

North Texas Specialty Pharmacy and Infusion Centers

3409 Worth St. Sammons Ste.710 Dallas, TX 75246 (214)823-2533 FAX (214)887-0436 www.NTISP.org

Boniva® (ibandronate) Enrollment Form

Patient Information

Last Name		First Name	MI
Street Address	City	State	Zip Code
Phone (daytime)	Phone (cell)	Date of Birth	Sex

Primary Insurance Information Secondary Insurance Information Pharmacy Insurance Card

Insurance Name		Insurance Name	Insurance Name
Cardholder Name	SSN	Cardholder Name	SSN
Group / Policy Number	Group / Policy Number	BIN Number	Group Number

Physician Information

Physician Name		Contact Person	
Street Address	City	State	Zip Code
Physician's DEA Number	Phone Number	Fax Number	

Statement of Medical Necessity : PLEASE INCLUDE A COPY OF CHART DOCUMENTATION OF DIAGNOSIS CODES

Osteoporosis ICD-9 Code: 733.01 Paget's Disease ICD-9 Code: 733.0

Secondary diagnostic coding: 995.29 Unspecified adverse effect of other drug, medicinal or biological substance 710.1 Systemic sclerosis

V45.72, V45.75 Acquired absence of intestine, stomach V49.84 Bed confinement status 530.3 Stricture and stenosis of the esophagus

530.20-530.21 Ulcer of the esophagus V12.79 Personal History of other digestive system disease 530.0 Achalasia or cardiospasm

Medical History : Please send copy of current labs (labs must have been drawn in the last 90 days)

Patient Weight: _____ Height: _____ Patient previously treated with oral: Yes - dates: _____

Creatinine clearance > 30ml/min Yes Lab Calcium level >8.3 mg/dl Yes Lab draw date _____

Lab Draw Orders NO CURRENT LABS PLEASE DRAW BMP

Prescription Orders

Boniva® (ibandronate) (quantity 1: 3 mg/3ml vial) include infusion supplies and flushes Boniva Refills: _____ times

Dispense as written Substitution allowed Allergies: _____

Infuse by peripheral IV push over 15 to 30 seconds every 3 months or as Directed: _____

Premedications: Acetaminophen 650 mg PO Other: _____

Refill: 12 months Refill _____ times

Standing orders: See Care Plan _____

Physician's signature _____

Date _____

Fax completed from to (214)887-0436.

Insurance / Clearance questions call (214) 276-5642 or e-mail mike.ellis@ntisp.org. Pharmacy / Clinical questions call (214) 276-5623. Include the following documents when faxing the enrollment form: pt's insurance card(s) front & back, Pharmacy Benefit Card, lab work, letter of medical necessity and any other documentation supporting the use of Boniva.

Patient's Preferred Infusion Center Location: Downtown Dallas NorthPark