

# Letter From Physician: *Medical Travel Needs*

Re: (Patient's Name)

To Whom It May Concern:

(Patient's Name) is a patient under my care for the management of hereditary angioedema (HAE), a rare, potentially life-threatening genetic disease that can cause attacks of painful, disabling swelling.

This patient has been prescribed TAKHZYRO® (lanadelumab-flyo), and it is medically necessary for them to carry some or all of the following medication supplies:

### **Injection supplies**

*Children 2 to <12 years of age:*

TAKHZYRO prefilled syringes  
(150 mg/1 mL)

*Adolescents and adults 12 years of age  
and older:*

TAKHZYRO prefilled syringes  
(300 mg/2 mL)

### **Other supplies**

Cold packs

Alcohol wipes

Bandages

Cotton balls/gauze pads

Sharps disposal container

This patient has been prescribed additional treatment(s) for this condition and may need to carry additional supplies, all of which are listed below:

If you have any questions regarding this patient, please contact me at:

(Doctor's Name)

(Practice Name)

(Practice Phone Number)

Sincerely,

(Doctor's Signature)

