Palmetto Infusion Services

Phone: 800-809-1265

MRN:_____

DOB: _____

STANDARD BONIVA PLAN OF TREATMENT

(Re)Certification Period from _____ to _____

Note: Patient is *ineligible* to receive Boniva® if the patient's serum creatinine is greater than 2.3mg/dL

Patient's Name _____ HT: _____ WT: _____ Allergies: _____

Diagnosis:

733.01 Senile (post-menopausal) osteoporosis

History:

☐ Inadequate response to oral biphosphonates ☐ Unable to tolerate oral biphosphonates

AND

☐ Presence or history of osteoporotic fractures ☐ Low bone mass (T-score more than 2.0 standard deviations below premenopausal mean; 2.5 for Medicare patients)

Please send documentation regarding treatment history to support the above and the T-Score if applicable

Is the patient on calcium and Vitamin D replacement? ☐ **Yes** ☐ **No** **If "No" patient is ineligible for Boniva®**

Orders:

Obtain weight each visit. Vital signs prior to IV push administration and then again 15 minutes after IV push administration.
Instruct patient/caregiver on medications, signs/symptoms of adverse reaction. Assess patient for response to therapy.
If adverse drug reaction, implement the Standing Adverse Reaction Protocol.
Utilize existing central line for administration, or initiate a peripheral IV with each infusion, prn.
Normal Saline Flush 3-10 ml before and after infusion followed by Heparin Lock 1 – 5 ml 100 unit/ml as needed per line type.
Pump, tubings, and supplies needed to complete prescribed therapy.

Dose:

☐ **Boniva® 3mg IV** push administration over 15-30 seconds

Frequency:

☐ Orders to be completed every 3 months
☐ Special Orders:_____

Other:

BMP or Chem 7 prior to each visit.
If serum creatinine is greater than 2.3 mg/dL or if the serum calcium is sub-therapeutic, Boniva® administration will be held and the physician notified. Pharmacist to perform clinical drug monitoring.

(no stamped signatures please)

Physician's Signature: _____ _____ Date: _____

(Dispense as written) (Substitution permitted)

Print Physician Name: _____

PLEASE FAX DEMOGRAPHICS AND INSURANCE INFORMATION to 866-872-8920