



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name:	Ribavirin 200mg Capsules and 200mg Tablets	Page:	1 of 3
Effective Date:	3/6/2025	Last Review Date:	2/2025
Applies to:	<input type="checkbox"/> Illinois <input type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input type="checkbox"/> Maryland <input type="checkbox"/> Virginia	<input type="checkbox"/> Michigan <input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Kentucky PRMD

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for ribavirin 200mg capsules and 200mg tablets under the patient's prescription drug benefit.

### Description:

#### Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-approved Indications<sup>1,2</sup>

- Ribavirin capsules are indicated in combination with interferon alfa-2b (pegylated and nonpegylated) for the treatment of chronic hepatitis C (CHC) in patients 3 years of age and older with compensated liver disease.
- Ribavirin tablets are indicated for the treatment of chronic hepatitis C (CHC) virus infection in combination with Pegasys in patients 5 years of age and older with compensated liver disease not previously treated with interferon alfa, and in adult CHC patients coinfecting with human immunodeficiency virus (HIV).

#### Compendial Uses<sup>11,12</sup>

##### Chronic hepatitis E virus infection

All other indications are considered experimental/investigational and not medically necessary.

##### Exclusions

Exclusions to other antiviral drugs being used in combination with the requested drug apply. Refer to the SGM policy for each drug in the treatment regimen for applicable exclusions.

### Applicable Drug List:

Ribavirin 200 mg capsule  
Ribavirin 200 mg tablet



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 New Jersey  Maryland  Florida Kids  
 Pennsylvania Kids  Virginia  Kentucky PRMD

Note: ribavirin 200 mg capsule and 200 mg tablet are preferred and do not require a Prior Authorization if a Hepatitis C agent is approved.

### Policy/Guideline:

#### Coverage Criteria

##### Hepatitis C virus (HCV) infection<sup>1-10</sup>

Refer to the SGM of requested regimen for the specific criteria for approval and approval durations.

##### Hepatitis E virus (HEV) infection in organ transplant recipients<sup>11,12</sup>

Authorization of 12 months may be granted for members with chronic hepatitis E virus (HEV) infection in organ transplant recipients.

##### Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy for chronic hepatitis E virus (HEV) infection must meet all criteria in the Coverage Criteria.

##### Other

Some elements outlined in this policy may not be enforced for certain plans due to regulatory guidelines.

### Approval Duration and Quantity Restrictions:

**Approval:** 12 months for chronic hepatitis E virus; approvals for Hep C will follow the approval duration of the accompanying agent

### References:

1. Ribavirin capsules [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; July 2023.
2. Ribavirin tablets [package insert]. East Windsor, NJ: Aurobindo Pharma USA, Inc.; May 2023.
3. Eplclusa [package insert]. Foster City, CA: Gilead Sciences, Inc.; April 2022.
4. Harvoni [package insert]. Foster City, CA: Gilead Sciences; March 2020.
5. Mavyret [package insert]. North Chicago, IL: AbbVie Inc.; October 2023.
6. Sovaldi [package insert]. Foster City, CA: Gilead Sciences, Inc.; March 2020.
7. Viekira Pak [package insert]. North Chicago, IL: AbbVie Inc.; December 2019.
8. Vosevi [package insert]. Foster City, CA: Gilead Sciences, Inc.; November 2019.
9. Zepatier [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; May 2022.



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10. AASLD/IDSA/IAS–USA. Recommendations for testing, managing, and treating hepatitis C. <https://www.hcvguidelines.org>. Last changes made December 19, 2023. Accessed August 8, 2024.
11. European Association for the Study of the Liver. EASL clinical practice guidelines on hepatitis E virus infection. *J Hepatol*. 2018;68(6):1256-1271.
12. Te H, Doucette K. Viral hepatitis: Guidelines by the American Society of Transplantation Infectious Disease Community of Practice. *Clin Transplant*. 2019;33(9):e13514. doi: 10.1111/ctr.13514