**RSV Prophylaxis: Criteria for Palivizumab (Synagis) 2014-2015**  
**University Hospital, San Antonio, TX**

<table>
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| **Infants born before 29 weeks gestational age (28 week, 6 days or less)**                        | - ≤ 12 months of age  
  - Maximum of 5 monthly doses during RSV season                                                   |
| **Infants with Chronic Lung Disease (CLD) of Prematurity**                                         | - ≤ 12 months of age  
  - Born before 32 weeks gestational age (31 weeks, 6 days or less)  
  - Requirement for >21% oxygen for at least 28 days after birth  
  - Maximum of 5 monthly doses during RSV season  
  - A second season of palivizumab prophylaxis (≤ 24 months of age) is recommended for patients with CLD of prematurity who satisfied the above criteria and continue to receive medical therapy for CLD:  
    - Supplemental oxygen  
    - Chronic corticosteroid therapy  
    - Diuretic therapy  
  - Maximum of 5 monthly doses during RSV season                                                   |
| **Infants with hemodynamically significant congenital heart disease (CHD)**                       | - ≤ 12 months of age  
  - Requiring medication to control heart failure and will require cardiac surgical procedures  
  - Moderate to severe pulmonary hypertension  
  - Children ≤ 24 months of age who undergo cardiac transplantation during the RSV season may be considered  
  - Maximum of 5 monthly doses during RSV season                                                   |
| **Immunocompromised children**                                                                    | Palivizumab prophylaxis may be considered in children ≤ 24 months of age who are profoundly immunocompromised during RSV season |
| **Infants with anatomic pulmonary abnormalities of the airway or neuromuscular disorder**         | - ≤ 12 months of age  
  - Impaired ability to clear secretions from the upper airway  
  - Maximum of 5 monthly doses during RSV season                                                   |
| **Infants with cystic fibrosis**                                                                  | Routine palivizumab prophylaxis is not recommended unless other indications are present:  
  - Infants ≤ 12 months of age with clinical evidence of CLD and/or nutritional compromise   
  - Infants in second year of life with manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life, abnormalities on chest X-ray or CT that persist when stable) or weight for length <10th percentile |
- **Infants who generally should NOT receive palivizumab prophylaxis:**
  - Infants in second year of life based on a history of prematurity alone
  - Infants with hemodynamically insignificant heart disease (e.g. secundum atrial septal defect, small ventricular septal defect, pulmonic stenosis, uncomplicated aortic stenosis, mild coarctation of the aorta, and patent ductus arteriosus)
  - Infants with lesions adequately corrected by surgery, unless they continue to require medication for congestive heart failure
  - Infants with mild cardiomyopathy who are not receiving medical therapy
  - Infants with Down’s Syndrome, unless other qualifying conditions

- **Other considerations**
  - Hospitalized infants who qualify for prophylaxis during RSV season should receive the first dose 48 to 72 hours prior to discharge or promptly after discharge
  - For infants receiving prophylaxis and who will continue to require prophylaxis after a surgical procedure that involves bypass, a post-operative dose of palivizumab should be considered after cardiac bypass or at conclusion of extracorporeal membrane oxygenation (infants <24 months of age)
  - Palivizumab prophylaxis should be discontinued for children who experience breakthrough RSV hospitalization

- **Dosing**
  - 15 mg/kg IM monthly during RSV season (October 1, 2014 through February 28, 2015)

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Adapted from:

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