

Policy Name:	Virazole (ribavirin oral inhalation)	Policy#:	2731P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Virazole (ribavirin oral inhalation).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Virazole (ribavirin oral inhalation) under the specialty medical benefit if the following criteria are met.

Criteria

1. 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)

2. Exclusion Criteria

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

3. Approval Period

- 3.1 Seven day treatment regimen within a 6 month approval duration

References

1. Virazole (ribavirin) [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; May 2019.
2. Kimberlin DW, Brady MT, Jackson MA, Long SS (Eds), American Academy of Pediatrics, 2018. Respiratory syncytial virus. In: Red Book: 2018 Report of the Committee on Infectious Diseases, 31st ed
3. American Academy of Pediatrics Committee on Infectious Diseases, "Use of Ribavirin in the Treatment of Respiratory Syncytial Virus Infection," Pediatrics, 1993, 92(3):501-4.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.