Mylan ADVOCATE®
mylanadvocate.com

Patient Enrollment Form

Phone: 844.695.2667 • Fax: 844.292.8395

Glatiramer Acetate Injection

PATIENT INFORMATION (Please print)

Name (First, MI, Last, Suffix):

Date of Birth: Gender: M ☐ F ☐

Home Address:

City: State: Zip:

Home Phone: Cell Phone:

Email Address:

Allergies: Other Medications:

Additional opt-in services available:

☐ I would like to receive text message injection reminders.

☐ I would like to receive periodic phone calls from a Mylan ADVOCATE® nurse to provide additional therapy support and help answer any therapy-related questions.

☐ I would like to receive Marketing emails per the attached **Patient Marketing Consent Section B.**

INSURANCE INFORMATION (Attach a copy of patient's insurance card, front & back)

Insurance information not necessary if Prescriber is ordering device and/or injection training only.

Primary Insurance Name:

Medicare: A ☐ B ☐ D ☐ (attach a copy of red, white and blue Medicare card)

Beneficiary/Cardholder Name:

Primary Insurance ID#: Group#:

Primary Insurance Phone#:

Does the patient have a pharmacy benefit card? Yes ☐ No ☐

By signing below, I have read and agree to the attached **Patient Authorization Section A. (Signature required if Prescriber is ordering Mylan's Glatiramer Acetate Injection)**

X

Patient/Legal Guardian Signature ***Date (MM/DD/YYYY)***

PRESCRIBER INFORMATION

Physician:

NP/PA (if prescriber):

Facility Name:

Address:

City: State: Zip:

Phone: Fax:

Office Contact: Email:

PRESCRIBER SIGNATURE REQUIRED for PRESCRIPTION ORDERS:

Statement of Medical Necessity: Primary Diagnosis ICD-10 CM G35 Treatment of Relapsing Forms of Multiple Sclerosis. I authorize Mylan ADVOCATE® to provide any information on this form to the insurer of the named patient and to forward the above prescription, by fax or by other mode of delivery, to the pharmacy.

Prescriber's Signature:

(Dispense as Written) *(Brand Exchange Permissible)*

(NPI#) *(Date)*

PRESCRIPTION INFORMATION

(Check the box for prescriptions/orders required: Product, Device and/or Injection Training)

☐ Mylan's Glatiramer Acetate Injection 20 mg/mL pre-filled syringes

- Inject 20 mg SQ once a day
- Dispense: 1 box of 30 syringes (30-day supply)
- May dispense up to a 90-day supply
- Refills: x 1 year

☐ Mylan's Glatiramer Acetate Injection 40 mg/mL pre-filled syringes

- Inject 40 mg SQ 3 times a week
- Dispense: 1 box of 12 syringes (28-day supply)
- May dispense up to a 84-day supply
- Refills: x 1 year

☐ *Whisper*JECT® Autoinjector* device (free of charge)†

- Use as directed
- Dispense: 1 device with instructions for use and travel case
- Refills: None

☐ Mylan ADVOCATE® to coordinate injection training (injection training to be performed by Registered Nurse)†

Please indicate strength for RN (check the box below).

☐ Mylan's Glatiramer Acetate Injection 20mg/mL pre-filled syringes

☐ Mylan's Glatiramer Acetate Injection 40mg/mL pre-filled syringes

Signature stamps not acceptable.
Please attach all prescriptions on Official State Prescription form if mandated by individual state laws.

Please see the next page for Indication and Important Safety Information, and please see accompanying full Prescribing Information

*Whisper*JECT® Autoinjector is available by prescription only. †No party may submit an insurance claim or other claim for payment to any third-party payor (private or government) for this device or training.

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A. Patient Authorization: I authorize my healthcare providers and health insurers to disclose to Mylan Pharmaceuticals Inc. [d/b/a Mylan ADVOCATE®], its affiliates, its program administrator, and their respective agents and service providers (collectively, "Mylan ADVOCATE®") my protected health information ("PHI"), including information about my insurance, prescriptions, medical condition and health, so that Mylan ADVOCATE® may use the information to assist me with benefits support in connection with my treatment with Mylan products, communicate with me regarding such treatment and support, to conduct market research and inform me of treatment alternatives. I understand that once disclosed pursuant to this authorization, my PHI may no longer be protected by federal law and could be re-disclosed to others, but I also understand that Mylan ADVOCATE® intends to safeguard my PHI and to use and disclose it only for the purposes described herein. I understand that I do not need to sign this authorization in order to receive healthcare treatment or insurance benefits, and that I may cancel the authorization at any time by sending a written notice of cancellation by mail to: Mylan ADVOCATE® Opt-out Administrator, 1000 Mylan Blvd., Canonsburg, PA 15317, or by fax to 1.844.292.8395. If I do not cancel it, the authorization will remain in effect for five years from the date of my signature on the previous page. I understand that I have a right to receive a copy of this authorization when it is signed.

B. Patient Marketing Consent: I would also like to receive marketing information, offers, and promotions from Mylan Pharmaceuticals Inc. regarding its products, programs, and services. I agree to be contacted by email at the email address provided on this form with such information as well as with inquiries about my opinions regarding such products, programs, and services. I understand that the personal information I supply to Mylan Pharmaceuticals Inc. will be shared with and among its business partners to provide me with information on Mylan-specific products, programs and services. I may cancel my participation at any time by calling 1.844.695.2667 or by following the opt-out instructions contained within the emails themselves.

INDICATION GLATIRAMER ACETATE INJECTION is a prescription medicine used for the treatment of people with relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

IMPORTANT SAFETY INFORMATION Do not take GLATIRAMER ACETATE INJECTION if you are allergic to glatiramer acetate or mannitol.
Some patients report a short-term reaction right after injecting glatiramer acetate. 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. Call your doctor right away if you have any of these symptoms and do not give yourself more injections until your doctor tells you to.

Chest pain may occur either as part of the immediate post-injection reaction or on its own. This pain usually only lasts 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.

A permanent indentation under the skin (lipoatrophy and, rarely, death of your skin tissue also referred to as necrosis) at the injection site may occur due to local destruction of fat tissue. Be sure to follow your doctor's instruction on how to use glatiramer acetate injection and be sure to choose a different injection site each time you use glatiramer acetate injection.

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

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 accompanying full Prescribing Information, Patient Information Leaflet and Instructions for Use for GLATIRAMER ACETATE INJECTION 20 mg/mL or GLATIRAMER ACETATE INJECTION 40 mg/mL.

For more information, visit **glatirameracetate.com**.

Mylan®