I. Medication Description

Zinplava is a human monoclonal antibody that binds *C. difficile* toxin B and neutralizes its effects.

II. Position Statement

Coverage is determined through a prior authorization process with supporting clinical documentation.

III. Policy

Coverage of Zinplava is provided when one of the following conditions is met:

- Zinplava is prescribed by, or in consultation with, a practitioner specializing in Infectious Disease AND
- The member is currently receiving antibacterial drug treatment of *Clostridium difficile* infection (CDI) AND
- There is a high risk for recurrence of CDI

IV. Quantity Limitations

Coverage is authorized for a quantity sufficient to provide 10 mg/kg once.

V. Coverage Duration

Coverage is provided for one time administration of Zinplava and cannot be renewed.

VI. Coverage Renewal Criteria

n/a

VII. Billing/Coding Information

Available as 1,000 mg/40 mL solution in a single-dose vial.

- J Code: J3590
VIII. Summary of Policy Changes

- 1/1/17: new policy
- 6/21/17: no policy changes

IX. References


The Plan fully expects that only appropriate and medically necessary services will be rendered. The Plan reserves the right to conduct pre-payment and post-payment reviews to assess the medical appropriateness of the above-referenced therapies.

The preceding policy applies only to members for whom the above named pharmacy benefit medications are included on their covered formulary. Members with closed formulary benefits are subject to trying all appropriate formulary alternatives before a coverage exception for a non-formulary medication will be considered.

The preceding policy is a guideline to allow for coverage of the pertinent medication/product, and is not meant to serve as a clinical practice guideline.