Copaxone® *(Co PAX own)*
Generic name: glatiramer acetate (gla TIR a mer, AS e tate)

**What is Copaxone®?**
Copaxone® is a random assortment of four amino acids (L-glutamic acid, L-alanine, L-tyrosine, and L-lysine). These four amino acids are found in myelin basic protein, the most common protein in myelin.

Copaxone® shifts the immune reaction away from TH1 type cells (which tend to promote autoimmune reactions) and towards TH2 type cells (which tend to block autoimmune disease). This medicine does not suppress the immune system, and patients taking it do not have an increased risk of infection.

Copaxone® slows the course of multiple sclerosis when used regularly over long periods of time. It does not improve existing symptoms and is not used to treat acute MS attacks.

**Starting on Copaxone®.**
To obtain Copaxone®, a form must be completed and faxed to the Shared Solutions® program. This program, operated by Teva Neuroscience (the manufacturer of Copaxone®), will start the process of obtaining the medication. The MS Center staff will assist with completion of these forms and getting insurance approval. It takes about 10-14 days to get insurance approval. The medication is then shipped overnight to either your home or your pharmacy (depending on insurance requirements).

After the medication arrives, those living near the Center should contact our nurse for training on how to administer the Copaxone®. Those living outside our region will have training done by visiting nurses.

Copaxone can be started at full dose without a taper.

**How should Copaxone® be taken?**
Copaxone® is given by injection under the skin.
Volume injected: 1mL (1 cc).
Needle size: 29 gauge, ½ inch length
Autoinjector: available for those who want to use it.
Frequency: There are two forms of Copaxone: 20mg every day or 40mg three times a week.
Injection site locations: Injections should be rotated among various sites. Sites include front of the thighs, back of arms, buttocks and abdomen.
Mixing: Copaxone® comes in prefilled syringes.
Laboratory tests are not needed with this medication.

**What if a dose is missed?**
For the 20mg daily version: Take the next dose as soon as you can after remembering. Do not take more than one dose in a 18 hour period.
For the 40 mg three times a week version: Take the next dose as soon as you can after remembering. Do not take more than one dose in 36 hours.

**How should Copaxone® be stored?** This medication should be refrigerated. If refrigeration is not available it may be kept at room temperature for up to 30 days.

**How supplied:** Copaxone® comes in prepackaged kits containing all needed supplies. It comes in two forms:
Prefilled syringes with 20mg each for daily use. There are 30 doses per pack.
Prefilled syringes with 40mg for three times a week use. There are 12 doses per pack.

**What are the common side effects?**
- Injection site reactions: It is common to get a red spot at the site of the injection. This is sometimes accompanied by a lump under the skin or itching. Injection site reactions can be minimized by:
  - Keep the needle and other equipment clean.
  - Rotating the sites. If particular body locations are more prone to these reactions, those sites may be removed from the rotation.
  - Some find that applying warm packs before or after the injection may help. Others find that cool packs help. Experiment to see which works best for you.
  - Set the needle depth deeper to keep the medication from reacting just beneath the skin.
  - Don’t remove the air bubble, and don’t squirt the drug out the end of the needle that you use to inject with. The medication left on the tip of the needle may track to the surface of the skin.
  - Lidocaine creams such as Emla® or Elamax® may decrease injection site pain on the surface of the skin.
  - Hydrocortisone cream may decrease the inflammation.
- Injection site bruising: This is caused by blood leaking along the needles tract. This can be minimized by applying firm pressure to the injection site for a full minute, immediately after removing the needle.
- A systemic reaction is the name given to a rare side effect that occurs immediately after an injection. About 16% of people on the medication experience this, most only once. Though frightening, the systemic reaction is not dangerous. It can include chest pain, flushing, shortness of breath, palpitations, anxiety and throat constriction. These symptoms are self-limited, usually lasting no more than 15-20 minutes. They occur within a few minutes of the injection. Those that experience this side effect should lie
down until the symptoms resolve. It is not necessary to call 911. If symptoms occur outside of the immediate injection time period, it is not likely to be a systemic reaction and 911 should then be called. Some believe that cooling the injection site with ice before the injection might minimize the risk of this reaction.

- **Lipoatrophy.** Any injection under the skin can lead to damage to the fat under the skin. This can result in a permanent depression at the site. Lipatrophy can be minimized by rotating injection sites.

**Sharps container:** Needles must be disposed of properly. We recommend using a needle clipper such as the Becton Dickinson Safe-Clip™ (www.bd.com/us/diabetes). This clips off the needles, allowing the rest of the syringe to be disposed of in the trash. Other disposal options may be available through your local solid waste disposal company.

**Company Support:**
Shared Solutions® 1-800-877-8100 Provides financial assistance, insurance assistance, information about Copaxone® and multiple sclerosis.


Insurance billing code: J1595