



NEW PATIENT REFERRAL GUIDE

FOR HOME INFUSION AND AMBULATORY INFUSION SUITE (AIS) PATIENTS

1) TO REFER A PATIENT: We can offer access to care in the home setting or at one of our convenient infusion suite locations. Please see infusion suite directory and insurance list within this packet.

Please fax any of the following that are available (Approval, Insurance Card, Prescription/Orders, Chart Notes). We will contact the provider where necessary to obtain remaining documents required for authorization, etc.)

Phone: 877-501-6800, 562-597-6800

Fax: 877-501-6844, 562-597-6844

2) COMPANY CONTACTS: Please see key contacts below who are available to assist:

INTAKE/AUTHORIZATIONS:

Erika Mendizabal /Intake Coordinator

Phone: 562-597-6800 ext. 1012

Email: emendizabal@apexinfusioncare.com

PHARMACY MANAGER:

Hector Gutierrez, Pharmacy Manager

Phone: 562-597-6800 (ask for Hector)

Email: hgutierrez@apexinfusioncare.com

PHARMACIST IN CHARGE:

Yoli Mansour, PharmD, Pharmacist in Charge (PIC)

Phone: 562-597-6800 ext 1015

Email: ymansour@apexinfusioncare.com

3) FIELD SUPPORT: please contact Jesse White, Regional Sales Director, for a roster and territory assignments.

Jesse White, MHA

Phone: 323-516-5958

Email: jwhite@marinrx.com

GASTROENTEROLOGY ENROLLMENT FORM

PHONE - (877)501-6800 - FAX (877)501-6844 - www.Apex-iv.com

PATIENT INFORMATION

Patient Name		Parent/Guardian (if applicable)		<input type="checkbox"/> All Insurance Info Attached	
Address		City	State	Zip	
Main Phone	Alternate Phone	Email Address			
Date of Birth	Male	Female	Height (required)	Weight (required)	
			inches	pounds	
Other Drugs Used to Treat Patient's Condition					
Home Infusion			Ship to MDO		Ambulatory Infusion Suite
Allergies					

CLINICAL INFORMATION - PRIMARY DIAGNOSIS - ICD-10

Adult Crohn's Disease (CD)	Adult Ulcerative Colitis (UC)	Pediatric Crohn's Disease	Travelers' Diarrhea	Hepatic Encephalopathy	Other
ICD-10 _____	ICD-10 _____	ICD-10 _____	ICD-10 _____	ICD-10 _____	ICD-10 _____

PRESCRIPTION AND ORDERS

PRESCRIPTION	DIRECTIONS	QUANTITY <small>Refills</small>	FORMS
Cimzia® (certolizumab)	Inject 400 mg subcut at weeks 0, 2 and 4 Inject 400 mg subcut every 4 weeks	6 X 200 mg/mL 2 X 200 mg/mL	PFS Vials
Entyvio® (vedolizumab)	Infuse IV 300mg weeks 0, 2 and 6 Infuse IV 300 mg every 8 weeks	3 X 300 mg/mL 1X 300 mg/mL	Vials
Humira® (adalimumab)	Starter Dose: Inject 160 mg subcut on day 1, then 80 mg on day 15 Maintenance Dose: Two weeks later (Day 29) begin a maintenance dose of 40 mg every other week.	3 X 80 mg/0.8mL CF 2 X 40 mg/0.8mL	Starter Kit Pens PFS
Inflectra® (infliximab-dyyb)	Infuse IV 5 mg/kg or ____ mg week 0, 2 and 6 Infuse IV 5 mg/kg or ____ mg every 8 weeks	98 day supply (induction) 56 day supply	Vials
Infliximab (infliximab)	Infuse IV 5 mg/kg or ____ mg week 0, 2 and 6 Infuse IV 5 mg/kg or ____ mg every 8 weeks	98 day supply (induction) 56 day supply	Vials
Remicade® (infliximab)	Infuse IV 5 mg/kg or ____ mg week 0, 2 and 6 Infuse IV 5 mg/kg or ____ every 8 weeks	56 day supply	Vials
Simponi® (golimumab)	Inject 200 mg subcut at week 0, then 100 mg at week 2 Inject 100 mg subcut every 4 weeks	3 X 100 mg/mL 1 X 100 mg/mL	SmartJect® Autoinjector PFS
Skyrizi® (risankizumab-rzaa)	Infuse IV 600mg weeks 0, 4 and 8 Inject 360 mg subcut week 12 and every 8 weeks after	3 X 600 mg/mL 360 mg/2.4 mL(150 mg/mL)	Vials On-body injector
Stelara® (ustekinumab)	Infuse 520 mg intravenously over no less than one hour (>85kg) Inject 90 mg subcut 8 weeks following initial intravenous dose, then every 8 weeks thereafter	4 X 130 mg/26mL 1 X 90 mg/mL 60 X 10 mg	Vials PFS

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Prescriber's Signature (no stamps) _____

License: _____

DEA: _____

NPI: _____

By signing this form and utilizing our services, you are authorizing Apex Infusion Pharmacy and its employees to serve as your prior authorization designated agent in dealing with medical and prescription insurance.

Locations & Hours of Operation

We currently accept free drug on a case by case basis. **We accept chronic & acute patients.**

Apex Infusion | **Arcadia AIS**

289 W Huntington Dr, Ste 301
Arcadia, CA 91007

Monday - Friday: **9am to 5pm**
Saturday - Sunday: **9am to 5pm**
By appointment only.

Chairs: 3 | **Pumps: Yes**

Apex Infusion | **Lancaster/Palmdale AIS**

1601 West Avenue J, Ste 104
Lancaster, CA 93534

Monday - Friday: **9am to 5pm**
Saturday: **9am to 2pm**
By appointment only.

Chairs: 3 | **Pumps: Yes**

Apex Infusion | **Long Beach AIS**

3299 E Hill Street, Ste 301
Signal Hill, CA 90755

Monday - Friday: **9am to 5pm**
By appointment only.

Chairs: 2 | **Pumps: Yes**

Apex Infusion | **Santa Clarita AIS**

23928 Lyons Ave, Ste 208
Newhall, CA 91321

Monday, Wednesday, Friday:
9am to 5pm
By appointment only.

Chairs: 3 | **Pumps: Yes**

Apex Infusion | **San Rafael AIS**

55 Mitchell Blvd Ste 11
San Rafael, CA 94903

Monday - Friday:
9am to 5pm
By appointment only.

Chairs: 5 | **Pumps: Yes**

Apex Infusion | **Ventura AIS**

5720 Ralston Street, Ste 205
Ventura, CA 93003

Monday, Wednesday, Thursday: **9am to 5pm**
Saturday - Sunday: **9am to 5pm**
By appointment only.

Chairs: 2 | **Pumps: Yes**



APEX Infusion

Reaching New Horizons in Personalized Care

Phone: (877)501-6800 - Fax: (877)501-6844

IN-NETWORK INSURANCE PLANS FOR APEX INFUSION SUITES & HOME INFUSION

MEDICARE	MANAGED CARE	COMMERCIAL
AARP Argus CVS Caremark Catalyst Elevate Express Scripts Humana MedImpact Navitus SilverScript WellCare	Blue Cross Medi-Cal Blue Shield Promise HP (Care 1st) Brand New Day California Children Services (CCS) CalOptima Central Health Plan of CA Citrus Valley Medical Group Easy Choice Health Plan Facey Medical Group (by plan) First Care Advantage Gold Coast Health Plan Global Care IPA HealthCare LA IPA HealthNet Medi-Cal LACARE Health Plan Medicare Medi-Cal Molina Motion Picture (Blue Cross) MultiPlan Orchid Medical Prospect Medical Group SCAN Health Seaview IPA (by plan) South Atlantic Medical Group Tricare Triwest Ventura County Health Care Plan Wellcare Health	Anthem Blue Cross of CA Blue Shield of CA Cigna Humana