CDC Advisory Committee on Immunization Practices Votes to Recommend Serogroup B Meningococcal Disease Vaccination including TRUMENBA® for Adolescents and Young Adults 16 through 23 Years of Age

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Committee’s Recommendation Allows for Individual Clinical Decision

“Healthcare providers should understand the importance of today’s ACIP recommendation to help protect adolescents and young adults”

Pfizer Inc. (NYSE:PFE) announced today that the U.S. Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) voted to recommend that decisions to vaccinate adolescents and young adults 16 through 23 years of age against serogroup B meningococcal disease should be made at the individual level with healthcare providers. Specifically, the ACIP voted that a serogroup B meningococcal (MenB) vaccine series may be administered to adolescents and young adults 16 through 23 years of age to provide short term protection against most strains of serogroup B meningococcal disease. The preferred age for MenB vaccination is 16 through 18 years of age.

Pfizer’s TRUMENBA® (Meningococcal Group B Vaccine) is FDA-approved for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroup B

in individuals 10 through 25 years of age.

“Healthcare providers should understand the importance of today’s ACIP recommendation to help protect adolescents and young adults,” said Dr. Laura York, Global Medical Lead for Meningococcal Vaccines, Pfizer Vaccines. “This recommendation is an important step forward that provides guidance that serogroup B meningococcal disease vaccination may be administered between the ages of 16 through 23, with preferred timing for vaccination between ages 16 through 18.”

The ACIP recommendation will be forwarded to the director of the CDC and the U.S. Department of Health and Human Services for review and approval. Once approved, the recommendations are published in the Morbidity and Mortality Weekly Report (MMWR). The Affordable Care Act (ACA) and Vaccines for Children (VFC) program ensure coverage for all vaccines administered in accordance with ACIP recommendations. Healthcare providers should contact their individual plan to determine specific coverage and reimbursement requirements.

“Serogroup B meningococcal disease is an uncommon but serious illness that attacks without warning and may become life-threatening within 24 hours,” said Susan Silbermann, President, Pfizer Vaccines. “Parents and healthcare providers should take action now and consider vaccination particularly for those aged 16 through 23. No one in this age group should lack access to potentially life-saving vaccines.”

This recommendation expands the CDC’s ACIP February 2015 recommendation for serogroup B meningococcal vaccination.

U.S. Indication for TRUMENBA® (Meningococcal Group B Vaccine)

TRUMENBA® (Meningococcal Group B Vaccine) is indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroup B in individuals 10 through 25 years of age.

Approval of TRUMENBA is based on the demonstration of immune response, as measured by serum bactericidal activity against four serogroup B strains representative of prevalent strains in the United States. The effectiveness of TRUMENBA against diverse serogroup B strains has not been confirmed.

Important Safety Information

TRUMENBA® should not be given to anyone with a history of a severe allergic reaction after a previous dose of TRUMENBA.

Individuals with weakened immune systems may have a reduced immune response.

The most common adverse reactions were pain at the injection site, fatigue, headache, muscle pain, and chills.

Data are not available on the safety and effectiveness of using TRUMENBA and other meningococcal group B vaccines interchangeably to complete the vaccination series.

Tell your healthcare provider if you are pregnant, or plan to become pregnant.

Ask your healthcare provider about the risks and benefits of TRUMENBA. Only a healthcare provider can decide if TRUMENBA is right for you or your child.

You are encouraged to report negative side effects of vaccines to the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). Visit www.vaers.hhs.gov or call 1-800-822-7967.

For the full prescribing information for TRUMENBA, please visit www.trumenba.com.

About TRUMENBA® (Meningococcal Group B Vaccine)

TRUMENBA® is a sterile suspension composed of two recombinant lipidated factor H binding protein (fHBP) variants from N. meningitidis serogroup B, one from fHBP subfamily A and one from subfamily B (A05 and B01, respectively). fHBP is one of many proteins found on the surface of meningococci and contributes to the ability of the bacterium to avoid host defenses. fHBPs can be categorized into two immunologically distinct subfamilies, A and B. The susceptibility of serogroup B meningococci to complement-mediated, antibody-dependent killing following vaccination with TRUMENBA is dependent on both the antigenic similarity of the bacterial and vaccine fHBPs, as well as the amount of fHBP expressed on the surface of the invading meningococci.1

As with any vaccine, TRUMENBA may not prevent disease in all vaccinated individuals. The frequency of meningococcal disease caused by serogroup B varies geographically, and could influence the ability to evaluate effectiveness of the vaccine in any given country. Based on the low incidence of meningococcal disease, placebo-controlled clinical trials for TRUMENBA were considered unfeasible due to the size of the study that would be required and were not performed. Licensure of TRUMENBA was based on demonstration of immune responses measured using a serum bactericidal assay with human complement (hSBA).

In 2014, TRUMENBA was reviewed and received accelerated approval under the FDA's Breakthrough Therapy designation and Priority Review programs.

About Serogroup B Meningococcal Disease

The majority of invasive meningococcal disease cases worldwide can be attributed to five Neisseria meningitidisserogroups (A, B, C, W and Y).2 Serogroup B meningococcal disease affects all age groups in the U.S., but incidence is highest among infants younger than one year, adolescents and young adults.3 In 2013, approximately 500 cases of meningococcal disease occurred in the United States, more than 30 percent of which were caused by serogroup B.4

Serogroup B meningococcal disease may result in life-altering, significant long-term and permanent medical disabilities.5,6,7 Despite the availability of antibiotic treatment, 12.5 percent of patients with serogroup B meningococcal disease die and many of those who survive are afflicted with long-term disabilities, such as brain damage, hearing loss, learning disabilities or limb amputations.8,9

Pfizer Inc.: Working together for a healthier world®

At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety and value in the discovery, development and manufacture of health care products. Our global portfolio includes medicines and vaccines as well as many of the world's best-known consumer health care products. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time. Consistent with our responsibility as one of the world's premier innovative biopharmaceutical companies, we collaborate with health care providers, governments and local communities to support and expand access to reliable, affordable health care around the world. For more than 150 years, Pfizer has worked to make a difference for all who rely on us. To learn more, please visit us at www.pfizer.com.

DISCLOSURE NOTICE: The information contained in this release is as of June 24, 2015. Pfizer assumes no obligation to update forward-looking statements contained in this release as the result of new information or future events or developments.

This release contains forward-looking information about TRUMENBA® (Meningococcal Group B Vaccine), including its potential benefits, that involves substantial risks and uncertainties that could cause actual results to differ materially from those expressed or

implied by such statements. Risks and uncertainties include, among other things, uncertainties regarding the commercial impact of the ACIP's recommendation regarding TRUMENBA; uncertainties regarding the commercial success of TRUMENBA; uncertainties regarding whether and when the CDC will make any Category A recommendations regarding serogroup B meningococcal vaccination; the uncertainties inherent in research and development, including the ability to meet anticipated clinical trial completion dates and regulatory submission dates, as well as the possibility of unfavorable clinical trial results; whether and when any biologics license applications may be filed in any jurisdictions other than the United States for TRUMENBA; whether and when any such other applications may be approved by regulatory authorities, which will depend on the assessment by such regulatory authorities of the benefit-risk profile suggested by the totality of the efficacy and safety information submitted; decisions by regulatory authorities regarding labeling and other matters that could affect the availability or commercial potential of TRUMENBA; and competitive developments.

A further description of risks and uncertainties can be found in Pfizer's Annual Report on Form 10-K for the fiscal year ended December 31, 2014 and in 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 its subsequent reports on Form 8-K, all of which are filed with the SEC and available at www.sec.gov andwww.pfizer.com.

1 TRUMENBA® (Meningococcal Group B Vaccine) Prescribing Information. Philadelphia, PA: Pfizer, Inc. 2015.

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4 Centers for Disease Control and Prevention. Active Bacterial Core Surveillance (ABCs) Report: emerging infections program network, Neisseria meningitidis, 2013. http://www.cdc.gov/abcs/reports-findings/survreports/mening13.pdf. Accessed June 5, 2015.

5 Borg J, Christie D, Coen PG, Pooy R, Viner RM. Outcomes of Meningococcal Disease in Adolescence: prospective, matched-cohort study. Pediatrics. 2009; 123: e502-e509.

6 Sabatini C, Bosis S, Semino M, Senatore L, Principi N, Esposito S. Clinical Presentation of Meningococcal Disease in Childhood. J Prev Med Hyg. 2012; 53: 116-119.

7 Brigham KS, Sandora TJ. Neisseria meningitidis: epidemiology, treatment and prevention in adolescents. Curr Opin Pediatr. 2009; 21: 437-443.

8 MacNeil J. Epidemiology of Serogroup B Meningococcal Disease, United States. Presented at the Advisory Committee on Immunization Practices, Centers for Disease Control and Prevention. October 30, 2014. Centers for Disease Control and Prevention website: http://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2014-10/mening-02-MacNeil.pdf. Accessed June 5, 2015.

9 Centers for Disease Control and Prevention. Preteens, Teens Need Meningococcal Vaccine.http://www.cdc.gov/features/meningococcal/. Last updated April 30, 2015. Accessed June 5, 2015.

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