

Medical Coverage Guideline: 09-J3000-00, Fostamatinib (Tavalisse)

The prior Medical Coverage Guideline (MCG) for this therapy has been consolidated to a single MCG:

[09-J5000-46, Thrombocytopenia Oral Therapy](#)

A complete list of previous MCGs that have been consolidated is shown below.

Generic/Brand	MCG Number
Avatrombopag (Doptelet, Doptelet Sprinkle)	09-J3000-02
Eltrombopag (Promacta, Alvaiz)	09-J1000-13
Fostamatinib (Tavalisse)	09-J3000-00
Lusutrombopag (Mulpleta) Tablet	09-J3000-11
Rilzabrutinib (Wayrilz)	09-J5000-30