



Learn about treatment at **HOME SWEET HOME**

A guide for patients taking INQOVI® (decitabine and cedazuridine) tablets for myelodysplastic syndromes (MDS), including chronic myelomonocytic leukemia (CMML)

What is INQOVI?

INQOVI is a prescription medicine used to treat adults with myelodysplastic syndromes, including chronic myelomonocytic leukemia (CMML). Your healthcare provider will determine if INQOVI can treat your type of MDS.

It is not known if INQOVI is safe or effective in children.

Selected Important Safety Information

INQOVI may cause serious side effects, including:

Low blood cell counts. Low blood counts (white blood cells, platelets, and red blood cells) are common with INQOVI but can also be serious and lead to infections that may be life-threatening. If your blood cell counts are too low, your healthcare provider may need to delay treatment with INQOVI, lower your dose of INQOVI, or in some cases give you a medicine to help treat low blood cell counts. Your healthcare provider may need to give you antibiotic medicines to prevent or treat infections or fever while your blood cell counts are low. Your healthcare provider will check your blood cell counts before you start treatment and regularly during treatment with INQOVI.

Call your healthcare provider right away if you get any of the following signs and symptoms of infection during treatment with INQOVI:

- fever
- body aches
- chills
- bruising more easily than usual

Please see Important Safety Information throughout, read the full Prescribing Information in pocket or at [INQOVI.com/PI](https://www.inqovi.com/PI), and discuss with your healthcare provider.

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

Introduction

About this guide

This guide is to help you as you start oral treatment (taken by mouth) with INQOVI® (decitabine and cedazuridine) tablets for **myelodysplastic syndromes (MDS)**, including **chronic myelomonocytic leukemia (CMML)**.



Whether you were just diagnosed with MDS or you are switching from a different type of treatment, this guide is here to help you better understand your MDS diagnosis and treatment journey.

It is important that you follow your healthcare provider's instructions for taking INQOVI. This booklet serves as a reminder of those instructions. Always contact your healthcare provider if you have questions, or if you have any problems taking your medication as instructed.

— x You can visit **INQOVI.com** for more information x —

Glossary*

Myelodysplastic syndromes (MDS) are a group of bone marrow failure disorders that lead to lowered blood cell counts and cells that don't function properly.

Bone marrow is a tissue inside your bones that produces different types of blood cells.

Chronic myelomonocytic leukemia (CMML) is a rare type of blood cancer that shares features with MDS as well as with another type of blood cancer called myeloproliferative neoplasms.

Myeloproliferative neoplasms are a group of disorders in which the bone marrow produces too many of one or more types of blood cells. They are sometimes known as MPN.

*Definitions of orange bolded terms can also be found in the glossary on pages 26 to 27.

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Selected Important Safety Information

Before taking INQOVI, tell your healthcare provider about all of your medical conditions, including if you:

- have kidney problems
- have liver problems

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About MDS

What is MDS?

The term “myelodysplastic syndromes (MDS)” refers to a **group of conditions**, which are sometimes called bone marrow failure disorders, that can lead to abnormalities in the blood. MDS occurs when bone marrow produces fewer healthy blood cells that work properly. There are several different types of MDS.

MDS is a rare type of blood cancer.

- Up to 20,000 new cases of MDS are reported in the United States every year
- Between 60,000 and 170,000 people in the United States are estimated to have MDS



MDS is not contagious. In very rare cases (up to 10%), MDS can be linked to inherited conditions (meaning they run in your family). Talk to your healthcare provider about inheritable disorders related to MDS.

Glossary

Chemotherapy is the use of cytotoxic agents, or medicines that kill cells. It works by controlling abnormal cells, but it may harm healthy cells in the process.

Radiation therapy is a type of cancer treatment that uses high-energy waves, such as X-rays or gamma rays, to destroy or damage cells in a certain area.

What are the risk factors for MDS?

The cause of MDS is unknown in more than 80% of diagnosed patients.

You may be at greater risk of MDS if you:

- Are older than 60 years (86% of patients with MDS are over 60)
- Are male (men are more than twice as likely to develop MDS as women)
- Have spent a lot of time around chemicals such as benzene (which can be found in tobacco smoke) or other toxic chemicals
- Have received **chemotherapy** or **radiation therapy** for other cancers

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What happens to bone marrow in MDS?

Bone marrow makes immature blood cells called blast cells. In healthy bone marrow, these blast cells will fully mature into 3 different types of blood cells: red blood cells, white blood cells, and platelets.

Blood cells help carry out a lot of important tasks in your body:

- **White blood cells** help fight infection
- × **Platelets** help stop bleeding
- **Red blood cells** carry oxygen around the body

MDS alters the appearance and performance of some blood cells in the bone marrow. These changes cause bone marrow to produce blast cells that do not mature into normal blood cells. As a result, some people with MDS do not have enough normal blood cells.

Glossary

Absolute neutrophil count, sometimes called ANC, is the number of neutrophils in the blood.

Hemoglobin, sometimes called Hgb, is the blood protein that carries oxygen to the body's tissues.

Hematocrit, sometimes called Hct, is the percentage of red blood cells in the body's total blood volume.

This results in **cytopenia(s)**, meaning a shortage of mature blood cells. There are different types of cytopenias, including:

- **Anemia**: Low red blood cell count
- **Leukopenia**: Low white blood cell count
- **Neutropenia**: Low neutrophil count (a type of white blood cell that plays an important role in fighting infection)
- **Thrombocytopenia**: Low platelet count

Your healthcare provider will take regular blood tests to track the levels of different types of blood cells, including:

- White blood cells
- **Hematocrit**
- **Absolute neutrophil count**
- Platelets
- **Hemoglobin**

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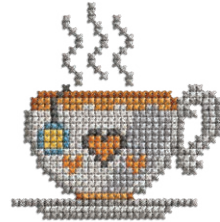
What are the effects of MDS?

The effects of MDS vary from patient to patient. Many patients do not experience any symptoms when they are first diagnosed with MDS. Knowing the type of cytopenia(s) you have can help to determine which symptoms may show up.

If you have:

- Low red blood cells (anemia), you may experience tiredness, shortness of breath, or your heart skipping a beat
- Low white blood cells (leukopenia or neutropenia), you may experience fever and recurrent or prolonged infections
- Low platelets (thrombocytopenia), you may experience bruising or unusual bleeding such as bleeding gums, bloody nose, or blood in your stool or urine

Your healthcare provider may have mentioned that MDS has a chance of progressing to **acute myeloid leukemia (AML)**. 70% of people with MDS do not progress to AML.



Glossary

Acute myeloid leukemia (AML) is a type of blood cancer that starts in the bone marrow but can move into the blood or other parts of the body.

Resources and support

Unlike some other cancers, MDS is a rare disease. That means that you may not know a lot about MDS or know others who have it. It is important to understand MDS and have a support system to turn to.

These organizations offer free educational resources about MDS, including

- Videos explaining how MDS affects the body
- Detailed guidelines for managing treatment
- Community forums with other MDS patients and caregivers
- Resources for caregivers

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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About INQOVI

What is INQOVI?

INQOVI® (decitabine and cedazuridine) tablets are a prescription medicine used to treat adults with certain types of MDS, including CMML.

INQOVI is an oral combination pill made of decitabine and cedazuridine. Decitabine has been used to treat MDS for many years, but was previously only available as an **intravenous (IV) infusion**. Cedazuridine is an ingredient that allows INQOVI to be taken by mouth.

In clinical trials, INQOVI was shown to be effective in some patients with MDS or CMML.

In a trial of 133 people,

21% had a **complete response**

×

Of the 57 people who needed blood transfusions before starting the trial,

53% no longer required **blood transfusions** after treatment with INQOVI*

*In this trial, blood transfusions could mean either red blood cell or platelet transfusions. Patients who did not need blood transfusions were able to go without a transfusion for at least 56 days.

Glossary

Intravenous (IV) infusion is a way to get medicines directly into the bloodstream by going through a vein.

Complete response occurs when there is no evidence of the signs and symptoms of MDS.

Blood transfusion is a blood transfer procedure that can provide temporary relief for patients with low blood counts.

Who should take INQOVI?

INQOVI is for adult patients (18+ years of age). INQOVI was primarily studied in patients with intermediate- or high-risk types of MDS, including CMML. Your healthcare provider will determine if INQOVI can treat your type of MDS. It is not known if INQOVI is safe or effective in children.

The revised International Prognostic Scoring System is used to help predict the course of MDS in your body and your risk level for progressing to AML. Risk level (low, intermediate, high) is determined by your hemoglobin, blood cell counts, and genetic tests. You can talk to your healthcare provider about your risk level.

Be sure to talk to your healthcare provider before taking INQOVI if you

- have kidney or liver problems
- are pregnant or plan to become pregnant
- are breastfeeding or plan to breastfeed

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.



Selected Important Safety Information

Before taking INQOVI, tell your healthcare provider about all of your medical conditions, including if you:

- are pregnant or plan to become pregnant. INQOVI can harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with INQOVI.

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How should I take INQOVI?



INQOVI tablets contain 35 mg of decitabine and 100 mg of cedazuridine

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

Take 1 tablet, by mouth, once a day for the first 5 days of each 28-day cycle. INQOVI® (decitabine and cedazuridine) tablets should be **taken on an empty stomach, at least 2 hours before or 2 hours after a meal**. After 5 days of treatment, you do not need to take INQOVI for the next 23 days.

Week 1	Take 1 tablet once daily for 5 days	2 days off
Week 2	No medication	
Week 3	No medication	
Week 4	No medication	

× If you miss your dose by more than 12 hours, skip that dose and extend your cycle by 1 day ×

To reduce risk of nausea or vomiting, your healthcare provider may prescribe an anti-nausea pill to take before each dose of INQOVI.

INQOVI cannot be substituted for IV-administered decitabine within the same cycle. If you are switching from IV-administered decitabine to INQOVI, talk to your healthcare provider about starting INQOVI at the beginning of your next cycle.

What do I need to remember when taking INQOVI?

DO

- Take INQOVI exactly as your healthcare provider tells you to
- Take it one time a day at about the same time each day
- Take INQOVI on an empty stomach
- Swallow INQOVI tablets whole
- If you miss your dose, take it within 12 hours of your usual time
- If you miss a dose by more than 12 hours, take your next dose at the usual time the following day

DO NOT

- Do not change your dose or stop taking INQOVI unless your healthcare provider tells you to
- Do not eat for at least 2 hours before and 2 hours after taking INQOVI
- Do not cut, crush, or chew the tablet
- Do not take a dose missed by more than 12 hours
- Do not take an additional dose after vomiting a dose

Selected Important Safety Information

Females who are able to become pregnant:

- Your healthcare provider will check to see if you are pregnant before you start treatment with INQOVI.
- You should use effective birth control during treatment with INQOVI and for at least 6 months after your last dose of INQOVI.

Please see Important Safety Information throughout, read the full Prescribing Information in pocket or at INQOVI.com/PI, and discuss with your healthcare provider.

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How should I take INQOVI? (cont'd)

It may take 4 or more cycles before INQOVI® (decitabine and cedazuridine) tablets have an effect on the condition. Your blood cell counts may change within the first 2 months.

Your healthcare provider will take blood tests before you start treatment with INQOVI and again before each 28-day cycle to check how well the treatment is working. If your blood counts are low, your healthcare provider may need to give you antibiotic medicines to prevent or treat infections or fever.

If you get certain side effects, your healthcare provider may tell you to

- reduce the number of days you take INQOVI per cycle
- temporarily stop taking INQOVI
- completely stop taking INQOVI



Selected Important Safety Information

Males with female partners who are able to become pregnant should use effective birth control during treatment with INQOVI and for 3 months after the last dose. Talk to your healthcare provider if you have questions about birth control options that are right for you.

How should I store INQOVI?

- Store INQOVI at room temperature between 68°F and 77°F (20°C and 25°C)
- Do not store INQOVI outside of the original blister pack (plastic sheet containing pills)
- Talk to your healthcare provider about how to safely dispose of INQOVI



DosePak is 7.35 in x 2.45 in.

Keep INQOVI and all medicines out of the reach of children.

Important information about INQOVI

Do not use INQOVI for any condition for which it was not prescribed. Do not give INQOVI to other people, even if they have the same symptoms that you have. It may harm them. You can talk to a healthcare provider for more information about INQOVI.

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Possible side effects

What are the possible side effects of INQOVI?

You may experience side effects while taking INQOVI® (decitabine and cedazuridine) tablets. Your healthcare provider will take blood tests before each cycle of INQOVI to help check for side effects such as cytopenias.

The most common side effects of INQOVI include:

- low white blood cell count (leukopenia)
- low platelets in your blood (thrombocytopenia)
- low white blood cell count (neutropenia)
- low red blood cell count (anemia)
- tiredness
- constipation
- bleeding
- muscle pain
- pain or sores in your mouth or throat
- joint pain
- nausea
- shortness of breath
- diarrhea
- rash
- dizziness
- fever with low white blood cell count (**febrile neutropenia**)
- swelling of arms or legs
- headache
- cough
- decreased appetite
- upper respiratory tract infection
- pneumonia
- changes in liver function tests

— x Record any side effects or important notes in the health journal provided in the INQOVI Treatment Kit x —
or online at [INQOVI.com/healthjournal](https://www.inqovi.com/healthjournal)

INQOVI may cause serious side effects, such as low blood cell counts.

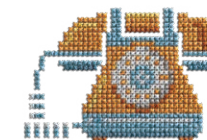
Low blood counts are common with INQOVI but can also be serious and can lead to infections that may be life-threatening. Your healthcare provider will check your blood counts regularly during treatment with INQOVI. If you have low blood counts, your healthcare provider may need to give you antibiotic medicines to prevent or treat infections or fever.

Tell your healthcare provider right away if you get any of the following signs and symptoms of infection during treatment with INQOVI:

- fever
- chills
- body aches
- bruising more easily than usual

INQOVI may affect fertility in men. Talk to your healthcare provider if this is a concern for you.

These are not all of the possible side effects of INQOVI. **Call your healthcare provider for medical advice about side effects.** You may report side effects to the Food and Drug Administration at 1-800-FDA-1088.

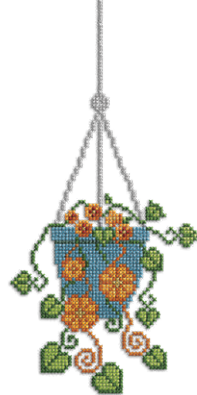


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Tips for managing common side effects

Your healthcare provider may have ways to help manage certain side effects of INQOVI® (decitabine and cedazuridine) tablets, such as adjusting or delaying your dosing cycle. The following information may also be helpful to you in managing some of the common side effects of INQOVI, along with your healthcare provider's care.



This information is not meant to replace your healthcare provider's advice. Always discuss any side effects with your healthcare provider.

Tiredness or weakness

- 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

- 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**

Selected Important Safety Information

Before taking INQOVI, tell your healthcare provider about all of your medical conditions, including if you:

- are breastfeeding or plan to breastfeed. It is not known if INQOVI passes into breast milk. Do not breastfeed during treatment with INQOVI and for 2 weeks after your last dose of INQOVI.

Please see Important Safety Information throughout, read the full Prescribing Information in pocket or at INQOVI.com/PI, and discuss with your healthcare provider.

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Tips for managing common side effects (cont'd)

Nausea or vomiting

- You may feel nauseous on the days you take INQOVI® (decitabine and cedazuridine) tablets 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

Constipation

- **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

Diarrhea

- **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

Selected Important Safety Information

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

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Tips for managing common side effects (cont'd)

Cough

- 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



Decreased appetite

- 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

Selected Important Safety Information

The most common side effects of INQOVI include: low white blood cell count (leukopenia), low platelets in your blood (thrombocytopenia), low white blood cell count (neutropenia), low red blood cell count (anemia), tiredness, constipation, bleeding, muscle pain, pain or sores in your mouth or throat, joint pain, nausea, shortness of breath, diarrhea, rash, dizziness, fever with low white blood cell count (febrile neutropenia), swelling of arms or legs, headache, cough, decreased appetite, upper respiratory tract infection, pneumonia and changes in liver function tests.

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Taiho Oncology Patient Support™ is here to help you



An MDS diagnosis can be overwhelming and confusing, but Taiho Oncology Patient Support™ is here to simplify your access to treatment.

Our patient support program is your online and on-call resource center for any questions or needs related to financial assistance, reimbursement, and your treatment with INQOVI® (decitabine and cedazuridine) tablets. Visit [TaihoPatientSupport.com](https://www.taihopatient.com) to find support now.

Financial assistance

We offer financial support depending on the type of insurance you have, including:

- \$0 Co-pay program for eligible,* privately insured patients
- Alternate funding support for publicly insured patients (such as those on Medicare)
- Patient Assistance program for underinsured patients

Talk to your healthcare provider about personalized nurse support[†] to help with dose refills and education about treatment with INQOVI

Additional services include:

- Insurance support: Taiho Oncology Patient Support™ will welcome you and explain your insurance benefits
- Reimbursement support: A reimbursement specialist will confirm your access to INQOVI or assist you in applying for financial assistance
- Specialty pharmacy program: The specialty pharmacy will call you to discuss payment and shipment
- You will receive your prescription of INQOVI from the specialty pharmacy, physician, or hospital, and it will have instructions for use to begin your treatment

Talk to your healthcare provider about how to enroll.

To learn more, visit [TaihoPatientSupport.com](https://www.taihopatient.com) or call **1-844-TAIHO-4U** (1-844-824-4648) Monday to Friday, 8 AM to 8 PM ET

*Visit [TaihoPatientSupport.com](https://www.taihopatient.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.

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Glossary

Helpful words to know

Absolute neutrophil count (sometimes called ANC) – The total amount of neutrophils in the blood. It is calculated by multiplying the number of white blood cells times the percentage of neutrophils.

Acute myeloid leukemia (sometimes called AML) – A cancer of the blood cells. AML starts in the bone marrow, but often moves quickly into the blood as well. AML can sometimes spread to other parts of the body, including the lymph nodes, liver, spleen, brain and spinal cord, and testicles.

Anemia – A condition in which the body does not have enough healthy red blood cells. This may result in fatigue, generalized weakness, and shortness of breath.

Blast cells – Immature blood cells that normally would become fully functional mature red cells, white cells, or platelets. The number of blast cells in the bone marrow helps define how severe MDS is in a person.

Blood transfusion – Blood transfer procedures that can provide temporary relief for patients with low blood counts.

Bone marrow – The soft, spongelike tissue in the center of bones that functions like a factory to produce white blood cells, red blood cells, and platelets.

Chemotherapy – The use of cytotoxic agents, or medicines that kill cells. Chemotherapy works by controlling abnormal cells, but it may harm healthy cells in the process. Side effects may occur as a result. Chemotherapy is working well when normal blood cells start to grow again.

Chronic myelomonocytic leukemia (sometimes called CMML) – A form of blood cancer that is characterized by high numbers of white blood cells (monocytes) in the blood and bone marrow. CMML is an uncommon blood cancer that has features of 2 other types of blood cancer: MDS and myeloproliferative neoplasms (MPN).

Complete response – Disappearance of the signs and symptoms of cancer.

Cytopenia – A lack of mature cells in the blood. Cytopenias can occur in red blood cells, white blood cells, and/or platelets.

Febrile neutropenia – A lack of a certain type of mature white blood cells, called neutrophils, paired with a fever. Febrile neutropenia can be more serious than neutropenia on its own.

Hematocrit (sometimes called Hct) – The percentage of red blood cells in the body's total blood volume.

Hemoglobin (sometimes called Hgb) – The blood protein that carries oxygen to the body's tissues.

Intravenous infusion – A method of getting fluids or medicines directly into the bloodstream (through a vein) over a period of time. Sometimes called IV infusion.

Leukopenia – A lack of white blood cells.

Myelodysplastic syndromes (sometimes called MDS) – A group of bone marrow failure disorders. *Myelo* refers to the bone marrow. *Dysplastic* means abnormal growth. In MDS, the bone marrow does not make blood cells normally. The result is too few cells or low blood counts (cytopenias) and cells that do not function properly.

Myeloproliferative neoplasms (sometimes called MPN) – A group of disorders in which bone marrow blast cells produce excess numbers of one or more types of blood cells (red cells, white cells, or platelets).

Neutropenia – A lack of a certain type of mature white blood cells, called neutrophils.

Neutrophil – A type of white blood cell that assists in fighting bacterial infections.

Platelets (sometimes called Plt) – The type of blood cell that helps stop bleeding.

Radiation therapy – A type of cancer treatment that uses high-energy waves, such as X-rays or gamma rays, to destroy or damage cells in a certain area. It can also be used with other types of treatment.

Red blood cells (sometimes called RBC) – The type of blood cell that carries oxygen around the body.

Thrombocytopenia – A condition in which the number of mature platelets, or thrombocytes, is below normal. When severe, there is a tendency to bruise and bleed more easily.

White blood cells (sometimes called WBC) – The type of blood cell that helps fight infection.



Please see Important Safety Information throughout, read the full Prescribing Information in pocket or at INQOVI.com/PI, and discuss with your healthcare provider.

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For general information and support for MDS, check the
resource brochure available in your treatment kit
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Selected Important Safety Information

INQOVI may affect fertility in men. Talk to your healthcare provider if this is a concern for you. These are not all of the possible side effects of INQOVI. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

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