Kimyrsa™ (oritavancin) for injection 1,200 mg

APPROACH ABSSSI* DIFFERENTLY

How single-dose KIMYRSA can benefit your patients and help reduce healthcare burden[1-4]

*INDICATION AND USAGE

Both KIMYRSA® and ORBACTIV® are oritavancin products that are 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 methicillin-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).

IMPORTANT SAFETY INFORMATION

Contraindications

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

Oritavancin products are contraindicated in patients with known hypersensitivity to oritavancin.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

MEANINGFUL DIFFERENCES IN ABSSSI TREATMENT[1,5-12]

KIMYRSA® (oritavancin) is the advanced formulation of oritavancin that can cure ABSSSI with a single dose[1,5]

KIMYRSA is administered as a single 1,200-mg infusion[1]

Vancomycin treatment:

up to 20 infusions[5,6]

Daptomycin treatment:

up to 14 infusions[7]

KIMYRSA:

a single, 1-hour infusion[1]

KIMYRSA simplifies and streamlines ABSSSI treatment for you and your patients:

- Administration in **multiple care settings** with **no hospital stay required**[8]
- **Freedom** from PICC lines[9]
- **No dosing adjustments** based on age, weight, or mild-to-moderate renal or hepatic impairment[1]
- The only long-acting lipoglycopeptide with **1-vial preparation**[1]

Recommended dosage for KIMYRSA is a single 1,200-mg dose administered by intravenous infusion over 1 hour in patients 18 years and older. One KIMYRSA 1,200-mg single-dose vial must be reconstituted in sterile water for injection (WFI) and then diluted with 0.9% sodium chloride injection or 5% dextrose in water (D5W) to prepare a single 1,200-mg intravenous dose.[1]

ABSSSI, acute bacterial skin and skin structure infections; PICC, peripherally inserted central catheter.

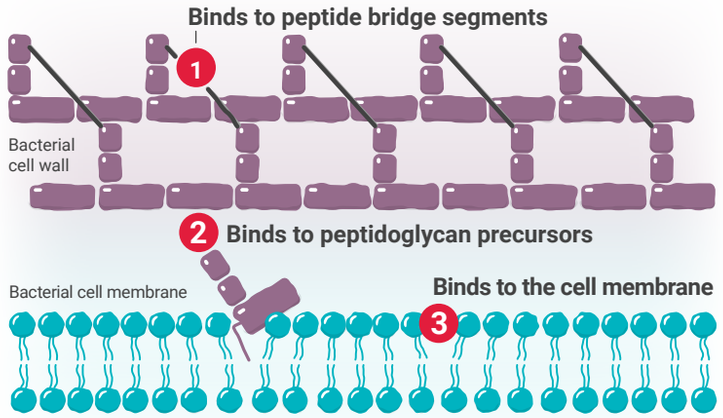
IMPORTANT SAFETY INFORMATION (cont)

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 oritavancin dosing, consider a non-phospholipid dependent coagulation test such as a Factor Xa (chromogenic) assay or an alternative anticoagulant not requiring aPTT.

KIMYRSA is the only 1-hour ABSSSI antibiotic infusion with 3 MOAs for a powerful bactericidal effect[1,10,11]*

KIMYRSA triple MOA[11]



1. Inhibition of the transpeptidation (cross-linking) step of cell wall biosynthesis[1]
2. Inhibition of the transglycosylation (polymerization) step of cell wall biosynthesis[1]
3. Disruption of bacterial membrane integrity, leading to depolarization, permeabilization, and cell death[1]

Other commonly prescribed antibiotics for ABSSSI rely mainly on a single MOA*

	Transpeptidation	Transglycosylation	Disrupts bacterial membrane integrity
KIMYRSA[1]	✓	✓	✓
DALBAVANCIN[12]	✓		
VANCOMYCIN[10,11]		✓	
DAPTOMYCIN[7]			✓

***In vitro activity does not necessarily correlate to clinical efficacy.**

MOA, mechanism of action.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

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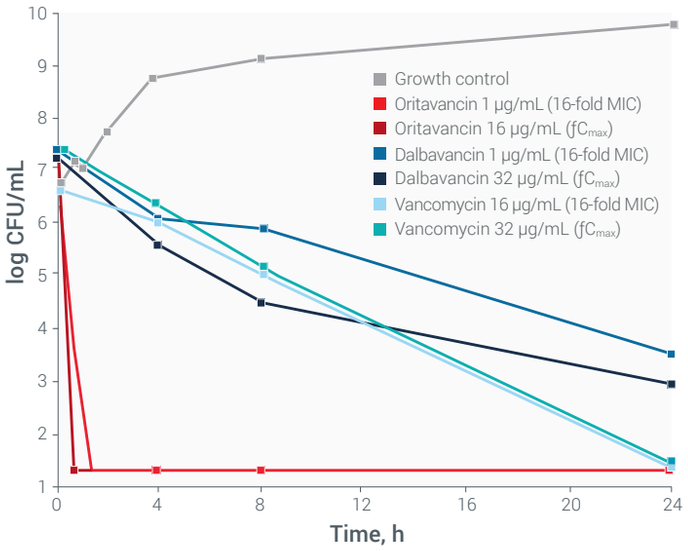
RAPID BACTERICIDAL ACTION[13,14]

The triple MOA of oritavancin leads to more rapid bactericidal activity in vitro[13]*

Bacterial burden over time, oritavancin vs dalbavancin and vancomycin[13]



- Killing of MRSA isolate (ATCC 43300) by oritavancin was rapid, with bactericidal activity **within 1 hour**[13†]
- In contrast, the bactericidal activities of dalbavancin and vancomycin occurred more slowly over the 24-hour period[13†]
- The **rapid concentration-dependent bactericidal activity** of oritavancin results from its **unique triple mechanism of action.** The time-dependent bactericidal activity of dalbavancin and vancomycin results from a single mechanism of action[13]

***ORBACTIV® (oritavancin) has head-to-head clinical trial data versus vancomycin only. In vitro activity does not necessarily correlate to clinical efficacy.**

†Bactericidal activity defined as a ≥3-log reduction in bacterial viability at 24 hours (or earlier, as indicated), relative to the starting inoculum.[13]

CFU, colony-forming units; C_{max}, maximum concentration; MIC, minimal inhibitory concentration.

IMPORTANT SAFETY INFORMATION (cont)

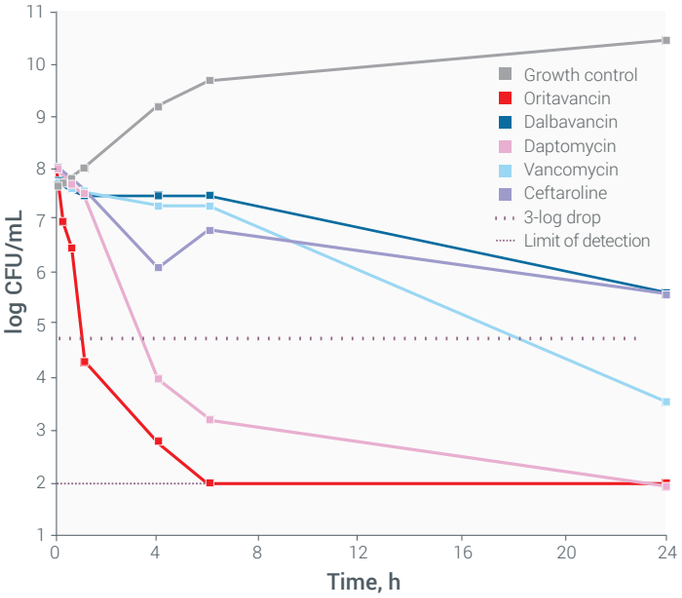
Warnings and Precautions (cont)

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

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

Rapid bactericidal activity achieved even at high inoculum density[14]*

Oritavancin was the only antibiotic achieving rapid and consistent bactericidal activity at high inoculum density[14‡]



- At the high inoculum density, oritavancin was **the only tested agent that demonstrated rapid bactericidal activity** (0.25-1 hour) against both MSSA and MRSA, consistent with that observed against a standard inoculum density[14]
  - Oritavancin achieved the 3-log kill within 1 hour against MRSA NRS384 (USA 300) compared to daptomycin by 4 hours[14]
  - The activity of the other evaluated agents was largely bacteriostatic[14]
- **Maintaining bactericidal activity** at high inoculum density may be relevant in the context of staphylococcal infections where dense foci of pathogens may be present locally[14]

‡High inoculum density was approximately 7.5 x 10^7 CFU/mL.[14]

MRSA, methicillin-resistant *Staphylococcus aureus*; MSSA, methicillin-susceptible *Staphylococcus aureus*.

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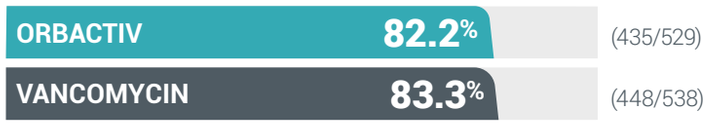
PROVEN CLINICAL EFFICACY VS VANCOMYCIN[5]

The efficacy and safety of KIMYRSA® (oritavancin) has been established from adequate and well-controlled trials of another oritavancin product, ORBACTIV® (oritavancin), in patients with ABSSSI. Safety is also supported by a PK study of KIMYRSA in patients with ABSSSI.

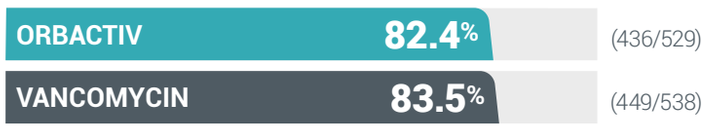
In the SOLO I and SOLO II clinical trials, oritavancin demonstrated efficacy comparable to vancomycin*

Primary endpoint: Early clinical response rates at 48 to 72 hours†



Secondary endpoint: Reduction in lesion size at 48 to 72 hours‡

Secondary endpoint: Clinical success rates at days 14 to 24§



Study design: Two global, multicenter, randomized, double-blind studies comparing the efficacy, safety, and noninferiority of single-dose intravenous ORBACTIV vs intravenous vancomycin for 7 to 10 days in 1,959 adults with ABSSSIs (oritavancin, 978; vancomycin, 981).

*Whereas the modified intent-to-treat (mITT) population included all randomized patients who received any study drug and was used to determine the primary efficacy endpoint in each study, the main patient population for these analyses was the microbiologically ITT population, which consisted of the subset of patients within the mITT population with baseline gram-positive pathogen(s) known to cause ABSSSI.

†Early clinical response defined as a composite of the cessation of spread or reduction in size of baseline lesion, absence of fever, and no rescue antibacterial drug at 48 to 72 hours.

‡Patients achieving a ≥20% reduction in lesion area from baseline at 48 to 72 hours after initiation of therapy.

§Investigator-assessed clinical success at days 14 to 24, defined as complete or nearly complete resolution of baseline signs and symptoms related to the primary ABSSSI site such that no further treatment with antibacterial drugs was needed.

PK, pharmacokinetic.

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Infusion related reactions: Infusion reactions characterized by chest pain, back pain, chills and tremor have been observed with the use of oritavancin products, 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.

THE WELL-ESTABLISHED SAFETY PROFILE OF ORITAVANCIN[15]

Most commonly reported adverse reactions in the pooled ABSSSI clinical trials‖

Pooled SOLO trials adverse reactions	ORBACTIV (N=976), n (%)	Vancomycin (N=983), n (%)
Gastrointestinal disorders		
Diarrhea	36 (3.7)	32 (3.4)
Nausea	97 (9.9)	103 (10.5)
Vomiting	45 (4.6)	46 (4.7)
Nervous system disorders		
Dizziness	26 (2.7)	26 (2.6)
Headaches	69 (7.1)	66 (6.7)
General disorders and administration		
Infusion site phlebitis	24 (2.5)	15 (1.5)
Infusion site reaction	19 (1.9)	34 (3.5)
Infections and infestations		
Abscess (limb and subcutaneous)	37 (3.8)	23 (2.3)
Investigations		
Alanine aminotransferase increased	27 (2.8)	15 (1.5)
Aspartate aminotransferase increased	18 (1.8)	15 (1.5)
Cardiac disorders		
Tachycardia	24 (2.5)	11 (1.1)

Safety population (N=1,959); all patients who received the assigned study drugs. The most commonly reported serious adverse reaction was cellulitis in both treatment groups (ORBACTIV, 1.1%; vancomycin, 1.2%).

‖≥1.5% of patients receiving ORBACTIV.

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HELP YOUR ABSSSI PATIENTS LEAVE THE HOSPITAL BEHIND

Limitations of multiday IV antibiotics

High rates of hospitalization[16]

42% of patients admitted solely to receive IV antibiotics*

~1 in 30 hospitalized ABSSSI patients acquired at least 1 nosocomial infection[17†]

Prolonged, costly hospital stays[3,5,7,18‡]

Vancomycin: 7-10 days[5]
Daptomycin: 7-14 days[7]
Inpatient cost per day: ~$2,000[3,18]

Half of all employed patients missed up to a week of work to receive treatment[19§]

Elevated readmission risk[20]

~12% national 30-day readmission rate related to skin infections

Benefits of 1-dose oritavancin[‖]

Decrease admissions[2,8,21]

Prescribe in any convenient outpatient setting:

In the hospital	Outside the hospital
• ED	• Freestanding infusion center
• Observation unit	• Physician's office
	• Patient's home

83.9% of ABSSSI patients were interested in single-dose IV antibiotic therapy to help avoid hospitalization[19§]

Shorten hospital stays[3]

Reduced LOS by >2 days with discharge to an outpatient infusion center or the patient's home[¶]

Reduce readmissions[2,22-24]

Help keep patients from returning with consistently low infection-related 30-day readmission rates of 0%-3.6%[#]

Oritavancin can benefit patients and help reduce healthcare burden through significant reductions in hospitalization, LOS, and readmissions[2,3,22-24]

*In a prospective study of 619 patients presenting with serious skin infections.[16]
†In a 2015 survey of 199 hospitals.[17]
‡Average length of stay is 5 days.[18]
§Results from a multicenter noninterventional survey of 94 patients with ABSSSIs conducted from 2016 to 2017.[19]
ED, emergency department.

‖Studies conducted with patients receiving ORBACTIV.[2,3,8,21-24]
¶Results from a real-world, retrospective, descriptive cohort study of 199 patients.[3]
#Results from 4 distinct retrospective studies comprised of a combined 611 patients.[2,22-24]
IV, intravenous; LOS, length of stay.

IMPORTANT SAFETY INFORMATION (cont)
Warnings and Precautions (cont)

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 oritavancin products and warfarin.

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

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IDENTIFY POTENTIAL KIMYRSA PATIENTS

1-dose, 1-hour KIMYRSA® (oritavancin) may benefit the ABSSSI patient types commonly seen in clinical practice, including those with[1,2,25,26]:

Moderate-to-severe, non-life-threatening infections[25,26]

In a post hoc analysis of the SOLO trials, the efficacy of ORBACTIV® (oritavancin) in patients categorized as Eron Class II or III was consistent with the overall trial population.[25]

Eron Class II characteristics[25]	Eron Class III characteristics[25]
Febrile and ill appearance	Toxic appearance
No unstable comorbidities	≥1 unstable comorbidity or a limb-threatening infection
Ideal for OPAT with no hospitalization required	May be quickly discharged on OPAT after initial inpatient treatment

OPAT, outpatient parenteral antimicrobial therapy.

IMPORTANT SAFETY INFORMATION (cont)

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 additional Important Safety Information throughout and accompanying Prescribing Information.

Approach ABSSSI differently

Comorbidities with increased risk of clinical failure[2]*

93% clinical success seen with oritavancin† in a retrospective, real-world study (n=112) that included patients with:

- Vascular disorders
- Diabetes
- Extreme obesity
- Advanced age
- Neoplastic disease

Adherence challenges[1,8,9,27,28]

A full course of therapy in 1 hour without a PICC line ensures adherence, which can improve outcomes for[1,9]:

- Patients with busy schedules and work commitments[9,27]
- Persons who inject drugs[9,28]
- The elderly[9,27]
- Those with transportation issues[8,9,27]
- Patients with a history of nonadherence[9]

Enhanced flexibility for patients with specific needs[1,29,30]

KIMYRSA provides:	Potentially benefiting patients with:
Optional saline dilution[1]	Dysglycemia concerns[29]
250-mL dosing[1]	Volume restriction[30]
No dosing adjustments for patients with mild-to-moderate renal or hepatic impairment[1]	Liver and/or kidney conditions[1]

***Due to their nature, retrospective studies can contain material limitations and their results should be considered in light of the entire body of available evidence, including clinical trial data.**

†Studies conducted with patients receiving ORBACTIV.[2]

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Due to their nature, retrospective studies can contain material limitations and their results should be considered in light of the entire body of available evidence, including clinical trial data.

AVOID UNNECESSARY ABSSSI HOSPITALIZATIONS[2,24]

In 2 separate, real-world studies

>97% OF PATIENTS

AVOIDED HOSPITALIZATION

when treated with ORBACTIV® (oritavancin) in an outpatient setting[2,24]

SSTI, skin and soft tissue infections.

In real-world study 1

Treatment in the ED or outpatient infusion center enabled 109/112 patients to avoid hospitalization[2]

Patients in this multicenter, multiyear, retrospective, observational study had suspected or confirmed gram-positive SSTI.[2]

In real-world study 2

Treatment in a hospital-based outpatient infusion center enabled 112/115 patients to avoid hospitalization[24]

Outpatient treatment with ORBACTIV allowed patients to avoid hospitalization at 3 sites in a 2-cohort retrospective study of 266 patients with SSTI, including MRSA. All 3 infection-related admissions were due to a gram-negative infection.[24]

Help ABSSSI patients avoid hospitalization and enhance institutional efficiency with KIMYRSA® (oritavancin).

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

Prescribing oritavancin products 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.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

Kimyrsa™ (oritavancin) for injection 1,200 mg

Due to their nature, retrospective studies can contain material limitations and their results should be considered in light of the entire body of available evidence, including clinical trial data.

REDUCE LENGTH OF STAY FOR ABSSSI PATIENTS[3,21]

In a single-center community teaching hospital's retrospective study

ORBACTIV® (oritavancin) patients spent 19.5 hours in the ED OR OBSERVATION UNIT[21]

ORITAVANCIN (n=61):

<1 DAY OF OUTPATIENT TREATMENT

VS

Multidose IV antibiotics (n=61):

3.6 DAYS IN THE HOSPITAL

This pilot evaluated the use of oritavancin in the ED or observation unit as a measure to avert hospital inpatient admissions between January 2017 and December 2017. The primary outcome was LOS, defined as the total time in hours from presentation to the ED until discharge home, including time spent in the observation or inpatient unit.[21]

In a separate, single-center, retrospective study

ORBACTIV® (oritavancin) patients experienced a >2-day REDUCTION IN HOSPITAL LOS[3]

ORITAVANCIN (n=99):

3.5 DAYS

VS

Step-down oral antibiotics (n=100):

5.6 DAYS

Admitted patients received either oritavancin (n=99) to expedite discharge or were discharged on oral step-down antibiotics (n=100).[3]

Help your ABSSSI inpatients leave the hospital sooner with KIMYRSA® (oritavancin)

IMPORTANT SAFETY INFORMATION (cont)

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.

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Please see additional Important Safety Information throughout and accompanying Prescribing Information.

Due to their nature, retrospective studies can contain material limitations and their results should be considered in light of the entire body of available evidence, including clinical trial data.

ACHIEVE CLINICAL CURE AND REDUCE READMISSIONS[2,4,18]

In a real-world, multicenter, multiyear, retrospective, observational study

ORBACTIV® (oritavancin) demonstrated:

CLINICAL SUCCESS IN ABSSSI PATIENTS, INCLUDING THOSE WITH MRSA[2]

This success was achieved in a real-world population of patients who presented with[2]:

- Vascular Disorders (55.4%)
- Extreme Obesity (30%)
- Diabetes (37.5%)
- Neoplastic Disease (17.9%)
- Advanced Age (39.3%)

While these comorbidities frequently lead to clinical failure, 103/111 patients with suspected or confirmed gram-positive SSTI who received oritavancin experienced clinical cure or improvement 7-14 days following treatment.[2]

IMPORTANT SAFETY INFORMATION (cont)

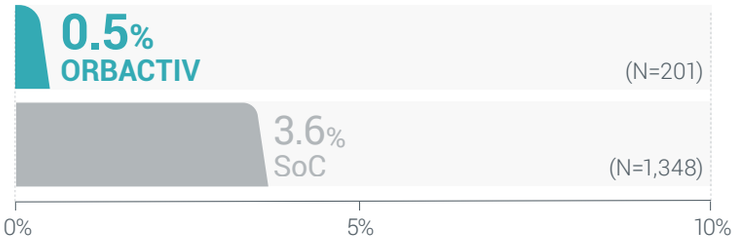
Contraindications

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

Oritavancin products are contraindicated in patients with known hypersensitivity to oritavancin.

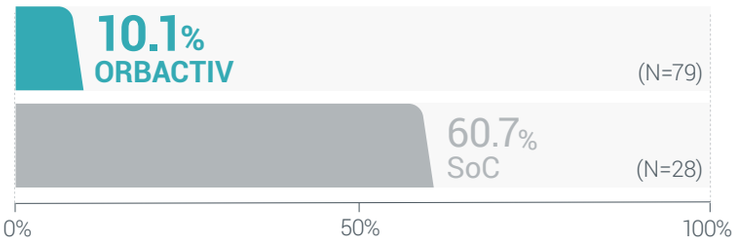
Oritavancin is the long-acting antibiotic for ABSSSI consistently shown to reduce or prevent 30-day readmissions across diverse institutions, including >80% reductions vs SoC in 2 separate real-world studies.[2,4,18,22-24]

Readmission rates at a 971-bed teaching hospital[4]



30-day readmission or admission rates from a retrospective cohort study of 1,549 patients with acute uncomplicated cellulitis.[4]

Readmission rates at a 219-bed community hospital[18]



Patients admitted after failing multiday outpatient antibiotic therapy

30-day readmission rates from a retrospective chart review of 107 patients with cellulitis and abscess.[18]

Choose KIMYRSA® (oritavancin) to help patients achieve clinical cure and leave the hospital behind

SoC, standard of care.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

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COMMON IV ANTIBIOTICS FOR ABSSSI: ADMINISTRATION PROFILES

	KIMYRSA® (oritavancin)[1]	DALVANCE® (dalbavancin)[12]	VANCOMYCIN[5,6]	DAPTOMYCIN[7]
Approved Dosing and Administration	1-time 1,200 mg infusion	1-time 1,500 mg infusion **-or-** 2-time infusion of 1,000 mg followed 1 week later by an additional infusion of 500 mg	500 mg every 6 hours **-or-** 1,000 mg every 12 hours for 7–10 days	4 mg/kg every 24 hours for 7–14 days
Reconstitution	1-vial preparation	3-vial preparation	1-vial preparation per dose (14–40 vials total)	1-vial preparation per dose (7–14 vials total)
Diluent	0.9% sodium chloride **-or-** 5% dextrose	5% dextrose	0.9% sodium chloride **-or-** 5% dextrose	0.9% sodium chloride
Intravenous Infusion Volume	250 mL	300 mL–1,500 mL	110 mL–220 mL (multiple infusions)	~55 mL–57 mL* (multiple infusions)
Infusion Time	1 hour	0.5 hours	10 mg/minute **-or-** 1 hour (whichever is longer)	30 minutes
Complete Dose Requirement	1 carton	3 cartons	1–4 cartons	7–14 cartons

*Calculation based on average adult weight of 60 kg–80 kg.

No head-to-head studies have been conducted to compare KIMYRSA with DALVANCE or daptomycin. The information on these pages is not intended to imply comparable safety or effectiveness. Consult the respective product's prescribing information for additional information, including the complete indication and important safety information.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

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 oritavancin dosing, consider a non-phospholipid dependent coagulation test such as a Factor Xa (chromogenic) assay or an alternative anticoagulant not requiring aPTT.

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ADMINISTRATION SAFETY

Infusion-related reactions (IRR) are possible with glycopeptide antibiotic therapies, including oritavancin, dalbavancin, vancomycin, and telavancin. However, certain strategies may help manage IRRs should they occur.[1,6,12,31]

IRRs are a known side effect of the glycopeptide class of antibiotics[1]

Glycopeptide infusion-related symptoms

- Upper body flushing
- Urticaria
- Pruritus
- Rash

Chest pain, back pain, chills, and tremor have also been observed with oritavancin, including after the administration of more than 1 dose during a single course of therapy.*

Well-established oritavancin tolerability profile[2,12,32]

A low incidence of IRRs and hypersensitivity has been established in a PK trial of KIMYRSA® (oritavancin) and in studies of ORBACTIV® (oritavancin).

- Oritavancin-related IRRs were typically mild, and most patients completed the full 1200-mg dose

Safety profile demonstrated in:

ORBACTIV clinical trials: 1.9% (19/976) of patients receiving oritavancin experienced IRR compared to 3.5% (34/983) of patients receiving vancomycin.[12]

PK trial: 4% (2/50) of patients receiving KIMYRSA experienced hypersensitivity or IRR compared with 3.8% (2/52) of patients receiving ORBACTIV.[32]

CHROME retrospective, real-world study: 1.8% of patients (2/112) experienced mild hypersensitivity reactions.[2]

*The safety and efficacy of multiple doses in one course is not established.

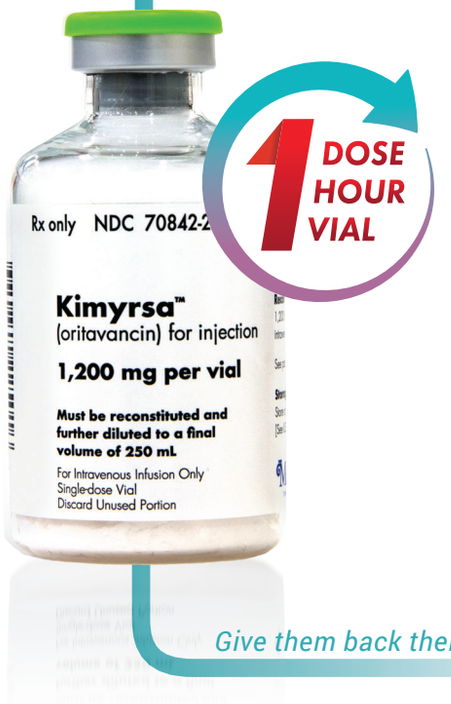
IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

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

Potential IRR management strategies[1,18]

- **Slowing or stopping the glycopeptide infusion** may lead to the cessation of these reactions[1]
- Real-world treatment protocols often include **pre-treatment with antihistamines** such as diphenhydramine to address the reported side effect of infusion-related reactions. The clinical benefit of pre-treatment has not been evaluated or established[18]



Give them back their days

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

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BROAD ACCESS FOR PATIENTS WITH ABSSSI

KIMYRSA® (oritavancin) coverage

94% OF KIMYRSA PATIENTS ARE COVERED*

Favorable access across insurance providers

KIMYRSA (J Code: J2406) is covered across most commercial insurance plans, Medicaid, Medicare Advantage, Medicare Part A and Part B, Medicare Supplement, and Veterans Administration/DOD insurance.

Nearly 40% of covered patients are treated at no out-of-pocket cost.†

*Data based on 936 claims with known outcomes through the KIMYRSA® Support Program for 2022.
†Out of pocket after copay benefit applied.

Melinta Therapeutics, LLC does not guarantee that coverage or payment will occur for any particular claim. Please consult payers for all coverage, coding & reimbursements.

COMPREHENSIVE PATIENT SUPPORT

The KIMYRSA Support Program provides a single point of contact for all your patients' benefits, claims, and reimbursement support needs

- Benefit verification
- Prior authorization support
- Coding and reimbursement information
- Claims appeals process support
- Research sources of alternate funding
- Copay savings program
- Patient assistance program

For information about the KIMYRSA Support Program, call
844-KIMYRSA (1-844-546-9772)
Monday-Friday, 8:00 AM to 8:00 PM, ET.

Learn more at KIMYRSA.com

DISCLAIMER

Content provided for informational purposes only. This information does not guarantee coverage or payment. Codes, coverage, and payment may vary from setting to setting, and from insurer to insurer. The provider submitting a claim is solely responsible for the accuracy of the codes submitted and for compliance with all coverage and reimbursement policies.

Decisions to prescribe KIMYRSA are by providers working with their patients. The KIMYRSA Support Program provides information about KIMYRSA and about assistance that may be available to patients who meet certain criteria, including that they are not insured by a federal health care program. More information is available through the KIMYRSA Support Program.

Melinta Therapeutics, LLC, does not guarantee, and assumes no responsibility for the quality, availability, or scope of the KIMYRSA Support Program services. Melinta Therapeutics, LLC, reserves the right to rescind, revoke, or amend this offer at any time without notice. Void where prohibited by law.

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

Kimyrsa™ (oritavancin) for injection 1,200 mg

IMPORTANT SAFETY INFORMATION

INDICATION AND USAGE

Both KIMYRSA® and ORBACTIV® are oritavancin products that are 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 methicillin-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 oritavancin and other antibacterial drugs, oritavancin should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

KIMYRSA® and ORBACTIV® are not approved for combination use and have differences in dose strength, duration of infusion, and preparation instructions, including reconstitution and dilution instructions and compatible diluents. Please see the full Prescribing Information for each product.

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.

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IMPORTANT SAFETY INFORMATION (cont)

Warnings and Precautions (cont)

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

Please see additional Important Safety Information throughout and accompanying Prescribing Information.

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