



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DECITABINE/CEDAZURIDINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DECITABINE/ CEDAZURIDINE	INQOVI	46686		GPI-10 (2199000225)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of myelodysplastic syndromes (MDS) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient has **ONE** of the following International Prognostic Scoring System groups: intermediate-1, intermediate-2, or high-risk

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #5 per 28 days.**
If no, continue to #2.

2. Does the patient have a diagnosis of chronic myelomonocytic leukemia (CMML) **AND** meet the following criterion?

- The patient is 18 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #5 per 28 days.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DECITABINE/CEDAZURIDINE (Inqovi)** requires the following rule(s) be met for approval:

A. You have **ONE** of the following diagnoses:

1. Myelodysplastic syndromes (MDS: type of blood cancer)
2. Chronic myelomonocytic leukemia (CMML: rare form of blood cancer)

B. You are 18 years of age or older

C. **If you have myelodysplastic syndromes (MDS), approval also requires:**

1. You meet **ONE** of the following International Prognostic Scoring System groups (scoring system used to predict the course of a patient's disease):
 - a. Intermediate-1
 - b. Intermediate-2
 - c. High-risk

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Inqovi.

REFERENCES

- Inqovi [Prescribing Information]. Pleasanton, CA: Astex Pharmaceuticals, Inc.; July 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/21

Created: 10/20

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P&T Approval: 10/20