

# SHARED SOLUTIONS® PROGRAM SERVICES REFERRAL FORM AND RX

TO ENROLL YOUR PATIENTS PLEASE FAX THIS FORM TO:  
**1 800 643-0031**



## PATIENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ BIRTHDAY (YYYY/MM/DD) \_\_\_\_\_ SEX  M  F  OTHER  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
PHONE #1 (MOBILE) \_\_\_\_\_ PHONE #2 (ALTERNATE) \_\_\_\_\_ EMAIL \_\_\_\_\_  
PATIENT CONTACT PREFERENCE  MOBILE  ALTERNATE  EMAIL  DIRECT MAIL  SMS PREFERRED TIME  AM  PM  
PATIENT HAS PRIVATE INSURANCE  YES  NO  DON'T KNOW INSURANCE COMPANY \_\_\_\_\_

## CLINICAL ASSESSMENT

DIAGNOSIS  RRMS | PREVIOUS MS THERAPY \_\_\_\_\_  
EDSS SCORE \_\_\_\_\_ TEST DATE \_\_\_\_\_  
# OF RELAPSES IN THE LAST 24 MONTHS \_\_\_\_\_

## PRESCRIPTION

PATIENT WAS GIVEN Rx  COPAXONE **40 MG/ML** THREE TIMES-A-WEEK DIN: 02456915 DISPENSE 12 SYRINGES/BOX REFILL # \_\_\_\_\_  
 COPAXONE **20 MG/ML** ONCE-DAILY DIN: 02245619 DISPENSE 30 SYRINGES/BOX REFILL # \_\_\_\_\_

## PATIENT CONSENT

I HAVE READ, UNDERSTAND AND AGREE TO THE COLLECTION, USE AND DISCLOSURE OF MY PERSONAL INFORMATION BY SHARED SOLUTIONS® IN ACCORDANCE WITH ITS PRIVACY POLICY, WHICH I HAVE HAD AN OPPORTUNITY TO REVIEW AND WHICH IS ATTACHED HERETO. I EXPRESSLY CONSENT TO THE SECURE STORAGE OF MY PERSONAL INFORMATION OUTSIDE CANADA, INCLUDING WITHIN THE EUROPEAN UNION, ISRAEL, OR THE USA, IN ACCORDANCE WITH THE ATTACHED PRIVACY POLICY. I CONSENT TO BEING CONTACTED BY SHARED SOLUTIONS® VIA ELECTRONIC COMMUNICATION (I.E., BY EMAIL AND TEXT MESSAGE) TO INFORM ME ABOUT MY STATUS IN THE SHARED SOLUTIONS®, PROVIDE SHARED SOLUTIONS® SERVICES, AND TO PROVIDE NOTIFICATIONS AND REMINDERS.

VERBAL CONSENT (YYYY/MM/DD) \_\_\_\_\_ INITIALS FROM HCP/MS NURSE \_\_\_\_\_  
 WRITTEN CONSENT (YYYY/MM/DD) \_\_\_\_\_ PATIENT SIGNATURE \_\_\_\_\_

## PHYSICIAN INFORMATION AND AUTHORIZATION

I AUTHORIZE SHARED SOLUTIONS® TO BE MY DESIGNATED AGENT TO FORWARD THE PRESCRIPTION INDICATED ABOVE BY FAX OR OTHER MODE OF DELIVERY TO THE PHARMACY CHOSEN BY THE ABOVE NAMED PATIENT. THIS ORIGINAL PRESCRIPTION CONSTITUTES A LEGAL PRESCRIPTION FOR THE PATIENT FOR COPAXONE®. THE PHARMACY CHOSEN BY THE PATIENT IS THE ONLY PHARMACY TO RECEIVE THIS PRESCRIPTION FOR DISPENSING. THE ORIGINAL PRESCRIPTION WILL NOT BE RE-USED.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_  
WORK PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
PHYSICIAN EMAIL \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
DATE (YYYY/MM/DD) \_\_\_\_\_

CLINIC STAMP OR ADDRESS

PLEASE SEND REPORT ON PATIENT'S INJECTION TRAINING TO  MD  NURSE

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
FAX \_\_\_\_\_

## COPAXONE® IS INDICATED FOR:

**20 MG/ML ONCE-DAILY:** TREATMENT OF AMBULATORY PATIENTS WITH RELAPSING REMITTING MULTIPLE SCLEROSIS (RRMS), INCLUDING PATIENTS WHO HAVE EXPERIENCED A SINGLE DEMYELINATING EVENT AND HAVE LESIONS TYPICAL OF MULTIPLE SCLEROSIS ON BRAIN MRI TO DECREASE THE FREQUENCY OF CLINICAL EXACERBATIONS AND TO REDUCE THE NUMBER AND VOLUME OF ACTIVE BRAIN LESIONS IDENTIFIED ON MAGNETIC RESONANCE IMAGING (MRI) SCANS.

**40 MG/ML THREE TIMES-A-WEEK:** TREATMENT OF AMBULATORY PATIENTS WITH RELAPSING REMITTING MULTIPLE SCLEROSIS (RRMS) TO DECREASE THE FREQUENCY OF CLINICAL EXACERBATIONS AND TO REDUCE THE NUMBER AND VOLUME OF ACTIVE BRAIN LESIONS IDENTIFIED ON MAGNETIC RESONANCE IMAGING (MRI) SCANS.

## FOR MORE INFORMATION:

CONSULT THE PRODUCT MONOGRAPH AT [HTTPS://WWW.TEVACANADA.COM/GLOBALASSETS/CANADA-SCS-FILES---GLOBAL/OUR-PRODUCTS-PDFS/0221\\_TCI\\_COPAXONE\\_PM\\_EN.PDF](https://www.tevacanada.com/globalassets/canada-scs-files---global/our-products-pdfs/0221_TCI_COPAXONE_PM_EN.PDF) FOR CONTRAINDICATIONS, WARNINGS, PRECAUTIONS, ADVERSE REACTIONS, INTERACTIONS, DOSING, AND CONDITIONS OF CLINICAL USE. THE PRODUCT MONOGRAPH IS ALSO AVAILABLE BY CALLING US AT 1 800 283-0034.



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# SHARED SOLUTIONS® PRIVACY POLICY

Shared Solutions® respects your privacy and is strongly committed to protecting your personal information. This privacy policy explains the information we may collect and how we use and safeguard that information. If you have any questions, or if you would like more information about the manner in which we or our authorized service providers treat your personal information, or to access your personal information in our records, do not hesitate to contact us using the information provided below.

## Why we ask you for personal information

In order for Shared Solutions® to offer you the services you require, we may request that you provide us with your personal information, including personal health information, or we may obtain personal information from your referring physician, pharmacist, insurance company, public payer or any other healthcare professional or payer that may possess the requisite information. We will not access, collect, use, or disclose any of your personal information unless you have provided your consent. We will only ask for the personal information necessary to serve you, to comply with our pharmacovigilance commitments and obligations (which may apply even after you leave the Shared Solutions® Patient Support Program), and to research, develop, and improve our products and services. Some of the services provided by Shared Solutions® include:

- providing you with personalized services to meet your specific needs;
- determining the suitability of our services for your needs;
- determining your eligibility for our products and services;
- determining eligibility for reimbursement assistance; and
- providing you with information about multiple sclerosis and about our products and services.

## Access and use of information

The personal information you provide will be accessed and used only by Shared Solutions®, our affiliates and authorized agents, and respective staff members, who are required to maintain the confidentiality of your personal information. By agreeing to provide your information in accordance with the terms of this privacy policy, you are giving your consent for us to disclose relevant information from your file to your referring physician, as well as to our affiliates and authorized third parties who assist us in providing services to you (i.e., only the information required for the execution of the service being required from the third party). Such third parties may include, but are not limited to:

- our healthcare professionals (for providing appointment reminders, coordinating appointments, offering advice about or follow-ups on your therapy);
- our service providers (for therapy coverage);
- our mailing house (responsible for sending printed information and publications); or
- potential payers or reimbursement organizations.

You consent to be contacted by Shared Solutions® via phone, text or email and to the transfer of personal information by phone, fax or email between Shared Solutions®, your insurer, and your healthcare provider(s) for the purpose of determining your eligibility for Shared Solutions® and the delivery of Shared Solutions® services. Email and text may be used during the course of your participation in Shared Solutions® to inform you about your status in the Shared Solutions®, provide Shared Solutions® services, and to provide notifications and reminders. You acknowledge that neither email nor text is a secure method of communication. Information in emails and texts has the potential to be accessed and read by a third party. Electronic communication is at your option and you may withdraw this option to communicate electronically at any time. We may share information with external firms, which would be engaged by us to conduct pharmaceutical market research on our behalf, and which may contact you for the sole purpose of gathering market research information. We may also share information with affiliates and health authorities that collect certain information for the purposes of safety monitoring of marketed products, including information, if applicable, relating to the pregnancy of patients enrolled in the Shared Solutions® Patient Support Program.

Furthermore, your information may also be shared with others if explicitly authorized or required by applicable law. Any information which we might have shared with such third parties will be held on a confidential basis and will only be kept by them for as long as it is reasonably needed for the intended purpose of the services they are providing, after which the data in their possession will be securely destroyed.

At no time and under no circumstance will your information be sold to any third party for any reason. The data contained in your file will only be kept for as long as it is reasonably needed, and it will only be used for the purpose stated in your file. Once the purpose has been achieved, your file will be deleted unless you require further services, or unless we are required to maintain a copy under applicable law.

You may choose to withdraw your consent to our access, collection, use, or disclosure of some or all personal information at any time. However, please understand that your decision may prevent us from providing you with services and information that you request.

## Protection

Your information will be stored on a confidential basis at the Shared Solutions® offices and/or secure locations both inside and outside of Canada, including within the European Union, the USA, or in Israel. It is a condition of receiving services from Shared Solutions® that you expressly consent to the secure storage of your personal information outside Canada. It is protected by various physical, technical and administrative security measures such as magnetic locks, data encryption, and a system of individual usernames and passwords for each staff member.

## Contact on behalf of another person

Shared Solutions® must deal directly and exclusively with you; therefore, it is not possible for others to contact Shared Solutions® on your behalf. If you would like a family member, friend, or anyone else to receive services from us, please give him/her our phone number.

## Keeping your information accurate

We are committed to keeping your personal information accurate as long as we need it for the purposes previously described. You play an important role in helping us achieve this goal. You may update your information by contacting us either by phone or email. Your prompt notification of any contact information changes will assist us in providing you with the requested services.

## Changes to the privacy policy

Shared Solutions® reserves the right to change, modify, or amend this policy at any time. However, when a significant change has been made, you will be notified within a reasonable time either by phone, mail, or email.

## Shared Solutions® Privacy Officer

1080 Beaver Hall Hill, Suite 1200

Montreal, Quebec H2Z 1S8

TCl.PrivacyOfficer@tevapharm.com

## For more information:

Consult the Product Monograph at [https://www.tevacanada.com/globalassets/canada-scs-files---global/our-products-pdfs/0221\\_tci\\_copaxone\\_pm\\_en.pdf](https://www.tevacanada.com/globalassets/canada-scs-files---global/our-products-pdfs/0221_tci_copaxone_pm_en.pdf) for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling us at 1 800 283-0034.

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