ziconotide (Prialt)

Medical Benefit Drug Policy

Place of Service

Home Infusion
Infusion Center Administration
Office Administration
Outpatient Facility Infusion Administration

Drug Details

USP Category: CENTRAL NERVOUS SYSTEM AGENTS
Mechanism of Action: a synthetic form of a conopeptide isolated from the venom of the marine snail Conus magus, is a potent nonopiate analgesic.
HCPCS:
J2278:Injection, ziconotide, 1 microgram
How Supplied:
100 mcg/mL, 500 mcg/5 mL, 500 mcg/20 mL (single-use glass vials)

Condition(s) listed in policy *(see coverage criteria for details)*

- Management of Severe Chronic Pain

The following conditions do not meet the safety and efficacy criteria established by Blue Shield of California's Pharmacy & Therapeutics committee and are not covered:

- Acute pain
- Severe chronic pain adequately being managed with systemic analgesics, adjunctive therapies, or intrathecal morphine

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Management of Severe Chronic Pain

Meets medical necessity if all the following are met:

1. Patient is appropriately managed in a comprehensive pain management program
2. Meets ONE of the following:
   a. Inadequate response or intolerance to intrathecal morphine
   b. Insufficient clinical response with maximally tolerated doses of systemic non-opioid analgesics

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c. Being used to reduce opioid use

Covered Doses:
Up to 19.2 mcg/day (0.8 mcg/hr) given intrathecally as a continuous infusion

Coverage Period:
Indefinite

ICD-10:
G89.0, G89.11, G89.12, G89.18, G89.21, G89.22, G89.28, G89.29, G89.3, G89.4

References

1. AHFS. Available by subscription at http://www.lexi.com
2. DrugDex. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
3. Prialt (ziconotide) Prescribing Information. TerSera Therapeutics. Lake Forest, IL: 10/2023.

Review History

Date of Last Annual Review: 1Q2026
Changes from previous policy version:

- No clinical changes following annual review

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee