

PALFORZIA Pathway Co-Pay Savings Program Terms and Conditions

The PALFORZIA Pathway[™] Co-Pay Savings Program is available only for commercially insured patients, including those who purchased insurance through state and federal health exchanges, and whose health plan covers PALFORZIA. Patients enrolled in government-sponsored insurance, including but not limited to Medicaid; Managed Medicaid; TriCare; or other federal or state health care programs (including any state pharmaceutical assistance programs), are *not* eligible. Patients that begin using government-sponsored insurance will no longer be eligible for the Program and must call 1-844-PALFORZ to stop their participation in the Program. Patients may not use this offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. Eligibility for the Program requires a valid, on-label prescription. Patients receiving financial assistance through the PALFORZIA Pathway[™] Patient Assistance Program (PAP) and cash-pay patients are also *not* eligible for the PALFORZIA Pathway Co-Pay Savings Program.

With the Program, eligible patients will pay as little as \$20 per month for PALFORZIA out-of-pocket costs, up to an annual maximum benefit of \$5,800. After the annual maximum benefit is reached, the patient or legal guardian will be responsible for all PALFORZIA out-of-pocket costs. The co-pay assistance from the Program may be applied *only* to PALFORZIA drug out-of-pocket costs, including plan deductibles, co-payments, or co-insurance; co-pay assistance from the Program cannot be applied towards physician office visits or other medical expenses.

The member on the patient's commercial insurance must enroll the patient in the Program. This Program is only valid in the US. For California and Massachusetts residents, benefits pursuant to this Card will terminate automatically upon the introduction of a therapeutically equivalent product.

Enrolled patients who were not able to use the Card at the time of the pharmacy fill may still be eligible for reimbursement through the Program by submitting their receipts for the out-of-pocket costs they paid, along with a completed Rebate Request Form to the PALFORZIA Pathway[™] Co-Pay Savings Program. The Program will not reimburse claims with a medication dispensing date that precedes Program enrollment by more than 6 months.

Aimmune Therapeutics reserves the right to amend the terms and conditions of the Co-Pay Savings Program or rescind, revoke, or terminate the Program at any time without prior notice.