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

# Your patients may pay less than you think

## HOW CAN YOU HELP MINIMIZE YOUR PATIENTS' OUT-OF-POCKET (OOP) EXPENSES FOR INQOVI?

**For patients with commercial insurance coverage:**
- The Taiho Oncology Co-pay Assistance Program may help reduce OOP costs to $0[a]
- Nonprofit foundations may provide co-pay or other assistance[b]

**For patients with public or government insurance coverage:**
- Extra Help, the Low-Income Subsidy (LIS) program, provides financial assistance for eligible patients who may otherwise be unable to afford the costs associated with their Medicare Part D plan
- Nonprofit foundations may provide co-pay or other assistance[b]

**For uninsured or underinsured patients:**
- The Taiho Oncology Patient Assistance Program may be able to provide free medication for eligible patients who have insufficient or no prescription insurance

**INQOVI is the only oral hypomethylating agent (HMA) for the treatment of myelodysplastic syndromes (MDS) and chronic myelomonocytic leukemia**

[a]Restrictions and eligibility: Offer valid in the US, Puerto Rico, and US territories only. Only valid for patients with private insurance. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare, or other federal or state programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, this offer is not valid and the patient cannot use this offer. By presenting or accepting this benefit, patient and pharmacist agree not to submit claim for reimbursement under the above programs. Patient further agrees to comply with any and all terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to or offer to sell, purchase, or trade this benefit. Maximum reimbursement limits apply; patient out-of-pocket expense may vary. Taiho Oncology, Inc., reserves the right to rescind, revoke, or amend this offer at any time without notice.

[b]Taiho Oncology does not influence or control the decisions of independent co-pay assistance foundations; each co-pay assistance foundation has its own criteria for patient eligibility. We cannot guarantee financial assistance.

## 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.

## 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%.

**Please see additional Important Safety Information on the last page and full Prescribing Information.**

TAIHO ONCOLOGY

# The Taiho Oncology Patient Support Program

Taiho Oncology Patient Support™ offers personalized services to help patients, caregivers, and healthcare professionals (HCPs) access Taiho Oncology medications. This includes insurance verification, help with medication costs, and treatment plan support. For patients with commercial insurance coverage, the Taiho Oncology Co-pay Assistance Program may help reduce OOP costs to $0.[a]

TAIHO ONCOLOGY PATIENT SUPPORT
*Supporting your treatment journey*

The Taiho Oncology Patient Assistance Program provides free medication for eligible patients who are underinsured or uninsured and may arrange for patients to receive prescribed Taiho Oncology medications at no cost based on financial criteria.

## HOW TO ENROLL

We offer 3 convenient ways to enroll in Taiho Oncology Patient Support services:

### Via the HCP Portal

**Enroll online**, directly through our HCP portal at **TaihoPatientSupport.com**. Patients may also download and complete the **Enrollment Form** and take it to the HCP's office.

### By Phone

Call **1-844-TAIHO-4U** (1-844-824-4648) for help with enrollment.

### Download, Print, and Fax

Download and fill in the **Enrollment Form** from **TaihoPatientSupport.com**. Print it out and fax the completed form to **1-844-287-2559**.

### Patient Support Website

Scan the QR code to visit **TaihoPatientSupport.com**.

## FOUNDATION HELP[b]

**FundFinder (fundfinder.panfoundation.org)**

FundFinder is a free resource that provides information, in one place, about various available patient assistance programs and notifies you when a disease fund opens at any of the charitable patient assistance foundations.

[a]Restrictions and eligibility: Offer valid in the US, Puerto Rico, and US territories only. Only valid for patients with private insurance. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, this offer is not valid and the patient cannot use this offer. By presenting or accepting this benefit, patient and pharmacist agree not to submit claim for reimbursement under the above programs. Patient further agrees to comply with any and all terms of his or her health insurance contract requiring notification to his or her payer of the existence and/or value of this offer. It is illegal to or offer to sell, purchase, or trade this benefit. Maximum reimbursement limits apply; patient out-of-pocket expense may vary. Taiho Oncology, Inc., reserves the right to rescind, revoke, or amend this offer at any time without notice.

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# Your patients may be eligible for financial assistance through the Medicare Extra Help program[1]

## Starting January 1, 2024, Extra Help will expand to help more patients with limited income pay for medications and other related costs.[1]

To qualify for Extra Help, annual income must be ≤150% of the federal poverty level (FPL) and total resources must be at or below the amounts shown below.[2,3]

| | ANNUAL INCOME[1,a,b] | OTHER RESOURCES[3,c] |
|---|---|---|
| **Individual** | Limited to **$21,870** per year | Limited to **$15,720** per year |
| **Married Couple Living Together** | Limited to **$29,580** per year | Limited to **$31,360** per year |

Patients who meet any of the following conditions automatically qualify for Extra Help[4]:

- Enrolled in both Medicare and Medicaid (dual-eligible)
- Qualify for a Medicare Savings Program
- Receive Supplemental Security Income benefits

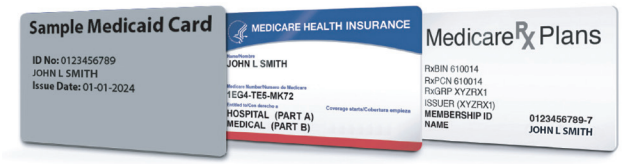
Everyone who qualifies for Extra Help will pay[4]:

- No monthly premium
- No annual deductible
- No Part D late enrollment penalty
- A reduced amount for both generic and brand name drugs (see table below)[5]

| EXTRA HELP CATEGORY | GENERIC | BRAND |
|---|---|---|
| **Non–Dual-Eligible** Beneficiaries | **$4.50** | **$11.20** |
| **Dual–Eligible** Beneficiaries With Income **≤100% FPL** | **$1.55** | **$4.60** |
| **Dual–Eligible** Beneficiaries With Income **>100% but ≤150% FPL** | **$4.50** | **$11.20** |

## How can you identify dual-eligible patients?

These patients carry cards for Medicare and Medicaid, as well as their prescription drug card.




Sample Medicaid State-Specific Card | Sample Medicare Card | Sample Prescription Drug Card

[a]Annual income limits are higher in Alaska and Hawaii.[2]
[b]Income and resource limits vary according to the number of dependents living with the Medicare beneficiary and whether the beneficiary has income from work.[6]
[c]Resources include money in a checking or savings account, stocks, bonds, mutual funds, and Individual Retirement Accounts (IRAs). Resources do not include a primary residence, vehicles, household items, burial plots, up to $1500 for burial expenses (per person), or life insurance policies.[3,6]

**References: 1.** Help with drug costs. Centers for Medicare & Medicaid Services. Accessed November 30, 2023. https://www.medicare.gov/basics/costs/help/drug-costs **2.** Part D low income subsidy/extra help eligibility and coverage chart. National Council on Aging. November 7, 2023. Accessed November 30, 2023. https://www.ncoa.org/article/part-d-low-income-subsidy-extra-help-eligibility-and-coverage-chart **3.** Calendar year (CY) 2024 resource and cost-sharing limits for low-income subsidy (LIS) – correction. Centers for Medicare & Medicaid Services. November 14, 2023. Accessed November 30, 2023. https://www.cms.gov/files/document/lis-memo.pdf **4.** Medicare Part D: how to get "extra help" paying for prescriptions. National Council on Aging. October 31, 2023. Accessed December 1, 2023. https://www.ncoa.org/article/medicare-part-d-how-to-get-extra-help-paying-for-prescriptions **5.** Announcement of calendar year (CY) 2024 Medicare Advantage (MA) capitation rates and Part C and Part D payment policies. Centers for Medicare & Medicaid Services. March 31, 2023. Accessed December 1, 2023. https://www.cms.gov/files/document/2024-announcement.pdf **6.** *Understanding the Extra Help With Your Medicare Prescription Drug Plan*. Social Security Administration; 2023. Accessed December 1, 2023. https://www.ssa.gov/pubs/EN-05-10508.pdf

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# IMPORTANT SAFETY INFORMATION

## WARNINGS AND PRECAUTIONS

### Myelosuppression (cont'd)

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.

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).

**Please see full Prescribing Information.**

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