Analyst and Investor Call to Discuss the First COVID-19 Comprehensive Approach: Pfizer-BioNTech Vaccine and Pfizer’s Novel Oral Antiviral Treatment Candidate

December 17, 2021
Forward-Looking Statements and Other Notices

This presentation and our discussions during this conference call include forward-looking statements about, among other topics, our efforts to combat COVID-19; the BNT162b2 mRNA vaccine program and the Pfizer-BioNTech COVID-19 Vaccine (BNT162b2) (including qualitative assessments of available data, potential benefits, expectations for clinical trials, the anticipated timing of data readouts, regulatory submissions, regulatory approvals or authorizations, potential efficacy against variants and variant specific vaccine development and anticipated manufacturing, distribution, supply, revenue contribution, growth and performance); Pfizer’s investigational oral antiviral candidate PAXLOVID (including qualitative assessments of available data, including interim data, potential benefits, expectations for clinical trials, the anticipated timing of data readouts, regulatory submissions, regulatory approvals or authorizations, potential to maintain antiviral activity against variants, planned investment and anticipated manufacturing, distribution, supply, revenue contribution, growth and performance); our anticipated future operating and financial performance, business plans and prospects; our ability to successfully capitalize on growth opportunities and prospects; and other statements about our business, operations and financial results that are each subject to substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements. Among other things, statements regarding revenue and earnings per share growth; the development or commercial potential of our product pipeline, in-line products, product candidates and additional indications, including expected clinical trial protocols, the timing of the initiation and progress of clinical trials and data read-outs from trials; the timing for the submission of applications for and receipt of regulatory approvals; expected breakthrough, best or first-in-class or blockbuster status of our medicines or vaccines; and the impact of anticipated improvements to our clinical operation performance, including our lightspeed approach to research and development of certain areas of our product pipeline, are forward-looking and are estimates that are subject to change and clinical trial and regulatory success. These statements are subject to risks, uncertainties and other factors that may cause actual results to differ materially from past results, future plans and projected future results. Additional information regarding these and other factors can be found in Pfizer’s Annual Report on Form 10-K for the fiscal year ended December 31, 2020 and in our subsequent reports on Form 10-Q, including in the sections thereof captioned “Risk Factors” and “Forward-Looking Information and Factors That May Affect Future Results”, as well as in our subsequent reports on Form 8-K, all of which are filed with the U.S. Securities and Exchange Commission and available at www.sec.gov and www.pfizer.com. Potential risks and uncertainties also include the impact of COVID-19 on our sales and operations, including impacts on employees, manufacturing, supply chain, marketing, research and development and clinical trials. The forward-looking statements in this presentation speak only as of the original date of the presentation and we undertake no obligation to update or revise any of these statements. 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. All trademarks in today’s presentation are the property of their respective owners.
Breakthroughs that change patients’ lives

Mikael Dolsten, M.D., Ph.D.
Chief Scientific Officer and President, Worldwide Research Development and Medical, Pfizer
Tools to Fight the Pandemic Exist, But Unmet Needs Remain

SCIENTIFIC Unmet Needs
- Variants of concerns (e.g., Omicron)
- Waning immunity and boosters
- Highly active oral therapies
- Pandemic to endemic transition

SOCIETAL Unmet Needs
- Vaccine hesitancy remains
- Vaccines in younger people
- Equitable access to medical advances
- Managing COVID-19 burden in next decade
Scientific Approach to Surveillance and Variants of Concern

1. **Conduct Surveillance & Predictive Modeling**
   - Monitor the real-world effectiveness of COMIRNATY and also potential use of PAXLOVID therapy to treat COVID-19 if approved or authorized

2. **Test Vaccine & Therapeutic Effectiveness**
   - Engineered (pseudo)virus: Test Neutralization by vaccine study samples and by protease

3. **Understand Real World Evidence**
   - Monitor the real-world effectiveness of COMIRNATY and also potential use of PAXLOVID therapy to treat COVID-19 if approved or authorized

4. **Boosting Immunity by Existing or Variant Targeted Vaccines**
   - Develop tailor made vaccines targeting variants to be deployed if needed and subject to regulatory approval/authorization

**Process in Action**

- Studies ongoing for potential Delta and Beta-specific vaccines
- Developing at risk a potential vaccine tailored to Omicron spike sequence
- Ability to develop/produce at scale tailor-made vaccine in ≈ 100 days if needed*
- PAXLOVID developed with mutations in mind, with the goal of avoiding treatment resistance

*It would take approximately 100 days after a decision is made to start manufacturing vaccine supply, subject to regulatory approval. Subject to regulatory approval; the companies have previously announced that they expect to produce four billion doses of BNT162b2 in 2022, and this capacity is not expected to change if an adapted vaccine is required.
Approach to Reduce Viral Spread, Prevent Hospitalizations and Save Lives

**COMIRNATY**

*for PREVENTION*

*Providing strong protection*

- EUA for those aged 5 though 15; full approval for 16+ years of age
- Boost recommendation 16+ years
- Favorable tolerability & safety profile
- Critical to managing pandemic spread

**PAXLOVID**

*for TREATMENT*

*Potential treatment option for patients who become infected*

- In Phase 2/3 study, strong efficacy in high-risk patients
- Study in standard risk patients currently ongoing
- Being studied for potential prophylactic use
- Potential key tool in managing COVID-19

*Subject to regulatory authorization or approval

**Ongoing COVID-19 Surveillance**
Scaling Vaccine Production to Fight Against COVID-19

Manufactured more than 3B doses in 2021; 4B projected for 2022

Key Enablers

- Reduced manufacturing time ≈ 110 days → average of 60 days
- Increased the number of sites from 6 → 30
  - >75% of the total volume occurring within the Pfizer network of internal sites and CMOs
- Optimized design of machinery & storage
  - Prefabricated formulation for dry ice operations
- Implemented significant process, yield, and batch size improvements
Launching a Potential Oral Anti-Viral to Continue the Fight Against COVID-19
*Projected to Manufacture 80M Treatment Courses in 2022*

<table>
<thead>
<tr>
<th>2022 Projections</th>
<th>MAY 2021 Plan</th>
<th>AUG 2021 Plan</th>
<th>SEPT 2021 Plan</th>
<th>NOV 2021 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>10M Treatment Courses</td>
<td>20M Treatment Courses</td>
<td>50M Treatment Courses</td>
<td>80M Treatment Courses</td>
<td></td>
</tr>
</tbody>
</table>

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*Plan*
- MAY 2021
- AUG 2021
- SEPT 2021
- NOV 2021

*Projected to Manufacture*
Lightspeed Paradigm for Vaccine and Treatment Development

- **Parallel Testing**: Design and test multiple constructs simultaneously
- **Expert Dose Selection**: Optimization of dose for vaccines and therapeutics
- **Streamlined Governance**: Empowered Teams and Swift Decision-Making While Maintaining Quality and Safety
- **At-Risk Investment**: Large Commercial Manufacturing Scale-Up
- **Faster Regulatory Dialogue**: Simplified, Near Real-Time Interactions
Kathrin Jansen, Ph.D.
Senior Vice President &
Head of Vaccine R&D
Our Continued Commitment to Help Transform the COVID-19 Pandemic Into a Manageable Endemic
### COMIRNATY: Only Vaccine Against COVID-19 That is Authorized in Individuals 5 Years of Age and Older

**Data from Ph2/3: BNT162b2 Vaccine Efficacy Post Dose 2**

<table>
<thead>
<tr>
<th>Age</th>
<th>Efficacy (%)</th>
<th>Authorization/Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 through 11</td>
<td>90.7(^1)</td>
<td>EUA – October 2021</td>
</tr>
<tr>
<td>12 through 15</td>
<td>100.0(^2)</td>
<td>EUA – May 2021</td>
</tr>
<tr>
<td>16 and older</td>
<td>95.0(^3)</td>
<td>EUA – December 2020</td>
</tr>
<tr>
<td></td>
<td>91.3(^4)</td>
<td>BLA – August 2021 with 6 months follow-up</td>
</tr>
</tbody>
</table>

EUA = Emergency Use Authorization; BLA = Biologics License Application

Evidence of Declining BNT162b2 Efficacy Against COVID-19 Over Time Yet Vaccine Remains Highly Effective Against Severe COVID-19 Disease, Hospitalization and Death

BNT162b2 Phase 3 Efficacy Decreases Slowly Over Time – Randomized Control Trial

- >7 days to <2 months PD2: 96.2%
- >2 months to <4 months PD2: 90.1%
- >4 months PD2: 83.7%

*Range: 4 months – 7.4 months
3rd BNT162b2 Dose Substantially Increases Neutralization Titers and Breadth against SARS-CoV-2 VOCs Compared to 2 Doses of BNT162b2


WT = Wild-Type; PRNT = Plaque-Reduction Neutralization Test, PD = Post Dose; VOCs = Variants of Concern.

Lower Limit of Detection

Pre-Dose 1  1 Month PD2  8 Months PD2  1 Month PD3

10^1  10^2  10^3  10^4

65-85 y/o
n=12/group
**3rd BNT162b2 Dose Substantially Increases Titers Over 2 Doses and Reduces Gap Between Wild-Type and Delta Neutralization**

![Graph showing titers](image)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>PRNT&lt;sub&gt;WT&lt;/sub&gt;</th>
<th>PRNT&lt;sub&gt;Delta&lt;/sub&gt;</th>
<th>Lower Limit of Detection</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-55 Years Old</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n=11/group</td>
<td>310</td>
<td>241</td>
<td></td>
</tr>
<tr>
<td>1 Month PD2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Month PD3</td>
<td>1546</td>
<td>1321</td>
<td></td>
</tr>
<tr>
<td>65-85 Years Old</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n=12/group</td>
<td>196</td>
<td>123</td>
<td></td>
</tr>
<tr>
<td>1 Month PD2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Month PD3</td>
<td>1613</td>
<td>1479</td>
<td></td>
</tr>
</tbody>
</table>


WT = Wild-Type; PRNT = Plaque-Reduction Neutralization Test; PD2 = Post-dose 2; PD3 = Post-dose 3
3rd BNT162b2 Dose Restores High Levels of Vaccine Efficacy and Demonstrates High Effectiveness Against Delta

Phase 3 booster dose highly effective against symptomatic COVID-19¹

<table>
<thead>
<tr>
<th></th>
<th>BNT162b2 (N=4695)</th>
<th>Placebo² (N=4671)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed COVID-19</td>
<td>5</td>
<td>109</td>
</tr>
<tr>
<td>Relative Vaccine Efficacy % (95% CI)</td>
<td><strong>95.6% (89.3, 98.6)</strong></td>
<td></td>
</tr>
</tbody>
</table>

Days After Booster Vaccination

Cumulative Incidence of COVID-19 Occurrence

Vaccine Group (as Randomized)
- A: BNT162b2 (30 µg)
- B: Placebo

Authorization/Approval

Booster EUA
(Sep 2021 select groups, Nov 2021 adults 18+, Dec 2021 16 and 17 yoa)

1. Data presented at ACIP on November 19, 2021; 2. Placebo group all had primary 2 dose series; NCT04368728
Viruses are isogenic, recombinant SARS-CoV-2 strains, with variant spike coding sequences on a common, USA-WA1/2020 genetic background.
Omicron Variant Contains Larger Number of Mutations Than Other Variants of Concern (VOC)

<table>
<thead>
<tr>
<th>Variant</th>
<th>Name</th>
<th>Mutations</th>
</tr>
</thead>
</table>
Post Dose 3 Omicron Neutralization Titers are Similar to Those Observed After Two Doses for Wild-Type Which Have Been Associated with High Effectiveness

*Pseudovirus neutralization test was used with the full set of Omicron spike mutations in a pseudovirus system that recapitulates SARS-CoV-2 virus binding, cell entry and trafficking. Each serum was tested simultaneously for its 50% pseudovirus neutralizing titer against the wild-type and the Omicron variant. Source: BioNTech Website
Establishing Regulatory Pathway for 100-Day Potential Vaccine Update

- mRNA allows for 100-day pivot to updated vaccine, if needed, and is subject to regulatory approval
- Extensive surveillance to monitor effectiveness
- Accurate assessment of neutralization across variants

PD2 = Post-dose 2; PD3 = Post-dose 3; VOC = Variant of Concern; NCT04368728
Careful Dose Ranging Study to Balance Immunogenicity with Acceptable Tolerability Profile

*Chills not collected in this age group as it is self-reported. Note: number of participants (N) in each treatment group who provided at least 1 yes or no response for the specified event within 7 days of the specified dose. This is the denominator used to calculate the percentages shown.

Careful Dose Ranging Study to Balance Immunogenicity with Acceptable Tolerability Profile

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dose</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>6m to &lt;2 y/o</td>
<td>3 µg</td>
<td>9</td>
</tr>
<tr>
<td>2 to &lt;5 y/o</td>
<td>3 µg</td>
<td>14</td>
</tr>
<tr>
<td>5 to &lt;12 y/o</td>
<td>10 µg</td>
<td>15</td>
</tr>
<tr>
<td>12-15 y/o</td>
<td>30 µg</td>
<td>30</td>
</tr>
<tr>
<td>16-25 y/o</td>
<td>30 µg</td>
<td>30</td>
</tr>
</tbody>
</table>

6 months - <12 data from Phase 1 NCT04816643; 12-15 and 16-25 data from Phase 3 NCT04368728.

7D = 7 days; 1M = 1 Month; PD2 = Post-dose 2
Pediatric Program Update
Looking Ahead: 2022 and Beyond

We Are Prepared For Each Scenario

Pandemic Scenarios

- Virus is leaving
- Virus is staying
- Virus is changing

Gain approval for all populations and age groups

Monitor variant epidemiology

Regulatory pathway to update vaccine, *if necessary*
Nanette Cocero, Ph.D.
Global President, Vaccines
Pfizer is the Global Leader in Vaccines for the Prevention of COVID-19

**Lightspeed to Market**

**1st Authorizations/Approvals**

Across broad populations

<table>
<thead>
<tr>
<th>EUA/Approval</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>16+ EUA</td>
<td>(Dec 2020)</td>
<td></td>
</tr>
<tr>
<td>12-15yrs. EUA</td>
<td>(May 2021)</td>
<td></td>
</tr>
<tr>
<td>16+ BLA</td>
<td>(Aug 2021)</td>
<td>Only COVID-19 Vaccine FDA approval in 16+</td>
</tr>
<tr>
<td>5-11 yrs. EUA</td>
<td>(Oct 2021)</td>
<td>Only COVID-19 Vaccine Authorized in this pediatric age group</td>
</tr>
</tbody>
</table>

**Doses Shipped Globally**

To over 160 countries

>2.4B

**Total Doses Manufactured**

Calendar Year 2021

~3B

**Value to Investors**

$36B

Estimated 2021 Direct Sales and PFE-BNT Alliance Revenues, COVID-19 Vaccine

1. First EUA for booster in 65+ yrs. & individuals 18-64 within certain high-risk groups; EUA = Emergency Use Authorization; BLA = Biologics License Application

Note: fiscal year deliveries differ from calendar year deliveries due to PFE’s international fiscal year end.
### Pfizer Expectations

<table>
<thead>
<tr>
<th></th>
<th>2022 Pandemic</th>
<th>2023 Hybrid</th>
<th>2024 and Beyond Endemic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PFE Contracts</strong></td>
<td>$31B revenue/1.9B doses</td>
<td>&gt;500m doses to date</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Procurement</strong></td>
<td>100% Government</td>
<td>Significant Government Contracts; Private in some markets</td>
<td>Primarily Commercial Expected</td>
</tr>
<tr>
<td><strong>Re-Vaccination</strong></td>
<td>Booster/annual revaccination</td>
<td>Annual re-vaccination for broad population; adherence &gt; flu</td>
<td></td>
</tr>
<tr>
<td><strong>Pediatric Vaccination</strong></td>
<td></td>
<td></td>
<td>Primary vaccination and re-vaccination for eligible pediatric population</td>
</tr>
<tr>
<td><strong>Omicron Variant</strong></td>
<td></td>
<td></td>
<td>A variant vaccine could result in additional 2022 demand</td>
</tr>
</tbody>
</table>

*Based on contracts signed as of mid-November 2021*
Demonstrated Success in Manufacturing Innovation, Scale, and Agility Enables Significant and Sustained Advantage

- Ability to produce 4B doses in 2022
- Strong record of timely production and delivery

- Decreased by 50%, from 110 days down to an average of 60 days

- Storage conditions up to 10 weeks 2-8°C
- Upcoming improved formulation launch that does not require dilutions (for 12+)

- Pack size flexibility for ease of use in retail and HCP offices
- Thermal container more user friendly

- Capacity to develop a tailor-made vaccine against new variant in approx. 100 days, subject to regulatory authorization
Pfizer’s Differentiated End-to-End Capabilities Positions Us to Lead in the Marketplace as the Virus Evolves

- **Commercial Leadership**: Global Footprint, Contracting Capabilities, Exceptional Customer Support and Trusted Gov. Relationships
- **Product and Manufacturing Leadership**: Agility, Product Innovation, and Supply Reliability
- **Scientific Expertise**: Clinical Epidemiological Experience, Product Development Excellence, Pre-licensure Trial Expertise, Regulatory Partnerships
PAXLOVID™
(nirmatrelvir; ritonavir) – COVID-19
Antiviral Candidate
With the Protease Inhibitor Candidate, We Are Building Upon a Strong Heritage in Pfizer Hospital

### A Complex and Broad Portfolio of Critical Medicines

**300+ Medicines across 14+ Therapeutic Areas**

### Supply Reliability

- **>95%**
  - Of our Sterile Injectable products are in stock as of today
- **98.6%**
  - Medically necessary¹ supplied

### Manufacturing Expertise

- **44 Medicines**
  - Manufactured Each Second

### Fueling the R&D engine: Anti-Infectives

- **1** NME in 2019 (Formation of Pfizer Hospital)
- **6** NMEs Today

### Generating Strong Revenue

- **$5.4B** 2021 First Nine Months Revenue²
- **+7%** 2021 First Nine Months Operational Growth²

### Impacting Patient Lives

- **200M+** Global Patient Count 2020 FY³

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¹ No other medicine available; PFE is primary manufacturer
² Revenue reconciliation found on slide 78
³ Patient counts are estimates derived from multiple data sources

NME = New Molecular Entity
Annaliesa Anderson, Ph.D., FAAM

Chief Scientific Officer,
Bacterial Vaccines and Hospital
Patients at “HIGH RISK” of progressing to severe COVID-19, including hospitalization or death

Patients at “STANDARD RISK” of progressing to severe illness

Post Exposure Prophylaxis

**People with Certain Medical Conditions: High risk is defined as patients who meet at least one of the following criteria: Older age (e.g., 60 years of age and older), Obesity, Current smoker, Chronic kidney disease, Sickle cell disease, Diabetes, Immunosuppressive disease or treatment, Cardiovascular disease or hypertension, Chronic lung disease, Active cancer, Medical-related technological dependence not related to COVID-19**

*Subject to regulatory approval. **Source: Lancet, CDC, EPIC-HR Trial protocol

PAXLOVID (nirmatrelvir; ritonavir): A First in Class COVID-19 Oral Protease Inhibitor Candidate is Being Developed in Three Target Patient Populations*
**Unprecedented Urgency to Deliver an Oral Therapeutic Designed For The Treatment of COVID-19**

<table>
<thead>
<tr>
<th>Design Phase</th>
<th>Program Initiated</th>
<th>Toxicology Study Start</th>
<th>Phase 3 EPIC-HR Start</th>
<th>Phase 3 EPIC-SR Start</th>
<th>Phase 3 EPIC-PEP Start</th>
<th>1st commercial batches manufactured 344 Kg</th>
<th>EPIC-SR Interim Analysis Readout</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/20</td>
<td>07/20</td>
<td>11/20</td>
<td>03/21</td>
<td>07/21</td>
<td>08/21</td>
<td>9/21</td>
<td>11/21</td>
</tr>
</tbody>
</table>

- **Overwhelming efficacy** (interim and final analysis) in **high risk COVID-19** patients; **regulatory submissions ongoing**
- **Publication**: “An oral SARS-CoV-2 M pro inhibitor clinical candidate for the treatment of COVID-19”; Science, November 2, 2021
- **EMA issued advice under Article 5(3)** supporting EU Member States who decide to allow the supply and use of PAXLOVID in emergency use settings

PAXLOVID: An Oral Antiviral Candidate for the Treatment of COVID-19

SARS-CoV-2 Capsid

Mechanism of Action (MOA)

PAXLOVID Treatment:
Nirmatrelvir (300 mg) with Ritonavir (100 mg) PO BID

Nirmatrelvir (PF-7321332): Inhibition of the SARS-CoV-2 main protease (Mpro) prevents viral replication through blocking the protease from processing the viral polyproteins

PO = Oral; BID = Twice a day

ACE2 = Angiotensin-converting enzyme 2, TMPRSS2 = Transmembrane serine protease 2

Nirmatrelvir (PF-7321332): Inhibition of the SARS-CoV-2 main protease (Mpro) prevents viral replication through blocking the protease from processing the viral polyproteins
Nirmatrelvir demonstrated compelling antiviral activity across variants of concern/interest

<table>
<thead>
<tr>
<th>Variant (first identified)</th>
<th>Antiviral activity in vero cells* – EC\textsubscript{50}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington (Wuhan)</td>
<td>37 nM</td>
</tr>
<tr>
<td>Alpha (UK)</td>
<td>41 nM</td>
</tr>
<tr>
<td>Beta (South Africa)</td>
<td>127 nM</td>
</tr>
<tr>
<td><strong>Delta (India)</strong></td>
<td><strong>16 nM</strong></td>
</tr>
<tr>
<td>Gamma (Brazil)</td>
<td>25 nM</td>
</tr>
<tr>
<td>Lambda (Peru)</td>
<td>21 nM</td>
</tr>
<tr>
<td>Mu (Columbia)</td>
<td>26 nM</td>
</tr>
</tbody>
</table>

*Vero-E6 – Pgp KO cells, EC\textsubscript{50}=half the maximal concentration required for complete antiviral activity; nM= nanomole , Pfizer internal data as of 15\textsuperscript{th} Dec 2021

Nirmatrelvir is a potent inhibitor of the Omicron Mpro

>500 x selectivity vs human targets
High in vivo safety margins
Clean genetic toxicology profile
Phase 1 Data Confirmed the Potential of PAXLOVID as a Broad Coronavirus Antiviral Therapeutic

Viral EC\textsuperscript{90}\textsuperscript{\wedge}

MERS: Middle East Respiratory Syndrome; SARS-CoV-1: Severe Acute Respiratory Syndrome Coronavirus 1; SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2

\^ EC\textsubscript{90}, concentration of nirmatrelvir that is 90% of the maximal effective concentration; MERS: Vero81 cells +1 uM P-gp inhibitor; SARS-CoV-1: VeroE6 +2 uM P-gp inhibitor; SARS-CoV-2: dNHBE cells
James Rusnak, M.D., Ph.D.

Chief Development Officer,
Internal Medicine and Hospital
# PAXLOVID Phase 3 Clinical Development Program

## Recruitment Target

<table>
<thead>
<tr>
<th>Pivotal Study</th>
<th>EPIC-HR</th>
<th>EPIC-SR</th>
<th>EPIC-PEP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recruitment Target</strong></td>
<td>3,000¹</td>
<td>1,140</td>
<td>2,660</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>At least one risk factor for severe COVID-19 infection</td>
<td>No risk factors for severe COVID-19 infection; or with risk factors plus vaccinated</td>
<td>Household contacts of individuals infected with SARS-CoV-2</td>
</tr>
<tr>
<td><strong>Actual / Expected Readout</strong></td>
<td>November 2021</td>
<td>1Q 2022*</td>
<td>2Q 2022</td>
</tr>
</tbody>
</table>

¹EPIC-HR = Evaluation of Protease Inhibition for COVID-19 – High Risk; EPIC-SR = Evaluation of Protease Inhibition for COVID-19 – Standard Risk; EPIC-PEP = Evaluation of Protease Inhibition for COVID-19 – Post-Exposure Prophylaxis; 1. The primary analysis of the interim data set evaluated data from 1219 adults who were enrolled by Sep 29, 2021. At the time of the decision to stop recruiting patients, enrollment was at 70% of the 3000 planned. Dates are preliminary and subject to change. Clinicaltrials.gov (Online) Available from https://clinicaltrials.gov/ct2/show/NCT04960202?cond=PF-07321332&draw=1&rank=1 [Accessed November 2021].

*Pfizer Announces Additional Phase 2/3 Study Results Confirming Robust Efficacy of Novel COVID-19 Oral Antiviral Treatment Candidate in Reducing Risk of Hospitalization or Death | Pfizer* (Accessed December 2021)
## PAXLOVID Phase 3 Clinical Development Program

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$^1$Pfizer Announces Additional Phase 2/3 Study Results Confirming Robust Efficacy of Novel COVID-19 Oral Antiviral Treatment Candidate in Reducing Risk of Hospitalization or Death | Pfizer (Accessed December 2021)
Evaluation of Protease Inhibition for COVID-19 – High-Risk (EPIC-HR):
Study Design and Key Demographics

**Design / Key Entry Criteria**

- Randomized, blinded, placebo-controlled
- Unvaccinated patients ≥18 years of age, ≥1 condition indicative of high-risk for progression to severe disease
- Onset of symptoms and confirmation of SARS-CoV-2 infection as determined by RT-PCR or Rapid Antigen test
  - **Within 5 days** prior to randomization
- At least 1 COVID-19 signs/symptoms

**Examples of High-Risk Conditions**

- BMI >25
- Diabetes
- Hypertension
- Cardiovascular disease
- Chronic lung disease
- Immunosuppression

**Key Demographics**

- Average age – mid-40’s
- ≤3 days from symptom onset ~2/3
- US ~40%, Europe ~30%; ROW ~30%

**TREATMENT:** nirmatrelvir/ritonavir vs placebo

- Twice-daily Nirmatrelvir 300 mg + ritonavir 100 mg or placebo

**Follow Up (FU)**

- Day 10
- Day 14
- Day 21
- Day 34
- Week 12
- Week 24

Abbreviations: BMI= Body Mass Index; RT-PCR = Reverse Transcriptase Polymerase Chain Reaction; ROW = Rest of World
EPIC-HR: Key Endpoints

<table>
<thead>
<tr>
<th>EPIC-HR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Endpoint</strong></td>
</tr>
</tbody>
</table>
| **Key Secondary Endpoints** | • Proportion of participants with COVID-19 related hospitalization or death from any cause through Day 28 in the mITT1 cohort ($\leq 5$ days since symptom onset)  
| | • Viral load  
| | • Safety |

mITT = Modified Intent to Treat Population ($\leq 3$ days since symptom onset)  
mITT1 = Modified Intent to Treat Population 1 ($\leq 5$ days since symptom onset)
EPIC-HR Primary Endpoint: Hospitalization and Death through Day 28 mITT Population (≤3 days since symptom onset)

<table>
<thead>
<tr>
<th></th>
<th>45% Interim Analysis Results</th>
<th>Full Analysis Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAX</td>
<td>PBO</td>
</tr>
<tr>
<td>Hospitalization or death by Day 28</td>
<td>3 / 389 (0.8%)</td>
<td>27 / 385 (7.0%)</td>
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<tr>
<td>Death by Day 28</td>
<td>0</td>
<td>7   (1.8%)</td>
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**EPIC-HR Primary Endpoint**: Hospitalization and Death through Day 28 mITT Population (≤3 days since symptom onset)

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Abbreviations: PAX = PAXLOVID; PBO = placebo; RRR = Relative Risk Reduction
mITT = Modified Intent to Treat Population (≤3 days since symptom onset)
**EPIC-HR: Hospitalization and Death through Day 28 mITT1 Population (≤5 days since symptom onset)**

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<td>PAX</td>
<td>PBO</td>
</tr>
<tr>
<td>Hospitalization or death by Day 28</td>
<td>6 / 607 (1.0%)</td>
<td>41 / 612 (6.7%)</td>
</tr>
<tr>
<td>Death by Day 28</td>
<td>0</td>
<td>10 (1.6%)</td>
</tr>
</tbody>
</table>

Abbreviations: PAX = PAXLOVID; PBO = placebo; RRR = Relative Risk Reduction
mITT1 = Modified Intent to Treat Population 1 (≤5 days since symptom onset)
# EPIC-HR: Hospitalization and Death through Day 28 mITT1 Population (≤5 days since symptom onset)

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Abbreviations: PAX = PAXLOVID; PBO = placebo; RRR = Relative Risk Reduction  
mITT1 = Modified Intent to Treat Population 1 (≤5 days since symptom onset)
## EPIC-HR: Approximate 10-fold Reduction in Viral Load at Day 5

<table>
<thead>
<tr>
<th></th>
<th>PAX</th>
<th>PBO</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>211</td>
<td>240</td>
</tr>
<tr>
<td>Least Squares Mean Change from Baseline</td>
<td>-2.69</td>
<td>-1.75</td>
</tr>
<tr>
<td>Least Squares Mean Difference 1-sided 80% CI</td>
<td>-0.93</td>
<td>(-\infty, -0.83)</td>
</tr>
</tbody>
</table>

Dataset: MITT1 (≤5 days since symptom onset)

~10-fold decrease (1 Log\(_{10}\)) in viral load, relative to placebo, was observed in EPIC-HR indicating robust activity against SARS-CoV-2 and representing the strongest viral load reduction reported to date for a COVID-19 oral antiviral agent.

Abbreviations: PAX = PAXLOVID; PBO = placebo; CI= Conference Interval
mITT1 = Modified Intent to Treat Population 1 (≤5 days since symptom onset)
### EPIC-HR: Final Analysis – Safety Outcomes

<table>
<thead>
<tr>
<th>Safety Outcome Results</th>
<th>PAX</th>
<th>PBO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment-emergent adverse events</strong> (Most mild in intensity)</td>
<td>23%</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Serious adverse events</strong></td>
<td>1.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td><strong>Adverse events leading to discontinuation of treatment</strong></td>
<td>2.1%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Abbreviations: PAX = PAXLOVID; PBO = placebo

Pfizer Announces Additional Phase 2/3 Study Results Confirming Robust Efficacy of Novel COVID-19 Oral Antiviral Treatment Candidate in Reducing Risk of Hospitalization or Death | Pfizer (Accessed December 2021)
## PAXLOVID Phase 3 Clinical Development Program

<table>
<thead>
<tr>
<th>Pivotal Study</th>
<th>EPIC-HR</th>
<th>EPIC-SR</th>
<th>EPIC-PEP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment Target</td>
<td>3,000¹</td>
<td>1,140</td>
<td>2,660</td>
</tr>
<tr>
<td>Population</td>
<td>At least one risk factor for severe COVID-19 infection</td>
<td>No risk factors for severe COVID-19 infection; or with risk factors plus vaccinated</td>
<td>Household contacts of individuals infected with SARS-CoV-2</td>
</tr>
<tr>
<td>Actual / Expected Readout</td>
<td>November 2021</td>
<td>1Q 2022</td>
<td>2Q 2022</td>
</tr>
</tbody>
</table>


¹The primary analysis of the interim data set evaluated data from 1219 adults who were enrolled by Sep 29, 2021. At the time of the decision to stop recruiting patients, enrollment was at 70% of the 3000 planned. Dates are preliminary and subject to change.


¹Pfizer Announces Additional Phase 2/3 Study Results Confirming Robust Efficacy of Novel COVID-19 Oral Antiviral Treatment Candidate in Reducing Risk of Hospitalization or Death | Pfizer [Accessed December 2021]

**Design / Key Entry Criteria**

- Randomized, blinded, placebo-controlled
- Unvaccinated patients ≥18 years of age, without conditions indicative for progression to severe disease OR patients who are at high risk for progression to severe disease and are fully vaccinated
- Onset of symptoms and confirmation of SARS-CoV-2 infection as determined by RT-PCR or Rapid Antigen test
  - **Within 5 days** prior to randomization
- At least 1 COVID-19 signs/symptoms

**Key Demographics**

- Average age – early 40’s
- ≤3 days from symptom onset ~2/3
- US ~40%, Europe ~30%; ROW ~30%

---

**TREATMENT:** nirmatrelvir/ritonavir vs placebo

- Twice-daily Nirmatrelvir 300 mg + ritonavir 100 mg or placebo

**Follow Up (FU)**

- Day 10
- Day 14
- Day 21
- Day 34
- Week 12
- Week 24

---

RT-PCR = Reverse Transcriptase Polymerase Chain Reaction; ROW = Rest of World
## EPIC-SR: Key Endpoints

<table>
<thead>
<tr>
<th>Primary Endpoint</th>
<th>EPIC-SR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time (days) to sustained alleviation of all targeted COVID-19 sign / symptoms through Day 28 in the mITT cohort (≤3 days since symptom onset)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Secondary Endpoints</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time (days) to sustained alleviation of all targeted COVID-19 sign / symptoms through Day 28 in the mITT1 cohort (≤5 days since symptom onset)</td>
<td></td>
</tr>
<tr>
<td>Proportion of participants with COVID-19 related hospitalization or death from any cause through Day 28 in the mITT1 cohort (≤5 days since symptom onset)</td>
<td></td>
</tr>
<tr>
<td>Viral load</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
</tr>
</tbody>
</table>

mITT = Modified Intent to Treat Population (≤3 days since symptom onset)

mITT1 = Modified Intent to Treat Population (≤5 days since symptom onset)
EPIC-SR: Primary Endpoint Definition

Definition of Time to Sustained Alleviation

<table>
<thead>
<tr>
<th>Baseline Severity</th>
<th>First of 4 Consecutive Day Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Mild</td>
<td>Absent</td>
</tr>
<tr>
<td>Moderate</td>
<td>Mild or absent</td>
</tr>
<tr>
<td>Severe</td>
<td>Mild or absent</td>
</tr>
</tbody>
</table>

Signs and Symptoms Attributable to COVID-19

Daily Signs and Symptoms collection

- Cough
- Shortness of breath or difficulty breathing
- Feeling feverish
- Chills or shivering
- Muscle or body aches
- Diarrhea
- Nausea
- Vomiting
- Headache
- Sore throat
- Stuffy or runny nose

Symptoms NOT targeted for analysis include: Loss of smell, loss of taste, fatigue
**EPIC-SR: Analysis of Time to Symptom Alleviation**

<table>
<thead>
<tr>
<th></th>
<th>Median (95% confidence interval) Time to Event (Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PAX</td>
</tr>
<tr>
<td>EPIC-SR mITT</td>
<td></td>
</tr>
<tr>
<td>(N=367)</td>
<td>13.0</td>
</tr>
<tr>
<td></td>
<td>(12-15)</td>
</tr>
<tr>
<td>EPIC-SR mITT1</td>
<td></td>
</tr>
<tr>
<td>(N=662)</td>
<td>13.0</td>
</tr>
<tr>
<td></td>
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Abbreviations: PAX = PAXLOVID; PBO = placebo
mITT = Modified Intent to Treat Population (≤3 days since symptom onset)
mITT1 = Modified Intent to Treat Population (≤5 days since symptom onset)
**EPIC-SR**: Hospitalization and Death through Day 28 mITT1 Population (≤5 days since symptom onset)

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<tbody>
<tr>
<td>Hospitalization or death by Day 28 (n/N, %)</td>
<td>3/428 (0.70)</td>
<td>10/426 (2.35)</td>
</tr>
<tr>
<td>RRR</td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>p-value</td>
<td></td>
<td>0.051</td>
</tr>
<tr>
<td>Death by Day 28 (n/N, %)</td>
<td>0/428 (0.0)</td>
<td>0/426 (0.0)</td>
</tr>
</tbody>
</table>

Abbreviations: PAX = PAXLOVID; PBO = placebo; RRR = Relative Risk Reduction; n = number of events; N = total number of subjects; mITT1 = Modified Intent to Treat Population 1 (≤5 days since symptom onset)
**EPIC-SR**: Approximate 10-fold Reduction in Viral Load at Day 5

<table>
<thead>
<tr>
<th>EPIC-SR Interim Analysis</th>
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<tbody>
<tr>
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<td>PAX</td>
<td>PBO</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>126</td>
<td>128</td>
</tr>
<tr>
<td>Least Squares Mean Change from Baseline</td>
<td>-3.41</td>
<td>-2.54</td>
</tr>
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<td>Least Squares Mean Difference 1-sided 80% CI</td>
<td>-0.872 (-∞, -0.70)</td>
<td></td>
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Dataset: (≤3 days since symptom onset)

~10-fold decrease (1 Log_{10}) in viral load, relative to placebo, was observed in EPIC-SR. Confirming the antiviral efficacy observed in EPIC-HR. These data represent the strongest viral load reduction reported to date for a COVID-19 oral antiviral agent.

Abbreviations: PAX = PAXLOVID; PBO = placebo; CI= Conference Interval
**EPIC-SR: Interim Analysis – Safety Outcomes**

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<td>Adverse events leading to discontinuation of treatment</td>
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Abbreviations: PAX = PAXLOVID; PBO = placebo

_Pfizer Announces Additional Phase 2/3 Study Results Confirming Robust Efficacy of Novel COVID-19 Oral Antiviral Treatment Candidate in Reducing Risk of Hospitalization or Death | Pfizer_ (Accessed December 2021)
Summary of EPIC-HR and EPIC-SR

• Consistent and robust (~10-fold) viral load reduction in both trials
  – Strongest viral load reductions reported to date for an oral COVID-19 antiviral

• EPIC-HR final results nearly identical to 45% interim analysis results
  – Efficacy of ≥88% when initiated ≤5 days of symptom onset
    • 0.8% hospitalized & 0 deaths vs. 6.3% hospitalized & 12 deaths

• Interim results from EPIC-SR failed to meet novel primary endpoint of self-reported sustained alleviation of all symptoms for 4 consecutive days

• However, the key secondary endpoint of Hospitalization and Death had a positive point estimate at interim analysis but is not significant:
  – 0.7% vs. 2.4%, an RRR of 70% (p=0.051)

Abbreviations: RRR = Relative Risk Reduction; SAEs = Serious Adverse Events; AEs = Adverse Events
Angela Lukin
Global President, Hospital
Three Critical Success Factors for Launch

- Drive Urgency to Diagnosis & Treatment
- Building Confidence in Protease Inhibitor Benefit/Risk Profile
- Support Broad and Equitable Access & Coverage
Driving Urgency to Diagnosis and Treatment is Critical

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
<th>Day 6</th>
<th>Day 7</th>
<th>Day 8+</th>
</tr>
</thead>
</table>

**Symptomatic Patients Seeking Treatment**

**Presentation / Testing**

**Diagnosis / Results Available**

**Treatment Initiation (*) and Fulfilment (mAbs $\rightarrow +7$ days)**

---

### Current: Up to 8 Days before Treatment Initiation

1-2 days

*Drive awareness of orals and urgency to Dx and Tx*

### Future: Reduce the Time to $<$3-5 days

1-2 days

*Same Day-1 day with OTC or Rapid COVID TEST*

*Create a Rapid and Efficient Experience*

---

### Potential Government Initiatives

- Contactless e-prescribe (telemedicine)
- Home Testing Kits for all (UK)
- Pharmacist prescribing (US)
- Rx at first visit conditional to positive testing

(*) Immediate or after few days of self-isolation and symptoms’ worsening

Source: Pfizer Internal Market Research Q3 2021
Building Confidence in the Benefit/Risk Profile

- Clean genetic toxicology; Well tolerated clinical profile
- Overwhelming efficacy (final analysis) in high risk COVID-19 patients
- Largest Comprehensive Development Program for an oral COVID-19 antiviral across 3 Patient Populations
- Manageable Drug-Drug Interactions
- Showed In Vitro Activity Against Current Variants of Concern
- Real World Evidence Plan (post Potential Emergency Use Authorization)
Commitment to Broad and Equitable Access and Coverage

**Access Principles**

- Tiered pricing approach
- High and Upper Middle-Income countries will pay more than Lower-Income countries
- Advance Purchase Agreements
- Annual and multi-year contracts with allocations applied by quarter
- Ability to manufacture up to 80 million treatment courses in 2022

**Medicines Patent Pool (MPP) Partnership**

- Potentially accelerates access to Low-Income and Lower-Middle Income countries
- 95 countries; reaches approximately 53% of the world’s population
- No royalties on sales to all countries covered with MPP while COVID-19 remains classified as Public Health Emergency of International Concern
- No royalties ever on sales in low-income countries
COVID-19 Treatments: Highly Dynamic Given Disease Evolution

### Pfizer Expectations

<table>
<thead>
<tr>
<th>Total Estimated Addressable Patient Population</th>
<th>Procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ~155 M in Non MPP markets;</td>
<td>100% Government</td>
</tr>
<tr>
<td>• ~95 M in MPP markets</td>
<td></td>
</tr>
<tr>
<td>• Estimates do not account for treatment rate, local access infrastructure, PFE market share</td>
<td></td>
</tr>
<tr>
<td>• Addressable patient pool expected to vary as pandemic evolves</td>
<td>Hybrid of Government contracts in some markets; private in others</td>
</tr>
<tr>
<td>• Discussion on potential multi-year contracts ongoing</td>
<td></td>
</tr>
<tr>
<td>• MPP markets come on board</td>
<td></td>
</tr>
</tbody>
</table>

**2022 Pandemic**

- Anticipated durable volumes projected based on infection rates during endemic period

**2023 Hybrid**

**2024 and Beyond Endemic**

Patient Estimates are extrapolated from recent adult infection rates which are likely to experience peaks and valleys and are extremely difficult to forecast given vaccination progress, emerging variants, etc.

**Abbreviations:** MPP = Medicines Patent Pool

* Subject to regulatory approval **as of December 15, 2021.

Source: Pfizer Internal analysis. Additional Sources include:

1. Population data: United Nations, Department of Economic and Social Affairs - World Population Prospects, Interactive Data: population by age, both sexes
3. Symptomatic % assumption informed by multiple source: Oran, Togo – The proportion of SARS-CoV-2 infections that are asymptomatic, systematic review & narrative review, CDC COVID-19 Pandemic Planning Scenarios
4. High risk: adults with at least 1 at-risk condition or 65+ (Lancet – Global, regional, and national estimates of the population at increased risk of severe COVID-19 due to underlying health conditions in 2020)
Frank D'Amelio
Chief Financial Officer and Executive Vice President, Global Supply
2022 Outlook for Potential COMIRNATY Sales

4B
Expected capacity for doses to be produced in 2022

1.9B
Expected doses to be delivered in 2022 based on contracts signed as of mid-November 2021

~$31B
Direct sales and alliance revenues anticipated in 2022 based on contracts signed as of mid-November 2021

We Continue to Engage with Governments Regarding Potential Additional Orders for 2022
Q&A
Appendix
Pfizer-BioNTech Vaccine Supply Chain Project Lightspeed

- **First phone call to PGS**: Mar 2020
- **Started building formulation booth**: Jun 2020
- **First equipment arrives**: Jun 2020
- **First freezer farms installed**: Jul 2020
- **First clinical batches manufactured**: Jul 2020
- **First test batches manufactured**: Sept 2020
- **First regulatory authorizations**: Nov-Dec 2020
- **First shipment of doses**: Dec 2020

*Exact timings may vary between sites*
Supply Chain Excellence: Accuracy and Speed

• We have undertaken the **largest capacity expansion** in Pfizer’s – and likely the pharmaceutical industry’s – history.

• We have reduced our timelines from approximately **110 days** from start to vial-ready, and we are now approaching an average of **60 days** – almost a **50%** improvement.

• We also developed an innovative storage solution and process that allowed Pfizer to ship to any location, in small or large shipments, using any mode of transport and can be:
  – Be monitored from end to end, 24/7
  – Allow for intervention, when needed
  – Ensure immediate quality released by Pfizer upon arrival at the delivery point

• As of December 2021, COVID-19 vaccine doses were shipped to over **163 countries** at **99%** shipment accuracy*.

* Accuracy= Product arrives at the right quality parameters (within temp and no damages).
Details on the Pfizer-BioNTech Vaccine Shipper

• We have specially designed, temperature-controlled shippers utilizing dry ice to maintain recommended temperature conditions up to 30 days of storage. These specialized thermal shippers are roughly the size of a carryon suitcase.

• The shippers are packed with dry ice. We initially bought dry ice. With the fast scale up of production, we realized early on that we could not buy enough—so we designed and built a system to make it ourselves. **Pfizer has now produced and/or procured and shipped 28 million pounds of dry ice.**

• We are utilizing GPS-enabled thermal sensors in every thermal shipper with a control tower that tracks the location and temperature of each vaccine shipment across their pre-set routes, 24 hours a day, seven days a week.

• These GPS-enabled devices allow Pfizer to proactively prevent unwanted deviations and act before they happen.

• Pfizer has shipped more than **600,000** shippers containing the Pfizer-BioNTech COVID-19 Vaccine around the world.

• We have also continued to innovate and now have a smaller shipper size to accommodate our smaller pack sizes for pediatric doses.
Headlines from Pfizer-BioNTech Vaccine Supply/Release – Distribution Metrics
2020 – Present

**Delivery to Final Destination**
- >163 Countries & Territories
- >44K Destinations

**Across 5 Carriers in 1-4 Days**
- 98.7% of shipments were delivered within 4 Days

**Product Quality Status**
- >600K Boxes
- 3.22Bn Dosages Manufactured
- 99.99% Success rate*

*Success = shipment delivered & released or in transit & no alarms
Freezer Farm Construction

Pfizer currently has 3,200 deep freezers – increasing to 5,500 by Q2 2022
Digital, Data and Advanced Analytics Accelerating Pfizer’s COVID Efforts

**Supercomputing** powers our research. Accelerated antiviral research from a few years to just 4 months.

**Smart Data Query** to quickly quality-check & analyze clinical trial data.

Real-time predictive models of COVID county-level attack rates to target clinical trial site selection & optimization.

75% of site monitoring visits for vaccine study conducted remotely vs. ~17% pre-pandemic.

**Augmented Reality** to diagnose & repair equipment remotely in our labs and manufacturing sites.


**Supply Chain Acceleration** with end-to-end cold chain capabilities with IoT sensors and GPS tracking of temperatures in real-time.

**COVID-19 Supply Dashboard** as centralized information hub for production and fulfillment decisions.

Science will win…and Digital will help us do it faster.
## Hospital Revenue Reconciliation

<table>
<thead>
<tr>
<th></th>
<th>Revenues (US$M)</th>
<th>% Operational Growth</th>
<th>% Reported Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2021 First Nine Months Revenue</strong></td>
<td>6,968</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Pfizer CentreOne (Included above)</td>
<td>1,348</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meridian (Included above)</td>
<td>203</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2021 First Nine Months Revenue, Excluding Pfizer CentreOne and Meridian</strong></td>
<td>5,417</td>
<td>7%</td>
<td>10%</td>
</tr>
</tbody>
</table>

* Pfizer CentreOne moved to Chief Business Innovation Office effective fourth quarter of 2021. Meridian recast as discontinued operations due to pending sale to Altaris Capital Partners.