

Letter of Medical Necessity for travel

To whom it may concern:

_____ is currently a patient in my care and needs to receive
(Patient's name and date of birth)
YUWIWEL® (navepegritide) injections. This patient requires YUWIWEL to continue to treat their medical condition.

This patient or their caregiver may therefore be carrying one or more of the following items:

- A YUWIWEL medicine vial (1.3 mg, 2.8 mg, or 5.5 mg)
- A prefilled syringe containing Sterile Water and an injection syringe
- Disposable needles
- A biohazard sharps container for waste disposal

Please allow _____ or their caregiver
(Patient's name)

_____ to pass through security and board their
(Caregiver's name)
flight with their YUWIWEL and supplies. It is recommended that YUWIWEL is stored in carry-on luggage to ensure it does not get lost.

For questions or additional information about YUWIWEL, please call **1-844-442-7236** and select option 3 (available from 8 AM to 8 PM ET, Monday through Friday). Please contact my office at _____
(Phone number)
if you have any patient-specific questions.

Respectfully,

(Doctor's signature)

(Doctor's name)

(Doctor's phone number)