Policy 6.1.D.4: OPTN Approved Congenital Heart Disease Diagnoses and Inotropes

Under Policy 6.1.D.4, a transplant program may assign the candidate pediatric status 1A if the candidate is less than 18 years old at the time of registration and meets the following criteria:

> Has a hemodynamically significant congenital heart disease diagnosis, requires infusion of multiple intravenous inotropes or a high dose of a single intravenous inotrope, and is admitted to the transplant hospital that registered the candidate. The OPTN Contractor maintains a list of OPTN-approved congenital heart disease diagnoses and qualifying inotropes and doses that qualify a candidate for pediatric status 1A.

The approved congenital heart disease diagnoses and qualifying inotropes and dosages are listed below:

Qualifying Pediatric Status 1A Congenital Heart Disease Diagnoses for Policy 6.1.D.4

- Double Outlet Right Ventricle
- Atrial isomerism / Heterotaxy
- Atrioventricular Septal Defect
- Congenitally Corrected Transposition (L-TGA)
- Ebstein's Anomaly
- Hypoplastic Left Heart Syndrome
- Other left Heart Valvar/Structural Hypoplasia
- Pulmonary Atresia with Intact Ventricular Septum
- Single Ventricle
- Tetralogy of Fallot
- Transposition of the Great Arteries
- Truncus Arteriosus
- Ventricular Septal Defect(s)
- Other (Specify)

Qualifying Pediatric Status 1A Inotropes and Dosages for Policy 6.1.D.4

Requires infusion of a single high dose inotrope:

- Dobutamine greater than or equal to 7.5 mcg/kg/min
- Milrinone greater than or equal to 0.50 mcg/kg/min
- Dopamine greater than or equal to 7.5 mcg/kg/min
- Epinephrine greater than or equal to 0.02 mcg/kg/min

If the candidate is supported by multiple inotropes, the dosage requirements do not apply.