INTRODUCTION: Learning to inject with COPAXONE®

You’ve made a smart decision by choosing COPAXONE® therapy, and you should feel good about taking this positive step toward your future. That’s because taking COPAXONE® as prescribed by your doctor can help to control the frequency of relapses and reduce the number of new brain lesions on magnetic resonance imaging (MRI).\(^2\)

It’s normal to feel a little nervous about giving yourself an injection. That’s why it’s important to keep in mind that people overcome these feelings about needles, and you can too. With practice and support from Shared Solutions®, you can make injecting COPAXONE® part of your everyday routine.

Before you inject for the first time, you should be trained by a health care professional even if you have used an injectable therapy before. This booklet is a reference guide that you may want to keep handy each time you inject, especially when you’re first getting started.

To help make your injection experience more positive, we’ve included helpful tips and suggestions for you and your CarePartner on yellow-tinted pages throughout the booklet. And remember, Shared Solutions® is always here for you.

Larissa N.,
on COPAXONE® since 2000

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If you have questions about your injections or would like refresher training, be sure to call Shared Solutions® at 1-800-887-8100. And if you ever feel overwhelmed or uncertain, ask to speak with one of our multiple sclerosis–certified nurses. Our regular hours are 8:00 AM to 8:00 PM (CT), Monday through Friday, but a nurse is available 24/7 for urgent needs. We’re here for you every step of the way.
Storage and Disposal
Helpful Hints

Storage tips

- Transport your COPAXONE® in a thermal travel bag to protect it from extreme temperatures that may cause overheating or freezing.
- Keep your COPAXONE® in the refrigerator as part of your regular routine—For added flexibility, COPAXONE® may be kept at room temperature for up to 1 month during travel or special circumstances when refrigeration may not be available.
- When storing COPAXONE® at room temperature, be sure to write the date you take your COPAXONE® out of the refrigerator prominently on the box or individual packages, so that you can calculate exactly how long it has been unrefrigerated.

SECTION I: Storage and disposal of COPAXONE®

STORING your COPAXONE® Pre-Filled Syringes

Keep your monthly supply of COPAXONE® Pre-Filled Syringes refrigerated between 36°F and 46°F (2°C–8°C).
- Never freeze your COPAXONE® Pre-Filled Syringes. If they do accidentally freeze, do not use and discard in a proper container.
- When you aren’t injecting, store COPAXONE® Pre-Filled Syringes in a place that’s protected from light.
- For added flexibility, COPAXONE® Pre-Filled Syringes may be stored at room temperature, between 59°F and 86°F (15°C–30°C), for up to 1 month when traveling or when refrigeration isn’t available.
- Keep out of the reach of children.

DISPOSING of your COPAXONE® Pre-Filled Syringes

To be safe, please remember to properly dispose of used syringes into a hard-walled container immediately after you inject.
- Consider using a needle clip device, which snaps your used needle off the syringe and houses it in a small device.
  - Needle clip devices are available online and at many retail pharmacies.
  - Follow your local biohazard regulations for the disposal of the needle clipper device, which can house hundreds of needles before requiring disposal.
  - Check with your local health department, doctor’s office, or pharmacist for guidance.
- Make sure to always keep your waste container in an area of your home that is out of the reach of children and pets.

Craig S., on COPAXONE® since 2000
Getting Ready to Inject COPAXONE®
SECTION II: Getting ready to inject COPAXONE®

Choosing the injection site

There are 7 possible injection areas on your body: arms, thighs, hips, and lower stomach area (abdomen) (see diagram). Make sure to rotate your injection areas each day.

Here’s a simple plan you can follow:

- Each day, pick a different injection area from one of the 7 areas. Some people find it helpful to assign a day of the week to each of the injection areas. Do not inject in the same area more than once a week.
- Within each injection area, there are multiple injection sites. Choose a site that is at least 2” from the last injection site you used within the area.

Helpful injection tips

To watch a video that shows helpful manual injection tips, visit www.sharesolutions.com, and search for “Refresher Tips”.
Helpful Hints

**Shared Solutions®** can provide you with a Daily Planner, which can help you keep track of injections, relapses, and other important health issues. Use it to help measure your progress as you continue to take COPAXONE®

To request your Daily Planner, call **Shared Solutions®** at 1-800-887-8100

**More Solutions Planner** is an online tool to help you manage your daily treatment program. Register today at [www.sharedsolutions.com/tools.aspx](http://www.sharedsolutions.com/tools.aspx) to receive electronic daily injection reminders, monitor your daily therapy using a monthly view, and track your injection sites

Choosing the injection site (continued)

- Look at and touch the injection site. Be sure to avoid sites where any of the following are present:
  - Redness
  - Swelling
  - Tenderness
  - Scar tissue
  - A tattoo
  - Lesions
  - Warts
  - Hardness of skin (lumps)
  - Birthmarks
  - Bruising
  - Indentations
  - Stretch marks
Helpful Hints

COPAXONE® should be injected when it is at room temperature. So always be sure to take the COPAXONE® Pre-Filled Syringe out of the refrigerator at least 20 minutes before you inject.

Warming the skin before injecting may help make your injection more comfortable:
- Warm a heat pack according to the manufacturer’s instructions.
- Wrap heat pack in a cloth to provide a barrier between it and your skin.
- Do not use heat pack in any areas where sensation to temperature is impaired.
- Hold heat pack on site to be injected for 5 minutes.

Enlist some help. Have a friend or family member help you stay on track with your injection routine.

Organizing your supplies

- Place each item you’ll need on a clean, flat surface:
  - 1 COPAXONE® Pre-Filled Syringe
  - The autoject® 2 for glass syringe (if you’re using it)
  - A warm compress (if you’re using it)
  - An alcohol wipe
  - A dry cotton ball
  - A used-syringe disposal container

- You can use the removable Preparation Mat located behind page 42 to organize your supplies.

- You may notice an air bubble in the syringe. This is normal and you should not try to remove it.

- Take a close look at your COPAXONE® Pre-Filled Syringe before injecting. Make sure you do not use it if it appears to be cloudy or contains particles. Call Shared Solutions® at 1-800-887-8100 for assistance.

- At this point, some people find it helpful to warm their skin before injecting.

- Wash and dry your hands (don’t touch your skin or hair after washing).

- Clean your injection site with the alcohol wipe. Make sure your skin has completely dried before you inject. Don’t blow on or fan your skin; let the air dry it naturally.
autoject® 2 for glass syringe
Helpful Hints

Background information about COPAXONE® injection

- COPAXONE® is given by a subcutaneous injection that goes just beneath the skin.
- The autoject®2 for glass syringe is a handheld device that hides the needle and can help with hard-to-reach areas on your body. The autoject®2 for glass syringe is available free through Shared Solutions® with a doctor’s prescription.
- Each COPAXONE® Pre-Filled Syringe is to be used for 1 injection only.

The importance of practicing proper injection techniques

It is not uncommon for people on injectable therapies, including COPAXONE®, to develop injection site reactions. To help minimize these reactions:

- Rotate your injection sites.
- Avoid injecting into sites with skin irregularities.
- Clean the injection site with a fresh alcohol wipe, and let your skin air-dry completely.
- Do not rub or massage the site on the same day as you have injected.

SECTION III: Injecting with the autoject® 2 for glass syringe

Preparing to inject with the autoject®2 for glass syringe

As you get ready to inject, it might be beneficial to refer back to these pictures to help guide you through the setup, which includes:

- Adjusting the depth setting
- Loading the autoject®2 for glass syringe
- Removing the Needle Cap
Helpful Hints

Finding the right depth setting for each injection area can help make your injections more comfortable.

- The average depth setting for subcutaneous injections is 6
- Keep in mind that different areas of your body may require different depth settings. And changes in weight and size may also impact your depth settings. So be sure to speak with your doctor to determine the best depth setting for your injections.

Here are some helpful guidelines to discuss with your healthcare provider:

- If you can pinch about 1” of subcutaneous—or “fatty”—tissue, try a setting of 6
- If you can pinch about 2” of subcutaneous tissue, try a setting of 8
- If you can pinch more than 2” of subcutaneous tissue, try a setting of 10
- In lean or muscular areas where there is very little subcutaneous tissue, try a setting of 4–5

Adjusting the depth setting on the autoject® 2 for glass syringe

- First, make sure that the Red Cap Remover is fully attached to the Depth Adjuster (see Figure A).

- Begin screwing the Depth Adjuster into the Syringe Housing using the Red Cap Remover (see Figure B). If adjustment is needed, you can change the depth adjustment for different sites. Call Shared Solutions® if you have questions about this.

- Continue turning the Depth Adjuster until the appropriate depth setting (scale mark) is even with the end of the Syringe Housing (see Figure C).

**Higher scale number = deeper injection**

- To increase injection depth, screw the Depth Adjuster inward to a higher number.
- To decrease injection depth, screw the Depth Adjuster outward to a lower number.
Helpful Hint

Be sure the Red Cap Remover is inserted all the way onto the Depth Adjuster.

Loading the autoject® 2 for glass syringe

Before you insert a COPAXONE® Pre-Filled Syringe into the autoject2 for glass syringe, please make sure to:

- Unscrew the Syringe Housing from the Injector Body (see Figure D)

![Figure D](image1)

- Place the Red Cap Remover of the Syringe Housing straight against the Yellow/Beige Plunger in the Injector Body (see Figure E)

![Figure E](image2)

- Push the Yellow/Beige Plunger of the Syringe Housing in completely until you hear a “click” and the Yellow/Beige Plunger locks in place inside the Injector Body (see Figure F)

![Figure F](image3)

- Place the Syringe Housing, with the Red Cap Remover inserted, onto a flat surface (see Figure G)

![Figure G](image4)
Helpful Hint

Check that the COPAXONE® Pre-Filled Syringe is loaded into the autoject® 2 for glass syringe with the Needle Cap on the syringe.

- Insert the COPAXONE® Pre-Filled Syringe needle-end first, with its cap still in place, into the Syringe Housing (see Figure H).

- Push the syringe down firmly into the Syringe Housing until you feel the syringe “click” into place (see Figure I).

- Screw the Syringe Housing and the Injector Body of the autoject® 2 for glass syringe together. Please make sure not to touch the Blue Button (see Figure J).
Helpful Hint

Remember that red means stop. When you see that Red Cap Remover, stop and remove it before attempting to inject.

Removing the Needle Cap

■ Hold the device with one hand

■ With the other hand, firmly pull (do not twist) the Red Cap Remover straight away from the Injector Body (see Figure K)

■ The Red Cap Remover should come out of the Syringe Housing with the Needle Cap inside (see Figure L)

■ Turn the Red Cap Remover upside down to release the Needle Cap. Double-check that the entire Needle Cap (both the clear plastic portion and the gray inner cap) has been removed (see Figure M)

■ Save the Red Cap Remover. You'll need it later
Helpful Hints

- Double-check that the Depth Adjuster is turned to the appropriate setting
- Don’t pinch up the skin when you inject with the autoject® 2 for glass syringe
- Do not rub or massage the injection site on the same day as you have injected
- You do not need to use heavy pressure to inject

Injecting with the autoject® 2 for glass syringe

Important note: Before every injection, be sure to follow all the steps on pages 7 to 21 for getting ready to inject COPAXONE® and preparing your autoject 2 for glass syringe.

When you’re ready to inject

- Place the blue tip of the autoject 2 for glass syringe against the skin (see Figure N)
- Apply slight pressure to release the Safety Interlock. You don’t need to use heavy pressure

To inject

- Press the Blue Button, and watch the Indicator Window
- Keep the autoject 2 for glass syringe in contact with your skin by lightly pressing until the injection is complete
- Your injection is complete when the red mark is stationary in the window (see Figure O). This usually takes about 10 seconds
- Pull the autoject 2 for glass syringe directly up and away from the skin, and apply a cotton ball to the injection site with gentle pressure
- After you’re finished injecting, unscrew the Syringe Housing from the Injector Body and slowly separate the two
- Properly dispose of the used syringe (see page 5 for more information about syringe disposal)
Helpful Hints

- Remember to clean your autoject® 2 for glass syringe after each use
- Do not submerge your autoject® 2 for glass syringe in water, boil it, or place it in the dishwasher

Caring for your autoject® 2 for glass syringe

- Wipe the outside of the autoject® 2 for glass syringe and the inside of the Syringe Housing with a clean damp cloth or a clean alcohol wipe
- Reconnect the Syringe Housing and the Injector Body
- Reinsert the Red Cap Remover into the Depth Adjuster
- Store your autoject® 2 for glass syringe in its protective wallet
- The manufacturer of the autoject® 2 for glass syringe designed the device for 1,000 injections or 3 years of use, whichever comes first
  - This does not mean that the autoject® 2 for glass syringe will malfunction when those milestones are passed, but it provides a guideline for when you should consider replacing yours
  - Call Shared Solutions® if you have any problems or want to request a replacement

Laissa N., on COPAXONE® since 2000
HELPFUL HINTS

COPAXONE® should be injected when it is at room temperature. Always be sure to take the COPAXONE® Pre-Filled Syringe out of the refrigerator at least 20 minutes before you inject.

Warming the skin before injecting may help make your injection more comfortable:
- Warm a heat pack according to the manufacturer’s instructions.
- Wrap heat pack in a cloth to provide a barrier between it and your skin.
- Do not use heat pack in any areas where sensation to temperature is impaired.
- Hold heat pack on site to be injected for 5 minutes.

Injection using a syringe grip

- A syringe grip is available for free from Shared Solutions®.
  - This reusable plastic grip simply slides onto the Pre-Filled Syringe, making it easier to hold (see blue syringe grip manual for detailed instructions).

Important note: Do NOT use the syringe grip with the autoject®2 for glass syringe.

SECTION IV: Injecting with the COPAXONE® Pre-Filled Syringe

Important note: Before every injection, be sure to follow all the steps on pages 7 to 11 for getting ready to inject COPAXONE®.

- Pick up your COPAXONE® Pre-Filled Syringe and hold it like you would a pencil. Remove the Needle Cap by pulling it straight off; don’t twist as you pull.
- Pinch a skin fold of about 2" at your injection site between your thumb and index finger (see Figure P).

Figure P
Helpful Hints

The importance of practicing proper injection techniques

It is not uncommon for people on injectable therapies, including COPAXONE®, to develop injection site reactions. To help minimize these reactions:

- Rotate your injection sites
- Avoid injecting into sites with skin irregularities
- Clean the injection site with a fresh alcohol wipe, and let your skin air-dry completely
- Do not rub or massage the site on the same day as you have injected

- Insert the needle at a 90° angle, resting your wrist against your body for support (see Figure Q)
  - If you are unable to pinch up 2" of skin, insert the needle at about a 45° angle (see Figure R)

- When the needle is all the way in, let go of the skin fold while holding the needle steady

- Hold the syringe steady and push down on the Plunger slowly; this should take at least 10 seconds

- When the injection is complete, pull the needle straight out

- Place a dry cotton ball on the site. Do not apply an alcohol wipe

- Properly dispose of the used syringe (see page 5 for more information about syringe disposal)

- A syringe grip is available for free from Shared Solutions®
  - This reusable plastic grip simply slides onto the Pre-Filled Syringe, making it easier to hold (see blue syringe grip manual for detailed instructions)

Important note: Do NOT use the syringe grip with the autoject®2 for glass syringe.
What is an immediate postinjection reaction, and what should I do if one occurs?

A brief reaction—which may include chest tightness or pain with a fluttery or rapid heartbeat, and trouble breathing—may occur immediately after injecting COPAXONE®. This type of reaction should go away within several minutes and should not cause further problems. But if it occurs, it is important to

- Try to relax and remain calm
- Sit down
- Keep your head upright
- Breathe slowly
- Remind yourself that the reaction will be over in a few minutes

If the reaction doesn’t end in a few minutes, or if you have different symptoms, such as swelling of the face, tongue, or eyes, or difficulty swallowing or wheezing, seek medical attention immediately.

After the reaction is over, make sure to notify your health care professional as soon as possible, and do not give yourself another injection until your doctor tells you to begin again. You may want to mark the date of the reaction on your calendar for future reference.

Is it normal to have air bubbles in the syringe?

You may notice an air bubble in the syringe, which is part of the manufacturing process. This is normal and you should not try to remove it.

How long does it take to bring COPAXONE® to room temperature?

COPAXONE® should be injected when it is at room temperature. The time required for the solution in the COPAXONE® Pre-Filled Syringe to warm to room temperature is dependent upon both the refrigeration temperature and the existing room temperature. We recommend that you take the COPAXONE® Pre-Filled Syringe out of the refrigerator at least 20 minutes before you inject.

What can I do to help manage injection site reactions?

One common side effect with injectable therapies, including COPAXONE®, is an injection site reaction. This can take the form of swelling, pain, itching, or a lump in the area where you’ve injected. Help minimize these types of reactions by practicing good injection techniques, such as rotating your injection areas each day.

Here’s a simple plan you can follow:

- Each day, pick a different injection area from one of the 7 possible injection areas on your body: arms, thighs, hips, and lower stomach area (abdomen). Do not inject in the same area more than once a week
- Within each injection area, there are multiple injection sites. Choose a site that is at least 2” from the last injection site you used within the area
- Some people find it useful to apply a warm compress to the area before injecting.

Do you have any suggestions for rotating my injection areas?

Some people find it useful to assign a day of the week to each of the 7 injection areas. For example:

<table>
<thead>
<tr>
<th>AREA</th>
<th>LOCATION</th>
<th>DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abdomen</td>
<td>Monday</td>
</tr>
<tr>
<td>2</td>
<td>Right thigh</td>
<td>Tuesday</td>
</tr>
<tr>
<td>3</td>
<td>Left thigh</td>
<td>Wednesday</td>
</tr>
<tr>
<td>4</td>
<td>Left arm</td>
<td>Thursday</td>
</tr>
<tr>
<td>5</td>
<td>Right arm</td>
<td>Friday</td>
</tr>
<tr>
<td>6</td>
<td>Left hip</td>
<td>Saturday</td>
</tr>
<tr>
<td>7</td>
<td>Right hip</td>
<td>Sunday</td>
</tr>
</tbody>
</table>
Shared Solutions® can provide you with a Daily Planner when you start COPAXONE® therapy. It can help you to keep track of injections, as well as relapses and other important health issues.

More Solutions Planner—an online tool—is also available to help you manage your daily treatment program. You can register at www.sharedsolutions.com/tools.aspx? to receive electronic daily injection reminders, monitor your daily therapy using a monthly view, and track your injection sites.

Are there any sites I should avoid injecting into?
Be sure to look at and touch the injection site. You’ll want to avoid sites where any irregularities are present (see page 9 for examples).

What happens if I forget to inject?
If you miss a dose, take your COPAXONE® as soon as you remember. If it is nearer to the time of your next scheduled dose, skip the missed dose and resume your usual dosing schedule. Do not “double up” the dose to catch up.

Do you have any suggestions for traveling with COPAXONE®?
Part of successful MS management is making sure you keep doing the things you enjoy in life. If you plan on traveling, you’ll want to be able to continue taking COPAXONE® each and every day you’re away from home.

Bring enough supplies when traveling
- Be sure to pack enough cotton balls and alcohol wipes for the amount of days you’ll be away
- You might also want to use tight-locking plastic storage bags to make sure all your supplies are sealed properly
- If you can, inject at the same time each day while you’re away to maintain your regular routine

What should I do if my benefits or insurance ever change?
Shared Solutions® believes you should not have to choose, interrupt, or discontinue your COPAXONE® therapy because of financial reasons or policy changes. That’s why Shared Solutions® offers a team of Case Managers who are committed to investigating and researching all of the potential options for your particular situation. Call us at 1-800-887-8100.

Keep COPAXONE® close by when flying
- If you’re going to travel by plane, keep your COPAXONE® Pre-Filled Syringes and autoject® 2 for glass syringe in your carry-on luggage, so it’s easily available during inspection
- This will also help make sure your COPAXONE® therapy is safe and sound if your luggage is lost or damaged
- Your COPAXONE® therapy should not be affected when passing through x-ray security measures at the airport
- To avoid unnecessary delays, please be sure to bring your current prescription label with you; the prescription label should match your name as it appears on your ID. For the most current regulations, please contact the Transportation Security Administration (TSA) or visit their Web site at www.tsa.gov

What if I have additional questions or concerns?
Remember that Shared Solutions® is here to offer support with your COPAXONE® therapy. We’ll partner with you every step of the way and help you stay focused on your goals. And, if you ever need a question answered, or assistance with your COPAXONE® injections, we’re only a phone call away, always ready to help. Call us at 1-800-887-8100.
COPAXONE® is indicated for the reduction of the frequency of relapses in relapsing-remitting multiple sclerosis, including patients who have experienced a first clinical episode and have MRJ features consistent with multiple sclerosis.

Important Safety Information About COPAXONE®

- The most common side effects of COPAXONE® are redness, pain, swelling, itching, or a lump at the site of injection, flushing, rash, shortness of breath, and chest pain. These reactions are usually mild and seldom require professional treatment. Be sure to tell your doctor about any side effects of COPAXONE®.

- Some patients report a short-term reaction right after injecting COPAXONE®. This reaction can involve flushing (feeling of warmth and/or redness), chest tightness or pain with heart palpitations, anxiety, and trouble breathing. These symptoms generally appear within minutes of an injection, last about 15 minutes, and go away by themselves without further problems.

- A permanent indentation under the skin at the injection site may occur, due to a local destruction of fat tissue. Be sure to follow proper injection technique and inform your doctor of any skin changes.

- After you inject COPAXONE®, call your doctor right away if you develop hives, skin rash with irritation, dizziness, sweating, chest pain, trouble breathing, severe pain at the injection site or other uncomfortable changes in your general health. Do not give yourself any more injections until your doctor tells you to begin again.

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

Please see additional important information for COPAXONE® on pages 37 to 42.

References:
COPAXONE (glatiramer acetate injection)

1 INDICATIONS AND USAGE
COPAXONE is indicated for reduction of the frequency of relapses in patients with Relapsing-Remitting Multiple Sclerosis (RRMS), including patients who have experienced a first clinical episode and have MRI features consistent with multiple sclerosis.

2 DOSAGE AND ADMINISTRATION
2.1 Recommended Dosage and Administration
COPAXONE is for subcutaneous use only. Do not administer intravenously. COPAXONE is supplied as 10 mg/ml solution with 20 mg of glatiramer acetate and 40 mg of mannitol.

3 CONTRAINDICATIONS
COPAXONE is contraindicated in patients with known hypersensitivity to copolymer 1 or any of its component excipients.

4 WARNINGS AND PRECAUTIONS
4.1 Immediate Post-Injection Reaction
Approximately 10% of patients exposed to COPAXONE in the 5 placebo-controlled trials compared 4% of those on placebo experienced a cutaneous or systemic symptoms immediately after injection that included at least two of the following: flushing, chest pain, palpitations, anxiety, dyspnea, pruritus, rash or urticaria. The symptoms were generally transient and self-limited and did not require treatment. In general, these symptoms and their onset appeared to be after the initiation of treatment, although they may occur earlier, and a given patient may experience one or more episodes of these symptoms. Whether or not any of these symptoms actually represent a specific systemic is unknown. During the post-marketing period, there have been reports of patients with similar symptoms who received emergency medical care.

5 ADVERSE REACTIONS
5.1 Clinical Trials Experience

Adverse reactions which occurred only in 4-5 more subjects in the COPAXONE group than in the placebo group (less than 1% difference), but for which a relationship to COPAXONE could not be excluded, were arthralgia and herpes simplex.

6 ADVERSE REACTIONS
6.1 Clinical Trials
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

6.2 Postmarketing Experience
Reports of adverse events occurring under treatment with COPAXONE not mentioned above that have been received since 1987 include: hypokalemia, paresthesia, paradoxic reactions including hypothermia and severe hypotension; intraventricular hemorrhage; transient ischaemic attacks; herpes zoster; zosteriform rashes; increased serum cholesterol; hypokalemia; hypothyroidism; hyperthyroidism; and biopsy proven sarcoidosis.

7 DRUG INTERACTIONS
COPAXONE is unlikely to interact with other medications being used in MS patients, including the concomitant use of corticosteroids for up to 28 days.

8 DOSAGE FORMS AND STRENGTHS

Injection site hypersensitivity; allergic reaction; anaphylactoid reaction; peripheral vascular disease; intraventricular hemorrhage; transient ischaemic attacks; herpes zoster; zosteriform rashes; increased serum cholesterol; hypokalemia; hypothyroidism; hyperthyroidism; and biopsy proven sarcoidosis.

9 UNLabeled USES
COPAXONE is not effective when used alone. Injection site hypersensitivity; allergic reaction; anaphylactoid reaction; peripheral vascular disease; intraventricular hemorrhage; transient ischaemic attacks; herpes zoster; zosteriform rashes; increased serum cholesterol; hypokalemia; hypothyroidism; hyperthyroidism; and biopsy proven sarcoidosis.

10 PATIENT COUNSELING INFORMATION

Skin and Appendages:

- Benign Neoplasm of Skin
- Warts

Special Senses:

- Visual field defect
- Taste loss

*Injection site atrophy comprises terms relating to localized lipoatrophy at injection site.

**Injection site hypertrophy comprises terms relating to localized lipohypertrophy at injection site.

11 CLINICAL PHARMACOLOGY

COPAXONE is contraindicated in patients with known hypersensitivity to copolymer 1 or any of its component excipients.

12 CLINICAL STUDIES

COPAXONE is contraindicated in patients with known hypersensitivity to copolymer 1 or any of its component excipients.

13 NONCLINICAL TOXICOLOGY

COPAXONE is contraindicated in patients with known hypersensitivity to copolymer 1 or any of its component excipients.

14 CLINICAL PHARMACOLOGY

COPAXONE is contraindicated in patients with known hypersensitivity to copolymer 1 or any of its component excipients.

15 NONCLINICAL TOXICOLOGY

COPAXONE is contraindicated in patients with known hypersensitivity to copolymer 1 or any of its component excipients.

16 CLINICAL STUDIES

COPAXONE is contraindicated in patients with known hypersensitivity to copolymer 1 or any of its component excipients.
COPAXONE has not been formally evaluated in combination with interferon beta-1b (Betaseron®) or glatiramer acetate (Copaxone®). COPAXONE has not been formally evaluated in combination with interferon beta-1a (Avonex®). COPAXONE has not been formally evaluated in combination with Natalizumab (Tysabri®)

In a 2-year carcinogenicity study, rats were administered up to 30 mg/kg/day glatiramer acetate by subcutaneous injection (up to 15 times the human therapeutic dose on a mg/m² basis). No increases in neoplasms were observed.

Glatiramer acetate was not mutagenic in in vitro Ames test, mouse lymphoma assay and in vitro chromosome aberration assay in cultured human lymphocytes but not clastogenic in an in vivo mouse bone marrow micronucleus assay. When glatiramer acetate was administered by subcutaneous injection prior to and during mating (males and females) and throughout gestation and lactation (females), no effects on reproductive or developmental parameters were observed.

In vitro systems suggest that upon its systemic absorption in patients with MS, glatiramer acetate can penetrate the lymphatic circulation, enabling it to reach regional lymph nodes, and some may enter the systemic circulation intact.

Because glatiramer acetate can modify immune functions, concerns exist about its potential to alter naturally occurring immune responses. There have been occasional reports of autoimmune disease-like reactions in glatiramer acetate-treated patients. Some of these reactions have been observed in patients who have had Hashimoto's thyroiditis, a condition in which the immune system attacks the thyroid gland, causing it to become swollen and inflamed. These reactions can be recognized by glatiramer acetate-reaction antibodies. Some fraction of the injected material, other than glatiramer acetate, may be absorbed to enter the lymphatic circulation, enabling it to reach regional lymph nodes, and some may enter the systemic circulation.

13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
Results obtained in pharmacologic studies performed in humans (healthy volunteers) and animals suggest that glatiramer acetate contains a substantial fraction of the therapeutic dose delivered to patients subcutaneously in highly localized, nonlymphatic depots. This fraction can be recognized by glatiramer acetate-reactive antibodies. Some fraction of the injected material, other than glatiramer acetate, may be absorbed to enter the lymphatic circulation, enabling it to reach regional lymph nodes, and some may enter the systemic circulation.

14 CLINICAL STUDIES
14.1 Relapsing-Remitting Multiple Sclerosis (RRMS)
Evidence supporting the effectiveness of COPAXONE in decreasing the frequency of relapses derives from 3 placebo-controlled trials, all of which used a COPAXONE dose of 20 mg/day.

Study 1 was performed in 224 patients who were enrolled and randomized to receive daily doses of either COPAXONE, 20 mg subcutaneously (SC) or placebo. Patients were diagnosed with RRMS by standard criteria, and had at least 2 previous relapses during the 2 years immediately preceding enrollment. Patients were ambulatory, as evidenced by a score of no more than 6 on the Kurtzke Disability Scale Score (DSS), a standard scale ranging from 0-10. A score of 0 is defined as one at which a patient is still ambulatory with assistance; a score of 7 means the patient must use a wheelchair.

Patients were examined every 3 months for 2 years, as well as with in several days of a presumed exacerbation. To confirm an exacerbation, a blinded neurologist had to document objective neurological signs, as well as document the existence of other criteria (e.g., the persistence of the neurological signs for at least 48 hours).

The percent-relapse-free primary outcome measure was the proportion of patients in each treatment group who remained exacerbation free for 2 years of the study duration. The median number of exacerbations in each group occurred during the previous 2 years.

The percent-relapse-free primary outcome measure was calculated by dividing the number of exacerbation-free patients specified as endpoints by the frequency of attacks during the trial, and the result was multiplied by 100.

Study 4 was a multinational study in which MR parameters were used to detect change in brain lesions. A total of 239 patients with RRMS (COPAXONE: n=119; placebo: n=120) were randomized. Inclusion criteria were similar to those in study 2 with the additional criterion that patients had to have at least one Gd-enhancing lesion on the screening MRI. The patients were treated in a double-blind manner for 72 weeks, during which they underwent monthly MRI scanning. The mean change in number of Gd-enhancing lesions for the total patient population was statistically significant compared to the placebo group.

Study 4 was a multinational study in which patients were treated with COPAXONE or placebo. The study population was defined in terms of study site, site results, and patient characteristics. The study population was defined in terms of study site, site results, and patient characteristics. The study population was defined in terms of study site, site results, and patient characteristics.

In both studies, COPAXONE exhibited a clear beneficial effect on relapses, which is consistent with evidence of COPAXONE's clinical effect on disease progression.

In study 3, 481 patients who had recently (within 90 days) experienced an isolated demyelinating event and who had lesion severity typical of multiple sclerosis (1 T1 Gd-enhancing lesion, 2 T2 lesions and 20 mg/kg/day glatiramer acetate for up to 3 years) were enrolled. The primary outcome measure was the time to development of new T2 lesions or T2 lesion volume. COPAXONE had a dose-related effect on new T2 lesions and T2 lesion volume. Time to development of a second exacerbation was significantly delayed in patients treated with COPAXONE compared to placebo. The Hazard Ratio = 0.55; 95% confidence interval 0.40 to 0.77; Figure 1. The Kaplan-Meier estimates of the percentage of patients developing relapses within 36 months were 42.9% in the placebo group and 24% in the COPAXONE group. Figure 1: Time to Second Exacerbation.}

15.3 Safety of COPAXONE with Natalizumab
Results obtained in pharmacologic studies performed in humans (healthy volunteers) and animals suggest that glatiramer acetate contains a substantial fraction of the therapeutic dose delivered to patients subcutaneously in highly localized, nonlymphatic depots. This fraction can be recognized by glatiramer acetate-reactive antibodies. Some fraction of the injected material, other than glatiramer acetate, may be absorbed to enter the lymphatic circulation, enabling it to reach regional lymph nodes, and some may enter the systemic circulation.

13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
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14 CLINICAL STUDIES
14.1 Relapsing-Remitting Multiple Sclerosis (RRMS)
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Patients were examined every 3 months for 2 years, as well as with in several days of a presumed exacerbation. To confirm an exacerbation, a blinded neurologist had to document objective neurological signs, as well as document the existence of other criteria (e.g., the persistence of the neurological signs for at least 48 hours).

The percent-relapse-free primary outcome measure was the proportion of patients in each treatment group who remained exacerbation free for 2 years of the study duration. The median number of exacerbations in each group occurred during the previous 2 years.

The percent-relapse-free primary outcome measure was calculated by dividing the number of exacerbation-free patients specified as endpoints by the frequency of attacks during the trial, and the result was multiplied by 100.

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These are not all 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.

Information for pregnant and nursing women
• COPAXONE has not been studied in pregnant women. Talk to your doctor about the risks and benefits of COPAXONE if you are pregnant or planning a pregnancy.
• It is not known if COPAXONE passes into breastmilk. Talk to your baby's doctor about the risks and benefits of breastfeeding while using COPAXONE.

How should I use COPAXONE?
• The recommended dose of COPAXONE for the treatment of Relapsing-Remitting Multiple Sclerosis is 20 mg once a day injected subcutaneously (in the fatty layer under the skin).
• Look at the medicine in the prefilled syringe. If the medicine is cloudy or has particles in it, do not use it. Instead, call Shared Solutions® at 1-800-887-8100 for assistance.
• Have a friend or relative with you if you need help, especially when you first start giving yourself injections.
• Each prefilled syringe should be used for only one injection. Do not reuse the prefilled syringe. After use, throw it away properly.
• Do not change the dose or dosing schedule or stop taking the medicine without talking with your doctor.

How do I inject COPAXONE?
There are 3 basic steps for injecting COPAXONE prefilled syringes:
1. Gather the materials.
2. Choose the injection site.
3. Give yourself the injection.

Step 1: Gather the materials
1. First, place each of the items you will need on a clean, flat surface in a well-lit area:
   • 1 blister pack with COPAXONE Prefilled Syringe
   • 1 blister pack from the COPAXONE Prefilled Syringe carton. Keep all unused syringes in the Prefilled Syringe carton and store them in the refrigerator.
   • Alcohol prep (wipe)
   • Dry cotton ball (not supplied)
2. Let the blister pack with the syringe inside warm up to room temperature for 20 minutes.
3. To prevent infection, wash and dry your hands. Do not touch your hair or skin after washing.
4. There may be small air bubbles in the syringe. To avoid loss of medicine when using COPAXONE prefilled syringes, do not expel (or do not attempt to expel) the air bubble from the syringe before injecting the medicine.

Step 2: Choose the injection site
• There are 7 possible injection areas on your body: arms, thighs, hips and lower stomach area (abdomen) (See Figure 1).
   • Each day, pick a different injection area from one of the 7 areas. Do not inject in the same area more than once a week.
   • Within each injection area there are multiple injection sites. Have a plan for rotating your injection sites. Keep a record of your injection sites, so you know where you have injected.
   • Look at the medicine in the prefilled syringe. If the medicine is cloudy or has particles in it, do not use it. Instead, call Shared Solutions® at 1-800-887-8100 for assistance. If the liquid is clear, place the syringe on the clean, flat surface.
   • Choose an injection site on your body. Clean the injection site with a new alcohol prep and let the site air dry to reduce stingings.
   • Pick up the syringe as you would a pencil. Remove the needle shield from the needle.
   • With your other hand, pinch about a 2-inch fold of skin between your thumb and index finger (See Figure 2).
   • Insert the needle at a 90-degree angle (straight in), resting the heel of your hand against your body. When the needle is all the way in release the fold of skin (See Figure 3).
   • Do not change the dose or dosing schedule or stop taking the medicine without talking with your doctor.

Step 3: Give yourself the injection
1. Remove the syringe from its protective blister pack by peeling back the paper label. Before use, look at the liquid in the syringe. If it is cloudy or contains any particles, do not use it and call Shared Solutions® at 1-800-887-8100 for assistance. If the liquid is clear, place the syringe on the clean, flat surface.
2. Clean the injection site with a new alcohol prep and let the site air dry to reduce stingings.
3. Insert the needle at a 90-degree angle (straight in), resting the heel of your hand against your body. When the needle is all the way in release the fold of skin (See Figure 3).
4. To inject the medicine, hold the syringe steady and push down the plunger.
5. When you have injected all of the medicine, pull the needle straight out.
6. To inject the medicine, hold the syringe steady and push down the plunger.
7. When you have injected all of the medicine, pull the needle straight out.
8. Press a dry cotton ball on the injection site for a few seconds. Do not rub the injection site.
9. Throw away the syringe in a safe hard-walled plastic container.

What is the proper use and disposal of prefilled syringes?
Each prefilled syringe should be used for only 1 injection. Do not expel (or do not attempt to expel) the air bubble from the syringe before injecting the medicine.

The COPAXONE package should be refrigerated at 36-46 °F (2-8°C). You can store it at room temperature, 59-86 °F (15-30°C), for up to one month. Do not store COPAXONE at room temperature for longer than one month.

Do not freeze COPAXONE. If a COPAXONE prefilled syringe freezes, throw it away in a proper container.

COPAXONE is light sensitive. Protect it from light when not injecting. Do not use the prefilled syringe if the solution contains particles or is cloudy.

General advice about prescription medicines
Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use COPAXONE for a condition for which it was not prescribed. Do not give COPAXONE to other people, even if they have the same condition you have. It may harm them.

This leaflet summarizes the most important information about COPAXONE. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about COPAXONE that is written for health professionals. Also, you can call Shared Solutions® for any questions about COPAXONE and its use. The phone number for Shared Solutions® is 1-800-887-8100.

U.S. Patent Nos. 5918599, 6054461, 6342476, 6362161, 620847, 6959359, 7196899.
You may also want to use a warm compress.

Questions? Call Shared Solutions® anytime at 1-800-887-8100.
Questions?

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or log on to

**www.copaxone.com**