

# McLeod Health

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## Bezlotoxumab (Zinplava) Treatment Plan

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Weight (kg): \_\_\_\_\_ Allergies: \_\_\_\_\_

**Appropriate use criteria: The patient must meet ALL below criteria to be considered eligible for bezlotoxumab**

- At least 18 years of age
- Receiving *Clostridioides difficile* treatment with either fidaxomicin or oral vancomycin
- Has had at least 2 previous episodes of *C. difficile* infection (CDI) with most recent episode in the previous 6 months OR this is the patient's first episode of CDI and they have at least 1 risk factor for recurrent infection (risk factors for recurrence: age  $\geq$  65 years, immunocompromised, or severe CDI as defined as WBC  $>$  15,000 OR SCr  $\geq$  1.5 mg/dL)

**Diagnosis (select one ICD-10 code):**

- A04.71 Enterocolitis due to *C. difficile*, recurrent
- A04.71 Enterocolitis due to *C. difficile*, not specified as recurrent
- Other ICD 10 Code: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_

**Drug Orders:**

- Bezlotoxumab (Zinplava) (J0565) in 0.9% sodium chloride IV to infuse over 60 minutes through a low sorb 0.22 micron in-line filter
- Dose:  10 mg/kg (actual body weight) x 1 dose  
Use 100 mL NS for doses  $<$  250 mg, 250 mL NS for 250-2,500 mg, and 500 mL NS for  $>$  2,500 mg

**Lab Orders:**

- Basic metabolic panel (BMP)
- NT-pro B-Type Natriuretic Peptide (BNP)
- \_\_\_\_\_

**Standing Orders:**

- Infusion Reaction Protocol (CPOE-1396) will be activated if any hypersensitivity reaction occurs, including anaphylaxis. Infusion will be stopped and physician notified.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance/Authorization Information:**

Insurance Type: \_\_\_\_\_

Insurance Authorization Reference Number: \_\_\_\_\_

Date Obtained: \_\_\_\_\_ Authorization Valid Until: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

Fax completed Treatment Plan with authorization information to McLeod Infusion Services at the number below or call with any questions.

Florence: 843-777-6001 (Fax)

843-777-4655 (Phone)