A guide for nurses

There's no place like home

INQOVI® (decitabine and cedazuridine) tablets—THE ONLY oral hypomethylating agent (HMA) for the treatment of myelodysplastic syndromes (MDS), including CMML. With INQOVI, patients can take their therapy in the convenience and comfort of their own home or wherever they are.[1]

CMML=chronic myelomonocytic leukemia.

INDICATIONS

INQOVI is indicated for 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.

SELECTED IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Myelosuppression

Fatal and serious myelosuppression can occur with INQOVI. Based on laboratory values, new or worsening thrombocytopenia occurred in 82% of patients, with Grade 3 or 4 occurring in 76%. Neutropenia occurred in 73% of patients, with Grade 3 or 4 occurring in 71%. Anemia occurred in 71% of patients, with Grade 3 or 4 occurring in 55%. Febrile neutropenia occurred in 33% of patients, with Grade 3 or 4 occurring in 32%. Myelosuppression (thrombocytopenia, neutropenia, anemia, and febrile neutropenia) is the most frequent cause of INQOVI dose reduction or interruption, occurring in 36% of patients. Permanent discontinuation due to myelosuppression (febrile neutropenia) occurred in 1% of patients. Myelosuppression and worsening neutropenia may occur more frequently in the first or second treatment cycles and may not necessarily indicate progression of underlying MDS.

Please see Important Safety Information on pages 18-19 and full Prescribing Information in pocket or at INQOVI.com/PI.

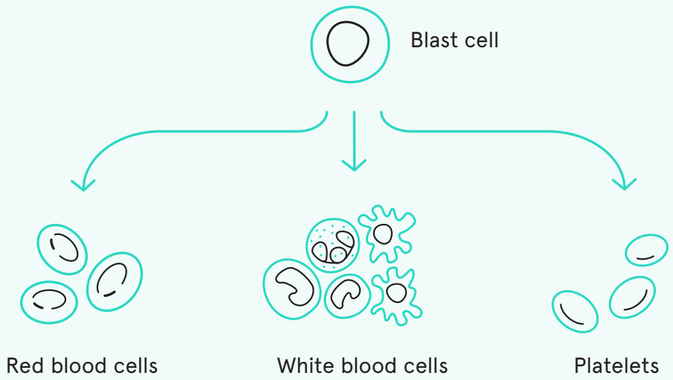
INQOVI®
(decitabine and cedazuridine)
35mg / 100mg tablets

About MDS

What is MDS?[2-4]

MDS is a type of cancer that can occur when the blood-forming cells within the bone marrow develop abnormally. MDS most often occurs in people older than 65 years. CMML is a type of leukemia that can share characteristics with MDS.

Under normal circumstances, bone marrow produces blast cells (immature blood cells) that develop into mature red blood cells (RBC), white blood cells (WBC), or platelets.



Provided as a courtesy from MDS Foundation. For further information, please see mds-foundation.org/you-and-mds.

In patients with MDS, genetic mutations in blast cells make the bone marrow unable to produce enough functional blood cells.

When blood cells are dysfunctional, they often die early, or the body might destroy them, leaving patients without enough normal blood cells. All blood cells can be affected in MDS, but the most common finding is anemia, or a low RBC count.

Types of MDS[5-7]

Patients with MDS may not experience any symptoms at all. Routine blood tests will often identify low RBC, low WBC, or low platelet counts. Some patients seek medical care due to symptoms relating to the type(s) of blood cell count that is (are) low.

There are several different types of MDS. The World Health Organization (WHO) recognizes 6 different types of MDS. They are classified mainly by how the cells within the bone marrow look. This can make it difficult to identify the exact type of MDS a person has.

The revised International Prognostic Scoring System, or IPSS-R, looks at the following 5 disease factors in an effort to help doctors determine when to start treatment and how intensive treatment should be:

- Percentage of blasts in the bone marrow
- Cytogenetics
- Hemoglobin level
- Absolute neutrophil count
- Platelet count

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About MDS treatment

Treatment for MDS, including CMML

Patients with low levels of normal cells will often receive blood transfusions. Some patients will also require chemotherapy. One of the most common ways to treat higher-risk MDS is with HMAs.[8,9]

HMAs are a type of chemotherapy that has been shown to improve blood counts in patients with MDS, including CMML. This can lessen the need for blood transfusions. Azacitidine and decitabine are 2 common HMAs.[8,9]

About HMA treatment

While HMAs are an important standard of care for patients with higher-risk MDS, receiving these treatments can be challenging for some patients and caregivers. These treatments often require[5,9]:

Additional travel to and from chemotherapy infusion centers or hospitals for IV infusions or subcutaneous injections
- Visits may be long and frequent, for multiple cycles (5-7 days/cycle)[10,11]

Venous access and parenteral administration[12,13]

Premature treatment discontinuation may be a concern for MDS patients

<4 cycles ≥90 days

Of 664 higher-risk patients, 295 (44.4%) were nonpersistent with HMA treatment (nonpersistence is defined by the investigators as <4 cycles or a gap of ≥90 days between cycles)[14]

- This finding is based on a retrospective analysis of the SEER* database and did not measure treatment outcomes. Therefore, these data should be interpreted with caution
- Additional steps (such as closer care management and follow-up) may be needed to improve patient continuation on HMA treatment in the higher-risk patient population[14]

MDS can require lifelong treatment†, so an oral treatment may be more convenient for patients and caregivers, particularly patients who may remain on treatment for an extended period of time, even years.[10,13,15]

*Surveillance, Epidemiology, and End Results (SEER)-Medicare linked database between 2010 and 2016.
†Especially in the case of transplant-ineligible patients.
IV=intravenous.

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About INQOVI[1]

INQOVI® (decitabine and cedazuridine) tablets are the only oral HMA therapy approved by the FDA for the treatment of MDS, including CMML.

INQOVI is a fixed-dose combination tablet of decitabine (35 mg) and cedazuridine (100 mg), a cytidine deaminase inhibitor that inhibits decitabine breakdown in the gut to achieve systemic exposure equivalent to IV decitabine.

Tablet shown is not actual size. Actual tablet size is 7.94 mm x 14.29 mm.

The INQOVI patient

- Has been diagnosed with de novo or secondary MDS, including CMML
- Is classified as intermediate- or high-risk MDS
- Has not received prior treatment or has previously been treated

Additional patient considerations:

- Wishes to take their HMA therapy in the comfort of their own home
- Unable to have, or does not wish to have, infusion port placement
- Does not have regular support to manage travel to the infusion center

Talk with your patients to see if they are a candidate for oral HMA treatment with INQOVI.

SELECTED IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS
Myelosuppression (continued)
Fatal and serious infectious complications can occur with INQOVI. Pneumonia occurred in 21% of patients, with Grade 3 or 4 occurring in 15%. Sepsis occurred in 14% of patients, with Grade 3 or 4 occurring in 11%. Fatal pneumonia occurred in 1% of patients, fatal sepsis in 1%, and fatal septic shock in 1%.

Decitabine and cedazuridine (INQOVI®) is the only FDA-approved oral HMA option in MDS (IPSS Intermediate-1 and above) that the National Comprehensive Cancer Network® (NCCN®) recommends could be a substitution for IV decitabine[1,16]

Oral decitabine and cedazuridine (DEC-C) (Category 2A) could be a substitution for intravenous decitabine in patients with IPSS intermediate-1 and above in the *NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Myelodysplastic Syndromes*.

- Do not substitute decitabine and cedazuridine (INQOVI) for an IV decitabine product within a cycle[1]

*Category 2A: Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.[16]

INDICATIONS

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INQOVI®
(decitabine and cedazuridine)
35mg/100mg tablets

The ONLY **oral HMA for MDS, including CMML, that**

Patients can take from the convenience of home[1]

Oral dosing

- 1 tablet, once a day for 5 days per 28-day cycle
- Fixed-dose combination tablet containing decitabine (35 mg) and cedazuridine (100 mg)
- It is important to remind patients that response to INQOVI® (decitabine and cedazuridine) tablets may not be immediate. Premature discontinuation can limit therapeutic benefits that would otherwise have been reached
- A complete or partial response may take longer than 4 cycles

28-day dosing cycle

Week 1	Take 1 tablet once daily for 5 days	2 days rest
Week 2	Rest	
Week 3	Rest	
Week 4	Rest	

SELECTED IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Myelosuppression (continued)

Obtain complete blood cell counts prior to initiation of INQOVI, prior to each cycle, and as clinically indicated to monitor response and toxicity. Administer growth factors and anti-infective therapies for treatment or prophylaxis as appropriate. Delay the next cycle and resume at the same or reduced dose as recommended.

Embryo-Fetal Toxicity

INQOVI can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise patients to use effective contraception during treatment and for 6 months (females) or 3 months (males) after last dose.

Important dosing reminders

- Patients should avoid eating for 2 hours before and 2 hours after taking INQOVI
- Tablets must be swallowed whole—not cut, crushed, or chewed
- Consider administering antiemetics prior to each dose to minimize nausea and vomiting
- Do NOT substitute INQOVI for an IV decitabine product within a cycle
- Patients should take INQOVI at the same time each day

Storage and handling with INQOVI

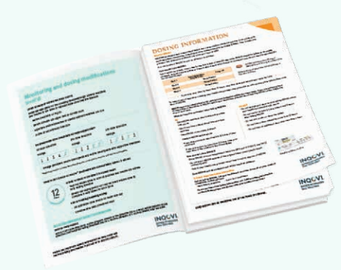
- Store INQOVI tablets in original packaging at room temperature at 20°C to 25°C (68°F to 77°F); excursions permitted from 15°C to 30°C (59°F to 86°F)

DosePak is 7.35 in x 2.45 in.

Additional health resources

Health Journal

A place for patients and caregivers to keep track of their dosing schedule, make note of any side effects, and jot down anything they want to discuss with their healthcare provider.



Dosing Tearpad

A tool to help ensure appropriate dosing and remind patients and caregivers how INQOVI should be taken.

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INQOVI® (decitabine and cedazuridine) 35mg/100mg tablets

Monitoring and dosing modifications[1]

Dose interruptions due to an adverse reaction occurred in **41% of patients** who received INQOVI® (decitabine and cedazuridine) tablets. **Dose reductions** due to an adverse reaction occurred in **19% of patients** who received INQOVI.

- The most frequent cause of dose reduction or interruption was myelosuppression (thrombocytopenia, neutropenia, anemia, and febrile neutropenia)

Monitor response

- Obtain complete blood cell counts prior to initiating INQOVI and before each cycle
- Manage toxicity using dose delay, dose modification, growth factors, and anti-infective therapies for treatment or prophylaxis as needed

When to delay or reduce the dose

Delay the next cycle if absolute neutrophil count (ANC) is <1000/µL and platelets are <50,000/µL in the absence of active disease. Monitor complete blood cell counts until ANC is ≥1000/µL and platelets are ≥50,000/µL.

If hematologic recovery does not occur within 2 weeks of achieving remission:

- **Delay INQOVI for up to 2 additional weeks, AND**
- **Resume at a reduced dose by administering INQOVI on days 1 through 4**
- **Consider further dose reductions** (listed on the next page) **if myelosuppression persists after first dose reduction**
- **Maintain or increase dose in subsequent cycles as clinically indicated**

SELECTED IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS
Serious adverse reactions in > 5% of patients included febrile neutropenia (30%), pneumonia (14%), and sepsis (13%). Fatal adverse reactions included sepsis (1%), septic shock (1%), pneumonia (1%), respiratory failure (1%), and one case each of cerebral hemorrhage and sudden death.

When to delay or reduce the dose (continued)

Delay the next cycle for the following nonhematologic adverse reactions and resume at the same or reduced dose once they are resolved:

- Serum creatinine ≥2 mg/dL
- Serum bilirubin ≥2x upper limit of normal (ULN)
- Aspartate aminotransferase or alanine aminotransferase ≥2x ULN
- Active or uncontrolled infection

Recommended dose reductions for myelosuppression*

1st dose reduction	2nd dose reduction	3rd dose reduction
Dosage:	Dosage:	Dosage:
1 day, 2 day, 3 day, 4 day, ~~5 day~~	1 day, 2 day, 3 day, ~~4 day~~, ~~5 day~~	1 day, ~~2 day~~, 3 day, ~~4 day~~, 5 day

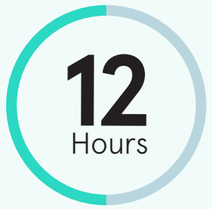
- Manage persistent severe neutropenia and febrile neutropenia with supportive treatment

*Myelosuppression includes thrombocytopenia, neutropenia, anemia, and febrile neutropenia.

If vomiting occurs following dosing:

- No additional dose should be taken that day
- Continue with next scheduled dose

What to do if a dose of INQOVI is missed



Within 12 hours of the time it is usually taken:

- Take the missed dose as soon as possible and resume the normal daily dosing schedule
- Extend the dosing period by 1 day for every missed dose to complete 5 daily doses for each cycle

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INQOVI®
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35mg/100mg tablets

INQOVI clinical trial

Trial design[1,17]

The phase 3 crossover trial was designed to assess systemic decitabine exposure, demethylation activity, and safety between IV decitabine and INQOVI® (decitabine and cedazuridine) tablets. The trial allowed for intrapatient comparison in the first 2 randomized treatment cycles, and then assessment of the long-term efficacy and safety of INQOVI as a single arm.

	Phase 3[1] **N=133**
Primary endpoint	5-day area under the curve (AUC) between INQOVI and IV decitabine
Secondary endpoints	Complete response Rate of conversion from transfusion dependence to transfusion independence
Other results	Median duration of treatment: 8.2 months (range: 0.2-19.7) Median follow-up time: 12.6 months (range: 9.3-20.5)

Open-label, randomized, 2-cycle, 2-sequence, crossover clinical trial in treatment-experienced or -naive patients with MDS, including CMML (International Prognostic Scoring System [IPSS] intermediate-1, -2, or high-risk).[1]

- Patients were allowed to have 1 prior cycle of decitabine or azacitidine, and there was no limit for body weight or surface area
- Patients were randomized 1:1 to INQOVI (decitabine 35 mg/cedazuridine 100 mg) or IV decitabine 20 mg/m^2 daily from day 1 through day 5 of each 28-day cycle
- Patients received one agent in cycle 1 and then crossed over to receive the other agent in cycle 2
- All patients received INQOVI after cycle 2, and treatment continued until disease progression or unacceptable toxicity
- In the pooled safety population of phases 2 and 3, 61% of patients receiving INQOVI were exposed for ≥6 months and 24% were exposed for >1 year

The only oral HMA with equivalent systemic exposure to IV decitabine[1]

Phase 3 trial results (N=133)

99% **ratio of oral to IV 5-day decitabine AUC** shows similar pharmacokinetic profile (90% CI: 93, 106)
- This ratio is the geometric mean of the 5-day cumulative decitabine AUC between INQOVI and IV-administered decitabine when administered once daily for 5 consecutive days

21% of patients achieved a **complete response** (95% CI: 15, 29)

53% of patients who were initially transfusion dependent achieved posttreatment **RBC and platelet transfusion independence (30/57)***

63% of those who were initially transfusion independent remained independent posttreatment (48/76)*

After taking INQOVI, 20% (27/133) of patients went on to receive stem cell transplantation.

*No transfusion for at least 56 consecutive days posttreatment in patients who were transfusion dependent at baseline.

SELECTED IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS (continued)
The most common adverse reactions (≥ 20%) were fatigue (55%), constipation (44%), hemorrhage (43%), myalgia (42%), mucositis (41%), arthralgia (40%), nausea (40%), dyspnea (38%), diarrhea (37%), rash (33%), dizziness (33%), febrile neutropenia (33%), edema (30%), headache (30%), cough (28%), decreased appetite (24%), upper respiratory tract infection (23%), pneumonia (21%), and transaminase increased (21%). The most common Grade 3 or 4 laboratory abnormalities (≥ 50%) were leukocytes decreased (81%), platelet count decreased (76%), neutrophil count decreased (71%), and hemoglobin decreased (55%).

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INQOVI® (decitabine and cedazuridine) 35mg/100mg tablets

Adverse reactions seen with INQOVI[1]

Adverse reactions reported in ≥10% of patients in the pooled phase 2 and phase 3 safety population

Adverse reactions[a]	INQOVI cycle 1 n=107		IV decitabine cycle 1 n=106		INQOVI all cycles n=208[c]	
	All grades (%)	Grades 3–4 (%)	All grades (%)	Grades 3–4 (%)	All grades (%)	Grades 3–4 (%)
General disorders and administration site conditions						
Fatigue[b]	29	2	25	0	55	5
Hemorrhage[b]	24	2	17	0	43	3
Edema[b]	10	0	11	0	30	0.5
Pyrexia	7	0	7	0	19	1
Gastrointestinal disorders						
Constipation[b]	20	0	23	0	44	0
Mucositis[b]	18	1	24	2	41	4
Nausea	25	0	16	0	40	0.5
Diarrhea[b]	16	0	11	0	37	1
Transaminase increased[b]	12	1	3	0	21	3
Abdominal pain[b]	9	0	7	0	19	1
Vomiting	5	0	5	0	15	0
Musculoskeletal and connective tissue disorders						
Myalgia[b]	9	2	16	1	42	3
Arthralgia[b]	9	1	13	1	40	3
Respiratory, thoracic, and mediastinal disorders						
Dyspnea[b]	17	3	9	3	38	6
Cough[b]	7	0	8	0	28	0
Blood and lymphatic system disorders						
Febrile neutropenia	10	10	13	13	33	32
Skin and subcutaneous tissue disorders						
Rash[b]	12	1	11	1	33	0.5
Nervous system disorders						
Dizziness[b]	16	1	11	0	33	2
Headache[b]	22	0	13	0	30	0
Neuropathy[b]	4	0	8	0	13	0

[a]Please see full Prescribing Information for complete list of adverse events occurring during all cycles.
[b]Includes multiple adverse reaction terms.
[c]Includes adverse reactions that occurred during all cycles, including during treatment with 1 cycle of IV decitabine.

Adverse reactions reported in ≥10% of patients in the pooled phase 2 and phase 3 safety population (continued)

Adverse reactions[a]	INQOVI cycle 1 n=107		IV decitabine cycle 1 n=106		INQOVI all cycles n=208[c]	
	All grades (%)	Grades 3–4 (%)	All grades (%)	Grades 3–4 (%)	All grades (%)	Grades 3–4 (%)
Metabolism and nutritional disorders						
Decreased appetite	10	1	6	0	24	2
Infections and infestations						
Upper respiratory tract infection[b]	6	0	3	0	23	1
Pneumonia[b]	7	7	7	5	21	15
Sepsis[b]	6	6	2	1	14	11
Cellulitis[b]	4	1	3	2	12	5
Investigations						
Renal impairment[b]	9	0	8	1	18	0
Weight decreased	5	0	3	0	10	1
Injury, poisoning, and procedural complications						
Fall	4	0	1	0	12	1
Psychiatric disorders						
Insomnia	6	0	2	0	12	0.5
Vascular disorders						
Hypotension[b]	4	0	6	1	11	2
Cardiac disorders						
Arrhythmia[b]	3	0	2	0	11	1

[a]Please see full Prescribing Information for complete list of adverse events occurring during all cycles.
[b]Includes multiple adverse reaction terms.
[c]Includes adverse reactions that occurred during all cycles, including during treatment with 1 cycle of IV decitabine.

- Safety results were similar to IV decitabine with no unexpected adverse reactions reported in the first 2 cycles
- Incidence of cytopenias was slightly higher in INQOVI® (decitabine and cedazuridine) tablets during cycle 1 compared to IV decitabine

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Adverse reactions seen with INQOVI[1] (continued)

- **Clinically relevant adverse reactions** in <10% of patients who received INQOVI included: acute febrile neutrophilic dermatosis (Sweet's syndrome) (1%) and tumor lysis syndrome (0.5%)
- **Serious adverse reactions** occurred in 68% of patients who received INQOVI. Serious adverse reactions in >5% of patients included febrile neutropenia (30%), pneumonia (14%), and sepsis (13%)
- **Fatal adverse reactions** occurred in 6% of patients, and included sepsis (1%), pneumonia (1%), respiratory failure (1%), septic shock (1%), and 1 case each of cerebral hemorrhage and sudden death
- **Dose interruptions** due to an adverse reaction occurred in 41% of patients who received INQOVI. Adverse reactions requiring dosage interruptions in >5% of patients who receive INQOVI included neutropenia (18%), febrile neutropenia (8%), thrombocytopenia (6%), and anemia (5%)
- **Dose reductions** due to an adverse reaction occurred in 19% of patients who received INQOVI. Adverse reactions requiring dosage reductions in >2% of patients who received INQOVI included neutropenia (12%), anemia (3%), and thrombocytopenia (3%)

Select laboratory abnormalities (>20%) in pooled safety population

Lab parameter[a]	INQOVI cycle 1[b]		IV decitabine cycle 1[b]		INQOVI all cycles[b]	
	All grades (%)	Grades 3–4 (%)	All grades (%)	Grades 3–4 (%)	All grades (%)	Grades 3–4 (%)
Hematology						
Leukocytes decreased	79	65	77	59	87	81
Platelet count decreased	79	65	77	67	82	76
Neutrophil count decreased	70	65	62	59	73	71
Hemoglobin decreased	58	41	59	36	71	55

[a]Includes any lab abnormalities that worsened by ≥1 grades. Grades 3 to 4 include any lab abnormalities that worsened to grade 3 or grade 4.
[b]The denominator used to calculate the rate varied from 103 to 107 for INQOVI® (decitabine and cedazuridine) tablets cycle 1, from 102 to 106 for the IV decitabine cycle, and from 203 to 208 for INQOVI (all cycles) based on the number of patients with a baseline value and ≥1 posttreatment value.

Please see full Prescribing Information for chemistry lab safety parameters.

Discontinuation rate

- **5% of patients discontinued** treatment with INQOVI due to an adverse reaction
- The most frequent adverse reactions resulting in permanent discontinuation were febrile neutropenia (1%) and pneumonia (1%)

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IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Myelosuppression

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Fatal and serious infectious complications can occur with INQOVI. Pneumonia occurred in 21% of patients, with Grade 3 or 4 occurring in 15%. Sepsis occurred in 14% of patients, with Grade 3 or 4 occurring in 11%. Fatal pneumonia occurred in 1% of patients, fatal sepsis in 1%, and fatal septic shock in 1%.

Obtain complete blood cell counts prior to initiation of INQOVI, prior to each cycle, and as clinically indicated to monitor response and toxicity. Administer growth factors and anti-infective therapies for treatment or prophylaxis as appropriate. Delay the next cycle and resume at the same or reduced dose as recommended.

Embryo-Fetal Toxicity

INQOVI can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise patients to use effective contraception during treatment and for 6 months (females) or 3 months (males) after last dose.

ADVERSE REACTIONS

Serious adverse reactions in > 5% of patients included febrile neutropenia (30%), pneumonia (14%), and sepsis (13%). Fatal adverse reactions included sepsis (1%), septic shock (1%), pneumonia (1%), respiratory failure (1%), and one case each of cerebral hemorrhage and sudden death.

The most common adverse reactions (≥ 20%) were fatigue (55%), constipation (44%), hemorrhage (43%), myalgia (42%), mucositis (41%), arthralgia (40%), nausea (40%), dyspnea (38%), diarrhea (37%), rash (33%), dizziness (33%), febrile neutropenia (33%), edema (30%), headache (30%), cough (28%), decreased appetite (24%), upper respiratory tract infection (23%), pneumonia (21%), and transaminase increased (21%). The most common Grade 3 or 4 laboratory abnormalities (≥ 50%) were leukocytes decreased (81%), platelet count decreased (76%), neutrophil count decreased (71%), and hemoglobin decreased (55%).

USE IN SPECIFIC POPULATIONS

Lactation

Because of the potential for serious adverse reactions in the breastfed child, advise women not to breastfeed during treatment with INQOVI and for 2 weeks after the last dose.

Renal Impairment

No dosage modification of INQOVI is recommended for patients with mild or moderate renal impairment (creatinine clearance [CLcr] of 30 to 89 mL/min based on Cockcroft-Gault). Due to the potential for increased adverse reactions, monitor patients with moderate renal impairment (CLcr 30 to 59 mL/min) frequently for adverse reactions. INQOVI has not been studied in patients with severe renal impairment (CLcr 15 to 29 mL/min) or end-stage renal disease (ESRD: CLcr <15 mL/min).

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How to help manage common adverse reactions

The following information may help patients manage some of the common side effects they may experience while taking INQOVI® (decitabine and cedazuridine) tablets. Please share this information with your patients when they begin treatment with INQOVI.

Tiredness or weakness[18]

- Stress and anxiety may increase feelings of tiredness. You can try meditation or yoga to relax and release stress
- Eat well and hydrate with about 8 cups of water or juice a day
- Plan time to rest throughout the day, and consider taking short naps
- Don't try to do too much. Ask for help with activities that require a lot of energy
- Try to stay active with short walks or other low-effort exercise
- Try to get at least 8 hours of sleep every night. Consider making a bedtime routine to relax before bed
- Try keeping a diary of how you feel each day. You can share this with your healthcare provider or nurse to keep track of your energy levels
- Talk to your healthcare provider. He or she may prescribe medication that can help decrease tiredness

Fever[18-20]

- You may have a fever if you:
  - Feel very warm or cold
  - Have a headache or body aches
  - Have shaking chills
  - Have a skin rash or a new area of redness or swelling
  - Have a new cough or shortness of breath
  - Have a sore throat
  - Have new belly pain
  - Feel burning or pain while urinating
  - Have pus coming from an injury or other location
  - Feel confused or forgetful
- **Call your healthcare provider immediately if you have a fever or other signs of infection, such as chills or body aches**
- To see if you have a fever, you can check your temperature by mouth. If you can't use this method, hold the thermometer under your armpit
  - Your healthcare provider may tell you to contact them if your temperature reaches **100.5°F (38°C) or higher**
- A fever can cause fluid loss and dehydration. Drink plenty of liquids, like water, juice, and soup
- Get enough rest
- Keep cool by using a cold compress on your forehead
- Your healthcare provider may prescribe medicine to help reduce fever. **Do not take fever medicine without talking to your healthcare provider**

Nausea or vomiting[18,21]

- You may feel nauseous on the days you take INQOVI or shortly after
- It may help to avoid certain foods. Try eating bland, easy-to-digest foods like crackers or toast instead of greasy, fried, sweet, or spicy foods
- Avoid strong smells. Go outside and get a breath of fresh air if you feel like vomiting
- Eat smaller meals throughout the day instead of 3 large ones. Eat food at room temperature
- Talk to your healthcare provider, who may prescribe medicine to help reduce nausea. You can take this before treatment with INQOVI

Please see Important Safety Information on pages 18-19 and full Prescribing Information in pocket or at INQOVI.com/PI.

How to help manage common adverse reactions (continued)

Constipation[18,22]

- **Talk to a healthcare provider if you have not had a bowel movement in 2 days**
- Keep a record of your bowel movements so that you can discuss with your healthcare provider what is normal for you
- Talk to your healthcare provider about high-fiber foods you can eat. Some examples are bran muffins, cooked peas and beans, and peanut butter
- Stay hydrated. Drink at least 8 cups of water or other fluids per day
- Drink warm fluids like tea. Fruit juice such as prune juice may also help
- Be active when you can. Ask your healthcare provider about ways to exercise while taking INQOVI® (decitabine and cedazuridine) tablets

Diarrhea[18]

- **Talk to a healthcare provider if:**
  - Your diarrhea lasts for more than 24 hours
  - You experience pain along with diarrhea
  - Your rectal area is sore or bleeds
- Your healthcare provider may prescribe medication to help. Do not take medicine for diarrhea before talking to a doctor or nurse
- Eat smaller meals throughout the day instead of 3 large ones
- Ask your healthcare provider about foods high in sodium and potassium. Your body can lose these minerals when you have diarrhea, and it's important to replace them
- Eat low-fiber foods such as bananas, white rice, white toast, and plain or vanilla yogurt
- Drink 8 to 12 cups of clear liquids each day, such as water or clear broth. Liquids containing electrolytes can be helpful
- Drink liquids slowly and at room temperature

Decreased appetite[18]

- Eat small meals throughout the day instead of 3 large ones
- Set a daily schedule for meals, and eat even if you do not feel hungry
- Drink liquid foods such as soup or smoothies if you do not feel like eating solid foods
- Choose foods that are high in calories and/or protein
- Use plastic forks or spoons if you get a metallic taste in your mouth
- Being active may help you feel hungrier. Talk to your healthcare provider about exercises that can help
- Talk to your healthcare provider, who may suggest that you take extra vitamins or supplements

Cough[23]

- Cough can be caused by different things, such as:
  - Allergies
  - Secondhand smoke or chemicals
  - Infection
  - Acid reflux, or heartburn
- Talk to your healthcare provider to determine the cause and type of cough. A cough can be acute (lasting less than 3 weeks) or persistent (more than 8 weeks)
- **Call your healthcare provider immediately if you cough up blood or colored mucus, or experience other symptoms with your cough**
- Avoid exposure to secondhand smoke or chemicals that may irritate your throat. These can be found in hairspray or cleaning products
- Avoid things you are allergic to. It's a good idea to vacuum and dust regularly If you have allergies
- You can take a hot shower or use a humidifier to loosen mucus and moisten the throat
- Stay hydrated to thin out the mucus in the throat
- Talk to your healthcare provider about medicines that may help alleviate your cough, such as antihistamines or cough drops

TAIHO ONCOLOGY PATIENT SUPPORT
Supporting your treatment journey

Taiho Oncology Patient Support™ for you and your patients

Taiho Oncology Patient Support™ offers personalized services to help give patients, caregivers, and healthcare professionals access to Taiho Oncology products. This includes insurance coverage determination and help with medication affordability. For more information, please visit or refer patients to **TaihoPatientSupport.com**

Meeting the access needs of your patients

Getting patients access to their medicine is an important step. Taiho Oncology Patient Support™ strives to make this process as simple as possible.

Taiho Oncology Patient Support™ can assist with:

Insurance Coverage Support*
- Benefits investigation and prior authorization assistance
- Appeals assistance
- $0 Copay program enrollment for commercially insured patients

Specialty Pharmacy Prescription Coordination

Prescriptions will be triaged to the requested specialty pharmacy, self-dispensing practice, or hospital outpatient pharmacy.

Personalized Nurse Support†

Nurse support services are available to aid patient education and adherence.

Taiho Oncology Patient Support™ Co-pay Program

Eligible, privately insured patients can enroll in the Taiho Oncology Patient Support™ Co-pay program, which may help reduce out of pocket expenses to $0 for their treatment with INQOVI® (decitabine and cedazuridine) tablets.

To determine patient eligibility, go to **TaihoOncologyCopay.com** or call **1-844-TAIHO-4U** (1-844-824-4648)

Support starts with an easy-to-complete Enrollment Form that can be downloaded at TaihoPatientSupport.com/how-to-enroll

To register or learn more, visit or refer patients to **TaihoPatientSupport.com** or call **1-844-TAIHO-4U** (1-844-824-4648) Monday to Friday, 8 AM to 8 PM ET.

*Visit TaihoPatientSupport.com to see full eligibility criteria.
†If selected on the Patient Enrollment Form, a Nurse Navigator will be assigned to provide telephone support and will address general inquiries about INQOVI treatment.

Please see Important Safety Information on pages 18-19 and full Prescribing Information in pocket or at INQOVI.com/PI.

INQOVI®
(decitabine and cedazuridine)
35mg/100mg tablets

Additional patient resources

The INQOVI Treatment Kit

The INQOVI Treatment Kit is here to help patients and caregivers with INQOVI® (decitabine and cedazuridine) tablets treatment for MDS.

The kit includes:

1. A comprehensive patient brochure
2. Accompanying caregiver brochure
3. Blister pack opener with instruction card
4. Health journal
5. Advocacy support brochure

Treatment kit is approximately 10.125 in x 11.125 in x 1.625 in.

Patient advocacy organizations

These organizations offer patients information, support, and community. Feel free to share the following resources with your patients:

The Aplastic Anemia and MDS International Foundation (AAMDSIF)
Visit **aamds.org** or call 1-800-747-2820
Monday to Friday, 8 AM to 4 PM ET
to contact the Patient HelpLine

The Leukemia & Lymphoma Society (LLS)
Visit **lls.org** or call 1-800-955-4572
Monday to Friday, 9 AM to 9 PM ET
to speak with an information specialist

The Myelodysplastic Syndromes (MDS) Foundation, Inc.
Visit **mds-foundation.org** or
call 1-800-MDS-0839 (1-800-637-0839)

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Consider INQOVI, **THE ONLY** oral HMA for the treatment of MDS including CMML[1]

- **INQOVI is taken once daily, only 5 days per 28-day cycle**[1]
- Demonstrated **equivalent** systemic exposure and **a similar safety profile to IV decitabine with no unexpected adverse reactions**[1,17]
  - Incidence of cytopenias was slightly higher in INQOVI during cycle 1 compared to IV decitabine

INQOVI® (decitabine and cedazuridine) tablets—indicated for 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.

For questions about treatment with INQOVI,
call 1-844-TAIHO-4U (1-844-824-4648) or visit INQOVI.com

SELECTED IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Myelosuppression: Fatal and serious myelosuppression and infectious complications can occur. Obtain complete blood cell counts prior to initiation of INQOVI, prior to each cycle, and as clinically indicated to monitor for response and toxicity.

Embryo-Fetal Toxicity: Can cause fetal harm.

Please see Important Safety Information, including information on myelosuppression and embryo-fetal toxicity, on pages 18-19 and full Prescribing Information in pocket or at INQOVI.com/PI.

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INQOVI®
(decitabine and cedazuridine)
35mg / 100mg tablets