Commercial/Healthcare Exchange PA Criteria

Effective: November 11, 2020

Prior Authorization: Inqovi

Products Affected: Inqovi (decitabine and cedazuridine) tablets

Medication Description: As a nucleoside metabolic inhibitor, decitabine, through direct incorporation into DNA, causes hypomethylation in cancer cells which may restore normal function to genes that are important for the control of cellular differentiation and proliferation. Cytidine deaminase is an enzyme that catalyzes the degradation of cytidine, including the cytidine analog decitabine which is not well absorbed orally. As a cytidine deaminase inhibitor, administration of cedazuridine with decitabine increases the systemic exposure of decitabine.

Covered Uses: Treatment of adult patients with myelodysplastic syndromes (MDS), including previously treated and untreated, de novo and secondary MDS with the following French-American-British subtypes (refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, and chronic myelomonocytic leukemia [CMML]) and intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System groups.

Exclusion Criteria: N/A

Required Medical Information:
1. Diagnosis

Age Restriction: 18 years of age and older

Prescriber Restriction: Prescribed by, or in consultation with, an oncologist

Coverage Duration: 3 years

Other Criteria:
Myelodysplastic Syndromes

A. Patient has a diagnosis of myelodysplastic syndromes (MDS), including previously treated and untreated, de novo and secondary MDS with the following French-American-British subtypes (refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts, and chronic myelomonocytic leukemia [CMML]) and intermediate-1, intermediate-2, and high-risk International Prognostic Scoring System groups; **AND**
B. Patient is not receiving Inqovi concomitantly with intravenous decitabine

References:
1. Inqovi® tablets [prescribing information]. Princeton, NJ and Japan: Taiho Oncology, Inc. and Otsuka Pharmaceutical Co.; July 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	11/5/2020