

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

Medication	Comments
Prialt (ziconotide)	N/A

**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

1 Year

**APPROVAL CRITERIA**

Requests for Prialt (ziconotide) **may be approved** for the following:

- I. Individuals using for the management of severe chronic pain for whom intrathecal (IT) therapy is warranted, and who are intolerant of or refractory to other treatment, such as systemic analgesics, adjunctive therapies or IT morphine.

Prialt (ziconotide) **may NOT be approved** for all other uses, including but not limited to treatment of post-operative pain, acute brain injury, and spasticity associated with spinal cord trauma.

**Note:** Prialt (ziconotide) has a black box warning for neuropsychiatric adverse reactions. Severe psychiatric symptoms and neurological impairment may occur during treatment with Prialt. Individuals should be monitored frequently for evidence of cognitive impairment, hallucinations, or changes in mood or consciousness. Therapy should be discontinued in the event of serious neurological or psychiatric signs or symptoms. Prialt is contraindicated in individuals with a preexisting history of psychosis.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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