



159 Fountains Blvd. Madison, MS 39110  
Phone: 601.859.8200 Fax: 601.859.8201

**ZINPLAVA (bezlotoxumab)  
INFUSION ORDERS**

**\*\*REQUIRED INFORMATION\*\***

- This signed order form from the provider
- Patient demographics & insurance information
- Clinical/Progress Notes, Positive C-Diff test, Documentation that Patient is actively on CDI Antibiotic treatment.**

<b>Patient Name:</b>	<b>DOB:</b>
<b>Allergies:</b>	<b>Patient Phone:</b>

**Diagnosis:**

- A04.71 Enterocolitis due to Clostridium difficile, recurrent
- A04.72 Enterocolitis due to Clostridium difficile, not specified as recurrent

**ZINPLAVA ORDERS**

**Zinplava Dose**

- 10mg/kg dose administered as an IV infusion over 60 minutes Patient weight \_\_\_\_\_ kg

**Pre-Medication Orders:** Tylenol 650mg PO, *please choose one antihistamine:*

- Cetirizine 10mg PO
- Diphenhydramine 25mg PO
- Loratadine 10mg PO
- Other \_\_\_\_\_

**\*\*Patient MUST be on CDI antibiotic treatment at the time of infusion\*\***

<b>Physician Name:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>**Physician Signature:</b>	<b>Date:</b>	