BlueCross BlueShield
Federal Employee Program

INQOVI
(decitabine and cedazuridine)

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Myelodysplastic syndromes (MDS), including:
   a. De novo and secondary MDS
   b. Chronic myelomonocytic leukemia (CMML)
   c. Intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System groups

AND ALL of the following:

a. Prescriber agrees to monitor absolute neutrophil count (ANC) and platelets prior to initiating Inqovi and before each cycle and delay the next cycle resuming at the same or reduced dose as clinically indicated
b. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Inqovi and for 6 months after the last dose
c. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Inqovi and for 3 months after the last dose

Prior - Approval Limits

Quantity 15 tablets per 84 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

INQOVI
(decitabine and cedazuridine)

Patient must have the following:

1. Myelodysplastic syndromes (MDS), including:
   a. De novo and secondary MDS
   b. Chronic myelomonocytic leukemia (CMML)
   c. Intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System groups

AND ALL of the following:

a. **NO** disease progression or unacceptable toxicity
b. Prescriber agrees to monitor absolute neutrophil count (ANC) and platelets before each cycle and delay the next cycle resuming at the same or reduced dose as clinically indicated
c. Females of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Inqovi and for 6 months after the last dose
d. Male patients with female partners of reproductive potential **only**: patient will be advised to use effective contraception during treatment with Inqovi and for 3 months after the last dose

Prior - Approval *Renewal* Limits

Same as above