HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use PALFORZIA safely and effectively. See Full Prescribing Information for PALFORZIA.

PALFORZIA [Peanut (Arachis hypogaea) Allergen Powder-dnfp]
Powder for oral administration
Initial U.S. Approval: YYY

WARNING: ANAPHYLAXIS
See Full Prescribing Information for complete boxed warning.

- PALFORZIA can cause anaphylaxis, which may be life-threatening and can occur at any time during PALFORZIA therapy (5.1).
- Prescribe injectable epinephrine, instruct and train patients on its appropriate use, and instruct patients to seek immediate medical care upon its use (5.1).
- Do not administer PALFORZIA to patients with uncontrolled asthma (4).
- Dose modifications may be necessary following an anaphylactic reaction (2.5).
- Observe patients for at least 60 minutes after the last dose of the Initial Dose Escalation and after each dose during in-clinic Up-Dosing have been consumed (2.4).
- PALFORZIA is available only through a restricted program called the PALFORZIA REMS (5.2).

--------RECENT MAJOR CHANGES-----------------------------
Not applicable.

--------INDICATIONS AND USAGE-----------------------------
PALFORZIA is indicated as an oral immunotherapy treatment to reduce the incidence and severity of allergic reactions, including anaphylaxis, after accidental exposure to peanut in patients aged 4 to 17 years with a confirmed diagnosis of peanut allergy. PALFORZIA is to be used in conjunction with a peanut-avoidant diet.

Limitations of Use: Not indicated for the emergency treatment of allergic reactions (Type 1), including anaphylaxis.

--------DOSAGE AND ADMINISTRATION-------------------------
For oral administration only (2)
Open capsule(s) or sachet and empty the entire dose of PALFORZIA onto refrigerated or room temperature semisolid food such as applesauce, yogurt, pudding, or other palatable, age-appropriate food to which the patient is not allergic. Mix well.

The volume of the food should be such that the entire dose can be consumed in a few spoonfuls. PALFORZIA should be consumed promptly after mixing, but if needed, can be mixed and refrigerated for up to 8 hours. Wash hands immediately after handling PALFORZIA capsules or sachets. Do not swallow capsules. Do not inhale powder.

--------DOSAGE FORMS AND STRENGTHS-----------------------
Initial Dose Escalation

<table>
<thead>
<tr>
<th>Total Dose</th>
<th>Dose Configuration</th>
<th>Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 mg</td>
<td>1 x 0.5 mg</td>
<td>Capsule</td>
</tr>
<tr>
<td>1 mg</td>
<td>1 x 1 mg</td>
<td>Capsule</td>
</tr>
<tr>
<td>1.5 mg</td>
<td>1 x 0.5 mg; 1 x 1 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>3 mg</td>
<td>3 x 1 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>6 mg</td>
<td>6 x 1 mg</td>
<td>Capsules</td>
</tr>
</tbody>
</table>

Up-Dosing

<table>
<thead>
<tr>
<th>Total Daily Dose</th>
<th>Daily Dose Configuration</th>
<th>Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 mg</td>
<td>3 x 1 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>6 mg</td>
<td>6 x 1 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>12 mg</td>
<td>2 x 1 mg; 1 x 10 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>20 mg</td>
<td>1 x 20 mg</td>
<td>Capsule</td>
</tr>
<tr>
<td>40 mg</td>
<td>2 x 20 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>80 mg</td>
<td>4 x 20 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>120 mg</td>
<td>1 x 20 mg; 1 x 100 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>160 mg</td>
<td>3 x 20 mg; 1 x 100 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>200 mg</td>
<td>2 x 100 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>240 mg</td>
<td>2 x 20 mg; 2 x 100 mg</td>
<td>Capsules</td>
</tr>
<tr>
<td>300 mg</td>
<td>1 x 300 mg</td>
<td>Sachet</td>
</tr>
</tbody>
</table>

Maintenance

<table>
<thead>
<tr>
<th>Total Daily Dose</th>
<th>Daily Dose Configuration</th>
<th>Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>300 mg</td>
<td>1 x 300 mg</td>
<td>Sachet</td>
</tr>
</tbody>
</table>

--------CONTRAINDICATIONS---------------------------------
- Uncontrolled asthma (5.3).
- History of eosinophilic esophagitis or other eosinophilic gastrointestinal disease (5.4, 5.5).

--------WARNINGS AND PRECAUTIONS------------------------
- Anaphylaxis: PALFORZIA can cause anaphylaxis. Educate patients to recognize the signs and symptoms of anaphylaxis, prescribe injectable epinephrine and train them on its use, and instruct them to seek immediate medical care should any of these symptoms occur (5.1).
- Ensure patients with asthma have their asthma under control prior to initiation of PALFORZIA (5.3).
- Eosinophilic esophagitis: PALFORZIA is associated with eosinophilic esophagitis. Monitor patients for signs and symptoms and discontinue PALFORZIA if eosinophilic esophagitis is suspected (5.4).

--------ADVERSE REACTIONS-----------------------------
The most common adverse events reported in subjects treated with PALFORZIA (incidence ≥ 5% and at least 5 percentage points greater than that reported in subjects treated with placebo) are abdominal pain, vomiting, nausea, oral pruritus, oral paresthesia, throat irritation, cough, rhinorrhea, sneezing, throat tightness, wheezing, dyspnea, pruritus, urticaria, anaphylactic reaction, and ear pruritus (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Aimmune Therapeutics at toll-free phone 1-833-246-2566 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

Revised: M/201Y
FULL PRESCRIBING INFORMATION: CONTENTS*

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   2.1 Important Considerations Prior to Initiation and During Therapy
   2.2 Dosage
   2.3 Preparation and Handling
   2.4 Administration
   2.5 Schedule Modification and Product Discontinuation
3 DOSAGE FORMS AND STRENGTHS
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* Sections or subsections omitted from the full prescribing information are not listed.
FULL PRESCRIBING INFORMATION

WARNING: ANAPHYLAXIS

- PALFORZIA can cause anaphylaxis, which may be life-threatening and can occur at any time during PALFORZIA therapy [see Warnings and Precautions (5.1)].
- Prescribe injectable epinephrine, instruct and train patients on its appropriate use, and instruct patients to seek immediate medical care upon its use [see Warnings and Precautions (5.1)].
- Do not administer PALFORZIA to patients with uncontrolled asthma [see Contraindications (4)].
- Dose modifications may be necessary following an anaphylactic event [see Dosage and Administration (2.5)].
- During in clinic Initial Dose Escalation, observe patients for 20-30 minutes between each dose. Observe patient for at least 60 minutes after the last dose is consumed [see Dosage and Administration (2.4)].
- During in clinic Up-Dosing, observe patients for at least 60 minutes after the dose is consumed [see Dosage and Administration (2.4)].
- Because of the risk of systemic allergic reactions including anaphylaxis, PALFORZIA is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the PALFORZIA REMS [see Warnings and Precautions (5.2)].

1 INDICATIONS AND USAGE

PALFORZIA is indicated as an oral immunotherapy treatment to reduce the incidence and severity of allergic reactions, including anaphylaxis, after accidental exposure to peanut in patients aged 4 to 17 years with a confirmed diagnosis of peanut allergy.

PALFORZIA is to be used in conjunction with a peanut-avoidant diet.

Limitations of Use: Not indicated for the emergency treatment of allergic reactions (Type 1) including anaphylaxis.

2 DOSAGE AND ADMINISTRATION

2.1 Important Considerations Prior to Initiation and During Therapy

Verify that the patient has a valid supply of injectable epinephrine and instruct patient on its appropriate use [see Warnings and Precautions (5.2)].

2.2 Dosage

Treatment with PALFORZIA is administered in 3 sequential phases: Initial Dose Escalation, Up-Dosing, and Maintenance.

The dose configurations for each phase of dosing are provided in Tables 1-3.
Table 1: Dosing Configuration for Initial Dose Escalation (Single Day Dose Escalation)

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>Total Dose</th>
<th>Dose Configuration</th>
<th>Dosage Form</th>
<th>Cumulative Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0.5 mg</td>
<td>1 × 0.5 mg</td>
<td>Capsule</td>
<td>0.5 mg</td>
</tr>
<tr>
<td>B</td>
<td>1 mg</td>
<td>1 × 1 mg</td>
<td>Capsule</td>
<td>1.5 mg</td>
</tr>
<tr>
<td>C</td>
<td>1.5 mg</td>
<td>1 × 0.5 mg; 1 × 1 mg</td>
<td>Capsules</td>
<td>3 mg</td>
</tr>
<tr>
<td>D</td>
<td>3 mg</td>
<td>3 × 1 mg</td>
<td>Capsules</td>
<td>6 mg</td>
</tr>
<tr>
<td>E</td>
<td>6 mg</td>
<td>6 × 1 mg</td>
<td>Capsules</td>
<td>12 mg</td>
</tr>
</tbody>
</table>

Initial Dose Escalation supplied as a single card consisting of 5 blisters containing a total of 13 capsules.

Table 2: Daily Dosing Configuration for Up-Dosing

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>Total Daily Dose</th>
<th>Daily Dose Configuration</th>
<th>Dosage Form</th>
<th>Dose Duration (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3 mg</td>
<td>3 × 1 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>6 mg</td>
<td>6 × 1 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>12 mg</td>
<td>2 × 1 mg; 1 × 10 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>20 mg</td>
<td>1 × 20 mg</td>
<td>Capsule</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>40 mg</td>
<td>2 × 20 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>80 mg</td>
<td>4 × 20 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>120 mg</td>
<td>1 × 20 mg; 1 × 100 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>160 mg</td>
<td>3 × 20 mg; 1 × 100 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>200 mg</td>
<td>2 × 100 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>240 mg</td>
<td>2 × 20 mg; 2 × 100 mg</td>
<td>Capsules</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>300 mg</td>
<td>1 × 300 mg</td>
<td>Sachet</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 3: Daily Dosing Configuration for Maintenance

<table>
<thead>
<tr>
<th>Dose Level</th>
<th>Total Daily Dose</th>
<th>Dose Configuration</th>
<th>Dosage Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>300 mg</td>
<td>1 × 300 mg</td>
<td>Sachet</td>
</tr>
</tbody>
</table>

2.3 Preparation and Handling

PALFORZIA is to be administered orally.

Open capsule(s) or sachet and empty the entire dose of PALFORZIA onto refrigerated or room temperature semisolid food such as applesauce, yogurt, pudding, or other palatable, age-appropriate food to which the patient is not allergic. Mix well. The volume of the food should be such that the entire dose can be consumed in a few spoonfuls. PALFORZIA should be consumed promptly after mixing, but if necessary, can be mixed and refrigerated for up to 8 hours.

Do not swallow PALFORZIA capsules.

Do not inhale the powder as this could provoke worsening of asthma or induce an allergic reaction.

Wash hands immediately after handling PALFORZIA capsules or sachets.

If the mixture is not consumed within 8 hours, mix the remaining contents with an undesirable ingredient (eg, coffee grounds, dirt, cat litter), place in a sealable container, and dispose in the garbage.

Dispose of all unused PALFORZIA in the same manner by removing from the packaging, mixing the contents with an undesirable ingredient, placing in a sealable container, and disposing in the garbage.)
Store PALFORZIA capsules and sachets in a refrigerator at 2°C to 8°C (36°F-46°F). Do not freeze. Store in the original packaging until use to protect from moisture.

2.4 Administration

Initial Dose Escalation

Initial Dose Escalation is administered on a single day under the supervision of a health care professional in a certified health care setting with the ability to manage potentially severe allergic reactions, including anaphylaxis.

Initial Dose Escalation consists of 5 dose levels (Levels A-E, 0.5-6 mg; Table 1). Patients should receive sequential dose escalation of PALFORZIA beginning at Level A (0.5 mg). Each dose should be separated by an observation period of 20 to 30 minutes. Following completion of the last dose administered, the patient should be observed for at least 60 minutes until suitable for discharge in the opinion of the treating physician.

A dose level can be considered tolerated if no more than transient symptoms are observed with no or minimal medical intervention/therapy required.

Discontinue administration of PALFORZIA if symptoms requiring medical intervention (eg, use of epinephrine) occur with any dose during Initial Dose Escalation [see Dosage and Administration (2.5)].

Patients who tolerate at least the 3 mg single dose (Level D) of PALFORZIA during Initial Dose Escalation should return to the health care setting the next day for initiation of Up-Dosing.

Repeat Initial Dose Escalation in a certified health care setting if the patient is unable to initiate Up-Dosing within 4 days of the Initial Dose Escalation.

Up-Dosing

Complete Initial Dose Escalation before starting Up-Dosing.

The first dose of each new Up-Dosing level is administered under the supervision of a health care professional in a certified health care setting with the ability to manage potentially severe allergic reactions, including anaphylaxis.

Instruct patient to return to the certified health care setting every 2 weeks for each subsequent assessment for a new Up-Dosing level.

Patients must complete all levels (Levels 1-11) of Up-Dosing prior to initiation of Maintenance (Table 2). Up-Dosing is initiated at a 3 mg dose (Level 1).

During Up-Dosing, increase subsequent doses of PALFORZIA at 2-week intervals if tolerated, as shown in Table 2. Do not progress through Up-Dosing more rapidly than shown in Table 2.

Up-Dosing requires administration of all the following dose levels in sequential order: 3 mg, 6 mg, 12 mg, 20 mg, 40 mg, 80 mg, 120 mg, 160 mg, 200 mg, 240 mg, and 300 mg (corresponding to Levels 1-11, respectively). No dose level should be omitted from the Up-Dosing schedule.

Prepare and administer the first dose of each Up-Dosing level (Levels 1-11) of PALFORZIA during a scheduled office visit. Observe the patient for at least 60 minutes until suitable for discharge in the opinion of the treating physician.
A dose level can be considered tolerated if no more than transient symptoms are observed with no or minimal medical intervention/therapy required.

- If the patient tolerates the first dose of the increased dose level, the patient may continue that dose level at home. Each dose should be consumed daily with a meal at approximately the same time each day, preferably in the evening.
- If a patient cannot tolerate the first dose of the increased dose level, the patient should continue the previously tolerated dose level for 2 weeks or a dose reduction may be considered [see Dosage and Administration (2.5)].
- No more than 1 dose should be consumed per day. Instruct patients not to consume a dose at home on the same day as a dose consumed in the clinic.

**Maintenance**

Complete all dose levels of Up-Dosing before starting Maintenance.

The therapeutic Maintenance dose of PALFORZIA is 300 mg daily.

A dose level can be considered tolerated if no more than transient symptoms are observed with no or minimal medical intervention/therapy required.

No more than 1 dose should be consumed per day. Instruct patients not to consume a dose at home on the same day as a dose consumed in the clinic.

Continued daily Maintenance treatment is required to maintain the treatment effect.

Instruct patient to inform a health care professional before administering the next dose of PALFORZIA if symptoms of an escalating or persistent allergic reaction occur. Patients should be instructed to promptly initiate treatment for the reaction and seek immediate medical attention if they develop symptoms of a severe allergic reaction [see Warnings and Precautions (5.1)].

**2.5 Schedule Modification and Product Discontinuation**

**Dose Modification Guidelines**

Dose modifications are not appropriate during Initial Dose Escalation. Patients who cannot tolerate doses up to and including the 3 mg single dose of PALFORZIA may not be suitable for treatment with PALFORZIA.

Temporary dose modification of PALFORZIA may be required for patients who experience allergy symptoms during Up-Dosing or Maintenance. In addition to possible dose modification, symptomatic treatment should be considered.

Patients may be more likely to experience allergy symptoms following PALFORZIA administration in the presence of cofactors such as exercise, hot water exposure, a medical event such as an intercurrent illness (e.g., viral infection), or fasting. Other potential cofactors may include menstruation, sleep deprivation, nonsteroidal anti-inflammatory drug use, or uncontrolled asthma. Temporarily withholding or decreasing PALFORZIA doses may be required in the presence of these cofactors. Patients should be proactively counseled about the potential increased risk of systemic allergic reactions including anaphylaxis in the presence of these cofactors.

Symptoms that are severe, recurrent, bothersome, or last longer than 90 minutes during Up-Dosing or Maintenance should be actively managed with dose modifications. The treating physician should
use clinical judgment to determine the best course of action, which can include maintaining, reducing, or withholding PALFORZIA doses or dose levels. Prophylactic treatment may also be considered at the discretion of the treating physician and may include H1- and/or H2-antihistamines and/or a proton pump inhibitor.

An Up-Dosing dose level can be maintained for longer than 2 weeks if a patient is unable to progress to the next level because of allergy symptoms or for practical reasons for patient management.

After a dose reduction, Up-Dosing to the Maintenance dose of PALFORZIA should be performed according to Table 2.

Management of Consecutive Missed Doses

Missed doses of PALFORZIA may pose a significant risk to patients due to potential loss of treatment effect. The guidelines in Table 4 are to be used at the discretion of the treating physician.

Table 4: Management of Consecutive Missed Doses

<table>
<thead>
<tr>
<th>Consecutive Missed Doses</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2 days</td>
<td>Patients may resume PALFORZIA at the same dose level at home.</td>
</tr>
<tr>
<td>3 to 4 days</td>
<td>Patients may resume PALFORZIA at the same dose level under medical supervision in a certified health care setting based on medical judgment.</td>
</tr>
<tr>
<td>5 to 7 days</td>
<td>Patients may resume Up-Dosing with PALFORZIA under medical supervision in a certified health care setting at a dose of 50% or less of the last tolerated dose. If tolerated, Up-Dosing may resume with dose increases of 1 dose level until the dose level at which the lapse in dosing occurred has been reached.</td>
</tr>
</tbody>
</table>
| 8 to 14 days             | Patients may resume Up-Dosing with PALFORZIA under medical supervision in a certified health care setting as follows:  
                         - Patients undergoing Up-Dosing may resume administration with PALFORZIA under medical supervision in a certified health care setting at a dose of 25% or less of the last tolerated dose.  
                         - Patients receiving the maintenance dose may resume administration with PALFORZIA under medical supervision in a certified health care setting at a dose of 50% or less of the last tolerated dose.  
                         If tolerated, dose escalation may resume with dose increases of 1 dose level. |
| Greater than 14 days     | Evaluate patient compliance and consider re-starting Up-Dosing at 3 mg under supervision in a certified health care setting. |

Following a dose reduction due to missed doses, resume Up-Dosing as described in Table 2.

Advise patients that if 1 or 2 daily doses are missed, the next dose should be resumed at the usual time the following day.

If 3 or more consecutive doses are missed, advise patients to contact their health care professional before administering the next dose. Consider the cause of missed doses and assess whether treatment should be altered or continued.

During clinical trials, subjects resumed dosing at the clinic following 3 or more consecutive missed doses. If 8 or more consecutive doses were missed, administration of PALFORZIA was resumed at 25% or less, or 50% or less of the last tolerated dose during Up-Dosing or Maintenance, respectively. Data on resuming PALFORZIA following more than 14 consecutive missed doses during Maintenance are not available from clinical trials.
Discontinuation of PALFORZIA

Discontinue treatment with PALFORZIA for:

- Patients who are unable to tolerate doses up to and including the 3 mg dose during Initial Dose Escalation
- Patients with severe or persistent esophagitis or gastrointestinal intolerance [see Warnings and Precautions (5.4) and (5.5)]
- Patients with suspected eosinophilic esophagitis [see Warnings and Precautions (5.4) and (5.5)]
- Patients unable to comply with the daily dosing requirements

Discontinuation of treatment should be considered for:

- Patients with recurrent asthma exacerbations or loss of asthma control

3 DOSAGE FORMS AND STRENGTHS

PALFORZIA powder description and dosage strengths are as follows:

- PALFORZIA 0.5 mg white to off-white fine granular oral powder (may contain clumps) in white opaque capsules with Aimmune printed on the body and 0.5 mg printed on the cap in grey ink
- PALFORZIA 1 mg white to off-white fine granular oral powder (may contain clumps) in red opaque capsules with Aimmune printed on the body and 1 mg printed on the cap in white ink
- PALFORZIA 10 mg white to off-white fine granular oral powder (may contain clumps) in blue opaque capsules with Aimmune printed on the body and 10 mg printed on the cap in white ink
- PALFORZIA 20 mg off-white to light beige fine granular oral powder (may contain clumps) in white opaque capsules with Aimmune printed on the body and 20 mg printed on the cap in grey ink
- PALFORZIA 100 mg beige fine oral powder (may contain clumps) in red opaque capsules with Aimmune printed on the body and 100 mg printed on the cap in white ink
- PALFORZIA 300 mg beige fine oral powder (may contain clumps) in white foil-laminate sachets with printed information

Combinations of capsules for doses are described in Dosage and Administration (2.2).

Dosage forms, strengths and configurations are shown in Table 5.
Table 5: Dosage Form, Strength, and Configuration of PALFORZIA

<table>
<thead>
<tr>
<th>Dose</th>
<th>Dosage Form</th>
<th>Daily Dosage Configuration</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 mg</td>
<td>Capsule</td>
<td>1 x 0.5 mg</td>
</tr>
<tr>
<td>1 mg</td>
<td>Capsule</td>
<td>1 x 1 mg</td>
</tr>
<tr>
<td>1.5 mg</td>
<td>Capsules</td>
<td>1 x 0.5 mg; 1 x 1 mg</td>
</tr>
<tr>
<td>3 mg</td>
<td>Capsules</td>
<td>3 x 1 mg</td>
</tr>
<tr>
<td>6 mg</td>
<td>Capsules</td>
<td>6 x 1 mg</td>
</tr>
<tr>
<td>12 mg</td>
<td>Capsules</td>
<td>2 x 1 mg; 1 x 10 mg</td>
</tr>
<tr>
<td>20 mg</td>
<td>Capsule</td>
<td>1 x 20 mg</td>
</tr>
<tr>
<td>40 mg</td>
<td>Capsules</td>
<td>2 x 20 mg</td>
</tr>
<tr>
<td>80 mg</td>
<td>Capsules</td>
<td>4 x 20 mg</td>
</tr>
<tr>
<td>120 mg</td>
<td>Capsules</td>
<td>1 x 20 mg; 1 x 100 mg</td>
</tr>
<tr>
<td>160 mg</td>
<td>Capsules</td>
<td>3 x 20 mg; 1 x 100 mg</td>
</tr>
<tr>
<td>200 mg</td>
<td>Capsules</td>
<td>2 x 100 mg</td>
</tr>
<tr>
<td>240 mg</td>
<td>Capsules</td>
<td>2 x 20 mg; 2 x 100 mg</td>
</tr>
<tr>
<td>300 mg</td>
<td>Sachet</td>
<td>300 mg</td>
</tr>
</tbody>
</table>

4 CONTRAINDICATIONS

PALFORZIA is contraindicated in patients with the following:

- Uncontrolled asthma [see Warnings and Precautions (5.3)]
- A history of eosinophilic esophagitis and other eosinophilic gastrointestinal disease [see Warnings and Precautions (5.4, 5.5)]

5 WARNINGS AND PRECAUTIONS

5.1 Anaphylaxis

PALFORZIA can cause systemic allergic reactions, including anaphylaxis, which may be life-threatening.

Do not initiate PALFORZIA treatment in a patient who has had severe or life-threatening anaphylaxis within 60 days.

Manifestations of anaphylaxis include an acute onset of an illness (within minutes to hours) with involvement of skin/mucosal tissue (eg, generalized hives, itch or flush, swollen lips/tongue/uvula), airway compromise (eg, dyspnea, stridor, wheeze/bronchospasm, hypoxia), and/or reduced blood pressure or associated symptoms (eg, hypotonia, syncope, incontinence), and could also include persistent gastrointestinal symptoms (eg, vomiting, abdominal pain). Anaphylaxis has been reported during all phases of PALFORZIA treatment, including maintenance and in subjects who have undergone recommended Up-Dosing and dose modification procedures.

In the placebo-controlled population in Studies 1 and 2 combined [see Adverse Reactions (6.1)], systemic allergic reactions, including anaphylaxis, were reported in 9.4% of PALFORZIA-treated subjects compared with 3.8% of placebo-treated subjects during Initial Dose Escalation and Up-Dosing combined, and in 8.7% of PALFORZIA-treated subjects compared to 1.7% of placebo-treated subjects during the 300 mg per day dose. Epinephrine use associated with systemic allergic reactions, including anaphylaxis, was reported in 6.1% of PALFORZIA-treated subjects.
compared with 3.1% of placebo-treated subjects during Initial Dose Escalation and Up-Dosing combined, and in 6.1% of PALFORZIA-treated subjects compared to 1.7% of placebo-treated subjects during 300 mg/day dosing in Study 1. Time to onset of systemic allergic reactions occurred within 2 hours after dosing in 70% of PALFORZIA-treated subjects, and greater than 2 hours and up to 10 hours in 18% of PALFORZIA-treated subjects. Time to onset of systemic allergic reactions occurred within 2 hours after dosing in 33% of placebo-treated subjects, and greater than 2 hours and up to 10 hours in 22% of placebo-treated subjects.

All Initial Dose Escalation doses and the first dose of each Up-Dosing level must be administered in a certified health care setting [see Dosage and Administration (2.4)]. Prior to initiating PALFORZIA treatment, verify that the patient has a valid supply of injectable epinephrine and educate patients to recognize the signs and symptoms of allergic reactions and when epinephrine should be used. Instruct patient to promptly initiate treatment for the reaction and seek medical attention if symptoms of a systemic allergic reaction, including anaphylaxis, develop. Instruct patients to contact a health care professional before administering the next dose of PALFORZIA if symptoms of an escalating or persistent allergic reaction occur as dose modification may be necessary [see Dosage and Administration (2.4)].

If appropriate to re-start administering PALFORZIA in patients who experienced severe anaphylaxis while on PALFORZIA, consider a 1-level dose reduction to approximately a 50% dose reduction compared with the previous dose, based on clinical judgment. Dose re-escalation may resume depending on the dose level and duration of the dose reduction or period of missed dosing [see Dosage and Administration (2.5)].

PALFORZIA may not be suitable for patients with certain medical conditions that may reduce the ability to survive a severe allergic reaction, including but not limited to markedly compromised lung function or cardiovascular disease. In addition, PALFORZIA may not be suitable for patients taking medications that can inhibit or potentiate the effects of epinephrine. See the epinephrine injection package insert for the complete prescribing information.

PALFORZIA is available only through a restricted program under a REMS [see Warnings and Precautions (5.2)].

5.2 PALFORZIA REMS Program

PALFORZIA is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the PALFORZIA REMS because of the risk of systemic allergic reactions, including anaphylaxis [see Warnings and Precautions (5.1)].

Notable requirements of the PALFORZIA REMS include the following:

- Health care settings must be certified in the program and ensure that PALFORZIA is only administered and dispensed to patients who are enrolled in the REMS.
- Health care settings must have on-site access to equipment and personnel trained to manage systemic allergic reactions, including anaphylaxis.
- Health care settings must ensure that the Initial Dose Escalation and the first dose of each Up-dose level are administered at the certified healthcare setting.
- Patients must be enrolled in the PALFORZIA REMS prior to initiation of PALFORZIA treatment.
• Patients must be educated to ensure they understand the need for continued peanut avoidance in their diet.
• Epinephrine must always be immediately available to patients.
• Pharmacies must be certified with the program and must only dispense PALFORZIA to healthcare facilities that are certified or to patients who are enrolled depending on the treatment phase.

Further information, including a list of certified healthcare facilities and pharmacies is available at www.PALFORZIAREMS.com or 1-844-PALFORZ (1-844-725-3679).

5.3 Asthma
Ensure patients with asthma have their asthma under control prior to initiation of PALFORZIA. PALFORZIA has not been studied in subjects with severe or uncontrolled asthma or patients on long-term systemic corticosteroid therapy.

PALFORZIA should be temporarily withheld if the patient is experiencing an acute asthma exacerbation. Following resolution of the exacerbation, resumption of PALFORZIA should be undertaken cautiously. Re-evaluate patients who have recurrent asthma exacerbations and consider discontinuation of PALFORZIA.

5.4 Eosinophilic Esophagitis
The baseline risk for eosinophilic esophagitis is elevated in patients with food allergy, a known risk factor for its development. Eosinophilic esophagitis has been reported in association with PALFORZIA: 12 of 1050 subjects (1.1%) who received PALFORZIA developed eosinophilic esophagitis in clinical studies as of 15 Dec 2018 [see Contraindications (4)].

Discontinue PALFORZIA and consider a diagnosis of eosinophilic esophagitis in patients who experience severe or persistent gastrointestinal symptoms, including dysphagia, vomiting, nausea, gastroesophageal reflux, chest pain, or abdominal pain [see Warnings and Precautions (5.5)].

5.5 Gastrointestinal Adverse Reactions
Gastrointestinal adverse events, including abdominal pain, vomiting, nausea, oral pruritus, and oral paresthesia, were commonly reported [see Adverse Reactions (6, Table 6)]. For chronic/recurrent gastrointestinal symptoms, especially upper gastrointestinal symptoms (nausea, vomiting, dysphagia), the potential for a diagnosis of eosinophilic esophagitis should be considered [see Warnings and Precautions (5.4)].

If patients develop chronic or recurrent gastrointestinal symptoms, dose modification or discontinuation of treatment should be considered [see Dosage and Administration (2.5)].

6 ADVERSE REACTIONS
Use of PALFORZIA has been associated with:

• Anaphylaxis [see Warnings and Precautions (5.1)]
• Eosinophilic esophagitis [see Warnings and Precautions (5.4)]
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of 1 drug cannot be directly compared with the adverse reaction rates in clinical trials of another drug and may not reflect the rates observed in practice.

6.1 Clinical Trial Experience

The clinical data for PALFORZIA reflect exposure in 709 subjects with peanut allergy based on two Phase 3, double-blind, placebo-controlled trials (Study 1 and Study 2), and in long-term, open-label, follow-on studies. The primary study population was aged 4 to 17 years, 60% male, 76% white and had a clinical history of peanut allergy. In Study 1, the total duration of dosing was approximately 1 year, of which approximately 20-40 weeks was Up-Dosing and approximately 24-28 weeks was Maintenance dosing at a 300 mg daily dose. In Study 2 the duration of dosing was approximately 6 months and included Up-Dosing to a 300 mg daily dose.

Study 1 (NCT02635776) was a randomized, double-blind, placebo-controlled efficacy and safety study conducted in the United States, Canada, and Europe evaluating PALFORZIA versus placebo in 555 subjects aged 4 to 55 years with peanut allergy. Subjects were required to have serum IgE to peanut ≥ 0.35 kUA/L within 12 months before study entry and/or a mean wheal diameter on skin prick test to peanut ≥ 3 mm greater than the negative control. At study entry, subjects tolerated no more than 30 mg of peanut protein in a double-blind, placebo-controlled food challenge (DBPCFC). The primary analysis was conducted in 496 subjects aged 4 to 17 years (PALFORZIA, N = 372; placebo, N = 124). Of the subjects aged 4 to 17 years treated with PALFORZIA, 72% had a medical history of systemic allergic reactions, 66% reported multiple food allergies, 63% had a medical history of atopic dermatitis, and 53% had a present or previous diagnosis of asthma. Subjects with severe or uncontrolled asthma were excluded. The prophylactic use of antihistamines was prohibited to ensure that mild or moderate symptoms were not masked.

Study 2 (NCT03126227) was a randomized, double-blind, placebo-controlled safety study conducted in the United States and Canada evaluating PALFORZIA versus placebo in 506 subjects aged 4 to 17 years with peanut allergy. Subjects were required to have a clinical history of peanut allergy including onset of characteristic allergic signs and symptoms within 2 hours of known oral exposure to peanut, serum IgE to peanut of ≥ 14 kUA/L and a mean wheal diameter on skin prick test ≥ 8 mm greater than the negative control at screening. Subjects were not required to complete a DBPCFC for study entry. The study duration was approximately 6 months and compared the safety and tolerability of PALFORZIA (N = 337) with placebo (N = 168). Of the subjects treated with PALFORZIA, 60.5% had a medical history of systemic allergic reactions, 65.0% reported multiple food allergies, 57.9% had a medical history of atopic dermatitis, and 52.2% had a present or previous diagnosis of asthma. Subjects with severe persistent or uncontrolled asthma were excluded.

Across these two phase 3, double-blind, placebo-controlled, randomized clinical studies, adverse reactions in subjects aged 4 to 17 years were reported during Initial Dose Escalation (53% PALFORZIA recipients and 32% placebo), Up-Dosing (98% PALFORZIA and 92% placebo), and Maintenance (87% PALFORZIA and 80% placebo). The most common adverse events in subjects treated with PALFORZIA (incidence ≥ 5% and at least 5 percentage points greater than in subjects treated with placebo) were gastrointestinal, respiratory, and skin symptoms commonly associated with allergic reactions, as shown in Table 6.
Table 6: Treatment-Emergent Adverse Events in ≥ 5% of PALFORZIA-Treated Subjects and ≥ 5% Percentage Points Greater Than Placebo-Treated Subjects (Aged 4 to 17 Years)

<table>
<thead>
<tr>
<th>System Organ Class / Preferred Term [2]</th>
<th>Study 1 &amp; Study 2 Initial Dose Escalation</th>
<th>Study 1 &amp; Study 2 Up-Dosing</th>
<th>Study 1 [1] 300 mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vomiting</td>
<td>185 (26.1%)</td>
<td>24 (8.2%)</td>
<td>465 (67.1%)</td>
</tr>
<tr>
<td>Nausea</td>
<td>60 (8.5%)</td>
<td>2 (0.7%)</td>
<td>224 (32.3%)</td>
</tr>
<tr>
<td>Oral pruritus [4]</td>
<td>62 (8.7%)</td>
<td>9 (3.1%)</td>
<td>216 (31.2%)</td>
</tr>
<tr>
<td>Oral paresthesia</td>
<td>13 (1.8%)</td>
<td>7 (2.4%)</td>
<td>94 (13.6%)</td>
</tr>
<tr>
<td>Respiratory, thoracic, and mediastinal disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat irritation</td>
<td>66 (9.3%)</td>
<td>15 (5.1%)</td>
<td>279 (40.3%)</td>
</tr>
<tr>
<td>Cough</td>
<td>18 (2.5%)</td>
<td>1 (0.3%)</td>
<td>221 (31.9%)</td>
</tr>
<tr>
<td>Rhinorhrea</td>
<td>9 (1.3%)</td>
<td>4 (1.4%)</td>
<td>145 (20.9%)</td>
</tr>
<tr>
<td>Sneezing</td>
<td>24 (3.4%)</td>
<td>8 (2.7%)</td>
<td>140 (20.2%)</td>
</tr>
<tr>
<td>Throat tightness</td>
<td>18 (2.5%)</td>
<td>3 (1.0%)</td>
<td>98 (14.1%)</td>
</tr>
<tr>
<td>Wheezing</td>
<td>4 (0.6%)</td>
<td>0 (0.0%)</td>
<td>85 (12.3%)</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>2 (0.3%)</td>
<td>1 (0.3%)</td>
<td>53 (7.8%)</td>
</tr>
<tr>
<td>Skin and subcutaneous tissue disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
<td>56 (7.9%)</td>
<td>16 (5.5%)</td>
<td>225 (32.9%)</td>
</tr>
<tr>
<td>Urticaria</td>
<td>28 (3.9%)</td>
<td>10 (3.4%)</td>
<td>187 (28.4%)</td>
</tr>
<tr>
<td>Immune system disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anaphylactic reaction [5]</td>
<td>5 (0.7%)</td>
<td>1 (0.3%)</td>
<td>63 (9.1%)</td>
</tr>
<tr>
<td>Ear and labyrinth disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear pruritus</td>
<td>5 (0.7%)</td>
<td>1 (0.3%)</td>
<td>41 (5.9%)</td>
</tr>
</tbody>
</table>

[1] In Study 2, no TEAEs ≥ 5% were reported in subjects following treatment with 300 mg PALFORZIA (N = 265).
[2] Adverse events were coded to system organ class and preferred term using the MedDRA, version 19.1.
[3] Includes preferred terms of abdominal pain, abdominal pain upper, and abdominal discomfort.
[5] The anaphylactic reaction preferred term includes systemic allergic reactions of any severity, of which severe anaphylaxis was reported in 4 PALFORZIA-treated subjects (0.6%) during Up-Dosing and 1 PALFORZIA-treated subject (0.3%) during Maintenance.

MedDRA, Medical Dictionary for Regulatory Activities; QD, once daily. TEAE, treatment-emergent adverse event.

At each level of summarization (any event, system organ class, or preferred term), subjects with more than 1 adverse event were counted only once within each study period.

Adverse reactions, irrespective of causality, led to study discontinuation in 11.3% PALFORZIA-treated subjects and 2.4% placebo-treated subjects during Initial Dose Escalation and Up-Dosing combined, and 1.3% PALFORZIA-treated subjects and no placebo-treated subjects during 300 mg/day dosing in Study 1. Gastrointestinal reactions were the most common events leading to discontinuation of study product during Initial Dose Escalation and Up-Dosing combined (7.8% PALFORZIA, 1.0% placebo), followed by respiratory disorders (2.5% PALFORZIA, 1.0% placebo).

The timing of symptoms relative to exposure to PALFORZIA was evaluated for dosing that occurred within a clinical setting during Initial Dose Escalation and on the day of initiation of each new dose level during the Up-Dosing phase (every 2 weeks) and during monthly Maintenance visits. Symptoms occurring in the clinic following any dose of PALFORZIA had a median time to onset of 4 minutes for 502 subjects (70.8%). The median time to resolution of the last symptom was 37 minutes.
8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively. No human data are available to establish the presence or absence of the risks due to PALFORZIA in pregnant women.

Oral immunotherapy is associated with a risk of allergic reactions, including anaphylaxis, especially during Initial Dose Escalation and Up-Dosing. Anaphylaxis can cause a dangerous decrease in blood pressure, which could result in compromised placental perfusion and significant risk to a fetus during pregnancy. In addition, the effect of oral immunotherapy on the immune system of the mother and fetus during pregnancy is unknown. Treatment with PALFORZIA should not be initiated during pregnancy.

A pregnancy registry monitors pregnancy outcomes in women exposed to PALFORZIA during pregnancy. Women exposed to PALFORZIA during pregnancy or their health care professionals are encouraged to contact Aimmune by calling 1-833-246-2566.

8.3 Nursing Mothers

Data are not available to assess the effects of PALFORZIA on the breastfed child or on milk production and excretion in the nursing woman. The developmental and health benefits of breastfeeding should be considered, along with the mother’s clinical need for PALFORZIA and any other potential adverse effects on the breastfed child from PALFORZIA or from the underlying maternal condition.

8.4 Pediatric Use

Safety and effectiveness of PALFORZIA have not been established in persons younger than 4 years of age.

8.6 Adult Use

While clinical trial data are limited in adult subjects, the continued use of PALFORZIA can be considered in adolescent patients who become 18 years while on treatment in order to maintain the treatment effect.

10 OVERDOSAGE

Symptoms of overdose in patients with peanut allergy may include hypersensitivity reactions such as systemic allergic reactions, including anaphylaxis, or local allergic reactions [see Warnings and Precautions (5.1)]. In case of severe adverse reactions such as difficulty in swallowing, difficulty in breathing, changes in voice, feeling of fullness in the throat, or anaphylaxis, patients should be instructed to use epinephrine and seek immediate medical assistance. These reactions should be treated as medically indicated, including the use of epinephrine as appropriate [see Warnings and Precautions (5.1) and Patient Counseling Information (17)].
11 DESCRIPTION

PALFORZIA capsules and sachets contain peanut (Arachis hypogaea) powder. PALFORZIA is an oral powder to be mixed with age-appropriate food prior to administration.

PALFORZIA is available in capsules of 0.5 mg, 1 mg, 10 mg, 20 mg, and 100 mg dosage strengths, and a sachet of 300 mg dosage strength.

Depending on the dose level, PALFORZIA contains the following inactive ingredients: microcrystalline cellulose, partially pregelatinized maize starch (0.5 mg, 1 mg, 10 mg, 20 mg capsule presentations only), magnesium stearate, and colloidal silicon dioxide.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

The precise mechanisms of action of PALFORZIA have not been fully established.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

PALFORZIA has not been evaluated for carcinogenicity, genotoxicity, mutagenic potential or impairment of male or female fertility in animals.

14 CLINICAL STUDIES

The efficacy of PALFORZIA for the desensitization patients with peanut allergy was investigated in a randomized, double-blind, placebo-controlled, multicenter study (Study 1).

Study 1 (Global, N = 554, NCT02635776)

Study 1 was a phase 3, international, randomized, double-blind, placebo-controlled study of the efficacy and safety of PALFORZIA in patients with peanut allergy aged 4 to 55 years. The primary analysis population consisted of 496 subjects (PALFORZIA, N = 372; placebo, N = 124) aged 4 to 17 years in the intent-to-treat (ITT) population who received at least 1 dose of study treatment. After an Initial Dose Escalation ranging from 0.5 mg to 6 mg on day 1 and confirmation of tolerability of the 3 mg dose on day 2, subjects underwent Up-Dosing for 20-40 weeks starting at 3 mg until the 300 mg dose was reached. The Up-Dosing period varied for each subject depending on how each dose was tolerated. Subjects then underwent 24-28 weeks of Maintenance immunotherapy with 300 mg PALFORZIA until the end of the study. At the end of the Maintenance period, subjects completed an exit DBPCFC to approximate an accidental exposure to peanut and to assess their ability to tolerate increasing amounts of peanut protein with no more than mild allergic symptoms.

Subjects were included in Study 1 if they reacted to 100 mg or less of peanut protein during the entry DBPCFC. Subjects with severe or uncontrolled asthma were excluded from the study. Of the subjects treated with PALFORZIA in the primary analysis group aged 4-17 years, 72% had a medical history of systemic allergic reactions, 66% reported multiple food allergies, 63% had a medical history of atopic dermatitis, and 53% had a present or previous diagnosis of asthma. These conditions were balanced between PALFORZIA and placebo treatment groups. The subject population for the primary analysis was 78% white and 57% male. The mean age of subjects was 9 years.
The primary efficacy endpoint was the percentage of subjects tolerating a single dose of 600 mg peanut protein in the exit DBPCFC with no more than mild allergic symptoms after 6 months of Maintenance treatment. The primary efficacy endpoint was considered met if the lower bound of the 95% confidence interval (CI) for the difference in response rate between the treatment and the placebo groups was greater than the prespecified margin of 15%. Key secondary endpoints included the comparisons of the desensitization response rates after single doses of 300 mg and 1000 mg peanut protein as well as a comparison of the total maximum severity of symptoms at any challenge dose of peanut protein during the exit DBPCFC. Desensitization response rates at the exit DBPCFC for the ITT population are shown in Table 7.

### Table 7: Desensitization Response Rates at the Exit DBPCFC in Study 1 (ITT Population, 4 to 17 Years)

<table>
<thead>
<tr>
<th>ITT population</th>
<th>PALFORZIA N = 372; Placebo N = 124</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peanut challenge dose, single dose</td>
<td>300 mg</td>
</tr>
<tr>
<td>Peanut challenge dose, cumulative</td>
<td>443 mg</td>
</tr>
<tr>
<td>PALFORZIA</td>
<td>76.6%</td>
</tr>
<tr>
<td>Placebo</td>
<td>8.1%</td>
</tr>
<tr>
<td>Treatment difference (95% CI)</td>
<td>68.5% (58.6%, 78.5%)</td>
</tr>
<tr>
<td>P-value</td>
<td>&lt; 0.0001</td>
</tr>
</tbody>
</table>

[1] The primary efficacy endpoint was considered met if the lower bound of the Farrington-Manning 95% CI was greater than the prespecified margin of 15 percentage points.

DBPCFC, double-blind, placebo-controlled food challenge; ITT, intent-to-treat.

In the completer population (all subjects aged 4-17 years in the ITT population who stayed on treatment and had an evaluable exit DBPCFC conducted after 24-28 weeks of Maintenance; 296 PALFORZIA, 116 placebo) the desensitization response rates were consistent with the overall ITT results. The proportion of subjects who tolerated single highest doses of 300 mg, 600 mg, and 1000 mg, with no more than mild symptoms at the exit DBPCFC were 96.3%, 84.5%, and 63.2%, respectively for PALFORZIA-treated subjects compared with 8.6%, 4.3%, and 2.6% for placebo-treated subjects.

A comparison of the maximum severity of symptoms at the exit DBPCFC following treatment with PALFORZIA or placebo at any challenge dose of peanut protein in Study 1 is shown in Table 8. PALFORZIA treatment reduced the maximum severity of symptoms occurring at any challenge dose compared with placebo.

### Table 8: Maximum Severity of Symptoms at Any Challenge Dose During the Exit DBPCFC (ITT Population, 4-17 Years)

<table>
<thead>
<tr>
<th></th>
<th>PALFORZIA N = 372</th>
<th>Placebo N = 124</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>37.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Mild</td>
<td>32.0%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Moderate</td>
<td>25.3%</td>
<td>58.9%</td>
</tr>
<tr>
<td>Severe [1]</td>
<td>5.1%</td>
<td>10.5%</td>
</tr>
<tr>
<td>P-value [2]</td>
<td>&lt; 0.0001</td>
<td></td>
</tr>
</tbody>
</table>

[1] Includes severe symptoms and life-threatening or fatal reactions. No subjects had symptoms considered life-threatening or fatal.

[2] Treatment difference was tested using the Cochran-Mantel-Haenszel statistic with equally spaced scores) stratified by geographic region (North America, Europe).

DBPCFC, double-blind, placebo-controlled food challenge; ITT, intent-to-treat Subjects without an Exit DBPCFC were assigned the maximum severity during the screening DBPCFC, which equates to no change from screening.
## HOW SUPPLIED/STORAGE AND HANDLING

### Table 9: PALFORZIA Packaging Presentations

<table>
<thead>
<tr>
<th>Packaging Presentation</th>
<th>Number of Capsules or Sachets</th>
<th>Quantity Supplied per Pack</th>
<th>Proposed NDC Number (Unit)</th>
<th>Proposed NDC Number (Carton)</th>
</tr>
</thead>
</table>
| **Initial Dose Escalation** | Each pack contains 13 capsules:  
  • 0.5 mg (Level A)  
  1 × 0.5 mg capsule  
  • 1 mg (Level B)  
  1 × 1 mg capsule  
  • 1.5 mg (Level C)  
  1 × 0.5 mg capsule and 1 × 1 mg capsule  
  • 3 mg (Level D)  
  3 × 1 mg capsules  
  • 6 mg (Level E)  
  6 × 1 mg capsules | 1 pack containing all Initial Dose Escalation dose levels | 71881-113-13 | NA |
| Up-Dosing | | |
| 3 mg (Level 1) | 45 × 1 mg capsules  
  15 × (3 × 1 mg capsules) | 15 daily doses | 71881-101-45 | NA |
| 6 mg (Level 2) | 90 × 1 mg capsules  
  15 × (6 × 1 mg capsules) | 15 daily doses | 71881-102-90 | NA |
| 12 mg (Level 3) | 30 × 1 mg capsules; 15 × 10 mg capsules  
  15 × (2 × 1 mg capsules + 1 × 10 mg capsule) | 15 daily doses | 71881-103-45 | NA |
| 20 mg (Level 4) | 15 × 20 mg capsules | 15 daily doses | 71881-104-15 | NA |
| 40 mg (Level 5) | 30 × 20 mg capsules  
  15 × (2 × 20 mg capsules) | 15 daily doses | 71881-105-30 | NA |
| 80 mg (Level 6) | 60 × 20 mg capsules  
  15 × (4 × 20 mg capsules) | 15 daily doses | 71881-106-60 | NA |
| 120 mg (Level 7) | 15 × 20 mg capsules; 15 × 100 mg capsules  
  15 × (1 × 20 mg capsule + 1 × 100 mg capsule) | 15 daily doses | 71881-107-30 | NA |
| 160 mg (Level 8) | 45 × 20 mg capsules; 15 × 100 mg capsules  
  15 × (3 × 20 mg capsules + 1 × 100 mg capsule) | 15 daily doses | 71881-108-60 | NA |
| 200 mg (Level 9) | 30 × 100 mg capsules  
  15 × (2 × 100 mg capsules) | 15 daily doses | 71881-109-30 | NA |
| 240 mg (Level 10) | 30 × 20 mg capsules; 30 × 100 mg capsules  
  15 × (2 × 20 mg capsules + 2 × 100 mg capsules) | 15 daily doses | 71881-110-60 | NA |
| 300 mg (Level 11) | 15 × 300 mg sachets | 15 daily doses | 71881-111-01 | 71881-111-15 |
| Maintenance | | |
| 300 mg (Level 11) | 30 × 300 mg sachets | 30 daily doses | 71881-111-01 | 71881-111-30 |

NA, not applicable; NDC, National Drug Code.

Refrigerate at 2°C to 8°C (36°F-46°F). Do not freeze. Store in the original packaging until use to protect from moisture.
17 PATIENT COUNSELING INFORMATION

Advise patient to read the FDA-approved patient labeling (Medication Guide).

Advise parents to keep PALFORZIA and all medicines out of the reach of children.

Advise patient to follow a strict peanut-avoidant diet.

Advise patient that PALFORZIA will not desensitize to other food allergens.

Allergic Reactions

Advise patients that PALFORZIA may cause allergic reactions, including anaphylaxis that may be life-threatening. Educate patients on the recognition of the signs and symptoms of an allergic reaction [see Warnings and Precautions (5.1)]. The signs and symptoms of a severe allergic reaction may include syncope, dizziness, hypotension, tachycardia, dyspnea, wheezing, bronchospasm, chest discomfort, cough, abdominal pain, vomiting, diarrhea, rash, pruritus, flushing, and urticaria.

Ensure that patient has injectable epinephrine and instruct on its proper use. Instruct patient who experience a severe allergic reaction to seek immediate medical care, discontinue PALFORZIA, and resume treatment only when advised by a health care professional [see Warnings and Precautions (5.1)].

Advise patient to read the patient information for epinephrine.

Inform patient that the first dose of each dose level of PALFORZIA must be administered in a health care setting under the supervision of a health care professional, and that after consuming PALFORZIA, they are to be monitored for signs and symptoms of an allergic reaction [see Warnings and Precautions (5.1)].

Advise patient who experience an escalating or persistent allergic reaction or become intolerant to PALFORZIA at home to contact their health care professional immediately.

Because of the risk of eosinophilic esophagitis, instruct patient with severe or persistent symptoms of esophagitis or gastrointestinal intolerance to discontinue PALFORZIA and contact their health care professional [see Warnings and Precautions (5.4 and 5.5)].

Administration of PALFORZIA to young patients should be under adult supervision [see Dosage and Administration (2)].

PALFORZIA Risk Evaluation and Mitigation Strategy (REMS) Program

PALFORZIA is available only through a restricted program called the PALFORZIA REMS [see Warnings and Precautions (5.2)].

Inform patient of the following notable requirements:

- Patient must be enrolled in the PALFORZIA REMS.
- Patient must be educated to ensure they understand the need for continued peanut avoidance in their diet.
- Epinephrine must always be immediately available to patient.

PALFORZIA is available only from certified health care settings and pharmacies participating in the program. Therefore, provide parents and/or patients with the telephone number and website for information on how to obtain the product.
Asthma

Instruct patient with asthma to stop taking PALFORZIA and contact their health care professional immediately if they have difficulty breathing or if their asthma becomes difficult to control [see Warnings and Precautions (5.3)].

Handling Instructions

Advise patient to store PALFORZIA in a refrigerator.

Advise patient that care must be taken not to inhale the powder during dose preparation as this could provoke worsening of asthma or induce an allergic reaction.

Advise patient to wash hands immediately after handling PALFORZIA capsules or sachets.

Advise that patient should consume the entire daily dose of PALFORZIA mixed with refrigerated or room temperature semisolid food such as applesauce, yogurt, pudding, or other palatable, age-appropriate food to which the patient is not allergic. Do not mix PALFORZIA with liquid.

Advise patient to promptly consume PALFORZIA after mixing with food. However, the PALFORZIA mixture can be refrigerated for up to 8 hours, if needed [see Dosage and Administration (2.3)].

Dosing Instructions

Advise patient of the importance of taking each recommended dose daily to avoid loss of desensitization.

Advise patient that each dose should be consumed with a meal, at approximately the same time each day, preferably in the evening.

Advise caregivers of children to observe the patient for at least 60 minutes after administering PALFORZIA for any signs of intolerability.

Advise patient that if a 1 or 2 daily doses are missed, consume the next dose at the usual time the following day.

Advise patient to contact their health care professional for advice on how to resume PALFORZIA if 3 or more consecutive doses are missed.

Advise patient to avoid taking hot showers or baths immediately prior to or within 3 hours after consuming PALFORZIA.

Advise patient to delay consuming PALFORZIA after strenuous exercise until signs of a hypermetabolic state (eg, flushing, sweating, rapid breathing, rapid heart rate) have subsided.

Advise patient that the risk of an allergic reaction following PALFORZIA administration may be increased in the presence of cofactors such as; exercise or hot water exposure, a medical event such as an intercurrent illness (eg, viral infection), or fasting. Other potential cofactors may include menstruation, sleep deprivation, nonsteroidal anti-inflammatory drug use, or uncontrolled asthma. Temporarily withholding or decreasing PALFORZIA doses may be required in the presence of these cofactors.

Manufactured for:

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