

Seventy percent (70%) of Payors are paying based on the new list price of Cortrosyn<sup>®</sup> as of July 1, 2003. The Centers for Medicare and Medicaid Services (CMS) will reimburse based on the new AWP as of January 1, 2004. If you are still reimbursed based on the old AWP, you may contact Jacob Liawatidewi, Amphastar Senior Director of Marketing, at 800-423-4136 ext 5259 or by email at [JacobL@Amphastar.com](mailto:JacobL@Amphastar.com) to facilitate updating the Third Party Payor reimbursement. A copy of your invoice for the purchase of Cortrosyn<sup>®</sup> may be required to accompany your bill and you may be asked to follow the appeals process outlined by the Third Party Payor.

The following codes must be listed separately, as appropriate, on your claim. Be sure to use the quantity of medication in number of units.

J0835: Cosyntropin per 0.25 mg

90782: Therapeutic, prophylactic or diagnostic injection (specify material injected);  
subcutaneous or intramuscular

90784: Intravenous

**OLD**

Manufactured by Organon  
NDC # 0052-0731-12  
AWP Price \$19.20 per vial without diluent

**NEW**

Distributed by AmphaStar Pharmaceuticals, Inc.  
NDC #0548-5900-00  
AWP Price \$88.82 per vial without diluent  
List Price \$71.05 per vial without diluent  
\$710.50 per box (10 vials)

Amphastar's price change is due to acquisition costs and royalties.

Distributor of Cortrosyn<sup>®</sup> (cosyntropin) for Injection is a sterile lyophilized powder in vials containing 0.25 mg of Cortrosyn<sup>®</sup> and 10 mg of mannitol to be reconstituted with 1 mL of 0.9% Sodium Chloride Injection, USP as of July 1, 2003 (may also be purchased from major Pharmaceutical suppliers):

Amphastar Pharmaceuticals, Inc.

11570 6th Street

Rancho Cucamonga, California 91730

Telephone: (800) 423-4136

Fax: (909) 980-8296

Email: [info@amphastar.com](mailto:info@amphastar.com)

Contacts: Melissa Kelly, Sales Manager 1-800-423-4136 ext 5312  
Jacob Liawatidewi, Senior Director of Marketing 1-800-423-4136 ext 5259