission, and potential cure

1. Globocan 2018; 2. Source: Kantar Health Cancer Impact Database
CAR-T, Chimeric antigen receptor T cell

TTI-622 is Emerging as a Potential Best-in-Class CD47 Blocker

CD47 Delivers an Inhibitory "Don't Eat Me" Signal to Macrophages Through SIRPα



TTI-622

Unlike Anti-CD47 Antibodies, TTI-622 is a SIRPα Decoy Receptor-IgG4 Fc Fusion Protein with Dual Activity

- TTI-622 blocks CD47
- Exerts a prophagocytic signal via its active Fc domain[1]

CD47, cluster of differentiation 47; Fc, fragment crystallizable; IgG4, immunoglobulin G 1; SIRPα, signal regulatory protein α.

1. Lin GHY et al. AACR 2018; Abstract 2709 (poster presentation)

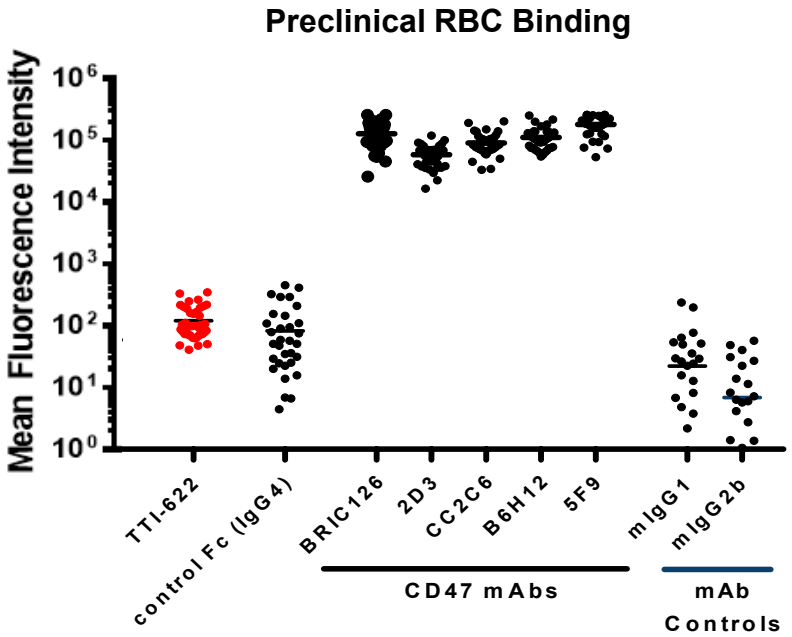
TTI-622 is Differentiated from Other CD47-blocking Agents

Minimal Human RBCs has Potential for[1-3]

- Combination with agents that cause anemia and other cytopenias is feasible
- Lower amount of drug by avoiding RBC antigen sink
- No interference with blood transfusion testing

Only CD47 Agent with Monotherapy Activity Including Complete Responses[2]

- Comprehensive single-agent activity in heavily pretreated patients with lymphoma
- Early onset of activity and long duration of treatment in extensively pre-treated patients

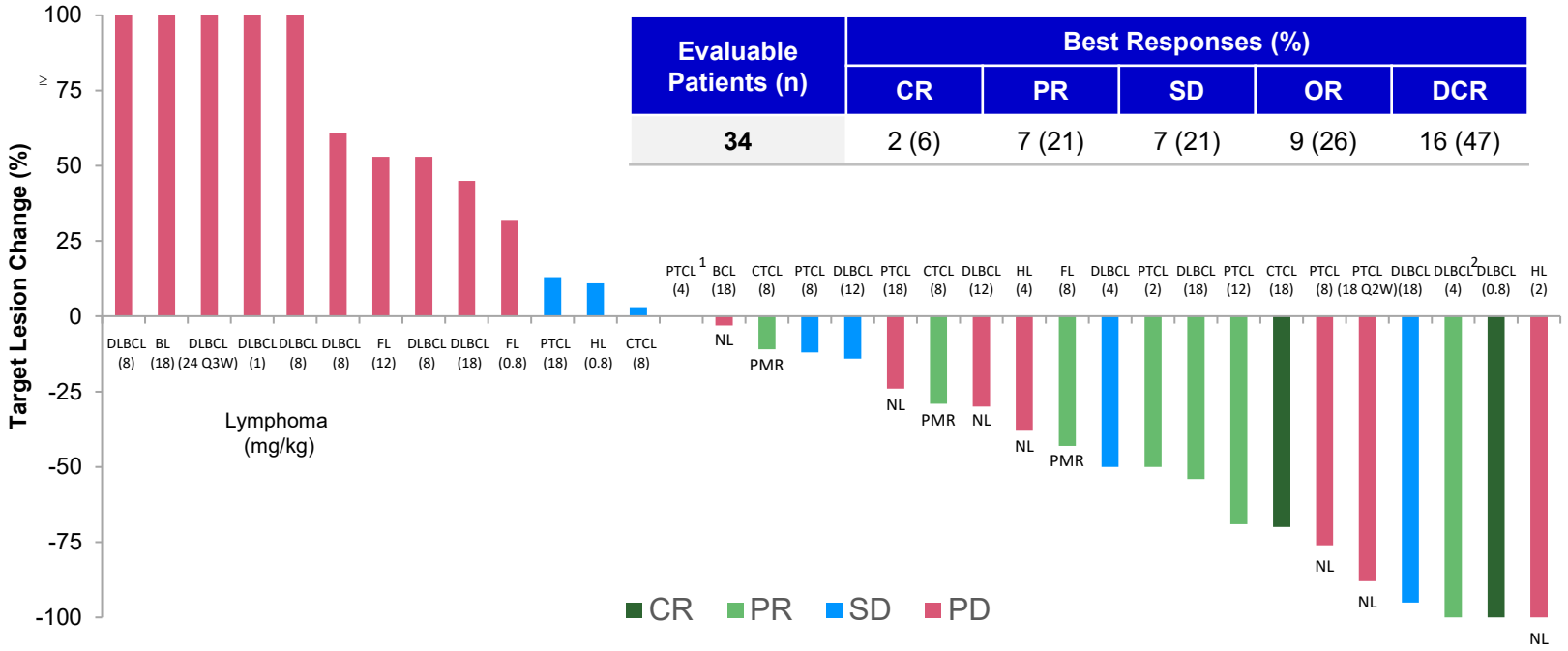


Minimal RBC Binding Translates to Reduced Anemia in the Clinic[2]

Note: Results confirmed by independent group.
CD47, cluster of differentiation 47; Fc, fragment crystallizable; IgG1, immunoglobulin G 1; mAb, monoclonal antibody; RBC, red blood cell; SIRPα, signal regulatory protein α.
1. Petrova PS, et al. Clin Cancer Res 2017;23(4):1068-1079. 2. Patel K, et al. ASH 2021; Abstract 3560 (poster presentation). 3. Piccione EC, et al. Clin Cancer Res 2016; 22(20):5109-5119.

TTI-622 is the Only CD47 Agent with Monotherapy Activity Including Complete Responses Across Lymphoid Malignancies

Target Lesion Change - Phase 1[1]



Evaluable Patients (n)	Best Responses (%)				
	CR	PR	SD	OR	DCR
34	2 (6)	7 (21)	7 (21)	9 (26)	16 (47)

AE Profile[1]

- The majority of AEs seen with single agent therapy had been grade 1-2
- Related AEs of grade ≥3:
  - Neutropenia (n=5; 10%)
  - Anemia (n=1; 2%)
  - Thrombocytopenia (n=3; 6%)

BL-Burkitt's lymphoma, CTCL-cutaneous T-cell lymphoma, DLBCL-diffuse large B-cell lymphoma, FL-follicular lymphoma, HL-Hodgkin lymphoma, PTCL-peripheral T-cell lymphoma; NL-new lesion coincident with target lesion decrease; PMR- partial metabolic response , CR complete response, PR partial response, SD stable disease, OR objective response rate, DCR disease control rate, AE Adverse Event

0% change in target lesion size; overall response = PD; screening SPD calculation was limited to the first 6 target lesions per Lugano criteria

Overall response declared PR due to positive residual signal on PET

Based on the data in clinical database as of 15 Oct 2021; data are subject to change prior to final database lock

1. ASH 2021; Abstract 3560 (poster presentation)

Development Plan: Pursing Unique and Rational Combinations Across Heme Malignancies

Indication	Combination Agent	Stage of Development				Rationale
		Preclinical	IND Enabling	Phase 1/2	Phase 3	
Multiple Myeloma (MM)	IKd*					**Engaging innate and adaptive arms of the immune system**
	Elranatamab (BCMAxCD3)*					**Synergistic enhancement of ADCP**
Acute Myeloid Leukemia (AML)	Azacitidine					**Additive combination regimen to induce deep, durable responses**
	Azacitidine/ Venetoclax					
Diffuse Large B Cell Lymphoma (DLBCL)	Rituximab					**Potential future backbone of 1L/2L regimens**
	Tafasitamab/ Lenalidomide*					Synergistic enhancement of ADCP and ADCC
	Glofitamab (CD20xCD3)*					

*Unique combination
BMS, Bristol Myers Squibb; 1L, first line; 2L, second line
ADCP, Antibody-dependent cellular phagocytosis
ADCC, Antibody-dependent cellular toxicity

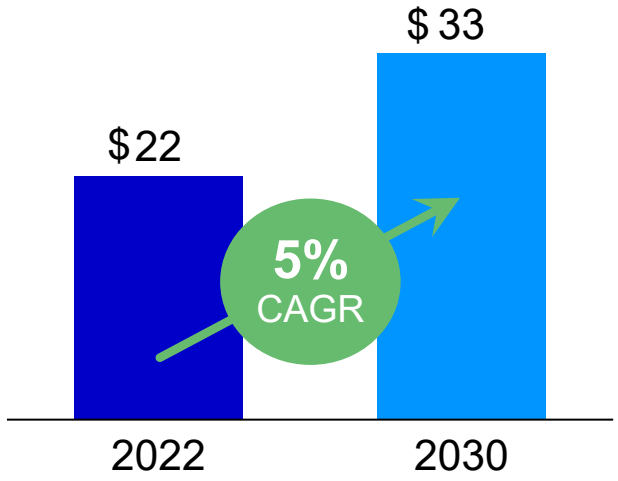
Legend

IKd	Isatuximab (Sarclisa; Sanofi) Carfilzomib (Kyprolis, Amgen) Dexamethasone	**Rituximab**	Such as: Rituxan (Roche/Genentech) Ruxience (Pfizer) Truxima (CellTrion)
Azacitidine/ Venetoclax	Vidaza; BMS Venclexta; Roche/AbbVie	**Tafasitamab/ Lenalidomide**	Monjuvi; Morphosys/Incyte Lenalidomide (Revlimid; BMS)
Azacitidine	Vidaza; BMS	**Glofitamab**	Experimental (Roche/Genentech)

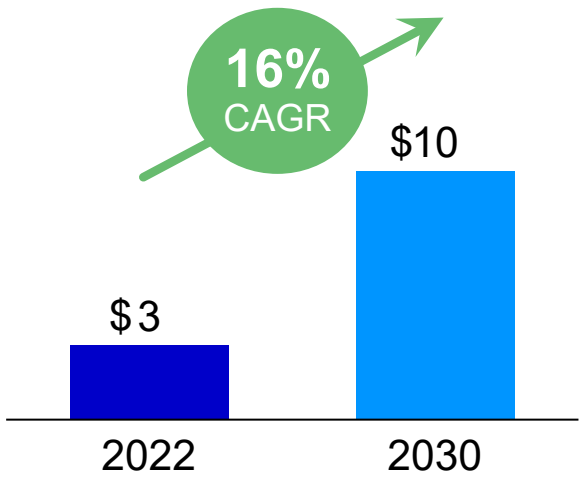
Market Opportunity: Sizable and Growing Across Hematologic Malignancies

Total Current and Potential Accessible Market Worldwide ($B)[1]

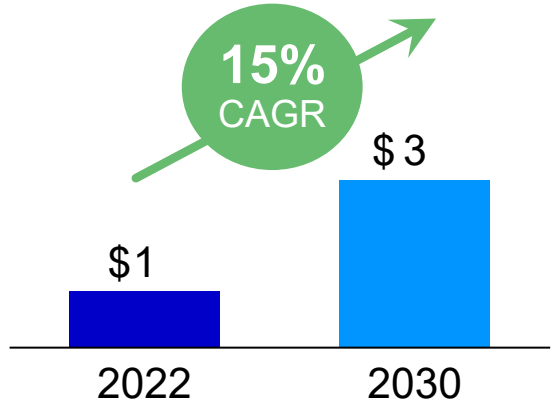
Multiple Myeloma (MM)



Diffuse Large B-Cell Lymphoma (DLBCL)



Acute Myeloid Leukemia (AML)



The Market for Heme Malignancies is Driven by Significant Unmet Need and the Increasing Development of Novel and Transformative Medicines

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply
1. Source: Clarivate (WW = US, EU5, Japan), Evaluate Pharma, and internal assumptions

Commercial Potential: Early Signs of Clinical Efficacy, Combinability, and Differentiated Tolerability Position TTI-622 to be a Potential Blockbuster

Multiple Myeloma (MM)	Diffuse Large B-Cell Lymphoma (DLBCL)	Acute Myeloid Leukemia (AML)
80K	**86K**	**45K**
2030 WW Incidence[1]	**2030 WW Incidence[1]**	**2030 WW Incidence[1]**
50%–60%	**65%–75%**	**40%–50%**
Relapsed/Refractory MM Population[2]	**1L High Risk and 2L+ DLBCL Population[2]**	**Unfit 1L AML Population[2]**

Key Opportunities

- Potential **backbone combo partner** with key expected future SOC agents (**elranatamab and CD38**)
- Potential **first CD47 + BCMA bispecific antibody combo** to enter the market

Key Opportunities

- To be **combo partner of choice** in high-risk 1L and 2L+ transplant ineligible
- Potential **first to market** in relapsed/refractory, combining with **novel agents** via partnerships

Key Opportunities

- Potential **first wave of CD47** where the **mechanism has demonstrated efficacy**
- **TTI-622** may have **superior tolerability** and **combinability** with SOC agents (e.g., Azacitidine)

>$3B Potential combined WW annual peak revenues[3]

1. Source: Cerner Enviza (formerly Kantar) Patient Metrics, accessed Nov. 14, 2022 (WW = US, EU5, Japan)
2. Sources: Kantar Health, Ipsos, and other secondary sources
3. Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply

SOC, standard of care; BCMA, B Cell maturation antigen; CD47, cluster of differentiation 47; CD38, cluster of differentiation 38; 1L, first line; 2L, second line

In Brief: TTI-622 is a Potential Game-Changer for Heme Patients

TTI-622

TTI-622 – Potential to

- Offer **differentiated safety profile** (e.g., anemia risk reduction) through minimal RBC binding
- Become **combination agent partner of choice** with **novel agents** that are poised to become future standards of treatment
- Treat multiple heme malignancies with **opportunity to expand** across **additional lifecycle indications**
- **Extend duration** of **treatment** and **remission**

A Compelling Value Proposition

1. TTI-622 has the **potential to enter multiple lines of therapy** in markets of malignant hematology expected to **approach $50B by 2030**
2. TTI-622 has **the potential to become the best-in-class CD47**
3. TTI-622 is the **only CD47 agent with monotherapy activity with complete responses** observed

We Are Enthusiastic About the Opportunity to Establish TTI-622 as the Backbone Combination Partner of Choice Across Various Hematologic Malignancies and Multiple Indications

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply
RBC, red blood cell; CD47, cluster of differentiation 47

Inclacumab & GBT-601

Potential Transformative Therapies for Sickle Cell Disease

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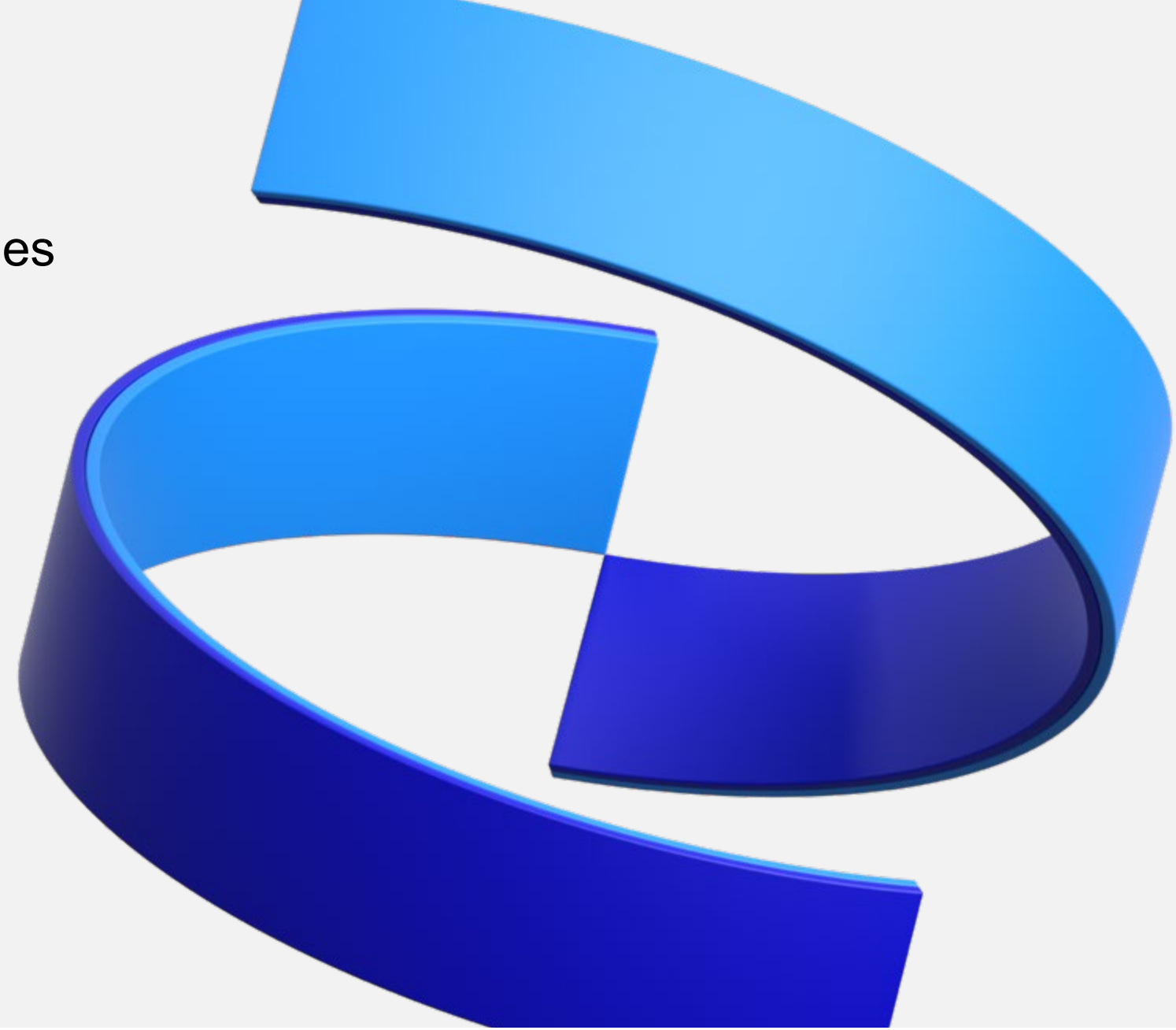


Sickle Cell Disease (SCD) is a Devastating Genetic Disorder, Affecting Millions Worldwide, with a Significant Impact on QoL and Survival

~100K in the US and ~50K in EU[1,2]; over 4.5 million patients[3] worldwide

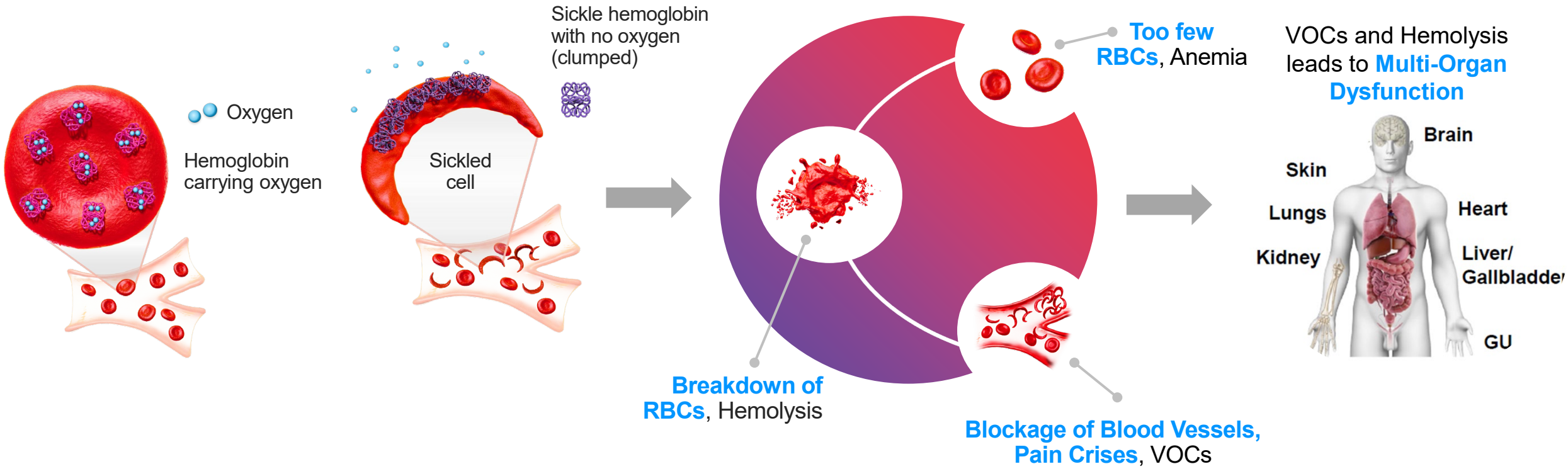
Frequent/prolonged hospitalizations disrupt daily life; Hemolysis & vaso-occlusive crises (VOC) lead to end-stage organ damage

Reduced life expectancy – patients live 40-50 years in developed world, 20-25 years in developing world

Historically limited treatment options, most focus on pain; Oxbryta (voxelotor) is first therapy to target root cause

[1] CDC; Sedrak and Kondamudi, Sickle Cell Disease (2022); Payne et al., Ann Emerg Med (2020); Hassell K, Am J Prev Med (2010).
[2] EMA; Modell. Scand J Clin Lab Invest. 2007;67:39; Br J Haematol 2018 Nov;183(4):648-660. 3 Pediatr Blood Cancer 2012;59:386–390
QoL = Quality of Life

SCD is Driven by Hemoglobin Polymerization



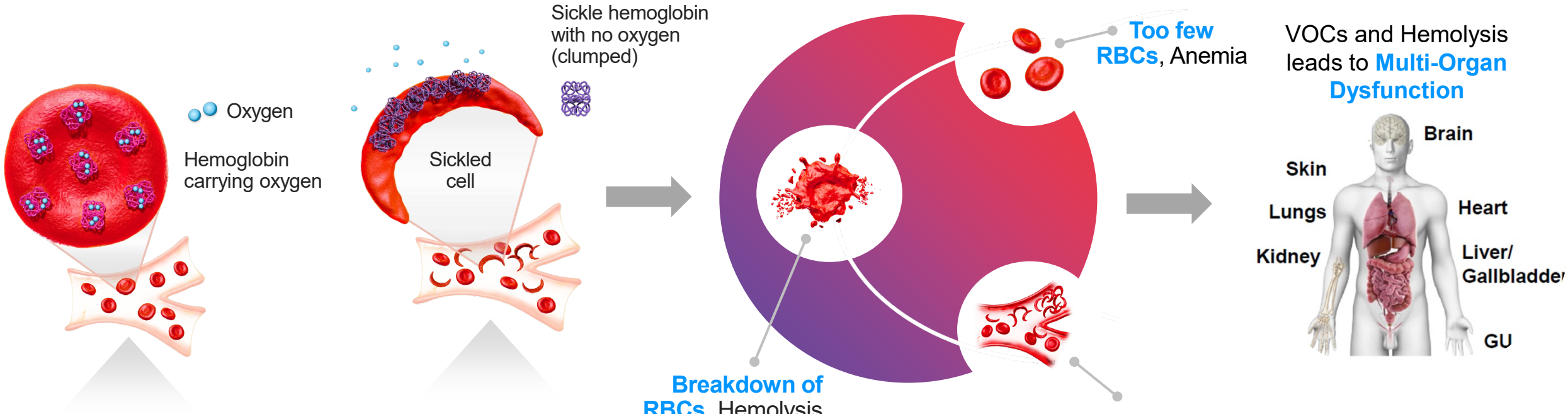
Healthy RBCs carrying oxygen flow freely in the bloodstream

Sickling is caused by a process called polymerization
Sickle Hemoglobin (HbS) forms long, rigid rods

SCD anemia and VOCs leads to multi-organ dysfunction

SCD, sickle cell disease; RBCs, red blood cells; VOCs, vaso-occlusive crises; GU, genitourinary

SCD: Multiple Targets for Intervention



HbF Modulation
- Gene editing/therapy*
- Hydroxyurea

Polymerization Inhibitors
- Oxbryta
- GBT-601*
- Pyruvate Kinase Activator*

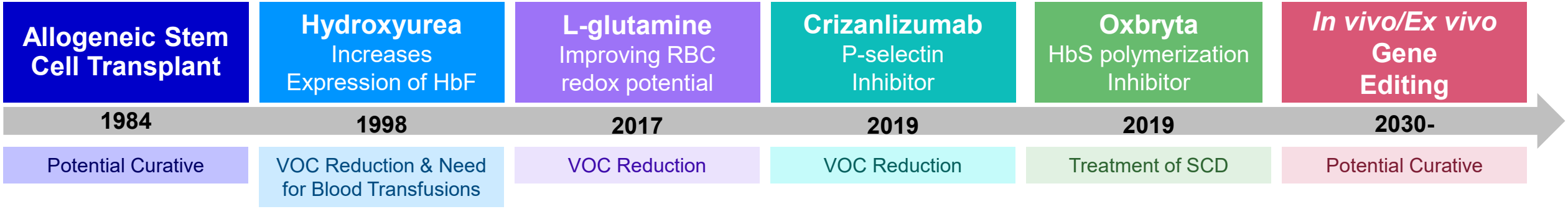
Adhesion Inhibitors
- Crizanlizumab
- L-glutamine
- Inclacumab*

*Investigational, RBCs, Red blood cells; VOCs, vascular occlusive crises; HbF, Fetal Hemoglobin; GU, genitourinary

Inclacumab & GBT-601

Treatment Approaches

Standard Treatment & Prevention Include Prophylactic Antibiotics, Vaccination, Opiates, Erythrocyte Transfusion with Iron Chelation



VOC, vascular occlusive crisis
Source: Nature Reviews, Disease Primers, 2018, vol 4

Inclacumab Can Potentially Address Chronic VOCs and Hospital Readmissions

Current Approved VOC Therapy not Indicated to Reduce Hospital Readmission

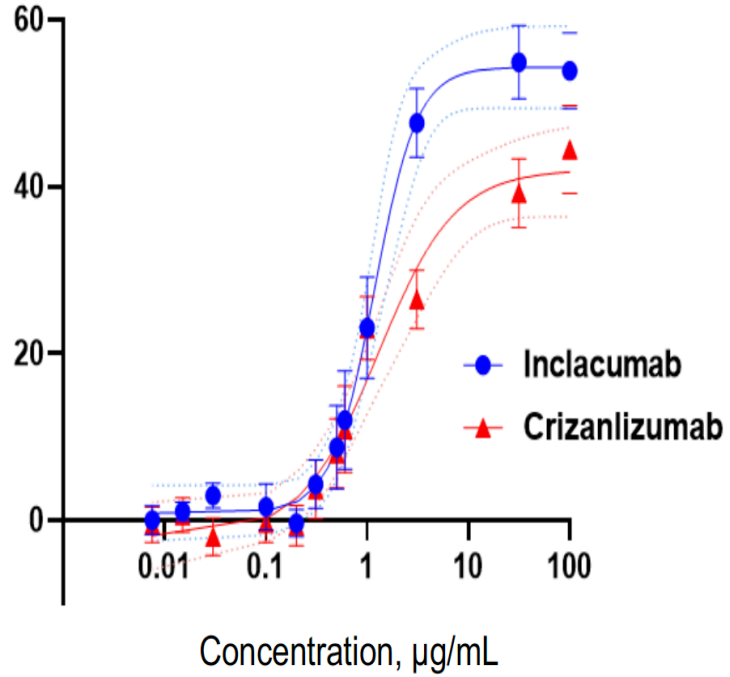
Impact of VOCs

- ~80% of SCD hospitalizations are for VOC treatment[1]
- ~50% of patients are re-admitted within 90 days following index hospitalization[2]
- Significant impact on quality of life
- High cost: ~$609M total hospitalization charges[3]

Opportunities for Differentiation

- Fully human IgG4 monoclonal antibody targeting P-selectin
- Unique binding site on P-selectin
- *In vitro* greater platelet-leukocyte aggregate inhibition than crizanlizumab[4]
- Only anti-P-selectin with anticipated quarterly dosing
- Generally well-tolerated in Ph2 CV studies

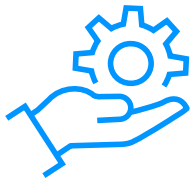
Platelet-Leukocyte Aggregation in SCD Patient[4]



[1] Brousseau, D.C. JAMA., 2010. 303(13): 1288-94.
[2,3] Vivek Kumar, Neha Chaudhary & Maureen M. Achebe. Epidemiology and Predictors of all-cause 30-Day readmission in patients with sickle cell crisis. Nature. 2020.
[4] ASH 2020 Poster #1707: Inclacumab, a Fully Human Anti-P-selectin Antibody, Directly Binds to PSGL-1 Binding Region and Demonstrates Robust and Durable Inhibition of Cell Adhesion.
QoL, Quality of Life; Ph2, Phase 2; CV, Cardiovascular; VOC, Vaso-occlusive crisis

GBT-601 is Positioned to be a Potential Best-in-Class HbS Polymerization Inhibitor

Mechanism of Action



- **A next-generation HbS polymerization inhibitor**; similar mechanism to Oxbryta – the first approval for treatment of SCD indication
- Binds to HbS, increases hemoglobin's affinity for oxygen, and **prevents deoxygenation induced sickling**

Preclinical Data

- Increased Hemoglobin
- Reduced Hemolysis
- Prolonged RBC half-life
- Reduced Spleen Weight

Potential for:

- **Improved efficacy**
- **Single pill** per day
- **Better tolerability**
- **Improved PK profile** compared to Oxbryta (Increased RBC:plasma ratio & prolonged $t_{1/2}$)

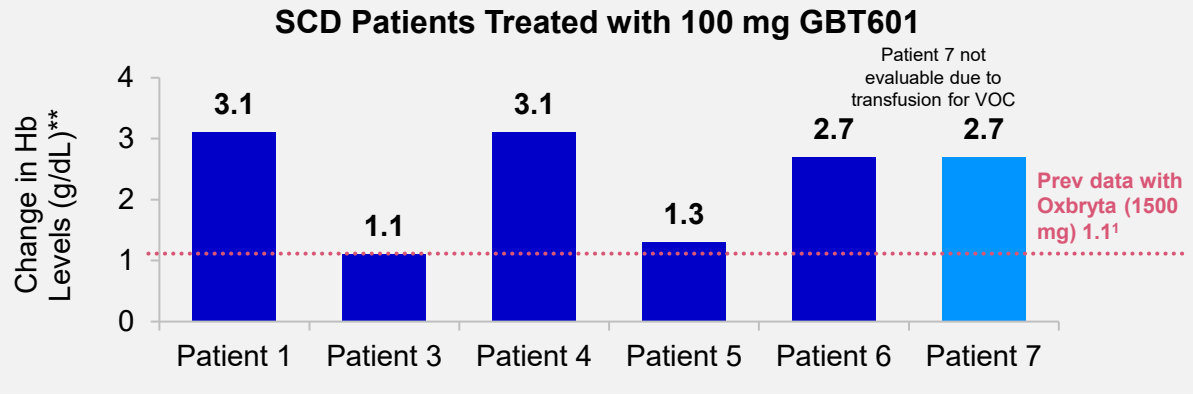
Source: ASH 2020 Poster #1707; ASH 2021 Poster #3099, ASH 2022 Oral Presentation 10

HbS, sickle hemoglobin; SCD, sickle cell disease; RBC, red blood cell; PK, pharmacokinetic; $t_{1/2}$, half life

GBT-601: Potential Best-in-Class Polymerization Inhibitor

Improvements in Sickling, Hemolytic Anemia and Hb Occupancy in Phase 1*

Phase 1, Reduced Hemolysis Increased Hb by >2g/dL

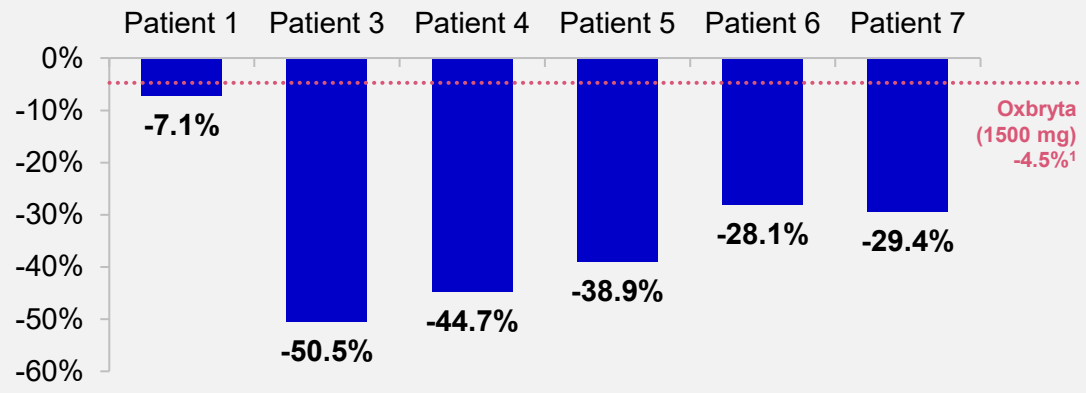


GBT-601 (100 mg QD) Hb Occupancy at 14 days

	Patient 1	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7
Hb Occupancy	41.1%	41.8%	29.6%	38.8%	19.7%	24.5%

Phase 1, Single dose → multiple ascending doses to reach a % Hb occupancy >30%

Change (%) in Lactate Dehydrogenase (LDH)*



- Marked **decline in RBC sickling and markers of hemolysis** (LDH, bilirubin, reticulocytes)
- **85% of GBT-601 subjects** (100mg QD) **achieved Hb occupancy ≥20%** (~50% on Oxbryta achieve 20% Hb occupancy)
- Potential to **target 35-45% Hb occupancy** vs. 25% currently with Oxbryta; 35-45% **consistent with GTx effects** with anticipated differentiated benefit/risk profile

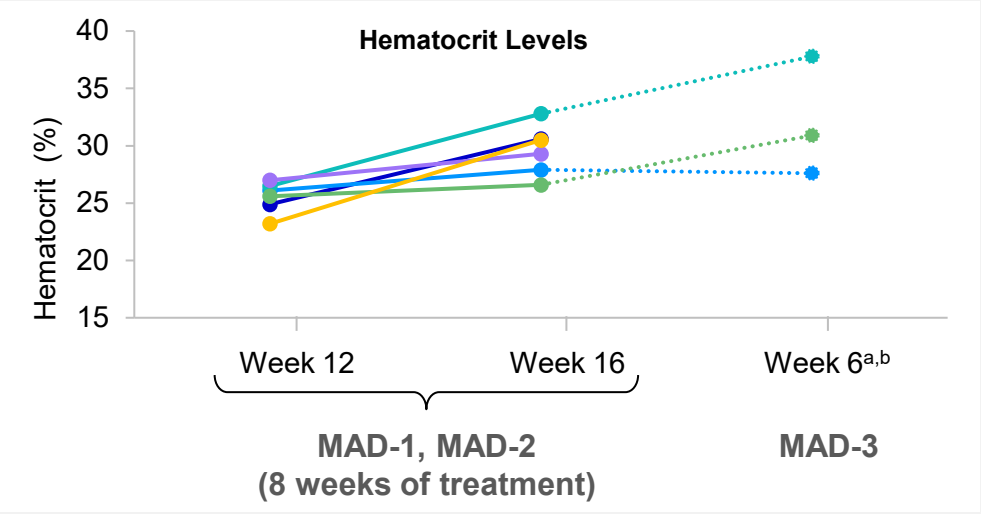
RBC = Red Blood Cell; SCD = Sickle Cell Disease; GTx = Gene Therapy; Hb = Hemoglobin; QD = once daily dosing
Note: Patient #2 withdrew during screening before study initiation and was replaced by patient #7.
*No head-to-head data, based on cross-trial comparison
* *Baseline to end of trial

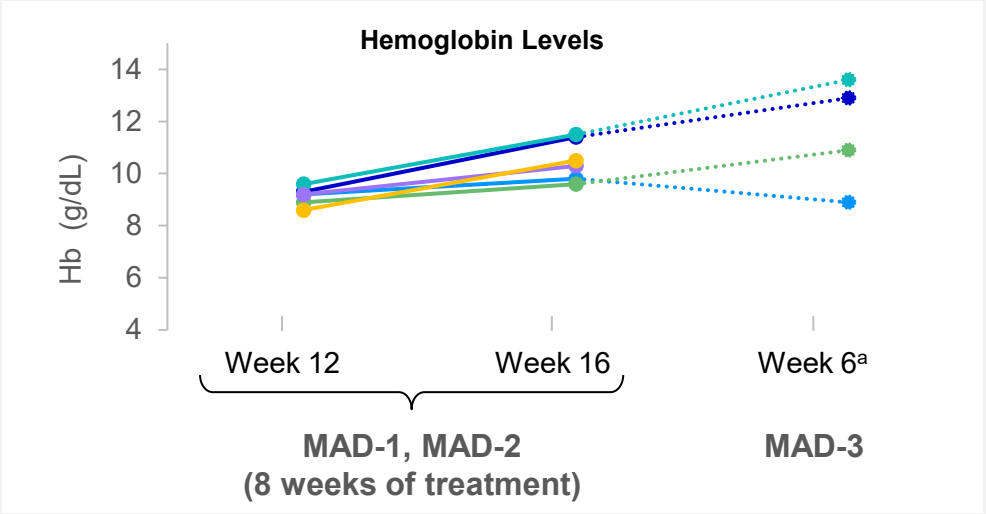
1. Vichinsky E, et al. N Engl J Med. 2019;381(6):509-519.
EHA 2022 Oral Presentation #S268: Safety, Tolerability, and Pharmacokinetic/Pharmacodynamic Results from Phase 1 Studies Of GBT021601, a Next-Generation HbS Polymerization Inhibitor for Treatment of Sickle Cell Disease
Source: ASH 2021 Poster #3099: GBT021601, a Next Generation HbS Polymerization Inhibitor

GBT-601 Phase 1 ASH 2022 Data Show Meaningful Increases in Hematocrit and Hb Levels

Phase 1, Single 100 mg dose → multiple ascending doses to reach a % Hb occupancy >30%

Hematocrit and Hb Levels After Multiple-Dose GBT-601 Treatment in Patients with SCD





- Data cut-off date is October 31, 2022. Dotted lines include the 8-month washout period prior to starting MAD-3
  a. Two patients did not move forward with the MAD-3 portion of the study because they initiated disease-modifying therapy before the start of MAD-3
  b. Hematocrit values for patient 0001 at week 6 of MAD-3 are missing

Source: ASH, 2022, Oral Presentation 10; Hb = hemoglobin; MAD = multiple ascending dose; SCD = sickle cell disease

SCD Clinical Development Plan

Developing Potentially Differentiated Therapies for People with SCD, Phase 3 Studies

Inclacumab

Ongoing

thrive

THerapy for Reduction with Inclacumab of VOC Episodes

Potential BLA Approval 2026

THRIVE Chronic Prevention Protocol

N = 240

Primary Endpoint: VOC rate during 48-week treatment period

THRIVE Chronic Prevention Protocol

N = 280

Primary Endpoint: Proportion of participants with at least 1 re-admission for VOC within 90 days of hospitalization for VOC

GBT-601

Ongoing

Potential NDA Approval 2027

Ph2/3 Trial; N=330

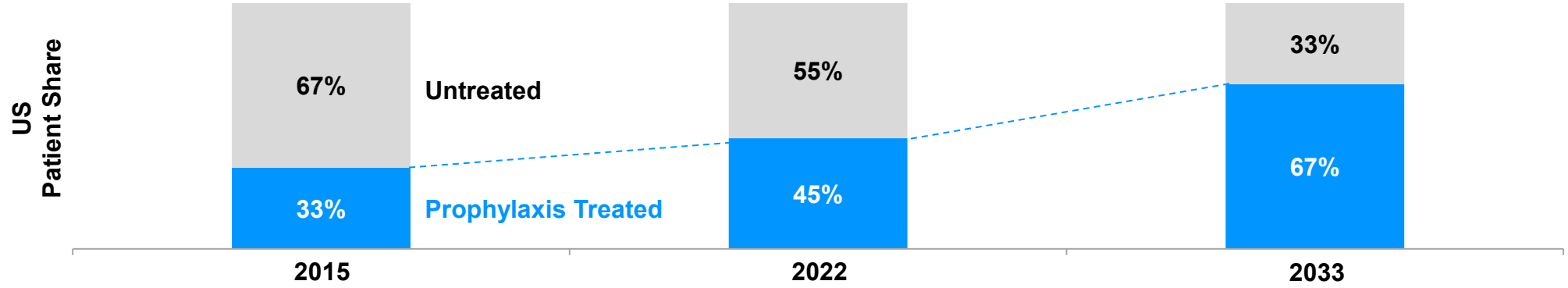
Co-Primary Endpoint: Change in hemoglobin and annualized VOC rate

Note: Expected timing; all dates are preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial and regulatory success and availability of supply

Market Opportunity: Sickle Cell Disease Prophylaxis

Improved Therapies Anticipated to Increase Prophylaxis Treatment Rate by ~50% in the Coming Ten Years

Treatment Rates for SCD Patients Over Time *(Illustrative)*



Available Prophylaxis Agents:	2015	2022	2033
	Hydroxyurea (HU)	Hydroxyurea (HU)	Hydroxyurea (HU)
		Crizanlizumab	Crizanlizumab
		L-glutamine	L-glutamine
		Oxbryta	Oxbryta
			E-Selectin
			Inclacumab: ⬆ Meaningful expected VOC reduction; ⬆ Expected Q12W IV dosing
			GBT-601: ⬆ Meaningful expected clinical benefits (incl. VOCs); ⬆ Expected simple oral admin

Note: Expected timing; all dates are preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial and regulatory success and availability of supply
SCD: Sickle cell disease; Q12W: Dosing once every 12 weeks; VOC: Vaso-occlusive crisis.
Note: PFE internal analysis based on real world evidence

Commercial Potential for GBT-601 and Inclacumab

Opportunity for GBT-601 & Inclacumab to Potentially Reach >$3B in Combined Peak Year Sales

Sickle Cell Disease

120K **2032 US total prevalence**[1]

~50–75% **2032 expected prophylaxis treatment rate** (increasing from ~45% today)[2]

Inclacumab

Potential differentiated IV therapy for patients struggling with VOCs (expected use largely as add-on to HU/GBT-601)

~15% Anticipated share of prophylaxis market[3]

GBT-601

Potential foundational disease-modifying oral therapy with potential meaningful reduction in VOCs

~60% Anticipated share of prophylaxis market[3]

>$3B Potential Combined Global Annual Peak Revenues

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply
SCD: sickle cell disease; VOC: Vaso-occlusive crisis; HU: hydroxyurea.
1 CDC; Sedrak and Kondamudi, Sickle Cell Disease (2022); Payne et al., Ann Emerg Med (2020); Hassell K, Am J Prev Med (2010); with population growth through peak year
2 PFE internal analysis based on real world evidence
3 Not including adjustments for market access and/or treatment discontinuations

In Brief: GBT-601 and Inclacumab Are Exciting New Potential Therapies for SCD

GBT-601 – Potential to

- Reduce RBC sickling and hemolysis
- Meaningfully reduce VOCs
- Offer convenient single-pill once daily oral formulation

Inclacumab – Potential to

- Offer once every 12-week IV dosing
- Reduce VOCs at rates similar to or better than available agents[1]

A Compelling Value Proposition

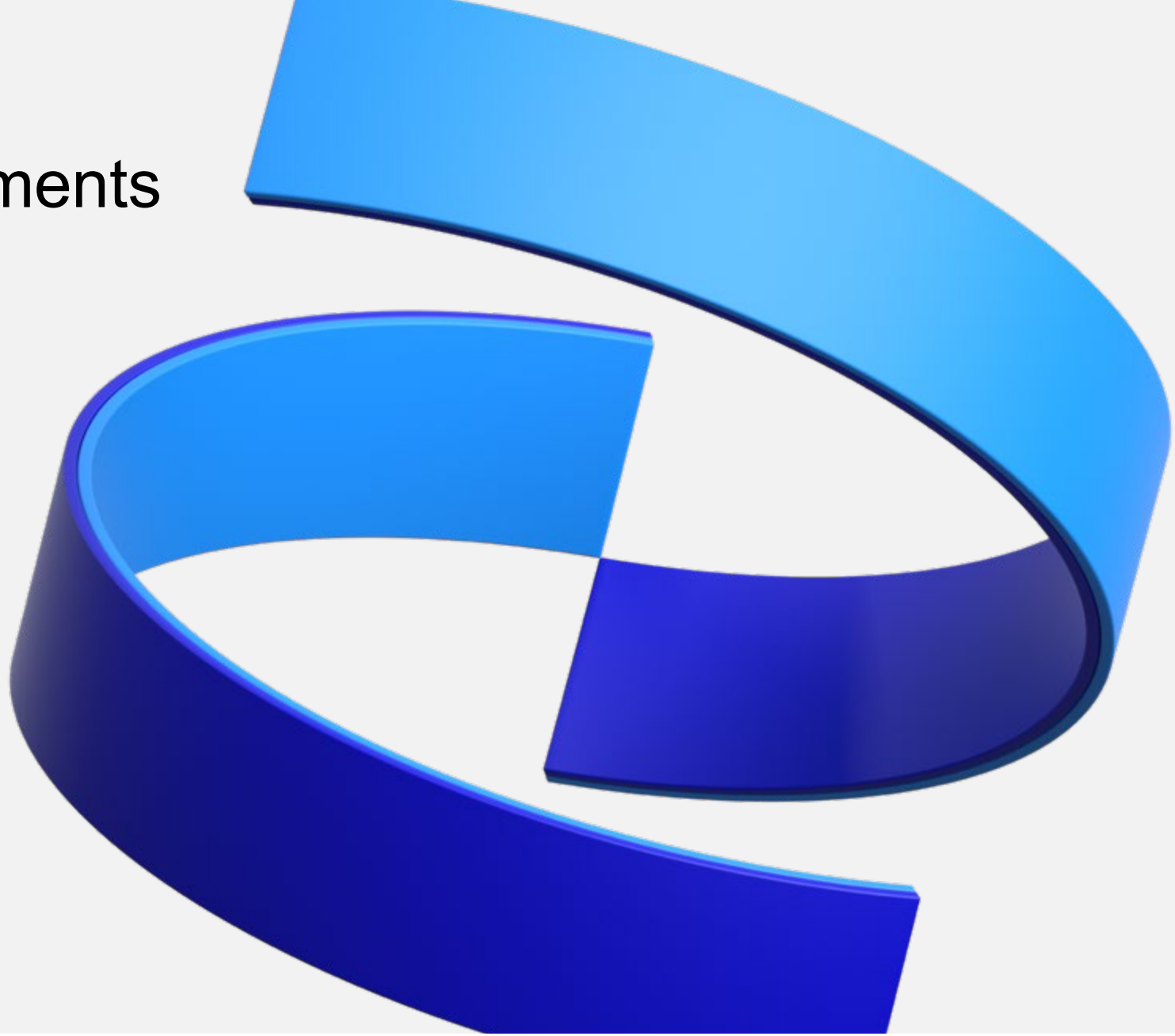
1. We believe GBT-601 is poised to be a **foundational best-in-class oral therapy** for all patients with SCD.
2. Inclacumab has potential to be **differentiated IV therapy** for patients struggling with VOCs.
3. **Pfizer's experience and expertise** in drug development in SCD and our **existing commercial footprint** in rare hematology positions us to effectively meet the needs of SCD patients worldwide.

We Are Enthusiastic About This Portfolio to Address the Underserved Needs of the Sickle Cell Community

Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply
SCD: sickle cell disease; VOC: Vaso-occlusive crisis.
1. No head-to-head data anticipated, based on anticipated cross-trial comparisons.

mRNA Vaccine Developments

Working to Expand Pfizer's Leadership



Annaliesa Anderson, PhD, FAAM

SVP, Chief Scientific Officer
Vaccine Research & Development

Navin Katyal

U.S. Commercial & Global Business Lead
for mRNA Portfolio

December 12, 2022

Enhancing and Expanding mRNA Vaccine Leadership

mRNA

Building on the Success of 4 Pivotal Vaccine Readouts in 2022

Pentavalent Meningococcal*
adolescent

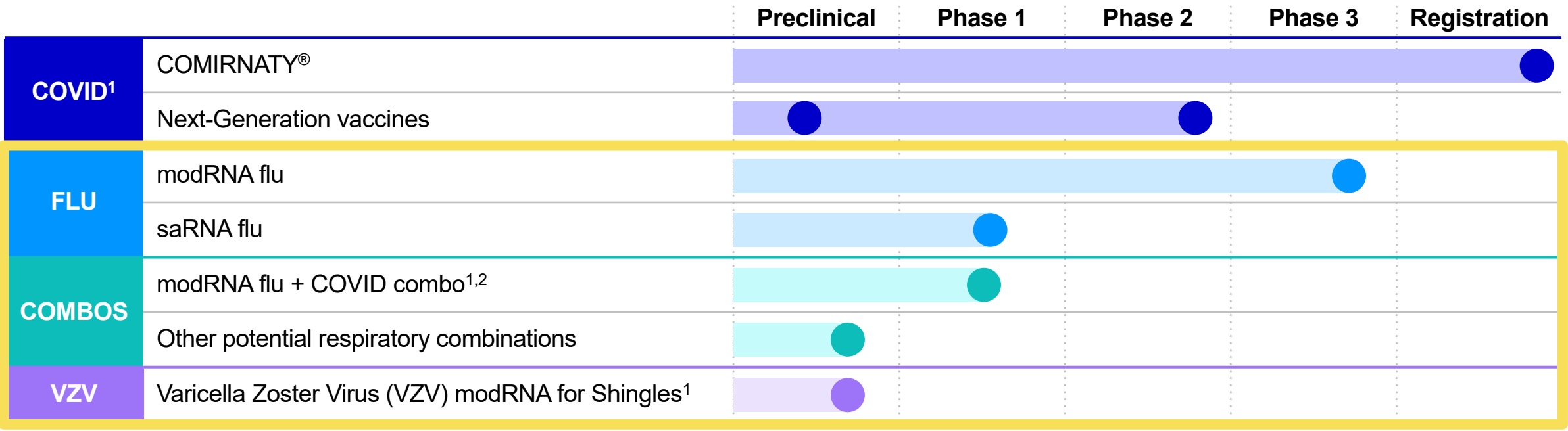
RSV*
maternal and adult

Prevnar 20™**
pediatric
Pneumococcal 20-valent Conjugate Vaccine

+

COMIRNATY®
(COVID-19 Vaccine, mRNA)

Select mRNA Programs



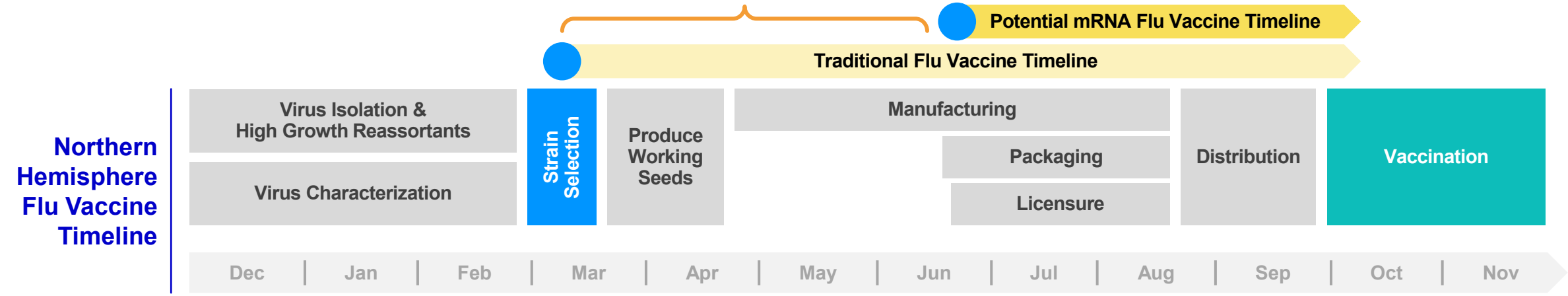
*Subject to data and regulatory approval; ** Not approved for use in pediatrics at this time and is subject to regulatory approval; 1. In collaboration with BioNTech; 2. Subject to reaching agreement with our partners.

Disease Overview & Unmet Need: Traditional Flu Vaccine Timeline Struggles to Meet Public Health Need

mRNA Platform Shortens Timelines Which Could Enable a Quicker Response to Flu Evolution

3–5M Severe Cases/Yr Globally[1]	In the US, **140–710K** Hospitalizations and **12–52K** Deaths/Yr[2]	Elderly Account for **~90%** of Deaths[3]	Estimated **$25B** in Economic Loss[4]

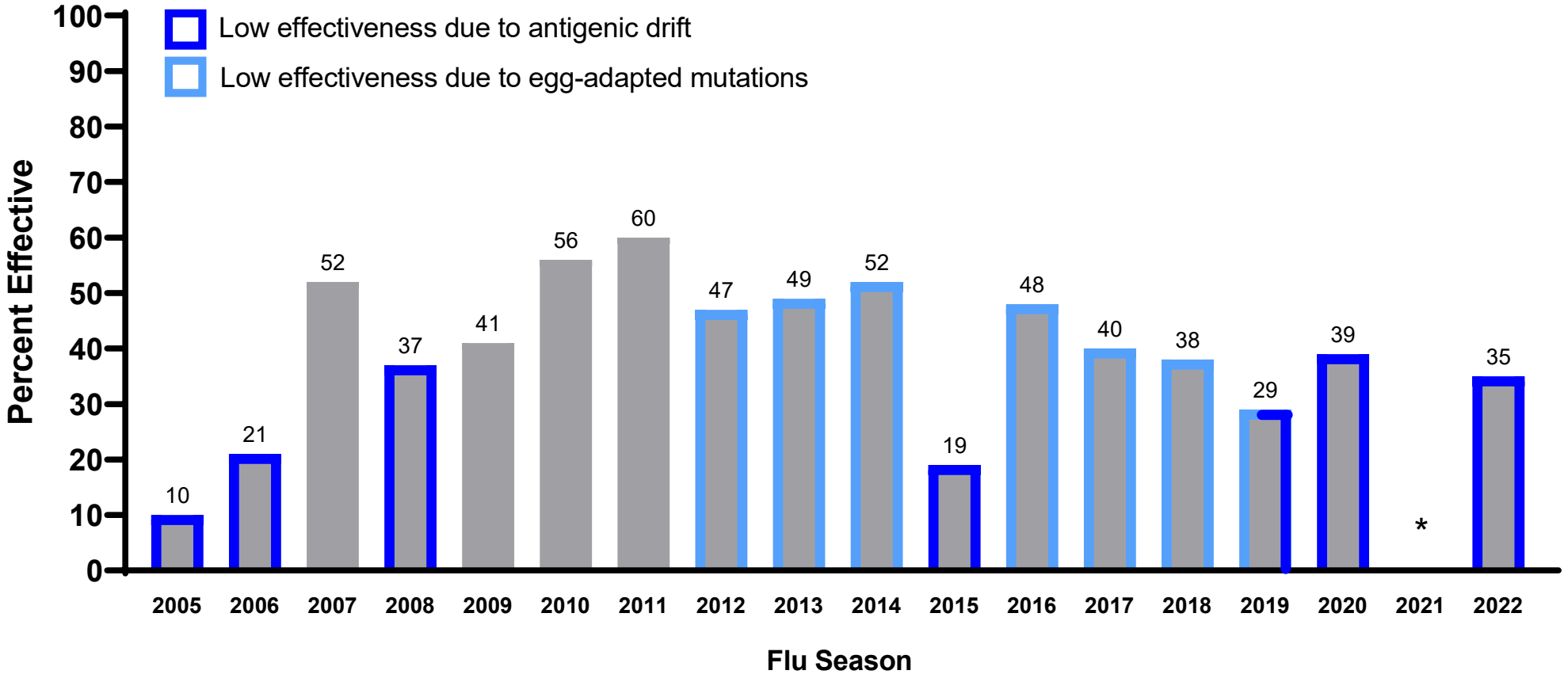
mRNA Platform Could Allow for the Future Opportunity to Move Strain Selection From 6 Months Prior to Vaccination to as Little as 3 Months



1. World Health Organization: http://www.who.int/mediacentre/factsheets/fs211/en/; 2. Centers for Disease Control and Prevention: https://www.cdc.gov/flu/about/burden/index.html; 3. Center for Disease Control and Prevention: https://www.cdc.gov/flu/spotlights/2018-2019/hopitalization-rates-older.html; 4. Putri et al, *Vaccine*. 2018 Jun 22;36(27):3960-3966.
Figure modified from Weir and Gruber, *Influenza Other Respir Viruses*. 2016 Sep; 10(5): 354–360.

Low Seasonal Flu Vaccine Effectiveness is a Key Driver of Public Health Burden

Antigenic Drift and/or Egg-adapted Mutations Contribute to Variability



*2020-2021 flu vaccine effectiveness was not estimated due to low flu virus circulation during the 2020-2021 flu season; 2021-2022 season preliminary, interim estimate. https://www.cdc.gov/flu/vaccines-work/2021-2022.html

Three-Pronged Approach That Aims to Transform Flu Vaccine Industry

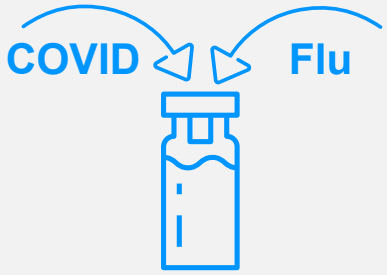
mRNA

Goals → **Improve Quadrivalent, Combine with Other Vaccines, and Broaden Coverage**

1

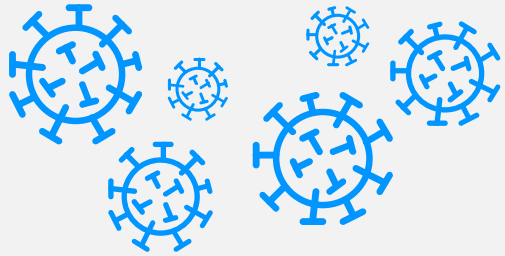
modRNA Quadrivalent (Hemagglutinin Antigen)

2



Respiratory Combination Vaccines

3

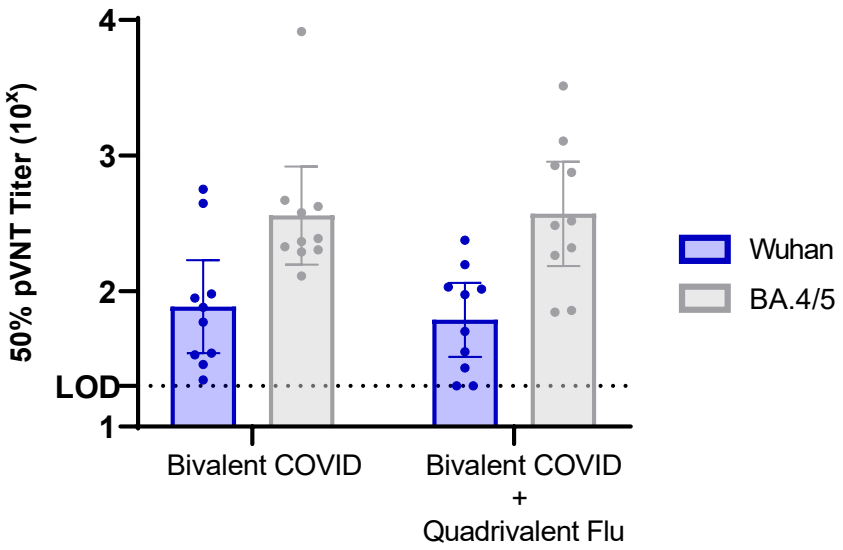


Increase Antigens (e.g., Neuraminidase) with saRNA Technology

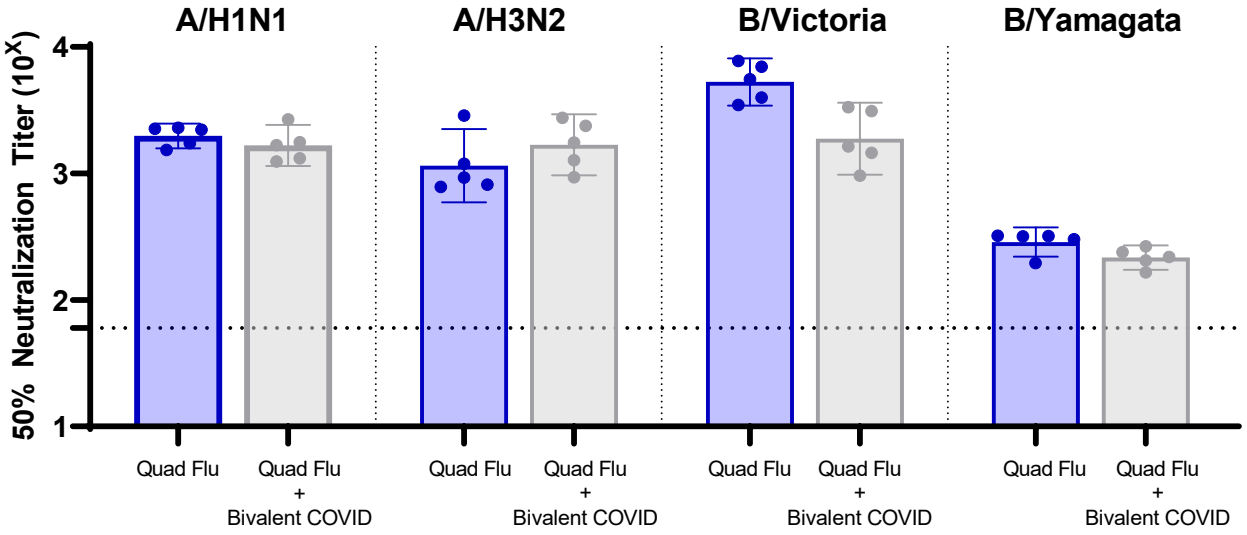
1 **Initiated Phase 3 Efficacy Study in 18+ with a modRNA candidate vaccine in Sept 2022, with Expected Readout in 2023**

2 Minimal Interference Seen Pre-Clinically in Mice in Flu/COVID Combo Compared to Standalone mRNA Vaccines

COVID Vaccine Responses[1]



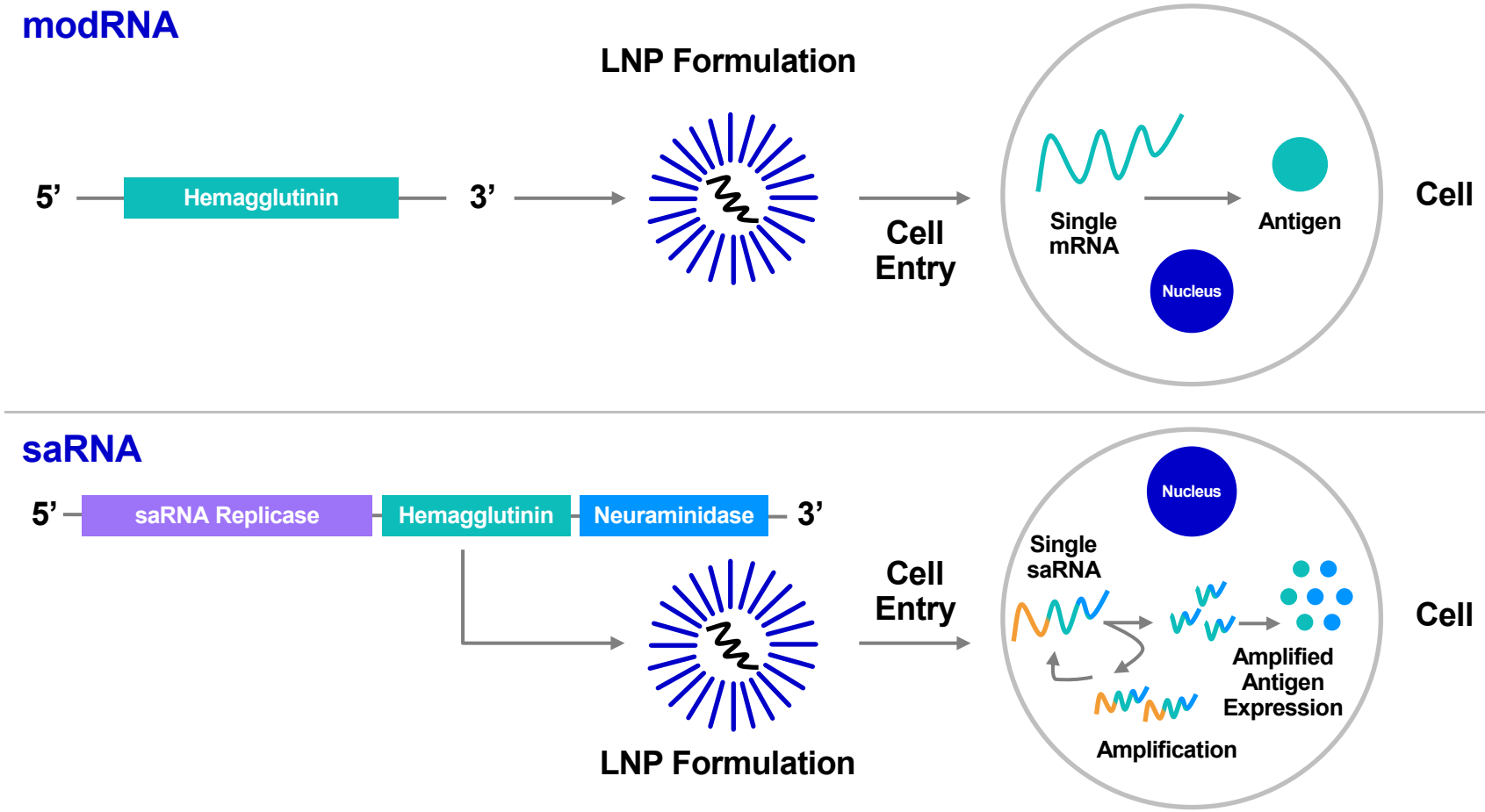
Flu Vaccine Responses[1]



Recent Milestone **Initiated Phase 1 Safety and Immunogenicity Study with a Combination Flu/Covid modRNA Vaccine Candidate in Oct 2022[2,3]**

A/H1N1 = Influenza A Subtype; A/H3N2 = Influenza A Subtype; B/Victoria = Influenza B Lineage; B/Yamagata = Influenza B Lineage; 1. 3 weeks post-dose 1 data in mice; 2. In collaboration with BioNTech; 3. Subject to reaching agreement with our partners.

3 Advancing mRNA Technology Through the Use of Self-Amplifying RNA (saRNA)



Potential Advantages of saRNA

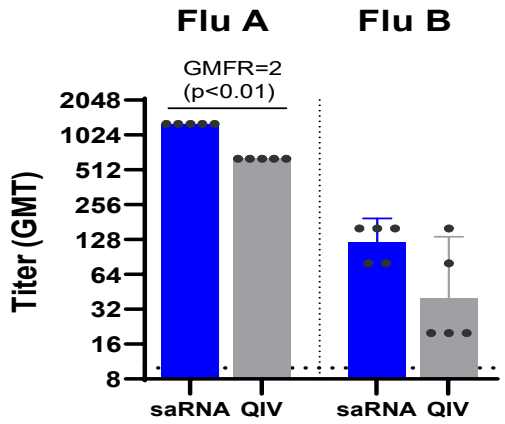
- Increased duration of expression
- Lower dose levels
- Improved tolerability
- Increased antigen capacity
- Maintains robust antibody and T cell responses

5' = 5 Prime Untranslated Region; 3' = 3 Prime Untranslated Region; LNP = Lipid Nanoparticle

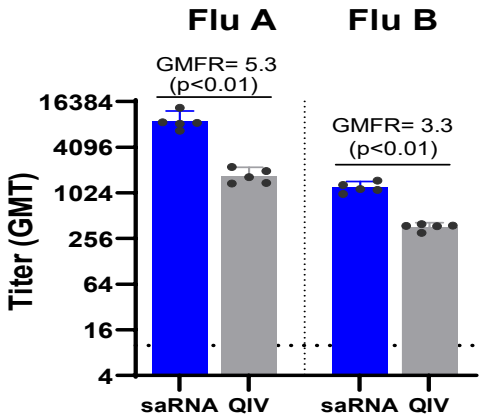
3 Traditional Flu Vaccines Do Not Contain Consistent Levels of Neuraminidase (NA)

saRNA Enables Co-Expression of NA and May Provide an Opportunity to Express Additional Antigens

Hemagglutination Inhibition Assay



Neuraminidase Inhibition Assay



2 weeks post-dose 2 in mice immunized with saRNA expressing HAs and NAs vs. Fluad (QIV) N=5

NA Has the Potential to be an Important Flu Antigen by Offering Cross-protection and Decreasing Disease Severity and Transmission

Next Milestone

Readout from Phase 1 Exploratory Study with Quadrivalent saRNA Vaccine Candidate Expected in Q2 2023

saRNA = self-amplifying mRNA; QIV = Quadrivalent inactivated vaccine; GMFR = Geometric Mean Fold Rise; HA = Hemagglutinin

Disease Overview & Unmet Need: Shingles (Herpes Zoster) modRNA Vaccine Has the Potential to Meet the Significant Burden of Disease and Have Better Tolerability

mRNA

Globally, Each Year VZV is Responsible for ~24M Shingles (Herpes Zoster) Cases[1], Leading to:

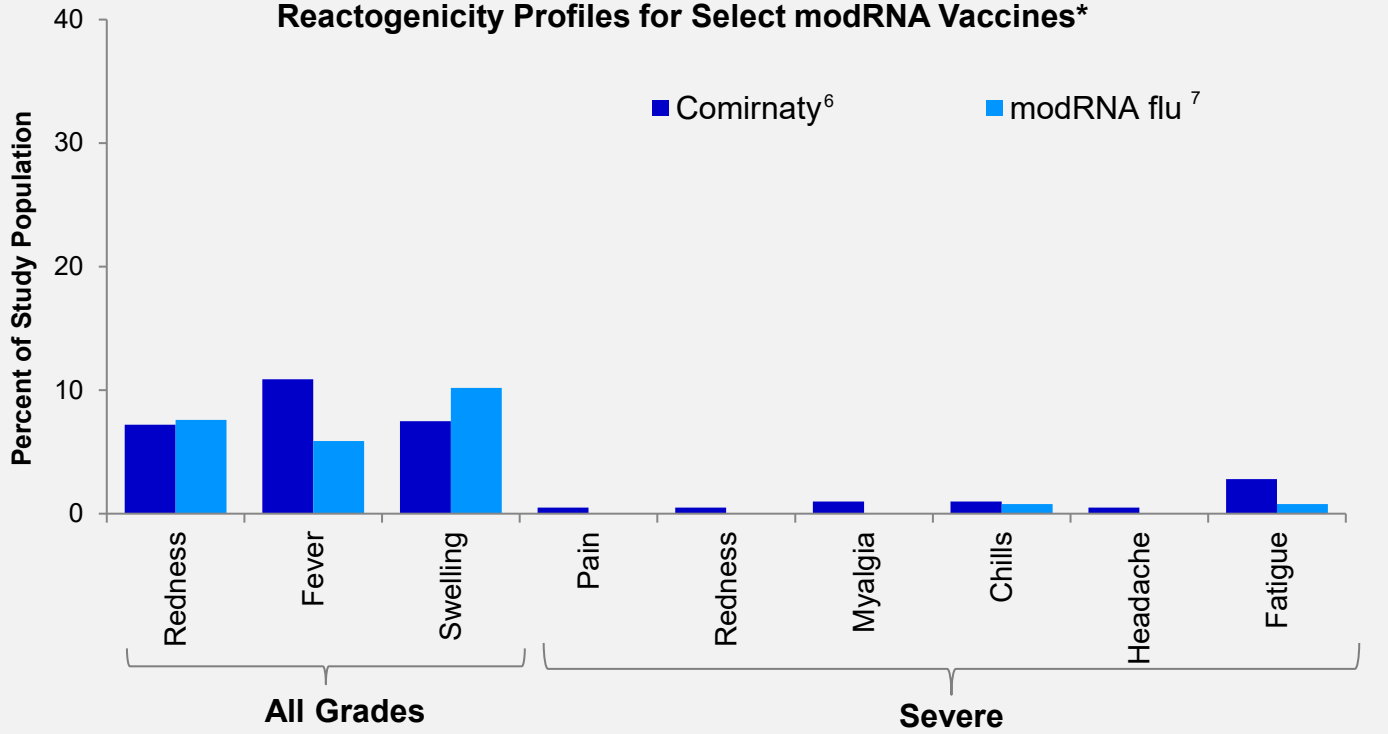
2,000 deaths[2]

800K hospitalizations[2]

2–5M patients with long-term complications[2]

Despite availability of **licensed vaccines**, the incidence of Shingles and its severe complication PHN is increasing[4], likely due to an aging population

A modRNA Vaccine Has the Potential to Be Less Reactogenic than Current Licensed Vaccine for Shingles [5]

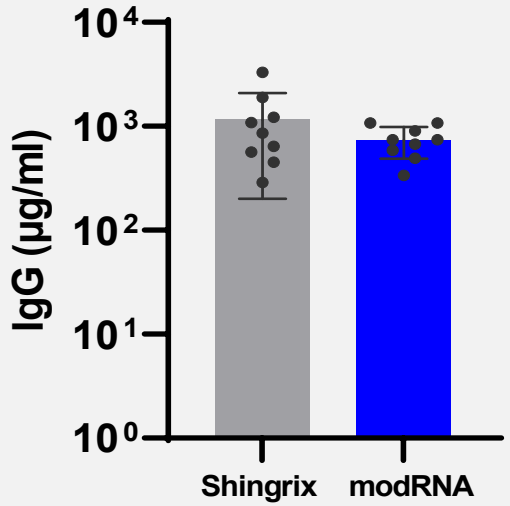


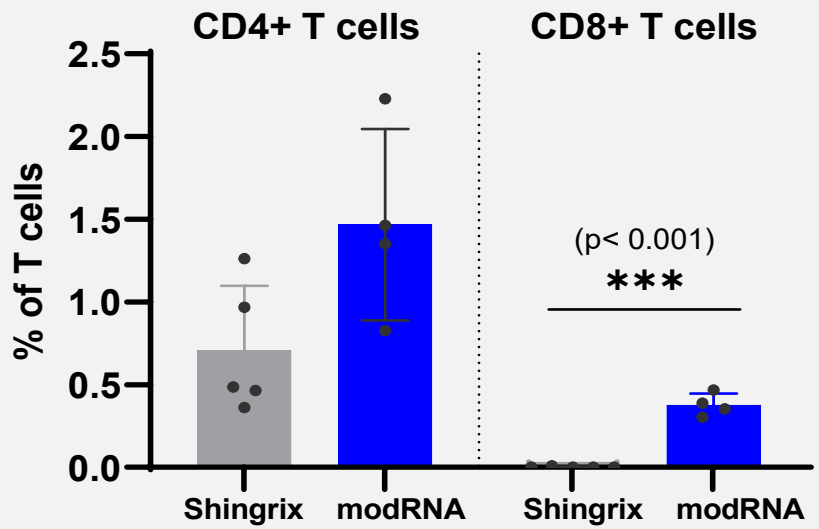
*Data not from head-to-head study. The reactogenicity of a Shingles modRNA Vaccine is currently being studied and is therefore not yet known.

VZV = Varicella-Zoster Virus; PHN = postherpetic neuralgia

Sources: 1. Extrapolated from US numbers; Yawn and Gilden D. *Neurology*. 2013 Sep 3;81(10):928-30; 2. Extrapolated from US numbers, Centers for Disease Control and Prevention: https://www.cdc.gov/shingles/hcp/clinical overview.html#:~:text=Deaths%3A,compromised%20or%20suppressed%20immune%20systems.; 3. Yawn et al., *Mayo Clin Proc*. 2007 Nov;82(11):1341-9; 4. Centers for Disease Control and Prevention:: https://www.cdc.gov/shingles/surveillance.html; 5. Centers for Disease Control and Prevention: https://www.cdc.gov/vaccines/vpd/shingles/hcp/shingrix/about-vaccine.html#:~:text=Shingrix%20Vaccine%20Efficacy%20and%20Duration%20of%20Protection,-Among%20immunocompetent%20adults&text=In%20a%20clinical%20trial%20of,aged%2070%20years%20and%20older; 6. Comirnaty (30 mcg) Ph 3: ≥ 56 y/o, post dose 2; 7. mRNA Flu (60 mcg) Ph 2: 65-85 y/o, post dose 1.

Pre-clinical Studies Highlight modRNA Efficacy and Potential for Highly Potent Shingles Vaccine Candidate





2 weeks post-dose 2 in mice primed with live attenuated virus

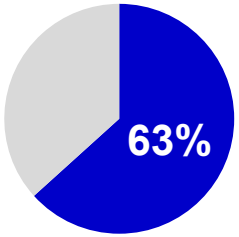
Next Milestone → **Phase 1 Safety and Immunogenicity Study Start with modRNA Vaccine Candidates Planned in Early 2023[1]**

1. In collaboration with BioNTech
Note: Subject to clinical trial and regulatory success.

Pfizer is Uniquely Positioned to Deliver the Full Value of Innovative mRNA Vaccine Solutions on a Global Scale

mRNA

1 Proven Global Leadership in mRNA Vaccine Commercialization



Pfizer/BioNTech cumulative global COVID-19 vaccine market share across reporting countries[1]

2 Broad Vaccines Portfolio Across Modalities

COMIRNATY® (COVID-19 Vaccine, mRNA)

Prevnar 20™ Pneumococcal 20-valent Conjugate Vaccine

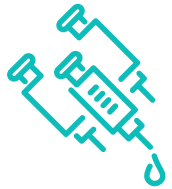
Trumenba® Meningococcal Group B Vaccine

TicoVac™ Tick-Borne Encephalitis Vaccine

Nimenrix™ Meningococcal group A, C, W$_{135}$ and Y conjugate vaccine

+18 NMEs & product enhancements in the clinic or registration[2]

3 Industry Leading Speed and Agility in Development and Manufacturing



Pfizer/BioNTech have delivered **>225 million doses** of bivalent COVID-19 booster globally[2]

4 Global Commercial Footprint and Stakeholder Engagement

Significant leadership capabilities in **contracting, field force, and consumer engagement**

Pfizer Expects to Be Able to Lead in Competitive Markets with Highly Differentiated Offerings, Capabilities, and Customer Reach

1. CDC, ECDC, OWID data as of Nov 2022. 2.Pfizer internal data as of Nov 2022.
NME New Molecular Entity

mRNA Vaccines Market Opportunity and Commercial Potential

Expected to Achieve Substantial and Sustainable Revenues as We Transition Out of the Pandemic State

mRNA

2020–22

A leading COVID-19 Vaccine in the Pandemic Environment

COMIRNATY® (COVID-19 Vaccine, mRNA)

2030 *Pfizer internal expectations & goals*

COMIRNATY® (COVID-19 Vaccine, mRNA) +

Influenza Vaccine

~$10B Estimated Global Market by 2030[3]

Potential for…

- Broader immune response
- Improved strain match
- Supply reliability

COVID-19 + Influenza Combination Vaccine[1]

mRNA Agility with Potential Enhanced Convenience

Potential for…

- Patient & HCP convenience
- Improved uptake
- Supply reliability

Shingles Vaccine[2]

~$6B Estimated Global Market by 2030[3]

Potential for…

- Favorable tolerability
- High efficacy
- Global supply stability

$10B–$15B Commercial Portfolio Potential

1. Subject to reaching agreement with our partners. 2. In collaboration with BioNTech. 3. EvaluatePharma as of Nov 2022.
Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

In Brief: Pfizer is Prepared to Expand in mRNA Vaccines

mRNA

We Have Great Confidence in Our Future mRNA Vaccines Portfolio…

- Promising mRNA vaccines pipeline
- Pursuing areas of significant unmet need and high patient impact
- Unparalleled ability to develop and commercialize innovative solutions on a global scale

…with Compelling Value Propositions Across Our mRNA Vaccines Pipeline

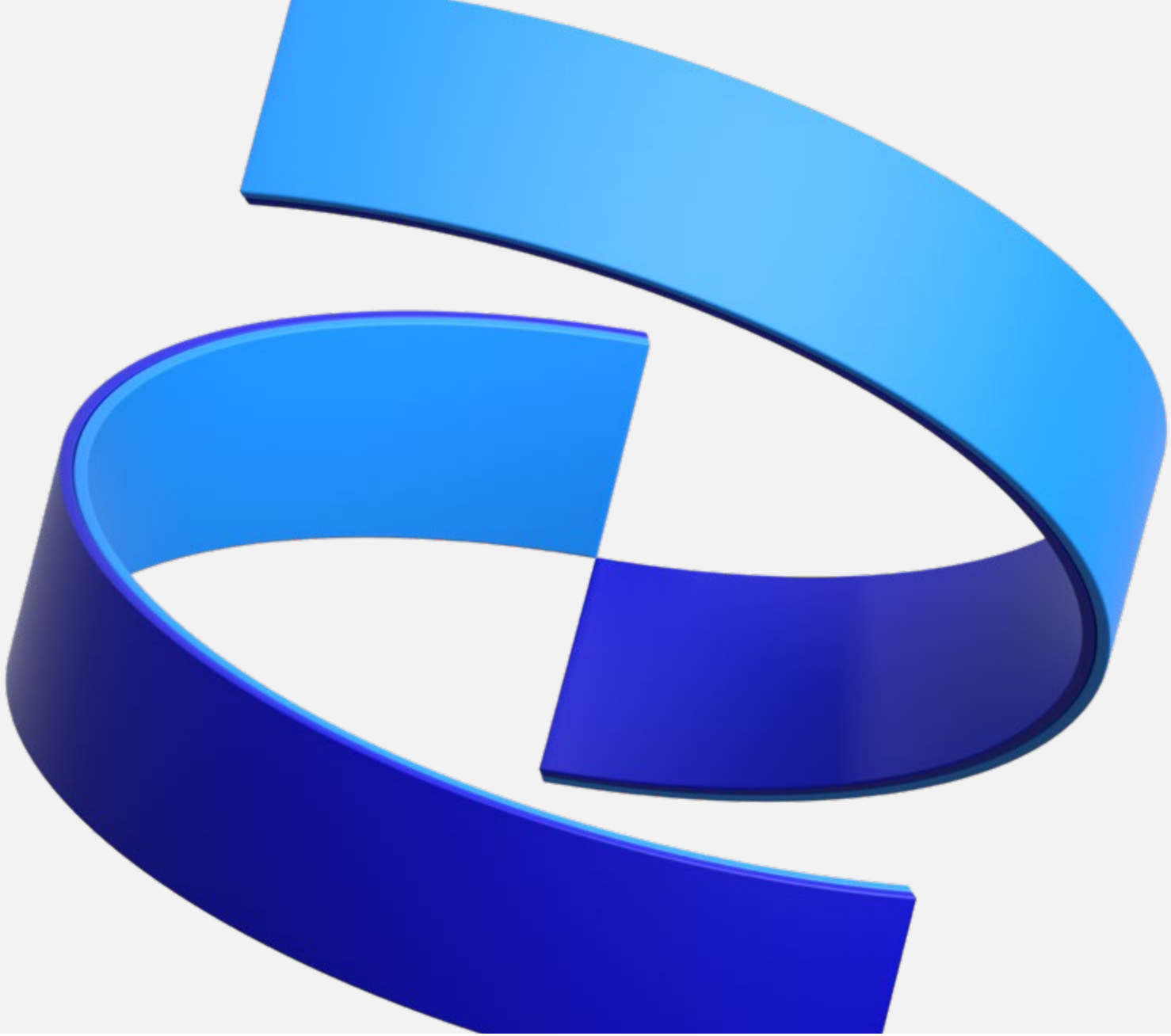
- **Influenza Vaccine** – Potential for broader immune response, improved strain match, and reliable global supply
- **COVID-19 + Influenza Combination Vaccine**[1] – Potential for stakeholder convenience, improved uptake, and reliable global supply
- **Shingles Vaccine**[2] – Potential for favorable tolerability, high efficacy, and scalability to support global access

We Are Prepared to Expand Pfizer's Leadership in mRNA Vaccines Through Our Highly Differentiated Portfolio of Vaccines, Industry Leading Capabilities, and Global Commercial Footprint

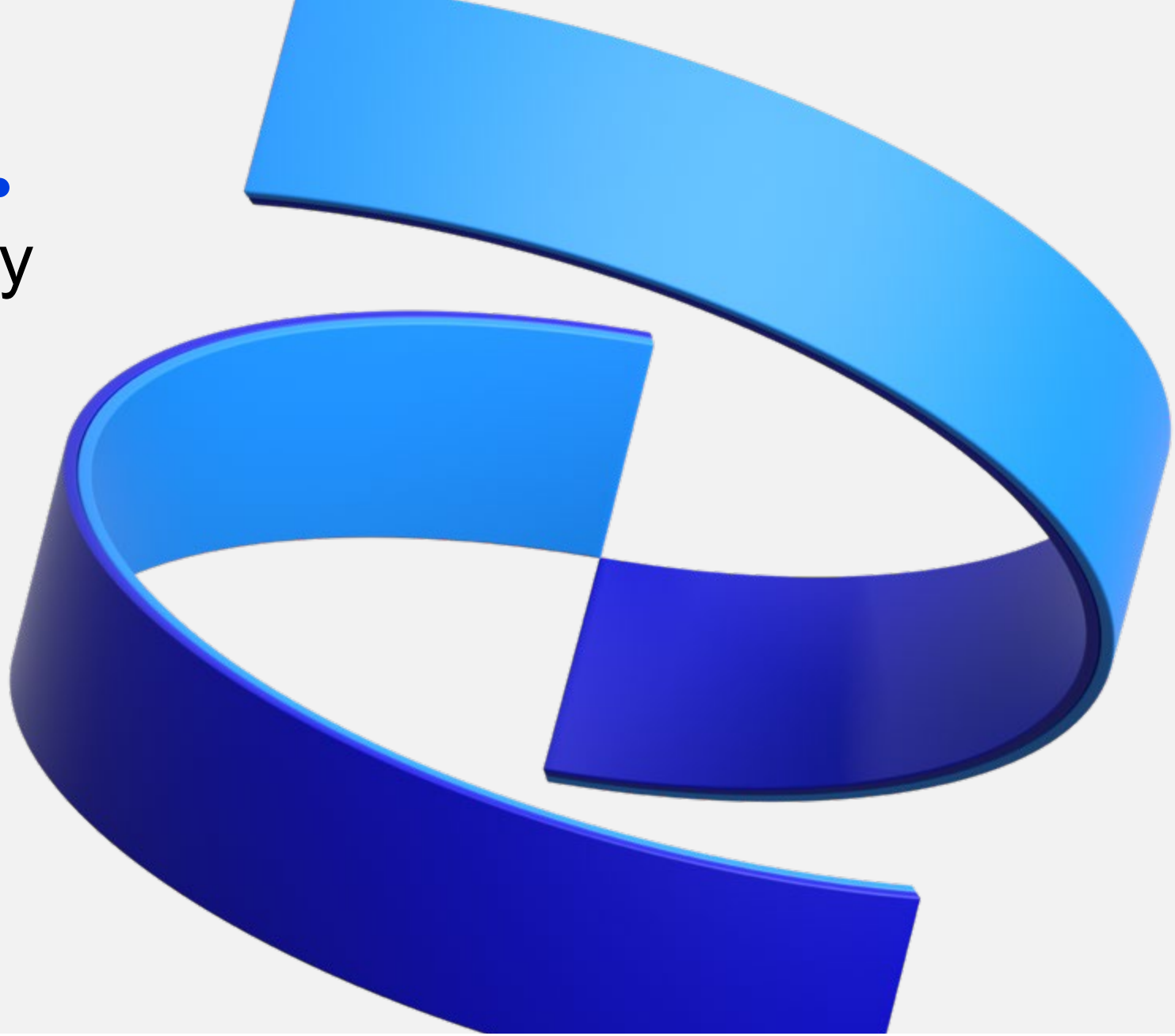
1. Subject to reaching agreement with our partners. 2. In collaboration with BioNTech.
Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

Q&A

High-Value Pipeline



Near-Term Launches + High-Value Pipeline Day



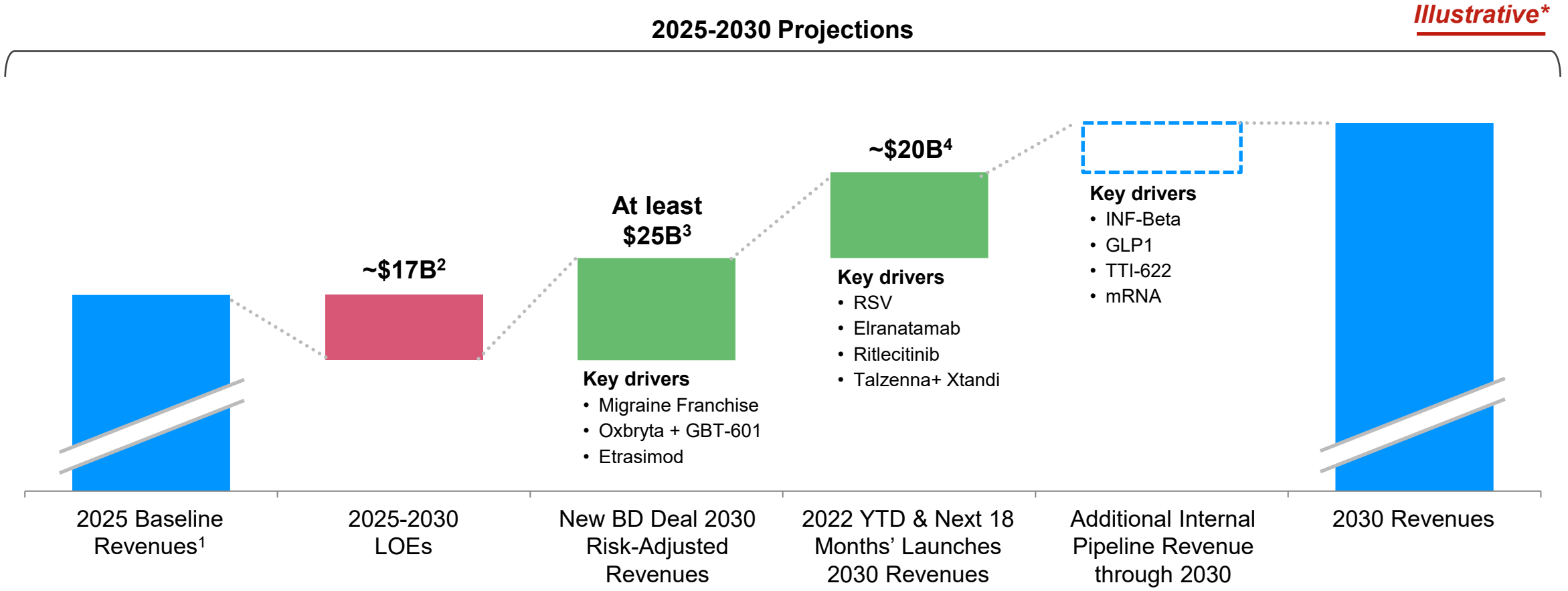
David Denton

Chief Financial Officer, Executive Vice President

December 12, 2022

Fortifying our Long-Term Growth Plans

*Illustrative**



*For illustration purposes only and not intended to be to scale. All values at constant exchange rates.
[1] Excludes 2022-2025 BD and 2022+ Launches
[2] Midpoint of expected negative LOE impact of $16B-$18B from 2025-2030.
[3] Risk-adjusted 2030 revenue goal from recent and new BD deals
[4] Internal 2030 risk-adjusted revenue expectations for NME and new indications launches as shown on slide 3
Note: Preliminary, subject to change, and subject to, among other risks, assumptions and uncertainties, clinical trial, regulatory and commercial success and availability of supply.

New Launches / Co-promotions and Potential Product Launches[1]

Product Candidate	Anticipated Indication	Expected Launch
New Molecular Entity (NME) Launches		
Ngenla (Ex-US)	Growth Hormone Deficiency	✓ 2022
Ritlecitinib	Alopecia Areata	2023
Elranatamab	Triple Class Relapsed or Refractory (Resistant to immunomodulators, proteasome inhibitors, and anti-CD38 therapy) Multiple Myeloma	2023
RSV Adults (60+)	Prevention of RSV-associated LRTI in adults >60 years	2023*
RSV Maternal	Prevention of RSV-associated LRTI in infants (via maternal immunization)	2023*
Pentavalent Meningococcal Vaccine	Prevention of meningococcal infection by serogroups ABCWY	2023*
Abrilada	Adalimumab Biosimilar	2023
mRNA flu Vaccine	Influenza	2024*
New Indications		
Myfembree	Endometriosis	✓ August 2022 (Pfizer co-promote)
COVID-19 vaccine BA.4/BA.5 variant	COVID-19	✓ September 2022
Cibinqo	Atopic Dermatitis Adolescent	2023
Braktovi/Mektovi	Lung Cancer (PHAROS)	2023
Talzenna (Talazoparib) + Xtandi (enzalutamide)	Metastatic castration resistant prostrate cancer (TALAPRO2)	2023
Xtandi	nmCSPC (EMBARK)	2023
Prevnar 20 Peds	Prevention of invasive pneumococcal disease, otitis media -Pediatric	2023*
Recently Announced Business Development Deals		
Nurtec ODT/Vydura	Acute treatment and episodic prevention of Migraine	✓ August 2022 (Pfizer promotion)[2]
Zavegepant (intranasal)	Acute Treatment of Migraine	2023
Oxbryta	Sickle cell disease	✓ October 2022 (with merger close)
Etrasimod	Ulcerative Colitis	2023

Note: Expected timing; all dates are preliminary, subject to change, and subject to clinical trial and regulatory success and availability of supply
* Estimated FDA decision; subject to regulatory approval, ACIP and MMWR to follow
[1] Over the next 18 months, we expect to have up to 19 new products or indications in the market – including the five for which we have already begun co-promotion or commercialization earlier this year
[2] Through a standalone detailing arrangement

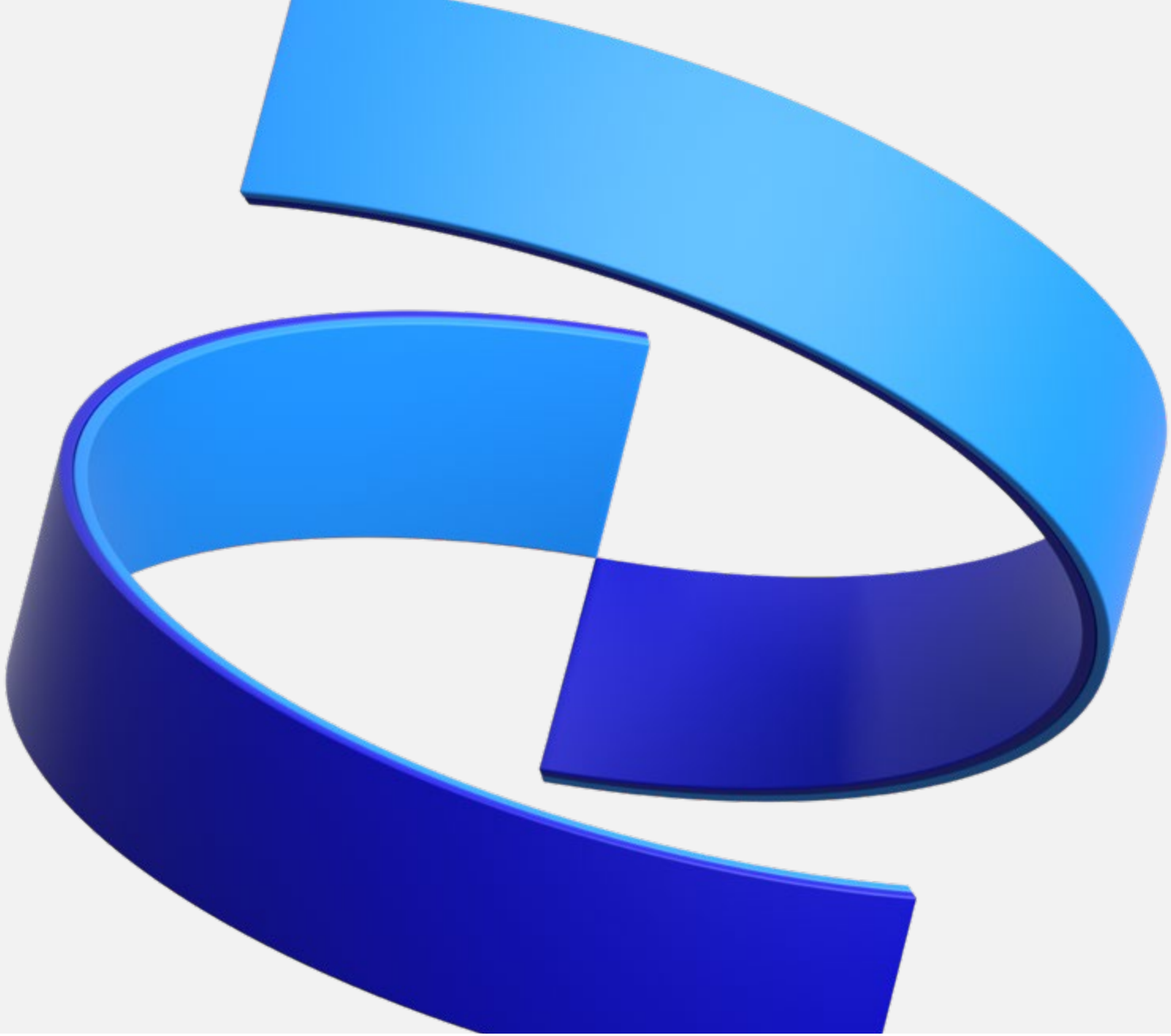
+7-9%

Expected Revenue Growth in 2023

(Excluding COVID-19 Products and Excluding the Impact of Foreign Exchange)

To help ensure successful launches, we plan to significantly increase investment in our commercial and R&D organizations in 2023.

Appendix



CIBINQO: Strongly Positioned to Help Address the Unmet Need in AD, With Significant Growth Potential

Significant Unmet Need and Growth Potential in Atopic Dermatitis

High Disease Prevalence

32M Patients in the U.S. living with atopic dermatitis (AD)[1]

Unmet Need in Moderate to Severe AD

60% of AD patients on biologic therapy do not reach "clear" or "almost clear" skin at 16 weeks[2]

Advanced Systemic Market Expected to Grow[3]

$6B 2022 → **$25B** 2030

Raising The Bar in the Management of Moderate to Severe AD

- Significant skin clearance and rapid itch relief[4]
- Favorable Benefit/Risk and consistent safety profile across trials[5]
- Superior Efficacy* of 200mg QD vs Dupilumab 300mg Q2W in H2H trial[6]
- In the US, potential to expand label to Adolescent in 2023, if approved

Promising Early Launch Signals

- Positive Patient experience in speed of itch relief and skin clearance
- Encouraging NBRx Trends (82% Rolling 4 weeks) in the US
- Expanded access, now covering 94M US lives (53%)
- Rapid patient uptake in Global Markets, particularly in China

Poised to Be a Leader in Moderate to Severe AD with Potential to Reach Blockbuster Status

Sources: 1. Silverberg, Public Health Burden and Epidemiology of Atopic Dermatitis, Dermatol Clin 35 (2017) 283–289. 2. Defined by IGA score of 0 or 1. Regeneron Pharmaceuticals, Inc. Dupixent (dupilumab) package insert. U.S. FDA website URL:https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/761055s020lbl.pdf. Revised May 2020. 3. M2S AD Market Estimated Revenue Growth (2022 to 2030) for G7 (US, UK, E4, Japan); DRG AD Market Forecast, updated June 2022

4. Simpson EL, Sinclair R, Forman S, et al. Efficacy and safety of abrocitinib in adults & adolescents with M2S atopic dermatitis (JADE MONO-1): a multicentre,double-blind, randomised, placebo-controlled, phase 3 trial. Lancet. 2020;396(10246):255-266

5. Data on file. Pfizer Inc, New York, NY 6. Reich K, Thyssen J, Blauvelt A, et al. Efficacy and safety of abrocitinib versus dupilumab in adults with M2S AD: a randomised, double-blind, multicentre phase 3 trial. Lancet. 2022;400(10348):273-282;

* In the US, Cibinqo is indicated for the treatment of adults with refractory, Moderate to Severe AD whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable. In the US, recommended starting dosage is 100mg once daily.

BRAFTOVI / MEKTOVI Continues to Advance with Additional Indications, as We Plan for Potential Launch in BRAF-Mutant mNSCLC* in 2023

Approvals & Expected Readouts

BRAFTOVI (encorafenib) capsules + MEKTOVI (binimetinib) tablets

Approved Indications

Lifecycle / Expected Readout

COLUMBUS
1L *BRAF*-mutant Metastatic Melanoma

2018
- 3rd To Market Targeted Therapy Regimen
- Market Leader Since Mar'22

BEACON
2L+ *BRAF*-mutant mCRC

2020
- 1st in Class and Only Approved Targeted Therapy Regimen
- Regimen Rapidly Supplanting Chemotherapy As Treatment Of Choice

Planned 2023 Launch*

PHAROS
1L+ *BRAF*-mutant mNSCLC

2023

STARBOARD
1L *BRAF*-mutant Metastatic Melanoma

BREAKWATER
1L *BRAF*-mutant mCRC

2024-25

NSCLC Incidence + Newly Recurrent Diagnoses		
Year	2023	2030
G7*	393,719	437,753
BRAF+ (2%)	7,874	8,755

Expected BRAFTOVI / MEKTOVI Duration of Therapy for BRAF-mutant mNSCLC = 10-12 months

*G7 = US, Japan, Germany, Italy, France, UK, Spain countries.
* Subject to regulatory approval

PCV20 Potential Pediatric Indication: Building on Pfizer's 20+ Year Legacy as a Leader in Pediatric Pneumococcal Conjugate Vaccines

Significant Unmet Need Remains

Projected number of cases per year among US children <5 years:

~1500 Invasive Pneumococcal Disease (IPD) cases[1]

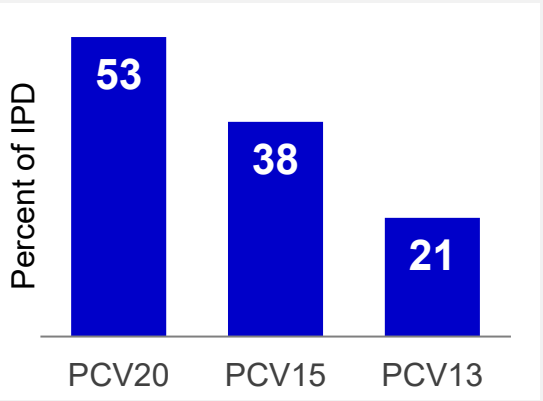
~12K Pneumococcal Acute Otitis Media (AOM) cases[2]

~270K Pneumococcal Community Acquired Pneumonia (CAP) cases[3]

Broadest IPD Coverage of any PCV

PCV20 Pediatric candidate will only help protect against the 20 serotypes in the vaccine.

PCV ST coverage for IPD among US children <5 years, 2018-2019[4]



Positive Phase 3 Results

- Robust immune responses to all 20 serotypes post dose[4]
- PCV20 demonstrated a favorable safety and tolerability profile similar to Prevnar 13®

Poised to Drive Rapid Uptake

- Clinical Differentiation:
  - Broadest IPD coverage of any PCV (for 20 S. pneumoniae serotypes contained in the vaccine candidate)
  - Built on efficacy and proven effectiveness of Prevnar vaccines (PCV7 and Prevnar13)
- 20 years of experience in the IPD market with Prevnar and Prevnar13
- Ability to rapidly transition through inventory management

sBLA Submission* completed October 2022; Potential Regulatory Decision targeted for 1H 2023

Estimated FDA decision; subject to regulatory approval, ACIP and MMWR to follow

ACIP = Advisory Committee on Immunization Practices; MMWR = Morbidity and Mortality Weekly Report; sBLA = Supplemental Biologic License Application
*Submission subject to acceptance by the FDA.
Data sources:
1. Projected IPD cases based on extrapolation of ABCs catchment population to <5 US Census 2020 population
2. Estimated based on 2014 incidence data from Tong S, et al., BMC Health Serv Res 2018;18:318 and % OM due to S. pneumoniae from Kaur R, et al., Pediatrics 2017;140.
3. Inclusive of ~20K inpatient cases and ~250K outpatient cases; estimated based on Jain et al., N Engl J Med 2015;372:835-45 and Kronman et al., Pediatrics 2011;127:411-8.
The % CAP due to S. pneumoniae from Huang SS et al., Vaccine 2011;29:3398-412.
4. Gierke R. Current Epidemiology of Pneumococcal Disease and Pneumococcal Vaccine Coverage among Children, United States. Presented to the Advisory Committee on Immunization Practices on Feb 24, 2022.

Pfizer's Pentavalent Meningococcal Vaccine Candidate* (MenABCWY) Provides an Opportunity to Strengthen Our Position as a Global Leader in Protection

Invasive Meningococcal Disease (IMD) is an Uncommon, But Serious Illness That Can Lead to Death Within 24 Hours

- About **1 in 10** people infected with IMD will die[1,2]
- Up to **1 in 5 survivors** will have long-term, devastating consequences, such as limb amputation, nerve and brain damage[1,2]

Public Health Need: Protection Against the 5 Most Common Meningococcal Serogroups

- **95%** of global IMD is caused by serogroups A,B,C,W,Y[3]
- Separate, complex vaccination recommendations for MenACWY and MenB today
- ~55 million adolescents and young adults are in the age range** for meningococcal vaccination
- **70% adolescents in the US have incomplete protection** against IMD caused by serogroups ABCWY[4]

Penta Value Proposition: Potential Broadest Meningococcal Serogroup Protection in a Single Vaccine

- If approved, Pfizer's Penta candidate could provide the **broadest serogroup protection in a single vaccine** helping to protect against MenABCWY
- And help **simplify** a currently complex meningococcal vaccination schedule, by potentially **reducing the total number of shots** needed for protection against meningococcal serogroups A,B,C,W, Y

Pfizer Was First to Announce Positive Phase 3 Data

- **Positive Phase 3 top-line results** announced on September 15, 2022 – all primary and secondary endpoints met
- **Potential regulatory decision targeted for 2H 2023***

*Estimated FDA decision; subject to regulatory approval, ACIP and MMWR to follow

**Age range defined as age 11-23; 11-12 year-olds, 16 year-olds for MenACWY; 16-23 year-olds for MenB per Meningococcal ACIP Recommendations

1. Centers for Disease Control and Prevention. Meningococcal disease: diagnosis, treatment, and complications. Updated February 7, 2022. Accessed April 12, 2022. 2. World Health Organization. Meningitis. Accessed January 15, 2022. 3. Purmohamad A et al. Microb Pathog 2019;134:103571. 4. Pingali C, Yankey D, Elam-Evans LD, et al. National vaccination coverage among adolescents aged 13–17 years — national immunization survey-teen, United States, 2021. MMWR Morb Mortal Wkly Rep. 2022;71(35):1101-1108

Pfizer's End-to-End Capabilities Position Us to be a Clear Market Leader, with our collaboration partner BioNTech, in COVID-19 Vaccines as the Virus Continues to Evolve

Development & Regulatory Agility

~60

Days from VRBPAC guidance to initial bivalent COVID-19 booster EUA in the U.S.

1st

Bivalent COVID-19 booster granted EUA in the U.S. for individuals 12-17 years of age and 5 years of age

Manufacturing Scale & Global Reach

>225m

Bivalent COVID-19 booster doses shipped globally[1]

>40

Countries already received our bivalent COVID-19 booster[1]

Proven Commercial Leadership

#1

Most preferred bivalent COVID-19 booster by administering HCPs and patients across key markets[2]

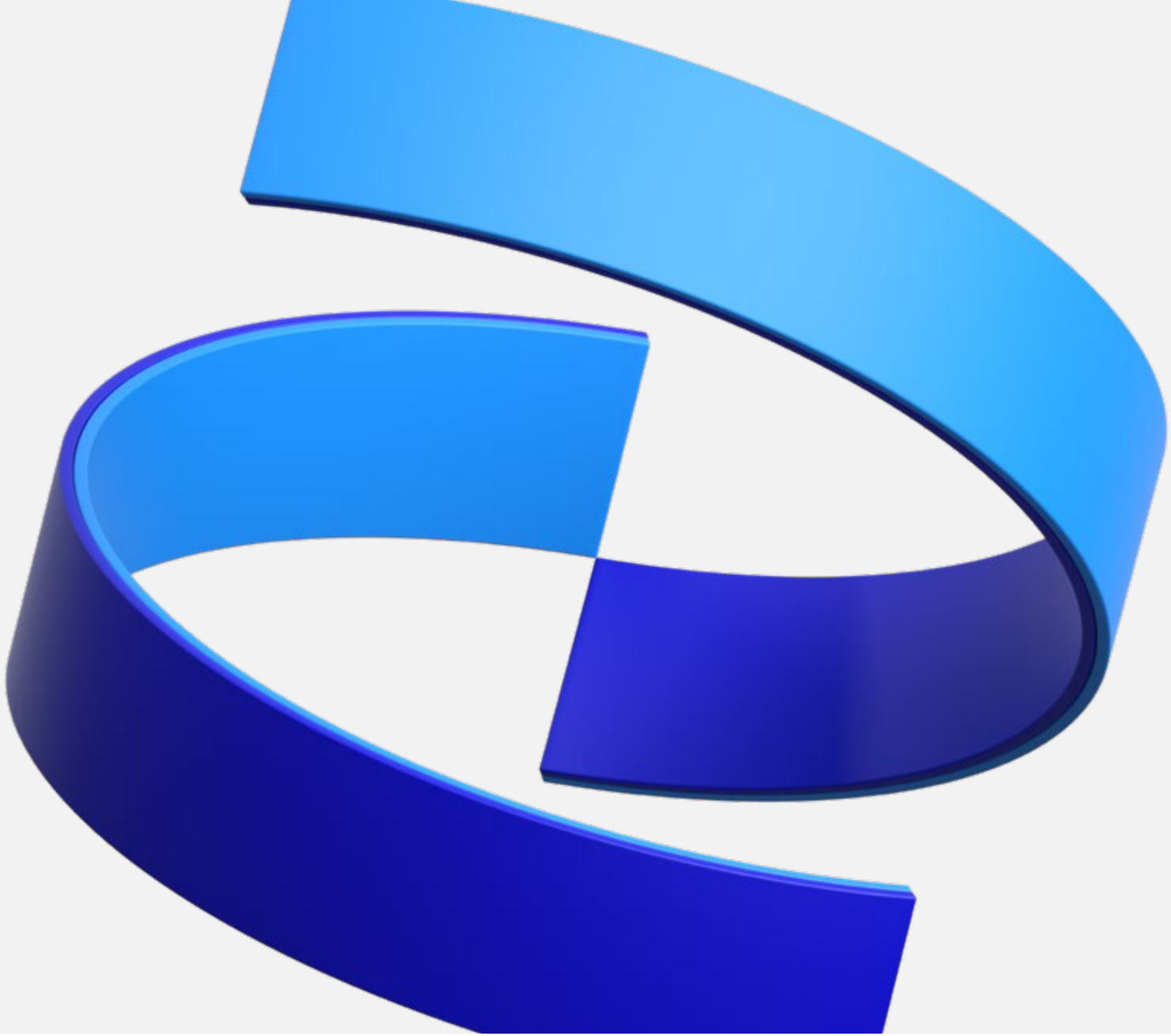
>60%

U.S. market share of bivalent COVID-19 booster since Aug 2022 EUA[3]

Demonstrated Ability to Respond to COVID-19 Disease Trends Will Help Serve as a Significant & Sustainable Competitive Advantage

1. Pfizer data as of Nov 2022. 2. Pfizer market research as of Sep-Oct 2022; includes U.S., Germany, France, Italy, Spain, UK, Japan. 3. CDC data as of Nov 2022.
VRBPAC Vaccines and Related Biological Products Advisory Committee; EUA Emergency Use Authorization; HCP Healthcare Provider

Glossary



Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
1L	**First Line**, typically used in oncology. Refers to the first treatment regimen that a newly diagnosed patient receives.
5-ASA	**5-Aminosalicylates**, oral therapies used to treat diseases such as UC and Crohn's disease.
AA	**Alopecia Areata,** an autoimmune disorder which causes hair loss.
AAP	**Abiraterone Acetate plus Prednisone/Prednisolone** inhibits the enzymatic activity of steroid 17alpha-monooxygenase, a member of the cytochrome p450 family that catalyzes the 17alpha-hydroxylation of steroid intermediates involved in testosterone synthesis. Administration of this agent may suppress testosterone production by both the testes and the adrenals to castrate-range levels.
ADC	**Antibody Drug Conjugate**, an engineered protein which contains an antibody linked up to a small molecule or other agent, typically to boost efficacy.
AE	**Adverse Event**
Ag	**Antigen**, especially as used in vaccines.
AKTi	**AKT Inhibitor** any agent that inhibits protein kinase B (AKT).
AML	**Acute Myeloid Leukemia**, a cancer of the myeloid line of blood cells, characterized by the rapid growth of abnormal cells that build up in the bone marrow and blood and interfere with normal blood cell production.
ARi	**Androgen Receptor Inhibitor** a medicine that keeps androgens (male sex hormones) from binding to proteins called androgen receptors, which are found in normal prostate cells, some prostate cancer cells, and in cells of some other tissues. Preventing this binding blocks the effects of these hormones in the body.

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
ASH	American Society of Hematology
AT	**Advanced Treatment**, in the context used here refers to immunological therapies that come after older systemic therapies like steroids or broadly immunosuppressive agents.
BCMA	**B Cell Maturation Antigen**, a cell surface antigen, over-expressed on mature B lymphocytes like multiple myeloma cells.
BID	**Twice a day dosing**
BRCA1/2	**Breast Cancer Susceptibility Gene 1,2** is a mutation in either of the BRCA1 and BRCA2 genes, which are tumor suppressor genes.
BsAbs	**Bispecific Antibodies**, engineered antibody that unlike a typical human antibody which has two arms, each of which has the same target, bispecific antibodies have two different targets.
CAR-T	**Chimeric Antigen Receptor T Cell Therapy**, uses a modified human T cell to boost its specificity and activity. Can be autologous using a patient's own T cells or allogeneic which comes from a third-party donor.
CD47 / SIRPα	**CD47**: Cluster of Differentiation 47, a transmembrane cell protein, which signals "don't eat me" (signalling as "self" rather than "foreign") to immune system cells. One of its ligands is SIRPα. **SIRPα**: SIgnal-Regulatory Protein Alpha, a ligand for CD47.
CGRP	**Calcitonin Gene-Related Peptide**, a neuropeptide implicated in migraine. Small-molecule (oral, intranasal) and antibody CGRP inhibitors (subcutaneious, IV) have it as their target.
Composition of Matter Patent	A patent covering the molecular formula of a drug or a family of drugs.

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
CR	**Complete Response**, generally means disappearance of all signs of cancer in response to treatment.
CRS	**Cytokine Release Syndrome**, a side effect of immunotherapy due to the release of cytokines into the blood from immune cells.
CTI	**Pfizer Centers for Therapeutic Innovation**, unique model for academic-foundation-industry collaborations, and to bridge the gap between early scientific discovery and its translation into potential new medicines.
CV	**Cardiovascular**, of or relating to the heart and blood vessels.
DCR	**Disease Control Rate**, the percentage of patients who have achieved complete response, partial response and stable disease to a therapeutic intervention.
DLBCL	**Diffuse Large B-Cell Lymphoma**, a cancer of B cells, a type of lymphocyte that is responsible for producing antibodies. It is the most common form of non-Hodgkin lymphoma among adults.
DM	**Dermatomyositis**, a severely debilitating, life-threatening disease affecting skin and muscle (especially lung and heart).
DMC	**Data Monitoring Committee**, typically comprised of external experts responsible for monitoring unblinded clinical trial data over the course of a trial. It makes recommendations to the study sponsor over matters like early termination of a study, etc.
Dx	**Diagnosed**
ECOG	**Eastern Cooperative Oncology Group**, typically used in the context of a scale describing patient's level of functioning (i.e., ability to care for themself, daily activity, and physical ability).

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
EMD	**Extramedullary Disease**, which occurs when myeloma cells form tumors outside the bone marrow in the soft tissues or organs of the body.
FPG	**Fasting plasma glucose**, a measure of blood sugar in the fasted state.
GLP-1	**Glucagon-Like-Peptide-1**, a naturally occurring or modified human peptide, which is the ligand for the GLP-1 receptor. GLP-1 activation has both local (in the digestive system) and central nervous system effects, delaying gastric emptying, increasing insulin secretion and feelings of fullness. This results in reduced blood sugar levels and decreased body weight.
GLP-1RA	**GLP-1 Receptor Agonist**, a small molecule or peptide which agonises (stimulates) the GLP-1 Receptor.
GMFR	**Geometric Mean Fold Rise**, a measure of immune response post-vaccination compared to pre-vaccination (e.g., GMFR = 10 means average titers are 10-times higher post-vaccination than they were pre-vaccination).
HA	**Hemagglutinin**, a surface antigen on the viral capsid which allows the influenza virus to enter a cell.
HbA1c	**Hemoglobin A1c**, also known as glycated hemoglobin, a measure of average glucose levels over the preceding 2-3 months.
HbS	**Sickle Hemoglobin**, caused by a process called polymerization; results in long, rigid rods which change a red blood cell into a sickle shape.
HCP	**Healthcare Professional**, a Doctor, Nurse Practitioner, Physician Assistant or other with prescribing ability.

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
HRR	**Homologous Recombination Repair** Describes a process in a cell in which a group of proteins work together to repair DNA damage. Changes in the homologous recombination repair pathway that result in the inability to repair DNA may lead to certain cancers, such as prostate cancer.
IFN-ß	**Interferon Beta**, a Type 1 interferon, one of twenty subtypes of Type 1 interferon.
IIM	**Idiopathic inflammatory myopathies,** a general category which includes DM and PM.
IM	**Immunomodulators**
LNP	**Lipid Nanoparticle**, is a formulation delivery tool to deliver RNA into the appropriate cellular compartment.
LOE	**Loss of Exclusivity**, the date by which regulatory exclusivity, or patent exclusivity has expired, and an agent could face generic/biosimilar competition.
MA-LRTI	**Medically Attended Lower Respiratory Tract Illness**
mCRPC	**Metastatic Castration-Resistant Prostate Cancer**, a cancer that has spread (metastasized) beyond your prostate gland and for which hormone therapy is no longer effective in stopping or slowing the disease.
MDG	**Mean daily glucose**, a measure of blood sugar.
mDOR	**Median duration of response**, typically used in oncology. A period of time in which the patient responds to a given therapy.
MM	**Multiple Myeloma**, a cancer disorder affecting mature plasma B cells, a type of white blood cell which produces antibodies in the body.

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
MMS	**Modified Mayo Score**, a standardized measure used in clinical trials for UC.
modRNA	**Modified mRNA** refers to mRNA which has added or altered components not normally present in native human mRNA. These components are added to impact function or stability when mRNA is used as a therapeutic or a vaccine. Most mRNA used as a vaccine or therapeutics is modRNA or saRNA, neither of which are naturally occurring.
mRNA	**Messenger RNA (RiboNucleic Acid)**, is a molecule that contains the instructions or recipe that directs the cells to make a protein using its natural machinery. It has been used for vaccines and is being studied as a potential therapeutic.
NBRx	**New to Brand Prescriptions**, refers to the first instance of a patient being prescribed a new medicine/therapy.
NDMM	**Newly Diagnosed Multiple Myeloma**, first line treatment setting in multiple myeloma. Patients are classified as being either eligible or ineligible to receive a bone marrow transplant.
NHT	**Novel Hormonal Therapies** second generation androgen-receptor inhibitors.
NL	**New Lesion**, coincident with target lesion decrease.
nmCRPC	**Non-Metastatic Castration-Resistant Prostate** Cancer the absence of radiographic evidence of metastatic disease by conventional imaging with a castrate level of testosterone and a confirmed rising prostate-specific androgen (PSA) level.
OR	**Overall Response**, the combination of partial or complete response to therapy; it does not include stable disease and is a direct measure of drug tumoricidal activity.

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
ORR	**Objective Response Rate**, refers to percentage of people in a study or treatment group who have a partial or complete response to treatment in a certain period of time.
OS	**Overall Survival** the length of time from the start of treatment that are still alive. In a clinical trial, measuring the overall survival is one way to see how well a new treatment works.
PARPi	**Poly ADP-Ribose Polymerase Inhibitor** a type of cancer drug. PARP is a type of enzyme that helps repair DNA damage in cells. PARP inhibitors work by preventing cancer cells from repairing, allowing them to die.
PCV20	**20-valent Pneumococcal Conjugate Vaccine**, a vaccine against the bacterium streptococcus pneumoniae which causes IPD, pneumonia, otitis media, and bloodstream infections. The 20 antigens are linked to a diphtheria toxin (CRM197) to generate a more profound immune response.
PDUFA Date	**Prescription Drug User Fee Act Action Date** by which the FDA attempts to respond to a company's BLA or NDA filing.
PM	**Polymyositis**, an autoimmune disorder primarily affecting muscle cells which causes chronic muscle inflammation and weakness that shares similarities to DM and IIM.
PMR	**Partial Molecular Response**, a partial response based on a scale for an imaging method that measures and visualizes metabolic activity of lymphoma.
PR	**Partial Response**, a decrease in the size of a tumor, or in the extent of cancer in the body, in response to treatment (30% for solid tumors, 50% for heme malignancies). Also called partial remission.
PreF	**Prefusion F**, a key form of the viral fusion protein (F) that Respiratory Syncytial Virus (RSV) uses to enter human cells.

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
PSA	**Prostrate Specific Antigen** a protein made by the prostate gland and found in the blood. PSA blood levels may be higher than normal in men who have prostate cancer.
PtGA	**Patient Global Assessment**, a quantitative type of patient reported outcome (PRO) often used in clinical trials. It represents the patients' own view of their condition.
PwM	**Patients with Migraine**
Q2W	**Once every 2 weeks**
QD	**Once-a-day dosing**
QIV	**Quadrivalent influenza vaccine,** containing HA antigens against two strains each of influenza A and B.
QW	**Once-a-week dosing**
ROA	**Route of Administration** is the manner in which a drug is delivered, e.g., orally, injected, topically applied, etc.
rPFS	**Radiographic Progression Free Survival** is typically defined as the time from random assignment to date of disease progression on CT and/or bone scan per trial definition, or death from any cause, whichever occurred first.
RRMM	**Relapsed or refractory multiple myeloma.** Relapse refers to return of a disease after a period of improvement. Refractory refers to cancer that doesn't improve with treatment, or stops responding to treatment.

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
RSV	**Respiratory Syncytial Virus,** an extremely common seasonal(fall/winter) respiratory virus. Most of the burden of the disease (hospitalization and potentially death) is borne by young infants (especially < 6 months of age) and older adults**.**
Rx	**Prescription**, for a therapy usually covering 30 days of treatment.
S1P Inhibitor	**Sphingosine-1-phosphate inhibitor**; S1P is a human signaling agent. Inhibition of S1P has the effect of confining certain immune cells to lymph nodes with potential therapeutic usage in autoimmune disorders such as UC and multiple sclerosis (MS)
SALT	**Severity of ALopecia Tool**, a standardized measurement of the severity of alopecia which is used in clinical trials and graded on a scale of 0 -100.
saRNA	**Self-Amplifying mRNA**, A modified form of native mRNA which is distinguished from modRNA as it has an added sequence encoding for a replicase, which allows the saRNA to reproduce itself several times inside a cell, in addition to coding for a protein or antigen of interest. Most mRNA used as a vaccine or therapeutics is modRNA or saRNA, neither of which are naturally occurring.
SC/SQ	**Subcutaneous**, referring to below the skin typically with regards to how a drug is administered.
SCD	**Sickle Cell Disease**, a genetic disorder affecting millions worldwide, associated with hemoglobin polymerization resulting in a sickling of red blood cells. Sickled red blood cells can block blood vessels and cause painful vascular occlusive crises (VOCs) and lead to multi-organ dysfunction and reduced life expectancy.
SD	**Stable Disease,** Cancer that is neither decreasing nor increasing in extent or severity (-30%/+50%).

Glossary of Medical and Scientific Terms

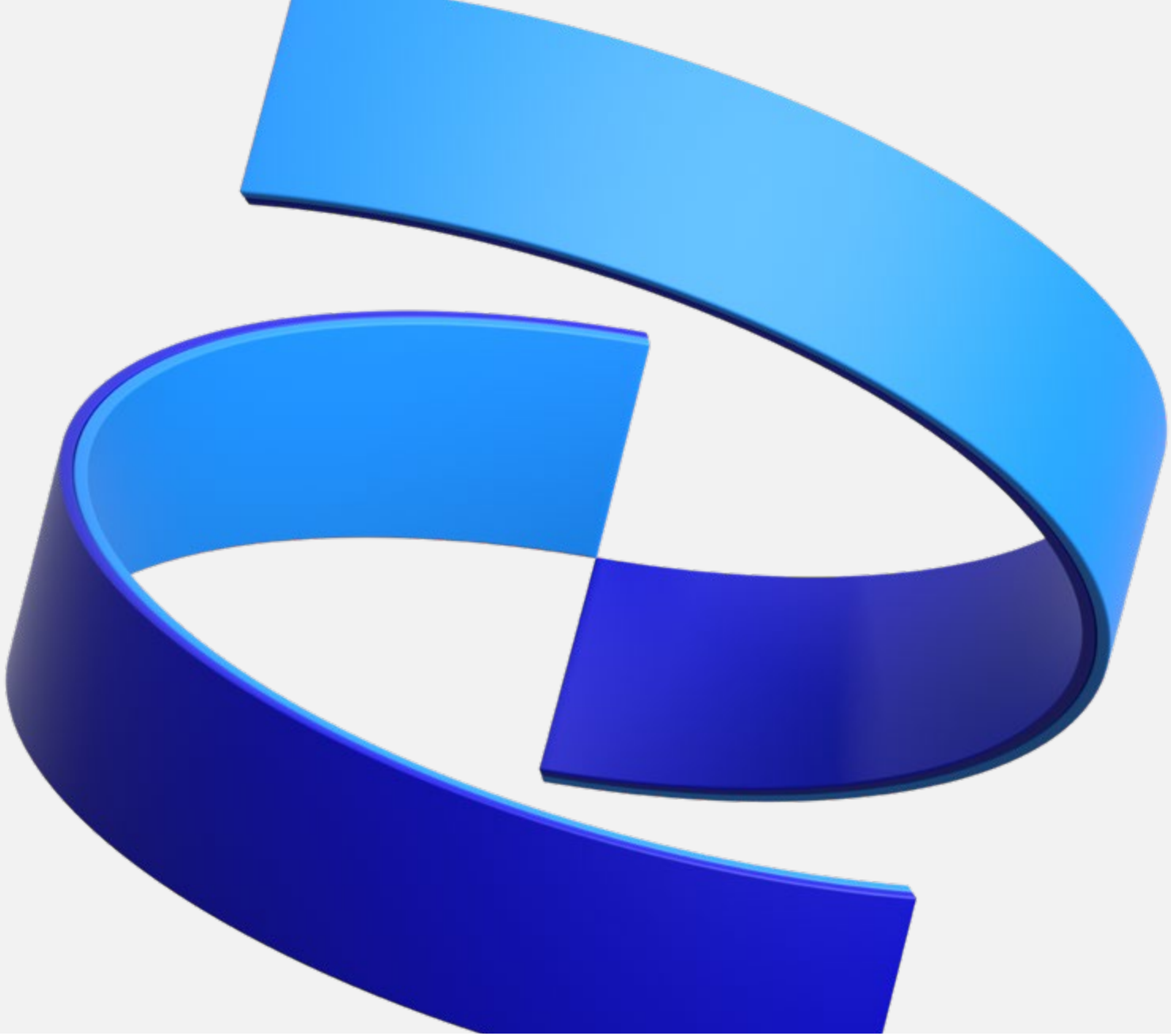
Acronym / Abbreviation / Term	Definition
Shingles	**Shingles** is a recurrent manifestation of an earlier infection with chickenpox (aka varicella zoster virus, VZV, or herpes zoster virus, HZV). Once the immune system fights the acute chicken pox infection, a remnant of the virus stays dormant in nerve endings, able to reactivate itself years later in the form of a painful rash with the potential for long-term sequelae (PHN – PostHerpetic Neuralgia – a long-lasting pain is the most common), especially in older adults.
SOC	**Standard of Care**, the typical treatment regimen for a given condition.
T2D	**Type 2 diabetes,** a chronic condition that impacts the body's ability to use glucose. It is associated with obesity in the majority of people living with T2D. People with T2D have generally high levels of insulin as their body is insulin resistant**.**
TCE	**Triple Class Exposed**, refers to a patient who has received 3 different classes of drugs, typically a proteosome inhibitor, an immunomodulatory drug and an anti-CD38 drug.
TEAE	**Treatment Emergent Adverse Events**, adverse events in a clinical trial, previously not present prior to the trial, or an already occurring event which worsens in frequency and/or intensity during the trial.
TNFi	**Tumor Necrosis Factor Inhibitor**, an inhibitor of tumor necrosis factor. TNF is also known as TNF-a and is an agent used to signal between cells in the human body. TNF is often inhibited as a treatment for various autoimmune disorders
TRx	**Total Prescriptions**, total number of prescriptions filled for a therapy over a given period of time as measured by a database such as IQVIA or Symphony Health.
Tx	**Treatment**

Glossary of Medical and Scientific Terms

Acronym / Abbreviation / Term	Definition
UC	**Ulcerative Colitis**, an autoimmune condition impacting the colon (large intestine).
VOCs	**Vaso-occlusive crises**, painful episodes caused by red blood cells sickling and blocking blood vessels in patients with sickle cell disease.
VZV	**V**aricella-**Z**oster **V**irus, also known as herpes zoster virus, the herpes virus responsible for chickenpox and shingles.

Key LOE Products

2026 - 2030



Key Products Included in the Expected ~$17 Billion in LOE Revenue Declines from 2025-2030

Product	2021 WW Revenues *($ millions)*	2021 U.S. Revenues *($ millions)*	2021 Dev. EU Revenues *($ millions)*	Year of Expected U.S. LOE	Year of Expected EU LOE
Eliquis	$5,970	$3,160	$1,520	2026*	2026
Inlyta	$1,002	$599	$181	2025	2025
Ibrance	$5,437	$3,418	$1,044	2027	2028
Xeljanz	$2,455	$1,647	$308	2025	2028
Xtandi	$1,185	$1,185	N/A	2027	N/A
Vyndaqel	$2,015	$909	$572	2024 (2028 pending PTE)	2026

* Date is based on the composition of matter patent. See Pfizer's 2021 Annual Report on Form 10-K filed with the U.S. Securities and Exchange Commission for more information about potential scenarios that could affect the timing of generic entry in the U.S.
PTE: Patent Term Extension LOE: Loss of Exclusivity

Thank You