



University
Health System

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

- **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
- **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)

Adapted from:

American Academy of Pediatrics. Policy statement – Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. *Pediatrics*. 2014;134(2):415-20.

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