Kimyrsa — HCPCS J2406 · Oritavancin

CARECOST ESTIMATE · BILLING CHEAT SHEET

CorMedix Inc. One 1,200 mg single-dose vial Single 1-hour IV infusion **Reviewed:** Jul 14, 2026 **ASP:** Q3 2026

#1 BILLER RULE — Kimyrsa (J2406) is not Orbactiv (J2407). Same molecule, different NDC/code/price for the identical 1,200 mg dose (Kimyrsa ~53% higher / Orbactiv ~35% lower). One 1,200mg vial = Kimyrsa/J2406; three 400mg vials = Orbactiv/J2407. Confirm before billing.

HCPCS	STANDARD DOSE	INFUSION TIME	ADMIN CPT	VIAL / WASTE	PAYMENT LIMIT
J2406	1,200 mg	1 hour	96365	1,200 mg SDV	$47.409
1 unit = 10 mg	120 units, single dose	vs Orbactiv 3 hours	therapeutic IV infusion	exactly 1 vial → JZ	/10mg, Q3 2026 (ASP-based, incl. 6% add-on)

KIMYRSA VS ORBACTIV — THE J-CODE MAP

PRODUCT	HCPCS	PAYMENT LIMIT Q2'26	VIAL(S)/1,200MG	INFUSION
Kimyrsa	J2406	$47.409/10mg	One 1,200mg SDV	1 hr
Orbactiv	J2407	$29.727/10mg	Three 400mg SDVs	3 hr

Same total mg (120 units), different code & ~53% higher price for Kimyrsa. Confirm the NDC/vial count dispensed before choosing the code.

UNIT MATH — ZERO WASTE (WORKED EXAMPLE)

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1,200 mg dose → one 1,200mg vial → 120 units, 0 discard → JZ
Payment limit: 120 × $47.409 = $5,246.28 (ASP-based, incl. 6% add-on) → pt 20% ≈ $1,049.26 (absent copay card)
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Vial is sized to exactly match the labeled dose → JZ essentially always. No routine JW scenario for Kimyrsa at the standard dose.

DOSING

REGIMEN	DOSE	STATUS
ABSSSI (standard)	1,200 mg single IV, 1 hr	FDA-labeled
Osteomyelitis / PJI (sequential)	Repeat 1,200 mg doses, guideline-informed	Off-label

ADMIN CODES

CODE	WHEN
96365	1-hr IV infusion (primary code)
96413	**NOT appropriate** — not chemotherapy

ICD-10 — INDICATION ANCHORS

CODE	FOR
L03.90	Cellulitis/erysipelas (most common)
L02.91	Cutaneous abscess
L08.9	Other/major skin infection
B95.62	MRSA as documented organism
M86.x / T84.5x	Osteomyelitis / PJI (off-label)

NDC

PRODUCT	NDC (11-DIGIT)	PACKAGE
Kimyrsa	70842-0225-01	1,200 mg SDV
Orbactiv (compare)	70842-0140-03	400 mg SDV ×3

SITE OF CARE

SETTING	POS	NOTES
ED (avoidance pathway)	23	Discharge-instead-of-admit for ABSSSI
Infusion suite/office	11	1-hr infusion — efficient chair time

TOP DENIALS

1. **Wrong oritavancin code** (J2407 billed for Kimyrsa product, or vice versa)
2. Step therapy not satisfied (prior oral/IV failure undocumented)
3. Copay card applied to a government payer (commercial-only)
4. **Heparin-hold documentation missing**
5. Non-ABSSSI diagnosis without off-label rationale

IV unfractionated heparin contraindicated for 120 hours (5 days) post-dose — oritavancin artificially prolongs aPTT/PT/INR/ACT. Document the hold window at discharge.

KIMYRSA Copay Savings Program (commercial only): pt pays $50/dose; program covers remainder up to $1,000–$1,200 (materials inconsistent — confirm at enrollment, 1-844-546-9772). Separate free-drug PAP for uninsured (mutually exclusive with copay program).

Sources: FDA oritavancin/Kimyrsa PI (DailyMed, label revised Apr 2025), CMS HCPCS/ASP file Q3 2026, CMS CR 12056 (JW/JZ), AMA CPT, ICD-10-**carecostestimate.com/drugs/kimyrsa** CM FY2026, kimyrsa.com/support-programs (verified Jul 2026), cormedix.com.