

# PRIALT (ziconotide)

Effective Date: 1/28/14

Date Developed: 1/28/14 by Robert Sterling, MD

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**Prialt** is a synthetic form of a peptide found in the marine snail *Conus magus* which binds to afferent nociceptive nerves of the dorsal horn in the spinal cord and blocks the calcium channels, resulting in inhibition of excitatory neurotransmitter release and reducing sensitivity to painful stimuli.

**Authorization:** intrathecal infusion for the management of severe chronic pain refractory to other modes of treatment (e.g. systemic analgesics, adjunctive therapies, intrathecal morphine)

### Dosing:

## Trial dose (off label): Intrathecal:

**Bolus**: Initial: 1 to 2 mcg once; if needed, adjust additional trial doses based on response and tolerability. Monitor for ≥8 hours after each bolus.

Continuous infusion: Initial: 0.5 to 1.2 mcg/day (0.02 to 0.05 mcg/hour); may increase as needed based on response and tolerability by ≤1.2 mcg/day (0.05 mcg/hour) (McDowell 2016; PACC [Deer 2017a]). Maximum: 19.2 mcg/day (0.8 mcg/hour) (PACC [Deer 2017b]).

### Maintenance dose:

**Continuous infusion:** Initial: 0.5 to 1.2 mcg/day (0.02 to 0.05 mcg/hour). Some experts recommend initiating with  $\leq$ 0.5 mcg/day (0.02 mcg/hour). May increase as needed by up to 0.5 mcg/day (0.02 mcg/hour) weekly based on response and tolerability (McDowell 2016; Maximum: 19.2 mcg/day (0.8 mcg/hour). **Note**: Dosing in the prescribing information may not reflect current clinical practice; initiation and titration with a lower dose is preferred to improve tolerability. The manufacturer's labeling recommends dose initiation with  $\leq$ 2.4 mcg/day ( $\leq$ 0.1 mcg/hour); and titration up to 2 to 3 times weekly by up to 2.4 mcg/day.

### **Dosage Forms:**

Solution for intrathecal use: 500 mcg/20 mL (20 mL); 500 mcg/5 mL (5 mL); 100 mcg/mL (1 mL)

**PRECAUTIONS:** cognitive impairment; dizziness/vertigo; nausea; increase in serum CK(MM); opiate withdrawal if opiate discontinued abruptly; infections (injection site, CSF)

[US Boxed Warning]: Severe psychiatric symptoms and neurological impairment have been reported; contraindicated in patients with a preexisting history of psychosis; interrupt or discontinue therapy if cognitive impairment, hallucinations, mood changes, or changes in consciousness occur.

**DRUG INTERACTIONS:** potentiation of other CNS depressants

### **REFERENCES**

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Prialt (ziconotide) [prescribing information]. Deerfield, IL: TerSera Therapeutics LLC; March 2023.

#### **Revision History:**

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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
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			references
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2/18/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated description,
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			references sections