

## ORAL RINSES

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

### Pre - PA Allowance

None

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### 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

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### Prior – Approval *Renewal* Requirements

Same as above

### Prior - Approval *Renewal* Limits

Same as above