



Information needed for Enteral/Nutritional Authorizations

Dispensing provider should fax this authorization request to PrimeWest Medical Administration at 1-866-431-0804.

A one-time, 30-day supply of enteral products may be dispensed before an authorization is required.

General Information

PROVIDER NAME		PROVIDER ID#	DATE
MEMBER'S NAME		MEMBER'S PRIMEWEST ID#	DOB
NUTRITIONAL PRODUCT	UPC	HCPCS CODE	
CALORIES PER CAN	UNITS PER CAN	LIQUID <input type="checkbox"/>	POWDER <input type="checkbox"/>

NOTE: UPC from cans may not be current.

MEMBER'S PLACE OF RESIDENCE		
TYPE OF REQUEST, I.E., INITIAL OR CONTINUING (LIST DATE ENTERAL THERAPY BEGAN, OR A CHANGE IN PRESCRIPTION.)		
DATE LAST SEEN BY PHYSICIAN	DATE OF ORDER AND ESTIMATED DURATION OF ENTERAL THERAPY PER PHYSICIAN	
DIAGNOSIS AND HOW IT RELATED TO THE NEED FOR ENTERAL/NUTRITIONAL THERAPY		
OTHER DIAGNOSIS		
PRODUCT REQUESTED		
ROUTE OF ADMINISTRATION		
TOTAL CALORIES NEEDED PER DAY	TOTAL CALORIES FROM OTHER INGESTED FOODS AND LIQUIDS	TOTAL CALORIES FROM ENTERAL PRODUCTS
HEIGHT	WEIGHT	TARGET WEIGHT
OTHER THERAPY/TREATMENT THAT MAY JUSTIFY THE NEED FOR THE ENTERAL/NUTRITIONAL PRODUCT		
COMMENTS		
PHYSICIAN SIGNATURE		DATE

NOTE: Food thickeners such as "Thick It" do not meet the criteria for coverage as an enteral/nutritional product and are not covered by PrimeWest.