



Fax your completed order to 877-734-1157

Patient Name: _____ DOB: ____/____/____ Date of Last Infusion: ____/____/____
Height _____ Weight _____
Infusion Location: (state and site) _____

Boniva® (ibandronate) Infusion Orders

Diagnosis (please add ICD-10)	Baseline Serum Creatine _____
_____ Postmenopausal Osteoporosis	Date of last serum creatinine _____

Nursing Order:

-Hold treatment and notify provider for:

- Jaw, thigh or groin pain or a history of severe bone, muscle or joint pain following Boniva treatments
- Recent or planned invasive dental work
- If infusion-related reaction occurs, stop infusion, and follow Hypersensitivity Reaction Management Policy/Protocol as clinically indicated

Lab Orders:

- Obtain serum creatinine and calcium level 14 days prior to each infusion
- Hold treatment and notify provider for:
- Hypocalcemia
- Creatinine clearance (calculated using Cockcroft-Gault equation) less than 30 mL/min

Dosing: Administer Boniva 3mg/3ml IV over 15-30 seconds

Discharge Education:

- Inform patients that the most common side effects of BONIVA include arthralgia, back pain, hypertension, and abdominal pain. Flu-like symptoms (acute phase reaction) may occur within 3 days following infusion, and usually subside within 24-48 hours without specific therapy
- Continue with calcium and vitamin D supplements as instructed by provider
- Complete Serum Calcium and Creatinine lab 14 days prior to next scheduled infusion
- Additional orders:

Provider Name (print) _____ Date: _____

Provider Signature: _____ Time: _____

Reviewed 1/31/25. 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.