Inqovi (decitabine and cedazuridine)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Inqovi (decitabine and cedazuridine)	May be subject to quantity limit

APPROVAL CRITERIA

Requests for Inqovi (decitabine and cedazuridine) may be approved if the following criteria are met:

I. Individual has a diagnosis of myelodysplastic syndrome (MDS) or chronic myelomonocytic leukemia (CMML); **AND**
II. Individual has intermediate to high-risk disease.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2022. URL: http://www.clinicalpharmacology.com. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: January 18, 2022.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically.
5. NCCN Clinical Practice Guidelines in Oncology™. © 2020 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: http://www.nccn.org/index.asp. Accessed on January 18, 2022.
    a. Myelodysplastic Syndromes. V3.2022. Revised January 13, 2022.