This sample letter is for informational purposes only and may not meet all requirements for medical necessity. Coverage criteria vary by health plan and patient benefits. Prescribers are solely responsible for ensuring the accuracy, medical necessity, and completeness of submitted information, as well as for all communications with the health plan. Use of this template does not guarantee approval or reimbursement and should not replace independent clinical judgment. Provided by Amneal Pharmaceuticals without obligation to prescribe its products.

[Insurance Company]	Re:	Patient Name: _	
[Address Line 1]		Policy ID:	
[Address Line 2]		Policy Group:	
		Date of Birth:	

[Date]

Attn: [Medical/Pharmacy Director], [Department]

Re: Letter of Medical Necessity for Brekiya® (dihydroergotamine mesylate) injection for [Plan Member Name]

Dear [Medical/Pharmacy Director or Appeals Department],

I am writing on behalf of my patient, [patient's name], who has been diagnosed with migraine with and without aura. Based on my clinical experience, I request approval for my patient to receive Brekiya based on medical necessity.

[Patient's name] is a [patient's age]-year-old [male/female]. I most recently saw [patient's name] on [date of visit]. Based on the patient's symptoms and history of medication use (as outlined below), it is medically necessary for them to undergo treatment with Brekiya.

Brekiya is dihydroergotamine mesylate (DHE) indicated for the acute treatment of migraine with or without aura in adults. Brekiya is bioequivalent to subcutaneous D.H.E. 45®, which although has been difficult to obtain due to consistent supply shortages over the years, has remained a mainstay for the acute treatment of migraine for decades. 1.2 Brekiya is an autoinjector for at-home administration. 3

Brekiya is necessary at this time for the following reasons:

- Sustained headache relief (approximately 24-72 hours)⁴
 - o In a randomized, double-blind trial of 295 adult patients with migraine with or without aura, experiencing moderate to severe head pain:
 - Significantly more patients experienced pain relief with subcutaneous D.H.E. 45[®]
 24 hours post dose than subcutaneous sumatriptan (90% vs 77%) (*P*=0.004)
 - Of those, 82% achieved pain freedom in the D.H.E. 45® group vs 70% in the sumatriptan group
 - More than 8 in 10 patients taking subcutaneous D.H.E. 45[®] had no headache recurrence within 24 hours post-dose. Headache recurrence was defined as an increase in pain severity from none or mild at least 2 hours after achieving pain relief.
- Brekiya can be used at any point during an attack, beneficial for patients who delay dosing due to nausea and/or vomiting, and can reverse central sensitization^{3,5}
 - Clinical studies of DHE have shown that it is effective in treating patients with acute migraine with or without aura, rapid-onset migraine, migraine upon awakening, status migrainosis, medication overuse headache, or patients who do not respond to triptans or

gepants^{2,3,6-9}

Brekiya is the only form of DHE available as an autoinjector, with no assembly, priming the
device, or refrigeration required. Since patients may experience migraine-associated cognitive
dysfunction or visual disturbances during attacks, the uncomplicated and straightforward
administration process will benefit the patient and ensure they receive a full dose of medication^{1,3}

agnosis:
Migraine with aura (ICD-10: G43.109)
Migraine without aura (ICD-10: G43.909)

Patient's Clinical History:

Sample	l attar	Rrekiva	autoinjector -	_ I atter of	f Madical	Nacassity	for	migraine	with an	d without	aura
Sample	Lellei.	DIERIVA	automector	– Lellei Oi	i weulcai	Necessity	101	migranie	willi ali	a wiliioui	aura

☐ Other: [Diagnosis and ICD-10 code]

Previous Treatment History:

Medication	Dose	Outcome
[Medication]	[Dose]	Ineffective / Not tolerated
[Medication]	[Dose]	Ineffective / Not tolerated
[Medication]	[Dose]	Ineffective / Not tolerated

[Patient Name] has not responded adequately to first-line therapies and/or cannot use triptans due to [e.g., non-response/efficacy, adverse reactions, contraindications, poor tolerability]. [Oral gepants/ditans have also produced suboptimal relief or adverse events]. Given this history, Brekiya is both clinically appropriate and medically necessary.

In summary, it is my professional judgment that it is medically necessary for [patient's name] to receive Brekiya. Based on [his/her/their] clinical needs, Brekiya is vital to their treatment.

Please contact my office at [office phone number] if any additional information is required to ensure prompt approval for this course of treatment. Thank you for your serious consideration of this important medical necessity.

Sincerely,

[Your Name, Credentials]
[Your Practice/Institution Name]
[NPI Number]

[Reminder to list enclosures as appropriate: clinical documentation, treatment and medication history, full prescribing information (available at www.brekiya.com)]

References: 1. Data on file, Amneal Pharmaceuticals LLC. 2. Silberstein SD, Shrewsbury SB, Hoekman J. *Headache*. 2020;60(1):40-57. doi:10.1111/head.13700. 3. Brekiya [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; 2025. 4. Winner P, Ricalde O, Le Force B, Saper J, Margul B. *Arch Neurol*. 1996;53(2):180-184. doi:10.1001/archneur. 1996.00550020092020 5. Burstein R, Jakubowski M, Rauch SD. *J Vestib Res*. 2011; 21(6):305-314. doi:10.3233/VES-2012-0433. 6. Silberstein SD, Kori SH. *CNS Drugs*. 2013;27(5):385-394. doi:10.1007/s40263-013-0061-2. 7. Shafqat R, Flores-Montanez Y, Delbono V, Nahas SJ. *J Pain Res*. 2020;13:859-864. doi:10.2147/JPR.S203650. 8. Tepper SJ, Albrecht D, Kellerman D. *Cephalalgia Reports*. 2024;7. doi:10.1177/25158163241292297 9. Tepper SJ. *Headache*. 2013; 53. doi:10.1111/head.12184

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