McLeod Health

Bezlotoxumab (Zinplava) Treatment Plan

Patient Name:	: DOB:	
Weight (kg):	Allergies:	
Patient Primary	ry Phone Number:	
Appropriate us	<u>ise criteria:</u> The patient must meet <u>ALL</u> below criteria to be con	sidered eligible for bezlotoxumab
🗆 At least 18 ye	rears of age	
□ Receiving Clo	ostridioides difficile treatment with either fidaxomicin or oral va	ncomycin
OR this is the p	east 2 previous episodes of <i>C. difficile</i> infection (CDI) with most patient's first episode of CDI and they have at least 1 risk factor $g_2 \ge 65$ years, immunocompromised, or severe CDI as defined as	for recurrent infection (risk factors for
Diagnosis (sele	<u>ect one ICD-10 code):</u>	
A04.71 Enter	rocolitis due to <i>C. difficile,</i> recurrent	
A04.71 Enter	rocolitis due to C. difficile, not specified as recurrent	
Other ICD 10	0 Code: Diagnosis Description:	
Drug Orders:		
 Bezlotoxumal in-line filter 	ab (Zinplava) (J0565) in 0.9% sodium chloride IV to infuse over 6	0 minutes through a low sorb 0.22 micron
• Dose:	\Box 10 mg/kg (actual body weight) x 1 dose	
	Use 100 mL NS for doses < 250 mg, 250 mL NS for 250-2,500 r	ng, 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:

Approved: 07/2021, Last Reviewed: 01/2025

Insurance Information:

McLeod Health Loris	McLeod Health Cheraw	
McLeod Health Dillon	McLeod Health Clarendon (N	Manning)
	McLeod Health Loris	

Fax completed Treatment Plan to the McLeod Medication Access Team at 843-777-9798. For any questions, please contact our team at medicationaccessteam@mcleodhealth.org.