BRING THIS TO YOUR DOCTOR · GREY PEPTIDES

Tetracosactide

Also called: Cosyntropin; Cortrosyn; Synacthen; Tetracosactrin; ACTH 1-24

What it is

A synthetic 24-amino-acid ACTH fragment, approved in the US as Cortrosyn (1970) for the adrenal stimulation test, and used outside the US as Synacthen Depot.

Approval status

FDA Approved. Approved in the US as Cortrosyn (cosyntropin), NDA 016750, on April 22, 1970, now held by Amphastar, as a diagnostic agent with other tests in screening for adrenocortical insufficiency in adults and children; generic cosyntropin is also marketed (ANDA 202147, Sandoz) (Drugs@FDA via openFDA and the Cortrosyn label, read October 3, 2026).

Dosing, as printed in the page's Recommended Dosing box

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: stimulation test, adults and children 2+ **[Approved label]** Cortrosyn prescribing information, section 2 (DailyMed set 746856e9, effective January 30, 2025)	0.25 mg	Single dose	Once	Intravenous or intramuscular
Label: stimulation test, birth to under 2 years **[Approved label]** Cortrosyn prescribing information, section 2 (DailyMed set 746856e9, effective January 30, 2025)	0.125 mg	Single dose	Once	Intravenous or intramuscular

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 17 human studies carded on the page (18 study cards in all):

• **Depot vs prednisolone for infantile spasms** (Human, 2023). Among 126 infants in a prospective analysis embedded in the ICISS trial, spasms had stopped on days 13 to 14 in 76% on tetracosactide depot and 67% on prednisolone, not a significant difference; development scores and later epilepsy rates also did not differ significantly. **PMID 36621063**

• **How the short Synacthen test is used** (Human, 2024). Among 363 patients tested in Queensland public hospitals in 2020, the suspected cause of adrenal insufficiency was unclear in 46% of requests, morning cortisol was checked first in only 69%, more than one in six tests could have been avoided, and 6.1% had a documented adverse event. **PMID 38660891**

• **Cosyntropin vs vigabatrin, randomised** (Human, 2022). In an underpowered trial of 34 children with new infantile spasms, spasms and the abnormal EEG resolved by day 14 in 75% on cosyntropin injectable suspension, 11% on vigabatrin and 38% on both. Adverse events occurred in 86% overall, with no difference between arms. **PMID 35044272**

Interactions

From the FDA label's drug-interaction section (Amphastar. CORTROSYN (cosyntropin) for injection, US prescribing information, section 7. DailyMed version effective January 30, 2025, read October 5, 2026):

• With glucocorticoids and spironolactone: may falsely raise plasma cortisol; stop on the day of testing (longer for long-acting glucocorticoids) (FDA label)

• With oestrogen-containing drugs: may raise total plasma cortisol; stop 4 to 6 weeks before testing (FDA label)

Side effects and cautions

Reported side effects	Contraindications and cautions
• Adverse events in about 6% of short Synacthen tests in one hospital audit • Serious reactions, most often infection, during hormonal treatment of infantile spasms	• Hypersensitivity reactions • Diagnostic inaccuracies: glucocorticoids, spironolactone and other factors can distort results

Five questions to ask

1. Is Tetracosactide right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Tetracosactide? This sheet lists the interactions on record.
3. Which side effects should make me stop and call you, for example adverse events in about 6% of short synacthen tests in one hospital audit?
4. Do any of the cautions on this sheet apply to me, such as: Hypersensitivity reactions?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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