PRIALT

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Length of Authorization</th>
</tr>
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<tbody>
<tr>
<td>Prialt</td>
<td>ziconotide</td>
<td>Calendar Year</td>
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Approvable Criteria:

For the management of:
→ severe chronic pain in members for whom intrathecal therapy is warranted and
→ who are intolerant of, or refractory, to other treatment such as systemic analgesics, adjunctive therapies of intrathecal morphine

** For use only in MedTronic SynchroMed EL and SynchroMed II infusion pumps, and CADD-Micro ambulatory infusion pumps**

Approve for Calendar Year

SPECIALTY PHARMACY PRODUCT

* References:
• Prialt prescribing information.