



Mandell Center Medication Protocol: Glatiramer Acetate (Copaxone, Glatopa)

Indications and Usage:

- For the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.

Assessments prior to initiating therapy:

Labwork:

- No required lab assessments prior to initiation.

Imaging:

- MRI Brain (with or without contrast per provider) to be performed in the 3 months prior or within 2 months of starting Glatiramer Acetate for relapsing-remitting patients (may also be performed at provider discretion).

*For patients transitioning from Tysabri, MRI brain with and without contrast to be performed for JCV positive patients upon discontinuing Tysabri and at 6 months after discontinuing Tysabri.

- MRI Brain (with or without contrast) to be performed at provider discretion for patients with progressive forms of MS.

Vaccinations:

- No adjustment of dosing needed. MS patients should try to avoid live attenuated vaccines where possible.

Contraception:

- Caution advised during pregnancy; inadequate human data.

Dosing:

- Injection: 20 mg/mL in single dose, prefilled syringe with white plunger, SQ only. Administer once per day.

OR

- Injection: 40 mg/mL in single dose prefilled syringe with blue plunger, SQ only. Administer three times per week and at least 48 hours apart.



Administration:

- First injection under supervision of health care professional.
- Rotate Injection sites: back of arms, abdomen, upper hips (below waist) and thighs. Prefilled syringe is single use only.

Delayed or Missed Doses:

- If you miss a dose of glatiramer, take it as soon as possible. However, if it is almost time for next dose, skip the missed dose and go back to your regular dosing schedule. Do not double doses.

Management of Medication Reaction/Side Effects:

- Immediate post injection reaction: Chest pain, palpitations, tachycardia, dyspnea, anxiety, flushing (vasodilation), constriction of throat, urticaria(hives) may occur seconds to minutes after injection and are transient and self-limiting. No treatment is needed. May occur early or later in treatment course.
- Chest pain: transient, usually occurs immediately post injection. May experience more than one episode usually 1 month after initiation.
- Lipoatrophy and skin necrosis: Rotate injection sites, do not inject into scarred or “dented “skin.

Follow-up and Monitoring:

- MRI Brain with and without contrast 6 months after initiation of Glatiramer Acetate.
- Annual MRI Brain and C-Spine without contrast (or per provider discretion).
- Initial follow-up with provider in 3 months, then every 6 months.



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Mandell Multiple Sclerosis Center

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Date

Reference: Glatiramer Acetate PI revision 9/2020