

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 assistance.



PALFORZIA PATHWAY SUPPORT PROGRAM

This program helps patients:

- Answer 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 \$4000 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 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 Program.

*Prescription and Enrollment Form can be downloaded at PALFORZIAPro.com.

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

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

Please see full [Prescribing Information](#), including **Boxed WARNING**, and [Medication Guide](#) at PALFORZIAPro.com.



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AIMT-PM-USA-0324 02/20

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