

Doctor Discussion Guide

Ask your doctor about COPAXONE® (glatiramer acetate injection)

Whether you are new to COPAXONE® or have been taking COPAXONE® for your relapsing MS, this guide will help you take an active role in managing your prescription.

Questions you may want to ask if you are currently taking COPAXONE®

- How do I ensure I receive COPAXONE® with my next refill?
Notes: _____
- Why is it important for my doctor to write Dispense As Written (DAW) when prescribing refills for COPAXONE®?
Notes: _____
- Is refresher injection training available for COPAXONE®?
Notes: _____

Questions you may want to ask if you are new to COPAXONE®

- Does COPAXONE® have proven effectiveness?
Notes: _____
- Have you prescribed COPAXONE® to other relapsing MS patients?
Notes: _____
- How is COPAXONE® administered?
Notes: _____
- What kind of side effects can I expect from this therapy?
Notes: _____
- What patient support or assistance will I receive?
Notes: _____
- Why is it important for my doctor to write Dispense As Written (DAW) when prescribing COPAXONE®?
Notes: _____

Manage your COPAXONE® treatment plan

- Keep a detailed log of your treatment routine, symptoms, side effects or any changes you notice
- Jot down questions and concerns you'd like to discuss during your next appointment as they occur
- Schedule follow-up visits as recommended or needed to manage your relapsing MS
- Ask your doctor to include specific language such as "Dispense As Written" (DAW) on every one of your COPAXONE® prescriptions including refills to ensure you receive your COPAXONE®
- Teva's 3-times-a-week COPAXONE® 40 mg can be identified by the blue plunger



Use

COPAXONE® is prescription medicine used for the treatment of people with relapsing forms of multiple sclerosis (MS).

Important Safety Information

Do not take COPAXONE® if you are allergic to glatiramer acetate or mannitol.

Some patients report a short-term reaction within minutes after injecting COPAXONE®. This reaction can involve flushing (feeling of warmth and/or redness), chest tightness or pain, fast heart beat, anxiety, and trouble breathing. These symptoms generally appear within minutes of an injection, last about 15 minutes, and do not require specific treatment. During the postmarketing period, there have been reports of patients with similar symptoms who received emergency medical care. **If symptoms become severe, call the emergency phone number in your area.** Call your doctor right away if you develop hives, skin rash with irritation, dizziness, sweating, chest pain, trouble breathing, or severe pain at the injection site. If any of the above occurs, do not give yourself any more injections until your doctor tells you to begin again.

Chest pain may occur either as part of the post-injection reaction or on its own. This pain should only last a few minutes. You may experience more than one such episode, usually beginning at least one month after starting treatment. Tell your doctor if you experience chest pain that lasts for a long time or feels very intense.

A permanent indentation under the skin (lipoatrophy or, rarely, necrosis) at the injection site may occur, due to local destruction of fat tissue. Be sure to follow proper injection technique and inform your doctor of any skin changes.

The most common side effects of COPAXONE® include redness, pain, swelling, itching, or a lump at the site of injection, flushing, rash, shortness of breath, and chest pain. These are not all of the possible side effects of COPAXONE®. For a complete list, ask your doctor or pharmacist. Tell your doctor about any side effects you have while taking COPAXONE®.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see full [Prescribing Information](#) for COPAXONE®.

COPAXONE®
(glatiramer acetate injection)

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