



BlueCross BlueShield of Louisiana

An independent licensee of the Blue Cross and Blue Shield Association.

Replaced Policy

Treatment of Hepatitis C and B with Pegylated Interferon and/or Ribavirin

Policy # 00171

Original Effective Date: 10/27/2005

Replaced Date: 11/01/2013

Treatment of Hepatitis C and B with Pegylated Interferon and/or Ribavirin was replaced effective 11/01/2013 with the following medical policies:

00373 Treatment of Hepatitis C with Triple Therapy (Ribavirin Plus Pegylated Interferon Alfa Plus Telaprevir [Incivek[®]] or Boceprevir [Victrelis[®]]);

00374 Treatment of Hepatitis C with Dual Therapy (Ribavirin plus Pegylated Interferon Alfa);

AND

00375 Pegylated Interferons (Pegasys[®], PegIntron[®]) for Other (Non-Hepatitis C) Uses.

A replaced medical policy is no longer active and is not utilized for coverage eligibility determination or claims processing as of the replaced date.

Replaced Medical Policy