

Medical Coverage Guideline: 09-J4000-14, Budesonide (Tarpeyo)

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

[09-J5000-34, Immunoglobulin A nephropathy \(IgAN\)](#)

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

Generic/Brand	MCG Number
Atrasentan (Vanrafi) tablet	09-J5000-20
Budesonide (Tarpeyo)	09-J4000-14
Sparsentan (Filspari)	09-J4000-48