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FINANCIAL SUPPORT

Teva's Shared Solutions® believes that financial matters should not get in the way of your relapsing MS treatment

Teva's **Shared Solutions®** is dedicated to helping you find affordable access to COPAXONE® therapy—we can assist you in searching for financial solutions so your financial concerns don't get in the way of starting or staying on COPAXONE®.

COPAXONE Co-pay Solutions®

Through COPAXONE Co-pay Solutions®, if eligible, your co-pay for 3-times-a-week COPAXONE® 40 mg could be lowered to \$0 per month out of pocket.† Terms and Conditions apply. Call Teva's **Shared Solutions®** for information about COPAXONE Co-pay Solutions® for daily COPAXONE® 20 mg.†



If you have insurance and would like to find out more about COPAXONE Co-pay Solutions®, call Teva's Shared Solutions today at 1-800-887-8100. Make sure you have your insurance card, prescription card, and income information available when you call.

No financial qualification and no paperwork required

If your commercial prescription insurance has recently changed, Teva's **Shared Solutions®** to see if you are eligible for COPAXONE Co-pay Solutions®

Your Case Manager: Your partner for personalized financial solutions

Your Case Manager can help you with:

Benefits investigation, to see if your plan covers Teva's COPAXONE®

FREE WELCOME KIT

Receive tools and ongoing support when you join.

TEVA'S COPAXONE®

Be Bold.

Be proactive about your prescription.

Assistance with understanding your insurance benefits and any changes that can affect your coverage

Assistance with navigating Medicare Part D

Additional support depending on your insurance coverage or financial need

Teva's Shared Solutions[®] can help you maintain access to COPAXONE[®] therapy

Let the Case Managers at Teva's **Shared Solutions[®]** help you find the financial solutions you need to start and stay on Teva's COPAXONE[®]. Whether you need help getting started on therapy, your financial situation or benefits have changed, or you may just be trying to understand federal health care policies, we can help.

No matter what your needs are, we provide free, personalized service to help you gain access to therapy as soon as possible. That way you can focus on what matters most – realizing the benefits of therapy.

Find answers to **Frequently Asked Questions** about insurance.

Hear what doctors think about Teva's **Shared Solutions[®]**.

Doctors have been compensated by Teva.

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Use:

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

IMPORTANT SAFETY INFORMATION ABOUT COPAXONE[®]

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

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 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 immediate postinjection reaction or on its own. This pain should only last a few minutes. **IMPORTANT SAFETY INFORMATION ABOUT COPAXONE[®]** (glatiramer acetate injection) [SHOW MORE](#) ▲

treatment.

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 in studies of COPAXONE® are 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 Teva's COPAXONE®.

RELAPSING MS	TEVA'S COPAXONE®	TAKING TEVA'S COPAXONE®	SHARED SOLUTIONS®	LIVING WITH MS
What is Relapsing MS?	3-times-a-week COPAXONE® 40 mg	How to Start	Financial Support	COPAXONE webTracker™
Relapsing MS Symptoms	Your COPAXONE® Prescription	Preparation	Training and Nurse Support	COPAXONE® Perspectives
Relapsing MS Diagnosis	Be Proactive About Your Prescription	Injecting with autoject® 2 for glass syringe	Educational Resources	Video Library
Relapsing MS Treatment	A Therapy With Proven Results	Injecting with the COPAXONE® Pre-filled Syringe	Virtual Health Assistant	Resources
Talk to Your Doctor	Tolerability Profile	Syringe Storage & Disposal		Travel Tips
	How Teva's COPAXONE® Works	Injection Tracking		Live Event Locator
				Teleconferences
				Insurance FAQ

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Injectons for 3-times-a-week COPAXONE® 40 mg should be at least 48 hours apart.

†Applies only to daily COPAXONE® 20 mg. Certain limits and restrictions apply.

Terms and Conditions for daily COPAXONE® include: COPAXONE Co-pay Solutions® is open to both new and existing patients who are residents of the US or Puerto Rico and who have commercial prescription insurance coverage for COPAXONE® 20 mg. The offer is not valid for patients covered in whole or in part by Medicaid, Medicare, TRICARE, or any other federal or state government pharmaceutical assistance plan or program (regardless of whether a specific prescription is covered), or by private health benefit programs that reimburse for the entire cost of prescription drugs. Use of this offer must be consistent with the terms of any drug benefit provided by a health insurer, health plan, or private third-party payor. This offer is void in Massachusetts and where otherwise prohibited by law,

††Applies only to 3-times-a-week COPAXONE® 40 mg. Certain limits and restrictions apply.

Terms and Conditions for 3-times-a-week COPAXONE® include: COPAXONE Co-pay Solutions® is open to both new and existing patients who are residents of the US or Puerto Rico and who have commercial prescription insurance coverage for COPAXONE® 40 mg. The offer is not valid for uninsured patients or patients covered in whole or in part by Medicaid, Medicare, TRICARE, or any other federal or state government pharmaceutical assistance plan or program (regardless of whether a specific prescription is covered), or by private health benefit programs that reimburse for the entire cost of prescription drugs. Use of this offer must be consistent with the terms of any drug benefit provided by a health insurer, health plan, or private third-party payor. This offer is void in Massachusetts and where otherwise prohibited by law, taxed, or restricted. No additional purchase is required. This offer is valid only at participating pharmacies and may be changed or discontinued at any time without notice. This program is not health insurance.

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