# Veterans Affairs (VA) Patient Prescription Form

brekiya®
(dihydroergotamine mesylate)
1 mg/mL injection
autoinjector

Please forward the completed form to the VA pharmacy. The VA pharmacy will review and fax the completed form to Walgreens Specialty Pharmacy.
**Fax:** 1-866-320-2531 **Phone:** 1-877-534-9627 **Unique Entity ID:** EBASWPM7BVB8

Purchase Order #* _____ Ship To: ☐ Patient's Home ☐ VA Location

*If the Purchase Order is not provided, Walgreens will contact the VA purchaser(s) to obtain the PO number and confirm the purchase price.

## 1 PATIENT INFORMATION

First Name _____ MI _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ Sex: ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Primary Phone (please check preferred): ☐ Home _____ ☐ Work _____ ☐ Cell _____

Caregiver Name _____ Relationship to Patient _____ Phone _____

Emergency Contact _____ Phone _____

## 2 VA PHARMACY INFORMATION

VA Name _____ DEA # _____

Address _____ Payment Method: ☐ Credit Card (Call VA Contact)
☐ E-Invoice Tungsten Network

City _____ State _____ ZIP _____

**Primary Purchasing Contact** _____ **Secondary Purchasing Contact** _____

Phone _____ Fax _____ Phone _____ Fax _____

Email _____ Email _____

**Primary Clinical Contact** _____ **Secondary Clinical Contact** _____

Phone _____ Fax _____ Phone _____ Fax _____

Email _____ Email _____

## 3 PRESCRIBER INFORMATION

Prescriber Name _____ NPI # _____

Address _____ City _____ State _____ ZIP _____

Name of Contact Person _____ (please check preferred): ☐ Phone _____ ☐ Fax _____

## 4 CLINICAL INFORMATION

ICD-10-CM Diagnosis Code:

☐ G43.0 Migraine without aura
☐ G43.1 Migraine with aura
☐ G44.001 Cluster headache syndrome, unspecified, intractable
☐ G44.011 Episodic cluster headache, intractable
☐ G43.9 Migraine, unspecified
☐ G44.009 Cluster headache syndrome, unspecified, not intractable
☐ G44.019 Episodic cluster headache, not intractable
☐ Other _____

## 5 PRESCRIPTION INFORMATION

| Medication | Strength/Form | Directions For Administration | Quantity | Refills |
|---|---|---|---|---|
| Brekiya autoinjector | ☑ 1 mg/mL injection | Inject one prefilled syringe subcutaneously as directed | One carton containing 4 prefilled syringes | |

Current Medications:

Medical Allergies: ☐ No Allergies

## 6 PRESCRIBER SIGNATURE

Dispense as Written _____ Print Name _____
(Stamped signatures are not valid)

Amneal


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