

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

08/27/2021

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	08/27/2021	PP-CVV-USA-0349-01	COMIRNATY Consumer BLA/EUA Phase 1 Now Approved Website	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

Address 1 (Street address, P.O. box, company name c/o)

An der Goldgrube 12

Address 2 (Apartment, suite, unit, building, floor, etc.)

City

Mainz

State/Province/Region

N/A

Country

Germany

ZIP or Postal Code

55131

9. Responsible Official's (or Agent's)

a. Telephone Number (Include area code)

(484) 865-5035

b. FAX Number (Include area code)

(845) 474-3500

c. Email Address

Donna.Boyce@pfizer.com

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="display: flex; align-items: center;"> <div style="background-color: #cccccc; padding: 5px; margin-right: 10px;">(b) (6)</div> <div style="font-size: 8px;"> Digitally signed by (b) (6) DN: o=Pfizer Inc, cn=(b) (6) Reason: I am signing on behalf of Donna Boyce Location (b) (6) Date: 2021.08.27 09:05:18 -08:00 </div> <div style="margin-left: 10px;"> <input type="button" value="Sign"/> </div> </div>	12. Date 08/27/2021
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13. For CBER Products Only (Check one) <div style="display: flex; justify-content: center; gap: 20px;"> Draft ✗ Final </div>

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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