CVS CAREMARK

Fax Referral To: 800-323-2445

Phone: 866-278-6634

Boniva (Ibandronate sodium)
Enrollment Form
For Blue Cross Blue Shield of Rhode Island Members

Date: _____ **Needs by Date (Please Specify):** _____

Ship to: ☐ **Patient** ☐ **Office** ☐ **Other:** _____

PATIENT INFORMATION

*(Complete the following or **send patient demographic sheet**)*

Patient Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Alternate Phone: _____
SS #: _____
Insurance ID: _____
Date of Birth: _____ Gender: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
State License #: _____ UPIN: _____
DEA #: _____ NPI #: _____
Group or Hospital: _____
Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
Contact Person: _____
Contact Phone: _____

INSURANCE INFORMATION *(If available, please copy and attach the front and back of insurance and prescription drug card)*

Primary Insurance: Subscriber: _____ Subscriber ID#: _____ Name of Insurer: **Blue Cross Blue Shield of RI**

Secondary Insurance: Subscriber: _____ Subscriber ID#: _____ Name of Insurer: _____

STATEMENT OF MEDICAL NECESSITY for BCBS of Rhode Island Members

Diagnosis (ICD-9 Code): ☐ 733.0 Osteoporosis ☐ Other: _____ • Date of Diagnosis: _____

APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY.

NOTE: Any areas that are not filled out will be considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

- Patient has a diagnosis of osteoporosis in postmenopausal women ☐ Yes ☐ No
- Patient has uncorrected hypocalcemia ☐ Yes ☐ No
- Patient's vitamin D status has been evaluated and corrected prior to therapy ☐ Yes ☐ No
- Patient will receive adequate intake of supplemental calcium and vitamin D ☐ Yes ☐ No
- Patient does not have severe renal impairment (e.g., CrCl < 30 mL/min or SCr > 2.3 mg/dL) ☐ Yes ☐ No
- Patient will have serum creatinine measured prior to each dosage administration ☐ Yes ☐ No
- Patient is intolerant of at least 2 oral bisphosphonates (eg, Actonel, Fosamax or Boniva tablets) ☐ Yes ☐ No
- Patient has a history of severe malabsorption making the use of oral bisphosphonates ineffective ☐ Yes ☐ No
- Patient has a diagnosis of esophageal stricture, achalasia or other severe esophageal dysmotility condition ☐ Yes ☐ No
- Patient has inability to stand or sit upright for 60 minutes ☐ Yes ☐ No

Note: Gastroesophageal reflux (GERD) and dyspepsia diagnoses are not approvable in the absence of the other documented conditions or an intolerance to oral bisphosphonates as presented above.

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
☐ Boniva (Ibandronate sodium)	☐ 1mg/ml			

_____ PRODUCT SUBSTITUTION PERMITTED (Date) _____ DISPENSE AS WRITTEN