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## 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: YYYYY

### 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 during and after administration of the Initial Dose Escalation and the first dose of each Up-Dosing level, for at least 60 minutes (2.4).
- PALFORZIA is available only through a restricted program called the PALFORZIA REMS (5.2).

### INDICATIONS AND USAGE

PALFORZIA is an oral immunotherapy indicated for the mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut. PALFORZIA is approved for use in patients with a confirmed diagnosis of peanut allergy. Initial Dose Escalation may be administered to patients aged 4 through 17 years. Up-Dosing and Maintenance may be continued in patients 4 years of age and older (2.4).

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

Limitation of Use: Not indicated for the emergency treatment of allergic reactions, including anaphylaxis.

### DOSAGE AND ADMINISTRATION

#### For oral administration only (2)

- Do not swallow capsule(s).
- Do not inhale powder.
- Open capsule(s) or sachet and empty the entire dose of PALFORZIA powder onto refrigerated or room temperature semisolid food.
- Mix well.
- Consume the entire volume.

#### Initial Dose Escalation

Total Dose	Dose Configuration
0.5 mg	One 0.5 mg capsule
1 mg	One 1 mg capsule
1.5 mg	One 0.5 mg capsule; One 1 mg capsule
3 mg	Three 1 mg capsules
6 mg	Six 1 mg capsules

#### Up-Dosing

Total Daily Dose	Daily Dose Configuration
3 mg	Three 1 mg capsules
6 mg	Six 1 mg capsules
12 mg	Two 1 mg capsules; One 10 mg capsule
20 mg	One 20 mg capsule
40 mg	Two 20 mg capsules
80 mg	Four 20 mg capsules
120 mg	One 20 mg capsule; One 100 mg capsule
160 mg	Three 20 mg capsules; One 100 mg capsule
200 mg	Two 100 mg capsules
240 mg	Two 20 mg capsules; Two 100 mg capsules
300 mg	One 300 mg sachet

#### Maintenance

Total Daily Dose	Daily Dose Configuration
300 mg	One 300 mg sachet

### DOSAGE FORMS AND STRENGTHS

Powder for oral administration supplied in 0.5 mg, 1 mg, 10 mg, 20 mg and 100 mg Capsules or 300 mg Sachets.

### CONTRAINDICATIONS

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

### WARNINGS AND PRECAUTIONS

- Anaphylaxis: PALFORZIA can cause anaphylaxis. Educate patients to recognize the signs and symptoms of anaphylaxis. Prescribe injectable epinephrine, instruct and train patients on its appropriate use, and instruct patients to seek immediate medical care upon its use (5.1).
- Asthma: Ensure patients with asthma have their asthma under control prior to initiation of PALFORZIA. PALFORZIA should be temporarily withheld if the patient is experiencing an acute asthma exacerbation. PALFORZIA has not been studied in patients with severe asthma (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).
- Gastrointestinal reactions: If patients develop chronic or recurrent local gastrointestinal allergic symptoms, consider dose modification or discontinuation of treatment (5.5).

### ADVERSE REACTIONS

The most common adverse reactions reported in subjects treated with PALFORZIA (incidence  $\geq 5\%$  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](http://www.fda.gov/medwatch).

See 17 for PATIENT COUNSELING INFORMATION and [Medication Guide](#).

Revised: M/201Y

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1 **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 reaction [see *Dosage and Administration (2.5)*].**
- **Observe patients during and after administration of the Initial Dose Escalation and the first dose of each Up-Dosing level, for at least 60 minutes [see *Dosage and Administration (2.4)*].**
- **Because of the risk of 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)*].**

2 **1 INDICATIONS AND USAGE**

3 PALFORZIA is an oral immunotherapy indicated for the mitigation of allergic reactions, including  
4 anaphylaxis, that may occur with accidental exposure to peanut. PALFORZIA is approved for use in  
5 patients with a confirmed diagnosis of peanut allergy. Initial Dose Escalation may be administered to  
6 patients aged 4 through 17 years. Up-Dosing and Maintenance may be continued in patients 4 years  
7 of age and older [see *Dosage and Administration (2.4)*].

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

9 Limitation of Use: Not indicated for the emergency treatment of allergic reactions, including  
10 anaphylaxis.

11 **2 DOSAGE AND ADMINISTRATION**

12 **2.1 Important Considerations Prior to Initiation and During Therapy**

13 Verify that the patient has injectable epinephrine and instruct patient on its appropriate use [see  
14 *Warnings and Precautions (5.2)*].

15 **2.2 Dosage**

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

18 The dose configurations for each phase of dosing are provided in [Table 1](#) through [Table 3](#).

**Table 1: Dosing Configuration for Initial Dose Escalation (Single Day Dose Escalation)**

Dose Level	Total Dose	Dose Configuration
A	0.5 mg	One 0.5 mg capsule
B	1 mg	One 1 mg capsule
C	1.5 mg	One 0.5 mg capsule; One 1 mg capsule
D	3 mg	Three 1 mg capsules
E	6 mg	Six 1 mg capsules

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**

Dose Level	Total Daily Dose	Daily Dose Configuration	Dose Duration (weeks)
1	3 mg	Three 1 mg capsules	2
2	6 mg	Six 1 mg capsules	2
3	12 mg	Two 1 mg capsules; One 10 mg capsule	2
4	20 mg	One 20 mg capsule	2
5	40 mg	Two 20 mg capsules	2
6	80 mg	Four 20 mg capsules	2
7	120 mg	One 20 mg capsule; One 100 mg capsule	2
8	160 mg	Three 20 mg capsules; One 100 mg capsule	2
9	200 mg	Two 100 mg capsules	2
10	240 mg	Two 20 mg capsules; Two 100 mg capsules	2
11	300 mg	One 300 mg sachet	2

**Table 3: Daily Dosing Configuration for Maintenance**

Dose Level	Total Daily Dose	Daily Dose Configuration
11	300 mg	One 300 mg sachet

### 2.3 Preparation and Handling

PALFORZIA is to be administered orally.

- Open capsule(s) or sachet and empty the entire dose of PALFORZIA powder onto a few spoonfuls of refrigerated or room temperature semisolid food (e.g., applesauce, yogurt, pudding). Do not use liquid (e.g., milk, water, juice) to prepare.
- Mix well.
- Consume the entire volume of the prepared mixture promptly.
- Dispose of the opened capsule(s) or sachet.
- Wash hands immediately after handling PALFORZIA capsule(s) or sachets.
- Dispose of all unused PALFORZIA.

### 2.4 Administration

- For oral administration only.
- Do not swallow capsule(s).
- Do not inhale powder.

## 37 **Initial Dose Escalation**

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

41 Initial Dose Escalation is administered in sequential order on a single day beginning at Level A  
42 (5 Levels A-E, 0.5-6 mg; [Table 1](#)).

43 Each dose should be separated by an observation period of 20 to 30 minutes.

44 No dose level should be omitted.

45 Observe patients after the last dose for at least 60 minutes until suitable for discharge.

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

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

50 If possible, begin Up-Dosing the day after Initial Dose Escalation.

51 Repeat Initial Dose Escalation in a health care setting if the patient is unable to begin Up-Dosing  
52 within 4 days.

## 53 **Up-Dosing**

54 Complete Initial Dose Escalation before starting Up-Dosing.

55 Up-Dosing consists of 11 dose levels and is initiated at a 3 mg dose (Level 1).

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

59 Observe patients after administering the first dose of a new Up-Dosing level for at least 60 minutes  
60 until suitable for discharge.

61 If the patient tolerates the first dose of the increased dose level, the patient may continue that dose  
62 level at home. Each dose should be consumed daily with a meal at approximately the same time  
63 each day, preferably in the evening.

64 Administer all the dose levels in [Table 2](#) in sequential order at 2-week intervals if tolerated.

65 No dose level should be omitted.

66 Do not progress through Up-Dosing more rapidly than shown in [Table 2](#).

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

69 Consider dose modification or discontinuation for patients who do not tolerate Up-Dosing as  
70 described in [Table 2](#) [see *Dosage and Administration (2.5)*].

## 71 **Maintenance**

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

73 The Maintenance dose of PALFORZIA is 300 mg daily.

74 Daily Maintenance is required to maintain the effect of PALFORZIA.

75 During Maintenance, contact patient at regular intervals to assess for adverse reactions to  
76 PALFORZIA.

## 77 **2.5 Schedule Modification and Product Discontinuation**

### 78 **Dose Modification**

79 Dose modifications are not appropriate during Initial Dose Escalation.

80 Temporary dose modification of PALFORZIA may be required for patients who experience allergic  
81 reactions during Up-Dosing or Maintenance, for patients who miss doses, or for practical reasons of  
82 patient management. Allergic reactions, including gastrointestinal reactions, that are severe,  
83 recurrent, bothersome, or last longer than 90 minutes during Up-Dosing or Maintenance should be  
84 actively managed with dose modifications. Use clinical judgment to determine the best course of  
85 action, which can include maintaining the dose level for longer than 2 weeks, reducing, withholding,  
86 or discontinuing PALFORZIA doses.

### 87 **Management of Consecutive Missed Doses**

88 Following 1 to 2 consecutive days of missed doses, patients may resume PALFORZIA at the same  
89 dose level. Data are insufficient to inform resumption of PALFORZIA following 3 or more consecutive  
90 days of missed doses. Patients who miss 3 or more consecutive days of PALFORZIA should consult  
91 their healthcare providers; resumption of PALFORZIA should be done under medical supervision.

### 92 **Discontinuation of PALFORZIA**

93 Discontinue treatment with PALFORZIA for:

- 94 • Patients who are unable to tolerate doses up to and including the 3 mg dose during Initial Dose  
95 Escalation
- 96 • Patients with suspected eosinophilic esophagitis [see *Warnings and Precautions (5.4 and 5.5)*]
- 97 • Patients unable to comply with the daily dosing requirements
- 98 • Patients with recurrent asthma exacerbations or persistent loss of asthma control

## 99 **3 DOSAGE FORMS AND STRENGTHS**

100 PALFORZIA powder description and dosage strengths are as follows:

- 101 • 0.5 mg: white to off-white fine granular oral powder (may contain clumps) in white opaque  
102 capsules with Aimmune printed on the body and 0.5 mg printed on the cap in grey ink
- 103 • 1 mg: white to off-white fine granular oral powder (may contain clumps) in red opaque  
104 capsules with Aimmune printed on the body and 1 mg printed on the cap in white ink
- 105 • 10 mg: white to off-white fine granular oral powder (may contain clumps) in blue opaque  
106 capsules with Aimmune printed on the body and 10 mg printed on the cap in white ink
- 107 • 20 mg: off-white to light beige fine granular oral powder (may contain clumps) in white opaque  
108 capsules with Aimmune printed on the body and 20 mg printed on the cap in grey ink
- 109 • 100 mg: beige fine oral powder (may contain clumps) in red opaque capsules with Aimmune  
110 printed on the body and 100 mg printed on the cap in white ink
- 111 • 300 mg: beige fine oral powder (may contain clumps) in white foil-laminate sachets with printed  
112 information

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

## 114 4 CONTRAINDICATIONS

115 PALFORZIA is contraindicated in patients with the following:

- 116 • Uncontrolled asthma [see *Warnings and Precautions (5.3)*]
- 117 • A history of eosinophilic esophagitis and other eosinophilic gastrointestinal disease  
118 [see *Warnings and Precautions (5.4 and 5.5)*]

## 119 5 WARNINGS AND PRECAUTIONS

### 120 5.1 Anaphylaxis

121 PALFORZIA can cause anaphylaxis, which may be life-threatening.

122 Anaphylaxis has been reported during all phases of PALFORZIA dosing, including Maintenance and  
123 in subjects who have undergone recommended Up-Dosing and dose modification procedures.

124 In 709 PALFORZIA-treated subjects and 292 placebo-treated subjects in the placebo-controlled  
125 population in Studies 1 and 2 combined [see *Adverse Reactions (6.1)*], anaphylaxis was reported in  
126 9.4% of PALFORZIA-treated subjects compared with 3.8% of placebo-treated subjects during Initial  
127 Dose Escalation and Up-Dosing combined, and in 8.7% of PALFORZIA-treated subjects compared  
128 with 1.7% of placebo-treated subjects during Maintenance in Study 1. Epinephrine use for any reason  
129 was reported in 10.4% of PALFORZIA-treated subjects compared with 4.8% of placebo-treated  
130 subjects during Initial Dose Escalation and Up-Dosing combined, and in 7.7% of PALFORZIA-treated  
131 subjects compared with 3.4% of placebo-treated subjects during Maintenance dosing in Study 1.  
132 Time to onset of anaphylaxis occurred within 2 hours after dosing in 70% of reactions, greater than  
133 2 hours and up to 10 hours in 18% of reactions, and greater than 10 hours in 12% of reactions among  
134 PALFORZIA-treated subjects.

135 Do not initiate PALFORZIA treatment in a patient who has had severe or life-threatening anaphylaxis  
136 within the previous 60 days. PALFORZIA may not be suitable for patients with certain medical  
137 conditions that may reduce the ability to survive anaphylaxis, including but not limited to markedly  
138 compromised lung function, severe mast cell disorder, or cardiovascular disease. In addition,  
139 PALFORZIA may not be suitable for patients taking medications that can inhibit or potentiate the  
140 effects of epinephrine.

141 All Initial Dose Escalation doses and the first dose of each Up-Dosing level must be administered  
142 under observation in a health care setting [see *Dosage and Administration (2.5)*]. Prior to initiating  
143 PALFORZIA treatment, educate patients to recognize the signs and symptoms of anaphylaxis.  
144 Prescribe injectable epinephrine, instruct and train patients on its appropriate use, and instruct  
145 patients to seek immediate medical care upon its use. Instruct patients to contact their health care  
146 professional before administering the next dose of PALFORZIA if anaphylaxis or symptoms of an  
147 escalating or persistent allergic reaction occur as dose modification may be necessary [see *Dosage  
148 and Administration (2.4)*].

149 Patients may be more likely to experience allergic reactions following PALFORZIA administration in  
150 the presence of cofactors such as exercise, hot water exposure, intercurrent illness (e.g., viral  
151 infection), or fasting. Other potential cofactors may include menstruation, sleep deprivation,  
152 nonsteroidal anti-inflammatory drug use, or uncontrolled asthma. Patients should be proactively  
153 counseled about the potential for the increased risk of anaphylaxis in the presence of these cofactors.  
154 If possible, adjust the time of dosing to avoid these cofactors. If it is not possible to avoid these  
155 cofactors, consider withholding PALFORZIA temporarily.



156 If appropriate to re-start administering PALFORZIA in patients who experienced anaphylaxis while on  
157 PALFORZIA or who had doses withheld to avoid increased risk of anaphylaxis, consider a dose  
158 reduction and dose re-escalation based on clinical judgment [see *Dosage and Administration (2.5)*].

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

## 161 **5.2 PALFORZIA REMS Program**

162 PALFORZIA is available only through a restricted program under a Risk Evaluation and Mitigation  
163 Strategy (REMS) called the PALFORZIA REMS because of the risk of anaphylaxis [see *Warnings*  
164 *and Precautions (5.1)*].

165 Notable requirements of the PALFORZIA REMS include the following:

- 166 • Health care providers who prescribe PALFORZIA must be certified with the program by  
167 enrolling.
- 168 • Health care settings must be certified in the program, have on-site access to equipment and  
169 personnel trained to manage anaphylaxis, and establish policies and procedures to verify that  
170 patients are monitored during and after the Initial Dose Escalation and first dose of each  
171 Up-Dosing level.
- 172 • Patients must be enrolled in the program prior to initiation of PALFORZIA treatment and must  
173 be informed of the need to have injectable epinephrine available for immediate use at all times,  
174 the need for monitoring with the Initial Dose Escalation and first dose of each Up-Dosing level,  
175 the need for continued dietary peanut avoidance, and how to recognize the signs and  
176 symptoms of anaphylaxis.
- 177 • Pharmacies must be certified with the program and must only dispense PALFORZIA to health  
178 care settings that are certified or to patients who are enrolled depending on the treatment  
179 phase.

180 Further information, including a list of certified prescribers, health care settings, and pharmacies, is  
181 available at [www.PALFORZIAREMS.com](http://www.PALFORZIAREMS.com) or 1-844-PALFORZ (1-844-725-3679).

## 182 **5.3 Asthma**

183 Uncontrolled asthma is a risk factor for a serious outcome, including death, in anaphylaxis. Ensure  
184 patients with asthma have their asthma under control prior to initiation of PALFORZIA.

185 PALFORZIA should be temporarily withheld if the patient is experiencing an acute asthma  
186 exacerbation. Following resolution of the exacerbation, resumption of PALFORZIA should be  
187 undertaken cautiously [see *Dosage and Administration (2.5)*]. Re-evaluate patients who have  
188 recurrent asthma exacerbations and consider discontinuation of PALFORZIA. PALFORZIA has not  
189 been studied in subjects with severe asthma, persistently uncontrolled asthma, or patients on  
190 long-term systemic corticosteroid therapy.

## 191 **5.4 Eosinophilic Gastrointestinal Disease**

192 In clinical studies, 28 of 1050 (2.7%) subjects were referred for a gastroenterology evaluation and  
193 17 of these 28 subjects reported undergoing an esophagogastroduodenoscopy (EGD). Of subjects  
194 who underwent an EGD, 12 were diagnosed with biopsy-confirmed eosinophilic esophagitis while  
195 receiving PALFORZIA compared with 0 of 292 (0%) subjects receiving placebo. After discontinuation

of PALFORZIA, symptomatic improvement was reported in 12 of 12 subjects. In 8 subjects with available follow-up biopsy results, eosinophilic esophagitis was resolved in 6 subjects and improved in 2 subjects [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 reactions, including abdominal pain, vomiting, nausea, oral pruritus, and oral paresthesia, were commonly reported in PALFORZIA-treated subjects in the placebo-controlled clinical study population [see *Adverse Reactions* (6, [Table 4](#))]. Dose modification should be considered for patients who report these reactions [see *Dosage and Administration* (2.5)]. For severe or persistent gastrointestinal symptoms consider a diagnosis of eosinophilic esophagitis [see *Warnings and Precautions* (5.4)].

## 6 ADVERSE REACTIONS

### 6.1 Clinical Trial Experience

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 a 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.

The clinical data for PALFORZIA reflect exposure in 709 peanut-allergic subjects enrolled in two phase 3, double-blind, placebo-controlled trials (Study 1 and Study 2), and in long-term, open-label, follow-on studies. In Study 1, subjects were Up-Dosed for 20-40 weeks followed by Maintenance dosing for 24-28 weeks. In Study 2 subjects were Up-Dosed for 20-40 weeks up to a 300 mg daily dose with no extended Maintenance dosing. In these studies, subjects recorded adverse reactions daily in an electronic diary card throughout the study duration.

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 through 55 years with peanut allergy. Subjects were required to have serum IgE to peanut  $\geq 0.35$  kU/L within 12 months before study entry and/or a mean wheal diameter on skin prick test to peanut  $\geq 3$  mm greater than the negative control. The primary analysis population was aged 4 through 17 years, 78% white and 57% male. At study entry, subjects reacted at 100 mg or less of peanut protein in a double-blind, placebo-controlled food challenge (DBPCFC). The primary analysis was conducted in 496 subjects aged 4 through 17 years (PALFORZIA, N = 372; placebo, N = 124). Of the subjects aged 4 through 17 years treated with PALFORZIA, 72% had a medical history of anaphylactic reactions to peanut, 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 persistent or uncontrolled asthma were excluded.

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 through 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  $\geq 14$  kUA/L and a mean wheal diameter on skin prick test  $\geq 8$  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). Most subjects were male (63%) and white (79%). Of the subjects treated with PALFORZIA, 60.5% had a medical history of anaphylactic 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 the most common adverse reactions in subjects treated with PALFORZIA (incidence  $\geq 5\%$  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 4.

**Table 4: Treatment-Emergent Adverse Reactions in  $\geq 5\%$  of PALFORZIA-Treated Subjects and  $\geq 5\%$  Percentage Points Greater Than Placebo-Treated Subjects in any Dosing Phase (Aged 4 through 17 Years)**

System Organ Class / Preferred Term [2]	Study 1 & Study 2 IDE PALFORZIA (N = 709)	Study 1 & Study 2 IDE Placebo (N = 292)	Study 1 & Study 2 Up-Dosing PALFORZIA (N = 693)	Study 1 & Study 2 Up-Dosing Placebo (N = 289)	Study 1 [1] 300 mg PALFORZIA (N = 310)	Study 1 [1] 300 mg Placebo (N = 118)
<b>Gastrointestinal disorders</b>						
Abdominal pain [3]	185 (26.1%)	24 (8.2%)	465 (67.1%)	100 (34.6%)	90 (29.0%)	20 (16.9%)
Vomiting	22 (3.1%)	2 (0.7%)	253 (36.5%)	47 (16.3%)	50 (16.1%)	14 (11.9%)
Nausea	60 (8.5%)	2 (0.7%)	224 (32.3%)	41 (14.2%)	45 (14.5%)	8 (6.8%)
Oral pruritus [4]	62 (8.7%)	9 (3.1%)	216 (31.2%)	30 (10.4%)	51 (16.5%)	7 (5.9%)
Oral paresthesia	13 (1.8%)	7 (2.4%)	94 (13.6%)	11 (3.8%)	23 (7.4%)	2 (1.7%)
<b>Respiratory, thoracic, and mediastinal disorders</b>						
Throat irritation	66 (9.3%)	15 (5.1%)	279 (40.3%)	49 (17.0%)	43 (13.9%)	11 (9.3%)
Cough	18 (2.5%)	1 (0.3%)	221 (31.9%)	68 (23.5%)	61 (19.7%)	22 (18.6%)
Rhinorrhea	9 (1.3%)	4 (1.4%)	145 (20.9%)	50 (17.3%)	46 (14.8%)	9 (7.6%)
Sneezing	24 (3.4%)	8 (2.7%)	140 (20.2%)	31 (10.7%)	33 (10.6%)	5 (4.2%)
Throat tightness	18 (2.5%)	3 (1.0%)	98 (14.1%)	8 (2.8%)	20 (6.5%)	0 (0.0%)
Wheezing	4 (0.6%)	0 (0.0%)	85 (12.3%)	21 (7.3%)	19 (6.1%)	10 (8.5%)
Dyspnea	2 (0.3%)	1 (0.3%)	53 (7.6%)	5 (1.7%)	17 (5.5%)	1 (0.8%)
<b>Skin and subcutaneous tissue disorders</b>						
Pruritus	56 (7.9%)	16 (5.5%)	225 (32.5%)	59 (20.4%)	45 (14.5%)	14 (11.9%)
Urticaria	28 (3.9%)	10 (3.4%)	197 (28.4%)	54 (18.7%)	63 (20.3%)	17 (14.4%)
<b>Immune system disorders</b>						
Anaphylactic reaction [5]	5 (0.7%)	1 (0.3%)	63 (9.1%)	10 (3.5%)	27 (8.7%)	2 (1.7%)
<b>Ear and labyrinth disorders</b>						
Ear pruritus	5 (0.7%)	1 (0.3%)	41 (5.9%)	2 (0.7%)	7 (2.3%)	0 (0.0%)

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

[1] In Study 2, no adverse reactions  $\geq 5\%$  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.

[4] Includes preferred terms of oral pruritus, tongue pruritus, and lip pruritus.

[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.

IDE, Initial Dose Escalation; MedDRA, Medical Dictionary for Regulatory Activities.

264 A total of 155 (21.9%) PALFORZIA-treated subjects and 19 (6.5%) placebo-treated subjects  
265 discontinued for any reason in Studies 1 and 2. Adverse reactions led to study discontinuation in  
266 9.2% PALFORZIA-treated subjects and 1.7% placebo-treated subjects during Initial Dose Escalation  
267 and Up-Dosing combined in Studies 1 and 2, and 1.0% PALFORZIA-treated subjects and no  
268 placebo-treated subjects during Maintenance dosing in Study 1. Gastrointestinal reactions were the  
269 most common reason leading to discontinuation of study product during Initial Dose Escalation and  
270 Up-Dosing combined (6.5% PALFORZIA, 1.0% placebo), followed by respiratory disorders (2.3%  
271 PALFORZIA, 1.0% placebo) in Studies 1 and 2.

272 The timing of symptoms relative to exposure to PALFORZIA was evaluated for dosing that occurred  
273 within a clinical setting during Initial Dose Escalation and on the day of initiation of each new dose  
274 level during the Up-Dosing phase (every 2 weeks) and during monthly Maintenance visits. Symptoms  
275 occurring in the clinic following any dose of PALFORZIA had a median time to onset of 4 minutes for  
276 502 subjects (70.8%). The median time to resolution of the last symptom was 37 minutes.

## 277 **8 USE IN SPECIFIC POPULATIONS**

### 278 **8.1 Pregnancy**

#### 279 **Pregnancy Registry**

280 There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to  
281 PALFORZIA during pregnancy. Women exposed to PALFORZIA during pregnancy or their health  
282 care professionals are encouraged to contact Aimmune by calling 1-833-246-2566.

#### 283 **Risk Summary**

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

#### 288 **Clinical Considerations**

##### 289 *Disease-associated maternal and/or embryo/fetal risk*

290 Anaphylaxis may occur following accidental exposure to peanut in peanut-allergic pregnant women.  
291 Anaphylaxis can cause a dangerous decrease in blood pressure, which could result in compromised  
292 placental perfusion and significant risk to a fetus.

##### 293 *Maternal adverse reactions*

294 PALFORZIA may cause anaphylaxis [see Warnings and Precautions (5.1) and Fetal/Neonatal  
295 adverse reactions].

##### 296 *Fetal/Neonatal adverse reactions*

297 PALFORZIA may cause anaphylaxis [see Warnings and Precautions (5.1)]. Anaphylaxis can cause a  
298 dangerous decrease in blood pressure, which could result in compromised placental perfusion and  
299 significant risk to a fetus.

## 8.2 Lactation

### Risk Summary

There are no data available on the presence of PALFORZIA in human milk, the effects on the breastfed infant, or the effects on milk production. 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.

## 10 OVERDOSAGE

Symptoms of overdose in patients with peanut allergy may include hypersensitivity reactions such as anaphylaxis or local gastrointestinal allergic reactions [see *Warnings and Precautions (5.1 and 5.5)*]. In case of severe symptoms 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 [see *Warnings and Precautions (5.1)* and *Patient Counseling Information (17)*].

## 11 DESCRIPTION

PALFORZIA (Peanut (*Arachis hypogaea*) Allergen Powder-dnfp) is a powder for oral administration. PALFORZIA is manufactured from defatted peanut flour. PALFORZIA is available in capsules containing 0.5 mg, 1 mg, 10 mg, 20 mg, and 100 mg peanut protein, and a sachet containing 300 mg peanut protein. Each dose meets specifications for quantities of Ara h 1, Ara h 2, and Ara h 6, measured by immunoassay alone or in combination with high performance liquid chromatography.

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 mechanism of action of PALFORZIA has not been 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 mitigation of allergic reactions, including anaphylaxis, in patients with peanut allergy was investigated in Study 1 (NCT02635776). Study 1 was a phase 3, randomized, double-blind, placebo-controlled study of the efficacy and safety of PALFORZIA in patients with



peanut allergy aged 4 through 55 years in the United States, Canada, and Europe. The primary analysis population consisted of 496 subjects (PALFORZIA, N = 372; placebo, N = 124) aged 4 through 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 the 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.

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 rates between the treatment and the placebo groups was greater than the prespecified margin of 15%. Key secondary endpoints included the comparisons of the response rates after single doses of 300 mg and 1000 mg peanut protein as well as a comparison of the maximum severity of symptoms at any challenge dose of peanut protein during the exit DBPCFC. The key secondary endpoints were to be evaluated for statistical significance (two-sided  $p < 0.05$ ) only if the primary endpoint and all the preceding tests in the hierarchy were statistically significant in favor of PALFORZIA. Response rates at the exit DBPCFC for the ITT population are shown in Table 5. The maximum severity of symptoms at any challenge is shown in Table 6.

**Table 5: Response Rates at the Exit DBPCFC in Study 1 (ITT Population, 4 through 17 Years)**

Peanut challenge dose, single dose	300 mg [1]	600 mg [2]	1000 mg [1]
PALFORZIA (N = 372)	76.6%	67.2%	50.3%
Placebo (N = 124)	8.1%	4.0%	2.4%
Treatment difference (95% CI)	68.5% (58.6%, 78.5%)	63.2% (53.0%, 73.3%)	47.8% (38.0%, 57.7%)
P-value	< 0.0001	< 0.0001	< 0.0001

Subjects without an exit DBPCFC were counted as non-responders.

[1] Secondary endpoint was considered met if the Farrington-Manning test for a non-zero treatment difference was significant at the two-sided 0.05 level.

[2] 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.

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

The completer population consisted of all subjects aged 4 through 17 years in the ITT population who stayed on treatment and had an evaluable exit DBPCFC (296 PALFORZIA, 116 placebo). In the completer population, 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.

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**Table 6: Maximum Severity of Symptoms at Any Challenge Dose During the Exit DBPCFC (ITT Population, 4 through 17 Years)**

Symptom Severity	PALFORZIA N = 372	Placebo N = 124
None	37.6%	2.4%
Mild	32.0%	28.2%
Moderate	25.3%	58.9%
Severe [1]	5.1%	10.5%

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Subjects without an exit DBPCFC were assigned the maximum severity during the screening DBPCFC, which equates to no change from screening.  
P-value < 0.0001; symptom severity was assigned with equally spaced scores (e.g. 0, 1, 2, and 3 for none, mild, moderate, and severe, respectively), and the difference of mean scores between the two treatment arms was tested using the Cochran-Mantel-Haenszel statistic stratified by geographic region (North America, Europe).  
[1] Includes severe symptoms and life-threatening or fatal reactions. No subjects had symptoms considered life-threatening or fatal.  
DBPCFC, double-blind, placebo-controlled food challenge; ITT, intent-to-treat.

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There are no data available on the efficacy of PALFORZIA in individuals who did not progress onto Maintenance therapy.

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**16 HOW SUPPLIED/STORAGE AND HANDLING**

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**Table 7: PALFORZIA Commercial Packaging Presentations**

Packaging Presentation	Kit Components (Capsules or Sachets)	Number of Doses per Kit	NDC Numbers (Kit Components)	NDC Number (Kit)
<b>Initial Dose Escalation</b>	Each pack contains 13 capsules:	5		71881-113-13
	• 0.5 mg (Level A) One 0.5 mg capsule		71881-121-01	
	• 1 mg (Level B) One 1 mg capsule		71881-122-01	
	• 1.5 mg (Level C) One 0.5 mg capsule; One 1 mg capsule		71881-121-01 71881-122-01	
	• 3 mg (Level D) Three 1 mg capsules		71881-122-01	
• 6 mg (Level E) Six 1 mg capsules	71881-122-01			
<b>Up-Dosing</b>				
3 mg (Level 1)	Forty-five 1 mg capsules	15	71881-122-01	71881-101-45
6 mg (Level 2)	Ninety 1 mg capsules	15	71881-122-01	71881-102-90
12 mg (Level 3)	Thirty 1 mg capsules; Fifteen 10 mg capsules	15	71881-122-01 71881-123-01	71881-103-45
20 mg (Level 4)	Fifteen 20 mg capsules	15	71881-124-01	71881-104-15
40 mg (Level 5)	Thirty 20 mg capsules	15	71881-124-01	71881-105-30
80 mg (Level 6)	Sixty 20 mg capsules	15	71881-124-01	71881-106-60
120 mg (Level 7)	Fifteen 20 mg capsules; Fifteen 100 mg capsules	15	71881-124-01 71881-125-01	71881-107-30

Packaging Presentation	Kit Components (Capsules or Sachets)	Number of Doses per Kit	NDC Numbers (Kit Components)	NDC Number (Kit)
160 mg (Level 8)	Forty-five 20 mg capsules; Fifteen 100 mg capsules	15	71881-124-01 71881-125-01	71881-108-60
200 mg (Level 9)	Thirty 100 mg capsules	15	71881-125-01	71881-109-30
240 mg (Level 10)	Thirty 20 mg capsules; Thirty 100 mg capsules	15	71881-124-01 71881-125-01	71881-110-60
300 mg (Level 11)	Fifteen 300 mg sachets	15	71881-111-01	71881-111-15
<b>Maintenance</b>				
300 mg (Level 11)	Thirty 300 mg sachets	30	71881-111-01	71881-111-30

NDC, National Drug Code.

**Table 8: PALFORZIA Office Dose Kit Packaging Presentations**

Packaging Presentation	Kit Components (Blisters, Capsules, or Sachets)	Number of Doses per Kit	NDC Numbers (Kit Components)	NDC Number (Kit)
3 mg (Level 1)	Eighteen blisters, each containing: Three 1 mg capsules	18	71881-101-09 71881-122-01	71881-101-99
6 mg (Level 2)	Eighteen blisters, each containing: Six 1 mg capsules	18	71881-102-09 71881-122-01	71881-102-99
12 mg (Level 3)	Twelve blisters, each containing: Two 1 mg capsules One 10 mg capsule	12	71881-103-09 71881-122-01 71881-123-01	71881-103-99
20 mg (Level 4)	Twelve blisters, each containing: One 20 mg capsule	12	71881-104-09 71881-124-01	71881-104-99
40 mg (Level 5)	Twelve blisters, each containing: Two 20 mg capsules	12	71881-105-09 71881-124-01	71881-105-99
80 mg (Level 6)	Twelve blisters, each containing: Four 20 mg capsules	12	71881-106-09 71881-124-01	71881-106-99
120 mg (Level 7)	Twelve blisters, each containing: One 20 mg capsule One 100 mg capsule	12	71881-107-09 71881-124-01 71881-125-01	71881-107-99
160 mg (Level 8)	Twelve blisters, each containing: Three 20 mg capsules One 100 mg capsule	12	71881-108-09 71881-124-01 71881-125-01	71881-108-99
200 mg (Level 9)	Twelve blisters, each containing: Two 100 mg capsules	12	71881-109-09 71881-125-01	71881-109-99
240 mg (Level 10)	Twelve blisters, each containing: Two 20 mg capsules Two 100 mg capsules	12	71881-110-09 71881-124-01 71881-125-01	71881-110-99
300 mg (Level 11)	Fifteen 300 mg sachets	15	71881-111-09	71881-111-99

NDC, National Drug Code.



389 Refrigerate at 2°C to 8°C (36°F to 46°F). Do not freeze. Store in the original packaging until use to  
390 protect from moisture.

391 **17 PATIENT COUNSELING INFORMATION**

392 Advise patient, parent, or guardian to read the FDA-approved patient labeling ([Medication Guide](#)).

393 Advise patient, parent, or guardian that patient should follow a strict peanut-avoidant diet.

394 Advise patient, parent, or guardian that PALFORZIA will not mitigate allergic reactions to other foods  
395 to which they might be allergic.

396 **Allergic Reactions**

397 Advise patient, parent, or guardian that PALFORZIA may cause allergic reactions, including  
398 anaphylaxis that may be life-threatening. Educate patient, parent, or guardian to recognize the signs  
399 and symptoms of an allergic reaction [see *Warnings and Precautions (5.1)*]. The signs and symptoms  
400 of a severe allergic reaction may include syncope, dizziness, hypotension, tachycardia, dyspnea,  
401 wheezing, bronchospasm, chest discomfort, cough, abdominal pain, vomiting, diarrhea, rash, pruritus,  
402 flushing, and urticaria.

403 Ensure patient has injectable epinephrine and instruct patient, parent, or guardian on its proper use  
404 and that injectable epinephrine must be available for immediate use at all times. Instruct patient,  
405 parent, or guardian that if patient experiences a severe allergic reaction to seek immediate medical  
406 care, discontinue PALFORZIA, and resume treatment only when advised by their health care  
407 professional [see *Warnings and Precautions (5.1)*].

408 Advise patient, parent, or guardian to read the patient information for epinephrine.

409 Inform patient, parent, or guardian that the first dose of each dose level of PALFORZIA must be  
410 administered in a health care setting under the supervision of a health care professional, and that  
411 after consuming PALFORZIA, patient will be monitored for signs and symptoms of an allergic reaction  
412 [see *Warnings and Precautions (5.1)*].

413 Advise patient, parent, or guardian that if patient experiences an escalating or persistent allergic  
414 reaction or becomes intolerant to PALFORZIA at home to contact their health care professional  
415 immediately.

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

418 **PALFORZIA Risk Evaluation and Mitigation Strategy (REMS) Program**

419 Advise patient that due to the risk of anaphylaxis, PALFORZIA is only available through a restricted  
420 program called the PALFORZIA REMS Program [see *Warnings and Precautions (5.2)*].

421 Inform patient, parent, or guardian of the following requirements:

- 422 • Patient must be enrolled in the PALFORZIA REMS Program.
- 423 • Patient, parent or guardian must be educated on the need for monitoring with the Initial Dose  
424 Escalation and first dose of each Up-Dosing level and how to recognize the signs and  
425 symptoms of anaphylaxis.
- 426 • Patient must continue dietary peanut avoidance.
- 427 • Injectable epinephrine must be available to patient for immediate use at all times.

## 428 **Asthma**

429 Instruct patient, parent, or guardian that patients with asthma should stop taking PALFORZIA and  
430 contact their health care professional immediately if they have difficulty breathing or if their asthma  
431 becomes difficult to control [see *Warnings and Precautions (5.3)*].

## 432 **Eosinophilic Esophagitis**

433 Because of the risk of eosinophilic esophagitis, instruct patient, parent or guardian that patients with  
434 severe or persistent symptoms of esophagitis or gastrointestinal intolerance should discontinue  
435 PALFORZIA and contact their health care professional [see *Warnings and Precautions (5.4 and 5.5)*].

## 436 **Handling Instructions**

437 Advise patient, parent, or guardian of the following:

- 438 • To store PALFORZIA in a refrigerator.
- 439 • That patient must not swallow capsule(s) or inhale the powder.
- 440 • To open capsule(s) or sachet and empty the entire dose onto a few spoonfuls of refrigerated or  
441 room temperature semisolid food (e.g., applesauce, yogurt, pudding) and to mix well. Do not  
442 use liquid (e.g., milk, water, juice) to prepare PALFORZIA for consumption.
- 443 • That patient should consume the entire prepared mixture.
- 444 • To dispose of all unused PALFORZIA [see *Dosage and Administration (2.3)*].
- 445 • To dispose of the opened capsule(s) or sachet and wash hands immediately after handling.

## 446 **Dosing Instructions**

447 Advise patient, parent, or guardian of the following:

- 448 • The importance of taking each dose daily to avoid loss of treatment effect.
- 449 • That each dose should be consumed with a meal, at approximately the same time each day,  
450 preferably in the evening.
- 451 • To observe the patient for at least 60 minutes after administering PALFORZIA for any signs of  
452 intolerability.
- 453 • To contact their health care professional for advice on how to resume PALFORZIA if doses are  
454 missed.
- 455 • That the risk of an allergic reaction following PALFORZIA administration may be increased in  
456 the presence of cofactors such as:
  - 457 ○ Exercise or hot water exposure (e.g. a hypermetabolic state)
  - 458 ○ A medical event such as an intercurrent illness (e.g., viral infection)
  - 459 ○ Fasting
  - 460 ○ Menstruation
  - 461 ○ Sleep deprivation
  - 462 ○ Nonsteroidal anti-inflammatory drug use
  - 463 ○ Uncontrolled asthma

464 Temporarily withholding or decreasing PALFORZIA doses may be required in the presence of  
465 these cofactors.

466 Patient should delay consuming PALFORZIA after strenuous exercise until signs of a hypermetabolic  
467 state (e.g., flushing, sweating, rapid breathing, rapid heart rate) have subsided and avoid taking hot  
468 showers or baths immediately prior to or within 3 hours after consuming PALFORZIA.

469 Manufactured by:  
470 Aimmune Therapeutics, Inc.  
471 Brisbane, CA 94005