Forward-Looking Statements and Other Notices

Our discussions during Pfizer’s Investor Day include forward-looking statements about our anticipated future operating and financial performance, business plans and prospects; expectations for our product pipeline, in-line products and product candidates, including anticipated regulatory submissions, data read-outs, study starts, approvals, revenue contribution, growth, performance, timing of exclusivity and potential benefits; manufacturing and product supply; our efforts to respond to COVID-19, including our investigational vaccine candidate against SARS-CoV-2 and our investigational protease inhibitor, and our expectations regarding the impact of COVID-19; our ability to successfully capitalize on growth opportunities and prospects; plans for and prospects of our acquisitions and other business development activities, including our proposed transaction with Mylan N.V. (Mylan) to combine Upjohn and Mylan to create a new global pharmaceutical company; plans relating to share repurchases and dividends; 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 status, blockbuster status of our medicines or vaccines; and the impact of anticipated improvements to our clinical operation performance 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, 2019 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 these presentations 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 presentations 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 presentations are the property of their respective owners.
Mikael Dolsten, MD, PhD

Chief Scientific Officer and President,
Worldwide Research Development and Medical (WRDM)
Pfizer’s Multi-Faceted Response to the COVID-19 Pandemic

**Vaccine**
Potentially help prevent disease using mRNA technology

**Antiviral**
Advancing our potential first-in-class protease inhibitor as an investigational therapeutic

**Exploratory**
Studying existing pipeline assets
Vaccine
Potentially help prevent disease using mRNA technology

Antiviral
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Exploratory
Studying existing pipeline assets
First in Class SARS-CoV-2 Protease Inhibitor May Provide Novel Treatment Option for COVID-19

PF-00835231 has potent *in vitro* single-agent antiviral activity against circulating SARS-COV-2 strains

Global Transition*

G614 SARS-CoV-2

D614 SARS-CoV-2


EC50 (nM) in A549-ACE2 Cell Assay¹

<table>
<thead>
<tr>
<th></th>
<th>Washington</th>
<th>NYU-D614G</th>
</tr>
</thead>
<tbody>
<tr>
<td>PF-00835231</td>
<td>221</td>
<td>184</td>
</tr>
<tr>
<td>Remdesivir</td>
<td>442</td>
<td>283</td>
</tr>
</tbody>
</table>

In vivo efficacy SARS-CoV-1 and SARS-CoV-2 work ongoing

**PF-00835231 has broad *in vitro* activity against coronavirus threats²**

<table>
<thead>
<tr>
<th>Coronavirus</th>
<th>Kᵢ (nM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2</td>
<td>0.3</td>
</tr>
<tr>
<td>SARS-CoV-1</td>
<td>4.0³</td>
</tr>
<tr>
<td>HKU9-CoV</td>
<td>0.7</td>
</tr>
<tr>
<td>IBV</td>
<td>4.0</td>
</tr>
<tr>
<td>HKU4-CoV</td>
<td>0.03</td>
</tr>
<tr>
<td>MERS</td>
<td>311⁴</td>
</tr>
<tr>
<td>HKU5-CoV</td>
<td>0.03</td>
</tr>
<tr>
<td>HKU1-CoV</td>
<td>0.9</td>
</tr>
<tr>
<td>OC43-CoV</td>
<td>0.5</td>
</tr>
<tr>
<td>MHV-CoV</td>
<td>1.2</td>
</tr>
<tr>
<td>NL63-CoV</td>
<td>0.8</td>
</tr>
<tr>
<td>PEDV</td>
<td>0.3</td>
</tr>
<tr>
<td>HCoV-229E</td>
<td>1.5</td>
</tr>
<tr>
<td>FIPV</td>
<td>0.1</td>
</tr>
</tbody>
</table>

Ki = Apparent inactivation constant at half-maximal rate of inactivation

1. DeVries et al; bioRxiv 2020.08.28.272880; doi: https://doi.org/10.1101/2020.08.28.272880
4. Unpublished data

EC5₀ = The concentration required for a 50% response

1. DeVries et al; bioRxiv 2020.08.28.272880; doi: https://doi.org/10.1101/2020.08.28.272880

In vivo efficacy SARS-CoV-1 and SARS-CoV-2 work ongoing
First in Class SARS-CoV-2 Protease Inhibitor has Additive Activity with Remdesivir In Vitro Due to Differentiated Mechanism of Action*

*HELA-ACE2 cell assay
EC90 = The concentration required for a 90% response
Pfizer Expects Early Clinical Data for this Investigational Intravenous Anti-Viral for Hospitalized COVID-19 Patients in Q4 2020

- PF-07304814 is a solubilizing IV pro-drug, designed to deliver the anti-viral active drug PF-00835231 clinically
- Predicted to safely deliver plasma concentrations of PF-00835231 in patients commensurate with multiples of the anti-viral EC₉₀
- PF-07304814 has a good preliminary preclinical safety profile, enabled by > 100 x selectivity for coronavirus 3CL proteases over human proteases
- **Current Status:** IND approved; Phase 1 initiated
- **Next Steps:** PK and early clinical data from Phase 1 available Q4 2020; Phase 2/3 planned start late 2020/early 2021
- **Projected Approval:** 2H 2021

Hoffman, R. et al. https://doi.org/10.26434/chemrxiv.12631496.v1
Pfizer’s Multi-Faceted Response to the COVID-19 Pandemic

**Vaccine**
Potentially help prevent disease using mRNA technology

**Antiviral**
Advancing our potential first-in-class protease inhibitor as an investigational therapeutic

**Exploratory**
Studying existing pipeline assets
The Potential of BioNTech’s mRNA Vaccine Platform*

Safety

Non-infectious and chemically defined, contains no viral foreign proteins; spike antigen encoded in mRNA vaccine produced by the participants’ human cells

Efficacy

Broad immune responses based on early data, minimal risk of anti-vector immunity, and permits frequent boosting

Speed

Technology enables rapid development and quick production scaling

*Based on available data to date
Overview of COVID-19 Lipid Nanoparticle Design

Encapsulated mRNA
- Modified mRNA base structure
- Codon optimized sequence
- Encodes the viral spike protein
- Broad anti-viral spike immune response
- Moderate innate immune activation
- Mostly mild to moderate vaccine reactions

Lipids
- Chemically defined lipid particle
- No ability to infect and spread
- No foreign viral proteins included
- No vector protein with autoimmune potential
- Robust antibody, CD4+, CD8+ T cell induction
- Low vaccine dose with favorable tolerability
Growth Opportunity with mRNA Platform Across Three Waves

**WAVE 1**
SARS-CoV-2 Pandemic

- Cutting-edge design of lipid nanoparticle and modified mRNA
- Favorable safety and tolerability based on data to date
- Virus neutralizing antibodies and antigen specific CD4+ and CD8+ T cells
- Rapid and large-scale manufacturing

**WAVE 2**
Next Gen SARS-CoV-2

- Opportunity for next gen SARS-CoV-2 mRNA vaccine in 2021 with a potentially lower dose and augmented immune response
- Lyophilized formulation candidate for storage at refrigerator temperature
- Rapid adaptation to potentially emerging SARS-CoV-2 S protein sequence variants

**WAVE 3**
Expanding the Platform

- Opportunity to expand the platform to Flu with a self-amplifying multi-valent vaccine in 2022
- Disrupt current suboptimal Flu vaccine coverage
- Potentially address other viral diseases
Kathrin Jansen, PhD
Senior Vice President &
Head of Vaccine R&D
## Pfizer and BioNTech COVID-19 mRNA Vaccine Program Overview

### Four Vaccine Candidates

<table>
<thead>
<tr>
<th>Variant</th>
<th>Target</th>
<th>RNA construct</th>
<th>Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>162a1</td>
<td>RBD subunit</td>
<td>uRNA</td>
<td>prime / boost</td>
</tr>
<tr>
<td>162b1</td>
<td>RBD subunit</td>
<td>modRNA</td>
<td>prime / boost</td>
</tr>
<tr>
<td>162b2</td>
<td>P2-mutated full spike protein</td>
<td>modRNA</td>
<td>prime / boost</td>
</tr>
<tr>
<td>162c2</td>
<td>P2-mutated full spike protein</td>
<td>saRNA</td>
<td>single injection</td>
</tr>
</tbody>
</table>

- **uRNA**: unmodified mRNA
- **modRNA**: nucleoside modified mRNA
- **saRNA**: self-amplifying mRNA

Selected for pivotal studies

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**SARS-COV-2 Spike Protein 3D Structure**
(Wrapp et al., 2020, Science)
BioNTech mRNA vaccines are designed to induce a broad immune response including immunostimulatory dendritic cell delivery and expression\textsuperscript{1,2}

---

**Challenge Data**

- No or only transient viral shedding

**Tolerability**

- Local reactions and systemic events mostly mild to moderate

**Antibody Responses**

- Strong SARS-CoV-2 neutralizing antibody responses in \textit{both} younger and older adults

**Cellular Responses**

- Expansion of multifunctional CD8\textsuperscript{+} and T\textsubscript{H}1-type CD4\textsuperscript{+} T cells

---

BNT162b2 Immunization Prevents Lung Infection in Rhesus Macaques After Challenge with SARS-CoV-2

Significant difference in virus detection between BNT162b2 vs. control (p=0.0014)
After Dose 1 of 30μg BNT162b2, a Mostly Mild to Moderate Tolerability Profile is Observed (US Phase 1 Data)

18-55 year olds
N= 12 for 30µg; N=9 for Placebo


65-85 year olds
N= 12 for 30µg; N=9 for Placebo
After Dose 2 of 30µg BNT162b2, a Mostly Mild to Moderate Tolerability Profile is Observed (US Phase 1 Data)

BNT162b2 30µg Vaccine Candidate Demonstrated Strong SARS-CoV-2 Neutralizing Antibody Responses in Younger and Older Adults (US Phase 1 data)

At Day 35, 30µg BNT162b2 elicited SARS-CoV-2 neutralizing GMTs in 18-55 and 65-85 year olds well above the GMT of a HCS panel

Day 35 data added to Figure 4 in Walsh E, Frenck R, Falsey A, et al. medRxiv2020.08.17.20176651; doi: https://doi.org/10.1101/2020.08.17.20176651 [preprint].

Human convalescent sera (HCS) Geometric mean titers (GMT)
### BNT162b2 Elicits Strong CD4+ and CD8+ T Cell Responses in Phase 1/2 German Trial

Receptor binding domain (RBD)
- N-terminal portion of the spike protein (S Pool 1)
- C-terminal domain of the spike protein (S Pool 2)

CMV, EBV, influenza virus; HLA class I epitope peptide pool (CEF)
CMV, EBV, influenza virus, tetanus toxoid; HLA class II epitope peptide pool (CEFT)

#### CD4+ T cells

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
<td>RBD</td>
<td></td>
<td></td>
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<tr>
<td>S Pool 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Pool 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEF</td>
<td></td>
<td></td>
</tr>
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<td>CEFT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
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</table>

#### CD8+ T cells

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
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</thead>
<tbody>
<tr>
<td>RBD</td>
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<td>S Pool 2</td>
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<td>CEF</td>
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<td></td>
</tr>
<tr>
<td>Control</td>
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<td></td>
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</tbody>
</table>

10 µg BNT162b2

From BNT162-01 clinical trial in Germany - not published.
Phase 3 Efficacy Trial: 29,012 Participants are Currently Enrolled Across 129 Sites in 3 Countries

<table>
<thead>
<tr>
<th>Primary Efficacy Objectives</th>
<th>Endpoints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy against confirmed COVID-19 in participants without evidence of infection before vaccination</td>
<td>COVID-19 incidence based on confirmed NAAT in participants with no serological or virological evidence of past SARS-CoV-2 infection</td>
</tr>
<tr>
<td>Efficacy against confirmed COVID-19 in participants with and without evidence of infection before vaccination</td>
<td>COVID-19 incidence based on confirmed NAAT</td>
</tr>
</tbody>
</table>

Clinical Sites Across The Globe

- US
- Brazil
- Argentina
- Germany
- Turkey
- South Africa

Diverse Study Population

<table>
<thead>
<tr>
<th>Demographic</th>
<th>%US</th>
<th>%Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>11%</td>
<td>27%</td>
</tr>
<tr>
<td>Native American/Alaska Native</td>
<td>0.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Older cohort</td>
<td>48%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Data as of September 14, 2020

NAAT: Nucleic acid amplification tests
Rigorous Safety Monitoring Through All Phases of the Study

• Safety and tolerability are being continuously scrutinized throughout the course of our study.

• Continuous monitoring is performed by Pfizer’s qualified personnel by reviewing individual and aggregate data on a blinded basis.

• Weekly review of unblinded data (i.e. with knowledge of vaccine or placebo) is performed by an external, independent Data Monitoring Committee (DMC) composed of adult and pediatric vaccine safety experts.

• DMC may recommend pausing or discontinuing study at any time and has not done so to date.

• We continue to recruit and enroll patients as planned.

• To date, blinded tolerability data in Phase 2/3 show a “mostly mild to moderate” tolerability profile as was observed in Phase 1.
Blinded US Phase 3 Data Through August 27th: After Dose 1 of 30μg BNT162b2 or Placebo, a Mostly Mild to Moderate Tolerability Profile is Observed

Note: Since these are pooled blinded data, ~50% of subjects have received BNT162b2 and ~50% of subjects have received placebo.
Blinded US Phase 3 Data Through August 27th: After Dose 2 of 30µg BNT162b2 or Placebo, a Mostly Mild to Moderate Tolerability Profile is Observed

Note: Since these are pooled blinded data, ~50% of subjects have received BNT162b2 and ~50% of subjects have received placebo
130+ years of Development and Commercialization

All In House End-to-End Vaccine Capabilities

Among Vaccines suppliers with targeted launch in 2020, Pfizer-BioNTech is the **ONLY** collaboration that uniquely offers critical in-house capabilities:

- Vaccine R+D
- Vaccine Clinical Development
- Supply + Manufacturing
- Global Vaccines Distribution

Sources:
Pandemic Phase Expected to Deliver Up To 100 Million Doses in 2020 and Approximately 1.3 Billion Doses in 2021 of Our Potential COVID-19 Vaccine
Subject to regulatory approval

>450M Doses Committed to Date for 2020-2021
Options for Up To 600M Additional Doses

- 200M EU: Delivery 2020-2021
  Option for 100M more doses*
- 120M Japan: Delivery 1H2021
- 100M US: Delivery 2020-2021
  Option for 500M more doses**
- 30M UK: Delivery 2020-2021
- 30M Canada: Delivery 2021

22 term sheets submitted and under negotiation
+ 30 countries and supranational organizations (inc. COVAX) in discussion

Increasing Vaccine Confidence

Pfizer is dedicated to increasing vaccine confidence through improving patient understanding

Source: Psyma Netquest, COVID-19 Impact Report June 1-5, 2020

*Subject to Contract Negotiations
**Following FDA authorization
Distribution Plan Includes Options for Points of Use (POUs) to Store COVID Vaccine Up To 6 Months

Direct Shipment to Point of Vaccination

Each thermal shipper arrives with a reusable GPS temperature monitoring device

Vaccine Storage

Ultra-Low Temperature Freezer (6 Months)
Commercially available for POUs from suppliers

Dry Ice Thermal Shippers (15 Days*)

2-8°C Refrigerator Storage (5 Days)

Vaccine Preparation

From storage 1 vial used for every 5 patients

*Based on Pfizer maintenance and handling guidelines Subject to Regulatory Approval
mRNA Technology is Well-Positioned to Cover a Range of Potential COVID-19 Vaccination Scenarios*

*Subject to regulatory approval

**Vaccine Durability Will Inform Vaccination Frequency**

<table>
<thead>
<tr>
<th>Immunity Scenarios</th>
<th>Winter Pathogen</th>
<th>Tetanus-like Market</th>
<th>Potential to Become Childhood Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-Lived</td>
<td>Annual Vaccination for Vulnerable Populations</td>
<td>Boosters Every Several Years</td>
<td>Series of Immunizations Only in Children</td>
</tr>
<tr>
<td>Long-Lived</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Long-Lived</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**mRNA Technology Has Potential for Benefits in Any Vaccination Scenario**

- **mRNA Technology May Allow Fast Response**
  - Ability to quickly modify vaccine to address virus mutations
  - Boosting Doses, if needed
  - Elicitation of both antibody-based and T cell immunity, based on Ph 1/2 data

**Potential for Good Breadth of Immunity and Priming**
Q&A