

ORAL RINSES

(Aquoral, Bocasal, Caphosol, (tablet & solution), Episil, Gelclair, Gelx, Mucotrol, Mugard, Neutrasal, Numoisyn, Oramagicrx, Salicept, SalivaMax, SalivateRx)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

The patient must have **ONE** of the following:

1. Mucositis/stomatitis secondary to chemotherapy or radiation
2. Xerostomia secondary to chemotherapy or radiation
3. Sjogren's syndrome

AND the following:

1. Inadequate response to **TWO** of the following:
 - a. Over-the-counter oral anesthetics
 - b. Prescription oral anesthetics
 - c. Saliva substitutes
 - d. Magic mouthwash

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above