

Letter of Medical Necessity for travel

To whom it may concern:

_____ is currently a patient in my care and needs to administer
(Patient's name)
YORVIPATH® (palopegteriparatide) injections. This patient requires YORVIPATH to continue to treat their medical condition. This patient will therefore be carrying one or more of the following items:

- YORVIPATH 168 mcg/0.56 mL, 294 mcg/0.98 mL, and/or 420 mcg/1.4 mL in prefilled delivery pen(s)
- Disposable needles
- Biohazard container(s) for waste disposal

It should also be noted that YORVIPATH is affected by extreme temperatures.* Therefore, it should not be stored in checked luggage. Please allow _____ to pass through security
(Patient's name)
and board their flight with their YORVIPATH and supplies.

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

Respectfully,

(Doctor's signature)

(Doctor's name)

(Doctor's phone number)

*Do not freeze. Store away from heat. Keep YORVIPATH in the packaging to protect from light. Until first use, store YORVIPATH in the refrigerator between 2°C to 8°C (36°F to 46°F). After first use, store YORVIPATH for 14 days at room temperature below 30°C (86°F). After each use, remove the needle and put the pen cap on to protect from light. Discard the prefilled pen 14 days after first use.