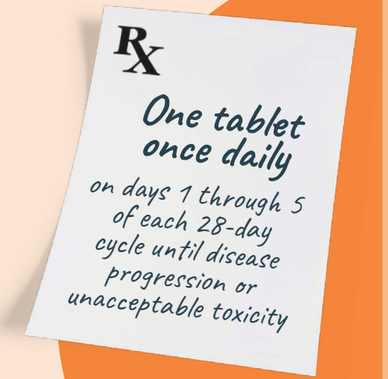
Convenient once-daily oral dosing



INQOVI recommended dose

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

Adapted from Product Monograph.

A complete or partial response may take longer than 4 cycles. Continue treatment as long as the patient continues to benefit. Repeat cycle every 28 days.

- Monitor complete blood counts.
- Do not modify the recommended dose for the first 2 cycles.
- Delay or reduce the dose per cycle for hematologic and non-hematologic toxicities.

Important administration information

- Do not substitute INQOVI for an intravenous decitabine product within a cycle.
- Consider premedication with standard antiemetic therapy prior to each dose to minimize nausea and vomiting.
- Obtain complete blood cell counts prior to initiating INQOVI and before each cycle.
- Obtain liver chemistries and serum creatinine prior to initiation of treatment and repeat if liver/renal toxicities are suspected.
- Delay treatment at the discretion of the treating physician if patients experience hematological or non-hematological adverse reactions. Modify dosage in the presence of hematological and non-hematological toxicities.
- Agents that increase gastric pH should not be taken within 4 hours of INQOVI administration.

INQOVI dosage adjustments

Dose delay and resumption criteria for hematological toxicities in the absence of active disease

Parameter	Delay criteria	Resumption criteria
ANC	<1.0 x 10^9/L	≥1.0 x 10^9/L
Platelets	<50 x 10^9/L	≥50 x 10^9/L

Adapted from Product Monograph.

ANC: absolute neutrophil count

In the absence of active disease:

- If hematological recovery† occurs within 2 weeks of the last cycle, continue at the same dose.
- If hematological recovery† does not occur within 2 weeks of the last cycle:
  - Delay for up to 2 additional weeks AND
  - Resume at a reduced dose on Days 1 through 4. Consider further dose reductions (see next table) if myelosuppression persists after a dose reduction.
  - Maintain or increase dose in subsequent cycles as clinically indicated.

† Hematological recovery: ANC at least 1.0 x 10^9/L and platelets at least 50 x 10^9/L

Recommended dose reductions for myelosuppression

Dose reduction	Dosage
First	1 tablet orally once daily on Days 1 through 4
Second	1 tablet orally once daily on Days 1 through 3
Third	1 tablet orally once daily on Days 1, 3 and 5

Adapted from Product Monograph.

- Manage persistent severe neutropenia and febrile neutropenia with supportive treatment.

Please consult the Product Monograph at https://www.taihopharma.ca/documents/25/Inqovi-product-monograph-non-annotated-July-3-PM.pdf for contraindications, warnings, precautions, adverse reactions, interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling us at 1-855-260-2642.

Reference: 1. PrINQOVI® Product Monograph. July 3, 2020.

TAIHO PHARMA CANADA, INC.

Member of: BIOTECanada

REVIEWED BY PAAB

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

Non-hematologic adverse reactions

Delay subsequent cycle for the following reactions and resume at the same or reduced dose upon resolution:	Renal impairment:	Hepatic impairment:
• Serum creatinine ≥2 mg/dL • Serum bilirubin ≥2 x ULN • ALT or AST ≥2 X ULN • Active or uncontrolled infection	• No adjustment of starting dose is recommended in patients with mild or moderate renal impairment (CrCl ≥30 mL/min). • Frequent monitoring for adverse reactions is recommended in patients with moderate renal impairment (CrCl 30-59 mL/min) due to the increased risks of certain adverse reactions. • Recommended dosage has not been established in patients with severe renal impairment (CrCl 15-29 mL/min) or end-stage renal disease (CrCl <15 mL/min).	• No adjustment of starting dose is recommended in patients with mild hepatic impairment (total bilirubin >1 to ≤1.5 x ULN). • The recommended dosage has not been established in patients with moderate (total bilirubin >1.5 to 3 x ULN) or severe hepatic impairment (total bilirubin >3 × ULN).

Adapted from Product Monograph.

ULN: upper limit of normal; ALT: alanine aminotransferase;
AST: aspartate aminotransferase; CrCl: creatinine clearance

Administering INQOVI

- The recommended dose of INQOVI is 1 tablet once daily for the first 5 days of a 28-day cycle until disease progression or unacceptable toxicity. A complete or partial response may take longer than 4 cycles. Continue treatment as long as the patient continues to benefit.
- INQOVI should be taken with water on an empty stomach, at approximately the same time each day.
- INQOVI tablets should be swallowed whole and not chewed, crushed, or broken prior to swallowing.
- Patient should avoid eating for 2 hours before and after taking INQOVI.

Refer to the Product Monograph for complete information on dosing, administration, dose adjustments and management recommendations for adverse drug reactions.

Missed or vomited doses

- If the patient misses a dose of INQOVI within 12 hours of the usual time it is taken, instruct the patient to take the missed dose as soon as possible and then continue with the next scheduled dose at the usual time.
- If the patient misses a dose of INQOVI by more than 12 hours, the patient should wait and take the missed dose the following day at the usual time and then extend the dosing period by one day for every missed dose to complete 5 days of treatment for each cycle.
- If the patient vomits following INQOVI administration, advise not to take an additional dose but to continue with the next scheduled dose. Consider pre-medicating with standard antiemetic therapy.

Dosing guide

A new once-daily oral FDC of the HMA decitabine with cedazuridine for the treatment of MDS and CMML

INQOVI® (decitabine and cedazuridine) 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 (IPSS) groups.

FDC: fixed-dose combination;
HMA: hypomethylating agent

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