# Jayson Dallas, MD, President and CEO

November 28, 2018

NASDAQ: AIMT

# Forward-Looking Statements

This presentation contains “forward-looking statements” as defined in the Private Securities Litigation Reform Act of 1995 regarding, among other things, clinical development plans, anticipated milestones, product candidate benefits, potential market size, product adoption, market positioning, competitive strengths, product development, and other clinical, business and financial matters. Any statements contained herein that are not statements of historical facts may be deemed to be forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially. Risks and uncertainties include, but are not limited to, our limited operating history, our need for additional financing to achieve our goals, our dependence on our lead product AR101, the need for additional clinical testing of AR101, uncertainties relating to the regulatory process, uncertainties relating to the timing and operation of clinical trials, potential safety issues, possible lack of market acceptance of our product candidates, the intense competition in the biopharmaceutical industry, our dependence on exclusive third-party suppliers and manufacturers, and limitations on intellectual property protection. A further list and description of these risks, uncertainties and other factors can be found in our report on Form 10-Q filed on November 8, 2018. Copies of this filing are available online at www.sec.gov or www.aimmune.com. Any forward-looking statements made in this presentation speak only as of the date of the presentation. We do not undertake to update any forward-looking statements as a result of new information or future events or developments.

# Aimmune's food allergy treatments are investigational and are not FDA-approved

# Aimmune Therapeutics: Leading the Field in Developing Food Allergy Treatments

## Food allergies

are a growing, often life-threatening condition with *no* approved treatments

## Backed by rigorous science

our approach aims to transform food allergy treatment

## First-of-its-kind therapy

to reduce the frequency and severity of peanut allergy reactions

## Focused on reliable protection

for patients and enabling allergists to be leaders in peanut allergy care

# Food Allergy Prevalence Is on the Rise

**Over 30 million** people in the U.S. and Europe have food allergies

**Every 3 minutes**, a food allergy reaction sends someone in the U.S. to the ER

**~$4 billion** per year in direct medical expenses in the U.S.

**50%** increase in the prevalence of food allergy in children between 1997 and 2011

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# Food Allergies are Associated with:

- Constant risk and worry
- Inevitable accidental exposures
- Possibility of life-threatening reactions

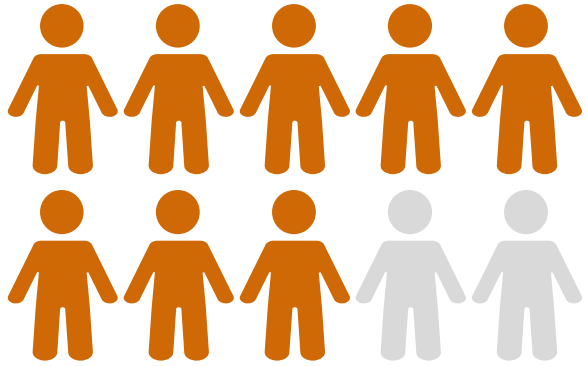
# Peanut Allergy is One of the Most Common Food Allergies

## Over 1.6 million

kids and teens affected in United States

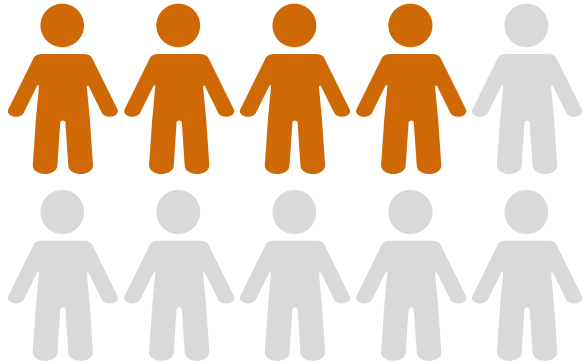
## 8 out of 10

children with peanut allergy never outgrow it



## 4 out of 10

children with peanut allergy experienced a severe reaction over a 3-year period



# Peanuts are Everywhere.
# Avoiding Them in Everyday Life is Hard Work.

## Peanut Allergens Can Be Hard to Spot

## Median Accidental Exposure Is ~ 1/2 a Peanut[1]

## One Accident Can Be Fatal

1. The median estimated eliciting dose in real life was 125 mg (N=238 peanut-allergic patients) as reported by Deschildre A, et al. *Clinical & Experimental Allergy*; 46:610-620



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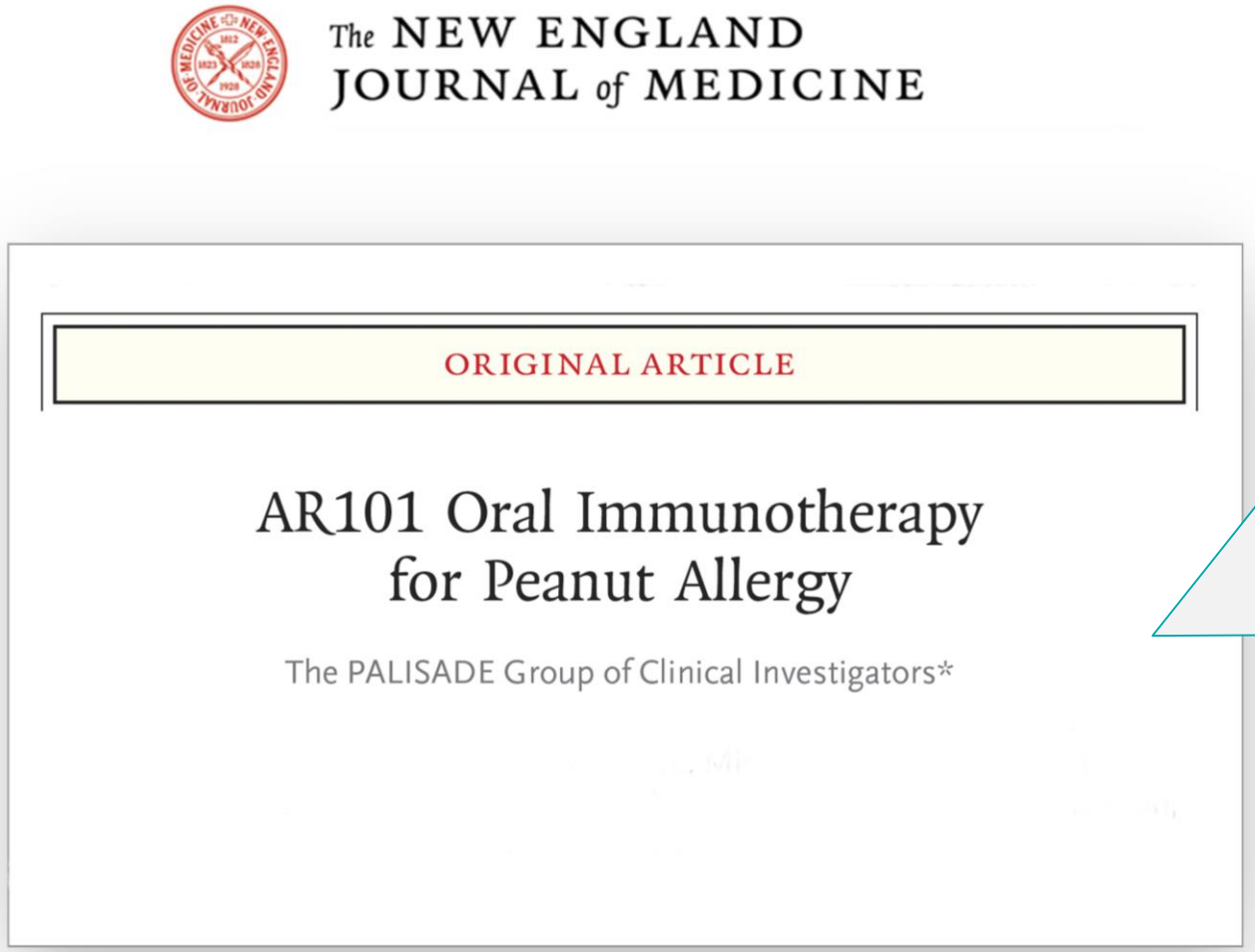
# Our Precision Medicine Approach Will Leverage the Oral Route

- Characterized allergen profile and FDA-regulated biologic products
- Convenient, once-daily oral dose taken with spoonfuls of food
- Research shows high levels of desensitization can be achieved with oral immunotherapy that may not be possible with other routes
- Goal of oral immunotherapy is to minimize the body's reaction to trigger foods

# PALISADE Phase 3 Results Published in *NEJM* (Nov 18, 2018)




"…treatment with AR101 resulted in **higher doses of peanut protein that could be ingested** without dose-limiting symptoms and in **lower symptom severity** during peanut exposure at the exit food challenge than placebo."

 Vickery et al., *NEJM*, November 18, 2018 (online publication)

# Anticipated Milestones

## 2018

### H1

- ARTEMIS (EU) Ph3 Enrollment Complete ✓
- Additional PALISADE Ph3 data at EAACI ✓

### H2

- Initiate AR101 + Dupilumab Trial (Regeneron/Sanofi) ✓
- RAMSES Phase 3 Data ✓
- ARC004 (PALISADE Follow-On) Ph3 Data cut completed
- Initiate AR101 Pediatric Trial (ARC005)
- BLA Submission for AR101
- Submit IND for AR201 Egg

## 2019

### H1

- BLA submission accepted and PDUFA date set
- ARTEMIS Ph3 Data
- MAA Submission for AR101
- Initiate AR201 Ph2

### H2

- Potential Ad Comm for AR101
- Potential U.S. Approval of AR101
- Potential U.S. Commercial Launch of AR101
- IND Submission for AR301 Walnut
- Initiate AR301 Walnut Ph2 Trial

**With $353M, We Are Well Capitalized to Deliver on Our Goals[1]**

1. $255M Cash, cash equivalents and investments as of 09/30/18 and $98M from Nestle Health Science investment (11/11/2018) proforma



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