

Ibandronate (Boniva)

Provider Order Form rev. 01/02/2024

PATIENT INFORMATION

Referral Status: New Referral Updated Order Order Renewal

Patient Name: _____ DOB: _____ Patient Phone: _____

Patient Address: _____ Patient Email: _____

Allergies: _____ NKDA Weight (lbs/kg): _____ Height (in/cm): _____

Sex: M / F Date of Last Infusion: _____ Next Due Date: _____ Preferred Location: _____

DIAGNOSIS (Please provide ICD-10 code in space provided)

Postmenopausal Osteoporosis: _____

Baseline Serum Creatine: _____ Date of last serum creatinine: _____

THERAPY ADMINISTRATION

Administer Ibandronate 3mg/3ml every 3 months IV over 15-30 seconds.

ADDITIONAL ORDERS

LABORATORY ORDERS

Obtain serum creatinine and calcium level within 14 days prior to each infusion

PRE-MEDICATION ORDERS

- Tylenol 500mg / 650mg PO
 Loratadine 10mg PO
 Pepcid 20mg PO / IVP
 Benadryl 25mg / 50mg PO / IVP
 Solumedrol 40mg / 125mg IVP
 Other: _____

NURSING

- Hold infusion and notify provider for:
- Hypocalcemia
 - Creatinine clearance (calculated using Cockcroft-Gault equation) less than 30 mL/min.
 - Jaw, thigh or groin pain or a history of severe bone, muscle or joint pain following Boniva treatments.
 - Recent or planned invasive dental work
- Provide nursing care per Nursing Procedure, including Hypersensitivity Reaction Management Protocol and post-procedure observation

PROVIDER INFORMATION

Preferred Contact Name: _____ Preferred Contact Email: _____

Ordering Provider: _____ Provider NPI: _____

Referring Practice Name: _____ Phone: _____ Fax: _____

Practice Address: _____ City: _____ State: _____ Zip Code: _____

REQUIRED DOCUMENTATION CHECKLIST (Additional documentation required for processing and insurance approval)

Required Documentation: Patient demos, copy of front and back of primary and secondary insurance, 2 most recent OVN including treatment failures or contraindications with biphosphates, Reclast, Prolia, Evenity. Calcium and Vitamin D, fractures, history of GERD, T score

Required Labs: Calcium levels, Renal function

Provider Name (print)

Provider Signature

Date

Order valid for one year unless otherwise indicated. IV solutions/diluents may be substituted as allowed per manufacturer's instructions as necessitated by product availability.