

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Form Approved: OMB No. 0910-0001
 Expiration Date: March 31, 2024
 See PRA Statement on last page.

TRANSMITTAL OF ADVERTISEMENTS AND PROMOTIONAL LABELING FOR DRUGS AND BIOLOGICS FOR HUMAN USE

1. Date Submitted
 10/06/2021

2. Application Information Single product Multiple products For multiple products, submit completed form and specimen of advertising/promotional materials to one application of choice, and attach separate sheet addressing items 3-5 for remainder of products. Refer to No. 3 on instruction sheet.
 Application Type: BLA
 Application Number: 125742 /

NOTE: Form FDA 2253 is required by law. Reports are required for approved NDAs, ANDAs (21 CFR 314.81), and BLAs (601.12(f)(4))

3. Proprietary Name COMIRNATY	4. Established Name [COVID-19 mRNA Vaccine (nucleoside modified)] Product Code No.:
5. Package Insert Date and ID Number (Latest final printed labeling) 08/21 LAB-1448-1.0	6. Manufacturer Name License No. (Biologics):

7. **Advertisement / Promotional Labeling Materials**

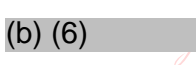
a. Please check only one: Professional Consumer

Material Type (use FDA codes) b.	Dissemination/ Publication Date c.	Material ID Code d.	Material Description e.	
www-website	10/06/2021	PP-CVV-USA-0442	Comirnaty US HCP Website Authorized Use Statement Update	Delete Row

To delete a row, click the "Delete Row" button for that row (or press the enter key if you've tabbed into the button). You cannot delete the last remaining row. Add New Row

f. Comments

8. Applicant's (or Agent's) Return Address		9. Responsible Official's (or Agent's)	
Address 1 (Street address, P.O. box, company name c/o) An der Goldgrube 12		a. Telephone Number (Include area code) (484) 865-5035	
Address 2 (Apartment, suite, unit, building, floor, etc.)		b. FAX Number (Include area code) (845) 474-3500	
City Mainz	State/Province/Region N/A	c. Email Address Donna.Boyce@pfizer.com	
Country Germany	ZIP or Postal Code 55131		

10. Typed Name and Title of Responsible Official or Agent Donna Boyce M.S., Senior Vice President, Global Regulatory Affairs, Global Product Development	11. Signature of Responsible Official or Agent <div style="text-align: center;">  <small>Digitally signed by (b) (6) DN: c=(b) (6), o=FDA, ou=Office of Information Systems and Operations Support, cn=(b) (6) Location: (b) (6) Date: 2021.06.11.11:08:00</small> </div> <div style="text-align: right; margin-top: 5px;"> Sign </div>	12. Date 10/06/2021
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13. For CBER Products Only (Check one) <div style="text-align: center;"> <input type="checkbox"/> Draft <input checked="" type="checkbox"/> Final </div>
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This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 2 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

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"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."