

CorMedix Inc. One 1,200 mg single-dose vial Single 1-hour IV infusion Reviewed: Jul 14, 2026 ASP: Q2 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 J2406 1 unit = 10 mg	STANDARD DOSE 1,200 mg 120 units, single dose	INFUSION TIME 1 hour vs Orbactiv 3 hours	ADMIN CPT 96365 therapeutic IV infusion	VIAL / WASTE 1,200 mg SDV exactly 1 vial → JZ	MEDICARE ASP+6% \$46.34 /10mg, Q2 2026 (~\$43.72 ASP)
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KIMYRSA VS ORBACTIV — THE J-CODE MAP

PRODUCT	HCPCS	ASP Q2'26	VIAL(S)/1,200MG	INFUSION
Kimyrsa	J2406	\$43.719/10mg	One 1,200mg SDV	1 hr
Orbactiv	J2407	\$28.567/10mg	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.

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)

UNIT MATH — ZERO WASTE (WORKED EXAMPLE)

1,200 mg dose → one 1,200mg vial → 120 units, 0 discard → JZ
Drug cost: 120 × \$43.719 = \$5,246.28 (ASP)
ASP+6% allowed ≈ \$5,561.06 → pt 20% ≈ \$1,112.21 (absent copay card)

Vial is sized to exactly match the labeled dose → JZ essentially always. No routine JW scenario for Kimyrsa at the standard dose.

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

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

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

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 Q2 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.