

POLICY NAME	Virazole (ribavirin oral inhalation)	POLICY #	2731P
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Criteria

Coverage Criteria

- ☐ Diagnosis of respiratory syncytial virus (RSV) infection
- ☐ 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)
- ☐ Prescribed by an immunologist (immune system doctor), infectious disease specialist, or pulmonologist (lung doctor)

Exclusion Criteria – Any of the following prevents coverage

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