

localized to the head, neck, shoulder areas.

- Dosage allowed/Quantity limit:** Up to 300 units every 12 weeks, divided among affected muscles.

If all the above requirements are met, the medication will be approved for 6 months.

For **reauthorization**:

- Chart notes must show improved severity, disability, or pain compared to baseline.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Chronic Sialorrhea

For **initial** authorization:

- Member is at least 2 years of age; AND
- Medication must be prescribed by or in consultation with a neurologist; AND
- Member has diagnosis of chronic sialorrhea impacting quality of life for at least 3 months; AND
- Member has tried and failed or has a contraindication to at least one anticholinergic drug (e.g. scopolamine, benztropine, glycopyrrolate, amitriptyline).
- Dosage allowed/Quantity limit:** May repeat no sooner than every 16 weeks.

Adult:

Gland(s)	Units Per Side	Total
[REDACTED]		

Pediatric:

Parotid gland, each side		Submandibular gland, each side	
Dose per side	Volume per side	Dose per side	Volume per side
to less than 15 kg	0.24 mL	4 Units	0.16 mL
15 kg or more to less than 23 kg	0.36 mL	6 Units	0.24 mL
23 kg or more to less than 30 kg	0.48 mL	8 Units	0.32 mL
30 kg or more	0.6 mL	10 Units	0.4 mL
15 Units	0.6 mL	75 Units	30 kg or more
12 Units	0.48 mL	60 Units	22.5 Units
			0.72 mL
			0.9 mL

If all the above requirements are met, the medication will be approved for 16 weeks.

For **reauthorization**:

- Chart notes have been provided that show the member has improvement of signs and symptoms of disease.

If all the above requirements are met, the medication will be approved for an additional 12 months.

Spasticity (upper limb)

