

## Bezlotoxumab (Zinplava™)

### Goal(s):

- To optimize appropriate prevention of recurrent *Clostridium difficile*-associated infection.

### Length of Authorization:

- One time infusion

### Requires PA:

- Bezlotoxumab (physician administered and pharmacy claims)

### Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

### Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code	
2. Does the patient have a diagnosis of <b>recurrent <i>Clostridium difficile</i></b> -associated infection (CDI)?	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; medical appropriateness
3. Is the patient currently receiving vancomycin or fidaxomicin?	<b>Yes:</b> Approve for one dose	<b>No:</b> Pass to RPh. Deny; medical appropriateness

P&T / DUR Review: 5/18(DM)  
Implementation: 6/18/18