ICD-10 diagnostic codes consistent with the KIMYRSA™ (oritavancin) Indication

Kimyrsa™ (oritavancin) for injection 1,200 mg

ICD-10-CM Diagnosis Codes	Diagnosis
Staphylococcus	
A49.01	Methicillin susceptible *staphylococcus aureus,* unspecified site
A49.02	Methicillin resistant *staphylococcus aureus* infection, unspecified site
B95.62	*Staphylococcus aureus* as the cause of diseases classified elsewhere (methicillin resistant)
B95.61	*Staphylococcus aureus* as the cause of diseases classified elsewhere (methicillin susceptible)
B95.8	Unspecified *staphylococcus* as the cause of diseases classified elsewhere
Streptococcus	
A49.1	*Streptococcus* infection, unspecified site
B95.0–B95.2, B95.4	*Streptococcus*, as the cause of disease classified elsewhere
Other infections	
A46	Erysipelas
L08.0–L08.1, L08.81–L08.89, L08.9	Other local infections of skin and subcutaneous tissue
Cellulitis	
L03.211	Cellulitis of face
K12.2	Cellulitis and abscess of mouth
H05.011–H05.019	Cellulitis of orbit, abscess of orbit
H60.10–H60.13	Cellulitis of external ear
J34.0	Cellulitis and abscess of external nose
L03.221	Cellulitis of neck
L03.113–L03.114	Cellulitis of upper limb
L03.111–L03.114	Cellulitis of axilla and upper limb
L03.011–L03.019	Cellulitis of finger
N61	Inflammatory disorders of breast (includes cellulitis/abscess breast)
L03.311–L03.316, L03.319	Cellulitis of trunk
L03.317	Cellulitis of buttock
L03.119	Cellulitis of unspecified part of limb
L03.115–L03.116	Cellulitis of lower limb
N48.22	Cellulitis of corpus cavernosum and penis
L03.031–L03.039	Cellulitis of toe
L03.811–L03.818	Cellulitis of other sites
L03.90	Cellulitis, unspecified

INDICATION AND USAGE

KIMYRSA™ (oritavancin) is indicated for the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused or suspected to be caused by susceptible isolates of the following Gram-positive microorganisms: *Staphylococcus aureus* (including methicillin-susceptible [MSSA] and -resistant [MRSA] isolates), *Streptococcus pyogenes, Streptococcus agalactiae, Streptococcus dysgalactiae, Streptococcus anginosus group* (includes *S. anginosus, S. intermedius,* and *S. constellatus*), and *Enterococcus faecalis* (vancomycin-susceptible isolates only).

To reduce the development of drug-resistant bacteria and maintain the effectiveness of KIMYRSA™ and other antibacterial drugs, KIMYRSA™ should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

Please see reverse for Important Safety Information.

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ICD-10 diagnostic codes (continued)

Abscess	
L02.01	Cutaneous abscess of face
H00.031–H00.039	Abscess and furuncle of eyelid
H60.00–H60.03	Abscess of external ear
K12.2	Submandibular abscess
L02.11	Cutaneous abscess of neck
L02.411–L02.414	Cutaneous abscess of axilla and upper limb
L02.511–L02.519	Cutaneous abscess of hand
L02.211–L02.219	Cutaneous abscess of trunk
L02.31	Cutaneous abscess of buttock
L02.419	Cutaneous abscess of limb, unspecified
L02.415–L02.416	Cutaneous abscess of lower limb
L02.611–L02.619	Cutaneous abscess of foot
N48.21	Abscess of corpus cavernosum and penis
N76.4	Abscess of vulva
K61.0–K61.4	Abscess of anal and rectal regions
L02.811–L02.818	Cutaneous abscess of other sites
L02.91	Cutaneous abscess, unspecified

Furuncle	
L02.02	Furuncle of face
L02.12	Furuncle of neck
L02.421–L02.424	Furuncle of axilla, upper limb
L02.521–L02.529	Furuncle of hand
L02.221–L02.229	Furuncle of trunk
L02.32	Furuncle of buttock
L02.429	Furuncle of limb, unspecified
L02.425–L02.426	Furuncle of lower limb
L02.621–L02.629	Furuncle of foot
L02.821–L02.828	Furuncle of other sites
L02.92	Furuncle, unspecified

Carbuncle	
L02.03	Carbuncle of face
J34.0	Carbuncle and furuncle of external nose
L02.13	Carbuncle of neck
L02.431–L02.434	Carbuncle of axilla, upper limb
L02.531–L02.539	Carbuncle of hand
L02.231–L02.239	Carbuncle of trunk
L02.33	Carbuncle of buttock
L02.439	Carbuncle of limb, unspecified
L02.435–L02.436	Carbuncle of lower limb
L02.631–L02.639	Carbuncle of foot
L02.831–L02.838	Carbuncle of other sites
L02.93	Carbuncle, unspecified

This resource identifies diagnosis codes that are likely to be most relevant to healthcare provider claims for the administration of KIMYRSA™. Billing and coding information is illustrative and is not intended to assist providers in obtaining reimbursement for any specific claim.

Healthcare providers are responsible for selecting appropriate codes for in the submission of claims consistently with health plan requirements and applicable standards of care. Actual clinical diagnosis and coding should be done to the highest level of specificity based on the patient's condition and the items and services that are actually furnished.

IMPORTANT SAFETY INFORMATION

Contraindications

Use of intravenous unfractionated heparin sodium is contraindicated for 120 hours (5 days) after KIMYRSA™ administration because the activated partial thromboplastin time (aPTT) test results may remain falsely elevated for approximately 120 hours (5 days) after KIMYRSA™ administration.

KIMYRSA™ is contraindicated in patients with known hypersensitivity to oritavancin products.

Warnings and Precautions

Coagulation test interference: Oritavancin has been shown to artificially prolong aPTT for up to 120 hours, and may prolong PT and INR for up to 12 hours and ACT for up to 24 hours. Oritavancin has also been shown to elevate D-dimer concentrations up to 72 hours. For patients who require aPTT monitoring within 120 hours of KIMYRSA™ dosing, consider a non-phospholipid dependent coagulation test such as a Factor Xa (chromogenic) assay or an alternative anticoagulant not requiring aPTT.

Serious hypersensitivity reactions, including anaphylaxis, have been reported with the use of oritavancin products including KIMYRSA™. Discontinue infusion if signs of acute hypersensitivity occur. Closely monitor patients with known hypersensitivity to glycopeptides.

Infusion Related Reactions: Infusion reactions characterized by chest pain, back pain, chills and tremor have been observed with the use of oritavancin products (e.g. KIMYRSA™), including after the administration of more than one dose of oritavancin during a single course of therapy. Stopping or slowing the infusion may result in cessation of these reactions.

Clostridioides difficile-associated diarrhea: Evaluate patients if diarrhea occurs.

Concomitant warfarin use: Oritavancin has been shown to artificially prolong PT/INR for up to 12 hours. Patients should be monitored for bleeding if concomitantly receiving KIMYRSA™ and warfarin.

Osteomyelitis: Institute appropriate alternate antibacterial therapy in patients with confirmed or suspected osteomyelitis.

Prescribing KIMYRSA™ in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of development of drug-resistant bacteria.

Adverse Reactions

The most common adverse reactions (≥3%) in patients treated with oritavancin products were headache, nausea, vomiting, limb and subcutaneous abscesses, and diarrhea. The adverse reactions occurring in ≥2 patients receiving KIMYRSA™ were hypersensitivity, pruritus, chills and pyrexia.

Please see accompanying Full Prescribing Information.

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