



**BlueCross  
BlueShield**

Federal Employee Program.

## ORAL RINSES PRIOR APPROVAL REQUEST

Send completed form to:  
Service Benefit Plan  
Prior Approval  
P.O. Box 52080 MC 139  
Phoenix, AZ 85072-2080  
Attn: Clinical Services  
Fax: **1-877-378-4727**

Additional information is required to process your claim for prescription drugs. Please complete the cardholder portion, and have the prescribing physician complete the physician portion and submit this completed form.

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID: <b>R</b>				Physician Signature:		
<b>PHYSICIAN COMPLETES</b>						

### Oral Rinses

**NOTE:** Form must be completed in its **entirety** for processing

**Please select medication:**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> <b>Aquoral</b>   | <input type="checkbox"/> <b>Bocasal</b>         | <input type="checkbox"/> <b>Caphosol</b>                | <input type="checkbox"/> <b>Gelclair</b> |
| <input type="checkbox"/> <b>Neutrasal</b> | <input type="checkbox"/> <b>Numoisyn liquid</b> | <input type="checkbox"/> <b>SalivaMax / Salivate Rx</b> |  |

Is this request for brand or generic? ☐ Brand ☐ Generic

1. What is the patient's diagnosis?

- ☐ Mucositis
  - a. Is the patient's condition secondary to chemotherapy or radiation? ☐ Yes ☐ No
- ☐ Stomatitis
  - a. Is the patient's condition secondary to chemotherapy or radiation? ☐ Yes ☐ No
- ☐ Sjogren's syndrome
- ☐ Xerostomia
  - a. Is the patient's condition secondary to chemotherapy or radiation? ☐ Yes ☐ No
- ☐ Other diagnosis (*please specify*): \_\_\_\_\_

2. Has the patient experienced inadequate response to **TWO** of the following: over-the-counter oral anesthetics, prescription oral anesthetics, saliva substitutes, or Magic mouthwash? ☐ Yes ☐ No