

|                    |                                      |                 |  |
|--------------------|--------------------------------------|-----------------|--|
| <b>POLICY NAME</b> | Virazole (ribavirin oral inhalation) | <b>POLICY #</b> |  |
|--------------------|--------------------------------------|-----------------|--|

## Criteria

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 2.1 Hypersensitivity to ribavirin or any component of the product
- ☐ 2.2 Pregnant women or women who may become pregnant during treatment

### Coverage Criteria

- ☐ 1.1 Diagnosis of respiratory syncytial virus (RSV) infection
- ☐ 1.2 Hospitalization due to RSV infection or evidence of severe RSV in patients with an underlying compromising condition (pre-term birth, chronic heart/lung disease, or chronic poor immune system)
- ☐ 1.3 Prescribed by an immunologist (immune system doctor), infectious disease specialist, or pulmonologist (lung doctor)