

PHARMACY POLICY STATEMENT

Ohio Medicaid

DRUG NAME	Zinplava (bezlotoxumab)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Zinplava is a human monoclonal antibody indicated to reduce recurrence of *Clostridioides difficile* infection (CDI) in patients 18 years and older who are receiving standard of care antibacterial treatment for CDI and are at high risk for CDI recurrence. Zinplava acts by binding to *C. difficile* toxin B and neutralizing its effects. Zinplava is administered as a one-time 60-minute intravenous infusion during antibacterial treatment for CDI.

Zinplava (bezlotoxumab) will be considered for coverage when the following criteria are met:

Reduce recurrence of *Clostridioides difficile* infection (CDI)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication is prescribed by or in consultation with a gastroenterologist or infectious disease specialist; AND
3. Member has documentation of 3 or more loose stools or liquid stools within 24 hours; AND
4. Member has a positive stool test for the presence of *Clostridioides difficile* within the past 7 days; AND
5. Member is receiving standard of care antibacterial drug treatment for CDI (i.e., vancomycin, fidaxomicin, or metronidazole); AND
6. Member will receive Zinplava (bezlotoxumab) before completing antibacterial treatment for CDI; AND
7. Member meets one or more of the following criteria:
 - a. Member has documentation of one or more CDI episodes within the last 7y/.4(t)-7()64(f)-78in

DATE	ACTION/DESCRIPTION
04/25/2023	New policy for Zinplava created.