AURLUMYN®
(iloprost) Injection

AURLUMYN Ordering, Pricing, and Distribution Product Fact Sheet

AURLUMYN—the first and only FDA-approved treatment option for severe frostbite in adults to reduce the risk of digit amputations[1,2]

Effectiveness was established in young, healthy adults who suffered frostbite at high altitudes

Established name: Iloprost injection, for intravenous use[1]

Website: AURLUMYN.com

Supplied and marketed by: BTG International Inc., a SERB Pharmaceuticals Company | SERB.com

24-hour medical information: 1-877-377-3784 | serbmedinfo@serb.com

Customer service: 1-844-293-0007

Product information and pricing			
Product information	**NDC number for ordering[1]**	**How supplied[1]**	**Sale quantity[1]**
	11-digit Carton and Vial: 50633-0340-01 **10-digit Carton and Vial:** 50633-340-01	Carton containing a clear, colorless sterile solution supplied as 100 mcg per mL in a single-dose glass vial	1 vial (per carton)
Pricing	WAC[3]: $5500 per vial **NOTE:** AURLUMYN pricing as of October 1, 2025. Please confirm the current pricing with your SERB Representative.		

INDICATIONS AND USAGE

AURLUMYN is a prostacyclin mimetic indicated for the treatment of severe frostbite in adults to reduce the risk of digit amputations. Effectiveness was established in young, healthy adults who suffered frostbite at high altitudes.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions

- AURLUMYN may cause symptomatic hypotension. Correct hypotension prior to administration of AURLUMYN. Monitor vital signs while administering AURLUMYN.

FDA, US Food and Drug Administration; NDC, National Drug Code; WAC, wholesale acquisition cost.

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New Technology Add-On Payment (NTAP) Details		
NTAP ICD-10-PCS codes	**Codes**[4]	**Descriptions**[4]
	XW033QB	Introduction of Iloprost into Peripheral Vein, Percutaneous Approach, New Technology Group 11
	XW043QB	Introduction of Iloprost into Central Vein, Percutaneous Approach, New Technology Group 11
NTAP payment amount	The lesser[4]: 1. 65% of the cost of AURLUMYN, or 2. 65% of the amount by which the total covered costs of the case exceed the MS-DRG payment The maximum payment is $28,600* per admission. *The current NTAP estimated maximum payment of $28,600 was based on an estimated cost of $44,000 per patient, assuming the use of 8, single-use 100 mcg per mL vials (1 per day over 8 days) at a cost of $5500 per vial. If the total covered costs of the case do not exceed the MS-DRG payment, then no additional payment is made for the admission.	
Product J-code	**Coding System**	**Code and Description**
	HCPCS[5]	J1749 Injection, iloprost, 0.1 mcg
Effective date	• October 1, 2025[4,6] • CMS will provide add-on payments through FY 2028	

Ordering and distribution information	
Ordering information	AURLUMYN is available through specialty distribution. Please see the specialty distributor listed below.
Distribution	**ASD Healthcare** 1-800-746-6273 **Cardinal Health SPD** 1-855-855-0708 **FFF Enterprises Inc.** 1-800-843-7477 **McKesson Plasma and Biologics, LLC** 1-877-625-2566 Please see AURLUMYN.com for up-to-date distribution information.

IMPORTANT SAFETY INFORMATION (cont'd)

Adverse Reactions

- Adverse events reported with the use of intravenous (IV) iloprost in patients with frostbite include headache, flushing, palpitations/tachycardia, nausea, vomiting, dizziness, and hypotension.

Use in Specific Populations

- Advise women not to breastfeed during treatment with AURLUMYN.
- The safety and efficacy of AURLUMYN in pediatric patients have not been established.
- Dosage adjustment is recommended in patients with moderate or severe hepatic impairment.
- In patients with eGFR <30 mL/min, dosage adjustment can be considered based on tolerability. The effect of dialysis on the clearance of AURLUMYN has not been evaluated.

CMS, Centers for Medicare & Medicaid Services; ICD-10-PCS, International Classification of Diseases, 10th Revision, Procedure Coding System; MS-DRG, Medicare Severity Diagnosis Related Group; SPD, Specialty Pharmaceutical Distribution.

Please see Indications and Important Safety Information on page 4 and full Prescribing Information for AURLUMYN.

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Key product and packaging information			
Dimensions and weight	**Carton dimensions**[7]	**Package quantity**[1]	**Carton weight**[7]
	1.35 in x 1.40 in x 2.85 in	1 vial (per carton)	0.035 lb
Storage and handling	• Unopened vials of AURLUMYN are stable until the date indicated on the package when stored at 20°C to 25°C (68°F to 77°F).[1] • The unopened vial should be kept in the carton and not exposed to direct sunlight. Do not freeze.[1]		
Expiration date and shelf life	AURLUMYN has a 36-month shelf life from the date of manufacture when stored at 20°C to 25°C (68°C to 77°C). The expiration date is printed on each AURLUMYN carton.[1,8]		
Dosage and administration	**Recommended dosing regimen** Administer AURLUMYN as a continuous intravenous infusion over 6 hours each day for up to a maximum of 8 consecutive days.[1] **Dosage for patients with hepatic or renal impairment** Dosage adjustment is recommended for patients with moderate or severe hepatic impairment (Child-Pugh Class B or C) and may be necessary for patients with renal impairment with eGFR <30 mL/min. Dosage adjustment can be considered based on tolerability and should follow the guidance for these patient populations in Section 2.3 and Section 2.4 of the full AURLUMYN Prescribing Information.[1] **Key dilution considerations** AURLUMYN should only be diluted using 0.9% Sodium Chloride Injection, USP. Do not dilute or mix AURLUMYN with any other parenteral medications or solutions prior to or during administration.[1] Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not use if visibly opaque particles, discoloration, or foreign particles are observed.[1] Immediately use diluted AURLUMYN infusion solution. If not used immediately, the diluted solution can be stored at room temperature (20°C to 25°C [68°F to 77°F]) for up to 4 hours. Discard any unused portion.[1] **NOTE:** These are not all the considerations and procedures for AURLUMYN dosage and administration. Please see full AURLUMYN Prescribing Information, Section 2.1, for more information.		

Product and medical information support	
Product replacement	For questions regarding replacement, please contact Customer Service at 1-844-293-0007.
Product information, adverse event reporting, and product complaints	For additional information about AURLUMYN, to report adverse events, or to file a product complaint, contact SERB Medical Information (available 24 hours). 1-877-377-3784 | serbmedinfo@serb.com

eGFR, estimated glomerular filtration rate; USP, United States Pharmacopeia.

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Indications and Important Safety Information

INDICATIONS AND USAGE

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To report suspected adverse reactions, contact BTG at 1-877-377-3784 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

References: 1. AURLUMYN® [package insert]. West Conshohocken, PA: BTG International, Inc. **2.** SERB Pharmaceuticals expands leading emergency care portfolio with acquisition of Aurlumyn® (iloprost IV) for severe frostbite. SERB Pharmaceuticals. October 21, 2024. Accessed September 25, 2025. https://serb.com/news/serb-pharmaceuticals-expands-leading-emergency-care-portfolio-with-acquisition-of-aurlumyn-iloprost-iv-for-severe-frostbite/ **3.** Data on file. Medi-Span Price Rx Pro data sheet. BTG International, Inc.; 2025. **4.** Federal Register Volume 90 No. 147: rules and regulations. Centers for Medicare and Medicaid Services. August 4, 2025. Accessed September 23, 2025. https://www.govinfo.gov/content/pkg/FR-2025-08-04/pdf/2025-14681.pdf **5.** HCPCS code for injection, iloprost, 0.1 mcg J1749. The American Academy of Professional Coders. Accessed September 24, 2025. https://www.aapc.com/codes/hcpcs-codes/J1749?srsltid=AfmBOoqoBqizGqXTRNLjbRUn4Ae2LdLljDjPplryJhLTeo6lhH0GNPb1 **6.** General schedule of rulemaking for Medicare payment systems. Centers for Medicare and Medicaid Services. September 10, 2024. Accessed September 23, 2025. https://www.cms.gov/cms-guide-medical-technology-companies-and-other-interested-parties/payment/rulemaking-schedule **7.** Data on file. AURLUMYN carton dimensions and weight. BTG International, Inc.; 2024. **8.** Data on file. REF-3409. BTG International, Inc.; May 2025.

Please see full Prescribing Information for AURLUMYN.

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