

SUPPORT TO HELP YOUR PATIENTS ACCESS PALFORZIA

Aimmune is committed to making PALFORZIA accessible by providing financial options to patients. PALFORZIA Pathway supports patients and caregivers with useful resources and financial assistance.

Palförzia
Pathway™

PALFORZIA PATHWAY SUPPORT PROGRAM

This program helps patients:

- Get answers to their questions about accessing PALFORZIA
- Understand their insurance coverage
- Identify financial assistance options

Enroll your patients by faxing a completed Prescription and Enrollment Form* to 1-844-708-0011.

PALFORZIA PATHWAY CO-PAY SAVINGS PROGRAM

Commercially insured patients who meet eligibility criteria may†:

- Receive help with out-of-pocket costs for PALFORZIA
- Pay as little as \$20 per month, with a maximum benefit of \$5,800 per calendar year

Eligible patients can apply by visiting PalforziaCoPay.com

PALFORZIA PATHWAY PATIENT ASSISTANCE PROGRAM (PAP)

Uninsured patients or patients whose insurance does not cover PALFORZIA may‡:

- Receive PALFORZIA at no cost if they meet specific eligibility and financial criteria

Patients can call 1-844-PALFORZ for information about applying.

Call 1-844-PALFORZ (1-844-725-3679) for any questions regarding PALFORZIA Pathway.

Before enrolling in the PALFORZIA Pathway Support Program, confirm that your office and patients are enrolled in the PALFORZIA REMS (Risk Evaluation and Mitigation Strategy) Program.[§]

*Prescription and Enrollment Form can be downloaded at PalforziaPro.com/resources.

†Terms and conditions apply. See PalforziaCoPay.com for full terms and conditions.

‡Terms and conditions apply. Call 1-844-PALFORZ for information about applying.

§ See palforziarems.com for certification and enrollment information.

Please see accompanying full Prescribing Information, including Boxed WARNING, and Medication Guide at PALFORZIAPro.com.



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Palförzia[®]
Peanut (*Arachis hypogaea*)
Allergen Powder-dnfp