

Edward-Elmhurst Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540  
Phone: 630/646-2273 Fax: 630/548-6617

24600 W. 127<sup>th</sup> Street; Plainfield, IL 60585  
Phone: 630/646-2273 Fax: 630/548-6617

177 E. Brush Hill Road; Elmhurst, IL 60126  
Phone: 630/646-2273 Fax: 331/221-3887

**Boniva Injection Standing Orders**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*\*Please include current history and physical and any recent labs/tests, if applicable\*\*\*

**\*PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER\***

Pre-Authorization # or Call Reference #: \_\_\_\_\_  
(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

Contact Name & Phone Number of Insurance Co: \_\_\_\_\_

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

**Diagnosis:** Please check one diagnosis from primary codes and one diagnosis from secondary codes (required by insurance for reimbursement)

**PRIMARY CODES (REQUIRED)**

- |   |   |
|---|---|
| <input type="checkbox"/> Senile Osteoporosis (requires secondary diagnosis) | <input type="checkbox"/> Hypercalcemia  |
| <input type="checkbox"/> Other Osteoporosis (requires secondary diagnosis)  | <input type="checkbox"/> Secondary malignant neoplasm of bone and bone marrow |

**SECONDARY CODES (REQUIRED)**

- Unspecified adverse effect of other drug, medicinal and biological substance  
 Personal history of other specified digestive system diseases

**Dosing Guidelines**

- Boniva Injection 3mg intravenously every 3 months

**Pre-Infusion Requirements:**

This patient has a calculated creatinine clearance of greater than or equal to 30ml per minute and a normal serum calcium level. (Labs must be done within 2 weeks of infusion.)

Yes     No    **Date of Lab Results (Please attach copy)** \_\_\_\_\_

Required lab work prior to Boniva may be done at Cancer Center on day of infusion:

Yes     No

Patient currently taking calcium and Vitamin D supplements

Yes     No

**\*NOTE: Patients must be off oral bisphosphonates (Fosamax, Boniva, etc.) for one month prior to start of Boniva**

In the event that your patient has a central line, it will be used per the Cancer Center protocol, unless otherwise directed

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Physician NPI: \_\_\_\_\_ Edward Hospital NPI: 1427069632  
 Elmhurst Hospital NPI: 1548306343

Physician Name (Please Print) \_\_\_\_\_ Office Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Revision/Review Date: 07/01/2021