

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 (including Medicaid Managed Care), TRICARE/CHAMPUS (health programs for US Armed forces military personnel, their families, National Guard/Reserve, among others), Medicare, or the VA are not eligible. If the patient begins receiving prescription drug coverage from any such a federal or state health care program, the patient will no longer be eligible to participate in this program. Eligibility for the Program requires a valid, on-label prescription. Patients receiving financial assistance through the PALFORZIA Pathway Patient Assistance Program (PAP) are 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 \$4,000. 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.

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. Patients enrolled in the Program must re-apply by the 12-month anniversary of their current enrollment if they wish to continue participating in the Program.

Please see full Prescribing Information and Medication Guide, including an Important Warning about anaphylaxis, available at PALFORZIA.com

© 2020 Aimmune Therapeutics, Inc. All Rights Reserved.

PALFORZIA and PALFORZIA Pathway are trademarks of Aimmune Therapeutics, Inc.