

# 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 myelodysplastic/myeloproliferative neoplasm (MDS/MPN) [including chronic myelomonocytic leukemia (CMML)]; **AND**
- II. Individual has intermediate to high-risk disease.

## **Key References:**

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: January 5, 2024j.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2023; Updated periodically.
4. NCCN Clinical Practice Guidelines in Oncology™. © 2024 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on January 5, 2024.
  - a. Myelodysplastic Syndromes. V3.2023. Revised November 10, 2023.

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

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