



**Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: November 11, 2020*

**Quantity Limit Name:** Inqovi

**Products Affected:** Inqovi (decitabine and cedazuridine) tablets

**Type of Quantity Limit:**

- FDA maximum
- Usual Daily Frequency
- Split fill
- Other (Please specify): \_\_\_\_\_

**Limits to be applied:**

Inqovi 35mg/100mg tablets: 5 tablets per 28 days

**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	11/11/20