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2. Copaxone

Copaxone

Pronunciation: *co-PAX-own*

Generic name: [glatiramer acetate](#)

Dosage form: injection for subcutaneous use

Drug class: [Other immunostimulants](#)

Medically reviewed by [Carmen Pope, BPharm](#). Last updated on Jan 29, 2025.

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What is Copaxone?

Copaxone is used to treat relapsing forms of [multiple sclerosis](#) (MS) in adults (including clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease).

Copaxone's mechanism of action is not fully understood but may involve modification of the immune system processes that cause MS. Copaxone acts locally rather than causing broad immune suppression and contains glatiramer acetate, a combination of the acetate salts of four naturally occurring amino acids: L-glutamic acid, L-alanine, L-tyrosine, and L-lysine. These amino acids resemble the myelin protein surrounding nerve fibers. They are thought to act as a decoy to divert an immune attack away from your myelin (see [How does Copaxone work for multiple sclerosis?](#)). Copaxone will not cure MS, but it can make relapses occur less often.

Copaxone injection belongs to the drug class called immunomodulatory agents. It may also be called an immunostimulant.

Copaxone gained FDA approval on December 20, 1996. A Copaxone generic is available under the name glatiramer acetate.

Copaxone Co-Pay assistance

Commercially insured patients taking Copaxone may pay as little as \$0 with Copaxone Co-Pay Solutions. More than 70% of Copaxone patients pay less than \$10 per month out of pocket. Enrolment is through [MySharedSolutions.com](#)

The card is not valid for Medicare, Medicaid, Medigap, VA, DOD, TRICARE, and some other insurance plans.

See [Copaxone Prices, Coupons, Copay Cards & Patient Assistance](#) for more information.

Copaxone side effects

The most common side effects of Copaxone are:

- skin problems at your injection site, such as redness, lumps, pain, itching, or swelling

- rash
- shortness of breath
- flushing (vasodilation)
- chest pain.

Serious side effects and warnings

Copaxone has a Boxed Warning for serious allergic reactions that may occur minutes or years after starting this medicine.

Serious allergic reactions (anaphylactic reactions). Serious allergic reactions that may be life-threatening or lead to death may happen any time after you start using Copaxone. These reactions may happen right after your first dose up to years after starting treatment, even if you never had an allergic reaction before. Many reactions have happened within 1 hour of using Copaxone. Some signs and symptoms may be the same as those of an immediate post-injection reaction. Stop using this medicine and get emergency help right away if you have:

- widespread rash
- swelling of the face, eyelids, lips, mouth, throat, or tongue
- sudden shortness of breath, difficulty breathing, or wheezing
- uncontrolled shaking (convulsions)
- trouble swallowing or speaking
- fainting, feeling dizzy or faint.

Immediate Copaxone injection reactions. Serious side effects may happen right after or within minutes after you inject Copaxone injection at any time during your course of treatment. Call your healthcare provider right away if you have any of these immediate post-injection reaction symptoms including:

- redness to your cheeks or other parts of the body (flushing)
- breathing problems or tightness in your throat
- chest pain
- fast heartbeat
- swelling, rash, hives, or itching.

If you have symptoms of an immediate post-injection reaction, do not give yourself more injections until a healthcare provider tells you to.

Chest Pain. You can have chest pain as part of an immediate Copaxone injection reaction or by itself. This type of chest pain usually lasts a few minutes and can begin around 1 month after you start using Copaxone. Call your healthcare provider right away if you have chest pain while using Copaxone injection.

Damage to your skin. Damage to the fatty tissue just under your skin's surface (lipoatrophy) and, rarely, death of your skin tissue (necrosis) can happen when you use Copaxone. Damage to the fatty tissue under your skin can cause a "dent" at the injection site that may not go away. You can reduce your chance of developing these problems by:

- following your healthcare provider's instructions for how to use Copaxone
- choosing a different injection area each time you use Copaxone.

Liver problems. Liver problems, including liver failure, can occur with Copaxone. Call your healthcare provider right away if you have symptoms, such as:

- nausea
- yellowing of your skin or the white part of your eye
- loss of appetite
- tiredness
- bleeding more easily than normal
- dark-colored urine and pale stools
- confusion
- sleepiness.

It is not known if Copaxone is safe and effective in children aged less than 18 years. Copaxone is not approved for use by anyone younger than 18 years old.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of Copaxone. For more information, ask your healthcare provider or pharmacist. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

 [Copaxone side effects](#) (more detail)

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Before using

Do not use Copaxone if you are allergic to glatiramer, Copaxone, or any of the inactive ingredients in the injection, including [mannitol](#).

Tell your healthcare provider about all of your medical conditions, including if you:

- are pregnant or plan to become pregnant
- are breastfeeding or plan to breastfeed.

Pregnancy

It is not known if Copaxone will harm your unborn baby.

Breastfeeding

Clinically relevant levels of Copaxone are not expected to pass into breast milk, but it is not known if Copaxone affects breast milk production. Talk to your healthcare provider about the best way to feed your baby while using Copaxone.

 [Copaxone pregnancy and breastfeeding warnings](#) (more detail)

How should I use Copaxone?

Use Copaxone injection exactly as it was prescribed for you. Do not use the medication in larger amounts, or use it for

longer than recommended by your doctor. Read and carefully follow any Instructions for Use provided with your medicine. Do not use Copaxone if you don't understand all instructions for proper use. Ask your doctor or pharmacist if you have questions.

Copaxone is **injected under the skin** (this is called subcutaneously).

- You should receive your first Copaxone injection with a healthcare provider or nurse present. This might be at your healthcare provider's office or with a visiting home health nurse who will teach you how to give your Copaxone injections.
- See [Where and how should Copaxone be injected?](#).

Copaxone injections are given **either daily or 3 times per week**, depending on your dose.

- Take Copaxone out of the refrigerator and let it **reach room temperature for 20 minutes** before injecting your dose.
- Each prefilled syringe is for one use only. Throw it away after one use in a puncture-proof "sharps" container, even if there is still medicine left inside. Follow state or local laws about how to dispose of this container. Keep it out of the reach of children and pets.
- Do not use it if the medicine has changed colors or has particles in it. Call your pharmacist for new medicine.

Some glatiramer acetate products can be used with an optional compatible autoinjector. Compatible autoinjectors are supplied separately if available, but the availability of compatible autoinjectors may change with time.

- Check with your healthcare provider when you fill or refill your medicine to make sure the autoinjector you have is meant to be used with your glatiramer acetate product. Not all optional autoinjectors are meant to be used with all glatiramer acetate products. If you use the wrong autoinjector, you might not get the correct dose of your medicine. Contact the manufacturer of your glatiramer acetate product to find out if there is an autoinjector that is meant to be used with your glatiramer acetate product.

Some people receiving a Copaxone injection have had a **severe reaction**. Tell your caregiver right away if you feel anxious, warm, itchy, tingly, or have a pounding heartbeat, tightness in your throat, or trouble breathing during the injection. This type of reaction may occur even after you have been using this medicine for several months.

Call your doctor at once if you have:

- chest pain (may occur alone or with other side effects shortly after an injection); or
- hollowing or other skin changes where the injection was given.

 [Copaxone patient tips](#) (more detail)

Dosing information

Usual Adult Dose of Copaxone for Multiple Sclerosis: Copaxone 20 mg subcutaneously once a day or Copaxone 40 mg subcutaneously 3 times a week.

- When Copaxone is given 3 times a week, each dose must be separated by at least 48 hours.

Although Copaxone starts working after your first injection, it may take [6 to 9 months](#) to become fully effective and is considered a long-term treatment for MS (see [How long can you take Copaxone?](#)). In older patients, discontinuing Copaxone does not appear to make any difference to MS relapse rates (see [What happens if an MS patient stops taking](#)

Copaxone?).

 [Detailed Copaxone dosage information](#)

What happens if I miss a dose?

Use the medicine as soon as you can, but skip the missed dose if it is almost time for your next dose. Do not use two doses at one time.

What happens if I overdose?

Seek emergency medical attention or call the Poison Help line at 1-800-222-1222.

What should I avoid while using Copaxone?

Follow your doctor's instructions about any restrictions on food, beverages, or activity.

What other drugs will affect Copaxone?

Other drugs may interact with glatiramer, including prescription and over-the-counter medicines, [vitamins](#), and [herbal products](#). Tell your doctor about all your current medicines and any medicine you start or stop using.

 [Copaxone drug interactions](#) (more detail)

Does Copaxone interact with my other drugs?

Enter medications to view a detailed interaction report using our [Drug Interaction Checker](#).

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Copaxone storage

Store Copaxone prefilled syringes in the refrigerator. Do not freeze. **Throw away any syringe that has been frozen.**

If refrigeration is not available, a Copaxone prefilled syringe will keep for up to 30 days if stored at room temperature. Protect from moisture, light, and high heat.

Copaxone ingredients

Active ingredient: glatiramer acetate

Inactive ingredients: mannitol.

Available as:

- Copaxone 20 mg/mL in a single-dose prefilled syringe with a white plunger.
- Copaxone 40 mg/mL in a single-dose, prefilled syringe with a blue plunger.

Who makes Copaxone?

Teva Neuroscience, Inc., manufactures Copaxone injection.

Popular FAQ

Where and how should Copaxone be injected?



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Always consult your healthcare provider to ensure the information displayed on this page applies to your personal circumstances.


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DRUG STATUS

Availability

Rx Prescription only

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 Risk data available

CSA Schedule*

N/A Not a controlled drug

Approval History

10+ years

FDA approved 1996



User Reviews & Ratings

7.5 / 10

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