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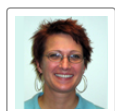
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New Copaxone Formulation Could Help Teva Retain Market Share

By [Angela Maas](#) - February 19, 2014

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With market share eroding for Teva's multiple sclerosis therapy Copaxone (glatiramer acetate), the manufacturer recently launched a new formulation of the drug that could help it retain its footing. And a somewhat different approach in pricing for the new version could seal the deal.

Copaxone was approved in 1996 with daily 20 mg/mL dosing. But the new 40 mg/mL version is administered three times a week and offers "essentially equivalent efficacy as the 20 mg dosing level," Stephen Cichy, founder and managing director at Monarch Specialty Group, LLC, tells [Specialty Pharmacy News](#). However, it also provides "a simpler dosing regimen. Injections three times per week versus daily" means "the sole focus of the new formulation is on injection fatigue."

While the original formulation will remain available, Teva has said it hopes to convert people on that drug to the newer formulation. With Copaxone's patent due to expire in May, the sooner that could happen, the better.

According to Boris Gorsh, a manager of syndicated research at Zitter Health Insights, the Wholesale Acquisition Cost (WAC) for the new Copaxone formulation is \$4,641.24 per month — a decrease from the \$5,060.33 per month Copaxone daily. Pricing the new formulation a little less than the 20 mg version "is an interesting strategy as it is cheaper than daily Copaxone, which can be related to the requirement of less syringes, but also to encourage payers to allow patients to make the switch prior to a generic version," he says.

While Teva makes the 20 mg formulation available for a \$35 copay, the company is waiving copays indefinitely for the 40 mg, which is an additional incentive for people to switch, points out David Lassen, chief clinical officer at Prime Therapeutics LLC. For payers, "Since this is a new formulation of an existing drug with similar safety and efficacy profiles, pricing will be a determining factor. The dosing advantage will also come into consideration."

What do you think of this Teva strategy? Can you see other drugmakers adopting it?

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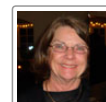
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