

Pfizer: promotional enforcement, public-payer pricing, and an evolving competition case

Research checked: 9 September 2026. Publication date: 9 September 2026. New research edition.

1. Executive assessment and corporate identity

Pfizer is a global biopharmaceutical company with medicines and vaccines across primary care, specialty care, and oncology. Its second-quarter 2026 filing describes both internally commercialized products and collaboration businesses. This report examines selected, well-documented issues involving promotion, public-program rebates, and pricing: the 2009 Bextra resolution, the 2016 Wyeth/Protonix settlement, the continuing UK phenytoin litigation, and the Medicare price applicable to Eliquis in 2026.¹ These matters illustrate different mechanisms affecting public spending; they are not interchangeable examples of one offense.

Corporate names and dates matter. The criminal defendant in the Bextra case was Pharmacia & Upjohn Company, Inc., a Pfizer subsidiary. Pfizer separately entered the associated civil resolution.^{3,4} Wyeth's Protonix conduct covered by the later rebate settlement occurred before Pfizer acquired Wyeth in 2009.⁶ In another transaction, Pfizer spun off its Upjohn business and combined it with Mylan to form Viatris on November 16, 2020.² A similar historic business name does not justify assuming that every product right or legal obligation followed the same path. The UK proceedings discussed here continue to identify Pfizer Incorporated and Pfizer Limited as parties.⁹

The evidence supports specific conclusions. Bextra produced an actual criminal sentence against the named subsidiary, alongside a broader civil settlement. The Protonix case resolved rebate-reporting allegations, with the government stating that the companies did not deny those allegations. The phenytoin case produced successive regulatory and appellate decisions; its June 2026 ruling changed the status of the preceding tribunal judgment and reserved consequential questions.^{4,6,8,9}

Eliquis provides a separate, current pricing example. Medicare's negotiated price is a statutory purchasing arrangement, not a penalty for any of the conduct above. It also concerns a medicine developed and commercialized through the Bristol Myers Squibb-Pfizer alliance, rather than a product economically attributable to Pfizer alone.^{10,11}

The resulting assessment is an accountability profile with defined boundaries. Historic enforcement establishes important compliance failures and public-payer disputes, while the current pricing record shows why list prices, negotiated amounts, and company net revenues must be separated. None of the cases determines the safety or value of every Pfizer product, and none supplies an all-purpose estimate of patient harm. This newly prepared report does not recreate an unavailable historic Pharma Foundation publication or authenticate any individual's previous work; it presents the evidence and status available for an updated public resource.

2. Documented timeline and the questions each event answers

The selected record spans multiple decades, jurisdictions, and corporate entities. Its chronology is essential because an announcement of a planned plea, an actual sentence, a settlement, and an appeal judgment have different legal effects. They also answer different factual questions: what conduct was alleged, what was admitted or adjudicated, what money was required, and what remained open.

Date	Event	What the record establishes
2001-2006	Wyeth Protonix rebate practices later challenged	Conduct period preceded Pfizer's acquisition
September 2009	\$2.3 billion U.S. resolution announced	Criminal and civil components were separate
October 2009	Pharmacia & Upjohn sentenced in Bextra case	Actual criminal disposition, beyond a proposed plea
September 2012	UK phenytoin distribution and branding changed	Starting point for disputed price increases
April 2016	\$784.6 million Protonix settlement announced	Resolution of Medicaid rebate allegations
December 2016	First CMA phenytoin decision	Subsequently subject to appeal and remittal
November 2020	Upjohn/Mylan transaction completed	Viatis formed as a separate company
July 2022	CMA issued a new phenytoin decision	Further appeal followed
November 2024	CAT set aside and remade that decision	Tribunal reached its own infringement conclusions
January 2026	Eliquis Medicare negotiated price took effect	Current program price, not a litigation award
June 2026	Court of Appeal set aside CAT judgment	Consequential questions reserved for separate ruling

The U.S. milestones are documented by the Justice Department, the sentencing announcement, and Pfizer's transaction disclosure. The UK sequence is recorded in the CMA's case history and the appellate judgment.^{2,3,4,6,8,9} Pfizer's 2026 filing confirms the effective date of the Eliquis price.¹

The phenytoin sequence deserves particular care. An account ending at the 2016 fine misses the first appeal and subsequent reinvestigation. An account ending at the 2022 decision misses the tribunal's 2024 approach and the Court of Appeal's 2026 rejection of that approach. Neither a regulator's original headline nor a successful appeal on one issue is a sufficient description of the whole case.

For the U.S. matters, acquisition timing prevents a different error. The Protonix rebate allegations concerned Wyeth's earlier business practices, although Pfizer and Wyeth participated in the eventual settlement. That distinction does not erase the settlement or its relevance to corporate compliance; it identifies whose conduct was at issue and when. A responsible company report should retain both the historic operating entity and the entity involved in resolution instead of silently assigning all conduct to today's organization.

3. Principal evidence: promotion and rebate reporting

The Bextra criminal record is more definite than an unresolved accusation. On October 16, 2009, Pharmacia & Upjohn Company, Inc. was sentenced for felony misbranding with intent to defraud or mislead. The court imposed a \$1.195 billion criminal fine and \$105 million forfeiture. The sentencing announcement described promotion between 2002 and the product's 2005 withdrawal for uses and dosages the FDA had declined to approve, including certain pain uses that had raised safety concerns.⁴

The broader September resolution also included \$1 billion to settle civil allegations involving Bextra, Geodon, Zyvox, Lyrica, and certain payments intended to influence prescribing. It included a corporate integrity agreement. The combined \$2.3 billion should therefore never be labeled a single criminal fine, nor should the subsidiary's criminal disposition automatically be applied to every medicine mentioned in the civil component.³

Pfizer's contemporaneous statement expressed regret for certain past actions and described strengthened compliance controls. It expressly denied the civil allegations except for acknowledging certain improper actions involving Zyvox promotion. It also described a five-year corporate integrity agreement and independent review arrangements.⁵ Including that position does not weaken the criminal record; it makes clear which findings and admissions belong to which part of the resolution. The existence of a compliance program is likewise evidence of a stated control framework, not independent proof that every later interaction complied with it.

The Protonix case concerns the price information used to calculate Medicaid rebates. In April 2016, DOJ announced a \$784.6 million settlement of allegations that Wyeth had concealed bundled hospital discounts on oral and intravenous Protonix, thereby underpaying rebates during 2001-2006. DOJ specifically stated that Wyeth and Pfizer did not deny the government's allegations. That is the appropriate description of their stated settlement position; this report does not replace it with either a blanket denial or an unverified criminal admission.⁶

The policy mechanism is distinct from simply setting a high list price. If a public program's rebate entitlement depends on reported transaction information, the integrity of that reporting affects its effective cost. Two medicines can have identical published prices yet create different rebate obligations because of discounts and contracting arrangements. Conversely, a settlement amount is not a price series or a direct count of people denied treatment. These cases illuminate promotional incentives and payment integrity, but their records do not support a combined estimate of the resulting clinical or financial harm to individual patients.

4. Quantitative context: price levels, spending, and penalties

The phenytoin evidence concerns a specific UK supply chain. In its 2022 decision announcement, the CMA described de-branding of Epanutin and a change in the applicable pricing framework. Pfizer supplied capsules to Flynn, which then sold them onward. The CMA reported Pfizer's prices at 780%-1,600% above their previous level and Flynn's downstream prices at 2,300%-2,600% above the earlier Pfizer prices. These are different comparisons involving different stages of distribution; the larger range should not be attributed solely to Pfizer's own selling-price increase.⁷

The same announcement reported NHS annual costs rising from approximately £2 million in 2012 to approximately £50 million in 2013. That is a spending comparison, not a per-patient bill, and the figures remain the regulator's historical account. Their legal context includes the later appellate developments discussed below.⁷

Current U.S. pricing requires another set of definitions:

Measure	Amount	Meaning and boundary
Eliquis, 2023 U.S. list price	\$521 per 30-day supply	CMS's historical list-price comparator
Eliquis, 2026 Medicare negotiated price	\$231 per 30-day equivalent supply	Program price for the selected medicine
CMS's reported comparison	56% below the 2023 list price	Not a measured fall in every beneficiary's bill
Bextra criminal fine, 2009	\$1.195 billion	Criminal penalty against the named subsidiary
Bextra criminal forfeiture, 2009	\$105 million	Separate criminal component
Protonix civil settlement, 2016	\$784.6 million	Resolution amount, not a current medicine price

CMS published the Eliquis comparison as part of the first negotiation cycle. It separately described aggregate estimated savings using net spending across the selected medicines, emphasizing why the list-price percentage and a net-spending estimate are not the same calculation.¹⁰ This report reproduces the agency's rounded comparison and does not build a new derived dataset. The legal monetary figures come from the sentencing and settlement records.^{4,6}

A patient's actual payment depends on coverage and benefit rules, while manufacturer net receipts reflect concessions and the sales mix. A lower negotiated price can therefore coexist with a company reporting higher realized prices in an aggregate business measure. Resolving an apparent contradiction requires matching the payer population, time period, and measure, rather than choosing one headline as the universal price.

No amounts from the U.S. and UK cases are added into a global harm total. Different currencies, time periods, legal functions, and dispositions would make such a total misleading. A fine measures a legal sanction; a rebate recovery addresses a public-program payment dispute; a negotiated price specifies terms for future or current purchases.

5. Current status, company positions, and what remains unresolved

The latest central UK decision reviewed is the Court of Appeal judgment of June 19, 2026. The court allowed the CMA's appeal against the tribunal's setting aside of the 2022 decision. It also allowed Pfizer and Flynn's appeals against the tribunal's remade decision, finding procedural unfairness in that process. The result was that the tribunal judgment was set aside in its entirety. Paragraph 335 expressly reserved whether the CMA decision should be reinstated, and consequential penalty questions, for submissions and a separate ruling.⁹

This outcome cannot accurately be compressed into either “Pfizer was cleared” or “the earlier fine is finally confirmed.” The CMA's case page, last updated June 19, retained the matter as open and described those remaining questions. A September 9 search of current official materials did not identify a later consequential ruling; the report therefore states the last verified position rather than assuming a final outcome.⁸

The court record also preserves the companies' objections, including their challenge to the tribunal introducing a new analytical approach without an adequate opportunity to address it. The appeal's treatment of procedural fairness is important even where a regulator has documented substantial price increases. Accountability requires both an evidentiary basis and a fair process. At the same time, succeeding on that procedural objection does not itself establish that all underlying prices were lawful or competitive.⁹

For Eliquis, Pfizer's August 2024 statement acknowledged the \$231 maximum fair price and said it would incorporate that amount into long-term financial planning. It described the medicine as an alliance product and framed the arrangement as government price setting.¹¹ Its second-quarter 2026 filing confirms implementation from January 1, 2026 and attributes that quarter's U.S. Eliquis growth in part to higher net price associated with lower rebates and favorable channel mix, alongside demand effects.¹ This is company-reported financial explanation, not an independent estimate of how Medicare beneficiaries' costs changed.

The older U.S. resolutions have definite historical outcomes, while the phenytoin remedies question remains qualified by the reviewed appellate record. The five-year compliance arrangement described in 2009 should not be presented as though that same term is newly imposed or necessarily still active in 2026.⁵

Another recent U.S. milestone is distinct from those cases: on 16 July 2026, the Eastern District of Pennsylvania granted final approval of a Greenstone LLC/Pfizer Inc. direct-purchaser settlement in generic-pricing litigation.¹² The order approves a defined class settlement and allocation plan, dismisses released claims with prejudice, and preserves specified other claims. It does not establish a criminal conviction, resolve the UK phenytoin matter, or document payments received by individual patients.

A useful update would therefore track separate outcomes: the eventual UK consequential order, payer-level price and spending data after Medicare implementation, and evidence of actual access. Corporate revenue, a litigation milestone, and a program's announced discount are relevant observations, but none substitutes for a consistent measure of whether eligible patients obtain prescribed medicines affordably.

6. Implications, method, and limitations

This assessment uses primary materials checked on September 9, 2026: U.S. enforcement announcements, company statements, an SEC filing, UK regulator records, the actual Court of Appeal judgment, and CMS pricing information. The sources were selected to establish legal disposition, corporate identity, pricing units, and current status for the matters discussed. The appellate disposition was read directly, rather than inferred from a headline announcing that one side had won.

The analytical implication is that transparency needs more than a catalog of large numbers. For promotion cases, a useful record identifies the drug, conduct, entity, admission or finding, and resolved claims. For rebate cases, it explains the transaction information at issue and why a public program's net cost depends on it. For competition cases, it separates market structure, price comparisons, infringement analysis, and remedies. For negotiated prices, it states the eligible purchasing channel and the baseline used to describe a discount.

These distinctions also improve practical data design. A pricing table should retain currency, country, formulation, pack or course size, date, payer, and price basis. A litigation table should preserve each procedural stage rather than overwriting the original decision with a later headline. Corporate-history fields should identify the operating entity during the conduct and the parties at resolution; a merger or spin-off date alone does not establish the complete allocation of liability. These are recommendations for organizing future research, not claims that this report has reconstructed all contracts or underlying sales records.

Important limits remain. Confidential rebates and patient-level payments were not reviewed. This report does not independently reproduce the CMA's cost analysis, assess each competing price benchmark, or estimate a lawful price under UK competition law. It does not audit compliance-program performance or calculate savings caused by the U.S. settlements. The absence of a later ruling in the reviewed search is a limit on verification, not proof that no subsequent procedural activity exists anywhere.

The report is selective, not a complete inventory of Pfizer litigation, medicines, or access initiatives. It does not draw conclusions about products outside the cited matters, make treatment recommendations, or use historical enforcement to infer current wrongdoing. Its contribution is a structured account of what the public evidence establishes and where further evidence is needed. For readers evaluating drug-pricing accountability, that supports a more meaningful question than whether a company's aggregate penalties are large: which decision affected which payment or access mechanism, what outcome is documented, and what evidence would demonstrate improvement?

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