PRIOR AUTHORIZATION POLICY

POLICY: Antibiotics – Synercid Prior Authorization Policy
- Synercid® (quinupristin and dalfopristin powder for injection – Pfizer)

REVIEW DATE: 06/29/2022

OVERVIEW

Synercid is indicated in adults for the treatment of **complicated skin and skin structure infections** (SSTI) caused by *Staphylococcus aureus* (methicillin-susceptible) or *Streptococcus pyogenes*.[1] To reduce the development of drug-resistant bacteria and maintain effectiveness of Synercid, it should only be used to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

Guidelines

According to the Infectious Diseases Society of America (IDSA) guidelines for the diagnosis and management of SSTIs (2014), oral antibiotics such as penicillin VK, cephalosporin, dicloxacillin, and clindamycin can be used for mild nonpurulent SSTI (i.e., necrotizing infection, cellulitis, erysipelas).[2] For moderate nonpurulent SSTI, intravenous (IV) antibiotics such as penicillin, ceftriaxone, cefazolin, and clindamycin are recommended. For moderate purulent SSTIs, empiric treatment can be started with trimethoprim/sulfamethoxazole (TMP/SMX) or doxycycline. For methicillin-resistant *Staphylococcus aureus* (MRSA) infections, TMP/SMX is the recommended therapy. Cephalexin or dicloxacillin are usually effective for methicillin-susceptible *Staphylococcus aureus* (MSSA) infections. For severe purulent SSTI, empiric therapy with vancomycin (IV), daptomycin, linezolid, Vibativ® (telavancin powder for injection), or Teflaro® (ceftaroline powder for injection) are recommended. All of these agents are active against MRSA strains. For severe purulent SSTI caused by MSSA, therapy can be switched to nafcillin, cefazolin, or clindamycin. Synercid is recommended as an alternative in patients with severe penicillin hypersensitivity for the treatment of necrotizing infections of the skin, fascia, and muscle.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Synercid. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Synercid is recommended in those who meet one of the following criteria:

FDA-Approved Indication

1. **Skin and Skin Structure Infections, Complicated.** Approve for 1 month if the patient meets the following criteria (A and B):
   - **A)** Patient has an infection that is proven or strongly suspected to be caused by *Staphylococcus aureus* (methicillin-susceptible) or *Streptococcus pyogenes*; AND
   - **B)** Patient has severe penicillin hypersensitivity.

Other Uses with Supportive Evidence

2. **Treatment of an Infection Caused by a Susceptible Microorganism**. Approve for 1 month if the patient meets the following criteria (A and B):
   A) The microorganism is resistant to two other antibiotics; AND
   B) The microorganism is sensitive to Synercid.

3. **Continuation of Synercid Therapy.** Approve for 1 month if the patient meets the following criteria (A and B):
   A) Patient was started on Synercid; AND
   B) Patient is continuing a course of therapy.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Synercid is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Synercid® for injection [prescribing information]. New York, NY: Pfizer; July 2018.
2. Stevens DL, Bisno AL, Chambers HF, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2014;59:e10-e52.